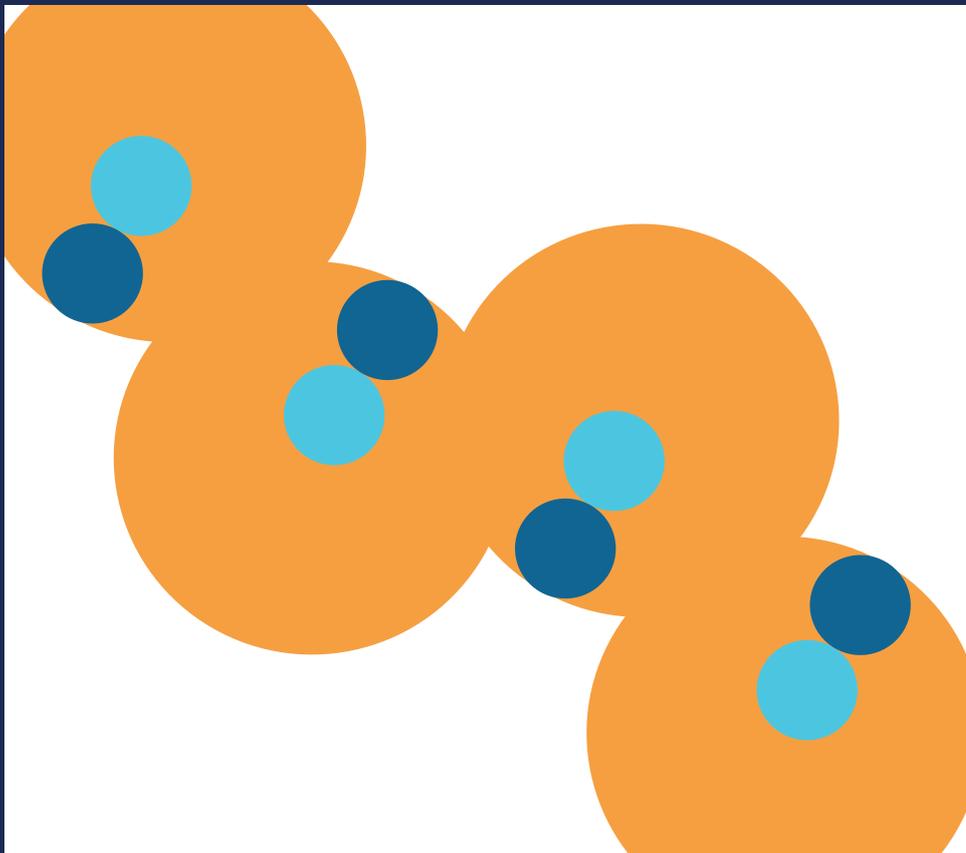




Breathing Space

An evaluation of Orbit's mental health programme

July 2020



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Executive Summary

1.1 Overview

Breathing Space is a mental health service run by Orbit. It was established in April 2017, with the purpose of supporting Orbit customers to achieve positive improvements in their mental health. The service arose from Orbit's increasing awareness of the poor mental health of many customers, including many in general needs properties. Recognising that it does not have expertise in mental health, Orbit contracted five delivery partners to provide mental health support across the midlands, east and south-east of England. To coordinate referrals into these delivery partners, *Mental Health Matters* were also contracted to provide a Single Point of Access (SPOA), which takes referrals from Orbit staff and passes them on to the relevant local delivery partner.

Orbit commissioned HACT to carry out an independent evaluation of the *Breathing Space* service in April 2019. The evaluation framework is designed to provide an independent assessment of how *Breathing Space* has been delivered in practice, its performance during the reporting period, and learning that can be applied to future tendering and service design to optimise impact. The evaluation was carried out using a mixed-methods approach, incorporating quantitative and qualitative research, desk review of Orbit documents and wider literature, and a Social Value assessment.

1.2 Key Findings

Breathing Space has made a substantial impact on the lives of service users and brought about positive improvements in mental health.

Whilst the *Breathing Space* service has been delivered for three years, the evaluation reporting period only covers January to the end of September 2019 (Q4 2018/19; Q1, Q2 2019/20).

- **347 people engaged with the service.**
- **88% of service users improved their wellbeing through the service.**
- **34 service users achieved employment outcomes**, which is notable since this was not an ambition of the service.
- **The service created £1,709,539 of social value**
- **For every £1 invested in the service, £13.50 of social value was created.**
- **166 people were referred on to other services in order to receive additional support.**

Beyond this data, HACT's qualitative engagement with delivery partners, service users and Orbit also unearthed a number of insights.

- **The service is filling local gaps in mental health provision.** All the delivery partners noted that the majority of people who have been supported are those who would not otherwise have got support, because mental health services across all the *Breathing Space* areas are patchy and over-capacity.
- **The service has been supporting people with higher needs than intended, but as adapted well to this.** Because of the lack of other mental health services, *Breathing Space* has got significant numbers of referrals of people whose mental health support needs are higher than the low-level for which the service was originally designed. However, Orbit and the delivery partners have adapted well to this, with delivery partners reporting that they have been able to successfully support these higher need service users in most cases.
- **Delivery partners have a good relationship with Orbit and value the range of support Orbit provides.** There is however scope for Orbit and delivery partners to be even more collaborative and to therefore deliver an even more holistic service.
- **Service user feedback was overwhelmingly positive.** The service users engaged by HACT really valued the service and felt it had positively impacted their lives and provided support where previously they had been unable to get any.

As would be expected, HACT also unearthed some more challenging the service has encountered.

- **Operating *Breathing Space* across so many different areas is challenging and makes assessing individual delivery partners difficult.** Delivery partners operate in significantly different geographies, which bring their own challenges and advantages and hence impact what can be achieved.
- **Delivery partners identified the SPOA as not functioning well.** Consistently this was highlighted as the primary significant issue with the service.
- **There have been some contract management challenges,** meaning the service has taken up more resource staff time both within Orbit and the delivery partners than anticipated.
- **The availability, quality and consistency of data limited HACT's quantitative analysis.** The data HACT received from delivery partners did not allow the level of analysis that HACT would have liked to carry out. This limits the amount of evidence that is available on the service's success.

1.3 Opportunities and Recommendations

HACT has identified a number of recommendations and opportunities for improving the service. More detail on each can be found in the full report.

- **A clear definition of the level of need the service will support.** The service has adapted well to supporting a higher level of need than planned. However, if the service is to support these people, that should be clearly outlined in the services aims and objectives. If the service is going to support those with higher needs, Orbit may want to consider a two tier/stream approach, to ensure service users get the level of support appropriate to their need.
- **Reconsider the SPOA.** Orbit should consider whether it would be more effective and efficient to make referrals to local delivery partners directly.
- **Take geography into account.** Delivery partners operated in very different areas. The model needs to be flexible; there is no 'one size fits all' approach.
- **Enhance relationships with and between delivery partners.** Delivery partners' relationships with Orbit are good but could still be improved. Delivery partners could also have closer relationships with each other, given how much learning they all have to share; providing a regular forum to do so would be valuable.
- **Integrate and align the service with other Orbit services and operations.** Delivery partners' knowledge of other Orbit services could be improved. The service could also be more integrated into wider business operations, beyond Community Investment.
- **Standardisation of data and outcomes.** Orbit should ensure all delivery partners are collecting the same data and using the same methodology to do so. Orbit should also be sure that delivery partners understand the service's desired outcomes and understand the difference between an outcome and an output.
- **More intelligent data.** *Breathing Space* is most likely creating cost savings or efficiencies for the business, but currently this cannot be demonstrated. Orbit should put data collection processes in place to measure business benefits, such as reduced call centre demand or lower ASB. Likewise, the service may be positive impacting other organisations and services, such as local GP, NHS and local authority services. Orbit should work with these organisations to be able to access the data to demonstrate the service's value to the wider community.

2 Introduction

2.1 Orbit context

Orbit is a major housing provider, providing around 43,000 homes across the Midlands, the East, and the South East of England. In April 2018, it underwent a significant re-structure process, which established the community investment team as a key function in the business. Since the restructure, Orbit and the community investment team has placed increasing emphasis upon embedding a culture of evidence and impact measurement within the community investment services. This evaluation forms part of that cultural shift.

In April 2017, Orbit had established *Breathing Space* as a two-year service, designed to enable customers to achieve positive improvements in mental health. Orbit commissioned HACT to carry out an independent evaluation of the *Breathing Space* service in the last year of its service cycle. The evaluation framework we have used is designed to provide an independent assessment of how *Breathing Space* operated in practice. This evaluation focuses on the performance of the intervention during the reporting period, with a view to support Orbit to successfully and intelligently retender the service and optimise its impact in the future.

The key aims of the evaluation were to:

- Evidence the impact and performance of the service;
- Provide insights about how the overall service is delivered in practice, including variances in delivery across different delivery partners and geographic areas;
- Capture lessons from data collection, service design and delivery to inform recommendations for future service design, monitoring and evaluation processes.

This evaluation report is divided into six chapters:

- Chapter 1: Introduction and overview of the research methodology.
- Chapter 2: Some context on the mental health landscape in the UK.
- Chapter 3: Overview of Orbit and the service, outlining key stakeholders and service user journey.
- Chapter 4 & 5: Insights into how the service has been delivered, its outputs and outcomes based on qualitative and quantitative data, including calculation of its social value.
- Chapter 6: Action-focused recommendations drawn from stakeholder engagement and data analysis, aimed at improving the service and informing recommissioning.

Definitions

Throughout this evaluation report HACT uses the terms service user and customer. It is important to note that these are not interchangeable. We define them as:

- **Service user:** someone who is receiving support through *Breathing Space*.
- **Customer:** someone who is an Orbit tenant or is being provided a service by Orbit.

Most Orbit customers are not *Breathing Space* service users. However, the majority of *Breathing Space* service users are Orbit customers, though a small minority are not.

2.2 Research and study methods

To assess the available evidence, empirical and qualitative, from *Breathing Space* delivery partners and Orbit, HACT configured a robust research model using a mix of qualitative and quantitative methods. This model is effective in providing a comprehensive picture of the impact and value of the *Breathing Space* service, and in identifying opportunities to improve it. The findings are set out in detail in the following sections of this report beginning with a summary of the methods applied.

Four research methods were used.

Desk research: This included a review of a wide range of internal Orbit documents, as well as wider literature on the state of mental health and mental health provision in the country and how this intersects with housing.

Quantitative research: Through quantitative reporting data, provided by delivery partners, HACT has:

- Profiled service user to understand the type of service user groups supported by the service;
- Assessed the outputs of the service and of individual delivery partners, performance of delivery partners against intended outcomes and the impact of additional outcomes of the service; and
- Reviewed agreed outcome metrics and identified improvements to shape future tenders and reporting processes.

Qualitative research: This took the form of semi-structured interviews with key internal and external stakeholders. HACT routinely includes this type of qualitative data to help to corroborate and enrich empirical evidence. In previous HACT research

projects, this has been particularly useful in shaping the service user and staff aspects of service design, bringing statistical findings to life.

In total, HACT engaged: six members of Orbit staff; ten members of delivery partner staff across the five delivery partners; and ten service users. Three service users engaged through interview, with the rest attended a group session. HACT had hoped to engage more service users through interview, as this gives more chance for a detailed discussion. However, finding service users willing to speak proved challenging. Given the service user group, this is to be expected; coming to speak to a stranger about their experiences is a challenging request for people with anxiety, depression, and the range of other issues experienced by *Breathing Space* service users. The three service users who HACT was able to engage were extremely helpful and insightful. It should also be noted that with service user engagement, HACT was not aiming to create detailed case studies of individual service user's and their journey. Instead, the purpose of this engagement was to understand service users' experience of the service, to uncover what they think worked well and what could be improved.

Through qualitative research HACT has:

- Explored stakeholder perspectives about factors that encourage or hinder service users from making improvements in mental-health self-management;
- Captured nuanced and holistic insights about service delivery in practice from the perspectives of all stakeholders, including variances in service model, what has worked well, challenges with delivery and data collection, perceived impact for service user and benefits of working with community-based delivery partners; and
- Mapped out service delivery process and service user journey, including the referral processes and signposting opportunities.

Social value assessment: HACT used its Wellbeing Valuation approach and the UK Social Value Bank, to assess the social value generated by *Breathing Space*. Wellbeing Valuation works by putting a quantifiable figure on an individual's self-reported wellbeing. By measuring this before and after an individual uses a service, it is possible to quantify the wellbeing uplift created by that service. Using this approach for everyone who has used a service, and combining their individual scores, results in a figure for the social value created by the service.

In the case of *Breathing Space*, this was achieved using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). WEMWBS is an approach to monitoring mental wellbeing, which can be used in evaluating projects, programmes and policies that aim to improve mental wellbeing. There is a short version (SWEMWBS), which uses seven statements, and which has been mapped on to the UK Social Value Bank to create a value. A copy of SWEMWBS can be found in the Appendix I. Service users were asked these questions during their first appointment with service users and in a follow up call

after support finished. Responses to these questions have been used to quantify the social value created by *Breathing Space*. More detail in social value and Wellbeing Valuation can be found in the appendix.

