

LEEDS SURVIVOR LED CRISIS SERVICE

REPORT OF THE YEAR

2011

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Executive Summary

Analysis of Statistics

Visits to Dial House:

- 178 visitors made 1230 visits to Dial House
- In 73% of visits, the visitor chose to have one to one support.
- 43% of 2011 visitors were new visitors that year.
- Visitors most commonly heard about the organisation through Friend/Family, the Crisis Resolution Team their CPN and their GP.
- 64% of visitors were women, 36% of visitors were men.
- In 66% of visits, feeling suicidal was a presenting issue (compared to 64% in 2010, 67% in 2009, 54% in 2008, 38% in 2007, 41% in 2006)
- Self harm was a presenting issue in 47% of visits (49% in 2010, 53% in 2009, 46% in 2008, 30% in 2007, 34% in 2006).
- Children visited Dial House with parents on 5 occasions in 2011.
- The most usual gender/age profile in 2011 was a woman aged 35-44, but women under 25 made the highest number of visits. In the 55-64 age range and over 65, male visitors outnumber female.
- Where diagnosis was disclosed, this was Personality Disorder in 32% of cases.
- The highest postcode area for visitors to come from was LS11. We have demonstrated that visitors to Dial House tend to be drawn from postcode areas with high deprivation.
- In 2011, 522 requests for visits were declined because the service was full or they were not prioritised. This means that the requests were from people who were in crisis, at the point of crisis but who had to be turned away.
- The highest presenting issue was depression (59% of visits). This compares to 57% in 2010. Abuse in the past or present, rape or sexual violence was a presenting issue in 56% of visits. This compares to 64% in 2010.
- 9% of visitors were from BME groups and made 3% of visits.
- 8% of visitors identified as being Lesbian, Gay or Bisexual, making 6% of visits.
- 24% of visitors identified as having a disability, making 29% of visits.
- The average duration of a visit to Dial House was 3 hours 37 minutes.
- 16 people were frequent visitors in 2011, making 24 or more visits each to Dial House during the year.

Calls to Connect:

- There were 4723 calls to Connect in 2011 and 18,475 missed calls.
- 25% of callers were new to the service in 2011
- 63% of the calls were from women, 27% of callers were from men. In 8% of calls gender was unknown.
- Suicide was a presenting issue in 25% of calls. Self harm was a presenting issue in 22% of calls.
- The top presenting issues were tiredness (37%), fear and anxiety (33%), depression (32%).
- 3% of callers identified as being a carer.
- Where diagnosis was disclosed it was most commonly personality disorder (26%).
- The highest volume of calls was on a Tuesday with most time spent on the telephone on Thursday.

- The average duration of a call was 22 minutes

Calls to Dial House:

- There were 1714 calls made to Dial House.
- 73% of these were requests for telephone support from people in crisis.
- There were 48 first time callers. This is 3% of callers.
- The average duration of calls was 20 minutes.
- Suicide was a presenting issue in 48% of calls. Self Harm was a presenting issue in 39% of calls.
- 64% of calls were made by women, 32% of calls were made by men. In 4% of calls, gender was unknown.
- Top presenting issues were depression (44%), tiredness (44%), support/lack of support 35(%)

Attendance at Group Work:

- During 2011 there were 124 social groups
- 63 individual visitors made 688 visits.
- 5% of the visitors to group work were from BME groups making 2% of visits.
- 33% of the visitors to attend group work had a disability and made 41% of visits.
- 13% of the visitors to attend group work were from LBG groups making 6% of visits.
- 8% of the visitors to attend group work were carers, making 14% of visits.
- Most visitors to group work were aged 45-54.
- 68% of visitors to group work were women; 32% were men.

Outcomes

The organisation has demonstrated how we meet the following outcomes:

- Reducing risk/ preventing worse happening
- Supporting people to resolve or better manage crisis
- Reducing loneliness and isolation
- Reducing visits to Dial House (through attending group work)

The organisation has also demonstrated its ability to achieve the seven outcomes for mental health outlined in 'Our Health, Our Care, Our Say'

- 1) Improved health and emotional wellbeing
- 2) Improved quality of life
- 3) Making a positive contribution
- 4) Choice and control
- 5) Freedom from discrimination
- 6) Economic wellbeing
- 7) Personal dignity.

Social Return on Investment Analysis

During 2011 LSLCS had a Social Return on Investment (SROI) analysis undertaken. LSLCS's SROI ratio is that for every pound invested in LSLCS, society gets back between £4 and £7. Or, the £376,000 invested in LSLCS over 2010-11 becomes £1,504,000 - £2,632,000.

The consultant made recommendations for how LSLCS could improve its monitoring and evaluation to better evidence outcomes:

Evaluation of Connect: We have less evaluation for Connect than Dial House. This is because it is largely an anonymous service. During May 2012 we plan to undertake a similar process to the Dial House May questionnaire. During six evenings in May on Connect, callers will be asked at the end of the call if they will answer some questions about the support they received. The purpose of this is to ascertain the immediate impact of a call to Connect.

1-3 time visitors to Dial House: One of the most surprising findings of the SROI analysis was that most people (approx 50%) visit Dial House 1-3 times and never return. This may be for largely positive reasons, in that the crisis has been short lived and the intervention of Dial House has been effective. Most of our current monitoring and evaluation focuses on regular visitors, with whom we have an ongoing relationship. During 2012 we will focus on gathering feedback from people on their first, second or third visit. This will include through postcards in Dial House and through asking people how often they have visited on the May and postal 2011 questionnaires.

Visitor and Caller Feedback

The visitor and caller feedback illustrates how the organisation achieves its outcomes through the provision of:

- Listening
- Treating people with warmth, kindness and respect
- People don't feel judged or assessed
- Being in a different and calm environment
- Peer Support

The main themes of the feedback demonstrate that the following aspects of our service are most valued by visitors:

- Person Centred Approach – core conditions
- Skill and experience of staff
- Safe and relaxed environment
- Providing out of hours, alternative support
- Survivor Led

Visitors also gave feedback suggesting how the organization could be improved.

Incidents and Breaches of Confidentiality

The following outline the times when confidentiality was broken for visitors and callers. This usually happens due to risk of suicide and/or self injury. These figures are collated to highlight the levels of risk that the services are working with on an ongoing basis. Many of the referrals made to the Crisis Resolution Team from Dial House are made late at night. This is because Dial House is closing and we are concerned about the safety of the person once we close. If Dial House was not closing at this time, we would not make so many referrals.

Visits to Dial House:

- Overall, confidentiality was broken for 101 times for visitors to Dial House times for 32 different visitors.
- The service most often contacted was the Crisis Resolution Team

Calls to Dial House:

- Confidentiality was broken 61 times in calls to Dial House.
- The service contacted most often was the Ambulance service

Calls to Connect Helpline:

- Confidentiality was broken during calls to Connect 99 times.
- The services contacted most often were Crisis Resolution Team, Police and hostel staff

Complaints

During 2011, there were 9 occasions when a complaint was made and dealt with by the Manager or Deputy Manager. The 9 complaints were made by 7 different visitors.

The 9 complaints were about the following issues:

- | | |
|--|---|
| • Interaction or conflict with another visitor | 3 |
| • The behavior of other visitors at Dial House | 1 |
| • Being invited to visit Dial House at same time as ex partner | 1 |
| • Interaction with a member of staff | 1 |
| • Being given contradictory policy information by staff | 1 |
| • Requests for visits being declined | 2 |

None of the complaints were taken further than the Manager and all complaints were resolved to the satisfaction of the visitors concerned.

Staff Team Evaluation

Every two years, an evaluation of staff satisfaction is undertaken. This is facilitated by members of the Management Committee. The purpose of this is to ascertain if staff are being managed and supported in a manner consistent with the Person Centred Approach.

All staff are asked to complete a survey. The 2011 survey covered a number of areas: Overall satisfaction; how you are treated at work; how you are managed & supported; Communication & planning; Professional development; Working conditions; Suggestions

for improvement & any other comments. Overall response rate was 12/23 (52%), comprising 7/14 (50%) core staff and 5/9 (56%) Bank staff.

There was a high level of overall work satisfaction with all staff reporting they were either “very” or “completely” satisfied with their work. The philosophy of the organisation, being able to provide a non medical service, the work with the visitors and callers, team work and the nurturing environment were all highlighted as strengths of the organisation. All staff also reported being managed in a manner consistent with the Person Centred Approach and being treated with warmth, kindness and respect.

Issues were highlighted with regards to the role of Bank Staff within the organisation and whether they are equally valued. In response to this, the Bank Staff wellbeing budget (where staff can access counselling, complementary therapies or external supervision to support them in the work) has been increased from 2012. There was also a session about team inclusivity and giving constructive feedback at the 2011 away day.

In response to feedback in the survey about the facilitation of the monthly Reflective Practice group, the senior team participated in an away day in late 2011, focusing on individual and group supervision. A policy outlining the purpose of Reflective Practice has also been developed, with input from the team, in early 2012.

Volunteer Evaluation

In addition to the staff evaluation outlined above, an evaluation of Volunteer Satisfaction is also undertaken every other year. Volunteers are our biggest staff group. At any one time we have 35-40 volunteers, who staff the Connect Helpline, keeping it open every night of the year. As with the staff evaluation, the process is facilitated by a member of the management committee.

During 2011, 15 volunteers (49% of the active volunteers at the time) completed a questionnaire and 2 volunteers attended a focus group facilitated by two committee members.

The level of satisfaction experienced by volunteers who took part in the process was very high, with people giving extremely moving accounts of the impact which volunteering had on their lives.

Within the 2011 evaluation, the following issue was taken forward by the organization:

- **Supervision:** Both the questionnaires and focus group discussed the differences in approach taken by Connect shift supervisors. While some of this was attributed to personalities, there were reports of inconsistencies in approach and this causing some confusion. There will be a training day on supervision for Connect shift supervisors early next year.

Training and Consultancy

Training and consultancy has been a growing area of Leeds Survivor Led Crisis Service's work during 2011. The organization has delivered a range of training sessions, consultancy and presentations during the year, across the country. This has included conference

presentations, consultancy to mental health trusts and training psychiatric nurse students at Leeds Metropolitan University.

Recommendations

Capacity

We are delighted to be able to report that in 2011, LSLCS was given additional funding from NHS Leeds which enabled us to open Dial House for a fourth night each week. From June 2011, Dial House opened Friday, Saturday, Sunday and, additionally, Monday. However, despite this, capacity remains our biggest operational challenge, as the organisation is unable to meet the demands for its services. For the sixth year, the numbers of appropriate visits declined rose. Our expectation is that demand will drastically increase in the next year, as other services are being reduced or decommissioned. The reduction of services involved in prevention and maintenance will inevitably have an impact on crisis services. We also anticipate more people entering the mental health system as a result of poverty and unemployment. Our expectation is that alcohol misuse, suicide attempts and self injury will increase over the next year and this will have an impact on our organisation.

Increased Funding

In the current economic climate, the organisation will continue to develop ways of generating income through training and consultancy. This is an expanding area of work, with a significant increase in the amount of funding achieved this way during 2010-11.

Increasing Diversity

The organisation continues to attract reasonable numbers of people from LGB populations and high numbers of people who define themselves as has having a disability. The services attract a range of ages, with an increase in 2011 of female visitors under the age of 25 and older male visitors.

However, the organisation continues to fail to attract people from BME groups, especially people who identify as being from Black minority groups. We are repeatedly told this is due to the area Dial House is in. Halton is perceived as a racist area where Black people do not feel safe.

During 2011, LSLCS worked in partnership with Touchstone to put a bid in to the lottery Reaching Communities fund to run the Dial House service 1-2 nights per week from the Support Centre. Unfortunately this was unsuccessful, but we plan to resubmit the bid during 2012.

We have also been working in partnership with Sign Health to make our services accessible to Deaf people. We plan to submit a bid to a Department Health access fund. This will enable us to provide the Connect service online using instant messaging and to recruit people who are BSL fluent to deliver the face to face service in Dial House.

Increasing Survivor Leadership

This continues to be a priority for Leeds Survivor Led Crisis Service. During 2012 we will continue to support visitors to undertake consultancy and training work. We will also support visitors to attend the Management Committee as expert advisors.

Demonstrating Outcomes

Our priorities in 2012 are to undertake an evaluation of Connect satisfaction and to elicit feedback from people on their first, second or third visits to Dial House. One of our 2012-13 NHS CQUIN (Commissioning for Quality and Innovation) targets is to undertake an evaluation of the therapeutic value of involvement work.

Strategic Business Plan

The current plan is for 2009-12. During this year, the management committee are meeting to write a plan for 2012-15.

Analysis of Statistics

Visits to Dial House

1) Overview

178 visitors made 1230 visits to Dial House during 2011

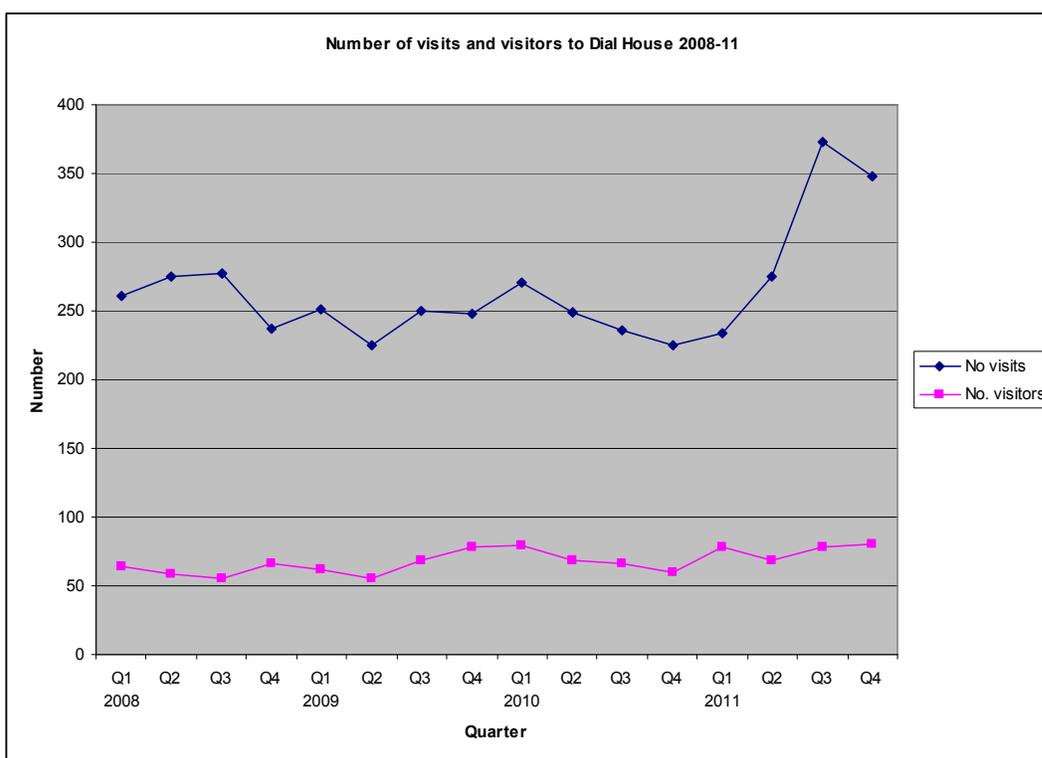
This is an average of 7 visits per person.

