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creative support, housing and employment

# **THE CLUBHOUSE NETWORK: COMMUNITY AND RECOVERY FOR PEOPLE FACING MENTAL ILL-HEALTH IN STOKE-ON-TRENT**

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## EXECUTIVE SUMMARY

- The Brighter Futures Clubhouse Network has developed over 18 years and today operates across three sites to offer a service to more than 400 members per year.
- This report, researched and written by independent social researcher Becky Rice, describes the operating model and outcomes of the network and considers how it fits within the wider policy and commissioning context.
- The Clubhouse model is a global phenomenon covering over 30 countries and with an empirical evidence base for outcomes in health, wellbeing and employment.
- Clubhouses are non-clinical therapeutic communities that share values around team work, strengths-based approaches, participation and social integration.
- There is clear local need for community-based, mental health provision. The prevalence of long-term mental health problems, depression and anxiety is higher in Stoke-on-Trent than nationally and there is a greater prevalence of people subject to Mental Health Act assessments in Stoke-on-Trent than nationally. The most common referral route to the Clubhouse Network is via mental health services, although people can also self-refer to get immediate access and support.
- The staffing of the Clubhouse Network is commissioned by Stoke-on-Trent Clinical Commissioning Group (CCG). The network is hosted in Brighter Futures venues at no cost to the commissioners.
- Further additional value is added through provision of Clubhouse Network space for others services to operate from, attracting Big Lottery funding to pilot new Clubhouse Network pop-up services and the links to the Brighter Futures training academy.
- People access the Clubhouse Network experiencing a wide range of mental ill-health including severe or enduring mental illness, common mental health conditions such as mild to moderate anxiety and depression that have had a very serious impact on people's lives. Customers include people who are in recovery and feeling well, and people who are close to a period of mental health crisis and/or at current risk of crisis.
- Key features of the service are its extensive links to other services including NHS mental health services, its strong co-production approach and its constant change and innovation. In 2017 the Clubhouse Network received the 'Enabling Environments Award', a mark of quality in best practice in promoting mental wellbeing from the Royal College of Psychiatrists: *'It is without doubt the most enabling environment I have ever audited.'*
- Members and staff described the network as offering opportunity for activity and structure, community and independence, and support, advice and access to services.
- The research identified a range of common outcomes from engagement with the Clubhouse Network that support recovery, prevent crisis and increase the chance of early identification of a mental health crisis:
  - reduced isolation and loneliness
  - increased access to services
  - a way to spend time: an alternative to drinking and self-harm
  - increased confidence and self-worth
  - increased physical activity
  - identifying prevention opportunities in housing, income and health
  - responding to crises in housing, income and health
  - learning, volunteering and employment.
- The Clubhouse Network fits neatly with the current mental health commissioning and policy environment in many respects – for example, with the emphasises on social prescribing, empowerment, co-production, community and prevention.

## 1 INTRODUCTION

The Clubhouse Recovery Network (Clubhouse Network) in Stoke-on-Trent was formed 18 years ago. Today the network consists of three centre-based Clubhouses in Burslem and Hanley, as well as the self-harm support group ECHO and new innovations such as the pilot pop-up Clubhouse.

In 2018 Brighter Futures asked Becky Rice, an independent social researcher, to undertake a small research project to describe the operating model and outcomes of the network and consider how it fits with the wider policy and commissioning context in Stoke-on-Trent and nationally.

This report is designed to provide a succinct account of the Clubhouse Network to demonstrate how the model contributes to the health and wellbeing of city residents. The findings are based on:

- interviews with 10 current members of the Clubhouse with a wide range of mental health histories
- a workshop with Clubhouse staff
- a desktop review of monitoring and evaluation data collected by the project
- a review of policy, strategy and research documents.

## 2 THE CLUBHOUSE MODEL: A BRIEF INTRODUCTION

The Clubhouse model has been in existence for more than 65 years. It has global presence in more than 30 countries and has had a positive impact on the lives of thousands of individuals with a history of mental illness.<sup>1</sup> Across continents and contexts, Clubhouses are non-clinical therapeutic communities that share values around team work, strengths-based approaches, participation and social integration. Being a Clubhouse member means being part of the community with both shared ownership and shared responsibility for the success of the Clubhouse.

The international evidence base, including high-quality systematic reviews, shows that Clubhouses enhance social networks and wellbeing, reduce hospitalisation and improve employment outcomes, and that the model is inexpensive and cost-effective.<sup>2</sup>

## 3 MENTAL HEALTH IN STOKE-ON-TRENT

Depression and anxiety are common mental health conditions both locally and nationally.<sup>3</sup> Severe mental illness is much less common, but still affects many people including hundreds of local residents.<sup>4</sup> Data compiled by Public Health England shows that the prevalence of long-term mental health problems, depression and anxiety is higher in Stoke-on-Trent than nationally. Data also shows a greater prevalence of people subject to Mental Health Act assessments in Stoke-on-Trent than nationally.<sup>5</sup> While suicide rates in Stoke-on-Trent for men and women are similar to rates for England as a whole, the *'years of life lost due to suicide'* (taking the age at death into account) are higher than the national average and the difference is significantly greater for men.<sup>6</sup>

