Wakefield Safe Space
Service evaluation

Contents

Introduction

Please note that over the course of the development and evaluation of the Wakefield Safe Space (WSS), NHS Wakefield Clinical Commissioning Group (CCG) became the NHS West Yorkshire Wakefield Integrated Care Board (ICB) Wakefield place on 1st July 2022. For consistency, the term CCG has been used throughout this report.

In 2022, stakeholders (see appendix A) worked in partnership with Wakefield Clinical Commissioning Group (CCG) in commissioning a consortium of Touchstone, Spectrum People and GASPED to deliver a safe space provision for the people of Wakefield District. This safe space would be for people approaching, or in crisis, accessible to all people aged 18 and over living in the Wakefield District, regardless of whether the visitor was registered with a GP practice or not, and which was sensitive and respectful of all areas of 'REGARDS' (Race, Economics, Gender, Age, Religion, Disability, and Sexual Orientation).

The Wakefield Safe Space (WSS) was commissioned to deliver the following outcomes:

1. Holistic approach to encourage visitors with prompt recovery-focused help and support so that they understand their own experience of crisis, identify the triggers and learn techniques to de-escalate them.
2. Provide an out of hours mental health service for people living in Wakefield District approaching or experiencing crisis.
3. Provide a positive visitor experience and prevent future crises, enabling more people to identify what can help them when they are at risk of a crisis and to access information and support relevant to their circumstances.

4. Encourage the development of personal resilience, improve general emotional and mental well-being, and reduce vulnerability by supporting people along a journey of discovery.
5. Reduce instances of suicide, suicide attempts and self-harm.
6. Increase access to more appropriate non-clinical alternatives within the Wakefield District for people experiencing emotional distress, mental health crisis and vulnerabilities.
7. Reduce Emergency Department attendance and Section 136 detentions by providing a more suitable alternative, preventing the escalation of crises.
8. Offer training and development opportunities to wider stakeholders across Wakefield District so that a sustainable, organic model evolves which builds links and wider collaboration.

Service Model development

The service was launched in June 2020 offering virtual support sessions due to COVID restrictions for three nights, 6pm-12pm. In June 2020 the service moved to four nights covering Friday to Monday with the introduction of some Covid safe one to one social sessions at the Art House. By September 2020 the service had moved to offer five nights a week, Thursday to Monday. Shortly followed by 6-night provision with the exception of Mondays. As part of the incremental development of the service, the service reduced its offer to include younger attendees from the age of 16 and the facility to support access to the service via taxi.

Today, Wakefield Safe Space is open 6pm-midnight six nights a week from a new venue at Peterson Road. It provides a safe environment to support people aged 16 and over experiencing, or approaching crisis, including travel by taxi when necessary. It is a mixed offer of:
- 1:1 face to face support
- 1:1 phone calls
- 1:1 zoom calls
- Group social activities
- Support for attendees to develop safety plans
- Support for attendees to create "wellbeing boxes" to aid in self distraction and de-escalation at home

Purpose of evaluation

The purpose of the evaluation is to review the service delivered by the Wakefield Safe Space against the expected outcomes and engagement to identify any gaps in the broader mental health and wellbeing offer across Wakefield district.

The aim is to celebrate successes and make recommendations for improvement, identifying where additional support may be needed from the Wakefield Mental Health Alliance partners and stakeholders. The review includes demographic data of attendees to ensure it is supporting the wider Wakefield District population and if not, where additional work is needed to improve accessibility of the offer.

The evaluation sought to:

- Collect views from service users via a survey and a discussion with the Safe Space user group
  - to seek their views on the support provided by the offer
  - to identify any concerns or
  - to make suggestions for future improvement.

  However, due to the low number of participants the comments are not included in this report due to the risk of individuals being identified, however, their feedback has been reflected as part of this work.

- Collect views from stakeholders, other service providers, who have an interest in mental health services across Wakefield district to assess how the offer is operating within the wider mental health system and see where lines of communication and support need to be strengthened.
- Understand how the service is being utilised by attendees and the Wakefield population.
- To evidence how Wakefield Safe Space is impacting on other services
  - Is it providing a viable and utilised alternative to A&E?
  - Are there other opportunities that could be explored?

