

Joint Voluntary Sector Mental Health Network Meeting Thursday 24 March 2011



Attended:

Tim Wye, Life Cycle;
Erica Wildgoose, Bristol MDF The Bipolar Organisation;
Helen Whelehan, Reach Inclusive Arts;
Cath Twine, Supported Independence Ltd;
Jill Tompkins, B&NES LINK;
Pat Taylor, Princess Royal Trust Carers Centre (Carers Development Project);
Liz Rogers, AWP;
Sally Wood, AWP;
Fiona Williams, AWP;
Matt Trerise, AWP;
Sarah Parkinson, AWP;
Siobhan McElroy, AWP;
Rachel Clark, AWP;
Andy Roger, Bath Mind;
Joy Rodwell, Kinergy;
Sue Ricketts, Kaleidoscope;
Christina Rees, Brunelcare;
Erica Pease, Studio Upstairs;
Malcolm Patterson;
Veronica Parker, B&NES LINK;
Frank Palma, South Glos LINK;
Lisa Otter-Barry, Soundwell Music Therapy;
Rhian Loughlin, Wellspring Healthy Living Centre;
Sam Mwaura, Changes Bristol;
Cathy McMahon, EPPCIC;
Penny Mckissock, South Side Family Project;
Dawn McHale, Self Injury Self Help;
Helen Mason, Soundwell Music Therapy;

Pauline Markovits, Bristol Survivors Network;
Derek Loring, Samaritans;
Nigel King, Fairbridge;
Lynn Jones, AWP;
Ross Hughes, Novas Scarman Group;
Jaki How, Somerset Care & Repair;
Beth Hendry, Milestones Trust;
Steve Heigham, Help Counselling;
Helen Gunson, Hartcliffe & Withywood Community Partnership;
Simon Greaves, Bristol Drugs Project;
Sian Francis, Citizens Advice Bureau Bath;
Lucy Fordham, South Side Family Project;
Elaine Foote, Doug And Elaine Foote;
Andrew Evans, Rethink;
Sandra Elmer, Bath And District Cruse;
Aileen Edwards, Second Step HA;
Derek Dominey, Alzheimer's Society;
Una Corbett, Battle Against Tranquillisers;
Piers Cardiff, Volunteering Bristol;
Bryony Campbell, British Red Cross;
Liz Byrd, Kaleidoscope;
Melina Buckling, Mendip Care and Repair;
Jackie Boyce, Rethink;
Sharmila Bousa, Community Arts Therapies;
Wendy Barker, Dorothy House Hospicecare;
Heather Banks, Mental Health Matters;
Sal Ball, Bristol Crisis Service for Women;
Ronnie Wright, The Care Forum;
Caroline McAleese, The Care Forum;
Katharine Gonzales, The Care Forum.

Apologies:

Stephen Williams, MP;
Ruth Williams, Bristol City Council;
Thomas, Women's Forum;
Helen Storey, Crossroads Care Wessex;
Steve Spiers, Breakthrough Mentoring;
Wayne Song, C- Link;
Paula Shears, Alzheimer's Society;
Paul Sargent, Bristol Drugs Project (BDP);
Marvin Rees, NHS Bristol;
Christopher Vaughan Phillips, N Somerset LINK;

Joanne O'Neill, Alzheimer's Society;
Graham Nicholls, Plymouth and District MIND;
Teresa Morris, Banes Council;
Kevin McAlpine, New Highway;
Cilla Martin, Clarow Homes;
Michelle Mansfield, Brunelcare;
Dan Lyus, New Highway;
Jean Langmead;
Mark Hubbard, Bristol Compact;
Andy Coombs, Bristol LINK;

Jo Holburn, Princess Royal Trust - Carers Centre;
Linda Higginbotham, Age UK- South Glos;
Clare Harcourt, Samaritans;
Michaela Fudge-Quinlen, Self Help Community Housing Association;
Roxanne Faulks, WECIL;
Diana Elliott, National Autistic Society;
Carol Davidson, Royal United Hospital;
Rena Cottis, Alzheimers Society – B&NES;

