



We're a new group of expert charities being built to inspire recovery nationwide

About Recovery Focus

We are Recovery Focus, a new national group of expert partners with the shared aim to inspire individual recovery nationwide. Between us we've more than 200 years' experience of developing and running personalised services that work with people with mental health, substance use and other complex needs to achieve their ambitions. Each partner organisation has its own rich history of success but together we believe we can lead the way in evidence based recovery pathways that we can tailor to meet local and individual needs.

Our partner organisations include the charities Richmond Fellowship, Aquarius, Croftlands Trust, CAN, My Time and 2Care. Together we provide a range of mental health and substance use support services across England including:

- Residential care
- Supported living
- Crisis support
- Employment support
- Treatment services
- Preventative services
- Community-based support
- Peer support networks
- Carer and family support.

The Mental Health Taskforce Report

Back in February 2016 when the Mental Health Taskforce final report was released we welcomed its extensive recommendations and have since been encouraged by the Government's stated commitment to implement the recommendations in full. Below we have outlined three key areas which featured in the final report which are most important to Recovery Focus as issues we have significant expertise in.



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Crisis care

We feel that expanding Crisis Resolution and Home Treatment Teams (CRHTTs) across England can only yield positive results¹. We also believe that voluntary sector providers such as ourselves should be better utilised to provide more community based crisis houses, working alongside CRHTTs as we already do in parts of the country, helping people get the urgent support they need without travelling long distances for a hospital bed as is presently the case.²

It used to be the case that people in crisis had no other option than being admitted to an acute hospital but we have developed an alternative. Our model provides short-term crisis interventions in the community that bring together the best of the NHS and the voluntary sector to offer effective wrap-around support for an individual. We're successfully running seven crisis recovery houses and are now one of the leading national providers of such services.

Our community-based approach, working with clinical colleagues in the NHS and other agencies, can provide safe, recovery focussed places for people as a step down following an inpatient stay or a step up that can avoid a hospital admission.

Some of the key principles of the way we work are:

- We take a person-centred, non-judgmental approach which focuses on the individual's perception and experience of their situation
- We work with individuals to tailor appropriate support to meet their needs using a range of tools such as cognitive behavioural therapy, solution focussed brief therapy, mindfulness, and sleep hygiene techniques
- We're proactive in helping people to develop self-management strategies and coping skills so they're better equipped to handle any future crises
- Our teams of recovery workers are all trained in crisis intervention and are available round the clock
- We liaise closely with acute and community mental health professionals to ensure appropriate clinical support is available
- We take a robust approach to managing risk but are always seeking ways to be able to accommodate an individual rather than turn them away
- We use high quality 'hotel style' accommodation which provides a non-clinical, non-custodial and homely environment to promote recovery.

¹ Independent Mental Health Taskforce – [The Five Year Forward View for Mental Health](#). Page 34, Recommendation 17.

² BBC News – *Mental health beds search 'a scandal'* <http://www.bbc.co.uk/news/health-35521180>

Case Study

At Trevayler, our registered care home in Derby, we can take same day referrals through the local NHS crisis resolution home treatment team allowing us to start providing support as soon as possible. The most common reasons for being placed with us are depression, low mood, high anxiety, increased risk of self harm or because someone has expressed suicidal thoughts.

Our experienced mental health recovery workers use a range of therapeutic interventions in a flexible approach tailored to the varied and often complex needs of the individuals staying with us. This is backed up by close working arrangements with local NHS services which provide clinical support where needed.

After a short stay most people are able to return home and we ensure there is ongoing support in place if necessary. In its first three years Trevayler has helped 58 individuals, only eight of whom went on to require admission to hospital.

Our crisis model provides the NHS with a cost effective alternative to acute admissions. A typical length of stay at Trevayler is around nine nights at a cost of just under £1,400 per person compared to a nine night stay in a psychiatric hospital at a cost per person of just over £7,000.

An independent evaluation of our service concluded that it provides an effective alternative to hospital admission and is an important part of the local suicide prevention strategy and mental health system.

“Being able to speak to somebody 24/7 made all the difference. I’ve since been admitted to the Priory where all the stars go at a very high cost and I found that Trevayler was just as good” – individual we supported

“The staff and the space just help you to recover quicker” – individual we supported



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Employment

The Taskforce final report states: “The Department for Work and Pensions should ensure that when it tenders the Health and Work Programme it directs funds currently used to support people on Employment Support Allowance to commission evidence-based health-led interventions that are proven to deliver improved employment outcomes – as well as improved health outcomes – at a greater rate than under current Work Programme contracts. The Department of Work and Pensions should also invest to ensure that qualified employment advisers are fully integrated into expanded psychological therapies services.”

Mental ill health is estimated to cost British business an estimated 26 billion every year³, while it is thought one in three people of working age will experience anxiety, stress and depression.

We have a long track record of working with individuals and employers to manage mental wellbeing in the workplace and have seen first hand how impactful the right support in the right place at the right time can be for someone in getting them back to work and staying in work.

We currently run nearly 30 employment services across England which provide tailored support for individuals. We also run a number of social enterprise schemes that provide real employment opportunities for people to build up their work skills and confidence.

Our employment advisors take a person-centred approach, focussing on someone's strengths and aspirations, what they CAN do rather than what they can't, and then work with them to find opportunities that are right for them. We work closely in partnership with Job Centre Plus, voluntary organisations, community mental health teams, GPs, IAPT teams and others.

We've held the Matrix Standard, the outcomes-based quality standard for organisations to assess and measure their advice and support services, for 13 years running now.

