

‘What makes a neighbourhood a good place in which to grow older for people with mental health issues?’

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September 2019

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This research is funded by the National Lottery Communities Fund through the Ambition for Ageing Equalities Board. Ambition for Ageing is a Greater Manchester wide cross-sector partnership, led by GMCVO and funded by the National Lottery Community Fund, aimed at creating more age friendly places by connecting communities and people through the creation of relationships, development of existing assets and putting older people at the heart of designing the places they live.

Ambition for Ageing is part of Ageing Better, a programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. Ageing Better aims to develop creative ways for people aged over 50 to be actively involved in their local communities, helping to combat social isolation and loneliness. It is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

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1. Introduction

This research project investigates what makes an age-friendly neighbourhood for men and women with long term mental illness who are over 50 years old and live in the BL1 postcode in Bolton. Researchers used a combination of one-to-one interviews and group activities with established arts and crafts and walking groups to investigate how St George's Centre provides a safe space for members of this community and enables and encourages them to interact positively with their local community.

St George's Centre has already demonstrated how Centre members contribute to their local community through qualitative interviews on volunteering and paid work, and how they positively use their local community through our 'I Don't Like Mondays' social and activity group. St George's Centre facilitates informal focus and discussion groups, for example on the new No Smoking policy on psychiatric wards and experiences of accessing Universal Credit. Findings from the focus groups are fed back to Clinical Commissioning Group. The focus group findings on Universal Credit have resulted in the setting up of a successful partnership with Bolton Job Centre, including specialist support for those in the community with severe and enduring mental illness to access Universal Credit, Personal Independent Payments and Employment Support Allowance. In addition, a research participant is currently contributing to the Bolton Patient Story project, an educational and reflective tool for senior health and social care managers.

2. Context for the research

2.1. Mental Health Services

Psychiatrist Nuwan Dissanayaka (2019) expresses concern that mental health services designed to meet the needs of those with long-term severe mental illness have been axed in favour of short-term crisis interventions. Award winning journalist Hannah Jane Parkinson draws on her own experiences in mental health services to express her frustration that despite more and more 'conversations' around mental health issues these conversations are often oversimplified, excluding those with severe mental health problems. Parkinson (2018) focuses on the problems faced by people with severe mental illness, such as psychotic depression, schizophrenia and bipolar disorder (illnesses affecting at least 60 members of St George's Centre) and highlights the difficulties faced by our members when they try to get help and support, including financial support.

Parkinson comments:

It isn't a bad thing that we are all talking more about mental health; it would be silly to argue otherwise. But this does not mean it is not infuriating to come home from a secure hospital, suicidal, to a bunch of celebrity awareness-raising selfies and thousands of people saying that all

you need to do is ask for help – when you’ve been asking for help and not getting it.
(Parkinson, H. A., 2018, June 30)

The respected mental health organisation, Mind (Siddique, 2018), finds that Parkinson’s experience may suggest that the conversation around mental health problems has somehow lost its way. The research at St George’s centre is an attempt to start a new conversation, focusing on men and women diagnosed with severe mental illness.

2.2. Voluntary sector background: position of a medium sized voluntary sector charity in 21st century

Tension isemerging in Third Sector Organisations between the need to maintain a strong strategic position anchored in their social mission and charitable purpose preserving their core values and traditions, and being able to respond effectively and innovatively to the transient demands of their external environment.
(Chew & Lyon, 2012, p.5)

From the end of World War 2, voluntary organisations have worked alongside statutory services to address gaps in state welfare. Voluntary organisations were recognised by Beveridge (1942), as being an innovative influence because of their expertise in tackling and resolving complex social problems where statutory services had failed (Milbourne & Cushman, 2015).

In the 1990s, the Government of the time recognised the sector’s expertise and gave voluntary agencies considerably more funding to deliver their services, recognising the voluntary sector’s flexibility and their expertise in providing specialist support and care for people with less ‘mainstream’ and more complex conditions. The Government also found that voluntary agencies were very good value for money (Milbourne & Cushman, 2015). The 21st century, however, saw big cuts in voluntary sector funding. Voluntary organisations were pressured to ‘chase’ contracts through commissioning processes often leading to mission drift and goal distortion, the system favouring the more professional bidders for funding (McCabe, 2012).