Jim Conley, Milestones Trust;
Luc Clarkson, Kaleidoscope;
Danielle Brown, EPPCIC;
Jill Broadhead, Crossroads - Care Wessex;
Lesley Braithwaite, Crossroads Care Wessex;
Collette Bourn, Second Step HA;
Matthew Bliss, Clarow Homes;
Paula Anslow, Kaleidoscope;
Debi Amor, Rethink

Introduction

Following an introduction and welcome from Ronnie Wright, Rachel Clark, head of innovations at Avon and Wiltshire Mental Health Partnership NHS Trust, gave an overview of the AWP approach to innovation. AWP has adopted a problem solving approach to enable lots of people to get involved in innovation and make a difference wherever they are.

Rachel explained that AWP colleagues had been asked to answer 4 questions with respect to innovation:

1. What is the challenge or problem?
2. What is the solution or innovation?
3. Who benefits from the innovation?
4. How do they benefit?

The focus of the meeting was about working in partnership with voluntary sector organisations using the 4 questions above. Four case studies were used to demonstrate how collaborative working is making a difference to service users and carers. The benefits of working in partnership include gaining new perspectives on an issue, access to new sources of funding and efficient use of scarce resources.

Close of meeting

Rachel Clark thanked everyone for listening and contributing to the discussions. She gave her thanks to her colleagues and also to Ronnie and colleagues. She emphasised that she is really interested in working in partnership and forging links and added that it is about finding different perspectives and solutions. Rachel and Ronnie will be talking about practical next steps. Everyone is welcome to contact Rachel, who can signpost to expert colleagues.

Feedback from Workshop Sessions

Reach Inclusive Arts

Siobhan works with adults over the age of sixty five with mental health problems such as psychosis and dementia. She had been running an art therapy group, but found that some people no longer needed the therapy, but still needed the creative part. Some people were coming into the group from home, as there was nothing else for them to move on to. Siobhan was looking for something in the local area that would be therapeutic, but not art therapy and it needed to be run by an artist. Some of the problems she encountered with the local groups she looked into were that the participants in the local groups were younger people, the sessions were too long and transport too difficult.

Siobhan discovered Reach Inclusive Arts, who were delighted to hear from her. Reach has existed since 1973, works on a range of projects in and around Swindon and has a lot of its work funded by the Arts Council. Reach received funding from Awards for All, which is very community focused and does not normally fund arts projects. They had £10,000 for 24 months from Awards for All and had just enough left for a twelve week pilot of a therapeutic art group. Once they had received match funding from the partnership, it was clear that a good percentage of the budget would be covered. Quite a lot of time was spent at first on planning how to get funding. Rachel Clark was very helpful and help was given with evaluations from the research department.

As the shift from therapy to art was very important, they looked around the community for a suitable venue. Reach is based at the Wyvern Theatre, but that venue was considered to be a bit exclusive. They chose the recently refurbished Arts Centre, which is easily accessible by public transport, has a cafe and library, a studio for working in and no label attached to the people coming in. It was Siobhan's job to find the clients and ten people started. The clients were very nervous as it was a long time since they had accessed anything in the community and three didn't turn up. It was very important to have a friendly face there. Siobhan also helped to train up the artist. Subsequently, they discovered that the artist is herself a mental health service user. It has increased her sense of value, too and she has innate understanding. The clients enjoyed the process of making art and were very proud of what they had achieved. Over a cup of tea, a conversation was held about what makes an artist, they considered themselves to be artists and were already thinking about working in other arts media. An evaluation form has been designed which will be completed three times over the course of the twelve weeks. Comments made by members of the group have also been noted and included: "art is better than a box of pills" and "being invited to do this makes me feel valued". Sustainability is very important, they don't want there to be twelve weeks and then nothing. The hardest part of any project is trying to find more funding streams. This is the next challenge.

