



ARC Day Services Quarterly Report

2023-24

Report Period

1st April 2023 – 31st June 2023



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board





Introduction

As ARC ends the first quarter of 2023-24 it continues to build on the successes of 2022-23. The Advice and Guidance team has become increasingly established within the ARC model and provides a host of quick, responsive and preventative interventions, delivering emotional, listening support as well as short-term practical guidance within the community.

The OTs continue to work closely with the LPMHSS therapists and provide services that are unique to the Bridgend area of CTM, where they provide specialist OT assessment and interventions at a primary care level, taking referrals from a range of sources, including psychiatric out-patients and working with people with complex needs.

The Assessment staff provide valuable, planned, community support for people assessed by crisis and home treatment team, Local Primary Mental Health Support Service as well as supporting people with next steps following attendance at Mental Health Matters Retreat.


The Tickety Boo group has grown in relevance and reputation and is well established as a source of support to mothers struggling with post-natal issues. The Employment Officer continues to offer support to people struggling to maintain their employment and to return to work from sickness absence.

All areas of the service are supported by an established and cohesive group of support workers/implementation staff, who as well as having a number of projects and special interests in their own right, continue to support assessments, implement plans and provide essential community support.

The service continues to build on positive relationships with a range of third sector and community organisations, with new initiatives being developed following the successful small grants project over the previous two years.

The way in which the service captures data is currently being reviewed, both in terms of internal processes, but also in terms of WCCIS and how information can be best used. Service leads are in conversation with the WCCIS team about improving the data capture and an exercise in process mapping is being undertaken to look at how best to reflect the work of the service, in terms of both data and outcomes. The service continues to work towards improving the reporting of outcomes and the measures of success, along with the re-introduction of feedback and satisfaction forms.

The following report is split into the different sections of service delivery rather than a full set of data for the whole service, as has previously been the case. The first part of the report concentrates on the **Advice and Guidance** service, including public access and Triage category F referrals, followed by the referrals for **Short term community support**, which emanate from a range of services that provide an element of initial contact or assessment, including LPMHSS, crisis and home treatment service and the ARC Advice and Guidance team, where individuals require further assessment and goal planning. Thirdly, is the section on **Occupational Therapy** referrals and the referrals for this part of the service are related to people with more complex presentations, where there is a higher degree of restriction in functioning and where risks are generally higher. Referrals for OT come from Psychiatric Outpatients, LPMHSS, Crisis or CMHT assessment and these referrals are through a joint



allocation process with the LPMHSS Therapy team. Section 4 focuses on referrals for **Employment Officer** support from across the range of services and this is followed by an update on specific peri-natal MH support through the **Ticky Boo** workshops.

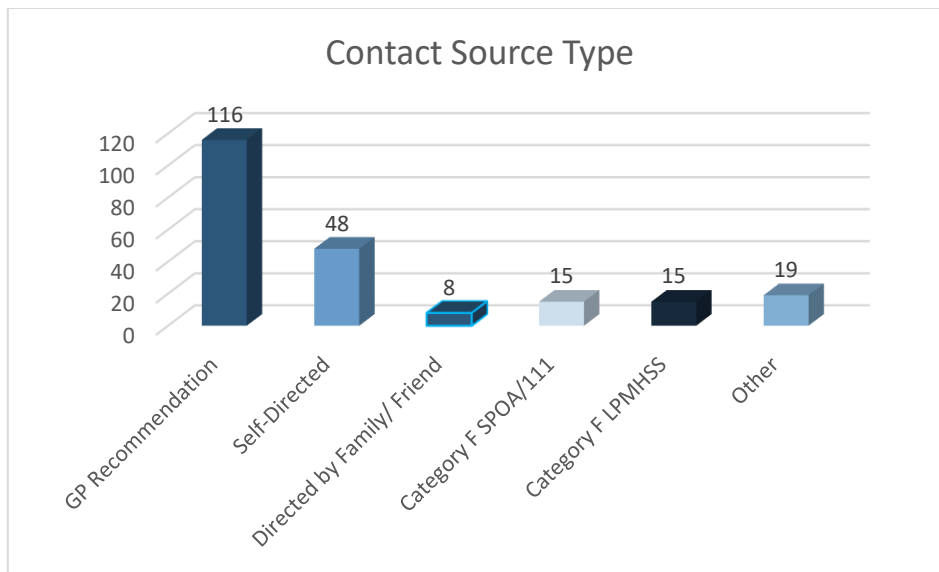
Further sections of the report highlight some of the current projects and partnerships, some of which are a continuation of the small grant programme.