During 2010, 163 visitors made 981 visits to Dial House, which was an average of 6 visits per person.

During 2011, one to one support was part of 73% of visits. In 2010 this was 74%.

Visits to Dial House in 2011 by Quarter:

Jan – March	213 visits
April – June	275 visits
July – Sept	373 visits
Oct – Dec	348 visits



The number of visits increased substantially between Q2 and Q3 2011 as this is when we opened an extra night. However, the increase exceeds that which can be explained solely by the extended opening hours. We increased the amount of visits available by 25% from June (from 288 to 384 potential visits per quarter) but the take up of the visits available to Dial House increased from 74% (Jan-March 11) to 97% (July to Sept 11) In May we sent out a mail shot to publicise the new opening hours and this may have contributed to the increase in visits and new visitors to the service.

2) New visitors

43% of the people who visited Dial House in 2011 were new visitors (77 visitors), compared to 42% in 2010, 50% in 2008, 46% in 2007 and 54% in 2006.

People heard of us through a range of ways, most commonly:

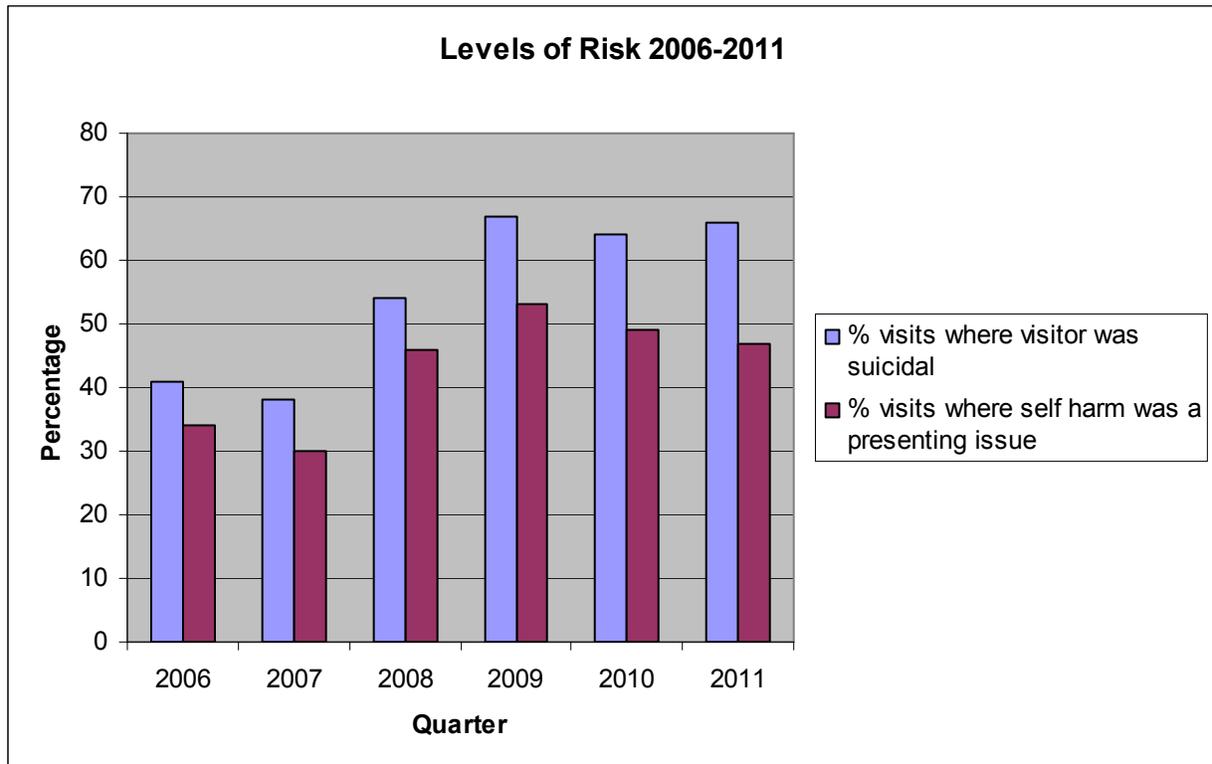
- Friend / Family
- Crisis Resolution Team
- CPN
- Doctor (GP)

3) Gender

- In 2011, 60 visitors (34%) were men, making an average of 6 visits.
- In 2011, 117 visitors (66%) were women, making an average of 7 visits.
- In 2011, 1 visitor's gender was not identified or unknown.

4) Suicide and Self Harm

- In 66% of visits, feeling suicidal was a presenting issue (64% in 2010, 67% in 2009, 54% in 2008, 38% in 2007, 41% in 2006)
- Self harm was a presenting issue in 47% of visits (49% in 2010, 53% in 2009, 46% in 2008, 30% in 2007, 34% in 2006)



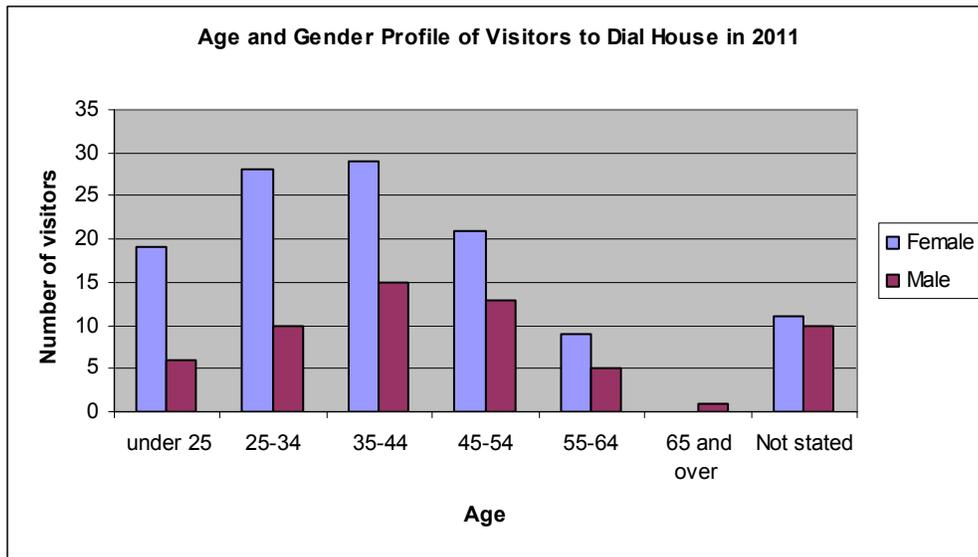
5) Work with children

In 2011, children visited on 5 occasions. This is more than 2010 when children visited on 4 occasions and but less than 2009 when children visited on 7 occasions.

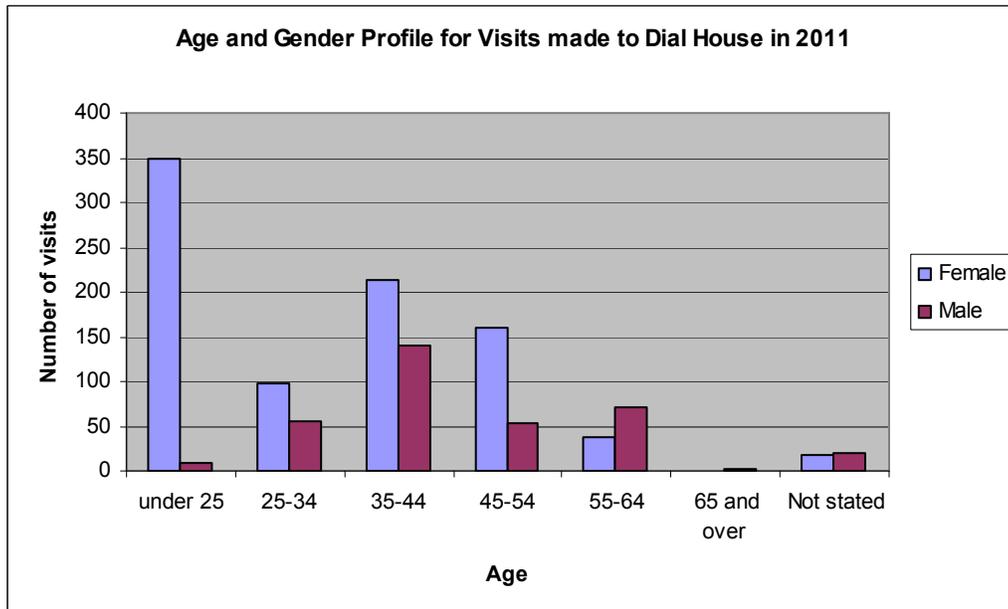
Due to capacity issues, and the fact that work with children is not our primary focus, we have not attempted to increase these figures. However, we do make it clear to visitors and new visitors that children are welcome and the rise in the number of visits made with children shows that it is something we are able to facilitate.

6) Age

The most common visitor age/gender profile of visitors to Dial House in 2011 was a woman, 35-44 years old (29 of 178 visitors identified as such, which is just over 16%).



However, women under 25 made the most visits in 2011 (348 of 1230 visits were made by women under 25 which is just over 28% of all visits).



It is interesting to note that in the 55-64 and the 65 and over age brackets, the number of visits made by men exceeds those made by women.

When compared with 2010, these stats show that the number of visits made by women under 25 almost doubled in 2011 and there has been a significant increase in the number of visits made by men over 45.

7) Diagnosis

In 32% of visits where the visitor disclosed diagnosis, the diagnosis was Personality Disorder.

In 2010, this was 46%, in 2009, this figure was 52%, in 2008, it was 35%, in 2007, it was 55%; in 2006 it was 31%.

In addition, around 36% of visits where a diagnosis was disclosed identified some form of depression. 9% of visits where the visitor disclosed diagnosis identified schizophrenia or paranoid schizophrenia.

8) Postcode

Dial House is a city wide service, located in Halton, LS15.

In 2011 the highest number of visits was made by visitors from LS11.

Large numbers of visits were also made by visitors from LS12, LS9, LS14 and LS15.

Index of Multiple Deprivation¹

LS11 – This postcode covers an area where 50% of the Super Output Areas are in the most deprived 20% nationally

LS12 – This postcode covers an area where 62.5% of the Super Output Areas are in the most deprived 20% nationally

LS9 – This postcode covers an area where 100% of the Super Output Areas are in the most deprived 20% nationally.

LS14 – This postcode covers an area where 33% of the Super Output Areas are in the most deprived 20% nationally.

LS15 – This postcode covers an area where 31% of the Super Output Areas are in the most deprived 20% nationally.

Our service is city-wide but these statistics suggest that a significant number of people who use the service live in areas of deprivation in the city.

¹ Statistics taken from 'An understanding of the Indices of Deprivation 2010', Leeds Electoral Ward Profiles on Leeds City Council website

http://www.leeds.gov.uk/Business/Business_support_and_advice/Local_economy_reports_and_forecasts/Indices_of_Deprivation_2010_Ward_and_Area_Committee_Summaries.aspx

9) Declined visits

In 2011, out of 1752 visits requested 522 were declined.

Of these declined requests, 396 or 76% were declined because the service was full or we could not prioritise them due to high demand for the service that night. This means that they were people who were in crisis, at the point of crisis, their requests were appropriate but we still had to turn them away.

In 2010, 367 or 70% of all declined visits were declined because the service was full or they were not prioritised.

In 2009, 320 or 64% of all declined visits were declined because the service was full or they were not prioritised.

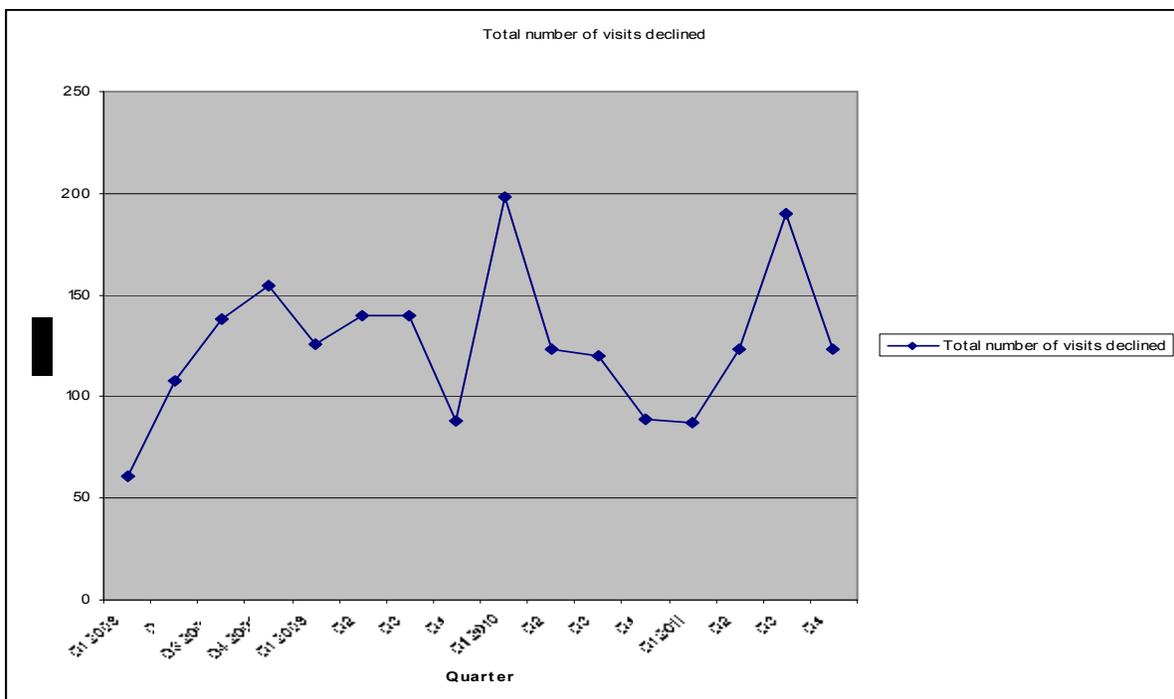
In 2008, 308 or 67% of all declined visits were declined due to the person not being prioritised, or the service being full.

