



healthyminds

SAFESPACE

EVALUATION REPORT

(2nd February 2018 – 31st December 2018)



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Executive Summary

Healthy Minds commissioned the School for Social Entrepreneurs, Yorkshire & North East (SSE YNE) and Enriched Consulting (Enriched) to support them in undertaking a social impact evaluation of their pilot SafeSpace project. This report examines the social impact of the project from 2nd February 2018 up to and including, 31st December 2018. This is the second evaluation report produced in relation to Healthy Minds SafeSpace. The first was produced in August 2018 and covered the period 2nd February 2018 to 2nd June 2018.

The objectives of the evaluation were to:

- Assess the social impact of the project including the outcomes achieved for service users
- Measure the Social Return on Investment to support the evidence of the outcomes achieved.

The intended outcomes for SafeSpace are:

- Individuals have access to self-help and peer support to help with crisis de-escalation
- Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team
- Reduced use of section 136 and Mental Health Act Assessments

This report demonstrates the understanding of the impact created from the perspective of the stakeholders engaged in SafeSpace during the period mentioned above. The outcomes identified from them are measured and valued, and recorded on an Impact Map. All findings, planned and unplanned are considered along with the amount of change that might have happened anyway or is attributed to others. These positive changes demonstrate the difference that the project is making to date.

The following extracts are statements from Service Users and External Stakeholders accessing the project to display how they feel about the SafeSpace Project:

- *“Feels so much less hurried than other services, which is so helpful when you are struggling.”*
- *“A very positive initiative and much more of this type of partnership working is required to support our local service users.”*
- *“A very positive initiative and much more of this type of partnership working is required to support our local service users.”*
- *“Staff are wonderful, calm, open, friendly, and non-judgemental. They talk to you like adults, give straight answers and listen to you properly.”*

The findings of this report are limited due to two particular factors, the level of feedback data available from service users and the unavailability of statistical information available from statutory sector partners. However, the feedback that has been gathered continues to evidence that the SafeSpace project is making a difference, at

that point in time, to the lives of individuals who are accessing the service. Feedback indicates that two of the three project outcomes are being achieved:

- Individuals have access to self-help and peer support to help with crisis de-escalation
- Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team

To date there has been no feedback provided or data made available to indicate that the following outcome has been achieved, “Reduced use of section 136 and Mental Health Act Assessments”. However, External Stakeholder feedback suggests that the national trend shows that the use of Section 136 and Mental Health Act Assessments is increasing.

The investment during the scope of this evaluation for the SafeSpace project was **£78,922**. The overall value of the outcomes, minus the deadweight, attribution, displacement and drop-off is **£358,153**. Therefore, the estimate social return for the SafeSpace project is **£4.54 for every £1 invested**. The sensitivity analysis estimates the social value to be between **£2.27 and £6.73**, therefore with the data we have available, it is felt that £4.54 is a realistic social return for this service.



Healthy Minds, SSE YNE and Enriched would like to thank all the staff, volunteers, service users and other stakeholders who engaged in the consultation process and took time to contribute to the evaluation.

1. Introduction

Healthy Minds commissioned the School for Social Entrepreneurs, Yorkshire & North East (SSE YNE) and Enriched Consulting (Enriched) to support them in undertaking a social impact evaluation of their pilot SafeSpace Project.

An interim report was produced in August 2018 to highlight some of the initial findings from the evaluation of the SafeSpace project. This is the second report examining the social impact of the project from 2nd February 2018 up to and including, 31st December 2018.

The objectives of the evaluation were:

- Assess the social impact of the programme including the outcomes achieved for service users
- Measure the Social Return on Investment to support the evidence of the outcomes achieved

We aimed to achieve these objectives through providing project staff with the appropriate evaluation tools to engage with service users; through direct engagement with external stakeholders and volunteers and through applying the principles of SROI to value the outcomes identified throughout the evaluation.

1.1 About Healthy Minds

Healthy Minds is the working name of Calderdale Wellbeing, a mental health charity based in Halifax, West Yorkshire.

Healthy Minds define mental health not just as the absence of distress but as a state of wellbeing in which each person realises their own potential. Healthy Minds recognise different factors can affect people's wellbeing and so provide a range of services for people according to their needs.

Only 25-35% of people with mental health problems access treatment at all; the remainder self-manage to varying degrees of success. Healthy Minds offers a service to anyone who identifies as having a mental health need.

Healthy Minds believe people are always doing the best they can and, provided with opportunities and support, they can thrive.

1.2 About the SafeSpace project

The SafeSpace project is funded through the West Yorkshire Urgent and Emergency Care Vanguard Mental Health Liaison Task and Finish Group. Healthy Minds and partners including the Calderdale Adults Health and Social Care and Calderdale CCG proposed to trial a community based SafeSpace for people in mental distress to help them to recover and to support them to avoid and reduce future episodes of mental distress. It provides an alternative, more appropriate pathway for people to access support when vulnerable and in crisis, compared to A & E or other statutory services.

The intended outcomes of the project are:

- Individuals have access to self-help and peer support to help with crisis de-escalation
- Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team
- Reduced use of section 136¹ and Mental Health Act Assessments

The service operates from a town centre location as a drop-in service outside of statutory service hours e.g. weekend evenings. It was developed in co-production with people with lived experience of mental distress. Facilities include:

- Freephone helpline
- Kitchen facilities
- Chill-out space
- Room for one-to-one discussions
- Activity materials
- Internet access
- Information and advice resources

The service is staffed by a project co-ordinator, two project workers and volunteers with personal experience of mental distress.

1.3 About Social Impact Evaluation

Over recent years there has been an increase in demand for organisations to provide more information about their social and environmental impact. A social impact evaluation assesses the changes that can be attributed to an intervention, such as a programme or project, and will clearly show the intended changes, as well as ideally the unintended ones.

Impact measurement and the results produced are a powerful tool for communicating what organisations do and how effective they are at their work. This is particularly useful from a commissioning perspective as additional information can be taken into consideration when assessing value for money.

An element of impact measurement and reporting is Social Return on Investment (SROI). This is a way of accounting for value creation which requires a mix of information including qualitative, quantitative and financial. In the same way as quoting a financial return on investment without any other information, the SROI ratio, by itself, has little meaning. The ratios provide the starting point for understanding the reasons for the difference, which also needs to draw on other types of information. A key element of SROI is to consult with all relevant stakeholders, therefore providing transparency to the findings of the study.

Transparent reporting promotes trust and confidence among stakeholders, and allows organisations to talk to funders and bid for contracts with tangible evidence of outcomes. Also in a broader context, being able to articulate impact enables organisations to inform the public about their work - raising awareness not only of the

¹ Section 136 is an emergency power which allows a person to be taken to a place of safety from a public place, if a police officer considers that person is suffering from mental illness and in need of immediate care.

issues that concern them, but also of the outcomes they have achieved for the wider community.

It is also useful for those benefiting directly from the service to see the organisation reporting in a clear and transparent way about their work. Where appropriate, impact measurement can help beneficiaries understand the services, processes and outcomes organisations offer, and to see the real benefits that accompany them.

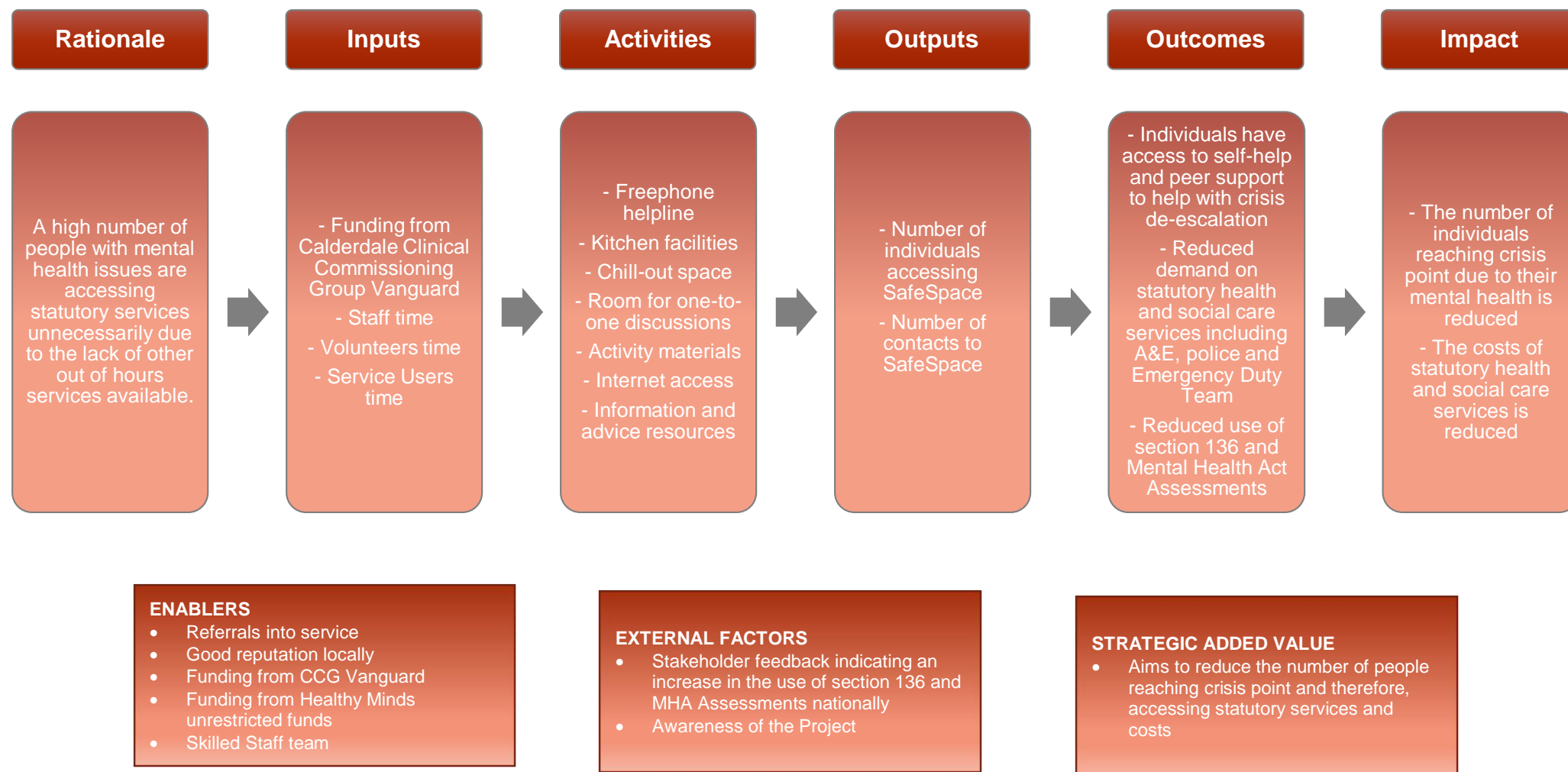
2. Theory of Change

A theory of change is a tool that shows a project's path from needs to activities to outcomes to impact. It describes the change you want to make and the steps involved in making that change happen. Theories of change also depict the assumptions that lie behind your reasoning, and where possible, these assumptions are backed up by evidence.