Buckingham (2010) finds that funding bidders in the voluntary sector are required to borrow the language and practices of the private sector to get funding, practices that often contradict the voluntary organisation’s original purpose and go against its ethos and values. Another disturbing feature in the voluntary sector is the requirement of medium sized organizations to ‘merge’ with large national organizations in order to keep open. Lloyds Bank Foundation a leading funder of smaller charities, found recently that: that:

1. The income that the voluntary sector as a whole receives from the Government has fallen, despite the increase in demand for voluntary sector services, and smaller organisations have been hit particularly hard.

2. There is compelling evidence to suggest that large charities are increasingly dominating the market for the provision of public services and as a result far less money is available to fund smaller charities. Michalski, et al. (2001) find that a disturbing development under the banner of co-production is the takeover of smaller voluntary and community groups by huge national charities, a practice becoming ever more common as smaller organisations fight to survive.
3. The charity sector as a whole, and smaller organisations in particular, have historically shown great resilience in the face of changes in their income.
4. The organisations that produce the most comprehensive and acceptable evidence as to their efficacy are not necessarily those most “embedded in their communities” (p. 4)
5. Although it is often hard to measure quantitatively the contributions made while they are in operation, their contributions “are much easier to notice when they are gone” (p. 4) and smaller organisations that close down are usually not replaced.

(Hunter, Cox & Round, 2016, pp. 3-4)

One small mental health charity that provided a unique service in Bolton (STEPs) closed in 2015 and is sadly missed. The small charity only failed because it was unable to get the paperwork in on time in an acceptable ‘professional’ format. St George’s Centre, however, remains open after nearly 43 years, keeping its original mission statement and values, and managing to justify its existence in an acceptable ‘professional’ format. The main current problem at St George’s Centre is not being to extend its work because of time limited additional funding.

See Appendix 1 for a history of St George’s Centre and Appendix 2 for a case study of the support provided.

Scaling out and sustainability

Durose, et al. (2017) suggest that co-production is most likely to grow through ‘scaling out’, that is developing locally appropriate activities on a small scale and in an informal atmosphere, taking into account the participants’ lived experiences and values. St George’s Centre has ‘scaled out’ its provision through three projects in the last four years, only one of which is sustainable after the funding runs out. The Woodwork project, funded by Ambition for Ageing (AfA) and I Don’t Like Mondays, funded by Bolton Community and Voluntary Services (CVS) require the skills and experience of paid staff to make the projects safe for all participants.

Money from the AfA small project fund bought a television set and Wii programme to provide Zumba sessions for members. St George’s Centre has incorporated Zumba into a Healthy Living Programme provision and a current staff member has extended the project, using the TV to provide other exercise related programmes. This project is, therefore, sustainable.

The successful AfA small project fund for Woodwork required an on-site Woodwork trainer, making it extremely difficult to sustain the project when the funding ran out. I Don't Like Mondays, a two year project funded by the local CVS, focuses on opportunities for St George's Centre members to enjoy community activities and eat out without needing alcohol to enjoy themselves. It will not be sustainable after 2019 as there is no recurrent funding for CVS projects.

2.3. Justification for using co-productive & creative processes in our work

Durose, et al. (2017) find it puzzling that co-production has been awarded such an influential role in public service research and delivery on so little formal evidence for its effectiveness. According to Durose, et al. there is little longitudinal evidence that co-productive processes bring about sustained organisational change and there is little research to show that using co-productive processes is an effective use of public money. Despite this lack of formal evidence, the Social Care Institute for Excellence (SCIE, 2015) insists that during a transformative co-productive process, the power relationship between service providers and service user changes dramatically, resulting in a transfer of power from provider to service user. The finding of Carr (2016), however, that the negative use of power and containment is the dominant feature for the service user in current mental health services, raises questions regarding the extent to which a co-production process premised on transformation of power and control is viable.