Advice and Guidance Services

This report provides data on the numbers of people in contact with this part of the service. These will be people who have made direct contact with the service, those who have made contact on the recommendation of a GP, or those who have been referred initially by a GP for assessment and deemed not to require assessment and this now includes people calling from the 111#2 service. These are referred to as Category F in the MH triage system.

There were **221** contacts for Advice and Guidance support, with **116** from people who had been recommended to call by a GP, **8** people recommended to call by a family member or friend and **48** people who had directly reached out for support of their own volition.

There were **15** contacts in each of the Category F triage groupings, making up roughly 30% of referrals received from SPOA/111 and the recategorized LPMHSS referrals. Unlike the direct contacts, where there is no drop-out rate, there are a number of people sent from other services for this support who do not then engage with the service, and this is roughly about 60% of those referrals received.



Of those using the service, there was a split of 40/60% Male to Female (90/131) and this remains a fairly consistent pattern over several years. Approximately 50% of people were in employment, 36% were unemployed, 7% were retired, with the remainder in education and training or of unknown employment status. The Other category are people who's contact source has not been identified on the system.

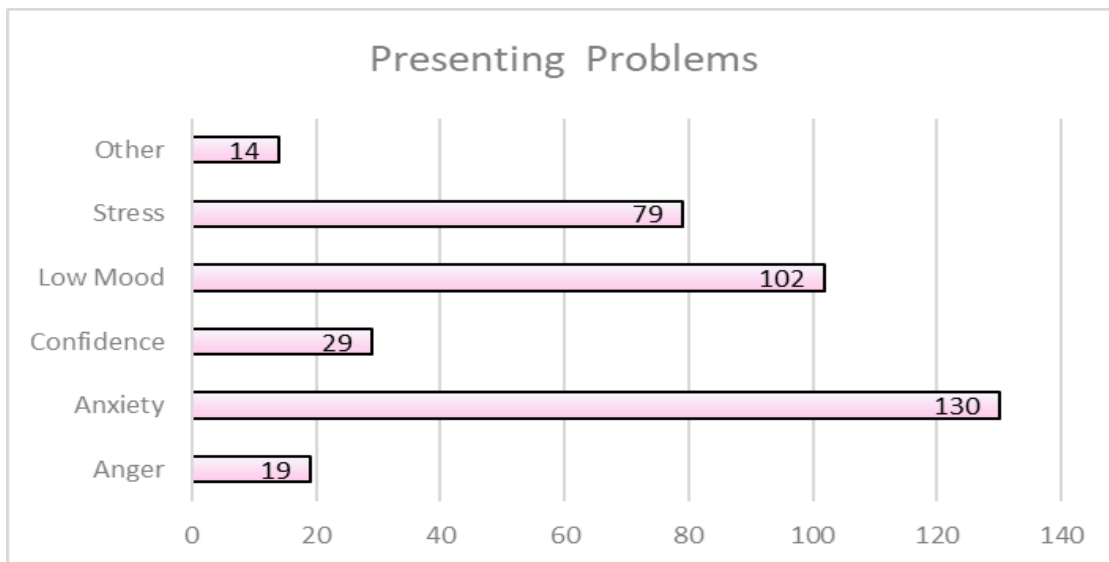
Cluster distribution

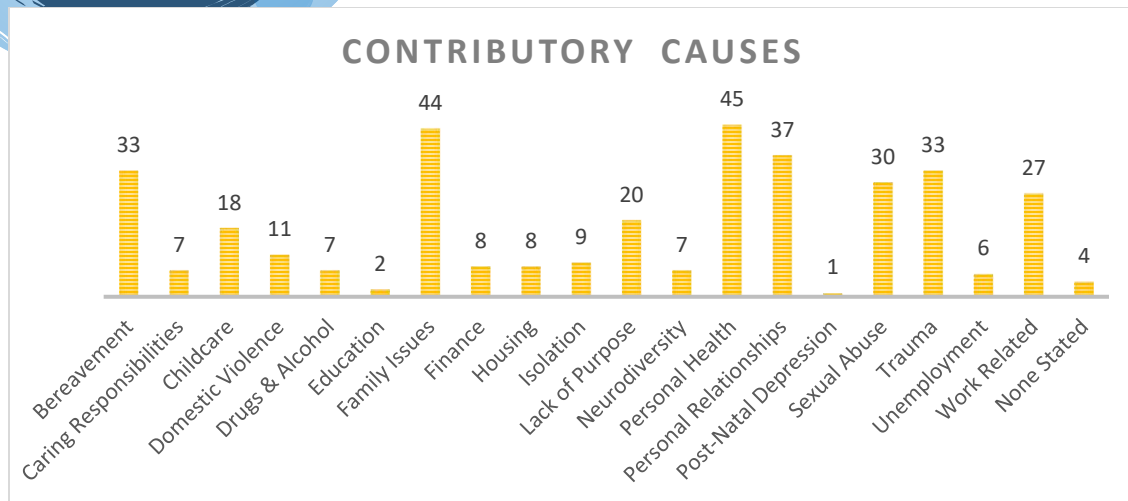
| Cluster | Number | % |
|-------------|--------|------|
| East | 83 | 37.5 |
| North | 84 | 38.0 |
| West | 53 | 24.0 |
| Out of area | 1 | 0.5 |

The North Cluster area is slightly above the East and the figures are more in line with GP populations, in comparison with 2022-23 when the North was disproportionately lower.

Presenting issues and Contributory Causes

Predominantly people present to the service with single issue or combinations of stress, anxiety and low mood with associated issues such as anger and low confidence. Much of this is seen by those presenting to the service as a result of numerous social, personal and environmental issues. Personal and family stressors are significant, along with bereavement and personal health concerns. Issues such as childcare and general caring responsibilities are also featured. There is a relatively large number who present with personal trauma and sexual abuse and many of these may be directed towards assessment with the LPMHSS to ascertain the extent to which this has resulted in PTSD and the need for psychological support.