3 Context and literature review

This section of the report references relevant research on mental health and support services in the UK. It also considers use cases of mental health support services delivered and/or funded by housing providers in the UK.

3.1 High Mental Health Need

Mental health has become more central to discussions around the health of the nation. An estimated one in four people experience a mental health problem each year, while one in six people report suffering from a common mental health problem (for example anxiety or depression) each week.¹ Further, over recent decades the level of poor mental health in the UK has increased. The below graph² shows the percentage of people who report having experienced severe symptoms from a common mental disorder in the last week³.

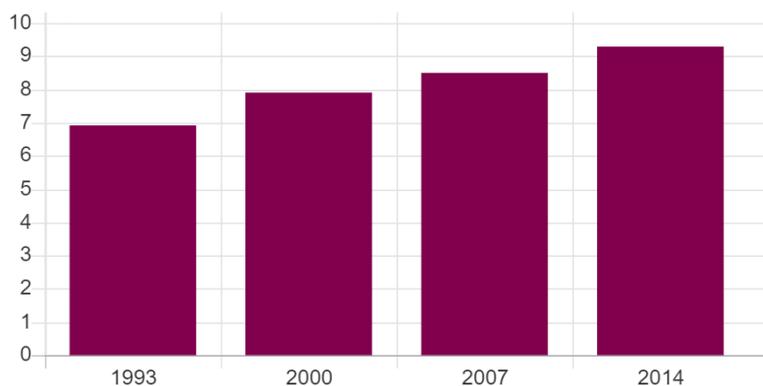


Figure 1: Percentage of people reporting severe symptoms from a CMD in the last week: NHS Digital, 2014

As Figure 1 illustrates, there has been a steady rise over time. Whilst these figures are based on data collected by NHS Digital in 2014, anecdotal feedback from those working on the frontline, including housing provider employees, gives little reason to

¹ <https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#two>

² NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014

³ While there are many ways to measure state of mental health, one way is to ask respondents if they have experienced poor mental health within a given period in the time prior to being surveyed (e.g. last week, last month, last 3 months). This is a standard research method and measures state of mental health within a particular period in time. In this case, the research was done in 2014 and at the time of the research, participants were asked if they experienced bad mental health over the week preceding the survey.

think that this trend has not continued since 2014. This is reflected in the number of prescriptions of antidepressants nearly doubling between 2008 and 2018⁴.

Like most issues around health, the prevalence of poor mental health is not distributed equally across the population. Of relevance to Orbit is the fact that poor mental health is very prevalent in those in social housing: **one in three people who live in social housing have a mental health problem.**⁵ Even more troublingly, **43% of people living in social housing with a mental health problem report their mental health deteriorating as a result of where they live.**⁶

There is a quite marked mental health gender divide. It is now a well-known fact that suicide is most prevalent amongst young men, with the widely quoted statistic of it being the most common cause of death in men under 50.⁷ However what is perhaps less widely known is that women experience worse mental health than men. The following graph shows the percentage of men and women who have experienced symptoms of poor mental health in the last week⁸, once again drawn from NHS Digital's work in 2014.⁹

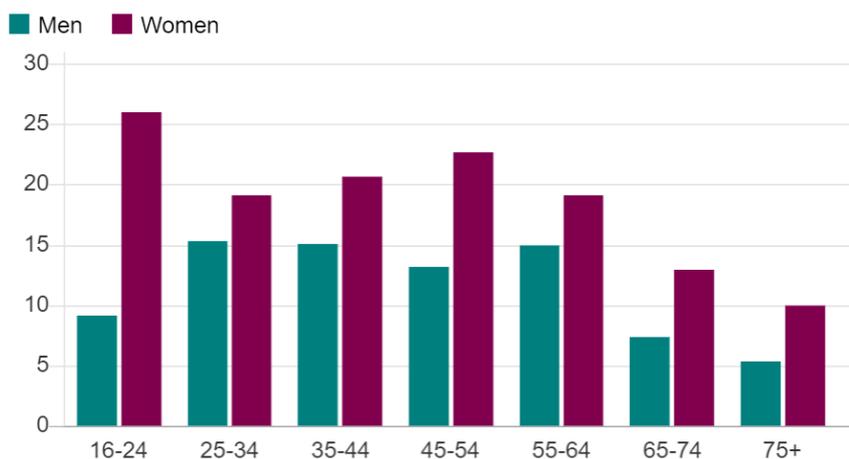


Figure 2: Percentage of men and women experiencing symptoms of poor mental health in the last week: NHS Digital, 2014

⁴ <https://www.bmj.com/content/364/bmj.l1508>

⁵ <https://www.mind.org.uk/news-campaigns/news/one-in-three-social-housing-tenants-with-mental-health-problems-unhappy-with-home-making-mental-health-worse/>

⁶ <https://www.mind.org.uk/news-campaigns/news/one-in-three-social-housing-tenants-with-mental-health-problems-unhappy-with-home-making-mental-health-worse/>

⁷ <https://www.england.nhs.uk/blog/tackling-the-root-causes-of-suicide/>

⁸ While there are many ways to measure state of mental health, one way is to ask respondents if they have experienced poor mental health within a given period in the time prior to being surveyed (e.g. last week, last month, last 3 months). This is a standard research method and measures state of mental health within a particular period in time. In this case, the research was done in 2014 and at the time of the research, participants were asked if they experienced bad mental health over the week preceding the survey.

⁹ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014

As Figure 2 shows, **women experience poor mental health at a significantly higher rate than men** across all age brackets, most notably between sixteen and twenty-four. What the graph shows above all is that across all ages and genders the proportion of people experiencing poor mental health in the last week is significant.

Black and Black British people are significantly more likely to experience poor mental health: risk of psychosis in Black Caribbean groups is estimated to be nearly seven times higher than in the white British population¹⁰. For black and black British women, the situation is particularly bad, as they experience the intersection of the poorer mental health of their gender *and* ethnicity. **Black and black British women experience common mental health problems at the highest rate, 29%.** For both black men and women poorer mental health is compounded by the **black adults having the lowest treatment rate of any ethnic group, 6.2%**, which is less than half the rate of white British people¹¹.

It should be noted that these comparisons are made with the white *British* population, not that white population overall. This is an important distinction because some white non-British groups also experience significant mental health disparities. For example, Irish people in Britain have notably bad mental health, with higher rates of hospital admission for mental health, and high rates of depression, alcoholism and suicide.¹²

Another group that has particularly bad mental health is LGBT+ people. **LGBT+ people are 1.5 times more likely to experience depression or anxiety than the general population**, whilst gay and bisexual men are four times more likely to attempt suicide across their lifetime¹³. The situation is particularly acute amongst trans people. **Nearly half of trans people in Britain have attempted suicide, and 84% have thought about it.** This latter figure is even higher amongst young trans people, with a staggering 89% having thought about suicide. More than half of trans people have been diagnosed with depression in the past. A similar proportion have been told by their GP that they do not know enough about trans-care to offer it¹⁴.

The NHS is very aware of the disparities in how people experience and access treatment for mental health. Whilst it is an ongoing challenge, the NHS has published

¹⁰ <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

¹¹ <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-black-asian-and-minority-ethnic-groups>

¹² <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

¹³ <https://www.rethink.org/advice-and-information/living-with-mental-illness/wellbeing-physical-health/lgbtplus-mental-health/>

¹⁴ https://www.stonewall.org.uk/sites/default/files/trans_stats.pdf

some resources on how to improve access for hard to reach groups¹⁵. Some suggested steps include:

- Connecting with local voluntary sector organisations;
- Building on or tapping into existing structures;
- Recruiting a community member to act as a facilitator to getting people involved;
- Exploring a range of ways for people to get involved, ideally based on their feedback;
- Considering significant cultural or social events;
- Remembering there is diversity *within* groups as well as between; and
- Monitoring demographic participation information, so you can track how well you are reaching hard to reach groups.

3.2 Services Under Strain

The high and increasing level of poor mental health is reflected in the demand on mental health services. In 2015/16 an estimated 1.8 million people were in contact with adult mental health and learning disability services at some point. 94% of these people are treated by community mental health services. Meanwhile, the NHS is facing a major workforce problem, particularly in mental health: between 2010 and 2017 the number of NHS mental health nurses fell by 12%.¹⁶

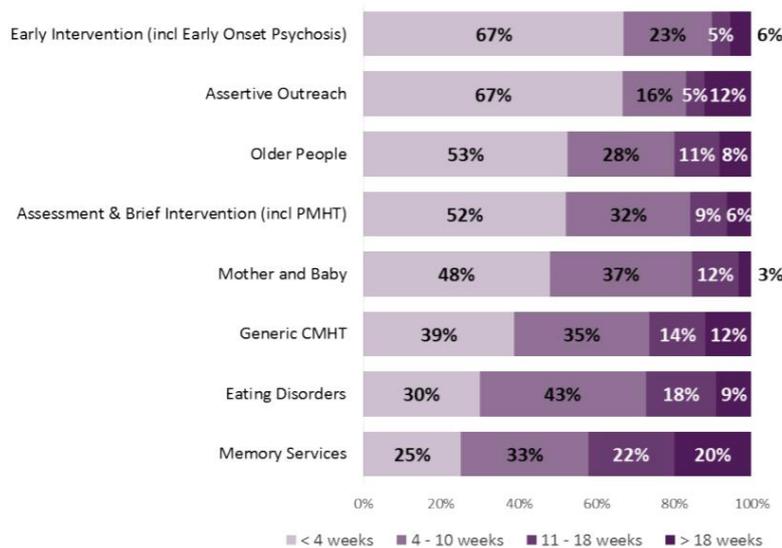


Figure 3: Waiting times for NHS Mental Health Services 2014 - 2017, CQC

The inevitable result of increasing demand and decreasing staffing is that **access to mental health services has become harder**. Figure 3 shows that across a range of

¹⁵ <https://www.england.nhs.uk/wp-content/uploads/2016/07/bitesize-guide-divers-inclusive.pdf>

¹⁶ https://www.cqc.org.uk/sites/default/files/20170720_stateofmh_report.pdf

mental health services significant numbers of people experience a waiting time of more than a month.¹⁷ This is problematic, as the longer people have to wait to access support, the more chance their mental health will deteriorate, which can then lead to relationship breakdown or having to take time off work or school.¹⁸

That there are staff shortages and long waiting times is unsurprising given that **funding for mental health has not kept up with wider funding in recent years.** In 2016/17, income for NHS mental health trusts, which provide most mental health services, rose by less than 2.5%, compared to more than 6% for acute and specialist trusts. Since 2012/13, funding for mental health trusts has increased just 5.6%, compared to 16.8% for acute hospitals.¹⁹ In the context of increasing levels of poor mental health, this makes it inevitable that NHS mental health services will feel strain.

Furthermore, these figures only account for NHS services. Whilst NHS mental health trusts have at least seen increases in funding, even if not at the required levels, **local authorities have experienced significant cuts over the last decade. This has dramatically impacted their ability to deliver mental health support and services.** This includes preventative public health work, which is the purview of local authorities, not the NHS. **The British Medical Associations (BMA) found funding constraints to be restricting local authorities' ability to invest in services to prevent people becoming mentally unwell.** The BMA found that in 2016/17 and 2017/18, 32% of local authorities that provide public health services spent nothing at all on public mental health.²⁰ In 2018/19 local authorities allocated just 1.6% of their public health budget to mental health.²¹

Local authorities are also cutting back on the mental health services they commission. For example, the BMA also found that **spending on adult social care by local authorities decreased every year between 2010/11 and 2016/17.** The situation in social care is quite perilous. Since 2009/10 the numbers of people receiving publicly funded social care has decreased by 25%, despite need going up in that period. It is now the case in 90% of local authorities that only those with 'substantial' or 'critical' need will be able to access publicly funded services. The Local Government Association (LGA) estimates that by 2020 the funding gap in social care will be £4.3 billion.²²

¹⁷ https://www.cqc.org.uk/sites/default/files/20170720_stateofmh_report.pdf

¹⁸ <https://www.mentalhealth.org.uk/publications/while-we-are-waiting>

¹⁹ <https://www.kingsfund.org.uk/publications/funding-staffing-mental-health-providers>

²⁰ <https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/influence/uk%20governments/bma%20briefing%20hoc%20debate%20%20effect%20of%20reductions%20in%20local%20authority%20budgets.pdf?la=en>

²¹ <https://www.mentalhealth.org.uk/news/our-response-public-health-funding-announcement>

²² <https://www.kingsfund.org.uk/projects/verdict/how-serious-are-pressures-social-care>

With local authorities not able to meet demand and raising the threshold to access mental health services, the NHS will have to pick up the slack. Whether it can do so remains to be seen. What is not in doubt is that **the number of people who need mental health support is high and increasing**. This alone would be challenging but is especially so whilst **the availability and capacity of mental health services is decreasing**.

3.3 The NHS Response

The NHS has not been static in the face of the increasing challenge posed by mental health over the past decade. The 2011 cross government strategy No Health without Mental Health and more recently the Five Year Forward View for Mental Health (2016) make **clear reference to upscaling the provision of preventative care**. They also **acknowledge the value of addressing the wider determinants of mental health wellbeing, such as stable housing and rewarding/meaningful employment**. The Five Year Forward View for Mental Health is explicit about the need for new payment approaches and new contracting models to encourage collaboration and integration across services.