<sup>1</sup> McKay, C, Nugent, K.L., Johnsen, M, et al (2018) A Systematic Review of Evidence for the Clubhouse Model of Psychosocial Rehabilitation, *Adm Policy Ment Health* (2018) 45: 28: <https://doi.org/10.1007/s10488-016-0760-3>

<sup>2</sup> <http://clubhouse-intl.org/what-we-do/research/> (accessed January 2019) and McKay, C, Yates, B, Johnsen, M (2005) Costs of Clubhouses: An International Perspective, *Administration and Policy in Mental Health and Mental Health Services Research*, Vol. 34, No. 1, January 2007, DOI: 10.1007/s10488-005-0008-0

<sup>3</sup> Stoke-on-Trent mental health profile 2017 (Joint Strategic Needs Assessment)

<sup>4</sup> Public Health England fingertips profiles: <https://fingertips.phe.org.uk/profile-group/mental-health> (accessed January 2019)

<sup>5</sup> Ibid

<sup>6</sup> Ibid

## CASE STUDY

### ANNE

Anne is in her 50s and has been attending the American Clubhouse for just over a year. After spending most of her life raising a family and looking after others, she found herself isolated and unwell after multiple bereavements and a relationship breakdown. She began to suffer from lack of appetite, feelings of hopelessness and worthlessness and that it would *'be better if I wasn't here'*. After a friend helped her to disclose this to a GP, she was referred to the Community Mental Health Team (CMHT). Anne was diagnosed with recurrent depression and a personality disorder.

Anne's access worker introduced her to the American. When Anne first attended there was an urgent need to address her benefits situation because she was living on very little money. Her support worker arranged ongoing foodbank vouchers for her and undertook casework on her Employment Support Allowance (ESA) claim. At another time Anne experienced a housing crisis that could have seen her homeless without the support of the team. Having abandoned her social tenancy due to feeling unsafe she was reluctant to seek help from the council because she feared being found intentionally homeless and so she started sofa-surfing. Her support worker wrote her a letter to take to the council and encouraged her to attend Housing Solutions the day she had disclosed her situation and she was immediately provided with accommodation.

Anne's support worker and her community psychiatric nurse (CPN) work together to ensure her safety, identify any deterioration in her mental health, and encourage her to engage with mental health services, which she does not always find easy. The consistency of the Clubhouse Network staff team and the relationship with a trusted worker facilitate her engagement.

After getting used to the environment Anne started to participate in arts and crafts activities and is pleased to have had items she has made sold for the benefit of the organisation. For Anne, as for many others, the community of people who have experienced mental ill-health is one of the most important things about the Clubhouse Network.

*'It's the social aspect of it... You get support here on a weekly basis. If you went somewhere else to do art, people wouldn't understand mental health issues. This is a network; we all have mental health issues and people don't judge you.'*

## 4 THE CLUBHOUSE RECOVERY NETWORK MODEL

Below is a summary logic model of the Clubhouse Network based on all aspects of the research.

### SUMMARY LOGIC MODEL FOR THE CLUBHOUSE NETWORK

|  |  |
|--|--|
| <p><b>Long-term community impact</b></p> | <ul style="list-style-type: none"> <li>• Stoke-on-Trent provides an evidence-based, flexible, therapeutic community demonstrating the commitment of all partners to improving the mental health and wellbeing of the population</li> <li>• Reduced stigma and isolation amongst people facing mental ill-health in Stoke-on-Trent</li> <li>• Reduced preventable use of NHS services</li> <li>• Incidents of homelessness prevented</li> </ul>   |
| <p><b>Outcomes for individuals</b></p>   | <ul style="list-style-type: none"> <li>• Reduced isolation</li> <li>• Increased confidence</li> <li>• Increased self-management of mental health</li> <li>• Increased sense of purpose and structure</li> <li>• Increased access to advice relating to benefits resulting in securing entitlements and addressing benefits problems</li> <li>• Reduced likelihood of mental health crisis</li> <li>• Increased likelihood of early intervention in mental health crisis</li> <li>• Improved relationships with mental health services</li> <li>• Access to volunteering outside the Clubhouse Network and to paid employment</li> </ul>  |
| <p><b>Activities</b></p>                 | <ul style="list-style-type: none"> <li>• A programme of social activities</li> <li>• A range of arts activities</li> <li>• One-to-one support from a keyworker</li> <li>• Helping and / or volunteering with the running of the Clubhouse Network</li> <li>• Referrals to and joint working with other services</li> <li>• A safe, structured, staffed and consistent, open-access space open many hours a day across the week</li> <li>• Café services in the Clubhouse Network venues</li> <li>• Use of the venues by other services including the NHS to deliver crisis support</li> </ul>  |
| <p><b>Inputs</b></p>                     | <p><b>People</b></p> <ul style="list-style-type: none"> <li>• Clubhouse members volunteering and as part of the community</li> <li>• Clubhouse staff team</li> <li>• Partners including NHS staff</li> </ul> <p><b>Finances (including in-kind contributions)</b></p> <ul style="list-style-type: none"> <li>• Funding from the CCG</li> <li>• Clubhouse Network venues provided by Brighter Futures</li> <li>• Small income from catering social enterprise</li> <li>• Access to Brighter Futures training academy</li> <li>• Small contributions to budgets for arts materials from selling members' arts and crafts work</li> </ul> <p><b>Intellectual</b></p> <ul style="list-style-type: none"> <li>• Lived experience of members</li> <li>• Policies, systems, processes</li> <li>• Organisational experience and expertise of Brighter Futures locally</li> <li>• Skills and experiences of longstanding staff team at the Clubhouse Network</li> </ul> |

The model below provides an overview of some of the key features of the Brighter Futures Clubhouse Network service and the outcomes identified by members. Following the model each aspect is described in more detail.