Methodology

The evaluation is supported by different sources of feedback

1. The data routinely collected by Wakefield Safe Space of all attendees covering the period of 18/12/2020 to 22/3/2022. Over that period, the service has supported 75 unique users over 1,261 attendances, averaging at 16.8 attendances per person. Demographic details and well as reasons for attending were examined to understand who the service was attracting and why they found the service useful.
2. A survey of stakeholders during March and April 2022 (Appendix B) including Mental Health Alliance Partnership and wider stakeholders via their newsletters, e.g. the Positive Mental Health Network newsletter and shared by the Engagement Team with community groups and colleagues across the district. The purpose of the survey was to see how well stakeholders and potential referrers were aware of the service and any updates to the offer, what the opinions were amongst peer organisations and uncover any issues with referring users to the offer.
3. A service user survey was co-produced with the service provider and their user group, and given to everyone accessing the service, shared via all available communication channels including a regular newsletter and in face to face interactions.
4. A face to face discussion group.
5. We aimed to consider data and information provided by statutory services, however, any impact could not be directly attributed to WSS alone and it was not possible to include as part of the review.

Engagement responses

1) 96 responses were received to the stakeholder survey from various stakeholders, although we accept that not all stakeholders have provided their feedback and this is recognised as part of the review.
2) Despite the service user survey being supported with information and reminders, both in writing and in person, only five responses were received. This means that no detailed analysis can be carried out at a risk of participants being identified.
3) Disappointingly the discussion group had only two attendees preventing detailed analysis and conclusions to be made again to avoid a risk of participant identification.

The wider service review report considers the visitors, their reasons and how often they use the service in more detail. This report focuses on the results of the stakeholder survey.

Stakeholder survey

The survey was completed by 92 respondents which included colleagues from across the statutory and VCSE organisations. A number of surveys were completed from different departments within the Local Authority.

Only 25 out of the 92 responders, 27% were aware of WSS and awareness between teams within the different organisations also varied. Stakeholders who responded that they are unaware of the service were automatically directed to an information screen outlining the service offer and how to access it. Having been provided an outline of the service, these respondents were asked how they might use the service going forward. Half said they would refer users on to the service (36 of 71) 14 respondents specifically mentioned referring young people indicating the benefit of the service changing the offer to provide support to all young people aged 16 and over (from the initial 18 an over age limit).

Figure 1 - the number of teams aware of each specific support offer available at WSS
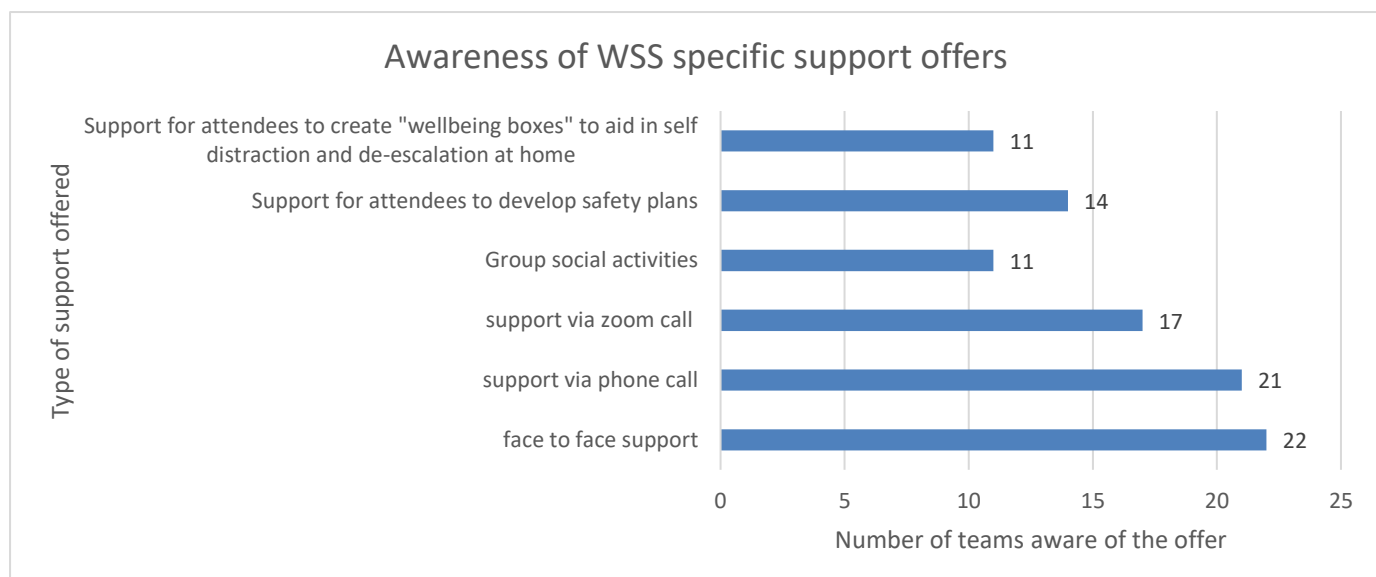
The data in figure 1 highlights varied understanding of support available from WSS.