- **Rationale** - it establishes the rationale for the intervention by Healthy Minds and the chain of outcomes that were expected to be triggered for beneficiaries and other stakeholders.
- **Inputs** - this acknowledges the inputs required to deliver the service, financial and otherwise.
- **Activities** - the activities that the service delivers to achieve the outputs, outcomes and impact of the service
- **Outputs** - these are data about activities and are the direct results of activities.
- **Outcomes** - these are the medium and long term observed effects of the activities and are often the “real” changes that organisations are trying to make on the way to achieving greater impact.
- **Impact** - the longer-term effect of an activity on the social fabric of the community and well-being of the individuals and families.
- **External influences** - the theory of change considers external influences that could affect the service, such as funding ceasing or other organisations beginning to offer similar services and enablers that will help the service to run, such as continued funding and credibility/reputation.

The following chart demonstrates an initial theory of change for the SafeSpace Project which was used to support the evaluation plan.

Theory of Change – SafeSpace



3. Scope & Stakeholders

3.1 Scope

SafeSpace is a new project which commenced in February 2018. For this evaluation, the data represents those people who accessed the SafeSpace Project between 2nd February 2018 and 31st December 2018. The following table shows what activities were carried out and what evidence we used to achieve the objectives of the evaluation.

Table 1. Objectives

Objective	Method
Assess the social impact of the programme including the outcomes achieved for service users	<ul style="list-style-type: none">- Ongoing service user consultations- External Stakeholder consultations- Volunteer consultations
Measure the Social Return on Investment to support the evidence of the outcomes achieved.	<ul style="list-style-type: none">- Service User consultations- External Stakeholder consultations- Volunteer consultations- Valuing outcomes using sector recognised proxies- Applying SROI methodology

3.2 Stakeholders

This report explores the changes to key stakeholders because of the SafeSpace project. Stakeholders are the people or organisations that experience change, both positive and negative because of the activity that is being analysed.

One of the first steps is to identify all the stakeholder groups that are material, or relevant, to the scope of this study and decide whether to include them in the analysis. The following table shows all identified stakeholders and the reasons for inclusion or exclusion from this study.

Table 2. Stakeholders

Stakeholder	Included	Reason for inclusion/exclusion
Service Users	Yes	These are the main beneficiaries of the SafeSpace project who had the most experience of the service.
Healthy Minds/SafeSpace Project Management Team	Yes	As commissioners of the evaluation project managers have been involved from project inception and throughout the consultations to inform stakeholder engagement.
Volunteers	Yes	Healthy Minds relies on volunteers to support service delivery of SafeSpace.
External Stakeholders <ul style="list-style-type: none">• Healthy Minds service user representative• Calderdale Council• West Yorkshire Police	Yes	The project is overseen by a Steering Group with representatives from Healthy Minds, Calderdale Adults Health and Social Care, Calderdale CCG and South West Yorkshire Partnership Foundation Trust.

<ul style="list-style-type: none"> • Calderdale Clinical Commissioning Group • Yorkshire Ambulance Service • South West Yorkshire Partnership Foundation Trust <ul style="list-style-type: none"> ○ Crisis Team (x2) ○ Acute Pathways 		
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3.3 Consultation Methods

A variety of consultation methods have been used with the aim of achieving feedback most reflective of the changes that have been experienced by people and to ascertain the opinions of stakeholders. The following table shows how each stakeholder group was consulted with.

Table 3. Consultation Methods

Stakeholder	Method of Consultation
Service Users	<ul style="list-style-type: none"> • One to one consultations by staff
Healthy Minds / SafeSpace Project Management Team	<ul style="list-style-type: none"> • Meetings
Volunteers	<ul style="list-style-type: none"> • E-surveys
External Stakeholders	<ul style="list-style-type: none"> • E-surveys

A simple process was followed to ensure that we could collate as much feedback as possible in a structured way from the stakeholders detailed above.

- **Healthy Minds/SafeSpace project Management Team** - As commissioners of the evaluation project, managers have been involved from project inception and throughout the consultations. The management team supported SSE YNE and Enriched to identify the relevant stakeholders to engage with as part of the evaluation and acted as a conduit between SSE YNE/Enriched and the staff.
- **Service Users** – 53 people accessed the SafeSpace project on 203 occasions during the scope of the evaluation. Staff asked them a range of questions to understand why they accessed SafeSpace and what outcome they experienced because of this. This data has been used to inform the service users views. The questions asked of service users were:
 1. How were you feeling when you contacted the service?
 2. How did you feel after your visit to SafeSpace?
 3. If SafeSpace was not available, would you have contacted other services tonight?
 4. Would you contact SafeSpace again, if needed?
 5. Would you recommend SafeSpace to others?
 6. How can SafeSpace be improved, if relevant?
- **Volunteers** – Healthy Minds relies on volunteers to support the delivery of the SafeSpace project. There were four volunteers involved and consultations were carried out via e-survey in December 2018. A copy of the survey is included as Appendix 1.

- **External Stakeholders** – these are people or organisations that Healthy Minds has been involved with beyond the Service Users. Predominantly this included the SafeSpace Steering Group, however, other external stakeholders were also identified that had been involved in the project in some way. Consultations were carried out via e-survey at two points throughout the project. The first point was just under six months into SafeSpace being operational and informed the interim report. The second was in December 2018/January 2019 when the service had been operational for almost 10 months. A copy of the survey questions is included as Appendix 2.

3.4 Response Rates

The table below shows each stakeholder group, the population size and the response rates to the consultation and internal data already held. Some Service Users answered the feedback questions more than once, accounting for more responses than individuals accessing the service.

Table 4. Responses

Stakeholder	Method	Population Size	Responses in July 2018		Responses in December 2018	
			No.	%	No.	%
Service Users	One to one consultations by staff	24 (up to Jul 2018) / 53 (up to Dec 2018)	24	100%	68	128%
Volunteers	E-surveys	4	N/A	N/A	1	25%
External Stakeholders	E-Surveys	8	4	50%	0	0%

The findings of these consultations are presented in section 8. Comments attributed to stakeholders have been included throughout this report to fairly represent the views on which the analysis has been drawn and to truly reflect the journey of change that people have experienced.

3.5 Evaluation Limitations

- **Consultations**

People engaging in the SafeSpace project are at crisis point. This means that gathering detailed evaluation data from Service Users when visiting the project can be inappropriate and insensitive to that person's needs. Therefore, only limited information is collected when they visit the SafeSpace project.

The data is also limited through service delivery staff gathering the information. This approach limits the level of information which can be gathered to inform the evaluation and the SROI. The evaluators provided resources for staff to undertake consultations with the service users, and although the project staff are extremely knowledgeable and experienced in dealing with people experiencing mental health crisis, they are not experienced project evaluators. This method was used in recognition of the sensitive nature of the discussions when a Service User is visiting the SafeSpace project and due to limited funding being available for the evaluation.

- **Data**

In addition to the above limitations, no follow-on data is available for people who have used the service on several occasions or who have moved on to other Healthy Minds services in support of their long-term mental health, therefore limiting our understanding of the longer-term effects of the service.

In December 2018, Healthy Minds experienced problems with their shared network drive which meant that they lost a lot of data stored on the drive for each of their services and its Service Users, including SafeSpace. Although data was available for individuals accessing the service, including referral reasons, demographics and any action taken, only limited feedback data which tracked the project outcomes was available. Therefore, hardcopies of all feedback forms had to be re-input back onto a spreadsheet. Unfortunately, it was not possible to identify which feedback form was associated with which person, therefore being unable to track the journey of each individual. This has limited the way in which we can account for the outcomes experienced and the values associated with them.

- **Local Statistics**

All information gathered about the difference the service is making to individuals and in achieving the aims of the project is self-reported. Although stakeholders have an opinion on whether the outcomes are being achieved, no information has been made available from partners in the Police, Social Care or Health, to indicate if there has been a reduction in people accessing services.

4. Inputs & Activities

4.1 Inputs

This section describes the input of various stakeholders into the SafeSpace project. The SafeSpace project was initially funded through the West Yorkshire Emergency & Urgent Care Vanguard / Police & Crime Commissioner. Due to unforeseen delays in the service starting, this funding came to an end in July 2018. Healthy Minds funded the service from the charity's unrestricted funds until October 2018. Calderdale Clinical Commissioning Group (CCG) then provided funding from November 2018 to enable the service to continue.

It is custom in SROI to account for volunteer time as an additional input. A value has been attributed to volunteers at £8 per hour in line with the ONS data on median pay for part-time work of this kind. This has been calculated based on two volunteers at a time supporting the service across the scope of this evaluation.

Table 5. Inputs

Stakeholder	Description of Input	Input Value
Service users	Time at the project	£0
Healthy Minds staff	Staff time to deliver the service	£0
Volunteers	Volunteers time is not paid for, but still represents an additional input, in kind. For this reason, an input value has been attributed to volunteers.	£16,218
WY Emergency & Urgent Care Vanguard / Police & Crime Com. (Feb – Jun)	The operational costs to Healthy Minds of delivering the service, including salaries, transport costs, and supplies and services	£47,052
Healthy Minds – unrestricted funds (Aug – Oct)		£10,744
Calderdale CCG (Nov – Dec)		£4,908
TOTAL VALUE		£78,922

There are no other inputs, financial or otherwise, into the service.

4.2 Activities

The service operates from a town centre location as a drop-in service outside of statutory service hours e.g. weekend evenings. It was developed in co-production with people with lived experience of mental distress. Facilities include:

- Freephone helpline
- Kitchen facilities
- Chill-out space
- Room for one-to-one discussions
- Activity materials
- Internet access
- Information and advice resources

The service is staffed by a project co-ordinator, two project workers and volunteers with personal experience of mental distress.

5. Outputs & Demographics

5.1 Outputs

Between 2nd February 2018 and 31st December 2018, a total of 53 individuals accessed the service on 203 occasions, seven of whom were already known to Healthy Minds.

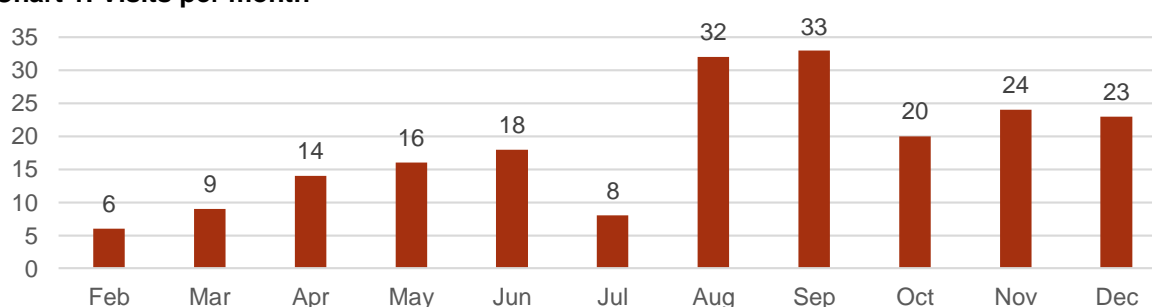
Table 6. Outputs

Indicator	Output	
	Feb – June	Feb - Dec
The number of people who access the project	24	53
The number of males accessing the service	5	17
The number of females accessing the service	19	36
The number of contacts to the project	56	203
The number of people already know to Healthy Minds at first contact	3	7
The number of self-referrals	18	43
The number of referrals from professionals	6	10

• Number of Visits

Throughout the period there were 203 contacts with SafeSpace. Each month this ranged from 6 contacts in the first month of operation, up to 33 contacts in September, the eighth month of operation. There was a steady increase in contacts each month from February (6) to June (8). Contacts dipped in July, which we're told is representative of other mental health services in the area and is potentially due to the 2018 FIFA World Cup being a focus and a distraction for people during this time. Contacts then increased significantly in August (32) and September (33), tapering off again to between 20 and 24 from October to December. The following chart shows a breakdown of contacts by month.