In 2007, 177 or 65% of all declined visits were declined due to the person not being prioritised, or the service being full.

Since 2006, the percentage of declined visits due to the service being full has increased steadily.

Visits declined due to service full/not prioritised by quarter:

	Number of declined visits due to service full/not prioritised	% of total declined visits
Jan – Mar	44	51%
Apr – June	76	60%
July – Sept	165	82%
Oct – Dec	101	74%



10) Presenting issues

Top presenting issues:

- Depression (59% of visits)
- Tiredness (58% of visits)
- Abuse in the past / at the moment / rape / sexual violence (56% of visits)
- Fear/Anxiety (54% of visits)
- Support / Lack of Support (51% of visits)
- Family (47% of visits)
- Pain (37% of visits)
- Medication (35% of visits)
- Housing Issues (34% of visits)
- Stress (33% of visits)

The top three presenting issues in 2010 were:

- Abuse in the past / at the moment / rape / sexual violence (64% of visits)
- Depression (57% of visits)
- Fear/Anxiety (55% of visits)

11) Ethnicity

During 2010, 78% of visitors to Dial House were White British, 8% were from BME groups and ethnicity was not known for 14% of visitors.

For 2011, the figures were:

	No. visitors	% of visitors	No. visits	% of visits made
White (British, Irish)	137	78%	1114	90%
Black and Minority Ethnic Groups	16	9%	33	3%
Unknown	23	13%	79	7%

This shows a 1% increase in visitors from BME groups in 2011 when compared to 2010.

Further breakdown of visitors from BME groups is available but the figures are too low to determine trends. The most represented BME group accessing Dial House were visitors from Asian backgrounds.

12) Carers

	No. visitors	% of visitors	No. visits	% of visits
Carer for someone with mental health issues	1	0.6%	2	0.2%
Carer for someone with physical disabilities	2	1%	31	2.5%
Carer for someone with multiple issues	6	3.4%	45	3.7%
The visitor is not a carer	110	62%	935	76%
Unknown	59	33%	216	17.6%

13) Sexuality

	No. visitors	% of visitors	No. visits	% of visits
LGB	14	8%	74	6%
Heterosexual	103	58%	841	68%
Other	3	2%	35	3%
Unknown	57	32%	279	23%

14) Disability

The 2011 figures for visitors who identified as having a disability are as follow:

	Number of visitors	% of visitors	No. visits	% of visits
The visitor does have a disability	42	24%	358	29%
The visitor does not have a disability	74	42%	548	45%
Unknown	63	34%	325	26%

15) Duration of visits

The average duration of visits was 3 hours and 45 minutes, compared with 3 hours and 38 minutes in 2010, 3 hours and 44 minutes in 2009, 3 hours and 37 minutes in 2008 and 3 hours and 15 minutes in 2007.

16) Frequent visitors

A frequent visitor is someone who makes 20 or more visits to Dial House in a year.

In 2011, there were 16 frequent visitors

In 2010, there were 13 frequent visitors

In 2009, there were 11 frequent visitors

In 2008, there were 18 frequent visitors

In 2007, there were 12 frequent visitors

In 2006, there were 13 frequent visitors

In 2008, 18 frequent visitors made 66% of all visits

In 2009, 11 frequent visitors made 496 visits (50% of all visits)

In 2010, 13 frequent visitors made 484 visits (49% of all visits)

In 2011, 16 frequent visitors made 711 visits (58% of all visits)

Only 6 of the 2011 frequent visitors were frequent visitors in the previous 2 years

We now only have 1 person who has been a frequent visitor from 2006-11 and can demonstrate throughput of visitors to our service.

The average number of visits per visitor in 2011 is 7.

If the frequent visitors are not included in this calculation, this figure is 3.

Calls to the Connect Helpline

1) Overview

Total number of calls: 4,723 (4,823 in '10)
 Total number of missed calls: 18,475 (14,293 in '10)

Total **23,198** **19,116**

New callers **118** **114**

Answer phone messages

We are aware (through regular monitoring) that a large number of missed calls are as a result of one caller, who does not wish to leave a message on the answer phone, repeatedly pressing the redial button.

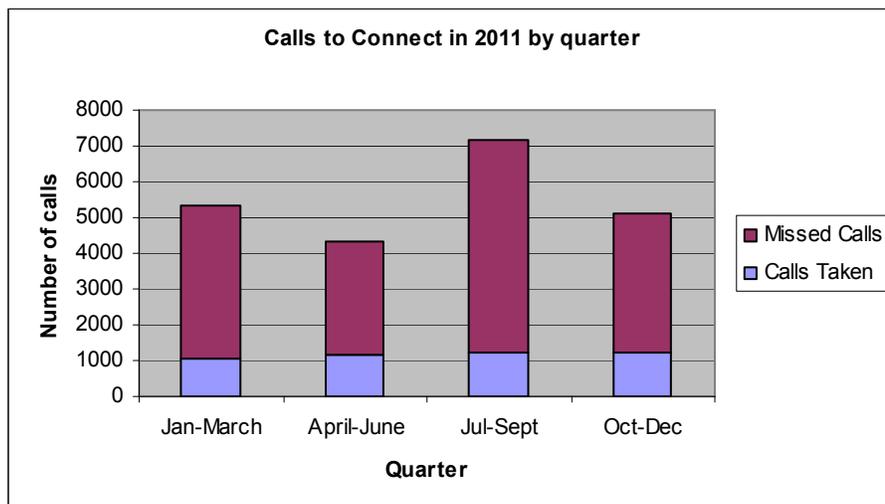
The answer machine for Connect was introduced in August 2007, providing callers the opportunity to leave a message to be called back.

- In 2011, 6279 messages were left: 34% of all missed calls
 (In 2010, 5358 messages were left: 37% of all missed calls)
 (In 2009, 4282 messages were left: 27% of all missed calls)
- 3800 (61%) of these messages were returned: the main reasons for not returning the call were; the caller left a duplicate message or called back (1336 messages); the caller was not available / engaged / there was no answer (507 messages). 1 message was accidentally deleted.

Calls by Quarter:

	Jan-Mar	Apr-June	July-Sept	Oct-Dec
No. calls taken	1,083	1,143	1,214	1,237
No. missed calls	4,247	3,205	5,957	3,892
Total	5,330	4,348	7,171	5,129
New callers	38	28	30	22

Normally, July-September is the busiest quarter for Connect and this was the same in 2011.



2) Gender

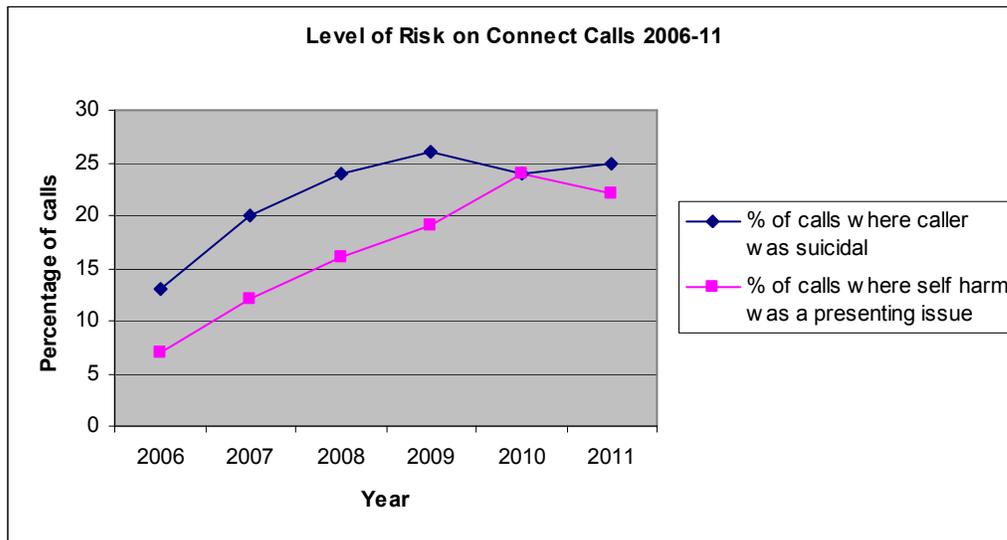
These figures remained roughly the same as the previous year:

- 27% of calls were from men (32% in 2010)
- 63% of calls were from women (51% in 2010)
- 8% gender unknown (17% in 2010)

3) Suicide and self harm

As with Dial House, these figures remained high in 2011.

- In 25% of calls, the caller was suicidal (24% in 2010, 26% in 2009, 24% in 2008, 20% in 2007, 13% in 2006)
- In 22% of calls, self harm was a presenting issue (24% in 2010, 19% in 2009, 16% in 2008, 12% in 2007, 7% in 2006)



4) Presenting issues

Top presenting issues:

- Tiredness (37% of calls)
- Fear/Anxiety (33% of calls)
- Depression (32% of calls)
- Lack of support (29% of calls)
- Abuse in the past/present, including rape/sexual violence (26% of calls)
- Family (25% of calls)
- Pain (23% of calls)
- Isolation (22% of calls)
- Loneliness (20% of calls)
- Physical illness (19% of calls)
- Frustration (18% of calls)

The top five issues are the same as those in 2010 but 'Physical illness and 'Frustration' have both become top presenting issues in 2011. It is significant, due to the different focus of Dial House and Connect, that 'Isolation' and 'Loneliness' are top presenting issues for Connect callers but not for visitors to Dial House.

5) Carers

3% of calls were from carers, which is roughly the same as in 2010.

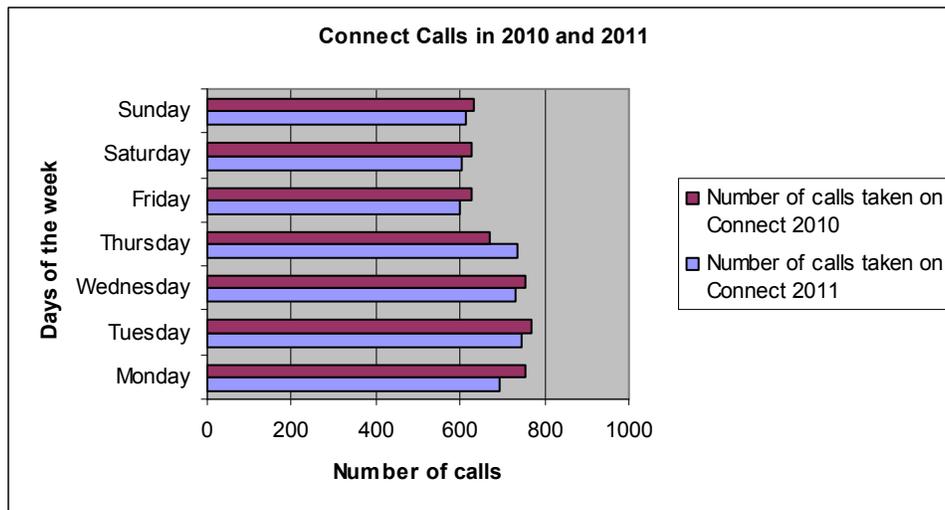
6) Diagnosis

- Just over 11% of callers (528 callers) chose to talk about a diagnosis.
- In 17% of these calls, the caller identified as having a diagnosis of Schizophrenia/Paranoid Schizophrenia.
- In 26% of these calls, the caller identified as having a diagnosis of/including Personality Disorder.

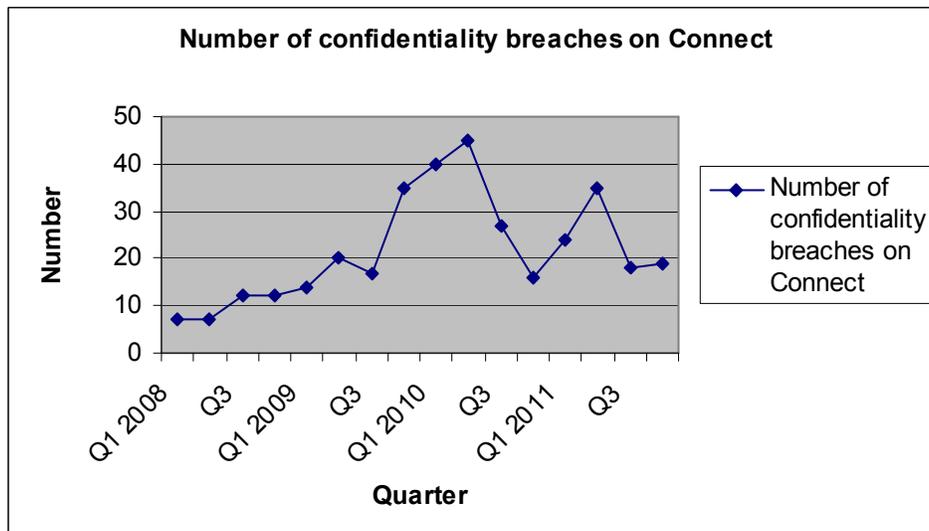
Other diagnoses which were disclosed included Depression (11% of diagnoses disclosed) and Bi-Polar (2%).