Outcomes

Following evaluation of one our schemes we estimate that for every £1 spent on our services, there's a return on investment of at least £13 through clients being in paid work – not including the added benefit of reductions in benefit payments. So we think that investing in employment support services offers a highly effective and value for money option that has the potential to transform someone's life chances, reduce sickness absence costs for employers and generate welfare savings for the state.⁴

³ Centre for Mental Health, [Employment, the economic case.](#)

⁴ Richmond Fellowship, [Delivering Value, Changing Lives - Richmond Fellowship Knowsley RETAIN/REGAIN.](#)

Case study

Our employment service in East Surrey provides both mainstream employment support for people with mental health issues and also has a contract under the Government Work Programme. The small and dedicated team is made up of experienced Welfare to Work advisers who demonstrate a truly personalised approach; advisers get to know people and use their wealth of knowledge and experience to uncover hidden barriers. It is this approach which is reflected in the strength of our community relationships and consistent success.

The East Surrey team won the ERSA Employability Award for Supply Chain Partner of the Year 2015 after being nominated by G4S for who recognised us as their best performing subcontractor across all their Work Programme delivery.

The judges said: *“Richmond Fellowship has developed an in-work support system which understands that people’s problems do not go away once they find employment. As a result, over 70% of those who find a job keep their job. Due to its high performance the team took over all referrals in Redhill from November 2014, replacing a much larger provider. Despite doubling caseloads, the team has increased engagement with every new customer and maintained its previous level of performance.”*

East Surrey locality manager Olive Aherne said: *“The people we support are highly motivated and hard-working individuals who may have been out of work for some time and are delighted with the opportunity to develop and prove themselves to an employer. For employers, hiring individuals we’re supporting brings additional skills and creates a workforce that better reflects the diverse community they serve.”*



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Supported Housing

The Taskforce report stated; “The Department of Health, Communities and Local Government, NHS England, HM-Treasury and other agencies should work with local authorities to build the evidence base for specialist housing support for vulnerable people with mental health problems and explore the case for using NHS land to make more supported housing available for this group.”⁵

At Recovery Focus we provide a variety of supported living services. For example, our care homes and 24hr supported housing schemes provide round the clock support for individuals in safe, recovery focussed environments, often as a step down from a stay in hospital or as an alternative to being admitted to hospital. We also provide supported housing as a registered social landlord with staff available to help people develop their independent living skills. Finally our floating support services provide similar help in people’s own homes, supporting individuals to manage their tenancies, maintain domestic routines and play an active part in their community.

Across our partners we own a number of properties for our supported living schemes but where this is not the case we work with housing association partners to provide the specialist housing schemes like those outlined in depth in the Taskforce Report.

People usually live in our schemes for around two years and 82% successfully move on to more independent living. Like our employment services we see that having a stable home environment is a crucial aspect of a person’s recovery. Recovery Focus and many other voluntary sector providers rely on housing benefit income to be able to provide these specialist schemes in what is an increasingly expensive and challenging property market. Often our ability to provide more supported housing is hampered by the lack of available accommodation for us to buy or lease and lengthy, restrictive planning application processes.

Many of our tenants rely on housing benefit to pay their rent, indeed for one of our partners, Richmond Fellowship, 90% of its rental income comes from housing benefit. Any reduction in housing benefit for individuals seriously risks their ability to keep their tenancy which would leave them no longer eligible to receive the expert support we provide through our supported housing schemes thus jeopardising their whole recovery journey.

Not only is a housing benefit cap a risk to the people we support, it is also a huge financial risk for our partner organisations. For example, at Richmond Fellowship rental income represents 20% of its annual turnover. So any reduction to this income puts pressure on our ability to provide a wider range of services and invest further in innovative ways to provide health and social care. For example, last year in our West Sussex supported housing scheme we ran a pilot study in partnership with the NHS and the Home Office to provide an alternative place of safety to police custody. We invested our own capital to convert a room in our supported housing scheme into a suitable place of safety.⁶

⁵ Independent Mental Health Taskforce – [The Five Year Forward View for Mental Health](#). Page 78

⁶ Home Office, [Alternative place of safety: West Sussex pilot evaluation 2015](#).

Case study

Winston House is a residential recovery scheme we have been operating in Cambridge for more than 50 years. During this time we've helped many people work through their own recovery, helping them to regain the confidence and skills to take responsibility back for their lives, often after many years of living in institutions such as hospitals.

Winston House offers intensive short to medium term psychiatric rehabilitation placements for up to 25 adults aged over 18. We work with people who have severe and enduring mental health conditions with complex risk and forensic histories. We have a three phase rehabilitation programme which allows us to work in a person centred way with individuals, recognising areas of existing strength and areas of need. Through this phased approach we help people to develop the skills they need to be able to live more independently.

Thorough risk management plans enable us to get to know people really well, so that we can recognise when somebody is becoming unwell and take preventative measures to avoid relapse. We work closely with multi disciplinary teams to support individuals. We're a registered care home and have been rated good across the board in our latest Care Quality Commission inspection.

John, who has lived at Winston House for nearly five years, said: *"Richmond Fellowship have helped me in lots of different ways. They have given me more self-esteem, been friendly, give me a warm and secure room, everything I need here. It feels like home."*

What you can do: please make these recommendations to the Government in the debate

- How will the Government ensure that all CCGs/trusts have a crisis resolution team across England by 2020/21?
- How will the Government ensure that evidence-based health-led interventions are commissioned as a more standard part of Work Programme contracts and that qualified employment advisors like ours are fully integrated into expanded psychological therapies services?
- How will the Government ensure that the NHS and local authority work together to increase the availability of specialist supported housing schemes for people with mental health problems, working with providers like us?

We would welcome the opportunity to speak to you about how we ensure the Mental Health Taskforce recommendations are fully implemented. If you would like to talk about this briefing or learn more about Recovery Focus services in your local area please contact:

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