### BRIGHTER FUTURES CLUBHOUSE NETWORK MODEL



## 4.1 THE CLUBHOUSE NETWORK SERVICE: THE FOUNDATIONS



At the heart of the Clubhouse Network are three venues operating an open-door approach with no waiting lists or referral requirements. The network offers extensive opening hours. twentyfourSEVEN is run as a Clubhouse between 9am and 9pm each day.<sup>7</sup> The American is open weekdays from 9.30am to 4pm with early closing on Wednesday and extended opening on Thursday. The Observatory is open four days a week and has a women-only and a men-only day each week, as well as days which focus on music and art, delivered in partnership with North Staffordshire Combined Healthcare NHS Trust (NSCH).

***'[The American] is a relaxing, nice sort of homely environment... You can get yourself a tea or coffee or snack.'*** (Clubhouse member)

The Clubhouse Network, Safe Spaces project, Staffordshire mental health helpline and the extended hours at twentyfourSEVEN form a network of mental health provision that is available at all times.

***'If anyone is struggling there is respite at a Safe Space – over the weekend... Maybe [you're] unwell but not unwell enough to go to hospital and there is something there for that situation.'*** (Clubhouse member)

A valuable adjunct to the Clubhouse highlighted by several of the interviewees is ECHO, a mutual support group for people who have experienced self-harm, supported by a member of staff. ECHO is a distinct service that operates from the Clubhouse and other venues. The Clubhouse is often a gateway into ECHO membership.

The interviews highlighted recurring themes within the Clubhouse service – that it is safe, settled and staffed. The consistency in the service over many years, including the longstanding staff team, was viewed as a strength of the service. The presence of paid staff ensures a sense of safety and enables people to take risks – for example, for someone chairing a meeting, the knowledge that support is available if they get stuck or, for someone leading trips, the reassurance that there is a staff member on the end of the phone to offer advice and support. The sense of safety is also facilitated by the knowledge that everyone attending has had a history of mental ill-health and that this will not be stigmatised in the Clubhouse community. Several interviewees referred to the Code of Conduct – a code devised by members as a foundation of the safe atmosphere in the Clubhouse venues.

***'If I am really low and I am not really dealing with things I would come up to the Clubhouse. Anxiety creates this urge to get out of the house and you know people are paid to look out for you. I can trust they are in their job role – there is an element of professionalism.'*** (Clubhouse member)

In 2017 the Clubhouse Network received the 'Enabling Environments Award' a mark of quality in best practice in promoting mental wellbeing from the Royal College of Psychiatrists.

***'It is without doubt the most enabling environment I have ever audited.'*** (Enabling Environments Report (2017) Royal College of Psychiatrists)

### 4.1.1 KEY FEATURES OF THE SERVICE



The research highlighted three key features of the service:

- co-production by members and staff
- connection with a range of services
- innovation and development.

#### (A) CO-PRODUCED BY MEMBERS AND STAFF

Members and staff interviewed described a co-production approach to the running and development of the Clubhouse. The activities and smooth running of the Clubhouse rely on the contributions of members as much as staff. Interviewees tended to prefer the concept of the service being a partnership between staff and members or being co-produced as opposed to being 'member led', in recognition of the role of staff as enablers and co-shapers of the network.

***'People make this space, the community. It's a space to use how members want.'*** (Clubhouse staff member)

Members commented that there were opportunities to give ideas and feedback through scheduled meetings and also on a day-to-day basis. Although not all ideas were implemented, people described feeling listened to and that action was taken wherever possible. Some activities such as excursions and the production of the newsletter are led by members with staff support only as requested; other activities, including some art sessions, always have staff present.

A recent example of co-production was decisions relating to a legacy left to the American Clubhouse. A consultation event was held, members attended another local project, and together decided to create a memorial garden for the benefit of members and to honour the benefactor, Mike Moors.

#### (B) CONNECTED TO A RANGE OF SERVICES

The Clubhouse staff team are connected to a wide range of external services. Three interviewees described community psychiatric nurses (CPN) introducing them to the Clubhouse and another was introduced by his personal assistant. An interviewee with bipolar disorder who had two periods in psychiatric hospital described his CPN bringing him to the American.

***'I think she didn't want me brooding in the flat, didn't want me to relapse, especially as I had just split up from my wife. She was spot on really.'*** (Clubhouse member)

The team and some interviewees described ongoing communication between the Clubhouse team and mental health services. The team at twentyfourSEVEN work closely with co-located colleagues from Combined Healthcare. Other examples include the Citizens Advice North Staffordshire and Stoke-on-Trent in-reach sessions at the Clubhouse each month. Other services that the staff refer to and speak with on members' behalf include the Department for Work and Pensions, housing organisations and GPs. The Clubhouse venues are used by a wide range of organisations including a young carers group, North Staffs Mind, a local LGBT+ network and Healthwatch Stoke-on-Trent.