3.3.1 NHS Long Term Plan

In June 2018, the Prime Minister announced a new five-year funding settlement for the NHS: a 3.4 per cent average real-terms annual increase in NHS England's budget between 2019/20 and 2023/24 (a £20.5 billion increase over the period). To unlock this funding, national NHS bodies were asked to develop a long-term plan for the service. The resulting document, the NHS long-term plan, was published on 7 January 2019.

The plan builds on the policy platform laid out in the Forward View, which articulated the need to integrate care to meet the needs of a changing population. This was followed by subsidiary strategies, covering general practice, cancer, mental health and maternity services, while the new models of care outlined in the Forward View have been rolled out through a programme of vanguard sites. It is important to stress that the funding settlement applies to NHS England's budget only; therefore, it is not a plan for the whole health and social care system. Clinical priorities for improving services include cancer, cardiovascular disease, maternity and neonatal health, mental health, stroke, diabetes and respiratory care. There is also a strong focus on children and young people's health.

3.3.2 NHS Long Term Plan - Mental Health

National leaders have used the long-term plan to reassert their **commitment to improving mental health services**, both for adults and for children and young

people. This begins with funding: the plan reaffirms that **mental health funding – provided through a ring-fenced investment fund – will outstrip total NHS spending growth in each year between 2019/20 and 2023/24** so that by the end of the period, **mental health investment will be at least £2.3 billion higher in real terms.**

In adult services, the plan signals an extension of commitments in the Five Year Forward View for Mental Health beyond 2020/21 to 2023/24. It aims to **create a more comprehensive service system – particularly for those seeking help in crisis – with a single point of access for adults and children and 24/7 support with appropriate responses** across NHS I I I, ambulance and A&E services. It also highlights the need for capital investment, as identified by a recent review of the Mental Health Act, to ensure suitable therapeutic environments for inpatients.

There are two significant commitments to developing new models of care. The first is to create a comprehensive offer for children and young people, from birth to age twenty-five, with a view to tackling problems with transitions of care. The second is to redesign core community mental health services by 2023/24, reinforcing components such as psychological therapies, physical health care and employment support, as well as introducing personalised care and restoring substance misuse support within NHS mental health services. There is also a strong focus on improving care for people with learning disabilities and autism.

The interpretation of ‘integration’ is a varied subject and is operationalised in different ways. It must include integration across Health (physical and mental), social care (including public health approaches), housing, employment, training and education and other third sector providers if the system is to successfully meet current challenges and drivers for change and deliver a truly modern and effective mental health care system. **The role of housing is a central part of this national and local agenda. New models of care must now include real partnerships between health, social care and supported housing providers.**

3.4 Mental health and housing providers

Traditionally, the relationship between housing providers and mental health is in specialist provision. Housing providers are major providers of mental health supported housing, through which they provide high-level mental health support to people with more complex needs. However, poor mental health does not only affect those living in specialist supported housing. As previously stated, one in three social housing residents have a mental health problem. This means those living in social housing are disproportionately more likely to experience poor mental health than the

general population²³. There are a whole host of reasons for this that could be highlighted, but there is one thing that links them all: poverty. People in social housing are simply more likely to experience poverty. The graph below shows the percentage of people who experience relative low income²⁴ after housing costs, broken down by tenure type.

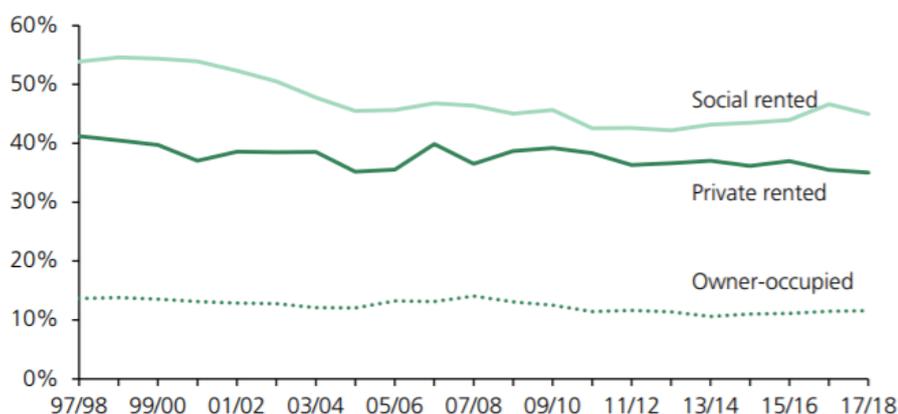


Figure 4: relative low income after housing costs, by tenure.
House of Commons Library, 2019.

As can be clearly seen, while the situation has improved, it is still the case that nearly half of those living in social rented accommodation experience poverty. It is therefore unsurprising that people in social housing experience worse mental health. The recently published ‘10 Years On’ look at the Marmot Review puts it well.

‘Poverty is associated with poor long-term physical and mental health and low life expectancy. Living in poor quality housing, being exposed to poor quality environmental conditions, poor quality work and unemployment, not being able to afford nutritious food and sufficient heating for example all impact on health. Poverty is also stressful. Coping with day-to-day shortages, facing inconveniences and adversity and perceptions of loss of status all affect physical and mental health in negative ways.’

Health Equality in England: The Marmot Review 10 Years On, Institute of Health Equity, 2020.²⁵

To provide support beyond supported housing, many housing providers provide mental health floating support. This is flexible support provided in

²³ <https://www.mind.org.uk/media/26223865/brick-by-brick-a-review-of-mental-health-and-housing.pdf>

²⁴ Relative low income is one measure of poverty. It is defined as a household having an income below 60% of the median income in that year.

²⁵ <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/marmot-review-10-years-on-executive-summary.pdf>

residents' homes with the aim of supporting them to manage their mental health and ultimately sustain their tenancy.

There is a strong business case for housing providers to support their residents' mental health. Housing, and financial difficulties around rent and rent arrears, is a major factor in poor mental health. There is an antagonistic relationship between housing costs and poor mental health: poor mental health often leads people to struggle with their housing costs and struggling with housing costs often leads people to poor mental health. It is easy to see how these become entwined in a downward cycle.

Whilst around a quarter of people in general experience a mental health problem each year, this rises to a third for people experiencing difficulties paying for their housing.²⁶ Meanwhile, Citizens Advice Bureau has found that clients with mental health problems are twice as likely to fall into rent arrears as an average client.²⁷ From these statistics, the salient point for any housing provider is to be aware that there is likely to be a large overlap between residents who are struggling with their mental health and residents who are in arrears or at risk of being so.

What all this points to is a clear need for housing providers to be actively involved in supporting the mental health of their residents. It is a fact that social housing residents suffer disproportionately with poor mental health, so as organisations with a social purpose it behoves housing providers to act. Further, poor mental health and difficulty with housing costs are intrinsically linked, which means that the imperative to support residents' mental health is not just moral but financial: improving residents' mental health should have a positive business benefit. Finally, with NHS and local government mental health services are strained, there is both scope and need for housing providers to act.

This is becoming broadly recognised by housing providers. **Most housing providers now have mental health as part of their general health and wellbeing work.** From our work on health across social housing sector, HACT has witnessed an increase in recent years in housing associations listing mental health as a priority in their community investment strategies. This is in part due to the business impacts of residents struggling with mental health, but not solely. Housing providers are charitable organisations, and ultimately what separates them from other developers is their social ethos. Housing providers have a commitment to helping those who are struggling and

²⁶ <https://www.moneyandmentalhealth.org/wp-content/uploads/2018/04/Where-the-heart-is-social-housing-rent-arrears-and-mental-health.pdf>

²⁷ <https://asauk.org.uk/wp-content/uploads/2018/03/Mentalhealthlocalgov.pdf>

providing services to those who most need them. Clearly, this should include people who are struggling with their mental health and not getting support elsewhere.

Ultimately, given the worsening mental health of the population, it is unavoidable the mental health will have to become a priority for housing providers. Supporting good mental health is increasingly going to become core to both their business operations and social ethos.

3.5 Summary

This section has outlined the extent to which:

- The number of people in the UK with poor mental health is high and increasing.
- Social housing residents are disproportionately more likely to have poor mental health compared to the general population.
- The NHS 2019 Long Term Plan focuses on tackling poor mental health.
- Housing costs and poor mental health are closely linked, highlighting the need for housing providers to be involved in supporting their residents' mental health.

This makes a compelling case for investing in mental health support services within the housing sector. *Breathing Space* is an example of such a service. By providing the service, Orbit is responding to, and seeking to address, the issues raised in this chapter. The following chapters will delve into the service in practice, looking at its success, and how it might improve in the future.

4 *Breathing Space*: Development and Operation

This chapter provides background on the development of *Breathing Space* and a description of the service user journey. The purpose of this chapter is to provide a detailed picture of how the service works.

4.1 Service development

4.1.1 Drivers for service development

The development of *Breathing Space* was driven by Orbit's social purpose, the ambition to support customers with mental health conditions and improved business efficiencies.

Internal Orbit research identified the prevalence of mental health conditions amongst its customer population. A review of its employment support found that 85% of service users self-disclosed a mental health condition. Similarly, whilst developing its Mental Wellbeing Strategy, Orbit found that mental health was the main presenting issue for customers with difficulties managing their tenancies and day-to-day life. This is unsurprising; as we see in the literature review mental health need is high and often unmet, for those living in social housing. Orbit has recognised cuts to mental health services identified in the literature review, for services that used to address lower-level mental health conditions, often known as Common Mental Disorders (CMDs)²⁸. Orbit's internal data analysis revealed an estimated 6611 customers living within general needs and sheltered housing are living with a CMD²⁹. Orbit established *Breathing Space* a service intended to specifically address low-level mental health issues amongst its customer population.

Orbit also recognised that this group has the potential to have an adverse impact upon the business. The contact centre has historically experienced a high volume of calls from customers experiencing mental health conditions and this took up a lot of staff time and resource. There is also an assumption that customers with mental health conditions may have an impact on property condition with customers not feeling able to answer the door impacting upon Orbit's ability to undertake safety checks and

²⁸ Orbit defines CMDs as those disorders that cause emotional distress and/or hinder daily functioning: mixed anxiety and depression; generalised Anxiety Disorder (GAD); depressive Episode; phobia; obsessive Compulsive Disorder; and panic Disorder.

²⁹ It is important to note that within CMDs, Orbit does not include those more complex conditions that impair cognition or insight, such as schizophrenia.

subsequently its safety rating and other customers not reporting repairs leading to property disrepair and subsequently increased voids times.

HACT has investigated the level of poor mental health support in the core geographical areas for Orbit's Community Investment delivery. The numbers of people in receipt of Incapacity Benefit or Employment Support Allowance due to poor mental health has been used as a proxy for poor mental health.³⁰ As Figure 5 demonstrates, the areas in which *Breathing Space* is delivered all have patches of poor mental health: the darker the red, the higher the proportion of people in receipt of Incapacity Benefit of Employment Support Allowance; the areas in darkest red are in the top quintile in the country.

³⁰ The maps have been generated using HACT's Community Insight, a GIS mapping tool. The maps show the location of a main office or delivery point for each delivery partner, overlaid with data for people with mental health issues, indicated by the percentage of people receiving Incapacity Benefit or Employment Support Allowance due to poor mental health. This is not a perfect indication of need, as it shows the level of poor mental health generally, as opposed to specifically Orbit customers.