7) Time and duration of calls

In 2011, most calls were taken on Tuesdays but most time was spent on the phone on Thursdays. This is the same pattern as 2010.



The average duration of calls was 22 minutes (21 in 2010, 19 in 2009, 16 in 2008, 21 in 2007, 24 in 2006)



Calls to Dial House

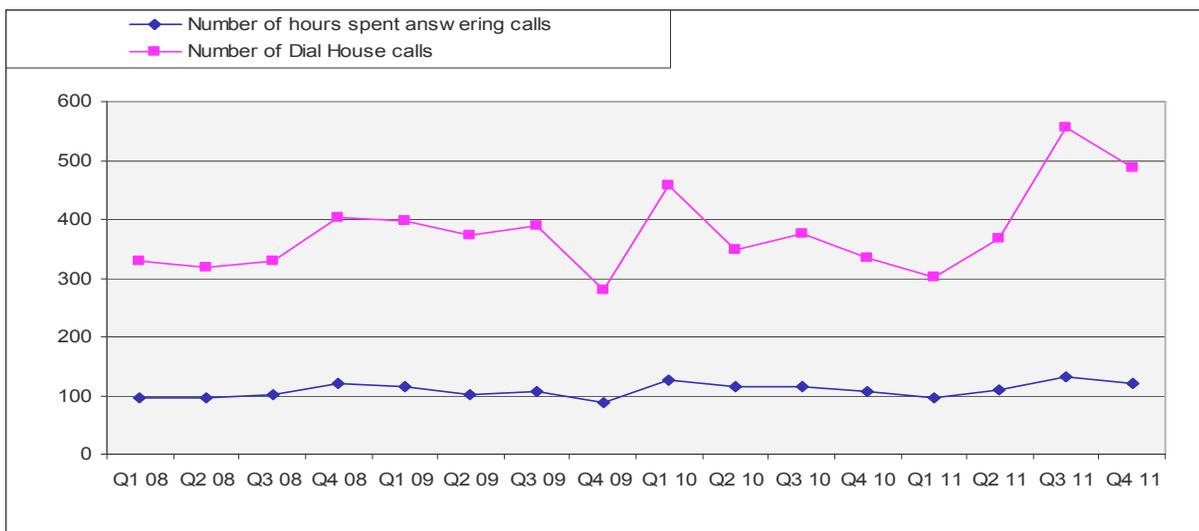
1) Overview

- There were 1714 calls made to Dial House (1516 in 2010)
- 73% of these were requests for telephone support from people in crisis (69% in 2010)
- There were 48 first time callers. This is just under 3% of callers.
- The average duration of calls was 20 minutes (18 minutes in 2010)

By Quarter: Jan-March: 96.5 hours were spent answering 302 calls
 April-June: 108.6 hours were spent answering 368 calls
 July – Sept: 132.3 hours were spent answering 556 calls
 Oct-Dec: 119.7 hours were spent answering 488 calls

In total, 457.1 hours were spent on Dial House calls.

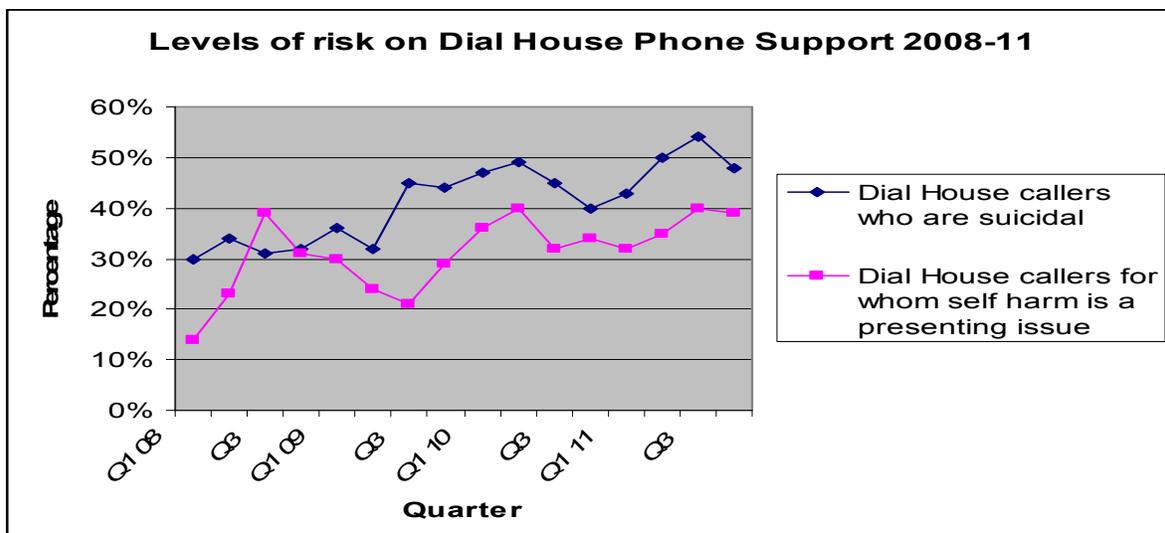
In 2010, 463.5 hours were spent.



2) Suicide and self harm

In 48% of calls, callers were suicidal (45% in 2010)

Self harm was a presenting issue in 39% of calls (35% in 2010)



3) Carers

Just under 3% of callers were carers, compared to 1% in 2010.

4) Gender

64% of callers were women (58% in 2010)

32% of callers were men (34% in 2010)

4% gender unknown (8% in 2010)

5) Presenting issues

- Depression (44%)
- Tiredness (44%)
- Support/Lack of Support (35%)
- Fear/Anxiety (35%)
- Pain (27%)
- Family (25%)
- Isolation (24%)
- Abuse in the past/present/rape/sexual violence (23%)
- Stress (20%)
- Medication (18%)

'Depression' and 'Fear/Anxiety' were the top two presenting issues in 2009, 2008, 2007 and 2006. 'Tiredness' appeared as a top presenting issue in 2008 and has remained in the top three from 2009-2011. 'Anger' and 'Loneliness' were replaced this year by 'Stress' and 'Medication' in the list of top presenting issues.

Group Work

Dial House Visitors Peer Led Groups

Statistics of group attendance

1) Overview

- During 2011 there were 124 social groups
- 63 individual visitors made 688 visits

From January to June there were 53 social groups and 32 visitors made 326 visits.

From July to December there were 71 social groups and 49 visitors made 362 visits.

2) Ethnicity

	No. visitors	% visitors	No. visits	% visits
White British	48	76.5%	571	83%
Black	2	3%	10	1.5%
Other	1	1.5%	1	0.1%
Visitor declined to state	12	19%	106	15.4%

3) Disability

	No. visitors	% visitors	No. visits	% visits
The visitor does class themselves as disabled	21	33%	278	40.5%
The visitor does not class themselves as disabled	20	32%	245	36%
The visitor chose not to say	20	32%	72	10%
We did not ask the visitor	2	3%	93	13.5%

4) Sexuality

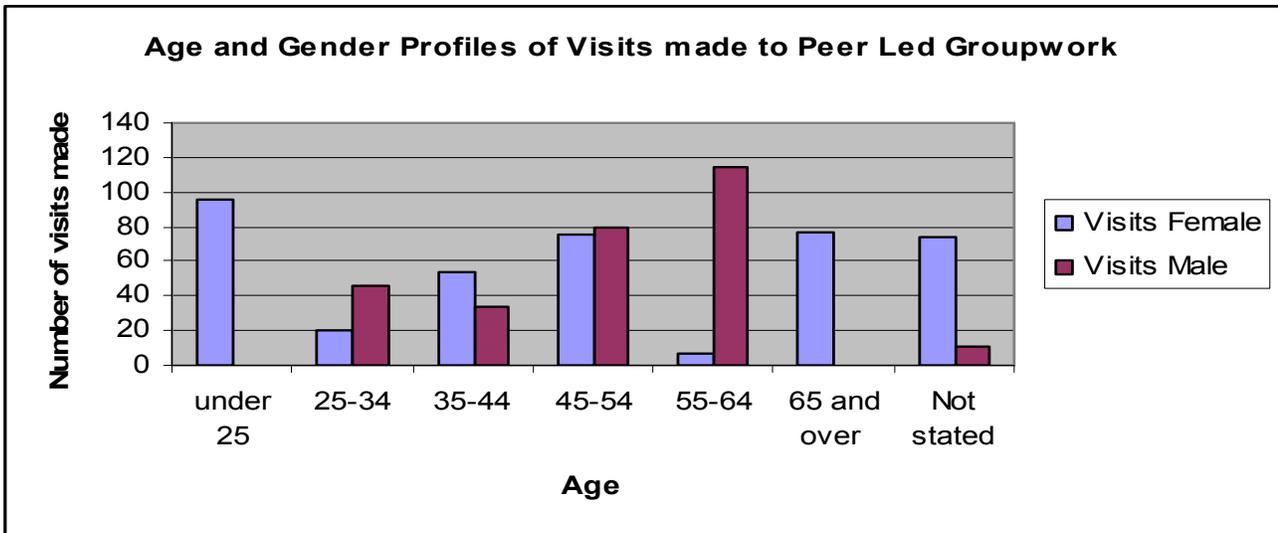
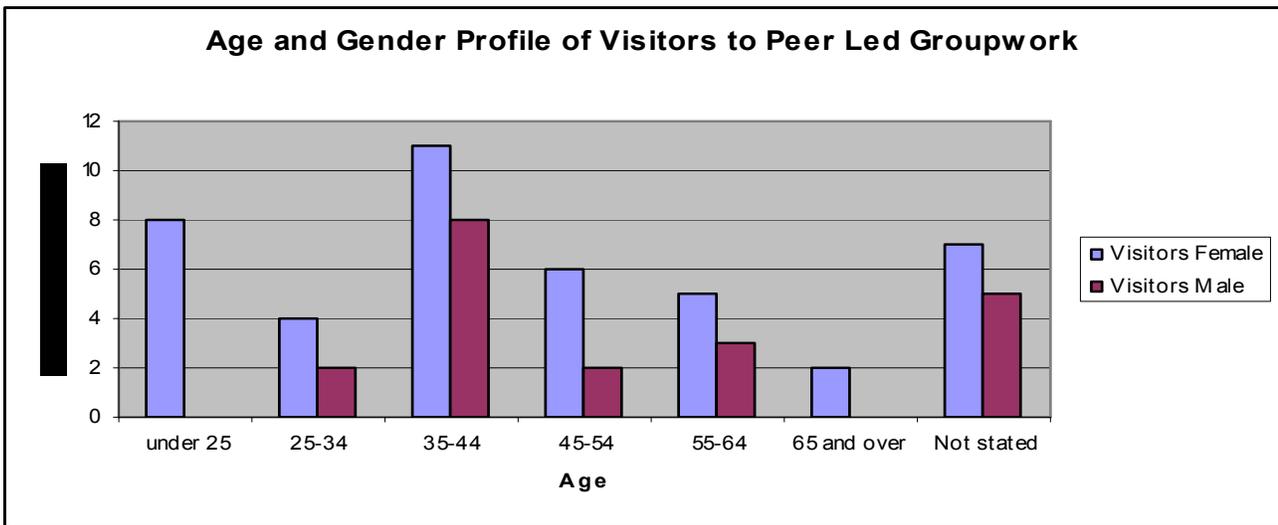
	No. visitors	% visitors	No. visits	% visits
Straight	33	52%	492	72%
Gay	0	0%	0	0%
Lesbian	3	5%	18	2.5%
Bisexual	5	8%	21	3%
Other	2	3%	15	2%
The visitor chose not to say	20	32%	142	20.5%

5) Carers

	No. visitors	% visitors	No. visits	% visits
The visitor is a carer	5	8%	94	14%
The visitor is not a carer	37	59%	434	63%
The visitor chose not to say	19	30%	79	11%
We did not ask the visitor	2	3%	81	12%

6) Age

Most visits were made by people between 45 and 54. There were 2 visitors over 65.



7) Gender

68% of visitors to the group were women
 32% of visitors to the group were men.

Demonstrating Outcomes, 2011

The following report illustrates how Leeds Survivor Led Crisis Service achieves the outcomes we are funded to provide for each service; Dial House, the Connect Helpline and our group work programme.

In addition to specific outcomes for each service, we also demonstrate how we meet the 7 outcomes for health in 'Our Health, Our Care, Our Say':

- 1) **Improved health and emotional wellbeing**
- 2) **Improved quality of life**
- 3) **Making a positive contribution**
- 4) **Choice and control**
- 5) **Freedom from discrimination**
- 6) **Economic wellbeing**
- 7) **Personal dignity**

Visits to Dial House

The Immediate Impact of a Visit to Dial House

During May 2011 we asked every visitor to the Dial House weekend crisis service, to fill out a feedback questionnaire for every visit. Out of 90 visits (64 for one to one support and 26 for social time) we received 51 returned questionnaires (just under 57%). This is a very good response, especially considering the level of crisis people are often experiencing when they come to Dial House. This was to get a snapshot of the immediate impact of a visit to Dial House.

Visitors were asked to give a score out of 10 (0 being not in crisis and 10 being extremely in crisis) how they felt:

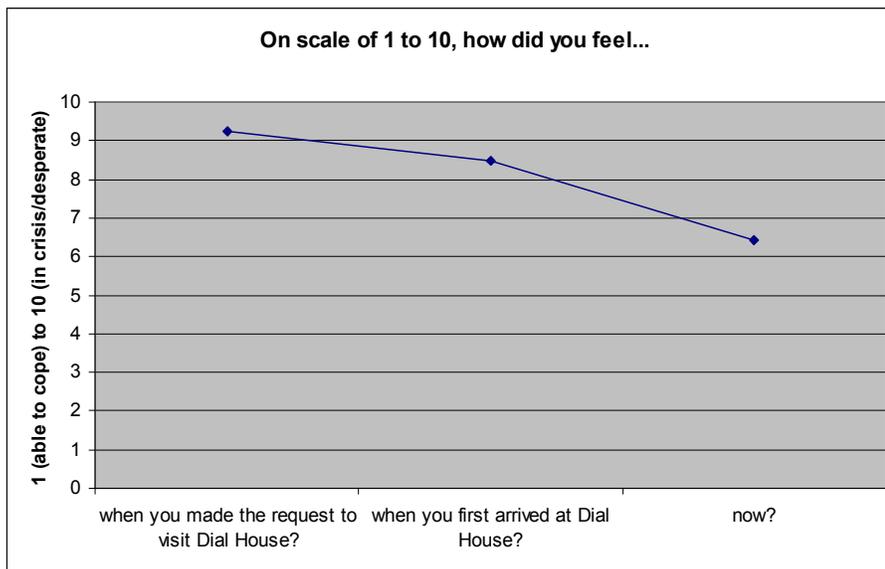
- a) When they made the request to visit Dial House.
- b) When they arrived at Dial House.
- c) After their support session at Dial House.