Questions on confidence of knowledge show that only 16 teams (out of 25) who were aware of the WSS were confident that they knew the opening times and only 6 were confident that they knew why a user may be declined a referral.

12.5% (3) respondents had been contacted by WSS directly to support an individual and 8.33% (2) noted being contacted by an individual who had been signposted by WSS. The majority stated they had not received a referral directly or otherwise (62.5%; 15). This is based on 25 responses.

13 teams had made referrals into the service giving reasons such as:

- Customers struggling with their mental health and in need of immediate support.
- The Intensive Home Based Treatment Team assess service users who do not require input from secondary mental health services but would benefit from the interventions and support offered by the offer, therefore, service users are signposted to this organisation by the team when deemed appropriate.
- Clients who may have had negative experiences with trying to get help from the Crisis team

Figure 2 shows methods of referrals used by organisations to signpost people to WSS

How do organisations signpost someone to Safe Space?			
Answer Choices		**Response Percent**	**Response Total**
Gave the individual a number to call		87.50%	14
Directed individual to the Wakefield Safe Space website		50.00%	8
Directed an individual to Wakefield Safe Space social media		31.25%	5
Phoned the service to make an appointment for an individual		37.50%	6
Emailed the service inbox or team member to discuss the appropriateness of a potential referral		12.50%	2
Took the individual to Safe Space (Art House) myself		0.00%	0
Did a 3 way handover by phone		6.25%	1
Used a taxi service to transfer the person in need		0.00%	0
Added safe space to the individuals' resilience plan as an option when in crisis		50.00%	8
Never referred		6.25%	1
Other (please specify):		18.75%	3
		answered	16
		skipped	76

Survey responses show that most teams used the approach of giving information to individuals to make contact themselves which would be appropriate in many circumstances such as a DWP worker concerned about a client's mental health wellbeing. However, there was an occasion where a more direct method had been used with a three-way handovers via phone and phoning the service to make an appointment.