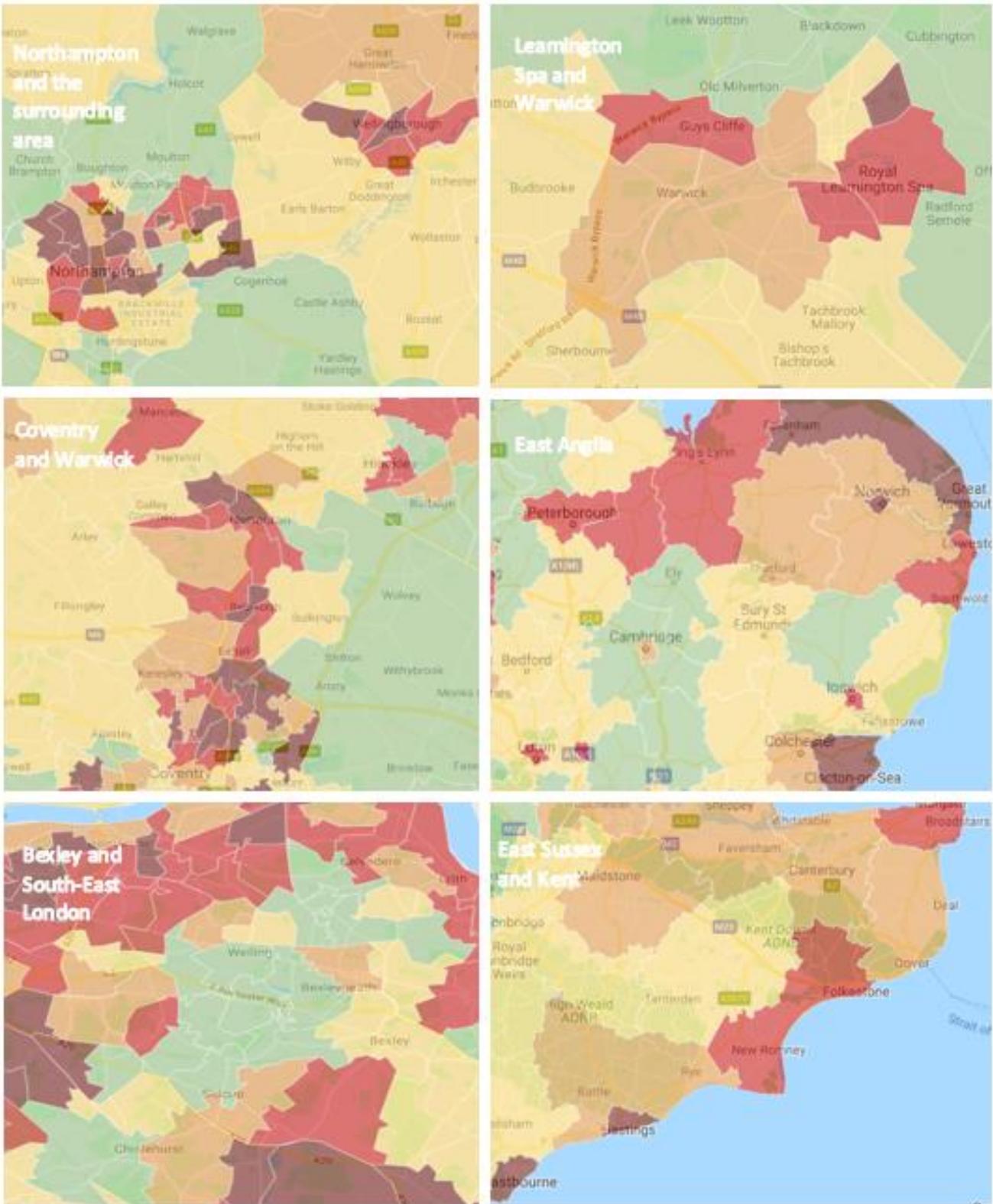


Figure 5: Incidence of poor mental health in Breathing Space's operating areas, Community Insight

4.1.2 Service objectives

In setting up the service, Orbit gave the service the aim to:

Develop and deliver a local programme to expertly engage those Orbit customers with lower level mental health conditions into positive pathways towards meaningful activities and improved self-management.

Breathing Space was intended to be an innovative preventative service, designed to enable customers to improve their mental health. It was also intended to fill gaps in service availability and provide follow-on support from Orbit's in-house provision.

On set up, three key objectives were defined:

- Provision should be designed to provide a high volume, light touch service that supports service users into eventual positive self-management of mental health, engagement with community support and, potentially, employment;
- It should provide effective, appropriate signposting of complex referrals to external specialist providers and additional support services available through Orbit; and
- Reduce the business impact of Orbit customers not sufficiently managing their lower level mental health conditions.

It was not intended to support complex mental health disorders that require clinical intervention or provide time-bound provision that has the potential to leave service users without support or any form of positive progression into meaningful activity.

It is worth noting at this stage that one of the challenges the service has faced has been the higher than expected level of mental health need. This will be elaborated on later in this document, but it has meant that the aim and objectives outlined above have been reviewed by Orbit as the service has developed.

4.1.3 Service design

Breathing Space was designed with a Single Point of Access (SPOA). This would coordinate referrals by taking them from Orbit and then passing them on to an appropriate local delivery partner.

The *Breathing Space* service was delivered by five external delivery partners with expertise in supporting people with mental health conditions:

- **Bexley Mind** covering Bexley in South-East London;

- **Mental Health Matters (MHM)** covering two geographical regions and focuses delivery in Leicestershire, Staffordshire, Warwickshire, Milton Keynes, Surrey, East Sussex, Kent and Medway. It also provides the SPOA for the service.
- **Support Northamptonshire** covering Northamptonshire;
- **Sycamore Counselling Service** covering Coventry and Nuneaton; and
- **The Befriending Scheme** covering East Anglia.

Orbit recognised that social housing organisations might not be best placed to deliver these types of services. First, Orbit customers may not feel comfortable sharing concerns about their mental health with their landlord who might be engaging them about rent arrears and other tenancy sustainment issues. They may have concerns that information from the *Breathing Space* service would be used against them. Secondly, Orbit's core social purpose doesn't necessarily mean it has the expertise to directly support customers, whereas a service delivered by external partners with the right expertise would provide independent quality assurance.

4.2 Service user journey

The following is the service user journey, drawn up by HACT based on interviews with both Orbit staff and deliver partners.

Potential service users were identified as needing support by Orbit's staff, who then referred them to *MHM*'s SPOA. Once *MHM* received a referral to the SPOA it contacted the service user, within a two-day target. *MHM* collected information about the service user's needs, which it shared with the appropriate delivery partner. During this first call, *MHM* established if the service user had been appropriately referred and is willing to engage with the service. This triage stage enabled *MHM* to assess the needs of the service user and match them with an appropriate delivery partner for support, based on location and need.

Once referred, the delivery partner got in contact with the service user to arrange an initial meeting, at which a support plan is drawn up based on the referral information from *MHM*, the partner's own assessment, and the service user's preferences. The delivery partner then begins supporting the service user; the support provided by each partner varies and is discussed in Chapter 3. The delivery partner also identified whether the service user would benefit from the support of another service, either an Orbit one or an external one, and made a referral as appropriate.

The service supported service users for up to nine months, after which they were expected to be better able to self-manage their mental health condition and actively engage other support sources. Delivery partners assessed whether services users were

ready to stop receiving support at that time point. Previous users of the service were able to access support again if required.

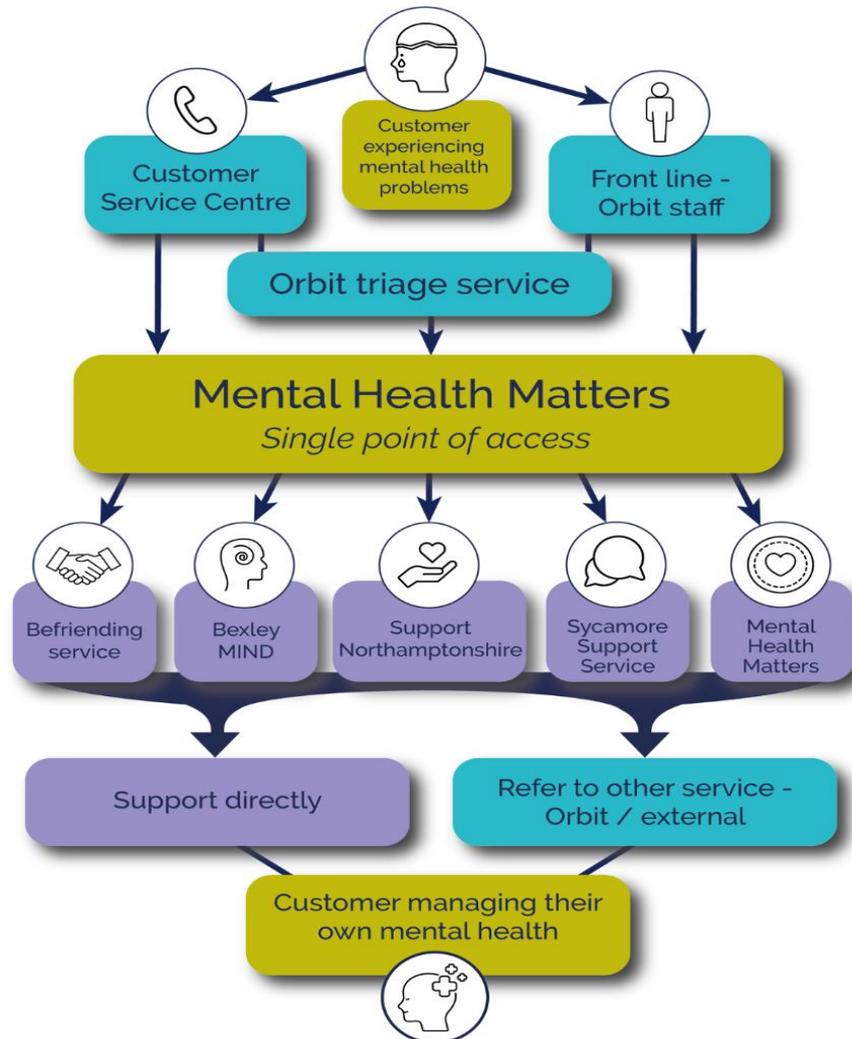


Figure 6: Breathing Space Customer Journey

4.2.1 Bespoke service user support service user

Central to *Breathing Space* is a flexible delivery model that responds to service user's and Orbit's specific needs and barriers. Whilst there are many similarities in the support delivered, there are also differences in approaches taken by delivery partners. The following is a summary of how each delivery partner described their support to HACT during interviews. This means the descriptions are what delivery partners are actually doing, 'in practice', as opposed to how the service is described 'on paper'. This means in some places their support differs from how the service was planned. For example, some delivery partners mentioned supporting service users with benefits, which is not something delivery partners were intended to do when the service was set up.

Support Northamptonshire

- Delivered in partnership with Mind in Kettering and Northampton.
- Recovery coaches with mental health and wellbeing expertise deliver support through casework management and outreach work.
- Support can be delivered in service users' homes on a one-to-one basis, if required.
- Recovery workers draw up support plan in collaboration with service user, which covers what support the recovery worker will provide to the service user, as well as what other service and support could help them
- Recovery worker helps the service user to access services, which can be other Mind services, Orbit services or wider services and support.

Mental Health Matters

- Recovery workers support service users. An initial one-to-one meeting identifies and establishes needs and goals and encourages links to local community groups. on a one-to-one basis, mainly in their homes.
- Initial focus is on understanding the issues impinging on a service user's mental health and making relevant referrals to both Orbit and external services.
- Recovery workers support service users with bureaucratic issues, such as benefits and finances, which tend to be a major cause of anxiety, though this is not a primary area of support.
- Recovery workers also attend and assist service users in meetings with statutory services, Community Psychiatric Nurse appointments, Employment Support Allowance medicals or Personal Independence Payments assessments.
- The purpose is to first remove all the issues impacting on the service user's mental health before then addressing the mental health issue itself.

Sycamore Counselling

- At an initial meeting, generally at the service user's home, staff draw up a support plan, considering the service user's interests, goals and ambitions.
- In some cases, support is around one-off issues, such as benefits, but in most cases, it involves more ongoing support.
- Support is one-to-one, initially on a weekly basis and progressing to fortnightly if appropriate.
- There is also a weekly drop-in service.
- One of the *Sycamore* team is a trained and registered counsellor, which means that the service can offer formal counselling for service users who require it.
- Support itself is quite flexible; much of the support involves attending meetings and appointments that can cause anxiety. Staff also often attend court, as

service users are commonly involved with social service or going through an eviction process

Bexley Mind

- Initial one-to-one meeting with service user to is done to establish their needs and create some goals.
- Some service users receive ongoing one-to-one mentoring, others attend group sessions.
- The service has a very strong volunteer base, with 15 volunteers offering mentoring to service users.
- *Bexley Mind* also has volunteer who is trained in neuro-linguistic programming and offers between two and four sessions to service users for free, which staff feel is a major strength of the service.
- Support tends to be helping the service user to tackle housing issues, such as anti-social behaviour or tenancy issues. A major facet of the support is also around helping the service user to structure their days and develop a sense of purpose.
- Staff make sure service users are getting the support they need from a range of other services, provided by Mind, Orbit or more broadly.

Befriending Scheme

- Unlike other services, support is primarily telephone-based.
- Staff have an initial call with a service user, to establish their needs, goals and timeframe.
- The service offers telephone counselling, which will generally start with a weekly call, ideally moving to fortnightly after two weeks.
- The service has a real focus on referral to other organisations and is reliant on them to do some of the in-person support that service users require.
- There is also a drop-in group that any service user is free to attend. These have a focus more on wellbeing than mental health and are about helping people to make social connections and develop peer-support networks.

5 *Breathing Space*: Service performance

This chapter looks at how the service is performing in terms of engagement and positive outcomes achieved, drawing largely on quantitative data provided by delivery partners. The data HACT requested from delivery partners can be seen in Appendix 2.

Whilst the *Breathing Space* service has been delivered for three years, the evaluation reporting period only covers January to the end of September 2019 (Q4 2018/19; Q1, Q2 2019/20). This is largely due to the limitations of data available; HACT was only brought on board to evaluate the service in Spring 2019, which limited possibilities for setting up other indicators. Demographic analysis is based on data provided to HACT by delivery partners, whilst outcome data is based on a combination on data provided to HACT and data provided to Orbit.

5.1 Referral and engagement

When thinking about referral and engagement it is important to remember that there are two points of referral that a service users goes through to reach a delivery partner: firstly, from Orbit into Mental Health Matter's (*MHM*) Single Point of Access (*SPOA*), and secondly from *SPOA* to delivery partner. To provide greater transparency, we have calculated engagement rates for both referrals.