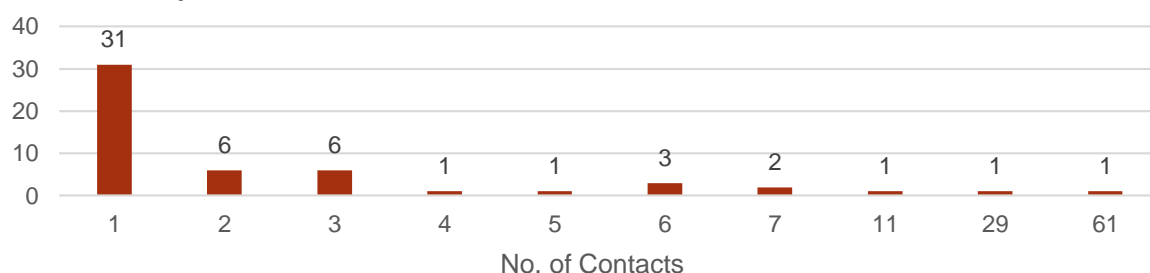
Chart 1. Visits per month



58% (31) of the 53 individuals who contacted SafeSpace did so on only one occasion. 11% (6) contacted on two occasions and a further 11% (6) on three occasions. Records show that three people are accessing the service on a regular basis making up 50% of the contacts to SafeSpace. One of these people accessed the service on

11 occasions, one on 29 occasions and one on 61 occasions. The following chart shows a breakdown of the number of people by the number of contacts.

Chart 2. Visits per individual



With a total operational financial input into the service of £78,922 and working with 53 individuals on 203 occasions, the average unit cost per person is £1,489.09 and the average costs per contact is £388.78.

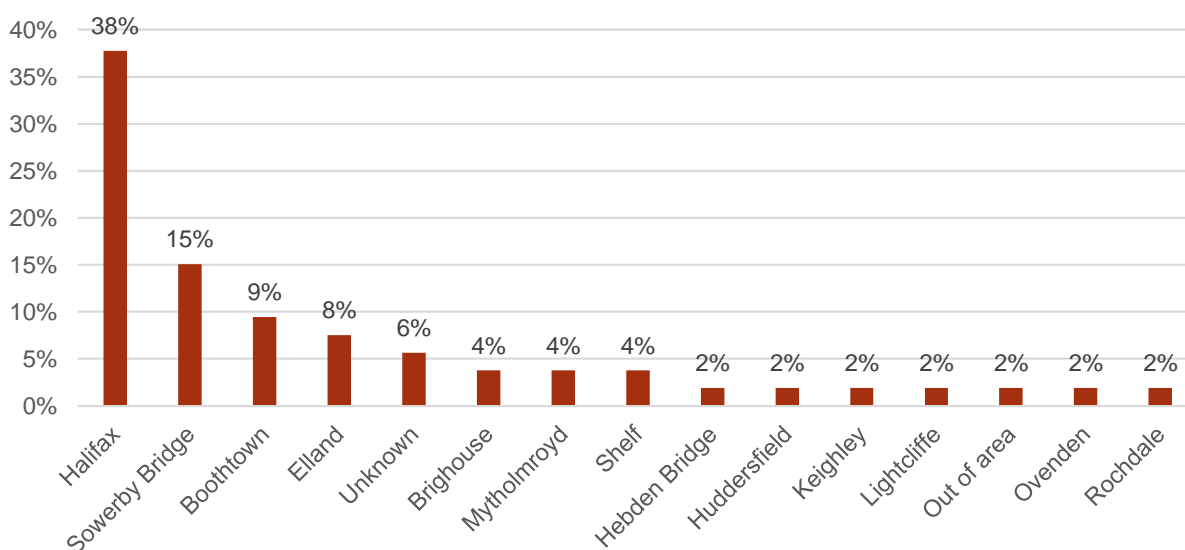
However, there are two people who use the service significantly more than others with 29 and 61 contacts. These individuals use approximately 44% of the services resources with 90 visits at an approximate cost of £34,990.

5.2 Demographics

• Locality

38 % (20) of people accessing SafeSpace were from the Halifax area, with 15% (8) from Sowerby Bridge, 9% (5) from Boothtown and 8% (4) from Elland.

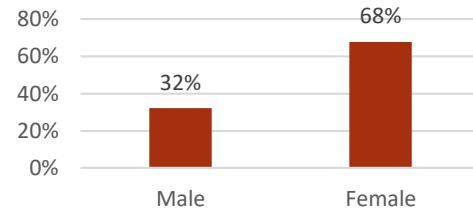
Chart 3. Locality



- **Gender**

Of the 53 individuals who accessed SafeSpace, 68% (36) identified as female and 32% (17) of the individuals identified as male, showing that less than half the number of males accessed the service than females during this period.

Chart 4. Gender

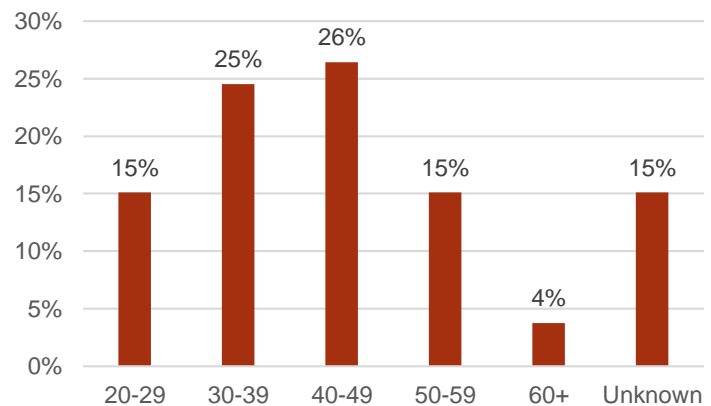


- **Age**

Of the 53 individuals who access SafeSpace, we know they were aged as follows:

- 15%(8) were aged 20-29
- 25% (13) were aged 30-39
- 26% (14) were aged 40-49
- 15% (8) were aged 50-59
- 4% (2) were aged 60+
- 15% (8) didn't give their age

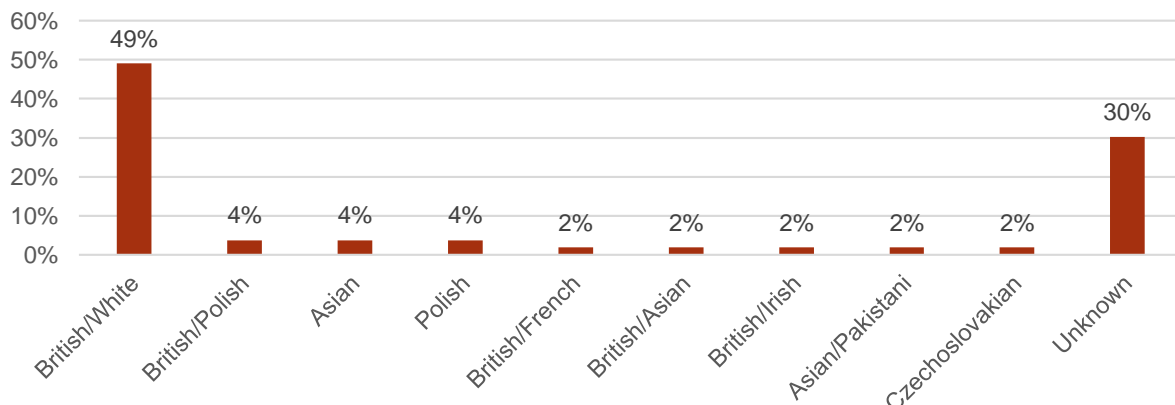
Chart 5. Age



- **Ethnicity**

Data on people's ethnicity was gathered showing that the majority of individuals, 49% (26), accessing SafeSpace identified as "British/White". 12% (6) of people identified as either "British/Polish" 4% (2), "Asian" 4% (2) or "Polish" 4% (2). Other ethnicities included "British/Irish" 2% (1), "British/French" 2% (1), "British/Asian" 2% (1), "Asian/Pakistani" 2% (1) and Czechoslovakian 2% (1). 30% (16) people did not disclose their ethnicity,

Chart 6. Ethnicity



6. Outcomes

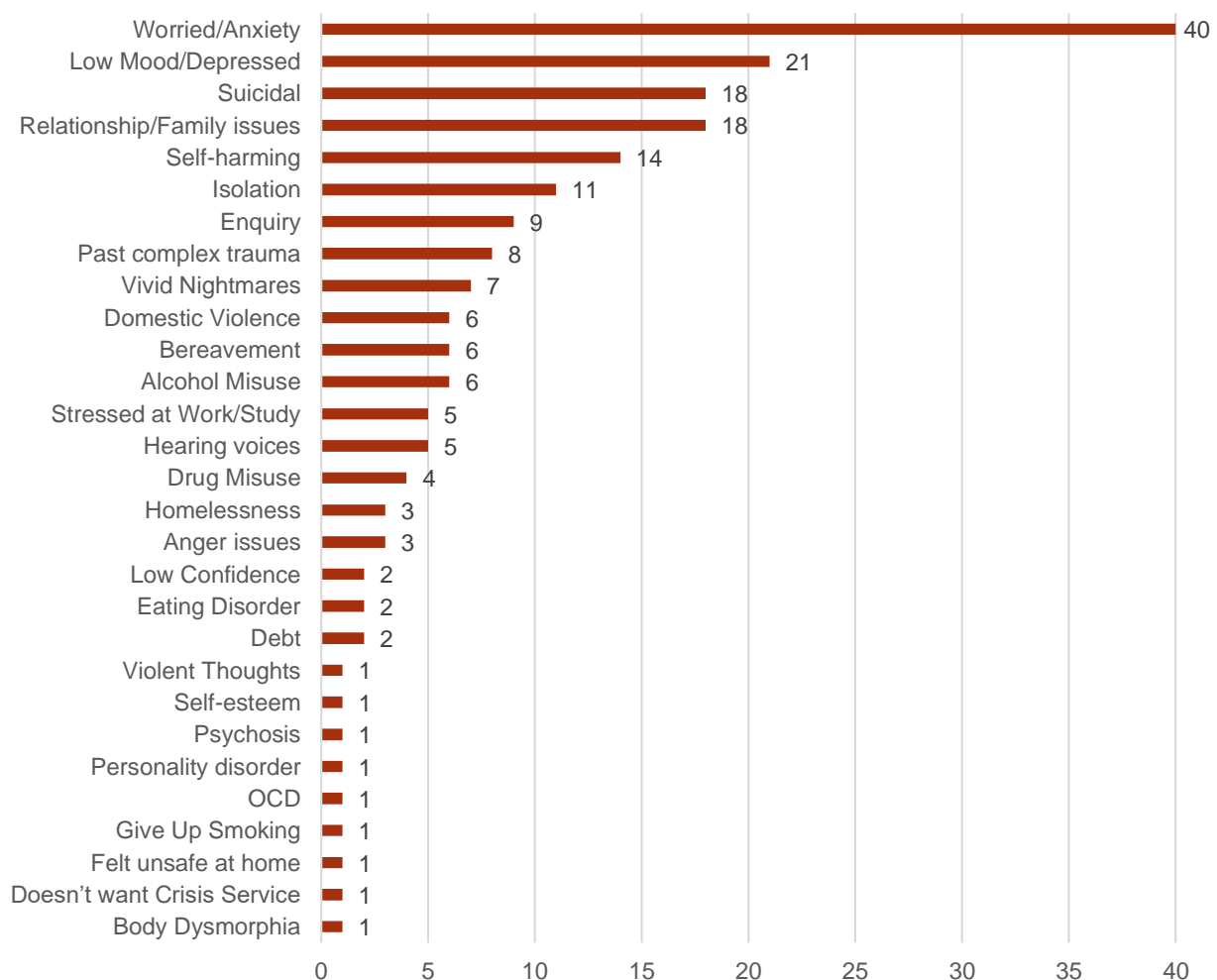
The outcomes in this section reflect the findings from consultations that staff carried out with the Service Users and the consultations carried out via e-survey with 8 external stakeholders and 4 volunteers.