#### (C) INNOVATING AND DEVELOPING

The network is changing and developing all the time. The pop-up hub at Meir, funded through Co-operative Working and the Oak Foundation, was cited by staff and members as a way in which the Clubhouse Network is seeking to expand and reach out to areas not covered by the current provision.<sup>8</sup> Other areas of development include the expansion of peer-led groups as need increases through social prescribing and the development of social enterprise across the network.

## CASE STUDY

### ALEX

Alex is in his 30s and has suffered from anxiety for most of his life. He enjoyed a successful career in his 20s and early 30s. However, his mental health problems escalated to crisis point following a very difficult few years during which he suffered relationship breakdown, the loss of his job due to an injury and ongoing physical health problems. After a prolonged panic attack and a period of not eating and feeling very unwell he was admitted to Harplands Hospital on a voluntary basis.

His CPN introduced him to the Clubhouse Network over a year ago as a 'change of scenery'. He started to attend three or four times a week benefitting from the regular support from staff and the social contact of the network.

***'[My support worker] will check I'm okay and how things are doing. It's someone to talk to and she has rung the doctors, made appointments for me, helped me to fill in a form... I have a cup of tea and something to eat, have a game of pool, read the papers, get out of the house. Even if you are not talking to people, to be with people is important. I don't have a great deal of friends as I worked [some way from Stoke].'***

After attending the Clubhouse for a period, Alex took on a formal volunteering role, enjoying the training and responsibility this involved and feeling that he was making a helpful contribution to the Clubhouse Network. His ultimate aim is to get back into employment, but due to his health it will not be in the trade he is qualified in and will be a challenging transition.

***'Everyday has been the same for the last few years. The volunteering means I have to be somewhere for a reason. [It gives me] self-worth... I am keen to get back in the workplace for the financial aspect and for my confidence. I am a qualified [professional] though but I might have to work in Burger King or something like that.'***

For Alex the routine and a reason to leave the house are a factor in maintaining his mental health and preventing an escalation of his use of cannabis. He feels that this reduces his risk of another mental health crisis.

***'Getting out and seeing people [is important] – I didn't feel I had option before. I would get up, smoke cannabis and [it would] demotivate me. If I go out I am less likely to get stoned. I do it because I am bored out of my wits... When I am out of the house I breathe out; I come here to release, break out. I'm not sat twiddling my thumbs.'***



## 4.2 THE CLUBHOUSE COMMUNITY

The Clubhouse has hundreds of members with wide-ranging experiences – for example, people facing a period of depression and anxiety as a result of a life event such as bereavement or relationship breakdown, people who have complex and multiple needs that compound mental health issues, and people with a severe mental illness. Clubhouse members have wide-ranging skills and qualities that enable the network to flourish. Everyone is welcomed to the Clubhouse community in line with the 'customer code of conduct', which was developed by members.

The following key statistics about the Clubhouse community reveal more about the members:

- More than 400 people accessed the Clubhouse service in 2017/18.
- Around half of these were currently accessing mental health services.
- At least 113 people accessed education and training or work-like activities and 14 secured paid work as a result of their membership.
- 102 people were 'working members' of the Clubhouse during the research period, engaging in paid employment or final structured volunteering, with full training.
- Just under nine out of ten members had a support plan from the staff at the Clubhouse.
- Among the interviewees, half (five) had a serious mental illness such as bipolar disorder and half (five) described suicide attempts that usually resulted in an inpatient stay in psychiatric hospital. Four were at ongoing risk of self-harm. Eight were currently under the care of secondary mental health services.
- Interviewees often described life events that compounded their mental health problems including bereavement, relationship breakdown, redundancy and poor physical health.
- Social isolation and the need for activity and structure were highlighted in many interviews.

## 4.2.1 WHAT THE CLUBHOUSE NETWORK OFFERS THE COMMUNITY



The following three themes from the interviews provide a framework for describing what the Clubhouse offers and how outcomes of the Clubhouse support mental health recovery and prevent mental health crisis – opportunity, activity and structure; community and independence; support, advice and access to services.

### (A) OPPORTUNITY, ACTIVITY AND STRUCTURE

The need for opportunity, activity and structure was common across all interviewees. The activities on offer at the Clubhouse venues are extensive, including art activities, music, pool, support groups, newsletter production, and themed days.

The Clubhouse has a ‘model of change’, depicting the level of responsibility and involvement members have. This ranges from:

1. accessing and participating in the Clubhouse Network in a very flexible and open way as ‘customers’
2. progressing, if they wish, to become ‘helping members’ with flexible duties
3. taking on ‘volunteer membership’ with formal volunteer training and a more tightly defined role – for example, working in the cafés or overseeing the pool room.

Customers move between these roles. As emphasised by staff in this research, the mental health journey is not linear: people move through periods of wellbeing to crisis over time. In 2017/18, at least 113 people accessed education and training or work-like activities and 14 secured paid work as a result of their membership. One hundred and two people were ‘working members’ of the Clubhouse in 2017/18, engaging in paid employment or formal structured volunteering, with full training.