Outcomes

Of those people in contact with the service during Quarter 1, 26 people were allocated for mental health assessment or advised to seek a mental health assessment due to high levels of complexity which required more formal support. This included issues such as multiple trauma and eating disorders.

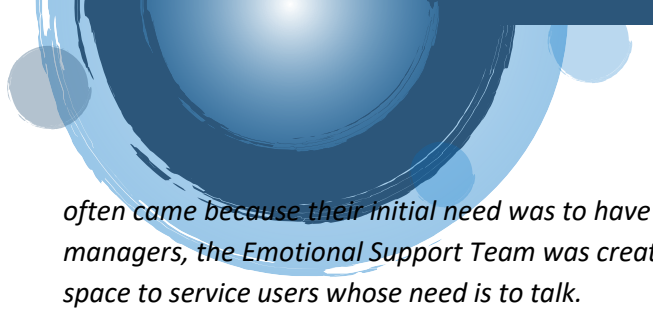
24 people were offered brief community support to help contact a range of support providers and to attend groups in the community, whilst 4 people were passed to another part of the service for short to medium term support with an allocated key worker, with a further 14 directed to employment support. The remaining people were signposted to a broad range of community groups, self-help resources and counselling support, whilst 49 people were offered brief follow-up in the form of emotional support sessions – See below.

Emotional Listening Support

During this period 38 people engaged in a programme of emotional, listening support and received between 1 and 6 sessions, with an average of 4 sessions per client. Roughly 75% were female, compared to 25% male, with a fairly even spread across all age ranges between 25 and 55 plus, with slightly smaller numbers for 18 -24yrs. Across the localities there were 41.5% from the North and 41.5% from the East, with 17% from the West area. 35% used the sessions to focus on problems in personal relationships, whilst 14% used the sessions to focus on family issues, with others focusing on bereavement and loss, physical health concerns and work and domestic stress.

Reflection on the Emotional Listening Support Service from Ty Elis Trainer and Mentor - David

This project was initiated by Support Time and Recovery Workers, based at ARC, who, all bar one, had attended an 18 hour (over 6 weeks) training programme delivered by Tŷ Elis Counselling. The Course was facilitated by myself and focused on therapeutic communication. The course highlighted the therapeutic benefit of listening to and engaging with service users' emotions alongside the staff groups' focus on providing sound advice, support and practical problem-solving skills. As a result of this training, staff identified that a proportion of service users



often came because their initial need was to have someone to speak to about their lives. With the support of managers, the Emotional Support Team was created. The team consists of 4 practitioners, who offer time and space to service users whose need is to talk.