During the evaluation reporting period, **Orbit referred 699 people to SPOA**. Out of these, **SPOA engaged 442 Orbit customers** and referred them on to delivery partners for support. This gives the **SPOA an engagement rate of 66.1%**. However, **257 out of these 699 people were not referred** onto a delivery partner. HACT was not provided with data that covers these non-referrals and therefore cannot analyse reasons for this. Some of these will have been people who *SPOA* were unable to engage after three attempts, at which point *MHM* closes their case. Others may be people for whom *Breathing Space* was adjudged to be inappropriate or unnecessary.

Breathing Space **delivery partners reported receiving 478 referrals from SPOA³¹** during the reporting period. Of these, **347 engaged with delivery partners** and received support, giving **an engagement rate for this stage of 72.6%**. In addition, another **18 non-Orbit customer referrals were made** in delivery partners, with 16 engaging with delivery partners, making engagement rate for non-Orbit customers of 88.89%. With **non-Orbit service users making up only**

³¹ The disparity between the *SPOA* number of Orbit customers engaged and delivery partner referrals received accounts for non-Orbit customers who did not come through the *SPOA*.

4.4.% of the total number of people supported, falling more than three times short of 15% target.

This next few sections look at the data on the service user journey, once referred to the service through to delivery partner and onward referral to other services.

5.1.1 Onward referrals

As part of the service tender, Orbit specified that it wanted delivery partners to make onward referrals to specialist services and to relevant Orbit services.

- Overall, delivery partners have made **166 referrals to other services**.
- Of these, **76 were internal referrals to other Orbit services**.
- By far **the most common internal referral was to At Home Support**, to which 30 referrals have been made.
- The other **90 referrals have been made to external organisations**.
- While referrals to external services have not been fully captured in the reporting data, qualitative data provides insights into the types of services to which *Breathing Space* services users were signposted, including other mental health support and social isolation services.

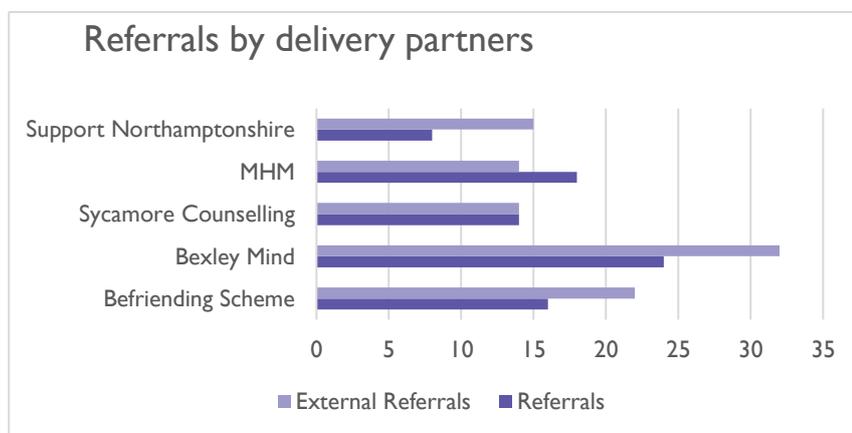


Figure 8: Referrals by different delivery partners

Figure 8 shows significant variations in referrals being made by delivery partners. For example, *Bexley Mind* made significantly higher numbers of onward referrals than other delivery partners. *Bexley* is a densely populated and well-connected area which provides more opportunities to connect a wide range of services. The *Befriending Scheme* also made a high number of referrals for further support, which may be due in part to its focus on providing a telephone support service and connections with other organisations that will provide face-to-face support. In comparison, there are limited mental health provision in the area covered by *Sycamore Counselling*, with existing services oversubscribed and difficult to refer into. Figure 9 outlines rates of external and internal referral routes (by number of customers) across all delivery partners

combined. The numbers of onward referrals are too low to report per delivery partner.

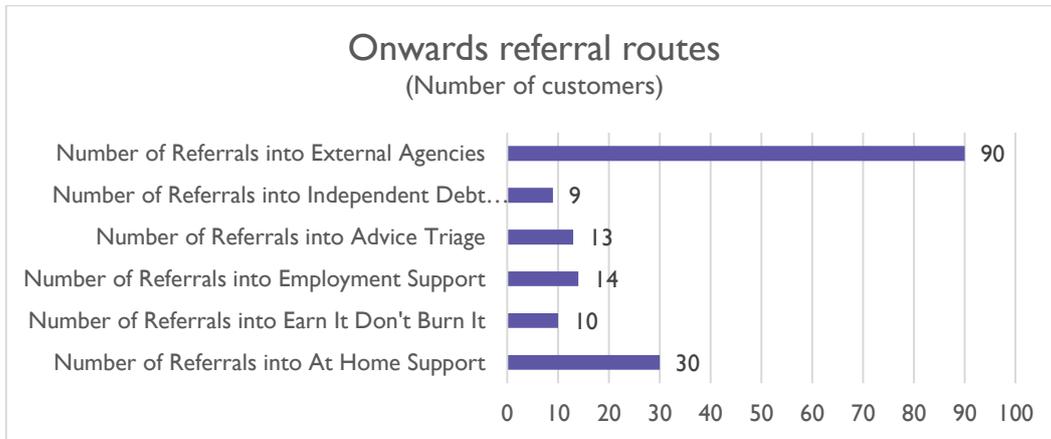


Figure 9: Rates of onwards referral routes across all partners

5.2 Service user profile

Analysis of the served user profile is hampered by the limitations of data provided by delivery partners to HACT. Demographic data was missing for many service users. This may be due in part to the nature of the referral process as no demographic data is shared by Orbit to the *MHM* SPOA. Given the limitations of the data provided to HACT, we were not able to identify the typical Orbit customer referred to the service and in need of mental health support. We will revisit this issue in the recommendation section, because in order to see if the service works better for an ethnic or age group, it is important to make sure the service captures demographics of those who are referred and those who have successfully completed the programme.

5.2.1 Age profile

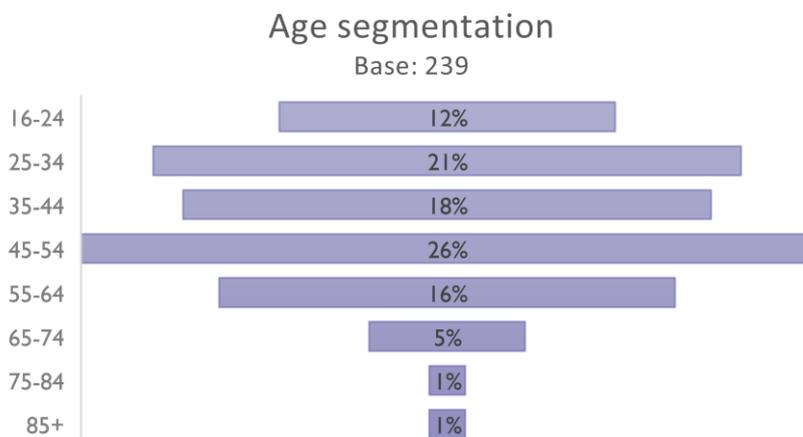


Figure 10: Age segmentation of Breathing Space service users

In terms of the age profile:

- **Just over a quarter of service users, 26%, are aged 45 and 54 years.**
- **Second biggest age group, at 21%, are those aged 25 to 34 years.**

The service does not appear to be effective at engaging people under the age of 24 and it may, therefore, be worth considering different ways to engage young people. The literature suggests that people under 25 years, and disproportionately women under 25 years, experience quite poor mental health. Furthermore, 75% of mental health problems are established by the age of 24³². Therefore, early intervention is important, and the service may achieve the most impact if it were to engage more young people. Before designing services to address this need of this group, Orbit are advised to review internal data to understand its customer base age profile as it may have fewer customers aged 16 – 24 years.

³² <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>

5.2.2 Gender profile

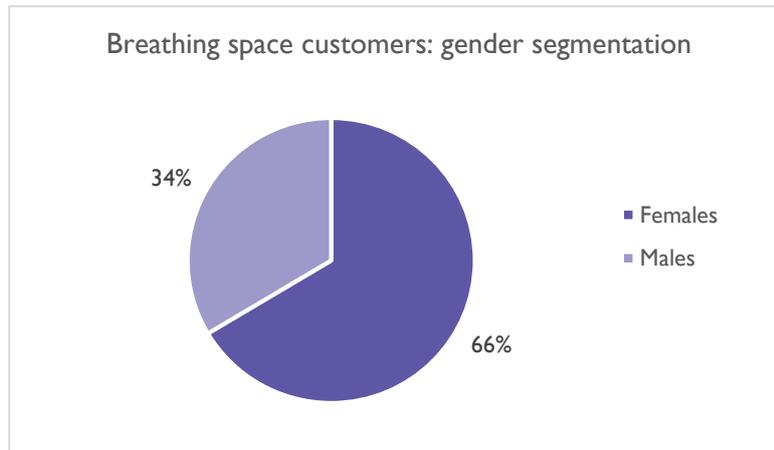


Figure 11. Gender Segmentation of Breathing Space customers

In terms of gender profile:

- **Nearly two thirds 66% of service users are female**
- **Only 34% of services users are male.**

Orbit's data shows that 59% of customers are female, so women are slightly overrepresented in *Breathing Space*, though not by a large amount. Furthermore, as we saw in the literature review, women suffer from worse mental health across all age groups. This is also reflected in the gender profile of service users, with 15% of women accessing support compared to 9% on men. Given this, we would expect women to be overrepresented in the service. Nonetheless, encouraging men to access and engage with mental health support services is a widespread issue, and Orbit could look at ways to engage men in the *Breathing Space* service.

5.2.3 Ethnicity profile

In terms of the ethnic profile of *Breathing Space* customers, the ethnic divide in service users is even more marked than gender. **88% of customers identified as white British.** This is somewhat higher than the 74% of Orbit customers overall that identify as white British. Conversely this means that only 12% of service users are not white British, less than half of the 26% that they make up of Orbit customers overall. This is quite a significant under-representation that Orbit should seek to tackle.

The need to address this is particularly acute because, as noted in the literature review, BME people in particular experience significantly worse mental health and are less likely to access services. The literature would suggest that BME customers will most likely make up a greater proportion of customers with mental health problems than they do the overall customer body. Given this, Orbit should think about how to ensure that *Breathing Space* is engaging customers who are not white British.

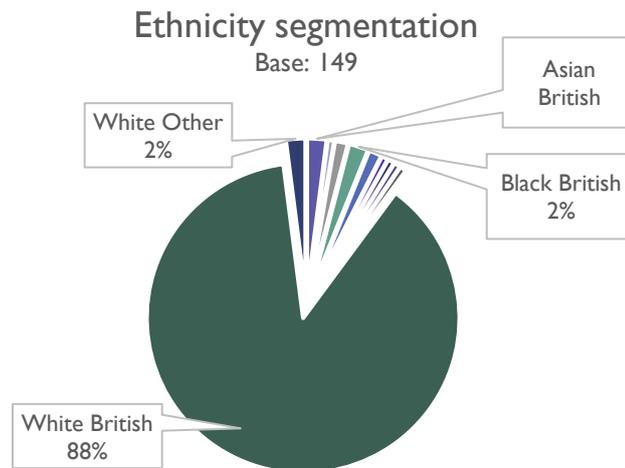


Figure 12: Ethnicity segmentation of Breathing Space customers

5.2.4 LGBT+

The literature has highlighted the LGBT+ population experience disproportionately bad mental health. Monitoring this would enable Orbit to ensure the service is supporting LGBT+ people.

5.3 Employment outcomes

Over the reporting period:

- **34 service users achieved employment outcomes.**
- **Of these, 11 service users were referred to non-accredited training.**
- **8 were matched with volunteering opportunities.**

While achieving employment outcomes was not the primary purpose of the project, it is an additional outcome and added value that the service brought to its service users. Looking specifically at individual delivery partners, *Bexley Mind* achieved the most employment outcomes, with eight of their service users. This may again be a result of geography. Bexley, being a more densely populated area has a greater number of training, volunteering and employment opportunities, and the better public transport makes them easier to access.

With regards to employment outcomes, what is most notable is not variation between delivery partners, but that the number is low overall. As a proportion of all service users, 34 achieving employment outcomes is low. However, this does not necessarily

indicate that all the deliver partners have shortcomings here. More likely, what it tells us is that service users are not able to take up training, volunteering or employment. This was something noted by multiple delivery partners. It is important to remember that many service users are people whose mental health makes basic daily living a challenge. Many service users are a long way from employment, or even training or volunteering, being something, they can feasibly sustain. Moreover, for most service users, poor mental health is tied up with a whole host of other issues that also make achieving employment outcomes challenging. In many cases, what the service's support will do is get service users *closer* to employment, however this is more intangible and therefore does not show up in the statistics as an 'employment outcome'.

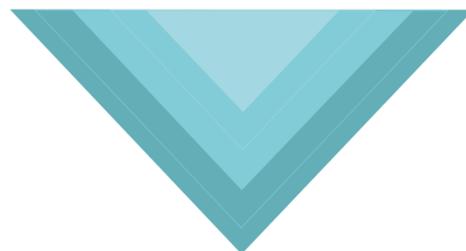
5.4 Social Value

As part of the evaluation, HACT assessed the social impact created by the *Breathing Space* service. Full details of the methodology can be found in Appendix I.