Despite this difficult situation, Needham and Carr (2009) find that transformative co-production in social care has the potential to create new relationships between the people who use services and staff and to facilitate new and durable forms of peer support. A transformative co-productive process sees the service user as a person with useful and relevant knowledge, and asks what they can contribute to and gain from working with and alongside other people, and focuses overall quality of life rather than just on clinical or service issues.. Needham and Carr warn, however, that some people cannot contribute to or gain from the process in any meaningful way, because of serious social and personal disadvantage, a situation that needs to be carefully considered when developing transformative approaches for different people in different situations.

Using Appreciative Inquiry

According to Durose, et al. (2017), an effective method of achieving transformative co-production is through Appreciative Inquiry. Appreciative Inquiry uses interviews and storytelling to draw out positive memories and experiences from participants and then enables the participants to represent their different experiences co-productively through, for example, a work of art, An example of a work of art already co-productively created at St George's Centre is the Summer collage. At the time of writing, the members were working on a collage focusing on happy memories of Blackpool, entitled 'Wish You Were Here'.

Cultural engagement

A report from Manchester Institute for Collaborative Research on Ageing (MICRA) in conjunction with Ambition for Ageing (Goulding, 2019) emphasises the importance of using co-productive processes to break down traditional notions of the expert and the layperson so that all voices are heard and are of equal value. Two of the projects highlighted in the report are Walking Interviews in the Old Moat district of Manchester and using Cultural Engagement to enable older people to reflect and express themselves.

Cultural engagement is a form of social participation older people value - reflecting on their lives and discussing societal issues contributes to people's subjective wellbeing. Also using some form of art, drama or music to explore issues or themes is an effective way of getting people to work together and express themselves non-verbally.
(Goulding, 2019, p. 62)

Cultural engagement is a central feature of the work of St George's Centre, whether through focus groups or using art, drama or music not just to explore issues, but also to encourage members to use and develop their skills to contribute to high level works of art or drama performance and to develop individual performance skills. The late Tony Berry from Houghton Weavers regularly gave his time over many years to facilitate karaoke sessions at St George's Centre and another volunteer member has now taken on the role of karaoke co-ordinator. One of the older members expresses himself in the karaoke sessions as an Elvis impersonator and members find that interactive music quizzes stimulate healthy competition and self esteem as older participants find that they have accumulated and retained musical knowledge over many years.

3. Research Methods

3.1. Age friendly interviews

Researchers at St George's Centre have found that one to one informal interviews (conversations) between staff and members provide the most detailed and useful initial feedback. The initial research process at St George's focused on the top six results from an Ambition for Ageing (AfA) report by Thorley (2018), which looked at what makes an age friendly area for men and women aged over 50 in Greater Manchester,. The top six results in the original survey, in order of importance to the respondents, were:

1. Looking out for each other
2. Having a voice
3. Being and staying independent
4. Having resources and spaces in the community
5. Feeling safe
6. Getting relevant information

Interviews were carried out at St George's Centre (April, 2019) with 14 members of the centre, all living in postcode BL1. They were asked which of the six results were of most personal significance to them in terms of enabling and supporting them to age equally with the wider population in their local neighbourhood.

3.2. Creative engagement

Reflections on positive experiences during visits to Blackpool by 17 members of St George's Centre informed the design and creation of a collage 'Wish You Were Here'. The centre plans to further investigate the research process and outcomes of the creative project 'Wish you were here' to inform its own research.

3.3. Engagement with the environment

Goulding (2019) finds that walking interviews are an effective way of exploring the age-friendliness of a particular area. Research at St George's Centre, related the experiences of seven Walk and Talk group members to the New Economics Foundation's Five Ways to Mental Wellbeing (2008), five actions that people can take in their everyday lives to improve their mental wellbeing. As in the Creative Engagement research, the data was collected through one to one interviews, during which the members reflected on the positive aspects of one visit to a local park.