Figure 3 shows responses to the question of what would encourage a team to refer an individual to Wakefield Safe Space.
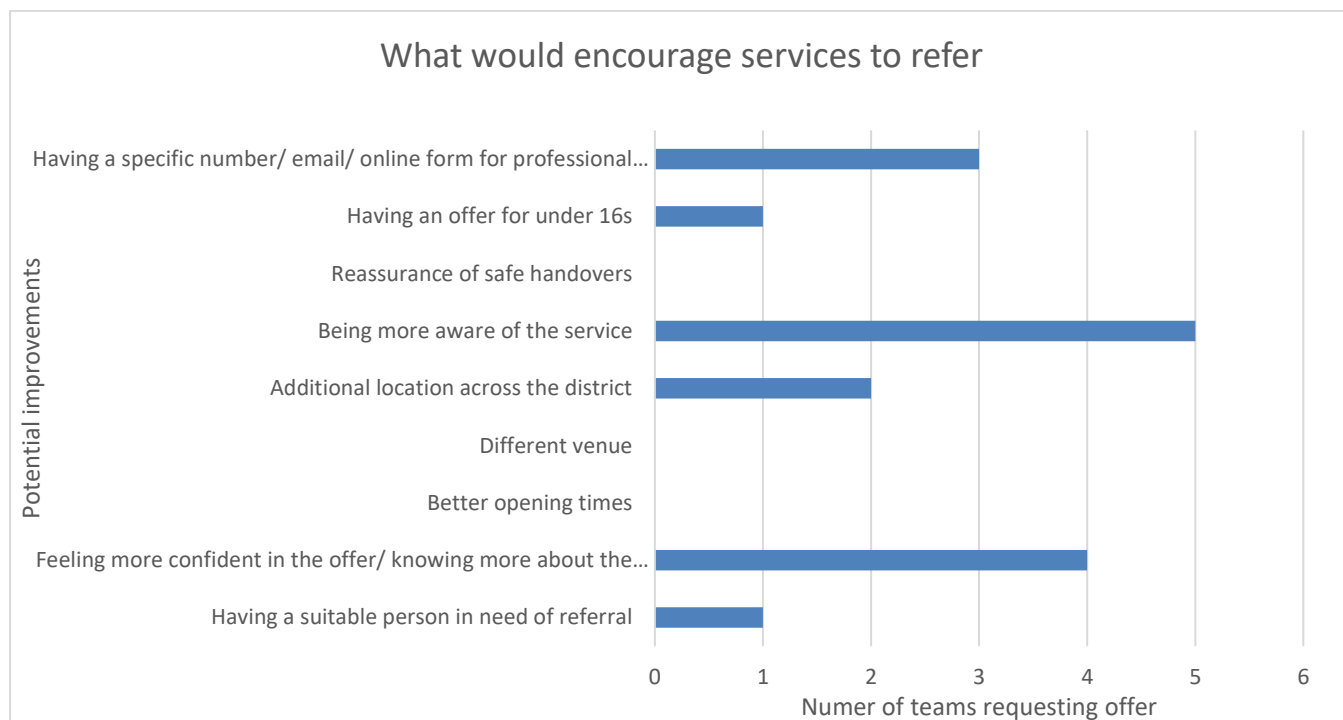
Despite the low response rate this table reinforces the recurring theme of knowledge of the service being the main barrier to referring users to WSS with the key reasons being awareness of the service and the support it offers. A small number asked for specific contact routes for professionals to be established and circulated.
There was one call for an offer for under 16s which was under development at the time of the survey.

Respondents were asked, if when they include Safe Space in a person's care planning, whether they invite Wakefield Safe Space to a Professionals Meeting / MDT. The majority (20 of 25 do not hold Professions or MDT meetings, so this was not relevant to them). Four teams do include WSS, and these are:
- Wakefield Council Complex Care Needs Team
- Wakefield Children's and Young People's Service
- DWP Disability Employment Advisors
- South West Yorkshire Partnership NHS Foundation Trust Wakefield Police Liaison Team

One remaining team did not know this was an option which may mean they could use this option going forward. No organisation reported barriers to including WSS in their care planning.

Respondents were asked if there was anything that they felt could improve their organisation's access to, and use of, the offer. 14 comments were received with the key theme being around raising awareness; the suggestions included:

- Digital / paper leaflets
- A clearer definition of crisis/ approaching crisis in promotional materials.
- Guest speakers to teams (one team mentioned how beneficial this was for them)
- Having a physical offer outside of Wakefield town centre
- Targeted leaflets and posters (e.g. to hotels where individuals are housed when homeless)
- Raising the ranking in Google results when crisis support is searched for
- Additional opening hours
- Service users being able to contact Safe Space before 6pm to arrange support that evening to help them plan

When asked, respondents felt that the following works well when referring to the service:

- Being able to give people a hard copy or electronic copy of the Safe Space promotional material
- Having a physical space to direct people to
- Having an out of hours offer
- Knowing that our customers will be getting the support they need.
- Prevents people sitting hours in A & E
- Having virtual and face to face support offers
- Approachable staff
- Having self-referral routes available

Feedback from stakeholders showed that generally respondents didn't use either the website or Facebook for up-to-date information on WSS, however, between the two, the web page is viewed as more accurate, useful and easier to use, while being used more by stakeholders (8 compared to 2 stakeholders).

We asked respondents why they hadn't used either the WSS website or Facebook page. The most common reason given was the lack of awareness of the online information (8 of 26), two felt they didn't need it and one noted they could not find the page.