### CLUBHOUSE NETWORK MODEL OF CHANGE



**Customer**

Flexible membership, dropping in, taking part in activities, accessing support



**Helping member**

Assisting with the day-to-day running of the service as additional aspect of membership



**Volunteer**

A more clearly defined voluntary role and commitment with relevant training provided

← **RECOVERY AND ENGAGEMENT IS UNIQUE TO THE INDIVIDUAL** →

The range of opportunities and activities, combined with the flexible approach of staff to encouraging engagement, was central to interviewees’ experience of the Clubhouse. Notably nearly everyone described having made a positive contribution to the Clubhouse through their activities, ranging from members who had taken part in creating crafts that were sold for the benefit of the Clubhouse Network (to purchase additional arts and craft materials), to those who have formal ongoing volunteering roles.

*‘Everyday has been the same for the last few years [since lost job and became unwell]. The volunteering [at the Clubhouse] means I have to be somewhere for a reason; it’s self-worth.’* (Clubhouse member)

*‘We made Christmas logs and we sell them, and also china cups with flower arrangements in them. I am making a blanket [for a baby]. I’ve got quite into it; I’m quite pleased. [Staff member] asked me what I would like to do and I said crochet. She gave me petty cash to get what I needed... I feel I am making a contribution.’* (Clubhouse member)

An ethos of choice and control was mentioned by several interviewees as key to their attending the Clubhouse and becoming involved in activities.

*‘[The Clubhouse] allowed me to do what worked for me. For months and months I was sitting [in the same spot]. I knew I needed to be around people but it provided a way of being around people but not with people. Just reading... There was a turning point and I felt lonely in a room full of people and sitting there on my own wasn’t enough anymore. Gradually I became more active with the arts group and craft group.’* (Clubhouse member)

*‘You can do as much or as little as you like. If something is going on and people are doing craft in the conservatory, no one will say you should do that for your own mental health. If you want to do knitting or a crossword or read that’s fine.’* (Clubhouse member)

For a small number of interviewees, activities undertaken at the Clubhouse were part of an overall plan to move into employment. One person was in higher education and had been supported by staff to secure this opportunity. Others were not considering work at the current time due to physical and mental health needs and/or their age. The previous employment of members interviewed demonstrates the wide-ranging skills of members, including nursing, engineering and working in the local pottery industry.

### (B) COMMUNITY AND INDEPENDENCE

Community and social networks to alleviate social isolation and stigma were key themes in the interviews. The status of members (not patients or service users), who choose how they interact with the Clubhouse Network, without appointments, referrals or waiting lists, provides a sense of independence and choice. Furthermore, many members take part in peer-led activities such as trips out and producing a monthly newsletter.

Contributing factors to social isolation and loneliness included relationship breakdown, described as a major factor resulting in declining mental health for six interviewees, and bereavement. For one person being autistic was a barrier to forming friendships and relationships.

The way in which the Clubhouse impacts on social isolation varied among the interviewees. Some people simply benefit from spending time in the company of other people; others have made lasting friendships with other members that go beyond the Clubhouse Network venues.

***'It's not so much about the arts and crafts; it's more about giving a framework within a group so you can feel comfortable. I don't have friends. There are people I know [here]. There is a level of safety and protection and for me knowing that makes me feel safer.'*** (Clubhouse member)

***'Even if you are not talking, to be with people is important. I don't have a great deal of friends as I worked [some way from Stoke]... People are from a similar background – the last place you want to go is somewhere where you don't feel "normal", coming here puts things in perspective...'***

(Clubhouse member)

***'I think it's the social aspect [that is most beneficial]. I have made a lot of friends and I can honestly say I think we will be friends for the rest of my life. Really we are all in the same sort of boat... You wouldn't have someone saying, "Oh, what's up with them?" [negatively]. It's more, "Oh, it looks like they are having a bad day." We all help one another.'*** (Clubhouse member)

One interviewee with a learning disability, who is only able to go out with his personal assistant or a member of his family, reported how the Clubhouse offers a wide social network than might otherwise be impossible for him.

***'I've got lots of friends and it makes me feel happy. I wouldn't know what to do and would probably be stuck at home and feel bored... I like the art and I like my friends. I am not allowed to go out on my own.'*** (Clubhouse member)

Another interviewee with complex mental health needs is able to access the Clubhouse independently because it is a safe and known environment with which the support staff from his accommodation are connected.

## **(C) SUPPORT, ADVICE AND ACCESS TO SERVICES**

In 2018/19, just under nine out of ten interviewees had a support plan from the staff at the Clubhouse; often staff worked with members to complete a regular Outcomes Star.<sup>9</sup> All members have a named worker. Interviewees described a wide range of support from staff, from emotional support and encouragement to practical support with benefits and housing problems and moving into volunteering, employment and education.