From the outset there was a recognition that providing emotional support is difficult work at times, while there is clear recognition that the workers are not providing Therapy or Counselling, there is potential for the blurring of role boundaries. A support arrangement was identified as necessary and put in place. The group of 4 workers meet with me once a month. In keeping with the spirit of the groups' healthy ownership of this project, the support offered is based on the group's needs, but has settled into a supervisory process where members share difficult or challenging cases, and we each offer some thoughts and guidance about how to help resolve the issue the worker is facing. There may be some additional benefit to the group due to my experience as a former mental health nurse, Lecturer in Mental Health, and now practicing Counsellor.

There are a number of interesting observations arising out of this support process.

- This is a highly motivated group of staff, whose commitment to the project, and the supervision process that has evolved out of it, is admirable.*
- Feedback strongly suggest that service users who have accessed this service appear to value it.*
- Service user engagement seems high.*
- The service is able to respond quickly, there is no waiting list.*
- The staff group are enthusiastically engaged in meeting these services users' needs.*
- The staff group are developing confidence when faced with more challenging situations, and creatively support each other to increase service user support if necessary.*
- There is anecdotal evidence of service user improvement, this includes examples of people making independent positive change in their lives, experiencing relief as a result of talking, recognising that they need additional help, and/or moving on to receiving formal therapy/counselling. It is apparent that this service promotes active change. (There are discussions around writing and seeking publication of an article about this)*
- Some practitioners in the group are contemplating further training, and all members are informally seeking to enhance their knowledge around therapeutic engagement.*

Bridgend College Outreach

4 referrals were received from Bridgend College Student Support team during this period. The majority of referrals from the college are during the Autumn and Winter terms and due to term times, there are no referrals during July and up to the latter part of September. In general, the support focuses on individual engagement at the college, providing emotional support and connecting to appropriate support systems and networks.



Short to Medium Term Community Support

During this quarter there were **74** referrals received for planned community support. **36** referrals were received from LPMHSS, **10** from Crisis and Home Treatment services and **9** were referred directly following assessment with 111#2 triage services. **15** people were referred on from the Advice and Guidance Team for planned support. A further **4** people were referred on from the Mental Health Matters Wellbeing Retreat.

| | |
|--------------------------------|----|
| LPMHSS Assessors | 36 |
| Crisis and Assessment Services | 10 |
| Single Point of Access/111#2 | 9 |
| ARC Advice and Guidance Team | 15 |
| Wellbeing Retreat | 4 |

Activity and Outcomes

23 assessments were completed during this period with 18 people still being supported at the end of the report period. During this period there were 26 people discharged after a period of support with goals achieved.

Case vignette SC

SC is a 25yr old man from Maesteg, who was referred to ARC following an assessment with the Local Primary Mental Health Support Service. He reported long term social anxiety, with significant anxiety related to losing control of his bowels. This had created issues with his daily functioning and notably his ability to leave his house due to overwhelming nature of his anxiety. The anxiety related to his bowel movements manifested itself in SC not eating or drinking if he was required to leave the house, due to the fear of having an 'accident'. At the time of the referral SC was only leaving the house to go to the corner shop for essential items; he was unable to eat in front of anyone for fear of incontinence and was unable to use public transport for the same reasons.

SC was seen by an Assessment worker and was allocated a support worker at an early stage, with the initial aim of graded support to leave the house for short walks to build confidence. His longer-term goal was to be able to get the bus without fear or panic and to undertake visits to the town centre to do his shopping, with the ultimate aim of living a more fulfilling life.

In the initial stages of support, SC would not eat for 24 hrs before meeting his support worker due to his fear of incontinence. Discussions took place with the therapy team in LPMHSS about some input to focus on overcoming his anxiety and panic. A graded exposure plan was instigated with the input of a therapist practitioner. Over the period of 8 sessions SC received a CBT based approach from the therapist to challenge his thoughts in relation to his agreed goals with his support worker. Over a relatively short space of time, SC began to eat before meeting his support worker and gradually reduced his anxiety to the point where he was able to get the bus and meet the support worker in the town centre and was then able to go for something to eat whilst out.