Q: I have worked at a school for boys with emotional and behavioural problems. Their activities included needlework and cooking. They maybe couldn't read or write but they could produce things which they could feel, hold and take home.

A: The sense of value is important and you can experience value when you see it for yourself. The felt made on Tuesday is going to be made into hats for the Big Hat Cabaret which takes place at the Arts Centre in July. The event will include drama, comedy sketches, music and films and the group will be able to show what they do. The intention is also to have an exhibition of the group's work to which commissioners, amongst others, will be invited.

Siobhan explained that she had used the term "referrals" from habit because of her background but emphasised that the participants were invited to join the group by letter on Reach's headed paper. It was not deliberate that the participants in the group are all women.

Q: At Soundwell Music Therapy Trust, we use instruments from around the world and a lot of men are referring themselves.

Q: Will you be getting ongoing funding from AWP?

A: I envisage that in future I'll be there as a supervisor for the artist, I may bring the clients along at the beginning and will be available on the phone. We hope to roll it out to doctors' surgeries.

Q: If you were recruiting again for an artist, would you put experience of mental health problems as an advantage?

A: Reach is an inclusive organisation, it's about arts to start off with. The artist had worked with us on previous projects, we didn't know about her mental health issues until she came to work on this project.

Q: How will you sustain the project?

A: By spending a lot of time looking for funding. We have ideas about how to find extra funding, maybe through art on prescription from GPs. We're lucky we're in the Borough of Swindon as Swindon has reduced funding to arts organisations, rather than cutting them. Once you have local authority support, you are in a stronger position to get extra funding. We're very passionate about this and we have to be creative. Participants are aware from the start that funding is for twelve weeks. We'll be using the twelve weeks to engage with doctors' surgeries.

Q: What is AWP's contribution to the project?

A: The research department provided support with designing the evaluations. Some of Siobhan's hours helping Reach are coming out of her three day a week job. The clinical director wrote a letter to support the request for funding. Rachel has been very helpful and worked out a figure for match funding.

Q: The target is very hard.

A: We are using the Edinburgh-Warwick mental health well being scale for the evaluation at the beginning, middle and end. We need tangible figures, but also a lot of qualitative data. Siobhan will be writing a report. All the funding is outcomes focussed.

Q: You an art therapist, but this is therapeutic art. What is the difference?

A: Some are discharged and some not, but they are doing something in the local community. The huge difference is that it is not in a hospital. Art therapy is about a treatment, looking at the problems people come into mental health services with. I'm a clinician, I also work as an artist in residence.

A: Reach is a charity and none of us are trained as arts therapists. We recognise the benefits of all arts. It's important for people moving away from hospital to recognise that the people they are working with are artists not art therapists.

A: I am always there to support Helen and the artist and am always at the end of a phone.

Q: I work at Barton Hill and we charge participants £3 to £4 per session.

A: We'll be looking at a range of options and that could be one of the points in the evaluation.

Q: In Bristol, there's a free art group every Monday at Windmill Hill City Farm for people with mental health problems.

A: In Swindon there are art groups, but a lot are for younger, active people and are often in inaccessible places. We really wanted somewhere accessible on public transport, we might need to look into funding for transport. We are hoping that the participants might gain the confidence to go into local groups, but at the moment they don't.

A: At our charity, we're contacted by people across a broad range who are not welcomed by mainstream sessions. Here they have safety, security and a feeling of being welcome.

Q: What is the capacity of the group?

A: Up to 15 people. Seven came to the first session. I'll bring the other three by car next week.

Q: My son has done his own art therapy and does opera singing. In later life he has discovered that he loves welding and soldering. There is a silver soldering residential course in Bridgnorth and ironmongery in Somerset. There is no provision for this as he is on benefits. Creative arts have low value in funding terms. Everything today is music and art therapies which do not necessarily appeal to men. Other ones should be provided.