6.1 Service Users

During the scope of the evaluation 53 individuals accessed the service on 203 occasions, providing 68 sets of feedback.

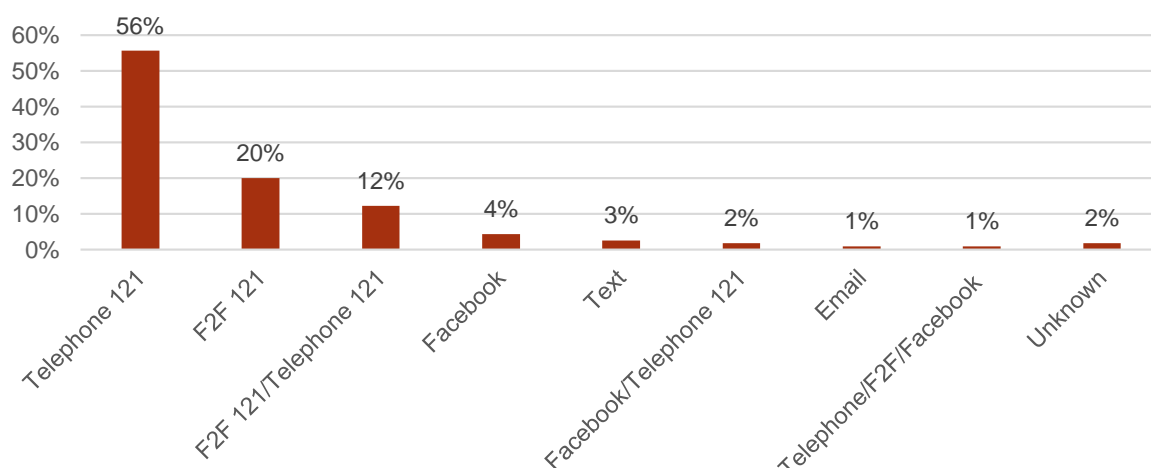
Information shows that people were contacting SafeSpace with multiple issues that they needed support with. In the first evaluation, collated in July 2018, there were 20 different reasons for people accessing the service. Throughout the period people disclosed 29 different reasons for accessing SafeSpace. These issues included domestic violence, drug and alcohol misuse, anxiety, depression and self harm, as well as past traumatic experiences, such as rape or child abuse. The greatest number of issues disclosed were worried/anxiety (40), followed by low mood/depressed (21) and feeling suicidal (18). The chart below shows a breakdown of the reasons people were contacting SafeSpace.

Chart 7. Reasons for Accessing SafeSpace



The systems used to track the method of engaging with SafeSpace need improving. However, the data that is held shows that the majority of contacts, 56% (64), is 'Telephone one to one support', followed by 'Face to Face (F2F) one to one support' at 20% (23).

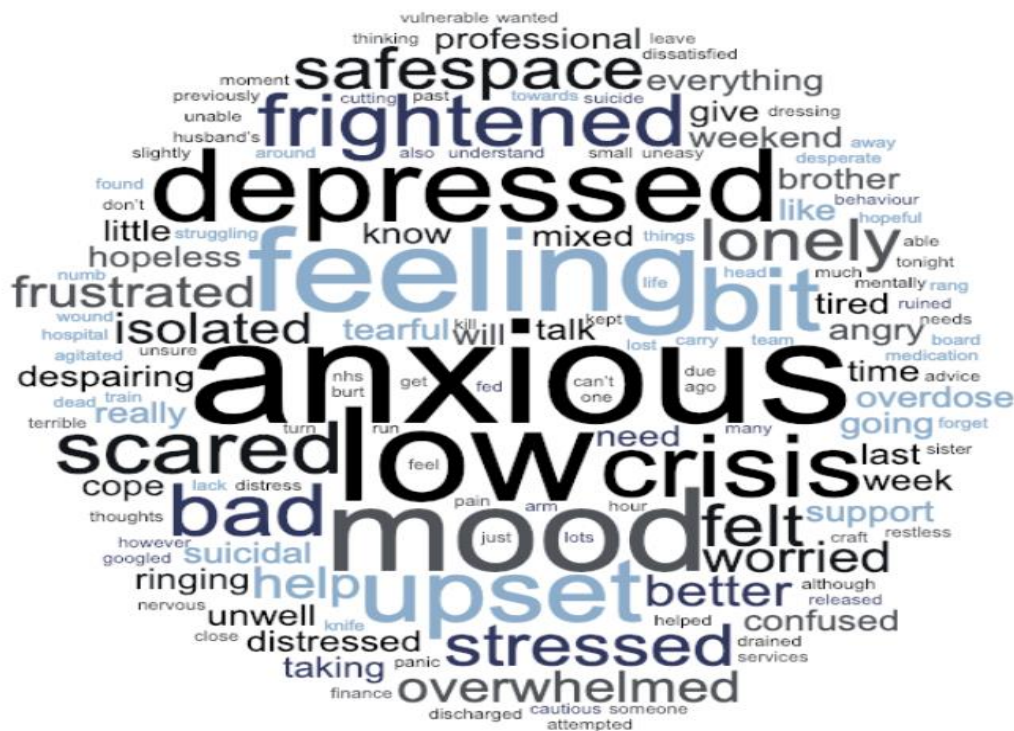
Chart 8. Method of Support



People were asked how they felt when they first contacted SafeSpace. 82% (56) of the comments related to low mood, depression or anxiety. 7% (5) of the comments related to feeling lonely and isolated, 3% (2) of the comments stated they felt “overwhelmed” and 6% (3) of the comments said they felt suicidal. 3% (2) of the comments said they were “OK”. Comments included:

- *“Very depressed, lonely and no one to talk to who will understand”*
- *“Very low, very upset and distressed because of my husbands behaviour towards me”*
- *“I was feeling very anxious and down”*
- *“I felt anxious, stressed”*
- *“Anxious and in need of professional support”*
- *“I was low in mood and depressed”*
- *“Anxious and depressed but felt like I was able to board a train that would help me forget the past. I felt cautious about SafeSpace”*
- *“Feeling low in mood having just been released from hospital an hour ago after taking an overdose at the weekend”*
- *“Feeling scared for the weekend. Feeling isolated”*
- *“In need of help. Feeling suicidal”*
- *“Scared, anxious, feeling terrible. Wanted to run away and leave everything”*

The word cloud below highlights some of the key words from the comments made by Service Users of the project about how they were feeling when they accessed SafeSpace.



People were asked how they felt after receiving support from SafeSpace. Everyone who answered the question (all except two people) said they felt better for having contacted SafeSpace. Comments from people included:

- *"A lot better they are very supportive. I will call them again. It was nice having someone to turn too"*
- *"Feel better, by speaking to you I may be able to resume my daily activities"*
- *"A lot better and happier, I enjoy the company"*
- *"Happy knowing someone was there to give me the support I needed. Very good supporting team of staff"*
- *"Lighter and able to acknowledge my feelings"*
- *"I am feeling a lot better than I was, not as anxious. I was able to talk about my feelings and I enjoyed the visit. I didn't feel the usual loneliness"*
- *"Better it was good to be able to talk and offload to someone who doesn't know you as they are non-judgemental. I was listened to and not rushed"*
- *"Less anxious knowing support, care and time was always available when needed by the SafeSpace team"*

The following are the key outcomes identified from peoples comments, the numbers reflect the number of people who indicated this outcome was achieved:

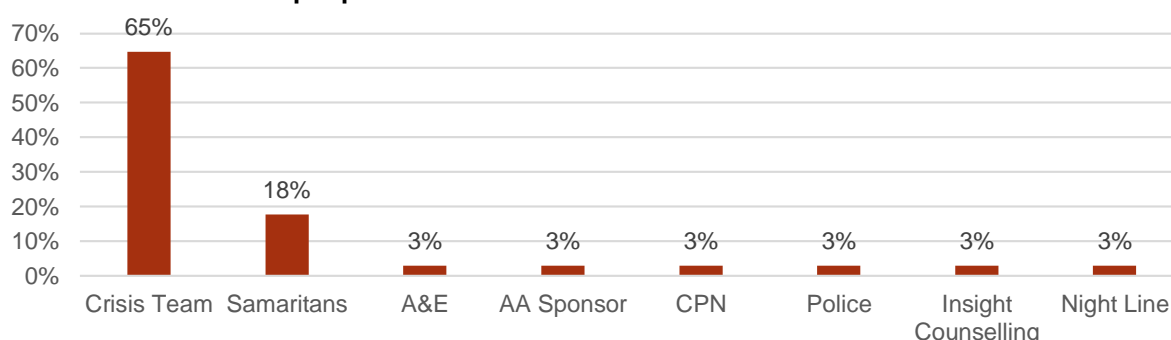
- People feel less anxious/depressed (35)
- People feel more supported (20)
- Suicide was averted (3)

These outcomes contribute to one of the outcomes of the project:

- Individuals have access to self-help and peer support to help with crisis de-escalation.

People were asked whether they would have contacted a range of other services had SafeSpace not been available. 51% (27) of people said they would have contacted other services, such as the Crisis Team (22), Samaritans (6), their CPN (1), Police (1), Accident & Emergency (1), their AA sponsor (1), Insight Counselling (1) or Night Line (1).

Chart 8. Other services people would contact



Although people said they would have called other services, for several people SafeSpace was their preferred service, comments included:

- *"I would have rang the Crisis team, however, I don't like to as I don't find them helpful"*
- *"Probably Crisis team if I could not get hold of SafeSpace first. I prefer SafeSpace"*

49% (26) of people said they wouldn't have contacted other services, with some people commenting that they had *"no one else to call"* or that they were *"not aware of any other services"*. Other people commented that they wouldn't have contacted other services because they prefer to access SafeSpace:

- *"No one - I prefer to contact SafeSpace"*
- *"No. Other services either too judgemental or afraid of being sectioned"*

Although this is self-reported from the individual this information indicates that because of SafeSpace they are accessing statutory services less, therefore achieving the outcomes of the project:

- Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team (27)

Due to the data limitations mentioned in Section 3.5, where a large amount of data was lost, aligning the feedback to individuals was not possible for the period beyond the interim report (2nd February 2018 to 2nd June 2018). In the interim report we knew that there were 24 individuals who had accessed the service and provided 24 (100%) data sets of feedback. However, for the next period there are 44 data sets, yet only 29 people accessed the service.