He was recently discharged from ARC after making significant progress in a relatively short space of time and has reported back to the team to say that he recently proposed to his girlfriend whilst out and in front of friends and

family. He now regularly goes out with both his girlfriend and his family and feels his life has taken a positive turn.

Quote from SC

“My whole life has changed. I’ve done stuff I didn’t think I’d be able to do, like propose to my partner. I just want to say how grateful I am. Thank you so much.”

AG Therapist Practitioner - Reflection on working with client SC and ARC Team (Sue -Assessment Worker and Rhys – Support Worker)

SC presented with panic disorder, with or without a trigger. SC would report feeling that his stomach would churn and set of involuntary catastrophic misinterpretations of this, meaning that he felt he would have an accident and embarrass himself.

The ARC Assessment and Implementation team recognized that SC was struggling to make progress with their planned goal of being able to have more freedom without fear of an accident occurring. I feel this highlighted the intent of the team’s efforts to progress with clients, understand limitations and to ask for further input.

Working alongside Rhys, we arranged behavioural experiments, designing them to be completed with or without support, and the support to be given as a bridge to the next stage. SC was asked to eat before going for a walk with Rhys, as this was not previously possible due to SC’s belief that eating before leaving the house was dangerous.

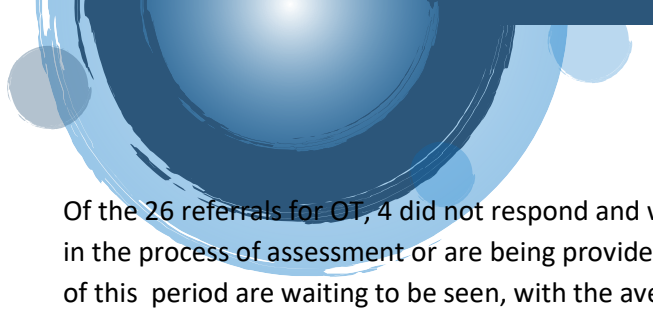
SC at the start of treatment set out the goal that he would like to eat in public, where this was achieved a lot earlier than planned in sessions and showed exactly how working with support for SC aided greater results. SC ate in public for the first time in years following being in an environment where he was supported by Rhys and allowing SC to feel comfortable in making autonomous choices.

I feel that there were many benefits to working alongside both Sue and Rhys, and that styles of working across teams can have a big impact for clients and aiding recovery to the point of where the client makes greater gains than expected. SC was proof in this theory and hopefully it can become a more regular occurrence demonstrating its value over a longer period.

Occupational Therapy

During this quarter report period there were 26 referrals received for specialist OT interventions, with the majority from LPMHSS, either following assessment or following a period of psychological support. Further referrals were received from Psychiatric outpatients clinic.

| | |
|---------------------------|----|
| LPMHSS Assessment | 10 |
| LPMHSS Post Psychological | 8 |
| Outpatients | 8 |



Of the 26 referrals for OT, 4 did not respond and were discharged. Of the remaining 22, all have engaged and are in the process of assessment or are being provided with support. Some of those referred towards the latter part of this period are waiting to be seen, with the average wait up to 6 weeks. The OTs continue to work closely with the therapy team and undertake joint screening meetings with people referred for both OT and psychological therapies. This provides an ability to formulate an integrated approach to a person's needs and fosters a strong connection between the services. The recognition of the value of the service by therapist practitioners results in post psychological referrals being passed for further support to improve functioning and to utilize skills effectively.

During this period 19 assessments were completed, and all are currently still being supported. The caseload numbers in OT at the end of June/ beginning of July was 59 people receiving support, just under an average of 20 cases per practitioner. 26 people were discharged during this period.


OT Case Vignette AH

AH was referred for OT support following an LPMHSS assessment in May 2022. At the time AH had a diagnosis of Emotionally Unstable Personality Disorder, but felt she had undiagnosed ADHD. AH reported chronic pain issues and Fibromyalgia. She related a history of personal trauma. She displayed emotional dysregulation and rejection sensitivity dysphoria (an exaggerated emotional reaction related to ADHD) and poor executive functioning (planning, organisation, prioritisation). AH completed a Sensory Profile, scoring highly in the quadrants for sensory sensitivity and sensation avoiding. As is typical with some people with ADHD, she paradoxically scored highly for sensory seeking, and this meant she struggled with hyper-sensitivities, so dysregulated or became anxious in sensory environments. Seeking out sensations depended on the importance or interest to her, and often required recovery time and consideration of activity patterns etc.