A: We're a small cohort. The important thing is that you are asking the questions. A model like this is simply a way of engaging with people. The Richmond Fellowship in Swindon does DIY and there is TWIGS who will know of similar organisations in other areas.

Q: How far does your catchment area go and do you intend to spread further?

A: Swindon is a small catchment area. We hope there will be similar groups in other areas. Arts in Health South West would be a contact. We're very hopeful. We have the opportunity of twelve weeks in which we can share our work and invite people to see it. I'm very keen to involve the Carers Trust. Carers have stress and mental health issues even though they are not under the service.

Q: Soundwell Music Therapy works with carers and people with mental health difficulties. We engage in an inclusive way.

A: It is very difficult to feel confident enough to join a mainstream group as they are not always welcoming and understanding.

Bristol Autistic Spectrum Service

Challenge

- No access to diagnosis
- No post diagnostic support
- Lack of autism knowledge across care pathway
- No Ongoing support if no access to learning difficulty or mental health services
- Lack of specialist support for staff supporting people
- No new money

Solutions

- Bass offer diagnostic assessment for primary care referrals
- Supervised diagnosis for secondary referrals
- Provision of training/supervision across care pathway
- Involved in Bristol employment working group
- Obtained £12K PSA: 16 money for project with mental health matters
- 'Drop in' service
- Signposting
- Partners support group

Customers

- Adults with undiagnosed ASC
- Staff supporting people across care pathway
- Families/partners of people with ASC

Benefits

- Adults receive diagnosis then offered post diagnostic support
- Staff across care pathway increase knowledge/skills through training and supervision

The challenge is no access to diagnosis. 1% of UK population have autistic spectrum disorder (up to 4000 in Bristol). IQ under 70 – adults will get support from learning difficulty disability services. IQ over 70 – no support. Many families support adult children.

The service is based on the national autistic strategy. Need for specialist teams to skill up colleagues across care pathways. Diagnosis services can be costly and follow up support is not offered. 5 staff covering Bristol area. Training for supported employment agencies. Diagnosis, supervision, and training and support. Monthly courses for AWP staff – oversubscribed. The service can now take primary care referrals. Supervised diagnosis for secondary referrals.

- Partners group to be set up
- Post diagnostic support – 6 structured sessions
- Staff benefit from training. Supervision then supported this.

Comments from Participants

Q: Is there any 'open' training offered, where organisations with one or two people interested could book places?

A: This is something we will consider in future

Q: How did this start?

A: Ian Ensum got the funding for this pilot service in Bristol. One psychologist has recently been employed in addition to the current staff.

Q. A plea for support for adults with aspergers – how to function day to day.

A: That's one of the reasons why we are looking at a drop in service. This will be affected by commissioning.

Q: How can we access support services as an employer?

A: Our small service of 5 staff in AWP skills up Mental Health Matters and support organisations to enable those groups to offer support.

Q: Will the National Autism Act strategy make a difference?

A: Yes. There is increased access to diagnosis in Bristol now that our service is in place. 'Spot purchasing' from areas outside Bristol does take place.

Q: Will the new consortia be commissioning Autistic Spectrum Services?

A: Annie Alexander (manager) can share information about funding streams.

Q: What happens when children who have diagnosis and support when they reach 18?

A: Up until recently there has been very little support. Low level 'preventative' services are needed, which could prevent adults with autism going into crisis. Drop in services where people can get advice and support.

Q: What is the link with children's services?

A: We are only commissioned to work with adults of working age. We can make more links when we are better established to support transition, such as with Connexions.

Q: How long?

A: Since August 2009?

Q: How many adults with autism have received services from AWP?

A: 60 diagnoses have been undertaken. We will be developing a tool to help clinicians to diagnose adults. There is an autism clinical network in AWP. Diagnosis currently usually takes 4 sessions with a psychologist.

Q: Is there a plan to cover a wider area?