For the evaluation reporting period, the key findings are as follows:

- **88.49%, 139 people, experienced an improvement in wellbeing score.**
- **11.51%, 16 people, maintained the same wellbeing score.**
- **For every £1 spent, £13.50 worth of Social Value was created.**
- **Total social value for the *Breathing Space* project, across all partners, is £1,709,539.**

Across all of Orbit's Breathing Space services



£1,709,539

Social Value generated

6 Breathing Space: Service in practice

Breathing Space uses a flexible delivery model. It draws upon a central delivery partner, *Mental Health Matters (MHM)*, to manage the service overall and coordinate the consortium of delivery partners on behalf of Orbit. This chapter provides a holistic assessment of *Breathing Space* in practice, considering both challenges and opportunities that the current service model and operational context offers. It focuses upon four key thematic areas, including:

- Service design
- Service user focus
- Partnership working and communication
- Data, outcome measurement and processes

6.1 Service design

6.1.1 Flexible model

Whilst *Breathing Space* has an overall aim and key objectives, it is also intended to be a flexible service model. There are differences in how the service is delivered in the different locations, in terms of both the nature and the level of support provided. However, this is not necessarily a negative aspect as it is notable that the delivery areas are different and bring their own challenges. This means there is unlikely to be an effective 'one-size fits all' model for the service.

For example, comparing the geographies of Ipswich and Bexley, it is clear a model suitable for one would be unlikely to work for the other. The service in Ipswich covers Suffolk, which is an extremely large and rural, with low population density and poor public transport connections. Bexley, by contrast is a London suburb: urban and densely populated, with excellent public Transport connections. This obviously has a potential impact on the ability of service users to attend face to face sessions. It also affects delivery partner's availability as it can be time consuming travelling between different rural areas for face to face meetings with service users. Going forward, the type of service offered in each area needs to be reflective of this.

Delivery partners and Orbit staff alike noted that *Breathing Space* is working well in some areas, particularly where delivery partners are embedded in local infrastructure and strong links to local stakeholders and networks. This is not replicated in all areas suggesting that going forward, criteria for selecting delivery partners should take their existing networks into account.

One area this different geography is clearly expressed is in the recruitment of volunteers. In Bexley volunteers are a major strength of the service, however other delivery partners have been unable to recruit volunteers. In Ipswich and Nuneaton in particular, delivery partners explained that having volunteers was part of their delivery plan, yet in practice they had not been able to recruit any. Meanwhile, in Bexley the service has been able to recruit fifteen volunteers. Furthermore, it has been able to recruit some extremely qualified volunteers. Volunteers have included people training to be counsellors, life coaches, and one therapist trained in neuro-linguistic therapy³³ who would usually charge at £70 per hour. In Bexley the service has also been able to make use of psychology students doing placements at the service, who have been a valuable resource. By contrast, in Ipswich and Nuneaton, delivery partners reported difficulties with engaging volunteers. In Ipswich this seems to be due in part to Suffolk's rurality, and therefore people not wanting long travel times to volunteer. In Nuneaton there is apparently a lack of volunteers across all charities and voluntary sector organisations in the town.

Delivery partners in Nuneaton also suggested that getting suitable volunteers is another difficulty posed by the higher level of need of service users. It is difficult to find volunteers equipped to work with people with complex mental health issues. The fact they have been able to in Bexley may be due to the larger population pool they are drawing from. It may also be a more trained and educated population pool, given on average the population of London and its suburbs has a higher level of training and education than other areas of the country. A further contributing factor could also be that Mind is a fairly high-profile national charity, with a well-established volunteer programme. The other delivery partners do have volunteer programmes, but the successful in Bexley may be due to Mind having a more extensive reach.

6.1.2 Single Point of Access

The Single Point of Access (SPOA) was repeatedly raised as the main area for improvement in the service model. Both Orbit staff and all the delivery partners pinpointed this as being the most significant issue with how the service operates. In theory the SPOA is supposed to provide consistency for the service, by making sure there is central responsibility for all the referrals. However, in practice, it has encountered issues.

The SPOA introduces an extra layer of referral, which introduces complexities. As one delivery partner pointed out, reaching out to ask someone for support can be quite a big step, and you therefore ideally want to get them support as soon as possible. In addition to this, every referral is a point at which the risk of someone dropping out

³³ It is worth noting that evidence for the efficacy of neuro-linguistic programming is disputed. Nonetheless the Bexley service reported that this therapist had been hugely effective.

increases; more referral points therefore mean a greater chance of someone dropping out before they receive support. As stated previously, the SPOA had an engagement rate across the reporting period of 66.1%, whilst delivery partners were more successful at 72.6%. However, with potential service users going through two points of referral before getting support, combined this creates quite a large drop-off rate.

Once someone is referred to the SPOA, *MHM* try to contact them three times before closing their case. Delivery partners raised concerns that they are not made aware of these referrals. One delivery partner pointed out that they are local and therefore might stand a better chance of engaging someone who is non-responsive to *MHM*. However, as they are not made aware, they are not given the opportunity to try and engage. This is particularly relevant for the target service user group, who tend to have high anxiety and be distrusting of people purporting to offer them support.

6.1.3 Referral process

The referral process, particularly the lack of referrals and consistency is a key operational issue identified by both Orbit and delivery partners.

Since its inception, there has been a low rate of referrals through the service overall. In the first two years of the service, the rate of referrals from Orbit to the SPOA, and through to the delivery partners, was very poor. Following an internal restructure at Orbit in April 2018, the new contract manager spent nine months focusing on setting up effective internal Orbit routes for referral with other teams across the business. The restructure saw tenancy sustainment come in line with community investment, with a shift from tenancy sustainment officers doing everything to tenancy coaches providing high level support and signposting onwards to relevant services such as *Breathing Space* and other community investment services. This has improved the rate of referrals from internally at Orbit to the *Breathing Space* service.

MHM is responsible for managing the SPOA to the service, a key stage where referrals from Orbit are triaged and allocated to appropriate delivery partners for support. In theory, the SPOA is supposed to provide consistency for the service by making sure there is central responsibility for triaging and allocating all referrals to appropriate delivery partners. In practice, however, the SPOA introduces another layer in the service user journey to support and is a barrier to equipping delivery partners with a full picture of a service user's needs. Delivery partners reported that the type of information and level of detail about a new referral through the SPOA is not consistent, fully accurate or is insufficient. In some instances, the detail was not enough to fully understand the service user's needs, support requirements and any support previously received. As delivery partners are not able to contact Orbit directly about referrals, they must undertake their own assessment, and only at that point are they able to start planning support. This duplication adds to the workload and time spent on each case and delays the time between referrals and an individual receiving support.

It is worth noting here that the feedback from delivery partners about the SPOA providing an insufficient assessment of needs may indicate a misalignment of expectations. When the SPOA was set up by Orbit and *MHM*, it was not intended to undertake a full mental health assessment; this was intended to be picked up by the delivery partners. Nonetheless, delivery partners repeatedly reported not receiving information they expected from the SPOA that would support better engagement with service users. This suggests some miscommunication and lack of clarity between Orbit and *MHM* and the delivery partners as to what information should be expected from the SPOA and what delivery partners were responsible for.

As the qualitative research found, a more streamlined referral process from Orbit to delivery partners would be beneficial, making the support offer more holistic, cost effective and reduce the number of times a service user must disclose their circumstances. A key part of this streamlined referral process should be ensuring that referrals from Orbit are appropriate. Delivery partners and Orbit staff alike indicated that referrals are often not appropriate for the service as they have a higher level of need. More effective use of internal Orbit data to identify those in need at support prior to them reaching crisis point would be valuable. This could include identifying new young customers with their first tenancy, customer increasingly experiencing rent arrears and anecdotal insights from other Orbit staff in contact with customers about their need for financial capability support. A better understanding by Orbit staff about the purpose of the *Breathing Space* service and other services or signposting options available would also reduce the number of inappropriate referrals.

6.2 Service user focus

Breathing Space has been designed to support Orbit customers experiencing low mental health conditions. The service also aligns with the organisation's core social purpose and drive for service efficiencies.

6.2.1 Service user level of need & complexity

The *Breathing Space* service is intended to provide a pre-emptive low-level mental health service to fill in gaps in provision elsewhere. At the time of developing the service, Orbit recognised that the service would likely engage people with a higher-level need and incorporated signposting to other specialist services into the service.

Delivery partners have highlighted the key challenge facing the service is that people referred to the service have a much higher level of mental health needs and complexity than originally intended, and the volume of this type of referral is higher than expected. Rather than low-level mental health, delivery partners report regularly receiving referrals for individuals with quite serious depression and/or anxiety, individuals with challenging learning disabilities, and drug and alcohol issues, which are not necessarily

the sort of issues the service was originally intended to support. This means that in practice, the service has been operating differently to as originally planned.

The problem with supporting people with a higher level of need is obvious: they are harder to work with. The issues this presents are twofold. Firstly, even initially engaging people with these more complex issues is more challenging. People with severe depression and anxiety, or people with alcohol and substance misuse problems, are by their nature much less likely to want to engage, and to be able to do so continuously. This means that more time and effort must go into engagement than would otherwise be the case if working with people with low-level mental health needs. Secondly, even once engaged, more complex issues require more in-depth and more sustained support.

Combined, this means that working with the people referred to the service is more resource consuming than perhaps originally anticipated. Delivery partners feel that this makes meeting Orbit targets for ending support challenging; many of the service users have issues that simply cannot be addressed in a short time period. Moreover, there may be some users for whom it is unrealistic to place any timescale on support ending. Due to limitations of data available, HACT has not been able to analyse data on customers' length of support.

It is commendable however that the service and delivery partners have been able to adapt to this. Firstly, whilst *Breathing Space* has a target of service users being ready to move on after nine months, this is not a fixed cut-off point. Thus, delivery partners are able to continue supporting people longer, as long as Orbit are informed. Secondly, delivery partners reported that they still find a way to support these more complex service users in nearly every case. In those cases where they cannot do so, delivery partners seem very conscientious about ensuring they find an alternative service to which they can signpost the service user, such as NHS Crisis services, mental health respite or crisis centres, or Recovery Colleges. However, delivery partners stressed that it is very rare they decide they are unable to support someone.

6.2.2 Pen picture of a service user

The service engaged a wide range of people with different needs and characteristics. Follows, however, delivery partners agreed that there were some commonalities. These characteristics will not necessarily apply to every service user, however, for most service users at least one, more likely more, of the following statements will be true. According to delivery partners, A *Breathing Space* service user is likely to:

- experience persistent anxiety and/or depression, to the extent that it interferes with their day to day life;
- not be in receipt of the correct benefits, or not be claiming their full entitlement;

- have a history of involvement in disputes with neighbours and anti-social behaviour – either perpetrating or experiencing;
- be struggling with debt;
- have recent experience of relationship breakdown;
- have poor physical health;
- have attempted or threatened suicide in their past;
- be isolated and/or lonely;
- have a recent experience of loss, which could be a bereavement, loss of employment, or loss of good health via injury or illness;
- have a chaotic life that they struggle to maintain on a day to day basis;
- have negative experiences of mental health services and therefore be distrustful of those purporting to offer them support; and
- have a low-level learning disability that is either undiagnosed or does not qualify them for other support.

These characteristics are useful to consider in the design of services aimed at support social housing residents with mental health conditions.

6.2.3 Fulfilling a need

As a concept, *Breathing Space* is an important service that is currently filling a gap in wider service provision. The reason that the service is seeing referrals with a higher level of need seems to be because it is supporting people who cannot access other services. The mental health landscape currently is one where services are hugely over-subscribed: demand is constantly increasing while access is becoming harder. Cuts to local authorities mean they have scaled back their services, while the threshold to be accepted into an NHS mental health service is higher. This means there is a cohort of people who ‘fall through the net’. They are people whose ill mental health is severe enough to cause them difficulties in their day-to-day life, but not severe enough to get a referral to NHS services.

It is this cohort that the service is picking up and therefore leading it to be supporting people with a higher level of need. The lack of other local services is something that all delivery partners have identified. This is clearly a challenge for the service. Delivery partners noted that trying to access NHS crisis services is extremely difficult³⁴, even when they have a service user they perceive as being in urgent need of higher-level support. However, it also makes it an extremely valuable service: likely many of the

³⁴ NHS crisis services are available to everyone, so it is not the case that they turn down delivery partner referrals. Rather, it is that crisis services are so over-subscribed and stretched that delivery partners find capacity to support immediately is limited.

people the service supports would not receive support elsewhere, if the service did not exist.

6.2.4 Positive service user feedback

The research uncovered overwhelmingly positive feedback from service users. HACT interviewed three service users at the higher level of need, all of whom were very effusive about the quality of the service. Indeed, none could readily identify any shortcomings of the service or area for improvement. Two of the service users specifically mentioned, unprompted, that they did not know where they would be without the service and highlighted the extent to which they value that the service really listens to them and tries to help them in whatever manner necessary. One service user had very negative past experiences of being passed between multiple statutory services and did not feel like anybody listened or put them first until they arrived at *Breathing Space*.