Respondents had mixed views on WSS's work on publicising its offer and updates which correlates with responses where numerous respondents noted being unaware of the offer before receiving the survey. The majority felt that the offer did either well or very well (12 out of 18) at providing a safe space for individuals to go in time of crisis.
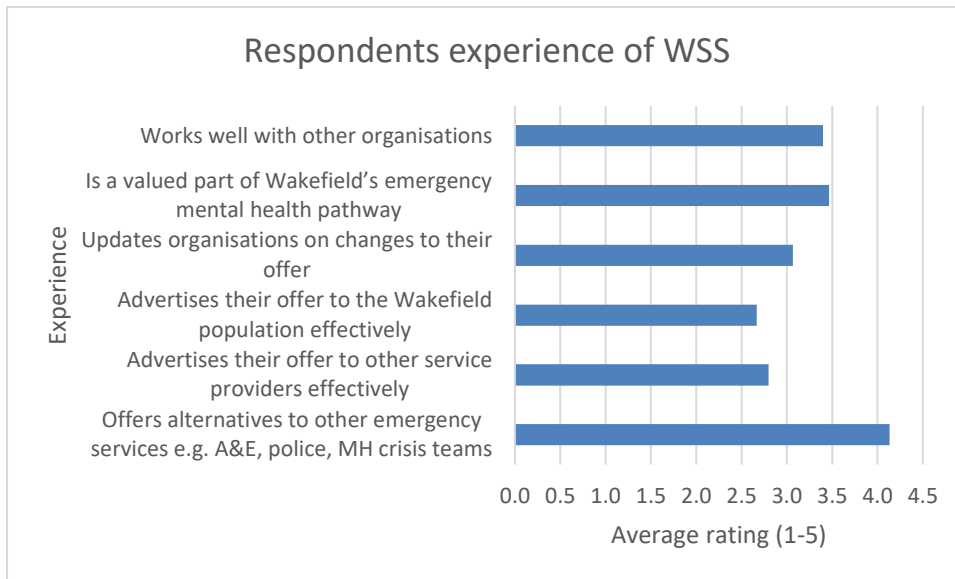
Utilisation of Wakefield Safe space

Wakefield Safe Space aims to offer support for anyone in the Wakefield district. However, there are reasons why referrals would be declined. They are:

- If WSS have already assigned all of their available support slots for that night and feel the individual could be supported elsewhere
- If the attendee is heavily intoxicated on either alcohol or drugs
- If the attendee is being violent or aggressive
- If the attendee is "Too High Risk" for the service.
  This would be the case if they have taken an overdose and require medical attention, are in the process of harming themselves in a way that is a threat to their life or are about to harm another person and are unwilling to work with WSS in their attempts to keep the individual safe. If they are thought to be too high risk, WSS will refer them to the most appropriate care available at the time and under some circumstances may have to breach confidentiality to keep them safe. This may include calling emergency or other crisis services.

As part of the review, the below thoughts were shared with those visiting the service:

Qualitative comments

"I have found Wakefield Safe Space to be a wonderful resource and a huge help to mental health services. I cannot praise the team and service highly enough."

"Knowing it is there as a safety net in the evenings and at weekends which are the times most people need such an offer. Having it available every day is very important."

"A strong, person-centred offer at a time when individuals need it most, in a non-clinical setting and with a non-clinical team."

"It is meeting the gap for people who need current and timely mental health support and taking the strain off local hospitals and the ambulance service."

8

> "The service offers a safe and supportive environment for people experiencing a mental health/emotional crisis. It is used as an alternative to an A&E attendance and other mental health services when not open. I am also aware that the service can assist individuals in creating safety plans and strategies to manage any difficulties they may experience with their mental health in a crisis type of situation."

Visitor feedback in face to face discussion

The areas of conversation and thoughts shared included:

- Both attendees were regular visitors to the service
- The support used by them was all apart from Zoom for one person
- Considering areas of access, it was noted that the building would benefit from the available lift being in working order. It was felt that more awareness raising on the availability would be beneficial together with more phone lines to make appointments. Updating the voice message with opening times would give information on opening times and also reassurance that the service is open prior to travelling.
- Environment – one person felt that the redecoration wasn't welcoming in the social space. In terms of the entrance area, this was felt busy and potentially overwhelming with those with sensory issues. Some furniture was felt to be too soft and difficult to stand up from. Better waiting space was noted as a possible area where improvement could be made. Separate areas to wait to avoid any overlap with others was noted.
- In terms of the self-referral process and how this could be improved, it was suggested that a person in crisis may find it difficult to judge and rate their risk. High/medium/low was suggested as an alternative.
- One to one sessions were found to be useful, which reflected the findings within the visitor survey, although there was difference of opinion on having been offered a safety plan, again reflecting the findings of the survey. One person who had been offered it noted they have started to develop it, adding to it regularly. Survey also had 50/50 split in yes and no answers.