AH's strengths were identified as – very insightful and motivated. She displayed hyper-focus on research into ADHD and as such was able to engage well with self-directed learning.

AH completed a Re-Qol with a score of 6 out 40, showing a marked impact on quality of life.

Intervention:

- *AH was encouraged with goal setting, and this was mainly through telephone contacts, but with periodic home visits in relation to the specific goal setting around home management.*
 - *AH completed a Wellness Recovery Action Plan (WRAP) to help her deal with distressing symptoms and unhelpful behaviour patterns.*
 - *A coaching approach was used, and AH was encouraged in self-compassion due to critical/negative automatic thoughts.*
 - *Due to organisational difficulties AH struggled at times with engagement and therefore required persistence and reminders at times. AH was encouraged in self-management – self-soothe/strategy toolbox developed.*
 - *AH was referred to LPMHSS psychological therapy team for Emotional Regulation Skills, but struggled with the on-line format, particularly the written content and the processing of information, due to her difficulties in focusing and concentrating. She was consequently helped through the concepts of the group with the OT on a 1:1 basis.*
- 

- AH attended ADHD workshops with New Horizons, commissioned through the ARC small grant programme for people awaiting diagnosis. She found this useful, but again struggled with attendance due to organisational difficulties.

AH was eventually diagnosed with ADHD during intervention, and this helped validate her and she became less critical of herself and found that she was being kinder to herself more frequently. AH made significant progress but continued to struggle to commit to and engage with regular activities. Different approaches were tried - having a basis of a routine in place (sleep, regular waking times, morning exercise) helped her and she was able to maintain this. When adding additional tasks/activities she needed a variety of prompts, various tasks to choose from to give variety so she wouldn't get bored. Pacing of activities, and recovery time were also introduced, particularly if she was in situations which were very stimulating or overwhelming in terms of social stressors. She found she had made improvement particularly with home management and her relationship with her daughter, who she now suspects also has ADHD.

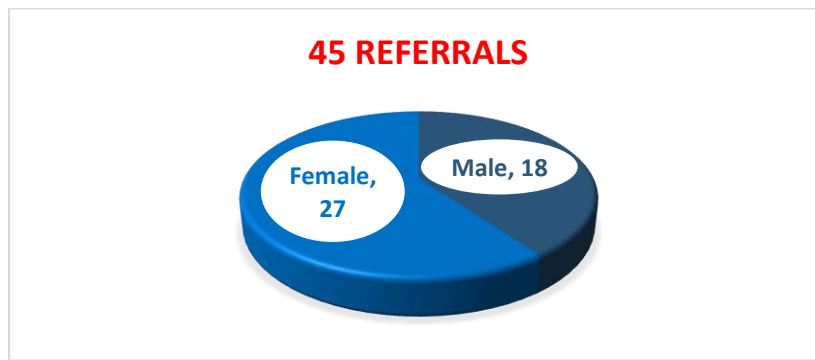
Through a range of interventions, she became empowered, as she recognised her strength and resilience; ability to recover from the impact of stressors and fewer episodes of emotional distress. The Re-Qol measure was repeated at the point of discharge in June 2023 and AH scored 31 out of 40, an increase of 25 points (an increase in 5 points or more denotes reliable improvement). This indicated a marked improvement in her quality of life and sharing this improvement helped to greatly reinforce the positive progress that she had made, boosting confidence and self-esteem, and helping to support discharge and move-on. In response to this change in the Re-Qol scores AH said.

“OMG wow that’s a crazy change! It’s because I had the best OT who literally did save my life!!!!!! “


“Mental health can be so scary when it goes dark, and you helped me see a pin prick of light.”

“I just hope with all my heart you and the rest of the OTs get the right support to continue to help those of us struggling, the mind is so powerful, and I truly believe the right support is the difference between life and death.”