3.4. Limitations

It was not possible to present the complete research findings for the Ageing Equally report for two reasons:

1. The timing of the project during July and August

Many St George's Centre members are either on holiday or have family commitments during the summer so do not regularly attend the centre. In addition, numbers historically drop off during the summer as it is convenient to go to events and socialise in the community in the better weather and the lighter evenings.

2. The short timescale for the project

The short timescale to complete the report did not allow the evaluation of the entire project through to its conclusion. This was an unveiling of the collage at St George's Centre October AGM, with a reading of the Stanley Holloway poem 'The Lion and Albert' – read and performed by St George's Centre members.

4. Results

4.1. 1:1 Interviews

The essential need, highlighted by all the members surveyed, was the importance of feeling safe in the community, especially having a place to go where they feel safe and supported. Peer support, looking out for each other, and the importance of having good, trustworthy neighbours were highlighted by 13 of the participants.

Result 5 in AfA report: Feeling safe

The main concern for St George's Centre members over 50 living in BL1 was the way older people (especially those on their own) are viewed and targeted by other members of the community, including those who want to harm them physically or emotionally. Members were frightened to go out alone late afternoon onwards, but felt safer in groups. Those who lived alone did not at times feel safe in their flats, for various reasons. All research participants saw St George's Centre as a safe space, a place where they could feel safe from the dangers of the outside community.

A significant barrier to ageing equally with other members of the community was the attitude of other members of the community to older people who are known to have mental health issues, including the small but significant group of people who threaten St George's Centre members physically or emotionally.

Result 1 in AfA report: Looking out for each other (including more structured support)

Getting the right support at the right time, whether from health and social care professionals, police, neighbours, social housing provider, family and/or friends and from staff, volunteers and members at St George's Centre, was a significant issue for 13 out of the 14 participants. This includes being treated with respect, being listened to as an intelligent individual, and receiving the service the service user has asked for, rather than what the health professional decides they need. Issues relating to individual safety, both in and outside the member's place of residence were also highlighted in the research findings.

One participant spoke of the respect shown to him by his GP when the GP listened and responded positively to his concerns about worrying medication side effects. Several participants appreciated how St George's passes concerns they express to the right person: not just relating to deteriorating mental illness but also to physical issues: and another participant highlighted the support she received from St George's Centre during her chemotherapy treatment, the treatment being carried out at the Centre, a safe place for the member.

Other significant findings from the initial research were: the barriers that prevent those with severe mental illness from ageing equally with the wider community; the importance of having a sufficiently high level of health and care support from professional providers, including housing agencies; and the importance of having the opportunity to use and develop skills to increase feelings of self worth.

A significant barrier to increasing feelings of self worth is the requirement for those with severe mental illness to portray themselves as pathetic individuals in order to gain benefits for financial support. Research carried out at St George's Centre has found that it is extremely difficult for people with long-term mental illness to argue their right to Disability Living Allowance (DLA), now Personal Independence Payment (PIP), without a severe deterioration in their positive mental health.

When a former member of St George's Centre, now aged 66, was being assessed for PIP, she was very nervous. To calm her nerves, she read a book. Concentrating on the story in her book rather than worrying about an experience she is nervous about is a coping strategy she finds very helpful. She was told at the PIP assessment that she would be penalised for being able to focus on a specific task (reading), and her PIP payments would be (and were) reduced because she had been seen using this coping strategy.

PIP claimants are always required to envisage the worst case scenario resulting from their impairment and in doing this they are made to feel inadequate, unworthy and completely powerless. This has happened on so many occasions for older members because of the many assessments carried out during their lives. However, they have to face up to the upsetting process at every assessment in order to gain and then keep their benefits. The feelings of inadequacy and unworthiness related at each DLA/PIP assessment frequently become a self-fulfilling prophesy, especially for older members with long-term mental illness.