- In terms of the activities offered in social space, it was suggested that cooking could be added.
- Social media was used by both visitors to find information and both found it useful. This again matched feedback within the survey.
- Visitors felt listened to by staff and would recommend the service, matching the views within the survey.
- Positive comments were made in respect of the support provided by the service. In addition, the role the service played in their lives was noted and a comparison with other statutory services made. The difference was seen a positive one with the service providing one to one support, being a place that the person likes, not feeling judged and offering support not strongly based on mental health issues alone but offering wider support through e.g. activities.

What did we do with the results?

The feedback we received was used, together with information available about the use of the service, to create a set of recommendations. These were presented to the Mental Health Alliance for consideration and decisions about the service.

The recommendations included these areas:

- the support that needs to be provided for those visiting the service more frequently and for longer periods of time

- reaching out to those areas where there seems a lower uptake of the service and how our primary care networks can engage in this

- continuing to promote the service and raise awareness across our district with the public and colleagues

Appendix A – List of stakeholders who helped to develop the WSS specification

Age UK
Alzheimer's UK
Carers Wakefield
Citizens Advice Bureau
Conexus
Creative Minds SWYPFT
DWP
Five Towns PCN
Gasped

Kooth
Lightwaves
Mid Yorkshire NHS Hospitals Trust
NHS England
NOVA
Nova Wakefield
One to one development
Positive MH Network
Public Health
SMASH
Spectrum CIC
Spectrum people
SWYFT
The Arthouse
Turning Point Therapies
Wakefield CCG
Wakefield Council
Wakefield District Housing
Wakefield Health Watch
Wakefield Hospice
Wakefield Mental Health Alliance
Wakefield PCT
Wakefield Samaritans
Well Women Wakefield
West Yorkshire Police
Yorkshire Ambulance Service
Young Lives Consortium

Appendix B – Wakefield Safe Space Stakeholder Survey Questions

Wakefield Safe Space service evaluation

As someone who may support, or refer people into mental health services, we would like to hear your views. We would be grateful if you could complete a survey about your experiences of Wakefield Safe Space.

Safe Space was commissioned by Wakefield Mental Health Alliance in 2020 to provide an alternative support offer for people in or approaching mental health crisis. As part of this, we want to see how well the offer provides care and support to people in Wakefield, and how well it works with the wider mental health support services and others.

Please complete this survey, which is aimed at teams and individuals. Please share with

colleagues whose view can help with this evaluation work. The results of the survey will form part of the evaluation and inform the delivery of Safe Space in the future.

The survey will close on 10 April 2022.

Please not the survey can be saved and continued at any point.

If you have any questions or need additional support to complete the survey, please contact Joseph.Corcoran@swyt.nhs.uk

1. Name of your organisation

[   ]

2. Name of your team

[   ]

3. Are you aware of Wakefield Safe Space? *

☐ Yes

☐ No

4. Safe Space offers the services below. Please tick those you are aware of.

☐ 1:1 face to face

☐ 1:1 phone calls

☐ 1:1 zoom calls

☐ Group social activities

☐ Support for attendees to develop safety plans

☐ Support for attendees to create "wellbeing boxes" to aid in self distraction and de-escalation at home

5. Has Wakefield Safe Space ever directed an individual to your organisation? Tick all that apply.

☐ Yes - contacted by Wakefield Safe Space directly to support an individual

☐ Yes - contacted by an individual who had been signposted by Wakefield Safe Space

☐ No - never received a referral directly or otherwise

☐ Other (please specify):
[   ]

6. Have you encountered any issues with referrals from Safe Space? Please tell us about your experience.

☐

7. Do you know the Safe Space opening days and hours?

☐ Yes

☐ No

☐ Unsure

8. Do you know the possible reasons why Wakefield Safe Space would decline a referral?

☐ Yes

☐ No

☐ Unsure

9. Do you refer into Safe Space? *

☐ Yes

☐ No

☐ N/A

10. If yes, what are the reasons for referring into the service?

☐

11. How does your organisation signpost someone to Safe Space? Please tick all that apply. *

☐ Gave the individual a number to call

☐ Directed individual to the Wakefield Safe Space website

☐ Directed an individual to Wakefield Safe Space Social Media

☐ Phoned the service to make an appointment for an individual

☐ Emailed the service inbox or team member to discuss the appropriateness of a potential referral

☐ Took the individual to Safe Space (Art House) myself

- [ ] Did a 3 way handover by phone
- [ ] Used a taxi service to transfer the person in need
- [ ] Added safe space to the individuals' resilience plan as an option when in crisis
- [ ] Never referred
- [ ] Other (please specify):

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12. If no, what would encourage you to refer?