A: There's a small team doing diagnosis in Wiltshire. S Glos have block purchased diagnostic services. The likely model will be 'hub and spoke'. Commissioning will affect the shape of future services

Q: The National Autistic Society would say that there's not much support for adults beyond diagnosis in Bristol. They have some support groups.

A: There is a gap in service provision which needs to be 'plugged'. We work with other organisations to skill people up better. Many people who have a diagnosis would like socially inclusive services.

Q: What is the point of people getting a diagnosis?

A: It is helpful with regard to getting support around employment and acknowledging 'disability'. Local authorities will be obliged to provide services for this client group in the future. We signpost people to organisations where they get support. We do not have a caseload.

Q: How does autism in adults develop? Could it be linked to PTSD?

A: Autism is a life long condition, but is not always diagnosed. Chronic stress could exacerbate symptoms. Many people develop coping strategies which enable them to cope in everyday life.

Concern about the high cost of diagnosis. Surprise about the prevalence of autistic spectrum disorder – 1% of population.

Q: What are you doing about 'Early Intervention'?

A: Early intervention teams need to have a clear understanding of autism when they are looking at possible psychosis.

Q: Are you working with voluntary organisations?

A: We work with Second Step and Mental Health Matters. We would like to offer services out and about in the community.

Q: Do you see people with self injury?

A: If people come into contact with your service and you think that they might need a diagnosis, contact us.

Arts Therapies for Families and Carers

The project, a community arts therapy project in B&NES, was an intergenerational arts therapy project for carers, which included a range of taster sessions, and further ongoing sessions. Carers used the sessions to release stress, reduce isolation, be creative, lift mood, and either to focus on the moment and escape from problems, or to be able to express or talk about problems if they wished to. A participatory video facilitator worked with young carers and adult carers to develop a DVD.

Lessons learnt about collaborative working between AWP and the voluntary and community sector:

Developing a steering group is key. There was an expert group of people with a range of backgrounds, who were engaged from the beginning and set the initial outcomes for the project.

The project was evaluated. An evaluation report will be available online soon: www.community-arts-therapies.org.uk The DVD of the project is part of the evaluation. A tip is to find someone at AWP with a passion for your project proposal or your organisation. Another tip is to be open to new ideas. A toolkit is being developed on how to develop a similar project. The voluntary and community sector (VCS) have contacts that AWP do not have and vice-versa. For example, VCS put posters up for this project, in places that AWP might not have found. It is important to work in partnership, as none of us have all of the ideas.

Comments from participants

- Art and music therapy have both helped son with mental ill health.
- I am in weekly contact with AWP and had never heard about this project.
- It is worth promoting this service via the Well Aware health and wellbeing database.
- It depends a bit on the staff/personalities of the people at AWP that you might be dealing with in order to work in collaboration.
- It is good, and important that this project was not in a health setting.

What was the challenge?

- How to make arts therapies available within the community in B&NES (specific to...)
- How to make arts therapies accessible for carers and young carers

What is the solution?

- Steering group
- Partnership working
- Accessibility for families

Who were the clients?

- Carers/young carers
- Families
- Off the Record
- AWP
- CAT Project
- Rethink
- And other partners
- Early Intervention/Recovery Teams AWP
- Other orgs

www.community-arts-therapies.org.uk

The benefits

- Time for themselves
- Showing feelings without using words
- Working together intergenerationally
- Feeling happy, relaxed, confident and 'on a level'
- Raised awareness of the benefits of arts therapies working with carers and families

Bristol Carers Art Group

The carers art group runs once every 2 weeks. It is based at Callington Road in Bristol. Sessions are in the afternoons and are broken into sections – some projects are set, some are personal projects developed by the carers themselves. A wide range of different mediums are used within the projects. There are 6 participants supported by 2 workers.