The mean average score out of 10 for how they were feeling when they made the request to Dial House was **9.25**

The mean average score out of 10 for how they were feeling when they arrived at Dial House was **8.47**

The mean average score out of 10 for how they were feeling after their support session/towards the end of their visit was **6.41**

In total 51 questionnaires were completed. The results are shown in the graph below, using the mean average scores given for each question.



In addition to these scores, the following are a selection of the responses given to questions asked. Visitors either filled out the questionnaire themselves or dictated their answers to staff.

The responses to these questions were written by the visitors and so are very personal and diverse. However, I have collated themes in the tables below to identify common answers given:

What prompted you to request a visit tonight?	Number of responses where this was a factor
Suicidal	24
Low mood	10
Feeling bad/emotional pain	7
Anxiety/fear	5
Family issues	3
Hearing voices	3
Stressed out	3
Self harm	3
Needed support/to speak to someone	3
At lowest/major crisis	2
Nowhere else to go	2
Hallucinations	2
Panic attacks	2
Social time	1
CRT told me to	1

How has visiting Dial House helped you cope tonight?	Number of responses where this was a factor
Support from staff – discussing feelings	21
Being around people	10
Safety	10
Supportive/relaxing environment	6
Stopped suicidal thoughts	4
Gets me out of house/flat	3
Stopped me from self harming	2
Reduced hallucinations	1
Gives me hope	1
Baking	1

How would you have coped if you could not have come to Dial House?	Number of responses where this was a factor
Would not have coped	11
Would have died	10
I don't know	10
Overdosed	7
Gone to hospital	6
Self harmed	5
Found things difficult/suffered pain	4
Would have made suicide attempt	3
Called Connect	1

I have separated 'would have died' and 'would have made suicide attempt' to demonstrate how emphatically people feel Dial House has actually saved their life.

Do you have any comments about the support you received from staff tonight?

The top five themes in the comments about support from staff were that it was:

- Absolutely brilliant/very good/good
- Helpful
- Supportive
- Kind
- Reassuring

What has it been like being around other visitors?

The top five themes in the comments about social time were that it was:

- Ok
- Hard
- Great
- Relaxed
- Friendly/sociable/supportive

Dial House Outcomes:

- **Reducing Risk/Preventing Worse Happening**
- **Support people to resolve or better manage crisis.**

Reducing Risk/Preventing Worse Happening:

Quantitative Feedback:

During 2011, suicide was a presenting issue in 66% of visits. This is 799 visits. This included people exploring suicidal thoughts and feelings and people who were actively suicidal – had made concrete plans to end their life and had the means to do so.

To the best of our knowledge, none of our 2011 visitors have ended their life to date. As most of our visitors are in contact with other mental health services, it is highly likely that we would hear if a visitor to Dial House had gone on to commit suicide. We also pay attention to the local media for reports of suicide, due to the nature of our work.

Most of our suicidal visitors have made previous suicide attempts and are at high risk of suicide, in terms of nationally recognised risk factors (enduring mental health problems, poverty, unemployment, single status etc).

We would argue that we have prevented completed suicide in a substantial number of the times that suicide has been a presenting issue to Dial House. **The Social Return on Investment analysis that was completed for our organisation in 2011 calculated that we prevent an average of 8 people ending their life per year.**

Qualitative Feedback:

Feedback from May questionnaire:

'Dial House is a special place. I would not be around if it were not for them. It's so nice to be able to trust staff. It's lovely being able to get a hug from staff and feel safe.'

'Helps me to be optimistic – gives me hope. It has changed my mood. I was hopeless but it led me to hope'

Feedback from visitors' books:

'I have been up and down since my last review but have been able to cope better since I started to use Dial House and my attempts to self harm have been reduced'

'When my mum was ill, I was accepted for a visit which prevented me from self harming.'

'Dial House has helped. I used to drink alcohol from morning until the evening. Dial House helped me so much two weeks ago when I felt very low after DBT and psychotherapy. My suicidal feelings would not go away and I was self harming. Dial House kept me safe on Saturday.'

'I have only overdosed twice this year. I would have done it a lot more if it hadn't been for Dial House because of what has been going on. Usually visiting Dial House reduces my self harm.'

'I would like to say a big thank you for all your support tonight. I would have not coped at all and I would have killed myself tonight if I had not got into the house. You give me so much support tonight and the other night. Thank you.'

'Thank you Dial House for supporting me tonight. I at least got an hour's sleep and a ten minute talk with Kitty. Thank you all for letting me in the house – you probably saved me from a hospital admission.'

Feedback from visitor reviews:

'My suicide attempts, self injury and drug use has decreased.'

'About 2 weeks ago I felt like cutting my wrists but I visited and when I got home I felt a bit safer.'

'While I am at Dial House, I don't feel the need to self harm or attempt suicide. Although, I can go home and do it anyway depending upon how bad I feel.'

'One night about two weeks ago, I phoned Dial House as I had been drinking and was close to jumping off my balcony. Confidentiality was broken and the police came.'

'Every time I come to Dial House it helps me to stay safe. If I did not come I would take an overdose, get into trouble in order to get help or take heroin. I want to be off my head and not feel no pain. Dial House keeps me safe and gives me support that I need to get through the night.'

'I overdose on paracetamol and I have done this 26 times over the past year. Dial House keeps me safe. I overdose at ACS but I have never done it at Dial House. I only overdose when Dial House is not open. My moods have also changed from being bad tempered and crying to having higher self esteem.'

'I have never hurt myself at Dial House. If I visit and then leave still feeling unsafe, I tell staff who help me make a plan to keep me safe when I get home. Since using Dial House, my actual self harming has reduced.'

'Dial House is a safe place to be with other people who understand my feelings. The other week I bought tablets to overdose. I had a one-to-one and then changed my mind and flushed the tablets down the toilet. This place has saved my life on more than one occasion.'

'Suicide attempts have decreased in the last two months and I have only made 2 attempts since using Dial House. My son is the biggest protective factor and I have also had my niece and nephew over the holidays. Self injury has stayed the same although the severity has increased and I have needed more stitches (I am stitched regularly without anesthetic). Every time I have visited Dial House it has helped me to stay safe. I only ring when I am not safe and I am at home alone. Also I would not self harm anywhere other than home because I am very private.'

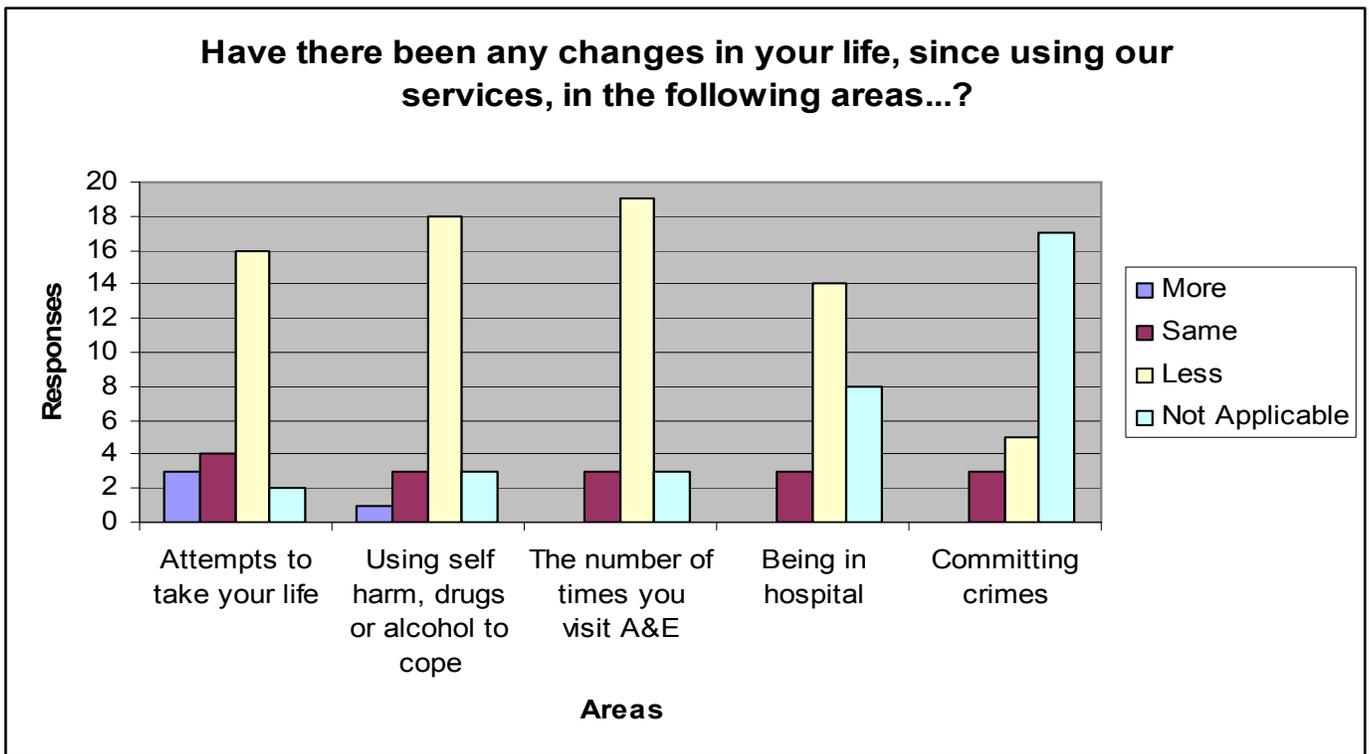
'Since using Dial House, I have only taken two overdoses in twelve months. In the previous twelve months, I had taken about fifteen overdoses. If I didn't know that Dial House existed, I probably wouldn't be here.'

'About 8 weeks ago after visiting Dial House, I came home and went straight to sleep without attempting to self harm or anything.'

Supporting people to resolve or better manage crisis:

In January 2011 we sent out 121 postal questionnaires to people that had used Dial House, Connect or our groups over the previous 12 month period. We received 25 back, which is a very good response rate of just over 20%.

The graph below shows the responses of 25 people who were asked about the impact of using Dial House, Connect and Group Work.



This feedback demonstrates the impact our services have on other parts of the mental health system and public services. People visit Dial House and this prevents people from accessing other crisis or emergency services.

Feedback from visitors' books:

'On my worse nights, coming to Dial House helps me to stop drinking as talking to others helps me to relax. Every time I come to Dial House, I avoid using alcohol to cope and I can get to sleep.'

'After visiting I have been less confused as I have been able to talk without being judged. I have also developed different coping mechanisms.'

'I would love to convey exactly what the house has done but words could not possibly come close, it's not simply a sanctuary but so much more. On Friday, if you'd have asked me if I'd have been here today (Monday), I wouldn't have thought it imaginable. I truly couldn't see a way out of this hell and darkness. I was stuck in a dark empty room, searching for a window or door but to no avail. When I believed all was lost, I lay down consumed in the emptiness and loneliness, I lost all hope. A door opened, it may only have been a fraction a far but it shone in a beam of light and of hope. Over the course of the four days that beam has flickered and has at times been difficult to see but it remained and grew. It has kept a ray of hope within the room, within me and today (Monday); the simple weak streak of light has somehow become this strong glowing beam making the darkness fade. The house and the staff were the ones to open that door and force its way through. I don't know quite how you have done it but something has changed over these past few days, a small but significant change within me. I feel a little stronger and hold a little hope. For this I thank you with all that I am and all that I have.'

Feedback from visitor reviews:

'My mental health is up and down. As soon as I walk through the door at Dial House I am calm straight away. It changes when I know I can come here – I feel better/safer.'

'My mental health is not very good but my ability to manage crisis is getting better. I used to request every night but now I request less. Going to the groups and the conference has helped me look ahead and see my positive side.'

'On a day to day basis, I manage my Mental Health well. I keep distracted and busy and don't stay at home alone. I fall apart in the evening; I am hit with paranoia and panic and don't hold it together. It is always the same; I have problems in the evening as things eat away at me during the day and build up inside me like a boiling pan. I come crashing down in the evening when I have time to be me. At school and home, I can handle the crap and then I fall apart, my family & friends don't know how bad things are. I feel like I am not managing my mental health in the evening. I am alone and isolated and come crashing down; not every night but most nights. Sometimes I can handle it by reading, writing or knitting or sometimes I self harm. Dial House & Connect have become one of my coping strategies. I feel that I don't manage crisis, if I did I wouldn't be admitted. I feel that I want to die & deserve to die and am fighting death.'

[Visitor] has made suicide attempts in past. Talking at DH about problems helps; makes him feel that someone is listening. We keep him 'on the straight', instead of 'weaving around', not knowing where to go, which way to turn.'

7 Outcomes for Mental Health:

Improved health and wellbeing

Quantitative evidence:

One way that we measure the efficacy of our service is through use of Dial House. We assume reduced visits to Dial House to be indicative of improved health and emotional well being:

In 2006 there were 13 frequent visitors

This represented 9% of all visitors

In 2006, the frequent visitors made 51% of all visits

50% of the people who visited Dial House in 2006 were new visitors

In 2007, there were 12 frequent visitors

This represented 9% of all visitors

In 2007, the frequent visitors made 50% of all visits

40% of the people who visited Dial House in 2007 were new visitors

In 2008 there were 18 frequent visitors.

This represents 13% of all visitors

In 2008, the frequent visitors made 66% of all visits

54% of the people who visited Dial House in 2008 were new visitors.

In 2009 there were 11 frequent visitors.

This represents 7% of all visitors

In 2009, frequent visitors made 50% of all visits

43% of the people who visited Dial House in 2009 were new visitors.