However, the service is not only appreciated by those with higher mental health needs. In Ipswich, HACT engaged with older service users at an Orbit sheltered housing scheme. For these service users the value of the service is more as a provider of group activity, and therefore companionship, than mental health support. However, these service users seemed to value the service equally, feeding back that they enjoyed the activity and looked forward to the social element of the group.

Case study

Breathing Space had some life-changing impact and delivered a number of additional outcomes. A good example is a service user who has been struggling with substance addiction for a long time and had been receiving support from *Breathing Space* for 13 months. Not being able to access other services, she finally received consistent support from the *Breathing Space* service. Consistent support and having someone who believed in her not only built her confidence, supported her recovery and tackling addiction. The fact that the service did not stop supporting her after 9 months was crucial in her recovery, improving financial stability and re-creating her social networks. This is a good example of the multi-layered impact that the service brings to the service users.

From the case studies that have been developed separately from the evaluation, service users' experiences of the service also make it clear that linking in with other services and therefore provision of a much more holistic support, delivers impact across multiple areas of service users' lives. The flexibility of the service and opportunity to support individuals for more than nine months, if needed, contributes to high impact of the support provided.

6.3 Partnership working and communications

6.3.1 Working in partnership

Delivery partners commended Orbit for recognising the need for a mental health service for its customers and taking the initiative to develop one. Collectively, Orbit staff and delivery partners believe *Breathing Space* is a good service, and that by funding them to deliver the service, Orbit is supporting the delivery partners to plug gaps in local mental health provision.

Delivery partners all felt that they had a good relationship with Orbit. However, a handful of areas have been suggested where Orbit and delivery partners could work together more effectively. For example, delivery partners consistently brought up an issue of not knowing what other services Orbit offers to its customers, and how to help *Breathing Space* service users access them. This is perhaps unsurprising given the size of Orbit in comparison to the delivery partners. Delivery partners also felt that the service could be more efficient if they did not have to go via Orbit's general customer service centre, when trying to contact Orbit on behalf of a *Breathing Space* service user. This can be quite time consuming and eats into support time that could be spent doing something else.

Delivery partners also suggested that not only do they not always fully understand Orbit, Orbit staff do not always seem to fully understand the service. In general, feedback was that Orbit staff are good and that delivery partners have good relationships with their Orbit contacts. However, on occasions the service receives referrals from Orbit staff that are not appropriate. It may be the case that Orbit staff sometimes refer a customer to *Breathing Space* service without fully considering whether the service is what that person needs. Ensuring that Orbit staff have a sound understanding of what the service is intended to do as well as other referral and signposting options would be useful to ensure appropriate referrals.

6.3.2 Interaction between delivery partners and wide Orbit services

Whilst some delivery partners feedback that they do not feel fully informed about what other services Orbit provides, where delivery partners do feel they are linked into Orbit services they see it as a positive. **Delivery partners like knowing that there are Orbit services they can refer to that will tackle other issues impacting on mental health**, such as employment or debt. One delivery partner used the analogy of Maslow's Hierarchy of Needs³⁵, where as a delivery partner they cannot help a service user's mental health if they are struggling with other pressing concerns such as debt or poor living conditions. Having Orbit services that can tackle

³⁵ <https://www.thoughtco.com/maslows-hierarchy-of-needs-4582571>

other issues leaves the delivery partner free to focus on the service user's mental health. This allows a more holistic approach to supporting the individual, and should create more sustainable improvements in mental health, by not just addressing poor mental health but also its determinants

With an eye on the long-term sustainability of the service, Orbit built into the tendering process that interested organisations need to demonstrate experience and evidence of routes to wider funding, beyond Orbit, in order to leverage in additional investment now and in future. Orbit is keen to support delivery partners going forward to build capacity and capabilities around commissioning processes, monitoring and evaluation. This will enhance partnership working and opportunities to learn more about each other priorities and services offers.

6.3.3 Contract management

The management of the service contract has encountered significant challenges. Having a central coordinating delivery partner and outsourcing the project management of the overall service and delivery partners was intended, in part, to alleviate resource pressures within Orbit. However, in practice this has not happened. The contract manager at Orbit, in position since the restructure in April 2018, has ended up spending significant time absorbing much of the project management duties including coordinating delivery partners for regular service briefings and data collection, which does not form part of their role.

A more effective model may be to have a single member of staff managing the contract, solely responsible for liaising with delivery partners and ensuring the programme is on-track. This would take more Orbit resource, but may overall be more resource effective, if it serves to make the service more effective and frees up time for more senior staff. There also need to be a robust and proactive approach to managing and enforcing contractual responsibilities.

6.3.4 Internal Orbit ways of working and communication

As part of the restructure, the Community Investment team divided into two parts: the Place Making team which works on the ground with customers and the Investment team which focuses upon securing external funding and managing contracts for external delivery partners. Since the restructure, the Community Investment team has also become accountable for corporate responsibility, the staff volunteering programme and the Better Days programme, which is intended to reduce poverty and links with the *Breathing Space* programme. This provides valuable opportunities to connect all the work being delivered under the wider remit of the Orbit Community Investment team to maximise the support it can give its customers.

Delivery partners and Orbit staff alike indicated that there is scope for Orbit services beyond Community Investment to be more aligned with *Breathing Space*. For example, the condition of a home has a big impact on someone's mental health, and Orbit could be more proactive on repairs, maintenance and home improvement for people in the *Breathing Space* service. There is great potential for the service to be even more effective, if the link to other Orbit community investment offers and wider housing operations was made even stronger and more strategic and visible.

Establishing structures that promote inclusion and collaborative working would enable internal Orbit staff and external stakeholders to deliver effective and efficient services that meet the needs of service users, understand the priorities of other teams working with the same service user and how these relate to the overall service user journey. HACT also recommends setting up meet-up sessions to bring together key members of staff within Orbit's Community Investment teams and external delivery partners on a semi-regular basis. This would enable staff and external delivery partners to enhance their working relationships and provide opportunities for external partners to identify other services and agencies that they can signpost service users.

6.4 Outcome measurement, data and processes

6.4.1 Outcome selection

Outcome measurement is a key part of understanding the impact of a service and its achievements. The Orbit community investment team recognise this. A key strategic focus since the restructure has been the implementation and embedding of a culture of evidence-based decision making and impact measurement. However, as *Breathing Space* pre-dates this, the commissioning process and service design lacked clarity for Orbit staff and delivery partners alike around outcomes of interest and data required to measure impact. Delivery partners also suggested the suite of outcomes they are currently collecting data for is relatively limited and doesn't fully capture the impact for service users.

The selection of outcomes is dependent upon several factors, including strategic business priorities (such as Orbit's social purpose, business efficiencies and value for money), resource capacity to collect the relevant data and process, and the purpose of the service.

To inform the selection of outcomes, it is important to understand the aim of the service and how this is defined. As *Breathing Space* is intended to support service users to develop positive mental health self-management techniques, it is important to think about what we mean by 'self-management'. The Mental Health Foundation, a leading organisation in the mental health support sector, defines self-management as: 'the methods, skills, and strategies we use to effectively manage our own activities towards

achieving certain objectives’³⁶ This would make an appropriate and sensible definition of mental health self-management for Orbit. Using this definition, the following criteria could be used to understand whether the *Breathing Space* service has supported service users to positively self-manage their mental health condition;

- **recognise what triggers a crisis in their own mental health;**
- **read the warning signs of a possible crisis;**
- **identify if any actions can prevent a crisis developing;**
- **figure out which coping strategies work best for them in a crisis;**
- **tap into other sources of support like local groups for people like them experiencing distress;**
- **build ongoing coping strategies into a mentally healthy lifestyle;**
- **compile an action plan; and**

6.4.2 Data quality and processes

HACT encountered issues with the consistency and quality of the data provided. Much of the data received from delivery partners was incomplete. Further, HACT only had one year of data, though the programme ran for three years. This limited the extent of the analysis that HACT could do, both on *Breathing Space* as a whole, on how different delivery partners compare. This latter issue is a barrier to good evaluation. Ideally, HACT would be able to compare delivery partners across a range of identical metrics and measures. This would allow more accurate conclusions to be drawn about the relative performance of delivery partners, and more intelligent identification of what is working in some areas and not others. However, in practice delivery partners are using different measurement methodologies and data collection processes. This means that HACT has not been able to do much in-depth quantitative comparison of delivery partners.

³⁶ <https://www.mentalhealth.org.uk/a-to-z/s/self-management-mental-ill-health>

7 Conclusions and Recommendations

7.1 Key findings

Drawing from qualitative and quantitative data, *Breathing Space* has made a substantial impact to the lives of service users and brought about positive improvements in mental health, including

- From **478 referrals, 347 engaged with the service**. There is significant variation in engagement rate between delivery partners, which is largely explainable by local factors such as geography;
- **166 service users were referred for further support**, including Orbit services;
- A typical *Breathing Space* service user is a **white British woman aged 25 – 64**. The service does not appear to be engaging many people from ethnic minority backgrounds and there is currently no data availability to determine whether the service is engaging with LGBT+ people.
- **88% of service users improved their wellbeing** through the service.
- **34 service users achieved employment outcomes**.
- **Total social value created was £1,709,539**, with £13.50 of social value being created for every £1 invested in the service.

Key stand out headlines and opportunities include:

- Delivery partners are operating in significantly different geographies, which bring their own advantages and challenges.
- There is an opportunity to enhance the capabilities of the Single Point of Access (SPOA) to become more effective.
- The service is filling a gap in mental health service provision, supporting people who would otherwise not be getting support because other mental health services are patchy, over-subscribed and hard to access.
- As a result of the lack of other mental health services, *Breathing Space* has often been supporting service users with high levels of need than originally intended. However, Orbit and the service have adapted well to this, with delivery partners reporting that in nearly all cases they have been able to support people with higher-needs successfully.
- Feedback from service users has been overwhelmingly positive highlighting the value of the service.
- Delivery partners have a good relationship with Orbit and value the range of other support Orbit providers. There are, however, opportunities to enhance collaborative working and service alignment between Orbit and external

delivery partners, ensuring there is a common understanding about how Orbit services and *Breathing Space* operate to provide a more holistic service offer.

- There have been some contract management challenges, with the service taking up more resource staff time both within Orbit and by delivery partners than anticipated.
- There are also opportunities to enhance data collection processes to improve quality and consistency.

7.2 Recommendations

This evaluation and review have highlighted some key considerations to optimise the impact of the *Breathing Space* service. This section sets out corresponding recommendations.

7.2.1 Service design and service user focus

➤ ***Clear definition of type of service user the service is intended to support***

More clarity is required in Orbit's business objectives, specifically defining the purpose of the service and its target audience. When considering the design of future services, there is a need to understand who the target group is, as well as their specific needs. This will enable Orbit and delivery partners to ensure the service-offer is targeted at the right level to address specific need. If the service is to support people with higher needs it needs to be conceptualised, designed and resourced accordingly. It is not effective or efficient to support people with higher and more complex needs using the model designed for people with lower needs. For example, offering a telephone or drop-in service is suitable for low-level mental health needs, but is insufficient for people with a higher level of need. If the service is to continue as a low-level mental health service, this needs to be communicated to those doing referrals, along with instructions for alternative referrals for those with higher need. However, it is worth noting that feedback from delivery partner suggests that if Orbit did wish limit the service to only low-level mental health, there are not necessarily alternative services available to which higher need people can be referred.

➤ ***Reconsider the Single Point of Access***

This is a principal element of the service model that has clear opportunities for improvement. Whilst there is some logic in having a Single Point of Access (SPOA), the issues with how it works in practice outweigh the benefits. The process may be more efficient and cost effective if Orbit were to take the SPOA, centrally coordinate delivery partner functions in-house and make referrals to delivery partners directly. This would simplify the referral process and reduce some of the current complexity in the service user journey. It would also enhance the management of the service for

Orbit as it would address the key issues encountered with the current management of the service contract. This would require some internal restructuring to ensure there is enough resource to support management and oversight of this.

➤ ***Two tier/stream approach***

If Orbit decides it does want the service to support people with higher and more complex needs, it may wish to consider re-designing the service to have two tiers or streams to it. One tier would be for the originally intended service user group, with lower needs. The other could be for those with higher needs. Having two tiers would prevent the service either underserving one group or overserving the other. It could also allow people to move between the tiers as their support needs change, though ideally this would principally involve people moving from the higher support tier to the lower support one. As for what these tiers could look like in practice, the higher tier could involve one-to-one counselling, more intensive support planning and higher contact hours, while the lower support tier could be based around a telephone and drop-in service model.

➤ ***Take geography into account and related challenges onto account***

The service is being delivered in vastly different areas with very different geographies. It is unlikely Orbit will be able to create one model that works effectively in all the areas, and it is not prudent to try and do so. Instead the model needs to be flexible, able to adapt to the delivery area. For example, in Bexley a model that involves service users accessing support in a central location may be plausible. In Suffolk the model may need to involve the delivery partner travelling to service users, or be more telephone based. HACT does not have in-depth knowledge of the geographies of each of the areas covered by the service, so cannot propose what the service might need to look like in each area. However, delivery partners do have this knowledge, especially having delivered the service in its existing model to date. Orbit should draw upon this knowledge and experience to help it shape a service that works in each area. Orbit should also consider capacity and links to local networks and stakeholders when selecting delivery partners in the future as the research has shown this can have an impact on the success of the service in local areas.