- [ ] Having a suitable person in need of referral
- [ ] Feeling more confident in the offer/ knowing more about the offer
- [ ] Better opening times
- [ ] Different venue
- [ ] Additional location across the district
- [ ] Being more aware of the service
- [ ] Reassurance of safe handovers
- [ ] Having an offer for under 16s
- [ ] Having a specific number/ email/ online form for professional referrals
- [ ] Other (please tell us more):

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13. If you include Safe Space in a person's care planning, do you invite Wakefield Safe Space to a Professionals Meeting / MDT to discuss this and gain their input? *

- [ ] Yes
- [ ] No (please say why not):

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14. If you include Safe Space in a person's care planning, have you experienced any barriers? *

- [ ] Yes
- [ ] No
- [ ] N/A

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15. If Yes, please tell us more about the barriers.

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16. Is there anything that you feel could improve your organisation's access to and use of Wakefield Safe Space?

17. What do you feel works well when referring to Safe Space?

18. Have you ever used the Wakefield Safe Space website/ Facebook page? Please tick all that apply *

- [ ] Website
- [ ] Facebook
- [ ] Neither

19. If you use the website and or Facebook page, please rate the following on a scale of 1-5 (where 5 is best).

	1	2	3	4	5	N/A
Ease of finding the website	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Ease of finding the Facebook page	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Ease of use - website	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Ease of use - Facebook page	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Accuracy of information - website	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Accuracy of information - Facebook page	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Usefulness - website	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Usefulness - Facebook page	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

20. If you didn't use either the website or Facebook page, please tick why.

- [ ] Didn't have the need to
- [ ] Wasn't aware

- ☐ Couldn't find it
- ☐ Used once but wasn't useful
- ☐ Other (please specify):

21. In your experience, how well does Safe Space support individuals in relation to these? Please score.

	Very well	Well	Neither	Poor	Very poor	Don't know
Visitor care	☐	☐	☐	☐	☐	☐
Supporting individuals instead of statutory services	☐	☐	☐	☐	☐	☐
Supporting individuals alongside statutory services	☐	☐	☐	☐	☐	☐
Supporting individuals outside of statutory services opening times	☐	☐	☐	☐	☐	☐
Provides a safe space for individuals to go in times of mental health crisis	☐	☐	☐	☐	☐	☐
Promoting the offer and what it provides to the public	☐	☐	☐	☐	☐	☐
Publicising updates to the service (opening for additional nights, taxi offer)	☐	☐	☐	☐	☐	☐

22. Please score the below on 1 to 5 (5 being best). In your experience, do you think Safe Space....

	1	2	3	4	5
Offers alternatives to other emergency services e.g. A&E, police, MH crisis teams	☐	☐	☐	☐	☐
Advertises their offer to other service providers effectively	☐	☐	☐	☐	☐
Advertises their offer to the Wakefield population effectively	☐	☐	☐	☐	☐
Updates organisations on changes to their offer	☐	☐	☐	☐	☐
Is a valued part of Wakefield's	☐	☐	☐	☐	☐

	1	2	3	4	5
emergency mental health pathway Works well with other organisations	☐	☐	☐	☐	☐

23. What do you think is the main strength of Safe Space?

24. Is there anything you think the Safe Space could do to improve their offer?

10. Wakefield Safe Space

Wakefield Safe Space provides a safe environment to support people aged 16+ experiencing or approaching crisis.

Safe Space offers:

1:1 face to face support

1:1 phone calls

1:1 zoom calls

Group social activities

Support for attendees to develop safety plans

Support for attendees to create "wellbeing boxes" to aid in self distraction and de-escalation at home

It is currently open 6 nights a week from Thursday - Tuesday 6pm-12am.

We are happy to receive direct referrals or tell your users about us.

Call us on 07776 962815.

25. How might you use Safe Space going forwards?