In 2010, there were 13 frequent visitors.

This represents 9% of all visitors

In 2010, frequent visitors made 50% of all the visits

42% of the people who visited Dial House in 2010 were new visitors.

In 2011, there were 16 frequent visitors.

This represents 9% of all visitors

In 2011, frequent visitors made 58% of all visits

43% of the people who visited Dial House in 2011 were new visitors.

Evidence of Throughput

We are able to demonstrate throughput across a two year period:

2006 frequent visitors' use of the service in 2008:

- 7 (54%) no longer use the service
- 1 (8%) uses the service less frequently
- 5 (38%) remained frequent visitors in 2008

2007 frequent visitors' use of the service in 2009:

- 4 (33%) no longer use the service
- 5 (42%) use the service less frequently
- 3 (25%) remained frequent visitors

2008 frequent visitors' use of the service in 2010:

- 4 (22%) no longer use the service
- 11 (61%) use the service less frequently
- 3 (17%) remained frequent visitors

2009 frequent visitors' use of the service in 2011:

- 3 (27%) no longer use the service
- 1 (9%) use the service less frequently
- 7 (64%) remained frequent visitors

Only one person has remained a frequent visitor for 2006-11

One person has remained a frequent visitor for 2007-11

One person has remained a frequent visitor for 2008-11

Qualitative evidence:

Feedback from Dial House Visitors' Books:

'Thank you Dial House for offering me the support tonight. It has been brilliant – really helped me with my wellbeing.'

'Thank you to all the staff who have helped me for the past five years. I could not have got through with my life if it was not for Dial House.'

'Thank you to all staff at Dial House and Connect that have helped me for the past five years. I am going away to rehab on the 7th September for a year and a half but thanks to Dial House they said I can still stay in contact. Many thanks for listening to me.'

Improved quality of life

Feedback from Dial House Visitors' Books:

'Thank you for the staff at Dial House. The support was really helpful. If I did not come to Dial House tonight I do not know how I would have coped. And thank you for opening on a Monday night (wish it was open seven days a week).'

'Dial House makes me have a smile every time I come.'

'I have enjoyed today for the first time in a long time.'

Feedback from Visitors' Reviews:

'Social time can be very important because this can be the only time I have any human contact.'

Additional CSCI suggestion for demonstrating this outcome:

'Successful focus on early prevention which can be demonstrated to be reducing the need for higher level support'

Feedback from Visitors' Reviews:

'I haven't been to A&E for 5 years now thanks to Dial House. I also use CRT less since using Dial House.'

'I have been using the PD Network for 17 months and have only been in ACS twice. Before this, I was in ACS all the time. The PD Network encourages me to use Dial House.'

'My hospital admissions have decreased by 90% and I haven't taken an overdose in 21 months.'

'I haven't been admitted to hospital since September.'

'I haven't taken an overdose for the past three months. I'm trying really hard not to. I am basically pleased. Dial House has helped me with suicidal thoughts and self harm.'

Uses CRHTT Care Line fairly regularly – would use a lot more if DH wasn't available. Not been in hospital since last admission a year or two ago – feels would definitely have had a psychiatric admission if hadn't been able to access DH. 'Would have been in hospital, or not here at all, if it hadn't been for Dial House'.

Feedback from Visitor Feedback Questionnaire collected in May 2011:

We asked the following question to ascertain what might have happened if Dial House had not been available to them:

Would you have accessed another service? If yes, which service?

I have collated themes in the table below to identify whether visitors would have accessed another service if they had not come to Dial House, and if so, which service:

Would you have accessed another service? If yes, which service?	Number of times this response was given
No – none available/nowhere offers same level of support	32
CRT	5
Hospital	4
Samaritans	4
Connect	4

The uniqueness, quality of the service and opening hours offered at Dial House stand out as reasons why people would not have accessed another service if they could not have come to Dial House.

This feedback demonstrates the impact our services have on other parts of the mental health system. People visit Dial House and this prevents people from accessing other crisis or emergency services.

Making a positive contribution

As a survivor led service, we aspire to provide hope that recovery is possible, through the service being staffed by people who have been in crisis ourselves. We believe that survivor staff are making a positive contribution themselves, as well as acting as potential role models for our visitors. This is expressed through this feedback from one of the Dial House visitors' books. The staff have given the visitors something to aim for and hope for the future:

'We really need to get more funding. Dial House tonight has been brilliant. I really needed that support – even if I didn't get 1-1 having social time was good and I had the time to chill out in the pink room. Thank you. I am going to work towards being a volunteer in the future and that's been accomplished by Dial House.'

'Thank you for your support in the last two weeks. I have had some really difficult things to deal with. Dial House has been an inspiration to me during this period of my life.'

'Maria, Tony, Karen. You are the best. You're all great. Thank you so much for all your help and support that's helped me get through the bad days. This place keeps me sane and helps me avoid other activities and keeps me safe and out of trouble. I can not express enough my thanks to all the staff involved. Love ya all. PS. Hopefully one day I will be able to return and give my help to others.'

During the April-June quarter, we wrote to over a hundred ex visitors inviting them to join the management committee. Four people responded, two of whom have joined the

committee. This is a positive example of survivor leadership in action as people who have previously been Dial House visitors are now in a governance role, developing the organisation at the most senior, strategic level.

In addition to this, visitors have begun delivering some of the consultancy and training the organisation undertakes. In May 2011 visitors took part in sessions with professionals visiting Dial House, sat on interview panels and delivered a session on supporting students with mental health problems to support and academic staff at Trinity College. Visitors also travelled to Gloucester and Fife and stayed overnight, to deliver conference presentations.

Feedback from Visitor Reviews:

Transcript from review: [Visitor] has been thinking of doing voluntary work with homeless people and is interested in using Dial House social groups; in particular the Thursday group. Feels that she needs to find things to do with her days and her CPN is referring her to the Community Alternatives Team.

Choice and Control

The fact that the organization is in the voluntary sector, without statutory powers, means that people have more choice and control than they may have experienced within statutory services. People particularly value the fact that they can self refer.

The organisation works with people at high risk of suicide and self injury, people with histories of offending and people at risk of misuse of drugs or alcohol. In relation to risk to self and/or others, the organisation works in a risk embracing manner, supporting and enabling visitors and callers to have as much choice and control regarding the risks they present and any action which needs to be taken.

The therapeutic approach of the organisation is the Person Centred Approach.

The key principles of this are:

- The person providing support demonstrates empathy, congruence and unconditional positive regard towards the visitor/caller.
- A belief in the actualisation tendency – that is, a belief that people do the best they can in the circumstances they are in and have an inherent tendency to try to achieve their full potential
- The principle of non directivity. Work is led by the visitor/caller, in the belief that they have the resources within themselves to find their own solutions.

Feedback from Visitor Reviews:

'The opening hours of Dial House are good and usually I am around alright people who understand what I'm going through. It feels safe for me and better than using CRT. It doesn't feel clinical and you don't judge me. Feels different to A&E and being hospitalised as people are not running around and staff are able to find time for me even if it is only five minutes. This is why it feels safe.'

'I have only self harmed once in about 4 weeks. One night I really needed to self harm and I did so at Dial House. The staff allowed this and gave me dressings. It was not a deep cut and it was controlled. I felt more in control because somebody told me that I could do it. I had tried everything before doing this.'

Feedback from Dial House Visitors' Books:

'This is my first time using this service or anything of its kind. I have in the past called other Helplines but frustratingly felt unsupported and generally ended call feeling worse. Dial House has not only been the complete opposite but somewhere I would come again if needed. The staff have been truly amazing; supportive, caring, understanding and above all they really heard me. At Dial House I may have felt unsure of myself but I felt safe and protected by my surroundings. I'm not sure how I will leave as I'm struggling immensely but I know the time spent at the house has kept me safe for the few hours I was here. I'm truly grateful such a place like Dial House exists in Leeds out of hours. The weekends for me are the toughest part of my week and only time I don't have my CMHT and therefore struggle. But to have somewhere like this to help me gain back some control is truly remarkable. Thank you.'

Freedom from discrimination

Feedback from Visitor Reviews:

'One to one is helpful to de-stress and not to be judged. Can vent about how annoyed I feel about other people or services. I think I have moved on, I have struggled but I think the next couple of years will be more positive. Other people outside the organisation are more accepting and have more faith in me. It is about me taking more responsibility for how I feel which is what I am trying to do.'

Feedback from Dial House visitors' books:

'Well honestly! What can I say that would express how grateful and lucky I am to have this place. I feel like a real person and that people are genuinely interested in me as a whole real person and don't just see my 'issues'. I honestly would not be here without the support of Dial House over the last few months. I have not felt as safe or as listened to anywhere else. I would also like to thank Tony in particular; he has really helped me in being able to trust men again. I had a panic attack a few weeks ago and I was terrified. He really calmed me down and really reassured me. So thank you all for the belief and support you have given me in every way. Thank you.'

Personal dignity

The organisation aspires to treat all visitors and callers with warmth, kindness and respect and to provide a consistent, respectful, empathic and consistent service.

Feedback from Dial House visitors' books:

'Thank you to all the staff at Dial House. I think the support is non-judgmental and when in support I feel that I am heard, which with other services is not heard of. Thank you to every member of staff and visitor for making my stay positive.'

'This is the best support I have had in the last two weeks. It is the closest to love that I have had since. Wish there were more places like this. Thank you from the bottom of my heart. When I am in a position I would like to set something like this up myself.'

Feedback from Postal Questionnaire sent out in Jan 2011:

'The staff are so supportive and make you feel like a person again.'

Feedback from Visitor Reviews:

'I have no support from my family. Being around other people in the house is helpful. Staff talk to you and do not put words in your mouth.'

Connect Helpline

Outcomes:

- **Reducing Risk/Preventing Worse Happening**
- **Reducing Loneliness and Isolation**

As identified in the SROI report and discussed in consultation with the Charities Evaluation Service, the monitoring and evaluation of Connect is not as diverse as that of Dial House. This will be improved in 2012 but is largely due to the anonymity of the service we provide on Connect. Often we collect little or no information from the caller about themselves or their experience but the volume of calls that we take and the number of calls that we are unable to take because the demand is so high, speak volumes about the value of the service.

In November 2011 we explored with CES, Connect callers, staff and volunteers, the possibility of conducting a Connect equivalent of the Dial House May questionnaire. This will involve every caller being asked to give a score out of ten of how they felt at the beginning and end of the call. This would be for a defined period such as a two week period.

Reducing Risk/Preventing Worse Happening:

Feedback from Connect Caller Reviews:

'If [coping strategies] don't work, will try to access extra support - has used Samaritans but found them unhelpful – recently started using Connect, which is good, as can get emotional support or just chat – this is another distraction that can help head off a crisis.'

'I used to hear voices which was very frightening. If I feel 'iffy' I can ring Connect which brings me round if I have had a bad do. I have used Connect for seven years and have never had a single problem.'

'I self harm a lot less since using Dial House & Connect'

'My self harm and suicide attempts have gone down since my last review. I have been getting the support that I need. I can phone Dial House or talk to Connect. I know that I will be looked after, listened to and taken seriously.'

'I would have been long gone without Dial House and Connect. Connect regularly stops me from self harming along with the support at Dial House. I have a good relationship with staff and volunteers and it feels like a more personal service whereby I am free to say anything which is helpful.'

'You've saved my life a few times'

Speech written by Connect caller and read out at Connect's 10th birthday celebration:

'I have been using the Connect helpline for about four years. I ring Connect twice each night every night. My fondest memory of Connect is when Stuart helped me about six months ago to get through the worst night I have ever had. I have never been as desperate as I was that night and if it wasn't for Stuart's help, I would not be here now. He was so gentle and he is by far one of the kindest and nicest people that I know. In act I

value everybody who works on Connect. It is the people that I most value about the service and I think all of the supervisors and volunteers are wonderful people. You all have a heart of gold and you all are very special to me. I think the service is second to none.'

Reducing loneliness and isolation:

Feedback recorded in Connect comments book:

'Everyone was really nice and kind and caring at the Connect 10th Birthday Party.'

'Apart from Dial House and Connect, no-one is bothered.'

'Connect is the closest thing I have to a friend.'

'Connect is a good thing, the staff are the few people in my life who have a heart.'

Feedback from January 2011 postal questionnaire:

'I am not better yet and still suffer depression and chronic disabling anxiety and it is so reassuring that Dial House and Connect are there for me.'

7 Outcomes for Mental Health:

Improved health and emotional wellbeing

Feedback from Connect Caller Reviews:

'My last hospital admission was nine years ago. I used to go about once every three months but have broken this trend!'

Improved quality of life

Additional CSCI suggestion for demonstrating this outcome: 'Successful focus on early prevention which can be demonstrated to be reducing the need for higher level support.'

Feedback from Connect Caller Reviews:

'I don't use any crisis services. I used to ring the Samaritans but not now. I have also used ACS in the past.'

This feedback demonstrates the impact our services have on other parts of the mental health system. People call Connect and this prevents people from accessing other crisis or emergency services.

Choice and Control

In 2011 a new project was initiated with the aim of enabling Deaf people to access support from Connect. Staff attended a training course on Deaf Awareness and ideas around how we can use other means of communication and technologies to provide

support have been discussed. We hope this will lead to increased choice and control over how support is accessed by all our callers.

Feedback recorded in Connect comments book:

'I like talking to you as it's no strings attached. I can tell you all my problems and then go away and feel better about myself - more positive!'

'You sit there and listen; you don't ram things down people's throats.'

Economic wellbeing

During 2011, a Connect Volunteer was recruited to the post of Male Group Work Support Worker and another became a member of the Bank Staff team.

Making a Positive Contribution

It is one of our proudest achievements that 13 of our paid staff (57%) started with us as volunteers. This includes people who have had time out of work due to mental health problems. We aim to support and nurture our volunteers and provide them with excellent supervision and training. This positive experience of working within a mental health setting enables many of our volunteers to move into paid work, at LSLCS and other mental health charities. Despite being a small organization, we have an impressive record for progression, which enables staff to develop, personally and professionally, and continue to make a positive contribution to the organization.