To account for the period 3rd June 2018 to 31st December 2018, the data from this period has been segregated from the data used for the interim report. It was possible to establish that there were 44 (39%) sets of feedback out of 112 contacts that had been made during the period, representing 29 individual people. To not over claim the outcomes being experienced, a percentage was applied to the number of comments in relation to each outcome. This percentage was then applied to the number of individuals. For example, there were 29 out of 44 comments which indicated that people were less anxious/depressed. This equates to 66% of the overall comments, therefore, it was assumed that 66% (19) of 29 individuals felt less anxious/depressed.

CASE STUDY - JOANNE

Joanne is a 49-year-old woman who lives on her own in a social housing property. Joanne has no friends and very little family, who she has limited contact with. Joanne is paranoid and struggles to trust people. Joanne has been seeking support from mental health services for 5 years following the death of her husband, whom she used to care for. Joanne has a Community Psychiatric Nurse (CPN) as well as two mental health support workers who she sees on a weekly basis.

Joanne has had struggles with sleeping and has self-harmed for several years. She describes this as a coping mechanism for her mental health. She would self-harm at least three times per week and would call an ambulance to take her to the Accident & Emergency (A&E) unit at the hospital. Living alone Joanne didn't cook meals for herself and would generally get takeaways which were unhealthy and could be quite costly. As part of Joanne's self-harming she carries craft knives in her handbag. She has been arrested for being caught in public with these and has also been banned from other services for this, and as well for being verbally aggressive to staff and service users.

She first contacted SafeSpace in May 2018 when her CPN made the referral on her behalf. Since May Joanne has had more than five face to face appointments and over 20 telephone appointments.

Joanne has received intensive support from SafeSpace at times. In particular when she called the service in a distressed state threatening to attempt suicide by jumping out of her property window. This has happened on two occasions and staff have rung emergency services to attend which has resulted in no further action being taken.

Joanne has said that she finds the one to one support at SafeSpace the most **helpful** as she is able to talk in private away from others "where no one can listen in". She has said she can "be herself" and she confides in staff more so than with the other support workers. Joanne has also accessed the group space and has played games of pool with the volunteers which she said she has **enjoyed** as it makes her forget about her problems and **relieve stress**.

Joanne has been referred to several Healthy Minds groups through one to one support, which she has attended. Staff explained to Joanne what to expect from each group so she could make an informed decision about which groups she would prefer to attend. Staff always speak to the facilitators of the groups and ask them to contact Joanne to answer any questions she may have prior to her attending. By doing this Joanne is already familiar with the facilitator and **isn't anxious** about meeting someone for the first time.

Staff have completed work with Joanne around **healthy eating** and **healthy choices** looking at recipes she would like and printing these off for her to take home. Joanne's sleep has started to improve, she now takes medication in the evening to help with this and states that she **sleeps better** after contacting SafeSpace as she says her mind has been cleared of problems.

Joanne has stated that she hasn't been to A&E "in a while" and that she prefers to speak to someone at SafeSpace if she feels like self-harming. She says she can talk about her feelings at that time and she knows when she visits SafeSpace that she isn't allowed to self-harm on the premises. However, she has said that she doesn't get the urge to as she is with people and is occupied which prevents her from thinking about it.

Joanne has been on a community day trip that was organised by the residents in her block of flats and she said she enjoyed this. This is the first time Joanne has spent time with the other residents and she said she has gained **confidence** since accessing SafeSpace to be able to do this. Joanne has recently appeared to be in a **positive mood** when she has visited and she said she has been feeling '**better**'.

6.2 Volunteers

SafeSpace relies on volunteers to deliver the service to people. These volunteers are people that have personal experience of mental and emotional distress, and each receives extensive training before volunteering for SafeSpace.

During the scope of the evaluation there were four volunteers supporting SafeSpace. All four volunteers were sent an e-survey in January 2019. The one person who responded has been a volunteer with SafeSpace from the beginning of the project.

6.2.1 Benefits to the volunteer

When asked what it was that made them want to become a volunteer with SafeSpace, they responded, *“To help people with mental distress”*.

We asked volunteers whether anything had changed for them since they became a volunteer, for example their views, beliefs or actions and whether they do anything now they didn't do before. The respondent said that they *“have noticed there are many people who need help”* but that they don't do anything differently now to what they did before.

6.3.2 Benefits to Service Users

When asked how they would describe SafeSpace and the effect it has on its Service Users they said, *“Very good service and very much needed”*. They also said they weren't aware of any other services in the area which achieved the same sort of outcomes as SafeSpace.

We asked volunteers their views on how effective SafeSpace was at achieving the intended project outcomes:

- Individuals have access to self-help and peer support to help with crisis de-escalation
- Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team
- Reduced use of section 136 and Mental Health Act Assessments

The respondent answered, *“Very Effective”* for all three outcomes, simply stating *“Because it is very effective”*, as their reason for answering this way.

The volunteer who responded does believe that the service achieves the intended outcomes of the project. The additional outcome identified for this one volunteer in particular was that they had more of an awareness of people that needed help.

6.3 External Stakeholders

External Stakeholders are people and organisations that have engaged with the SafeSpace project. There were 8 external stakeholders identified by the Healthy Minds/SafeSpace Management Team; this included members of the project Steering Group, including Calderdale Adults Health and Social Care, Calderdale CCG and

South West Yorkshire Partnership Foundation Trust. A full list of external stakeholders is included in Table 2.

External Stakeholders were contacted via e-survey at two points throughout the scope of the evaluation. The first survey was circulated in July 2018 to gather their views of the service while it was relatively new. A further survey was circulated in December 2018. The purpose being to ascertain whether their views of the service once it had had more time to become established.

To achieve as high a return rate as possible, external stakeholders were sent the e-survey on three separate occasions in July 2018 encouraging them to complete the survey. A total of 4 (50%) external stakeholders engaged with the consultation.

E-surveys were circulated to stakeholders in December 2018, with a reminder e-mail sent early January 2019. The deadline for the survey was also extended to encourage as high a return rate as possible. No external stakeholders responded to the second consultations, therefore the findings in this second reflect the responses from July 2018 only.

Responses have been amalgamated to support anonymity, however, there may be some specific comments which, due to their content, may be attributable to the stakeholder.

6.3.1 Benefits to Service Users

External Stakeholders were asked to articulate their views on the work of SafeSpace and the effect it has on service users. Comments included:

- *“A place to go to for individuals to receive support in crisis.”*
- *“Crisis Support and opportunity to develop coping skills*
- *“The feedback I have seen from service users talks of the provision of a SafeSpace with friendly, empathic, caring staff and volunteers who encourage them to talk about what is happening for them and help and support them to find ways of dealing with their mental distress and/or potential crisis. The experiences the service users have reported in terms of impact include reduction in symptoms, feeling comfortable, being given time to talk, being able to stay for as long as needed, and being helped to find out about other support available in the community.”*
- *An excellent resource run by people who are committed and passionate. It helps to address issues before they turn into a crisis for the people accessing the service.*

Responses indicate that stakeholders are well informed of the needs of this client group and recognise the gap in service that the SafeSpace is attempting to fill.

6.3.2 Benefits to External Stakeholders

All External Stakeholders were asked if the SafeSpace Project is of benefit to their organisation. 100% responded that “Yes” the project was a benefit to their organisation. When asked to describe the benefit to the organisation, stakeholders referred to the benefits that the service brings to service users. Comments included:

- *“A much-needed resource to assist with the problem of social isolation with a vulnerable client group”*
- *“It has provided a SafeSpace for people in Calderdale in mental distress or approaching crisis to access help, activities, peer support to help de-escalate a crisis and find ways of avoiding or reducing mental distress in the future.”*
- *“To allow people to access support, company and a listening ear when they are feeling vulnerable and need extra support out of hours which may not meet the criteria for mental health services.”*

The word cloud below highlights some of the words used by External Stakeholders to describe the impact of the project.



External Stakeholders were asked to rate the SafeSpace Project on a five-point scale from “Very Effective” to “Very Ineffective”, with an option of “Unable to Comment”, to give their views on how effective they thought the SafeSpace Project was at achieving the objectives of the service:

- Individuals have access to self-help and peer support to help with crisis de-escalation
- Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team
- Reduced use of section 136 and Mental Health Act Assessments

In addition, they were asked how effective they thought SafeSpace was at partnership working and service delivery, using the same five-point scale. Stakeholders were given the following options for their answers. The responses are detailed below:

- **Individuals have access to self-help and peer support to help with crisis de-escalation:**

75% (3) of external stakeholders said they thought the service was “*Very Effective*” at achieving this objective. The other 25% (1) responded as “*Unable to Comment*” and stated that they had “*Not worked closely with Service Users who have used the service*”. Comments from stakeholders who responded “*Very Effective*” included:

- “*The feedback received from Service Users indicates the service is very effective in providing access to self-help and peer support to help with crisis de-escalation. There are specific mentions of these as part of the positive experiences people have had.*”
- “*Easy access for clients. The staff are committed to making a difference*”

- **Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team**

75% (3) of external stakeholders responded as “*Unable to Comment*” in relation to this objective, with 25% (1) responding “*Very Effective*”. Comments from those stakeholders who responded “*Unable to Comment*” included that they had, again, “*Not worked closely with service users who have used the service*”, with another saying, “*I don't have access to statistics*”.

The stakeholder that responded as “*Very Effective*” commented, “*....The feedback I have seen from some service users indicates that this is the case (although the numbers are small), and having heard about some of the conditions/problems people have been dealing with, it seems likely that there will be some reduction.*”

- **Reduced use of section 136 and Mental Health Act Assessments**

75% (3) of external stakeholders responded as “*Unable to Comment*” to this objective, with 25% (1) responding “*Somewhat Ineffective*”. The stakeholders who responded “*Unable to Comment*” stated:

- “*The figures for 136 detentions and MHA (Mental Health Act) assessments vary month on month. It would be difficult to predict how many have been avoided.*”
- “*I am not able to form a view on this, as it isn't mentioned in any of the feedback I have received. I will ask police colleagues.*”

The stakeholder that responded “*Somewhat Ineffective*” commented: “*Both Section 136 and MHA assessments are increasing however this is a national picture and not related to SafeSpace*”.

• Partnership Working

When asked about the effectiveness of partnership working between their organisation and SafeSpace, 100% (4) of stakeholders thought it was effective, with 75% (3) of stakeholders responding *“Very Effective”* and 25% (1) of stakeholders responding *“Somewhat Effective”*.