Employment Support Service



Between April and June there were 45 people referred for a range of employment support. 19 referrals came from members of the ARC team, 16 were via GP referral routes, 3 were from LPMHSS assessors and 2 from Crisis and HT. Other referrals were from Peri Natal MH Team, psychiatric outpatients, CMHT and 111 Triage. 35 people were referred for in-work support and 10 were referred for assistance to look for work. Of those referred for in-



work support there was a range of sectors represented, with the care sector the highest, alongside retail, followed by education. Other sectors included public health, the police, hospitality and factory workers. Of the 35 people already in work, 60% were requesting support to stay in work, whilst 40% were on sick leave and wanting support to return to work. Of the 45 people who were referred, 34 people opted-in for support and 25 assessments were completed during this period.

Service activity

During this period, 4 people were supported to successfully find work, 4 people returned to work after a period of absence and 9 people were supported to remain in work. At the end of the report period 24 people were continuing to receive support.

Feedback and Comments.

4 people completed and returned feedback forms at the end of the period of support. Feedback was requested in terms of a rating from 1-10 on the quality of the input and the guidance received, the responsiveness of the service and thirdly whether they would recommend the service to others. On quality of input and guidance received, as well as on the responsiveness of the service there was an average of 9. A rating of 10 was given for whether the service would be recommended to others.

Comments:

“Always there for me, knowledgeable, approachable, and helpful.”

“Easy to open up to and is an excellent listener.”


“Gave me praise to the smallest of steps to improve my mental health, which helped build up my self-worth and confidence.”

Employment Case vignette AP

AP worked as a paid carer in a care home. She had had a period of absence due to stress - both personal and professional, felt unsupported at work and described a deteriorating relationship with her manager. The Employment Officer provided emotional and practical support to help her to return to her job, including some negotiation with her manager. However, she felt that returning to this workplace was not going to help her in the long term and she felt empowered to look for alternative employment and was given some assistance with this.

Feedback from AP

“On my first meeting with Darren, I was very nervous, emotional, and lacked confidence in myself. My mental health was at its lowest, suffering with work related stress and depression. Darren made me feel at ease and... helped me realise that my thoughts and feelings were valid. He allowed me to deal with my issues at a speed that I was comfortable with, providing me with information I required and offered support with any meetings.



I would highly recommend Darren's support and have already passed his name onto my friends. The support that Darren gave me is priceless. I will be forever grateful for the support, guidance, patience, empathy and listening to me.

If it wasn't for Darren's support, I really don't think I would be the happy and confident person I am today in a new job. Darren has been with me every step of the way, from my lowest point, to now enjoying work and personal life again. "

Peri Natal Support – Tickety Boo

During the period April to June, there were 24 referrals received for the Tickety Boo Group. These were mainly from health visitors and the Peri Natal MH team, with others referred following assessment in LPMHSS and CMHT and another following direct contact with the ARC advice and guidance team.

| | |
|------------------------------|----|
| Health Visitors | 10 |
| Peri Natl MH Team | 11 |
| ARC Advice and Guidance Team | 1 |
| LPMHSS | 1 |
| CMHT | 1 |

The East cluster area was the greatest in terms of referrals, with 64.5%, with the West 21% and North 14.5%. This appears currently to be an ongoing pattern and may suggest a potential need to focus on promoting or delivering in alternative ways in different localities. The presence of Flying Start in the North may suggest that needs are being met in different ways, although it may also be worth investigating social factors and the age ranges in different areas. The highest age range was in the 25-34yrs category at 62%, with the 35-44yrs at 20 % and the 18-24yrs age group at 18%.

There were two x 6-week group interventions delivered during the quarter report period, with one started in May and another started in June. In each case there were 18 places offered with 8 people attending each group programme. All group participants are offered individual follow-up appointments at the completion of the group and roughly 50% of people take up the option. There is also now an established follow-up connection group offered for those attending and which meets monthly at ARC.


Feedback and Comments

"I feel better that other Mums feel the same and that I'm not alone".

"The group was fab and I always looked forward to coming"

"I've learnt that I don't fully open up. I've seen others fully open up and it's made me realise that I'm not crazy"

"I feel that I'm not alone with my thoughts and feelings anymore"



Several participants felt that dad's support would be useful to ***"...explain why I am how I am" and to help them "...get the support for being a Dad"***. Connection has been made with Dad's Support Service and information will be passed to participants towards the end of each programme.

A couple of participants have asked that consideration be given to extending the number of sessions and this is being reviewed in terms of the capacity that is currently available.