Cards received from previous Connect volunteers for Connect's 10th birthday celebration:

'Connect is 10 years old! It is truly special – where I have had so many opportunities to meet with and speak to so many special people. I first came across Connect when I went shopping at Asda and saw an advert recruiting volunteers. From the moment I walked into Dial House I felt that I was lucky to be part of a special organisation. I have had the opportunity to develop skills and confidence that I didn't know I had and it has helped me to develop my career. I can not say that I was in the very first volunteer group but I was in the second! I remember when Connect was open three nights a week and it was so exciting that it could be open seven nights a week! I hope that Connect will be around for another 10 years and there would be a way for us to speak to everyone that calls us – it shows that the service is becoming more and more popular. I hope that the celebrations go well and callers, volunteers and staff enjoy themselves.'

'To all at Connect - thinking of you all still, especially as the 10th anniversary approaches. Congratulations on this wonderful achievement. My experience as a Connect volunteer still glows within me as one of the best things that ever happened to me. It sustains me still. Enjoy your celebrations.'

Freedom from discrimination

A Connect shift supervisor recorded in the Jan-March feedback book that a new caller rang to talk about his issues around sexuality. He was so thankful that he was not judged, was respected and heard. He said he found the service very beneficial and would use the service again in the future.

Group Work

Making a Positive Contribution

During 2011, visitors have continued to develop the group work programme, with two additional groups, Man-age and Hope running from Dial House. As outlined elsewhere, visitors have also met with guests from the Department of Health, Adult Social Care Commissioning and the mental health trusts from across Britain.

At their request, visitors attended Food Hygiene training, along with paid and volunteer staff from the organisation. This was to support them in developing the necessary skills and knowledge to run a social group.

In 2011 there have been many opportunities for visitors to the service to present their experiences and thoughts about the service to external agencies, such as the Leeds Centre for Innovation in Health Management, Trinity College and organisations from around the country. This involvement gives visitors experience of sharing their thoughts about the service, builds their confidence and ensures that the Survivor leadership contributes directly to informing decision making around mental health provision.

The following contribution is from a visitor who has been involved in this consultancy work and has given permission for us to share her story with you. This speech was written for a conference presentation in Gloucester at a conference organized by the local mental health trust and Survivors of Bereavement by Suicide.

Outcomes demonstrated:

- **Personal Dignity**
- **Choice and control**
- **Improved health and wellbeing**
- **Improved quality of life.**

'I started to use Dial House in October 2008 when I started to have a bad time with depression and with my suicidal thoughts too. How I heard of the service was through the ACS after taking my first overdose. I was very scared to call Dial House at first, I remember putting the phone down when I kept hearing it ring but then someone picked up before I could put the phone down again. And the person who took my request was very kind and warm towards me and they were not judgmental towards me. And then I got the call back to say that they were happy for me to come to the house for some one-to-one support. When I got to the house they were warm and open to me and made me feel much better. I was given one-to-one with a member of staff and they made me feel that it was ok to ask for help when I need it, that they could understand what I was going through as best as they can and that it was ok to feel the way I was feeling at that moment in time.

And now, two and a half years down the line, they still support me in the best way they can. I feel that Dial House has saved my life so many times. If there was no Dial House I would have been dead years ago. I still use the service to this day because it is the only place that really understands me and my needs and there is no judgment at all. I

personally think every town and city should have a Dial House because it really works for people. And one other thing is that they take people for how they are, not what their label is. Thank you for listening to my story and I hope that it will help you to understand what this service is like for the visitors who use Dial House. Thank you.'

Choice and Control

Feedback from visitor review:

'Beginning to sleep better, and is getting appetite back. Coming to DH has helped with this (weekend service and peer-led groups through week) – getting involved with things – getting away from just sitting at home watching TV, not eating properly. Having choice at DH – e.g. not having to eat a meal – can opt for a cheese sandwich instead – this has been important in helping him build his appetite back up.'

Outcomes:

- **Reduced visits to Dial House**
- **Peer Support and Social Contact reduces isolation and increases social inclusion**

People attending group work use Dial House less at weekends:

In 2011, there were approximately eleven visitors who used the peer led group work more than ten times and either reduced their use of the weekend part of the service or stopped using the weekend service at all

In terms of reducing the number of times people use Dial House at the weekend, over 2010 and 2011 for some people attending the group work does reduce the number of visits they request at the weekends.

Christmas Group prevents visits to Dial House:

On the Wednesday and Thursday before Christmas, the social group activity was sharing Christmas dinner cooked by a member of staff and some visitors who chose to help him. Out of the fourteen people that attended the Christmas dinners, only five requested crisis support visits over the Christmas weekend.

MAN-Age – Men's Support Group

Outcomes demonstrated:

- **Improved health and emotional wellbeing**
- **Making a positive contribution**
- **Personal dignity and respect**

During October to December 2011, a male group worker was recruited and began working with the men in this group to increase participation and develop the aims of the group. At least five men have attended this group over the October to December period and efforts have been made to publicise the group more widely.

Reduced Loneliness and Isolation through Peer Support and Social Contact:

This was written by one of the people who attends the group. It was written for our website to provide information about the group and we have permission to use it here also.

'My name is B, I am 64. I have had Clinical Depression for 23 years. I started going to Dial House about 15 month ago after crisis with my depression.

I started coming once a week to the Thursday Group. At this group we have a meal. This gives everyone the opportunity to join in (if they wish to) deciding what we eat, shopping, preparing and making the meal, washing the pots, answering the door and befriending and showing round new people. To me I enjoy eating with everyone. We then try to do a project or something entertaining.

About 6 months ago we started the My Time group on a Wednesday. This runs around a meeting where we have the opportunity to talk about our worries and problems (if we wish). I find this very helpful. We are like a big family and do try to help each other, mainly by support. We run the groups ourselves, with a little support.

I am a single person. I live in a flat and miss my garden so I enjoy doing what I can in the Dial House garden. Next week we are going to plant vegetables in tubs around the edge of the garden – peas, spuds, tomatoes, carrots, radishes, onions, lettuce. We will watch them grow, then cook and eat them. We also have barbecues and sit in the garden chatting, making the best of the weather.'

Visitor and Caller Focus Group:

This demonstrates the following outcomes:

- **Choice and Control**
- **Making a Positive Contribution**

The Focus Group was established in 2008 and is facilitated bi monthly by our Vice Chair who is herself a mental health service user. Minutes of the group go directly to the Management Committee who make a response to all issues raised. The group enables visitors and callers to participate in the management and development of the organisation. Visitors and callers set their own agenda, in addition to giving feedback on ideas and policies generated by the management team. Visitors and callers are also asked to interview staff and Dial House volunteers and as outlined above are involved in external consultancy and training.

Social Return on Investment Analysis

During 2011 LSLCS had a Social Return on Investment (SROI) analysis undertaken, which has further supported us in demonstrating the value and cost effectiveness of our services. SROI is a nationally recognized, credible tool, traditionally used to evaluate projects where it may be difficult to assess their cost effectiveness, such as regeneration or community development work.

Through a process involving consultation with all stakeholders, a consultant uses economic reasoning to calculate the value of an organisation's work. By comparing the costs of an organisation with its outcomes, the process demonstrates the long term value of investment. At the end of the process, an organisation has an SROI ratio. LSLCS's ratio is: For every £1 invested in LSLCS, society gets back between £4 and £7. Or, the £376,000 invested in LSLCS over 2010-11 becomes £1,504,000 - £2,632,000.

The organization found the SROI analysis extremely interesting and beneficial. The consultant met with visitors and callers, staff, management committee members, commissioners and partners and produced a report which is available on request. This presented the organisation's work and outlined its value to society.

The consultant also made recommendations for how LSLCS could improve its monitoring and evaluation to better evidence outcomes. During 2011, LSLCS won the Charities Evaluation Service Learning and Innovation prize for the quality of our monitoring and evaluation. We won £1,000 worth of CES consultancy which was spent on a workshop in November 2011 which explored the recommendations made:

Evaluation of Connect: As outlined above, we have less evaluation for Connect than Dial House. This is because it is largely an anonymous service. The consultant recommended developing ways of evidencing the efficacy of Connect. During May 2012 we plan to undertake a similar process to the Dial House May questionnaire. During six evenings in May on Connect, callers will be asked at the end of the call if they could be put through to someone else to answer some questions about the support they received. Management Committee members, who do not work on Connect, will ask they questions. The purpose of this to ascertain the immediate impact of a call to Connect.

1-3 time visitors to Dial House: One of the most surprising findings of the SROI analysis was that most people (approx 50%) visit Dial House 1-3 times and never return. This may be for largely positive reasons, in that the crisis has been short lived and the intervention of Dial House has been effective. Most of our current monitoring and evaluation focuses on regular visitors, with whom we have an ongoing relationship. During 2012 we will focus on gathering feedback from people on their first, second or third visit. This will include through postcards in Dial House and through asking people how often they have visited on the May and postal 2011 questionnaires.

Visitor and Caller Feedback, 2011

We believe that we achieve our outcomes through the provision of the following 5 elements of effective support:

- **Listening**
- **Treating people with warmth, kindness and respect**
- **People don't feel judged or assessed**
- **Being in a different and calm environment**
- **Peer Support**

Listening:

'I find it helpful being able to express how I am feeling in the here and now.'

'I would like to thank Dial House for accepting me tonight and I would like to thank Carol for the one-to-one support. I felt I was listened to and not judged in any way.'

Feedback from May Questionnaire:

How has visiting Dial House helped you cope tonight?

'It kept me safe and someone listened to me when no-one will listen to me at the PD Network.'

'For someone to understand me and for someone to care about how I feel and keep me safe'

'Some one listened'

Treating people with warmth, kindness and respect:

'Dial House is a really friendly place. Staff at Dial House are like my family because I can trust them and I can tell them everything.'

'A problem shared isn't a problem halved, but a problem shared is a weight off the heart...over the past two weeks that staff at the house and on Connect have been the most helpful and supportive people I've ever had the pleasure of speaking with. The past few weeks have been absolute hell - the kind I thought no-one could possibly comprehend. I'm still not sure anyone can but I'm comforted knowing you understand me a lot more than most. Thanks.'

People don't feel judged or assessed:

Feedback from Dial House Visitors' Books:

'I felt sad and alone
So I picked up the phone
And rang Dial House.
I brought my stuffed mouse.'

I came for some support,
With the staff I built up a rapport.
So thank you very much.
When I'm in crisis I need to get in touch.'

'I had worried that making use of Dial House after a two year absence, as I had been back in Birmingham as I had been 'suspended' from Uni might be seen as a step backwards. Thankfully, I'm not judged here.'

Thank you so much for your amazing non judgmental support. A special thanks to Colin, your support was brilliant and really helped. Thank you.'

Feedback from Postal Questionnaire sent out in Jan 2011:

'There is no other service like Dial House. No one is ever judged, there is a complete understanding of self harm as a coping mechanism and staff that have been service users enables a feeling of being safe and a relaxed atmosphere.'

Being in a different and calm environment:

Feedback from Dial House Visitors' Books:

'Dial House is and still is (In fact) a safe place for me, the only safe place for me at the moment, warm and always welcoming, a place I can talk in private, socialise, sleep, eat and even get a shower and change of clothes. It's beginning to feel a bit like what I think a family should be like. I instantly relax as soon as I come in the door. I do have a few life lines thrown to me in times of need but not as nice a life line as this place. Thank you so much.

P.S: No improvement needed

P.P.S: One night here helps me with that night's crisis and helps me one or sometimes two days after.'

'The walls are made of two hands
 cupped around the people inside.
Holding them, keeping them safe and protected
 even just for one night.'

Peer Support:

Feedback from Dial House Visitors' Books:

'What a lovely calm place to come when feeling so alone.
In the place others only know as depression.
To be able to talk, be honest about how we feel.
Without having to keep our feelings, thoughts in.
To be among others who feel the same.'

How are we different from other services?

As part of January 2011 questionnaire we asked people to give narrative answers to the question 'How are we different from other services?' We hoped to understand from this what it is that our visitors value most about our service and what makes us unique. The answers given are presented as they were written by the respondents but the responses have been grouped into themes for each answer to show recurring thoughts.

Person Centred Approach (empathic, congruent, non-judgmental)

'Very helpful, understanding, do not judge people. If it was not for Dial House I would not be here now.'

'It means so much to know that when you are in crisis there is a place like Dial House to go to where you can have one to one support and also Dial House is a very warm, welcoming and calming place. The staff are so supportive and make you feel like a person again.'

'Non-judgmental, family atmosphere at Dial House'

Quality of Staff

'Very friendly staff and a safe place to be in'

'Very supportive'

'Feel comfortable with staff – feel that I am understood'

'Because there are people at Dial House who listen to you and don't judge you in any way'

'The staff are not medical or nurses – this makes things more normal and friendly. The staff try their best to help'

'Dial House just listen and help you in crisis'

'The support from staff'

Dial House environment

'Somewhere to go and feel safe'

'Relaxed, friendly atmosphere, homely'

'It was a safe place to go'

'Because it is a house we come to, it is homely'

'You allow the visitor to be at home and to have the run of the house within reason. Also you have relaxing rooms and rooms to be by yourself'

Providing out of hours, alternative support

'With not being able to travel alone very often, being picked up and dropped off home is a life saver'

'Time to listen and understand people's situations and actually being able to come to the house when the time is the hardest'

'A safe place during unsocial hours'

'The chance to meet other people with same issues, away from a hospital environment'

Survivor Led

'Whole ethos of Dial House is peaceful and people having an especially difficult time are given their own space, with extra assistance as required. You know that the staff helping you have been through a variation of your problem and survived, even with occasional blips'

Incidents and breaches of confidentiality, 2011

The following outline the times when confidentiality was broken for visitors and callers. This usually happens due to risk of suicide and/or self injury. These figures are collated to highlight the levels of risk that the services are working with on an ongoing basis.

Many of the referrals made to the Crisis Resolution Team from Dial House are made late at night. This is because Dial House is closing and we are concerned about the safety of the person once we close. If Dial House was not closing at this time, we would not make so many referrals.