Comments from stakeholders who responded *“Very Effective”* included:

- *“Good links into the Crisis team.”*
- *“Our organisation has been very involved in developing Safespace and has a very good relationship with the Healthy Minds Chief Officer and the Safespace team. We talk honestly about issues and work together to try to resolve them; we also share ideas and support each other to make the best of scarce resources.”*

No comment was made by the one stakeholder who responded *“Somewhat Effective”*

• Service Delivery

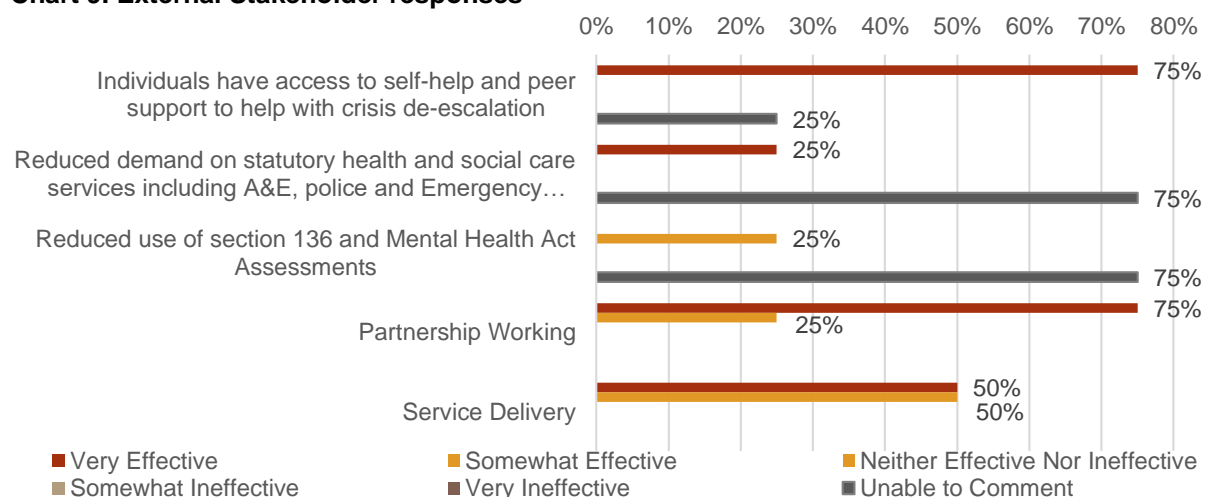
100% (4) of stakeholders thought SafeSpace was effective at service delivery, with 50% (2) of stakeholders responding *“Very Effective”* and 50% (2) responding *“Somewhat Effective”*.

One stakeholder who responded *“Very Effective”* commented, *“The feedback from service users that I have seen is extremely positive about how the service is delivered, citing the friendliness of the welcome, the safe and caring environment, having the time to talk and relax, and the practical help in signposting or referring to local services/support”*.

One stakeholder who responded *“Somewhat Effective”* commented: *“Not close to SafeSpace service delivery however I'm advised it is working well”*.

The chart below summarises the responses from External Stakeholders to the questions above.

Chart 9. External Stakeholder responses



Responses from stakeholders indicate that they generally feel that the SafeSpace project is a much needed service for people with mental health issues, and they recognise the dedication of the staff team to make SafeSpace a success. For those that have had access to feedback from Service Users they know it is making a difference on an individual level. However, it seems that with some stakeholders responding *“Unable to Comment”* that the project is possibly too new for any great impact to be seen yet in relation to reduction in access to other services. In addition to the above, there is a view from External Stakeholders that the use of section 136 and Mental Health Act Assessments are increasing nationally, therefore the impact in relation to this outcome isn't being observed.

External Stakeholders were asked if there was anything else they would like to tell us about SafeSpace which they hadn't advised of. Comments included:

- *“Awaiting to see the second quarter report to get a true picture as to the effectiveness of the project.”*
- *“A very positive initiative and much more of this type of partnership working is required to support our local service users.”*
- *“The Safespace team has worked really hard to promote the service, using a variety of methods including leaflets, social media, talks, awareness raising, training, etc”.*
- *“The team has been very proactive in keeping partners informed about and involved with the service. The team and Healthy Minds as a whole are a pleasure to work with”.*

Feedback from external stakeholders in July 2018 was of a positive nature with some stating that they were keen to see further data and gather more information on how the project progresses, with comments such as:

- *“Awaiting to see the second quarter report to get a true picture as to the effectiveness of the project.”*
- *“I am not able to form a view on this, as it isn't mentioned in any of the feedback I have received. I will ask police colleagues.”*

With this positive interest in the project it is disappointing not to have received further feedback from external stakeholders for the evaluation, once the project had had more of an opportunity to embed itself in the area over a longer period.

Overall Summary of Outcomes

The data sources used within this evaluation, along with the consultations that have been carried out all support the outcomes which SafeSpace is achieving for beneficiaries and for other stakeholders. The outcomes are listed below and will be valued in section 8 of this report to support the SROI calculation.

- People feel less anxious/depressed

- People feel more supported
- Suicide was averted
- Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team
- Volunteers have an increased awareness of people needing support

Other than feedback from one volunteer, the overall feedback received to date does not indicate that the outcome of “Reduced use of section 136 and Mental Health Act Assessments” is being experienced at present. If they were to be made available, statistics from external stakeholders may prove otherwise.

7. Impact

7.1 Valuing Outcomes

To calculate social value, we need to identify suitable proxy values relevant to the outcome that has been experienced. At times this can be a straightforward process, for example, if a cost saving is identified. However, other outcomes are more subjective. When identifying proxies, it is important to remember that it is not about money changing hands. It also doesn't matter whether the stakeholders in question could afford to buy something. It is about the value that an individual would place on experiencing a particular outcome.

The process of valuing outcomes is often referred to as monetisation because we assign a monetary value to things that do not have a market price. All the prices that we use in our day-to-day lives are approximations (proxies) for the value that the buyer and the seller gain and lose in the transaction. The value that we get will be different for different people in different situations. Most of the outcomes reported by the stakeholders cannot be traded on the open market or they are intangible. For these the closest comparable value of a product or service with a market price has been identified.

The following table shows each financial proxy identified and its value for each identified outcome. The source of the proxies can be seen on the full Impact Map in Appendix 3.

Table 7. Financial Proxies

Outcome	Proxy	Proxy Value	No. Exp. Change
Service User Outcomes			
People feel less anxious/depressed	Registration fee + mid-cost per adult counselling session: £110.	£1,128	33
	(average costs taken from low and high level visitors to SafeSpace)	£2,530	2
People feel more supported	HACT Wellbeing Valuations - Able to access advice locally	£1,977	20
Suicide was averted	Annual lost earnings – average salary in Halifax	£20,938	3
External Stakeholder Outcomes			
Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team	Crisis resolution team for adults with mental health problems - average cost per case	£30,487	27
Suicide was averted	Reduction in public services required, due to death being averted	£8,010	3
Volunteers			
Volunteers have an increased awareness of people needing support	Cost of Mental Health First Aid Training	£300	1

7.2 Social Return on Investment

In undertaking this evaluation and calculating these values the principles of SROI have been considered to account for the value of SafeSpace in the most authentic way. To ensure that impact was not over-claimed a range of external factors were considered, some of which were established during the consultations and some through research into existing SROI studies for similar programmes and outcomes.

- **Deadweight:**

This is a measure of the amount of outcome that would have happened even if the activity had not taken place. It is calculated as a percentage. In the absence of a control group or benchmark, deadweight is calculated as an estimate considering what people said during the consultations and considering other services within the area.

When asked what they would do if SafeSpace hadn't been available, 51% (27) of people said they would have contacted other services, such as the Crisis Team or the Police. Based on these responses and research into other SROI studies, deadweight has been applied at 51% for the outcomes for service users, however, only a 10% baseline has been applied to the stakeholder outcomes as people would continue to access their services.

- **Displacement:**

This is an assessment of how much the outcomes from this service could have displaced other outcomes that might have arisen in the absence of it. Due to the nature of the service in addressing mental health crisis and that all stakeholders stated that there was no other service like it in the area, displacement has been applied at a 10% baseline figure.

- **Attribution:**

In many cases outcomes that occur are not due to a single activity but can be the result of another service or participation in other activities. To avoid over-claiming, attribution analysis is used to estimate how much other people or activities are perceived to have contributed to the identified outcomes.

Limited feedback from Service Users in relation to attribution means that it is difficult to apply a percentage for attribution. In the absence of other information, 50% attribution has been applied in line with other SROI studies carried out on similar services. This figure is also supported by the 51% (27) of people who said they would access other services if SafeSpace hadn't been available.

- **Duration & Drop off:**

As time goes by, the outcome amount is likely to lessen or to be influenced by other factors. Therefore, attribution to the service is lower meaning the duration of the outcome needs to have a cut-off point.

This is a new service in the area and with limited feedback from Service Users means that it is difficult to apply a figure for duration and drop-off. In the absence of other information, 100% drop off has been applied in line with other SROI studies carried out on similar services, with duration set to 1 year.

- **Calculating the SROI:**

The impact map details the amounts for each outcome considering the deductions from the financial proxy values for attribution, deadweight, displacement and drop off. In addition, discounting has been applied to any values that have been projected to last for longer than one year. The discount rate of 3.5% has been applied. This is the rate recommended for public funds in the HM Treasury's Green Book.

The SafeSpace Project was initially funded through the West Yorkshire Emergency & Urgent Care Vanguard / Police & Crime Commissioner (£47,052), throughout the period of this evaluation further funding was provided through Healthy Mind's own unrestricted funds (£10,744) and by Calderdale CCG (£4,908). For the scope of this evaluation this equated to **£78,922** overall. The overall value of the outcomes, minus the deadweight, attribution, displacement and drop-off is **£358,153**. Therefore, the SROI calculation for SafeSpace is:

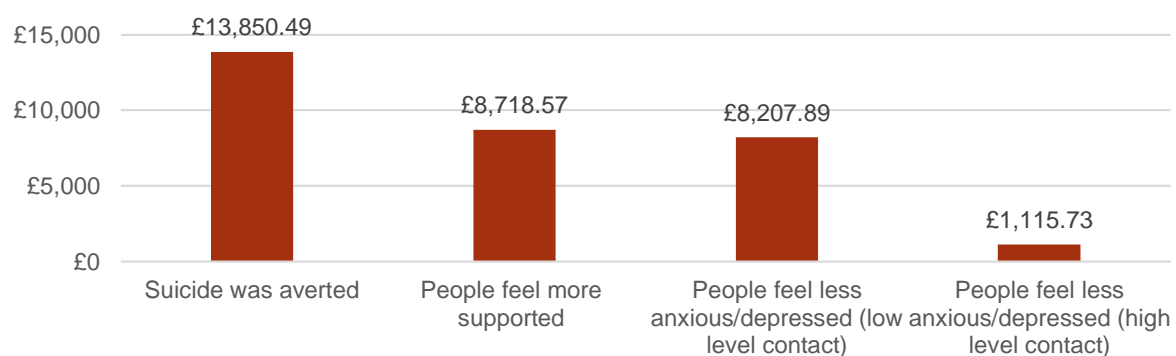
$$\frac{\text{Social Impact: } \pounds 358,153}{\text{Total Input: } \pounds 78,922} = \pounds 4.54$$

This shows an estimated social return of **£4.54 for every £1 invested**.



The chart below shows the social value for each service user outcome valued minus the deadweight, attribution, displacement and drop-off. The social value per outcome is determined by the number of people evidenced as achieving each one. Further details are included in the Impact Map in appendix 2.