Comments from Participants

Group 1

- A lot of service users are carers too
- Term 'carer' is not a good one – wish there was another term for it
- Venue itself: services within centre where in patients care being provided – scary for all. People, for example, visiting because there is a crisis: so bad association for people
- Distraction and peer support very important and beneficial
- Universal problem identifying/contacting carers
- Who provides care when carer attending the service? Affordable?
- Accessibility? Car park costs? Buses? Must be local and accessible for carers.
- How can the service be expanded if the service is already full?
- Could be rolled out to different areas. Need to support groups to move on and set up on their own. But support needed to sustain these groups.

Group 2

- Rethink B&NES working with AWP to provide carers assessments. Many identify need for peer support and something for themselves.
- Q. Where do the referrals come from for the carers art group? A. They all come from the Rethink worker. This is a challenge for AWP - where are the AWP carers?
- Q. How do carers get to Rethink? A. As soon as someone is referred to secondary services the carers will also get information about Rethink
- Needs more consistency with referral and support.
- Issues for carers in identifying themselves as such as concern that they might then find less care provided for service user.
- More awareness for staff, asking service users whether they have a 'carer'
- Dislike label 'carer'
- What mechanisms for change does AWP have?
- Innovation – or just changes? The issue is that there is a need to make things better and that should be what is behind innovation or changes.
- Difficult to change big organisations
- Innovation needs to be whole scale not just at small individual service level: has to be across the organisation – how?
- Care clustering: hope that will result in less being 'missed' and more consistency
- Rural areas: neglected. Most services there being provided by VCS
- How manage the numbers if you do get more referrals?
- VCOs and statutory organisations must all link in better. Give us a Break in B&NES has been very important in supporting carers and building links between VCOs and statutory services
- Don't reinvent the wheel.

Group 3

- Carers assessments: why weren't they being done before? Why are there so many gaps in doing the carers assessments?

- Carers assessments aren't 'travelling through the system' with them.
- Q. There is insufficient explanation of what the carers assessment is: it is difficult for the carer to take on board when they are in the middle of providing care. A. This is why now have a much more formalised and effective system
- Q. Does the carers assessment say that this means you can access all kinds of other services by having assessment? A. Should do. Think of positive aspects of carers assessment.
- VCS can be involved here: Rethink can provide carers assessment within 28 days: why not statutory sector?
- This carers arts group is working really well – how can we spread the benefit further?
- Q. How funded? A. By AWP. Held at Callington Road.
- Swindon GP deliberately didn't go into AWP premises: cost implication but needs to be recognised there are negative associations for people in relation to AWP premises.
- How well are people within AWP service informed about carers as well? Have to identify within service too.
- Issue in terms of understanding the term 'carers'
- There is a useful briefing leaflet to explain the role of 'unpaid carers' for health professionals (funded by NHS Bristol)
- GPs don't identify people as carers!
- BIG issue identifying carers.
- Carers health checks: also issue identifying this is happening.
- One GP practice identified as having a carers champion: good idea. Rethink has worked on this in B&NES.

Group 4

- In terms of what to do and people next there's an idea of what might happen. Studio Upstairs provides support and art therapy and is looking to work with carers.
- Progression is an important consideration. For example, why not make it a 12 week group: time limited. Voluntary groups would not signpost carers to a group that was full with no idea of when a space would become available – it would raise expectations that would be unmet. Rolling programme provides more of an opportunity as carers could then be told 'there is a six weeks waiting list' etc.
- All of the AWP activity is in 'pockets'. Should happen across the organisation.
- Are there parallel services in different areas, for example, in relation to counselling.
- What psychological therapies are available in Bristol through IAPT?
- What about art therapy services for service users? Has the carers service been developed at the expense of art therapy services for service users?

Additional Comments made on Post-Its

- Carers needs: 1) after the assessment is a plan agreed with the carer? 2) what follow up is there? 3) Is the success criteria monitored? 4) Are professionals involved in the assessments? Does it rely on volunteers?
- Challenge: Support for carers and professionals caring for people with dementia. Solution: Set up local Admiral Nurse Service – needs partnership and hosting from mental health service (and funds) (Crossroads Care Wessex)
- AWP would be wise to re-examine the concept of innovation – it is far more complex than "making things better". Unless it remains superficial, what mechanisms can AWP develop to support/respond to/make innovation effective? What organisational attitudes and systems need to change?