7.2.2 Partnership working and communication

➤ ***Enhance relationships with and between delivery partners***

Feedback from Orbit staff and delivery partners suggests there is scope for more alignment between delivery partners and Orbit. Delivery partners could benefit from a better understanding of Orbit's wider service offer and how Orbit's processes work, with which some delivery partners struggle. It would be particularly valuable to provide

delivery partners with a holistic picture of every service user, encompassing all the Orbit services and support with which they are involved, and any other information Orbit is aware of about the service user's history and situation.

Delivery partners felt the service could benefit from a closer relationship between themselves, as well as with Orbit, to share continuous learning and raise issues. This is something Orbit could help to facilitate by creating regular forums for delivery partners to come together and brokering contact, as had been originally specified in the initial project scope.

➤ ***Integrate and align service with other Orbit services and operations***

Establishing structures that promote inclusion and collaborative working would enable Orbit staff and external stakeholders to deliver effective and efficient services that meet the needs of service users, understand the priorities of other teams working with the same service user and how these relate to the overall service user journey.

As a first step, Orbit should ensure that all delivery partners know and understand the range of support available for service users, and how to refer service users to other support. A second, more ambitious step, would be to integrate the service more with wider Orbit operations. For example, one delivery partner mentioned working with a service user who received a letter threatening eviction due to arrears. Unsurprisingly, this negatively impacted the service user's mental health. Other delivery partners noted that contacting Orbit on behalf of service users to try and sort out repairs or other issues can be quite time consuming. These are both examples of issues that could be improved by integrating the service more into wider operations.

Breathing Space service users could be 'tagged' on Orbit's CRM system, so that any time they get in touch, or someone gets in touch on their behalf, they get straight through to speak to someone or are flagged as a high priority for a call back. Likewise, any automated responses, such as eviction notices or arrears letters, could be automatically suspended for service users. The new computer system Orbit is currently implementing across the business could provide an opportunity to take a more integrated approach. An alternative approach might be to look at utility companies, who have a 'Priority Services Register'³⁷, which offers vulnerable people a range of benefits such as a separate contact number from the main customer service line and advance notice of any activities being undertaken by the utility provider in their area.

³⁷ <https://www.ofgem.gov.uk/consumers/household-gas-and-electricity-guide/extra-help-energy-services/priority-services-register-people-need>

HACT also recommends setting up regular meetups that bring together key members of Orbit's community investment teams and external delivery partners. These would enable staff and external delivery partners to enhance their working relationships and provide opportunities for external partners to identify other services and agencies to which they can signpost service users.

7.2.3 Data and data collection processes for effective monitoring

Since restructuring in April 2018, Orbit has undergone a significant period of change. Within the community investment team, there has been a greater focus on embedding a culture of evidence-based decision making and implementing impact measurement approaches to understand the impact of Orbit's universal offers and inform service design. HACT recommends the following considerations:

➤ **Clear definition of service outcomes**

HACT recommends establishing simplified definitions of impact measures that are unambiguous and used by all stakeholders. This includes understanding of the difference between outputs and outcomes and being clear which is being measured by a particular indication.

At the outset of designing the next iteration of the *Breathing Space* service, Orbit should consider the key outcomes of interest for the service, ensuring that they are appropriate and achievable for the target service user group, and that they are understood by all stakeholders.

Orbit should also ensure that delivery providers have a clear understanding from the outset about what data is required to be collected to measure these outcomes and embed these data requirements into contracts. Tools such as the UK Social Value Bank and Value Calculator can be used as a planning tool to help Orbit understand what outcomes may be of interest and help to plan outputs, data collection processes, finances and timescales more effectively.

➤ **Standardisation of data and data collection processes**

The limitations of data provided by delivery partners has made it challenging to accurately measure the impact of the *Breathing Space* service, including the social value created. Establishing standardised data categories, as well as standardised data collection processes will enhance the quality of data that can be used to assess the performance and impact of the service and ensure it is being collected from the outset of service delivery. HACT recommends agreeing appropriate data collection points throughout the course of the service user journey and using a suite of data collection methods to produce a holistic picture of customers.

In the case of *Breathing Space*, it is important to recognise that positive improvements in mental health can be measured both quantitatively and qualitatively. Consider what data could be used to tell the story of need and impact and how this could be meaningfully collected or where it may already be collected. This may include analysing perception data from the customer contact centre, customer satisfaction data, and frequency of contact for issues such as repairs and ASB. Where service users are also Orbit customers, this could also involve getting an updated assessment of their internal customer profile and service outcomes at each of point of engagement from internal Orbit systems. Critically, all data should be collected for a clear purpose.

HACT also recommends establishing processes to ensure that data from internal systems can be linked to service user and outcomes data provided by external delivery partners. At present, the interaction between internal and external data is limited. This makes it challenging to identify which Orbit customers might need support before they reach crisis point, and to understand the impact that both in-house and externally delivered services has on customers.

It is also important to recognise that data and evidence does not need to be collected continuously all the time, only when there is value in doing so and it has a defined purpose. Considering who the audience for data analysis and evidence is useful as this will determine the level of detail and type of information required.

➤ ***Data collection to inform service design and operation***

It is important to collect data that informs decision making and improves understanding of customer needs and the best ways to address these. Drawing on the learning from the evaluation of *Breathing Space*, HACT has identified additional data and measures that would be useful for Orbit and delivery partners to collect with future iterations of the *Breathing Space* service, including but not limited to:

- **Types of external referrals.** Currently delivery partners monitor how many service users have been referred to external support providers but are not required to specify what type of support providers these are.
- **Failure to engage.** Currently there are limitations with the availability and accuracy of data about the reasons why individuals did not engage after referral to the SPOA. It would be valuable to be able to differentiate between those that were not appropriate or suitable for the service, those who were not interested in engaging, and those who were simply not contactable.
- **LGBT+ monitoring data.** As noted previously, this is a group that experiences below average mental health. Orbit needs to be able to identify whether the service is reaching this group, and therefore should add this to the demographic data collected.

➤ ***Data collection to demonstrate business benefits***

One key bit of analysis HACT would have liked to be able to do is to demonstrate the value to the business provided by the service. It seems likely that by improving the

mental health of customers, *Breathing Space* is creating cost savings or efficiencies. However, as it stands this cannot be proven. In order to be able to demonstrate this, Orbit should look at getting data systems in place to be able to assess whether *Breathing Space* service users place less demand on the business once they have received support. For example, they may phone the contact centre less, report or commit less anti-social behaviour, request fewer repairs, and possibly even have reduced arrears. Being able to demonstrate this would hugely bolster the internal business case for the service.

➤ **Data collection to demonstrate service value beyond Orbit**

It may not be only internally where *Breathing Space* is creating savings or efficiencies. It seems likely that the service is benefiting external organisations by reducing demand on them, however at the moment Orbit is not collecting the data to be able to demonstrate this. As a starting point, HACT suggests the following as some questions Orbit may want to think about collecting data to answer.

- Do service users contact their GP less than before they were receiving support?
- Do service users make less use of NHS and/or local authority mental and physical health services than before they were receiving support?
- Do service users have less contact with the police and/or local authority around anti-social behaviour or crime (both as perpetrators and victims) than before they were receiving support?
- Do service users make less use of other local authority services, for example statutory services, than before they were receiving support?
- Do service users have less contact with other mental health charities, such as Samaritans, than before they were receiving support?

Having the evidence to demonstrate that the answer to any of these questions is 'yes' would be a powerful indicator of the service's value to the wider community of local services. Being able to demonstrate to other organisations, in particular local authorities and NHS Trusts or CCGs, that *Breathing Space* is beneficial to them could also contribute to the service's longer-term sustainability by potentially opening a route to leveraging in funding or support in future.

Of all HACT's recommendations, this is the one that would most likely require the most work from Orbit. To generate this data Orbit will either need to start collecting this information about customers or build relationships with the organisations that hold the data Orbit needs. HACT recommends the latter, as the former could be extremely resource intensive. Whilst this is the most complicated of HACT's recommendations to put in place, it is also perhaps the one that offers the most tantalising benefits, as it offers the potential to get other powerful local organisations involved in the service. It would also place Orbit ahead of where most other housing associations are in terms of being able to demonstrate the value of community investment services to the local economy.

8 Appendix 1: Social Value Measurement

HACT's Wellbeing Valuation, which utilises the UK Social Value Bank, is an appropriate way of measuring the social value of *Breathing Space*. It provides a person-centred perspective to assess the uplift in an individual's self-reported wellbeing, and therefore social value generated. It does this by measuring the impact of a service or intervention on individual service users. This impact is quantified using a range of questions from the UK Social Value Bank and comparing an individual's answers before and after the service or intervention.

To ensure the figures are robust, the calculation also includes a deadweight to allow for the possibility that any improvement may not be due to the service or intervention; or, 'what would have happened anyway'. To account for this, a percentage reduction is applied. The UK Social Value Bank applies average deadweight figures from the HCA Additionality Guide³⁸, preventing overclaiming as it does not assume a direct cause and effect relationship between an outcome and an intervention. Using HCA figures saves additional research or a less robust figure being used. Deadweight reductions on values are 15% for employment and training outcomes, 19% for community and social outcomes, and **27% for health outcomes**.

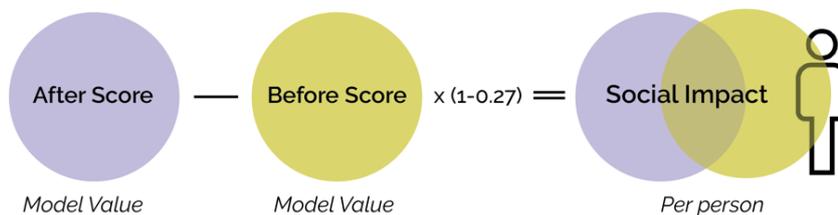


Figure 13: A visual representation of how Social Impact is calculated

As the graphic shows, this calculation creates a social value figure, which is the social impact of the service or intervention upon an individual service user. The figure created is represented as a monetary one, however this does not represent actual financial savings or money created; it represents the significance of the change via sum of money that an individual would need to receive to have the same improvement in their wellbeing that the service or intervention has created. This allows for robust comparison between differing interventions and services.

³⁸ <https://www.gov.uk/government/publications/additionality-guide>

With Wellbeing Valuation, as well as the impact on individual service users, we can quantify the impact generated by a service or intervention overall, by adding up the figures for all service users, to create a net social impact.

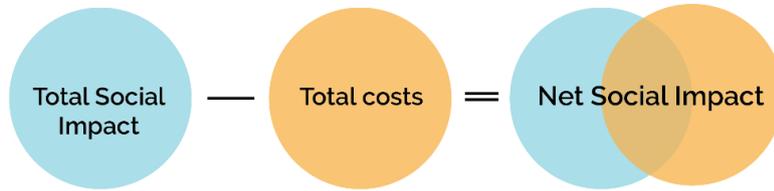


Figure 14: A visual representation of how Net Social Impact is calculated

WEMWBS

To calculate the social impact of *Breathing Space*, HACT has used WEMWBS, an approach to monitoring mental wellbeing that can be used in evaluating projects that aim to improve mental wellbeing. WEMWBS works by presenting individuals with fourteen statements and asking them to answer whether each statement is accurate ‘none of the time’, ‘rarely’, ‘some of the time’, ‘often’, or ‘all of the time’. Respondents select a response for each of the statements. The scores for each statement are added together to produce the overall score for an individual, the higher the better.

There is a short version (SWEMWBS, see Figure 15 below), which uses seven statements and the scores can be mapped into HACT’s Wellbeing Valuation. For example, an overall final score of between 19-20 is equivalent to £17,561 social value.

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

Figure 15: The questions used in the SWEMWBS survey

9 Appendix 2: HACT data requirements

Below is the information HACT requested from delivery partners in order to undertake quantitative data analysis.

Data required for each individual service user

- Equality data
 - Unique ID
 - Age range
 - Gender
 - Ethnicity
- WEMWEBS
 - Improvement in mental health
 - Reduction in social isolation
- Employment outcomes
 - Full time employment
 - Part time employment
 - Apprenticeship
 - Work experience
 - Accredited training
 - Self-employment
- Cross referral into other services
 - At home support
 - Earn it, Don't Burn it
 - Employment support
 - Money coach
 - Advice triage
 - External agencies

Data required for overall collective service users (report in October 2019)

- Overall number of referrals into service
- Number of Orbit customers referred to service
- Number of non-Orbit customers referred to service
- Overall number of service users engaged
- Number of Orbit customers engaged
- Number of non-Orbit customer engaged
- Average wait time – referral to contact [working days]
- Average wait time – contact to assessment [working days]
- Number of service users existing service
- Number of service users existing service with a positive outcome
- Number of service users existing service without a positive outcome

Volunteers

- Number of volunteers