***'[My support worker] will check I am okay and how things are doing. She has rung the doctors and made appointments for me and helped me fill in a form.'*** (Clubhouse member)

***'I have come into myself the last few years, coming here and volunteering [now studying]. I don't trust easily but someone being so patient and so non-judgemental [has helped]. The whole sense is about enabling people to make their own choices.'*** (Clubhouse member)

***'[My support worker] would intentionally or not help to build my confidence, make time to speak with me even if it was ten minutes a week in conversations... She would suggest stuff but never pressure me... The Outcomes Star [is] just a way of formulating the conversation; it's more the conversation around the star [that's important]... I like numbers and charts and always wanted to see the one before the one we are doing and see progress and things to work on.'*** (Clubhouse member)

Problems with benefits are commonplace among members and part of the day-to-day work of the staff team. Their support ranges from helping people with letters and calls to more in-depth work providing supporting letters and arranging an in-house appointment with the Citizens Advice advisor who attends the American once a month. Staff and members who participated in the research spoke about the stress and anxiety caused by issues with benefits compounding mental health problems. Situations interviewees described included people living on very little money and struggling to afford food for weeks and urgent preventative action by the staff team when someone disclosed that he was about to be evicted.

***'My ESA [Employment Support Allowance] was cut and this has stressed me a bit, but I spoke to someone here last week who called on my behalf and checked I had not misread my letter.'*** (Clubhouse member)

***'Being a member and having [name] as my support worker helped me get back on ESA. They helped enormously with the process. They gave me a lot of advice and told me what to expect.'*** (Clubhouse member)

Interviews and conversations with volunteers at the Clubhouse venues highlighted the opportunities and support that members have to move into employment. These range from someone who sustained a career at Brighter Futures from his 30s until his health prevented this, after spending most of his life unemployed due to mental health problems, to someone who was supported to start higher education and someone who is moving into paid employment in catering for the Clubhouse having built up skills as a volunteer.

***'[I have had the] help and support of staff and ECHO for two years building up to leaving [my relationship]. I have had referrals to Arch and to University – they always said if you need a letter of referral come to us... Being there and being consistent is very important to me.'*** (Clubhouse member)

## 5 RESOURCING THE CLUBHOUSE RECOVERY NETWORK

The main inputs for the network are buildings, staffing and providing opportunities for members – for example, to take part in art activities, education and training. An overview of how the service is resourced is given below.

### 5.1 BUILDINGS

The Clubhouse buildings are provided by Brighter Futures through various arrangements. The American is provided to Brighter Futures for peppercorn rent as the result of philanthropic funding from local businessman Mike Moors. The Observatory is similarly provided to Brighter Futures at low rent. twentyfourSEVEN is co-located with Hillcrest Recovery and Resettlement service; the building is leased by Brighter Futures who sublet parts of the building to NSCH NHS Trust.

### 5.2 STAFFING

A distinct feature of the Clubhouse Network service is that it provides extensive opening hours and a service 365 days a year. A contract with Stoke-on-Trent Clinical Commissioning Group (CCG) pays for the staffing at the Clubhouse. The service operates with the equivalent of seven full-time members of staff. This includes full and part-time staff at different grades, with a range of specialisms. Overall, there is a feeling amongst customers and staff that the service is slightly understaffed at the current time.

### 5.3 ADDED VALUE

The building and staff are the main costed inputs required for the Clubhouse to function, but the research identified many examples of added value to the project provided by customers, Brighter Futures and other services. Examples are:

- the access that members have to the Brighter Futures training academy
- the contribution of volunteering members in many areas including assisting with the cafés at the American, Observatory and twentyfourSEVEN; providing support to other members – for example, to use computers; cleaning and maintaining the venues
- the outcomes of volunteering including contributing to peoples' recovery and increasing their skills and confidence (and in some cases enabling progression to paid employment)
- in-reach provided by Citizens Advice Staffordshire and Stoke-on-Trent
- the sale of crafts made by members participating in art activities
- the use of members' bus passes and group ticket offers on trains to enable peer-led trips
- the extension of the service to pilot a pop-up hub in the south of the city through Cooperative Working and Oak Foundation funding secured by Brighter Futures.

## 6 LIMITATIONS AND CHALLENGES

The research identified a range of challenges and limitations for the Clubhouse Network. Key themes were as follows:

- Some members felt that the Clubhouse Network was sometimes short staffed. This means that sometimes there would be cover staff in attendance and that it was not always possible to get the ideal level of one-to-one support. Drawing on the large pool of Brighter Futures employees helps to maintain the service during times of sickness and leave despite being fairly minimally staffed.
- Several people mentioned the lack of privacy at the American; support planning and conversations about all issues are held in the main Clubhouse space. It was felt that a private space to speak with staff would be very beneficial; however, it was recognised that, given the minimal numbers of staff present, it may be difficult for staff to go and have private conversations.
- There was some feedback about the risks of gossip and problems among different members at the Clubhouse Network. However, generally the feedback was that staff and members tend to be very skilled in de-escalating and resolving issues.
- Several interviewees mentioned that they missed the functional skills (maths and English) courses that used to be available on site at the Clubhouse Network.
- One person felt that access to counselling would be a good addition to the Clubhouse Network offer.
- The Clubhouse does not limit the number of members it can work with at any given time. While feedback was very positive on the current service it was clear that additional pressure or a significant increase in members could tip the service into being under-resourced especially at the American. The increase in social prescribing is therefore both an opportunity and a risk for the project (see also section 7.2).