Where the police are contacted, this is usually to ask them to undertake welfare checks when visitors or callers have stated a clear plan to end their life. This most commonly happens from the Connect Helpline or during calls to Dial House.

Visits to Dial House

Overall, confidentiality was broken for visitors to Dial House 100 times for 32 different visitors. (This includes multiple breaches of confidentiality for the same incident, e.g. where police and CRT are both contacted, confidentiality would have been breached twice.)

January – March:

Confidentiality was broken 21 times for 14 different visitors
(The highest number of breaches for one visitor was 4)

April – June:

Confidentiality was broken 28 times for 10 different visitors
(The highest number for one visitor was 6)

July – September:

Confidentiality was broken 34 times for 15 different visitors
(The highest number of breaches for one visitor was 6)

October – December:

Confidentiality was broken 18 times for 12 different visitors
(The highest number of breaches for one visitor was 3)

The following table shows which services were contacted during 2011 for Dial House visitors:

	2011 total*	Jan-Mar	Apr-Jun	July-Sep	Oct-Dec
Crisis Resolution Team	64	16	22	15	11
National Poisons Helpline	3	0	1	2	0
Police	10	0	0	7	3
Ambulance	8	3	0	2	3
Out of hours GP	0	0	0	0	0
Hostels / emergency housing	12	1	4	6	1
ACS	2	1	0	1	0
Assertive Outreach Team	1	0	1	0	0
LGI	1	0	0	1	0

*These totals include times when confidentiality was broken to more than one service for one incident.

Calls to Dial House where confidentiality was broken

Overall, confidentiality was broken times for at least different callers in calls to Dial House:

	2011 total*	Jan-Mar	Apr-Jun	July-Sep	Oct-Dec
Crisis Resolution Team	11	3	5	2	1
National Poisons Helpline	7	2	1	3	1
Police	11	4	1	3	3
Ambulance	16	5	1	7	3
Hostel / Housing Service	10	0	3	5	2
Hospital	1	0	1	0	0
ACS	1	1	0	0	0
Social Worker	1	0	0	0	1
NHS Direct	2	0	0	2	0
PD Network	1	0	0	0	1

*These totals include times when confidentiality was broken to more than one service for one incident.

Connect Helpline calls where confidentiality was broken

Overall, confidentiality was broken 99 for at least 23 different people to:

	2011 total*	Jan-Mar	Apr-Jun	July-Sep	Oct-Dec
Crisis Resolution Team	25	8	10	3	4
National Poisons Helpline	2	0	2	0	0
Police	23	8	4	4	7
Ambulance	20	6	5	6	3
Hostel / housing support	25	1	13	4	7
Hospital	1	0	1	0	0
Out of hours GP	1	1	0	0	0
CPN	1	0	0	1	0
NHS Direct	1	0	0	0	1

*These totals include times when confidentiality was broken to more than one service for one incident.

Complaints

During 2011, there were 9 occasions when a complaint was made and dealt with by the Manager or Deputy Manager. Most of the complaints were made verbally, in person or on the telephone. The complaints were made by 7 different visitors.

The complaints were about the following issues:

- Interaction or conflict with another visitor 3
- The behavior of other visitors at Dial House 1
- Being invited to visit Dial House at same time as ex partner 1
- Interaction with a member of staff 1
- Being given contradictor policy information by staff 1
- Requests for visits being declined 2

None of the complaints were taken further than the Manager and all complaints were resolved to the satisfaction of the visitors concerned.

Staff Team Evaluation

Every two years, an evaluation of staff satisfaction is undertaken. This is facilitated by members of the Management Committee. The purpose of this is to ascertain if staff are being managed and supported in a manner consistent with the Person Centred Approach. This is undertaken due to a passionately held belief that staff cannot provide the conditions of empathy, congruence and unconditional positive regard to visitors and callers if they are not receiving these conditions themselves. The organization believes staff must be treated with warmth, kindness, compassion and respect, in order to be able to deliver a service that provides these elements. The study is facilitated by Management Committee members to separate it from the senior staff who directly manage staff.

All staff are asked to complete a survey. Senior staff are presented with anonymised results, including direct feedback about each of them individually. The results are discussed by the senior team and Management Committee to identify recommendations and actions to be taken. This is then presented back to the staff team.

The 2011 survey covered a number of areas: Overall satisfaction; how you are treated at work; how you are managed & supported; Communication & planning; Professional development; Working conditions; Suggestions for improvement & any other comments. Overall response rate was 12/23 (52%), comprising 7/14 (50%) core staff and 5/9 (56%) Bank staff.

There was a high level of overall work satisfaction with all staff reporting they were either "very" or "completely" satisfied with their work. The philosophy of the organisation, being able to provide a non medical service, the work with the visitors and callers, team work and the nurturing environment were all highlighted as strengths of the organisation. All staff also reported being managed in a manner consistent with the Person Centred Approach and being treated with warmth, kindness and respect.

Issues were highlighted with regards to the role of Bank Staff within the organisation and whether they are equally valued. In response to this, the Bank Staff wellbeing budget (where staff can access counselling, complementary therapies or external supervision to support them in the work) has been increased from 2012. There was also a session about team inclusivity and giving constructive feedback at the 2011 away day.

In response to feedback in the survey about the facilitation of the monthly Reflective Practice group, the senior team participated in an away day in late 2011, focusing on individual and group supervision. A day of supervision training for Connect supervisors will follow this in 2012. A policy outlining the purpose of Reflective Practice has also been developed, with input from the team, in early 2012.

Volunteer Evaluation

In addition to the staff evaluation outlined above, an evaluation of Volunteer Satisfaction is also undertaken every other year. Volunteers are our biggest staff group. At any one time we have 35-40 volunteers, who staff the Connect Helpline, keeping it open every night of the year. As with the staff evaluation, the process is facilitated by a member of the management committee.

During 2011, 15 volunteers (49% of the active volunteers at the time) completed a questionnaire and 2 volunteers attended a focus group facilitated by two committee members.

The level of satisfaction experienced by volunteers who took part in the process was very high, with people giving extremely moving accounts of the impact which volunteering had on their lives. It is one of our proudest achievements that more than 50% of current paid staff started in the organisation as volunteers. We aspire to provide volunteers with a nurturing, challenging, supportive and stimulating experience of work within a mental health charity. We believe it is the training, supervision and support we provide which enables so many of our volunteers to move into paid work within the mental health field.

Within the 2011 evaluation, the following issue was taken forward by the organization:

- **Supervision:** Both the questionnaires and focus group discussed the differences in approach taken by Connect shift supervisors. While some of this was attributed to personalities, there were reports of inconsistencies in approach and this causing some confusion. The issue of supervision had already been picked up through the paid staff evaluation process and though committee members shadowing Connect. There will be a training day on supervision for Connect shift supervisors early next year.

Consultancy and Training

As a unique and innovative organization, Leeds Survivor Led Crisis Service is increasingly asked to deliver training and consultancy to other organizations. The awards which the organization has won and the media coverage this has generated, has given the organization a platform from which to disseminate our practice. This enables us to champion being a survivor led, person centred, voluntary sector service.

2011 was an exceptional year in terms of the amount of consultancy we were asked to undertake. This may have been due in part to winning our fifth national award during 2011. In March we won the Charities Evaluation Service Learning and Innovation Prize for the quality of our monitoring and evaluation.

We have also received our highest profile media coverage during 2011. In November, Mind launched their report into crisis care for people in mental health crisis. This was covered by the Independent newspaper. An article was on page 2 which referred to LSLCS as a beacon example of high quality crisis care. The Manager was interviewed on Radio 5 Live following this coverage.

Media coverage, high profile awards, training and presentations are an opportunity for us to champion being a survivor led, person centred service in the voluntary sector. Through our consultancy work we present alternative, non diagnostic, not medical approaches to extreme mental health crisis.

The organization has been asked to deliver training on the following issues:

- Alternative approaches to working with people in crisis
- Working with people who self harm
- Working with people at risk of suicide
- Working with survivors of sexual abuse
- Survivor Leadership
- Service User Involvement and Empowerment
- Running a successful survivor led service
- Managing risk
- Demonstrating outcomes
- Providing Person Centred Support
- A Person Centred Approach to Hearing Voices

During 2011, we undertook the following presentations training and consultancy:

Presentations:

- Leeds Metropolitan University, presentation on "Alternative approaches to working with crisis" to psychiatric nursing students, February

Conferences:

- Pavilion, Borderline Personality Disorder and Self Harm, February
- Volition, annual conference, presentation on 'surviving and thriving in uncertain times' June
- Anglia Ruskin University, peer support conference, September
- Peer Support Fife, peer support conference, September
- NHS Gloucester and Survivors of Bereavement by Suicide, September

- Social Care Institute for Excellence, personalisation conference, December

Training:

- Leeds Accommodation Forum, Working with Survivors of Sexual Abuse, January and June

Consultancy:

- South London and Maudsley NHS Foundation Trust, January
- Middlesborough Mind, February
- Peer Support Fife, May
- Centre for Innovation in Health Management, July
- Belfast NHS Trust, August
- Sutton Mental Health Foundation, November

Recommendations

Capacity

We are delighted to be able to report that in 2011, LSLCS was given additional funding from NHS Leeds which enabled us to open Dial House for a fourth night each week. From June 2011, Dial House opened Friday, Saturday, Sunday and, additionally, Monday. However, despite this, capacity remains our biggest operational challenge, as the organisation is unable to meet the demands for its services. For the sixth year, the numbers of appropriate visits declined rose. As demonstrated earlier, demand for the services also increased; more than can be accounted for by the increased hours since June. This is of grave concern in the current financial climate. Our expectation is that demand will drastically increase in the next year, as other services are being reduced or decommissioned. The reduction of services involved in prevention and maintenance will inevitably have an impact on crisis services. We also anticipate more people entering the mental health system as a result of poverty and unemployment. Our expectation is that alcohol misuse, suicide attempts and self injury will increase over the next year and this will have an impact on our organisation.

Increased Funding

In the current economic climate, the organisation will continue to develop ways of generating income through training and consultancy. This is an expanding area of work, with a significant increase in the amount of funding achieved this way during 2010-11.

Increasing Diversity

The organisation continues to attract reasonable numbers of people from LGB populations and high numbers of people who define has having a disability. The services attract a range of ages, with an increase in 2011 of female visitors under the age of 25 and older male visitors.

However, the organisation continues to fail to attract people from BME groups, especially people who identify as being from Black minority groups. We are repeatedly told this is due to the area Dial House is in. Halton is perceived as a racist area where Black people do not feel safe.

During 2011, LSLCS worked in partnership with Touchstone to put a bid in to the lottery Reaching Communities fund to run the Dial House service 1-2 nights per week from the Support Centre. Unfortunately this was unsuccessful, but we plan to resubmit the bid during 2012.

We have also been working in partnership with Sign Health to make our services accessible to Deaf people. We plan to submit a bid to a Department Health access fund. This will enable us to provide the Connect service online using instant messaging and to recruit people who are BSL fluent to deliver the face to face service in Dial House.

Increasing Survivor Leadership

This continues to be a priority for Leeds Survivor Led Crisis Service. During 2012 we will continue to support visitors to undertake consultancy and training work. We will also support visitors to attend the Management Committee as expert advisors.

Demonstrating Outcomes

This is one of the goals in the organisation's 2009-12 strategic plan. We continue to search for more quantitative ways to demonstrate our efficacy in reducing risk and supporting people to resolve or better manage crisis.

Our priorities in 2012 are to undertake an evaluation of Connect satisfaction and to elicit feedback from people on their first, second or third visits to Dial House. One of our 2012-13 NHS CQUIN (Commissioning for Quality and Innovation) targets is to undertake an evaluation of the therapeutic value of involvement work.

Strategic Business Plan

The current plan is for 2009-12. During this year, the management committee are meeting to write a plan for 2012-15.

Management Committee Members during 2011

Emily Brown (Chair)

Elizabeth Burton (Vice Chair)

Ruth Steinberg

Jon Woolmore

Alison Lowe

Rachel Gosling

John Thorpe

Charlotte Allen

Liam O'Connor (Treasurer)

Phil Green

Kim Faircliffe

Staff Team during 2011

Project Manager	Fiona Venner
Deputy Manager	Daniel Dumitru / Shayam El Sherbini
Finance & Admin Worker	Helen Butlin
Admin Assistant	Michelle Noad
Housekeeper	Mandy McLeod
Senior Crisis Support Worker	Richard Barber
Senior Connect Support Worker	Katharine Haworth
Connect Support Worker	Sarah Farnell
Crisis Support Workers	Colin Sinclair Vikki Soeder Carol Gatewood Tony Lambert Mary Chelinski Maria Greenwall Helen Butlin
Bank Crisis Support Workers	Colette Sheehan Saeed Hussain Stuart Tillman Kitty Thomsett Lisa Wolstenholme Theresa Clarke Karen Friend Barry Cooper Sue Cope Maddy Smith Zoe Gilbert
Group Work Support Workers	Maria Greenwall Michelle Wilson Nick Smith

Connect volunteers during 2011

Adam Clarke
Alex Trapp
Amy Paddock
Andrew Chappell
Andy Eyre
Brian Wilks
David Meyrick
Debbie Holliday
Dee Mearns
Emily Houseman
Emily Lamb
Emma Barnacle
Emma Whitaker
Erin Flood
Gail Heszalgraves
Gary Payne
Hannah Buckland
Helen Battle
James Fletcher
Jayne Hookham
Jess Chambers
Joanna Douglas
Joanne Blake
Julia Callan
Julie Blanchard
Julie Ridsdill*
Kath Georgiades

Laura O’Nions
Laura Vigus
Laurie Armitage
Linda Barley
Lisa Perry
Lisa Saunders
Lydia Franks
Maame Owusu-Ansah
Mark Forster
Michaela Sheridan
Michelle Noad*
Michelle Wilson*
Monika Antas
Nick Smith*
Ranya Elsherbini
Rosie Blagg
Rossan Herah
Samantha McHale
Shireen Begum
Simon Oxford
Sonia Matthews
Stacy Wallis*
Suzanne Wallace
Taiyybah Zahoor
Tecla Chisugi
Tilait Tanweer
Zoe Gilbert

*These volunteers also volunteered in Dial House during 2011