Outcome measures and Feedback Forms

The ReQoI Outcome Measure has been trialed within the OT service and will be rolled out within the team to be further tested with a view to being routinely used across the team. Work is currently being undertaken to update user feedback forms and again will be trialed out for routine use.

Update - Community groups/ small grant funded projects

Bridgend Spectrum Social Group/Arts Group


This group now meets weekly, with one week dedicated to social activities and run in partnership with People First, and the other group with a focus on arts and run in partnership with People First and NAS. Referrals to the group are through ARC Assessment Worker and attendance at both groups averages about 15 people. A small fund has been earmarked from small grants programme to support the social group and a similar amount has already been given to support the arts project. A consultation session is due to take place with both groups in August to discuss the potential for workshops on managing and regulating emotions, with the possibility of delivering through the support of a small grant. The group has also taken over a small plot of the ARC garden in conjunction with a development of an area currently being developed with a member of the SCART team and service users.

Arts and Health Creative Workshops

This project was initially set up from a health initiative and was maintained for a short period by a small grant. Further funding has now been secured through the health board and another series of 6 workshops started in early July, with further workshops planned for Sept/Oct and Nov/Dec. The group currently running includes people at the point of discharge from Cefn yr Afon.

ERIC Outdoor Activity Group

Building on the success of the project in previous years, a further small grant has been allocated to deliver 4 x 5-week programmes, 2 focused on younger people and 2 for over 25s. Groups are due to commence in early July. Both programmes have been opened to residents of Glyncynfig, with one person attending the younger person's group from Glyncynfig.





Ogmore and Garw Valley

A small grant has been allocated to the Adjuda Purple Sunflower Project to undertake consultation with the residents of The Ogmore and Garw Valleys and Sarn, with a view to delivering a project similar to that delivered recently in Maesteg. A range of wellbeing activities were delivered in Maesteg and based on those experiences and the identified needs of the community, the Purple Sunflower Project aims to apply for grant funding to implement a similar programme. It is hoped the engagement will help to foster positive relationships with the community of the Garw Valley, to build on work previously undertaken with the established Ogmore Valley Suicide Action Group.

Training for community organisations

Currently members of the Ogmore Valley Suicide Action group are undertaking 'Helpful Conversations' training with Ty Elis, funded by the small grants programme. It is hoped that this will give people increased confidence when talking and listening to others and follows a similar training and supervision framework to the one developed at ARC with the listening support service. A member of the OVSA has enrolled in level 4 and 5 counselling training with Ty Elis and Ty Elis will continue to work with the group to improve access to counselling support.

The Cornelly Development Trust will be undertaking some similar training in the autumn and have met with Ty Elis to explore this further. Efforts have also been made to contact other support networks in the Cornelly area to expand these connections. The Cornelly Trust continues to deliver a small grant funded project in confidence building and the Green Gym.


Feedback on the OVSA project from Ty Elis Trainer and Mentor – David Hingley

Work continues to support the development of this important community group. Tŷ Elis is proud to have been afforded the opportunity to become more engaged with this group. Both organisations were formed as a result of personal experiences of suicide and are genuine community initiatives, built for the bottom up to do something to create better mental health.

After a period of engagement and consultation Tŷ Elis is now providing a 12 hours of training and education around mental health and engagement. Topics include, The VERA Framework of communication, Perspectives of Mental health and Mental Illness, Perspectives of Suicide, and sessions on Communication, Listening, and ongoing engagement.

In addition to this, OVSA are in discussion with Tŷ Elis regarding the provision of therapeutic services for members of the local community who may need these. There is potential here to create, in the longer term, a wrap-around service within a defined local community, with OVSA providing proactive outreach and engagement with the local community, and Tŷ Elis providing dedicated therapy/counselling for adults, young people and families where required. These discussions are in an early exploratory stage.

OVSA have also asked for increased support for their group, members recognising that the nature of their work, with its focus on suicide, is emotionally charged. Tŷ Elis are currently in discussion about facilitating a support group that will meet this need.





Cornelly Community Development Trust

Discussions have taken place between Colin Cribb (Tŷ Elis Clinical Director), myself, Martyn Llewellyn and the development trust to explore the possibility of providing communication skills training to their staff. It is hoped that this is the start of a connection will lead to further possibilities of joint working and potential development of local services.

All the above is happening because a small amount of funding, coupled with a vision of what might be possible, has enabled connections between organisations. (David Hingley)