- Rename the group “friends and families” (in order to encourage people to access service, without needing to take the ‘carer’ label)
- Change the challenge? To have more resources, if at full capacity.
- How are you asking carers what they want?
- What provision is there for the cared for while they attend these groups?
- Challenge: how to link into offer and providers in other communities to expand the service across the whole area.
- 1) Range of activities offered? 2) Art is seen as therapeutic? 3) Activities mentioned would not appeal to some people?
- When unwell last year, I was very shocked and demoralised to hear my wife described as my carer.
- Improve access to these groups and make it equal in all areas of AWP.
- Please explain why you feel AWP has only started to tap into carers for 18 months? Do you have resources to roll it out any further? A group for 6 at Callington Road is good but tiny. Innovative funding – art material firms?
- Improvement: accessibility; widening location. Solution??
- Could carers be told the benefits of a carer assessment?
- Fantastic project – The Carers Arts Group – Great that AWP is funding this and Rethink.
- The challenge of offering support to carers – access to information. Also how they define themselves e.g. “I’m not a ‘carer’, but the mother of...husband of...” culture.
- Are there plans to roll this provision out to other areas? E.g. Bath/B&NES.
- Re: “hard to reach” carers. How can we support carers where their cared for person dips in and out of services or carers who will only care short term e.g. where the cared for person has a life limiting illness: short term intensive approach.
- Diagnosis is just the beginning in relation to Aspergers.
- Aspergers needs client centred self referral
- 14 attendees in working group. Didn’t ask for innovative ideas. How is this better partnership working? Didn’t mention post its. Hard to hear.

Evaluation

What was the most significant outcome of the event for you?

- Acknowledging a lot of work is being done, but there would appear to be more publicity and awareness of schemes needed
- Learnt about facilities/groups running
- Hearing about how statutory and voluntary sector can joint bid. Bristol autism spectrum disorder service
- I agreed that problem solving is the key to good management. Innovation is an essential management criterion improves the existing facility
- The need for innovation in the search for facilitating commercial "sponsorship" should be given more serious consideration.
- An opportunity to hear what innovative projects are going on
- Meeting new people and hearing that AWP are looking to do partnership working
- Networking
- Networking opportunity and identifying at least one possible partnership
- networking
- Networking and hearing about the creative projects
- Really not sure what this day was for from a service user prospective
- Lots of needs will be met if we can work together
- Awareness of working with partners where we may have mutual "service users or carers"

- Very interested in the development of autism services
- Networking
- Hearing how charity had worked with AWP. Strengths that both organisations can contribute
- Learning that innovations are still taking place, despite the insecurity of establishing long term funding for good ideas
- Didn't address the issue of how AWP collaborates with service user groups and the voluntary sector in general
- Hearing about the possibilities of partnership working
- Link with autism service
- Ideas
- Interesting arts projects etc, but not what I wanted from the morning
- Move towards community - the taster days for users, friends and families run by the Bath Community Arts Therapies Project
- This event wasn't for me
- Connecting with people from AWP and other local organisations
- Unsure, in that the agenda (and accompanying information sheet, produced by Rachel Clark) didn't somehow prepare me for what happened on the day.

Do you have any suggestions regarding topics/speakers for future meetings?