***'If you want to speak to [staff] you have to do it in the Clubhouse. There is no privacy. There is no room. Even a screen [might help]? People are walking past you and you have to whisper.'*** (Clubhouse member)

***'[At ECHO] people can have outbursts and say the wrong thing but it's worked out and nipped in the bud. Everyone understands and no one judges.'*** (Clubhouse member)

***'Because of the financial climate there used to be college courses in maths, English, computers [that are no longer available]. I did a couple of maths courses... College is out of my comfort zone and you used to be able to do qualifications in a setting they were used to which was important to people... With the maths course it didn't matter what level you were at; everyone was catered for.'*** (Clubhouse member)

## 7 THE CLUBHOUSE AND CURRENT PRIORITIES IN HEALTH

The Mosaic Clubhouse in Lambeth notes that the *'current mental health commissioning environment, which has emphasis on co-production, cost-efficiency and partnership working, is perfect for the [Clubhouse] model to thrive'*.<sup>10</sup> While this short report does not seek to comprehensively map Clubhouse practice to the policy agenda, it illustrates the particular relevance of the Clubhouse Network in several key areas.

### 7.1 THE STRATEGIC TRANSFORMATION PLAN (STP)

The STP describes a model of a multi-disciplinary approach *'working to "do with" not to "do to" each and every individual, focused upon prevention, self-care and empowering citizens themselves'*.<sup>11</sup> The plan recognises that this represents a 'significant culture change' in some areas.

The Clubhouse model fits ideally with these aspirations:

- providing venues for contact with members for a wide range of professionals
- ensuring an empowering and enabling environment that promotes choice, flexibility and opportunity without a preconceived agenda about the pace and nature of an individual's recovery journey
- preventing crisis is central to the Clubhouse model; the chances of mental health crisis are reduced and opportunity for early identification are increased through professional support, a regular service 'touchpoint' and outcomes linked to community and opportunity described in section 4.

### 7.2 SOCIAL PRESCRIBING

Social prescribing is a central part of the Government's first strategy on loneliness.<sup>12</sup> It is a way of enabling GPs and other health and care professionals to connect patients, with the help of a 'link worker', to community activities, networks and non-clinical services that can help to meet their social, emotional or practical needs. It features in the national strategy and Stoke-on-Trent CCG is piloting this approach.<sup>13</sup> It is hoped that frequent GP attendance can be reduced by linking people to community support. The Clubhouse is likely to be a key resource for social prescribing given its emphasis on community, an open door and a flexible approach, and the opportunity for a wide range of recreational activities.

The offer of social prescribing described by the CCG has a great deal of crossover with the Clubhouse Network offer, including help to find a job or housing, leisure activities, getting outdoors and exercising, gardening, crafts groups, offering patients something more than a medical intervention, patients taking control as they find their own way to stay well, support in the community, reduced loneliness, social acceptance of mental health and isolation and viewing a person as a person rather than a condition or disability. The piloting of pop-up hubs by the Clubhouse Network to reach out to areas not covered by the existing venues demonstrates the way in which the network could form a central element of social prescribing in Stoke-on-Trent, if resources are available.

<sup>10</sup> <https://amhp.org.uk/the-clubhouse-model-of-support/> (accessed January 2019)

<sup>11</sup> Transforming health and care for Staffordshire and Stoke-on-Trent, STP (Strategic Transformation Plan) (October 21st Submission 2016): <https://www.twbstaffsandstoke.org.uk/publications/2-161215-transforming-health-and-care-for-staffordshire-stoke-on-trent-stp/file> (accessed January 2019)

<sup>12</sup> <https://www.gov.uk/government/news/pm-launches-governments-first-loneliness-strategy> (accessed January 2019)

<sup>13</sup> <https://www.stokeccg.nhs.uk/stoke-your-services/what-you-need-to-know/social-prescribing> (accessed January 2019)

## 7.3 NO HEALTH WITHOUT MENTAL HEALTH

The Government's strategy on mental health has been translated into corresponding local objectives. The table below outlines key ways in which the Clubhouse Network contributes to the 'No Health without Mental Health' outcomes:

| Outcomes   | Clubhouse Network's contribution  | Example quotes or figures to illustrate  |
|--|---|--|
| <p><b>More people have better mental health</b></p> <p><b>More people will recover</b></p> | The Clubhouse Network supports recovery and promotes mental wellbeing for all members through support planning and facilitating a community of support  | <i>'Coming here reduces the risk of crisis; there are people here for me. When I was in a long-term relationship my partner could bring me down. But after that ended going to the doctor didn't cut it. I needed some compassion and empathy from someone who didn't seem like they were on a timer.'</i> (Clubhouse member)  |
| <b>Better physical health</b>  | The Clubhouse Network provides a range of activities and interventions relevant to physical health and has expanded this in recent years  | <ul style="list-style-type: none"> <li>• 76% of members completed a health screening and advice session with member of staff in 2017/18</li> <li>• 97% of members enjoyed physical activity such as gardening or a trip out as part of their membership in 2017/18</li> </ul>  |
| <b>Positive experience of care and support</b>   | By working with the NHS and with Approved Mental Health Professionals (AMHPs), the Clubhouse Network is able to provide a more holistic experience of care and support, linking patients with community spaces, flexible to the needs of individuals alongside more scheduled and focused appointments at mental health resource centres                                    | <ul style="list-style-type: none"> <li>• By far the most common referral route into the Clubhouse Network is via statutory mental health services.</li> <li>• 146 members attending between April and December 2018 were referred by mental health services including Community Mental Health Teams and Crisis and assessment teams.</li> </ul>  |
| <b>Fewer people suffer avoidable harm</b>  | The Clubhouse Network helps people to self-manage their mental health and access timely support. Staff identify problems and seek to engage and refer members before crisis points. ECHO helps people support each other and develop strategies to reduce self-harm. The service prevents the harm of extreme poverty and homelessness through housing advice and referral. | <p><i>'[It is sometimes] the only place where you can come and sit and feel safe. If it was not there for me, there would be more self-isolation and a deterioration in my mental health and how I interact with society and brave the outside world... Thoughts of suicide and self-harm [would increase].'</i> (Clubhouse member)</p> <p><i>'I do art which is therapeutic. It's quite a busy session, lots of company, and the structure prevents me from drinking.'</i> (Clubhouse member)</p> |
| <b>Fewer people experience stigma and discrimination</b>                                   | The Clubhouse Network provides an environment for people in which they do not feel stigmatised or discriminated against. The network also provides opportunities for members to connect with the community outside the Clubhouse, e.g. through trips and visits.  | <i>'People are from a similar background – the last place you want to go is somewhere where you don't feel "normal" coming here puts things in perspective.'</i> (Clubhouse member)  |

## 8 RECOMMENDATIONS

Although this small piece of research does not constitute a full evaluation, it identifies a number of points for consideration by the staff and members of the Clubhouse Network.

- The Clubhouse Network should consider research specifically targeted at people who do not use the Clubhouse Network to identify any barriers to access that can be addressed.
- The network should consider receiving an Insight Evaluation from the Expert Citizens in order to build on the excellent accreditation of the Enabling Environments Award.<sup>14</sup>
- As social prescribing becomes more formalised through the pilot project, the Clubhouse Network should monitor new memberships coming through this route to identify the impact of social prescribing on the Clubhouse Network. If the service receives a marked increase in members, there will be a need for additional resources. Increased demand without additional resources could compromise some of the key features of the service including a sense of support from a named worker, homeliness and safety. The development of hubs in different areas including pop-up hubs and spin-off peer-led groups, but with staff still supported and rooted in the foundations of the Clubhouse Network, is a potential way to avert this.
- The Clubhouse Network is a complex and multi-faceted service. To better document and scrutinise the way in which outcomes are achieved, a full theory of change could be developed for the network. Additionally, further detailed analysis of service use and outcomes could be undertaken – for example, intensity and length of use of services according to needs. Any such work should include site-specific work to explore the differences and links between Clubhouse Network venues and help to build a framework for better describing the membership engagement and outcomes from each venue.
- Analysis on the costs of the Clubhouse Network per interaction or per member may be helpful to develop.
- The physical health work of the Clubhouse Network is an area of ongoing development. More details on the nature of health promotion activities and the impact these have should be recorded. There may be opportunities for members to volunteer as health promotion leads or to undertake health advocacy work.
- The Clubhouse Network continually looks for new ways to engage with the community, to develop pop-up hubs and to explore social enterprise. Seeking ways to reach out to the community and enable members to access external resources, as well as internal Clubhouse Network opportunities, should form a key element of this work.

## CASE STUDY

### JAY

Jay is in his 50s and has been attending the Clubhouse since its early days. A year prior to joining the Clubhouse, a devastating suicide attempt had left him very badly injured. The opportunity to access a project where he could spend time, get support and contribute at his own pace was timely for Jay.

***‘I was not too well at all. I made a serious suicide attempt [...] and was in hospital for three months, anxious, depressed and thinking where do I go? Something like the American [opening] was a godsend. I walked in on the first day and I was so impressed... I walked in and I’ve been in the mental health system a long time... but the atmosphere was different. It felt unique. You get opportunities to do a lot of things, volunteering and running the Clubhouse... The layout is very relaxing: somebody can go and get involved in the running of the place but you can [also] sit in the corner and read papers quietly. It’s choice.’***

Having had a very poor experience of school, volunteering and training accessed via the Clubhouse was a stepping stone for Jay to start work with Brighter Futures. Being able to take the step into paid employment for an organisation where he knew people and felt confident enabled him to take this step in a supported way. After health problems forced him to give up this employment after several years, he continued to undertake a wide range of volunteering roles at the Clubhouse. He has recently secured part-time paid work for another local mental health organisation where he has also volunteered for many years, in a role which draws on his lived experience of mental health and many years of input on a voluntary basis.

***‘I’ve done a lot of volunteering in different areas, admin, worked behind the counter... customer engagement.’***

During his time attending the Clubhouse, Jay has moved from supported to independent accommodation, has been discharged from CMHT services, and moved in and out of employment. Jay identifies the Clubhouse Network community and the opportunities available as key to mental health outcomes and preventing crisis.

***‘If Clubhouse wasn’t here, what would people do? Where would they go? They would sit at home and stare at the walls and have no contact with people. Obviously if people are in that situation it makes their symptoms worse – people come and socialise and get opportunities. It keeps people well; we need more not less of this!’***

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