Chart 10. Social Value Per Outcome



7.3 Sensitivity Analysis

As SROI involves assumptions and estimations, the process includes sensitivity analysis where changes are made to the base assumptions of key values to see what happens to the social return ratio. The judgements throughout this analysis process have consistently strived to avoid over-claiming and to err on the side of under-reporting the possible outcomes.

The figures used in the impact map have been taken directly from performance data of the service. However, the sensitivity analysis seeks to provide a challenge to the unavoidable assumptions made at certain stages through the analysis, therefore providing confidence in the results.

At this stage, due to the level of data available and the limited consultations that have been carried out, a lot of assumptions have been made which have been informed by SROI studies of similar services, therefore a sensitivity analysis would be purposeless. Once more data is available and if there is an opportunity available for further consultation, a sensitivity analysis can be carried out to provide further confidence in the findings and social impact generated.

- **Deadweight**

Deadweight was applied at 51% based on the number of people who said they would access another service if SafeSpace wasn't available. However, in the interim report only 26% of people reported they access another service, which is the figure that was used for the interim report SROI.

If the deadweight was reduced back to 26% for all outcomes the ratio reduces to **£4.04 for every £1 invested**.

- **Displacement**

Due to the nature of the service in addressing mental health crisis and that all stakeholders stated that there was no other service like it in the area, displacement was applied at a 10% baseline figure.

If this figure was increased to 20%, the ratio would reduce to **£4.03 for every £1 invested**.

- **Attribution**

Limited feedback from Service Users in relation to attribution means that it is difficult to apply a percentage for attribution. In the absence of other information, 50% attribution has been applied in line with other SROI studies carried out on similar services. This figure is also supported by the 51% (27) of people who said they would access other services if SafeSpace hadn't been available.

If attribution was increased to 75%, the ratio reduced to **£2.27 for every £1 invested**.

- **Duration & Drop off:**

As this is a new service in the area and with limited feedback from Service Users, it is difficult to apply a figure for duration and drop-off. In the absence of other information, 100% drop off was been applied in line with other SROI studies carried out on similar services, with duration set to 1 year.

If drop off was reduced to 50% and duration increased to 2 years, the ratio would increase to **£6.73 for every £1 invested**.

- **Range**

The sensitivity analysis estimates the social value to be between **£2.27 and £6.73**. So, by changing the elements of duration, displacement, deadweight, attribution and drop off we see a shift of the social return, however the return continues to be positive.

Having explored these options it is still felt that the figures applied to the original analysis which gave a social return of **£4.54 for every £1 invested** is a ratio which is realistic, yet conservative due to the limitations in the data available.

8. Commendations & Recommendations

During the consultations with each stakeholder group they were asked what they thought were the best parts of the service and what they thought could make it even better, these were categorised as 'recommendations' and 'commendations'. The following details their responses:

8.1 Service Users

8.1.1 Commendations

100% of people said they would recommend the service to others.

Several comments were made about how friendly and welcoming the staff are:

- *"Staff are very friendly, I always feel better"*
- *"I found staff easy to talk to"*
- *"I am always made to feel welcome and comfortable"*
- *"Staff are very welcoming, non-judgemental and comfortable to talk to"*

Some people commented on the general quality of the service provided and they recognised the need for a service like SafeSpace:

- *"Great service to have for weekend support"*
- *"Satisfied, would rate 5 stars for service and devotion"*
- *"It really helps me and I benefit from visiting as otherwise I wouldn't have contact with anyone on a weekend for support"*
- *"People need this important service. Service like this can help more people"*

There were some comments suggesting that SafeSpace had helped them, where other services hadn't:

- *"Feels so much less hurried than other services which is so helpful when you are struggling"*
- *"It helped me where as other places haven't"*
- *"I have found in the past that traditional crisis services exacerbate my anxiety but I have found SafeSpace calming and reassuring. I feel like I could get a handle on things"*

8.1.2 Recommendations

When asked what they would change about the service, the majority of comments suggested increasing the opening hours and days of the project:

- *"It needs to be open 7 days a week not just over a weekend. It's certainly helping me coming"*
- *"To provide more sessions available throughout the week"*
- *"Daytime service would be good"*
- *"Open every night not just at weekends"*
- *"Open more days. Long time to wait till the weekend"*
- *"Open more days. They can help more people as they are very helpful. It is important to have a service like this for vulnerable people. A night shelter and warm food would be helpful for people in need"*
- *"Wider operating hours would be great"*
- *"Open more often- especially on a Wednesday"*
- *"I'd like to see it open more days/all the time"*

Several comments were made about having more activities available for people:

- *"Maybe more craft stuff."*
- *"More activities in an evening e.g. workshops that visitors can participate in, I enjoy doing art"*
- *"More activities"*
- *"More activities during group support, i.e. more arts and crafts"*

Several comments were made about the physical environment of SafeSpace, both inside and out. One person commented that the location at night can be scary and others commented that the lighting could be softer:

- *"The lighting, softer lights"*
- *"Calmer lighting"*
- *"The lighting can be improved as it is slightly to bright"*
- *"Calming music"*
- *"Location at night can be scary"*

One person suggested that staff didn't call back and one person suggested SafeSpace providing a taxi service:

- *"To not call back, but understand staff need to check appointment times"*
- *"A taxi service would be good"*

8.2 Volunteers

8.2.1 Commendations

In January 2019, volunteers were asked what SafeSpace did well, the response was *"Helping people with mental distress"*.

8.2.2 Recommendations

There were no suggestions from volunteers when asked what SafeSpace could do better.

8.3 External Stakeholders

8.3.1 Commendations

When External Stakeholders were asked what they thought the SafeSpace project did well, in July 2018 their responses included:

- *"Proactive at promoting the service and its benefits"*
- *"Developing relationships and trust. Peer support."*
- *"It creates an informal, welcoming environment, focuses on the service user and what they want, provides support to move forward, and information about what support there is out there. It provides an excellent alternative to statutory services, especially as some people can't or don't want to access these."*
- *"Includes people. Is accessible"*

No further commendations were received in the second round of consultations.

8.3.2 Recommendations

External Stakeholders were asked about how they thought the project could be improved.

In July 2018, two stakeholders suggested extending the opening times and expanding the service into different areas:

- *"Extended hours of opening."*

- *“The only thing I can think of is to expand to other areas of Calderdale, if the evaluation is positive and funding can be found.”*

One stakeholder suggested that they continue to advertise the service:

- *“Keep advertising themselves”*

One stakeholder felt that there was nothing that SafeSpace needed to do to improve.

No further feedback was received in the second round of consultations.

9. Conclusion

The findings of this report are very reflective of the interim report (2nd February 2018 – 2nd June 2018) showing that it is clear from the consultations that individuals accessing the SafeSpace project think very highly of it, more so than other services in the area.

External Stakeholders generally had a good view of the project and can see the need for this type of project to support individuals and reduce demand on statutory services. Further feedback from external stakeholders would have been beneficial to see if their view of the service had changed over time, however, no responses were received for the second consultation.

The findings of this report are limited due to two particular factors, the level of feedback data available from Service Users and the lack of statistical information available from statutory sector partners. However, it is evident from the feedback that has been gathered that the SafeSpace project is making a difference at that point in time to the lives of individuals who are accessing the service. The majority of people accessing the service do so on only one occasion, whereas a small number are accessing the service repeatedly. Feedback indicates that two of the three project outcomes are being achieved:

- Individuals have access to self-help and peer support to help with crisis de-escalation
- Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team

To date there has been no feedback provided or data made available to indicate that the following outcome has been achieved, “Reduced use of section 136 and Mental Health Act Assessments”. However, External Stakeholder feedback from July 2018 suggests that the national trend shows that the use of Section 136 and Mental Health Act Assessments is increasing. It would be beneficial to engage further with stakeholders to access their local statistics and cross-reference them to those of SafeSpace to understand if there is a correlation between those accessing SafeSpace and any local trends.

To further evidence the impact that the project is having it would be beneficial to track individuals through their journeys when they contact SafeSpace on more than one occasion. Data shows that two people contacted SafeSpace on 29 and 61 occasions. A deeper analysis of those individuals who return to the service would be beneficial to develop an understanding on why they are returning to the project, what progress, if any, they are making, and if, potentially, another intervention is required to meet their needs.

It would also be beneficial to carry out further reviews with those individuals who are already known to Healthy Minds and those that have been referred into other Healthy Minds services. This will help increase understanding of the longer-term impact of the project and whether the interventions through the project are having a sustainable impact.

Increased levels of consultation would also enable a more robust SROI analysis to be carried out, enabling a sensitivity analysis to be carried out which will increase the confidence in the findings and the social impact generated.

The consultations showed that people thought highly of the service, with comments such as:

- *“It really helps me and I benefit from visiting as otherwise I wouldn’t have contact with anyone on a weekend for support”*
- *“People need this important service. Service like this can help more people”*
- *“Great service to have for weekend support”*
- *“Satisfied, would rate 5 stars for service and devotion”*

When asked what could be improved about the service, comments were generally about extending the opening hours, increasing the number of activities available, having calmer lighting on the premises, expanding the service into other areas and increasing the promotion of the service so more people are aware that the service is available.

The investment during the scope of this evaluation for the SafeSpace project was **£78,922**. The overall value of the outcomes, minus the deadweight, attribution, displacement and drop-off is **£358,153**. Therefore, the estimate social return for the SafeSpace project **£4.54 for every £1 invested**. The sensitivity analysis estimates the social value to be between **£2.27 and £6.73**, therefore with the data we have available, it is felt that £4.54 is a realistic social return for this service.



APPENDIX 1 – Volunteer Survey

Healthy Minds – Safe Space Project

Volunteer Consultation

Healthy Minds has commissioned Enriched Consulting to undertake an independent evaluation of the SafeSpace project. As you know, this is a community based safe space for people in mental distress to help them to recover and to support them to avoid and reduce future episodes of mental distress.

The intended outcomes for the project are:

- Individuals have access to self-help and peer support to help with crisis de-escalation
- Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team
- Reduced use of section 136 and Mental Health Act Assessments

As part of this evaluation we're contacting key stakeholders, such as volunteers like yourself, to canvass their opinions and to develop an understanding of the wider impact of the programme.

It would be appreciated if you could answer the following questions by no later than [insert date] to help inform the evaluation. All responses will be reported anonymously.

If you have any questions in relation to this survey please contact Enriched Consulting at seangladwin@enrichedconsulting.co.uk.

Name: (optional)

1. What made you want to become a volunteer with the SafeSpace project?
2. How long have you been volunteering with the SafeSpace project?
3. What has changed for you since you became a volunteer with the SafeSpace project? For example, have your views or beliefs changed or do you act in a different way?
4. Do you do anything now which you didn't do before volunteering with the SafeSpace project?
5. How would you describe the work of the SafeSpace project and the effect it has on its service users?
6. Are there other services like the SafeSpace project in the area which achieve the same outcomes? Yes / No

Thinking about the proposed outcomes for the SafeSpace project:

7. How effective the SafeSpace project is at giving individuals access to self-help and peer support to help with crisis de-escalation?

Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Very Ineffective	Unable to comment
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Please tell us why you answered this way:

8. How effective do you think the SafeSpace project has been at reducing the demand on statutory health and social care services including A&E, police and Emergency Duty Team?

Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Very Ineffective	Unable to comment
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Please tell us why you answered this way:

9. How effective do you think the SafeSpace project has been at reducing the use of section 136 and Mental Health Act Assessments?

Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Very Ineffective	Unable to comment
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Please tell us why you answered this way:

9. What do you think that the SafeSpace project does well?

10. What do you think the SafeSpace project could do better?

11. Please use the space below to tell us anything else which you would like to tell us about the Safe Space Project which has not been covered by these questions.

We may need to follow up some questionnaires via email or telephone, if you are happy to be contacted, please provide your contact details below.

Name:

Email Address:

Telephone Number:

APPENDIX 2 – External Stakeholder Survey

Healthy Minds – SafeSpace Project

External Stakeholder Consultation

Healthy Minds has commissioned SSE YNE and Enriched Consulting to undertake an independent evaluation of the new SafeSpace Project. This is a community based safe space for people in mental distress to help them to recover and to support them to avoid and reduce future episodes of mental distress.

The intended outcomes for the project are:

- Individuals have access to self-help and peer support to help with crisis de-escalation
- Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team
- Reduced use of section 136 and Mental Health Act Assessments

As part of this evaluation we're contacting key stakeholders to canvass their opinions and to develop an understanding of the wider impact of the programme.

It would be appreciated if you could answer the following questions by no later than *[insert date]* to help inform the evaluation. All responses will be reported anonymously.

If you have any questions in relation to this survey please contact Enriched Consulting at seangladwin@enrichedconsulting.co.uk.

Name:

Job Title:

Organisation:

10. Please explain the nature of your organisations relationship with Healthy Minds.

11. Do you feel that the SafeSpace Project has been of benefit to your organisation?
Yes / No

If Yes, please can you describe what this benefit has been?

If No, please can you tell us why it hasn't been of benefit and what benefit you would have liked to have seen?

12. How would you describe the work of the SafeSpace Project and the effect it has on its service users?

13. Are there other services like the SafeSpace Project in the area which achieve the same outcomes? Yes / No

If Yes, why choose to work with Healthy Minds SafeSpace Project over the other programmes?

Thinking about the proposed outcomes for the SafeSpace Project:

14. How effective the SafeSpace Project is at giving individuals access to self-help and peer support to help with crisis de-escalation?

Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Very Ineffective	Unable to comment
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Please tell us why you answered this way:

15. How effective do you think the SafeSpace Project has been at reducing the demand on statutory health and social care services including A&E, police and Emergency Duty Team?

Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Very Ineffective	Unable to comment
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Please tell us why you answered this way:

16. How effective do you think the SafeSpace Project has been at reducing the use of section 136² and Mental Health Act Assessments?

Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Very Ineffective	Unable to comment
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Please tell us why you answered this way:

8. How effective do you think SafeSpace is at service delivery?

Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Very Ineffective	Unable to comment
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Please tell us why you answered this way:

12. How effective do you think the partnership is between your organisation and SafeSpace?

Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Very Ineffective	Unable to comment
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² Section 136 is an emergency power which allows a person to be taken to a place of safety from a public place, if a police officer considers that person is suffering from mental illness and in need of immediate care.

Please tell us why you answered this way:

13. What do you think that the SafeSpace Project does well?

14. What do you think the SafeSpace Project could do better?

15. Please use the space below to tell us anything else which you would like to tell us about the SafeSpace Project which has not been covered by these questions.

We may need to follow up some questionnaires via email or telephone, if you are happy to be contacted, please provide your contact details below.

Email Address:

Telephone Number:

APPENDIX 2 - Impact Map

Stage 1		Stage 2			Stage 3							
Stakeholders	Intended/unintended changes	Inputs		Outputs	The Outcomes (what changes)							
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers	Description How would we describe the change?	Indicator How would we measure it?	Source Where did we get the information from?	Quantity How much change will there be?	Duration How long will it last?	Financial Proxy What proxy did we use to value the change?	Value £	Source Where did we get the information from?
Service Users	Individuals have access to self-help and peer support to help with crisis de-escalation	Time	£0	53 people accessed the service on 203 occasions	People feel less anxious/depressed	The number of people accessing SafeSpace 1-11 times and self-reporting they felt less anxious after accessing Safe Space	Self reported Safe Space monitoring data	33	1	Registration fee + mid-cost per adult counselling session: £110. £55 x 1 sessions + £55 registration (average costs taken from low level and high level visitors to SafeSpace)	£1,128	http://www.relatepkc.org.uk/cost.php
						The number of people accessing SafeSpace 29 or more times and self-reporting they felt less anxious after accessing Safe Space	Self reported Safe Space monitoring data	2	1		£2,530	http://www.psychotherapy.org.uk/UKCP_Document/s/Reports/ValuingMentalHealth_web.pdf
					People feel more supported	The number of people self-reporting they felt supported and now know where to get support from	Self reported Safe Space monitoring data	20	1	HACT Wellbeing Valuations - Able to access advice locally	£1,977	HACT Wellbeing Valuations
					Suicide was averted	The number of people who felt suicidal when accessing Safe Space and self-reported they felt better after accessing Safe Space	Self reported Safe Space monitoring data	3	1	Annual lost earnings - Average salary in Halifax	£20,938	https://www.payscale.com/research/UK/Location=Halifax-England%3A-West-Yorkshire/Salary
External Stakeholders - Crisis Team / Police	Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team	Funding to deliver the service	£0		Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team	The number of people who reported that they accessed SafeSpace rather than other mental health services	Self reported Safe Space monitoring data / Volunteer & Stakeholder Surveys	27	1	Crisis resolution team for adults with mental health problems - average cost per case	£30,487	Unit Costs of Health and Social Care 2016 - 12.3 Crisis resolution team for adults with mental health problems - average cost per case
					Suicide was averted	The number of people who felt suicidal when accessing Safe Space and self-reported they felt better after accessing Safe Space	Self reported Safe Space monitoring data	3	1	Reduction in public services required, due to death being averted	£8,010	Dept of Health - Consultation on Preventing Suicide in England
Volunteers	Increased awareness of need		£16,218		Increased awareness of need	The number of volunteers reporting they are now more aware of people needing support	Volunteer Surveys	1	1	Cost of Mental health First aid Training	£300	https://mhfaengland.org/in-dividuals/adult/2-day/
WY Emergency & Urgent Care Vanguard / Police & Crime Commissioner (Feb – Jun)	<ul style="list-style-type: none"> Individuals have access to self-help and peer support to help with crisis de-escalation Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team Reduced use of section 136 and Mental Health Act Assessments 	Funding to deliver the service	£47,052.00		<ul style="list-style-type: none"> Individuals have access to self-help and peer support to help with crisis de-escalation Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team Reduced use of section 136 and Mental Health Act Assessments 	The number of people self-reporting improvements to mental health and reduced access to statutory services	Self reported Safe Space monitoring data					
Healthy Minds – unrestricted funds (Aug – Oct)			£10,744.00									
Calderdale CCG (Nov – Dec)			£4,908.00									
Total			£78,922.00									

	Stage 3							Stage 4					Stage 5						
The Outcomes (what changes)								Deadweight %	Displacement %	Attribution %	Drop off %	Impact	Calculating Social Return						
Description	Indicator	Source	Quantity	Duration	Financial Proxy	Value £	Source	What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution	Discount rate		3.5%				
How would we describe the change?	How would we measure it?	Where did we get the information from?	How much change will there be?	How long will it last?	What proxy did we use to value the change?	What is the value of the change?	Where did we get the information from?						Year 1 (after activity)	Year 2	Year 3	Year 4	Year 5		
People feel less anxious/depressed	The number of people accessing SafeSpace 1-11 times and self-reporting they felt less anxious after accessing Safe Space	Self reported Safe Space monitoring data	33	1	Registration fee + mid-cost per adult counselling session: £110. £55 x 1 sessions + £55 registration (average costs taken from low level and high level visitors to SafeSpace)	£1,128	http://www.relatepkc.org.uk/cost.php	51%	10%	50%	100%	£8,207.89	£8,207.89	£0.00	£0.00	£0.00	£0.00	£0.00	
	The number of people accessing SafeSpace 29 or more times and self-reporting they felt less anxious after accessing Safe Space	Self reported Safe Space monitoring data	2	1		£2,530	http://www.psychotherapy.org.uk/UKCP_Documents/Reports/ValuingMentalHealth_web.pdf	51%	10%	50%	100%	£1,115.73	£1,115.73	£0.00	£0.00	£0.00	£0.00	£0.00	
People feel more supported	The number of people self-reporting they felt supported and now know where to get support from	Self reported Safe Space monitoring data	20	1	HACT Wellbeing Valuations - Able to access advice locally	£1,977	HACT Wellbeing Valuations	51%	10%	50%	100%	£8,718.57	£8,718.57	£0.00	£0.00	£0.00	£0.00	£0.00	
Suicide was averted	The number of people who felt suicidal when accessing Safe Space and self-reported they felt better after accessing Safe Space	Self reported Safe Space monitoring data	3	1	Annual lost earnings - Average salary in Halifax	£20,938	https://www.payscale.com/research/UK/Location=Halifax-England%3A-West-Yorkshire/Salary	51%	10%	50%	100%	£13,850.49	£13,850.49	£0.00	£0.00	£0.00	£0.00	£0.00	
Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team	The number of people who reported that they accessed SafeSpace rather than other mental health services	Self reported Safe Space monitoring data / Volunteer & Stakeholder Surveys	27	1	Crisis resolution team for adults with mental health problems - average cost per case	£30,487	Unit Costs of Health and Social Care 2016 - 12.3 Crisis resolution team for adults with mental health problems - average cost per case	10%	10%	50%	100%	£333,375.35	£333,375.35	£0.00	£0.00	£0.00	£0.00	£0.00	
Suicide was averted	The number of people who felt suicidal when accessing Safe Space and self-reported they felt better after accessing Safe Space	Self reported Safe Space monitoring data	3	1	Reduction in public services required, due to death being averted	£8,010	Dept of Health - Consultation on Preventing Suicide in England	51%	10%	50%	100%	£5,298.62	£5,298.62	£0.00	£0.00	£0.00	£0.00	£0.00	
Increased awareness of need	The number of volunteers reporting they are now more aware of people needing support	Volunteer Surveys	1	1	Cost of Mental health First aid Training	£300	https://mhfaengland.org/individuals/adult/2-day/	10%	10%	50%	100%	£121.50	£121.50	£0.00	£0.00	£0.00	£0.00	£0.00	
• Individuals have access to self-help and peer support to help with crisis de-escalation • Reduced demand on statutory health and social care services including A&E, police and Emergency Duty Team • Reduced use of section 136 and Mental Health Act Assessments	The number of people self-reporting improvements to mental health and reduced access to statutory services	Self reported Safe Space monitoring data						0%	0%	0%	0%	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	
								0%	0%	0%	0%	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	
								0%	0%	0%	0%	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	
												£370,688.14	£370,688.14	£0.00	£0.00	£0.00	£0.00	£0.00	

Present value of each year (after discounting)	£358,152.79	£0.00	£0.00	£0.00	£0.00
Total Present Value (PV)	£358,152.79				
Net Present Value (PV minus the investment)	£279,230.79				
Social Return £ per £	4.54				