- Progress with carers assessments in all areas
- Dual diagnosis and complex needs, imaginative working with people who do not fit into "pigeon holes"
- GP commissioning
- Asset mapping/shared networking
- 1:1 "speed dating" where attendees can identify other service providers or service users to create a meaningful working partnership
- Partnership working is the way forward? Other way in which this could work
- How small organisations can form partnerships with others to apply for funding, commissioning etc
- Broader vision. How did this fit into foundation status AWP NHS key targets
- Networking between voluntary sector groups
- This was supposed to be a meeting about innovation and partnership between AWP and others. The small groups were interesting in so far as they talked about their specific projects, but there was no strategic overview of innovation and how we can participate. In my particular group, there was an individual who hijacked 2 of the 3 sessions with his personal issues. In the end, I left.
- Particularly interested in working in partnership to support transition from CAMHS to adult services 16-25 age group - providing effective support for self management
- Working innovatively with service users and commissioners and carers and providers and customers.

Are there any other comments you would like to make?

- Difficult to hear. The groups needed better facilitation and possibly all day event. Clarity of who should be where and in which group. Pity Wilts not included
- Venue was noisy for small groups
- It would have been good to know in advance the specific topics/projects involved. The concept of innovation and joint working is broad. Attendees could have been better targeted by knowing what areas/client groups were to be discussed

- Not enough time for feedback. Could hear both speakers at same time. It would have been useful to have had information about the groups who were going to speak before the session happened to prevent the 15 min sessions being taken up much with describing what they do and more on generating ideas from the group listening. Not entirely clear on the aim of today's session. Rather than info sharing and networking.
- The subject "innovation" is the beginning. The speakers did not necessarily realise that for carers, the "specifics" are also important.
- Wheelchair access appeared to be non-existent. One lady gave up and left.
- All the speakers were from art therapy organisations bar one. It would have been more informative to have a mix
- I enjoy my normal mental health network meetings more than this one involving AWP. Seemed to be focused a lot on carers and art therapy which I had not realised. I came because I enjoy mental health network meetings.
- Very thought provoking
- The morning was very helpful and informative and I think we would have benefited from a pm session where we could workshop how we use the information to create real partnerships.
- Really enjoyed this thanks
- What are the long term political strategies to establish a more secure footing to provision from the voluntary sector
- 3 of the 4 projects were community arts projects for carers - it would have been good to know about other kinds of innovation
- Too rushed. 3/4 sessions on arts projects - not of great interest for a lot of us
- All the case studies were predominantly art therapy based. It would be good to see a greater variety.
- Tried to do too much - low value. Noisy.
- Noise level very difficult.
- Difficult with noise. A wider range of projects ie. not so many art based, would have been more interesting
- Need to have another day focussed on wider issues.
- Misleading terminology. Innovation is complex and implies fundamental changes in attitudes and working practices of all individuals and organisations involved. A pity, no time for real discussion.
- Wheelchair access appeared to be non-existent. Two groups in one room meant that it was at times difficult to concentrate, particularly for anyone suffering from slight deafness. One lady gave up and left.
- We have developed a self management programme for young people with mental health conditions - led by a professional and service user and would be interested in finding partners to work with.
- Innovation does not automatically mean making things better! The emphasis was on attendees being talked at, there wasn't enough time to engage in much meaningful dialogue with speakers. At the end, as time ran out, this was a missed opportunity to have ANY dialogue with Rachel of AWP. One is left with the impression that AWP is not an especially learning organisation. The AWP Innovation Strategy: which stakeholders have been involved meaningfully in its production? It was extremely difficult to hear, concentrate and thus contribute effectively to the 2 speed network stations in the smaller, first room; given the total cost for attendees (i.e. time etc). Why, oh why didn't they have a room each? This often happens and doesn't do events justice. I and others often give this important information, but it rarely results in better usage of rooms for workshops. Why?
- I know that funders want to gather personal information statistics. I think it's an imposition, but am being compliant.

Content	Average mark (out of 5)
Understanding of subject at start	2.5
Understanding of subject at end	3.6
Sessions	
Speakers	3.8
Other elements	3.1
Organisation	
Pre-event information	3.2
Facilitation	3.7
Organisation on day	3.8
Venue	
Access	4.1
Refreshments	3.9
Standard of room	3.4