4.2. Activities

The findings from the research into the 'Summer' collage (please see the completed Summer collage on this website www.stgeorgescentre.weebly.com) were that a significant number of transformative co-productive processes were achieved through the project:

1. peer support and encouragement
2. inclusion
3. opportunity to use learned and developed skills
4. self-belief
5. working as a team with the same purpose
6. pride in individual contribution,
7. appreciated the contribution of other team members
8. positive focus/ distraction from negative thoughts
9. motivated to come in to St George's Centre
10. felt valued as a contributor to the creative process
11. sense of achievement, fulfilment and pride

As preparation for creating the 'Wish you were here' collage at St George's Centre, members have considered the reflections gathered in the 1-1 interviews on positive memories of Blackpool (see Appendix 3). Members will then transfer the images coming out of these reflective memories onto a collage. Research on early work on the project has shown that members have found the creative process to be more straightforward when transferring 'things' or objects, such as sandcastles, the Tower Ballroom, donkeys and deckchairs, or a more static scene such as eating fish and chips on the beach.

Transferring 'movement' and interactive scenes such as racing up and down the beach with Dad, playing games with other children, writing messages in the sand and taking off one's shoes and walking into the sea require the creators to give a sense of movement. The most difficult part was thought by participants to be how to represent the feelings evoked by a trip to Blackpool, such as the positive effect of being beside the sea and the peace and happiness felt by just being there alongside the hustle and bustle of Blackpool. The memory of the weather always being sunny on trips to Blackpool was suggested as a positive image for the collage by one of the members, as was the calm sea with gently lapping waves.

A particularly valuable example of positive engagement through a similar co-productive process as that used in creating the collage 'Wish you were here' is the enthusiasm shown by the twelve members who gave positive feedback about being involved in the creation of the art work, based on past experience of creative activities at St George's Centre. Positive feedback gathered during work on both collages included the enjoyment found through collaborating with peers and being involved in the creative process, creating a 'masterpiece', a work of art displayed at the Centre, having a purpose for coming to the centre and a reason

to get up and go out, enjoyment of the creative process itself and the sense of freedom, excitement, fun and amazement at re-creating happy, even magical times in a work of art. As found by the creative engagement group highlighted by Goulding (2019), the participants do not view the reflective experience as a reminiscence exercise, but as a springboard to involvement in a creative experience.

Walk and talk group -visit to Queen's Park - feedback from 7 members of Healthy Living group all over 50 and living in postcode BL1.

Engagement during the Walk and Talk group outings explored members' current involvement with the environment and the community.

St George's Centre Walk and Talk Group: 5 Ways to Wellbeing

Connect (Social relationships are critical for promoting wellbeing and for acting as a buffer against mental ill health for people of all ages. Feeling close to, and valued by, other people is a fundamental human need and one that contributes to functioning well in the world)

I love being in the fresh air and having a laugh with other members. Time goes really fast on the walk. I enjoy the company as I live alone and don't have friends near where I live. I don't feel intimidated as we are like minded and have the same issues. It feels so much like being with a family. I like being outside with the other members.

Be active (Regular physical activity is associated with lower rates of depression and anxiety across all age groups. Also prevents cognitive decline and promotes wellbeing)

At first I found the walk hard but I enjoy it now – I feel so good afterwards and I have a great night's sleep. Enjoy walk round park – it helps with my lifestyle as I'm trying to lose weight and get fit. Walking with the group motivates me to get out in the fresh air and to exercise. It's great exercise – a real benefit for me. I like being out in the fresh air with other members as it helps with my stress and anxiety.

Take notice (Being aware of what is taking place in the present directly enhances your well-being and savouring 'the moment' can help to reaffirm your life priorities)

I enjoy being in the park and seeing the wildlife and seeing other people having fun. It brings back happy memories from childhood in the park with my mum. I never think about my problems – it's a positive distraction. I've found that being outside makes me happy and it puts me in a good mood. I feel a difference in my breathing after the walk.

Keep learning (Continued learning through life enhances self-esteem and encourages social interaction and a more active life – also reduces depression)

When I'm at home I just sit and eat the wrong food – it's great when I'm with the group as we chat about the foods we should be eating and how to prepare healthy meals – very useful. I've also found that regular exercise helps to lift my depression. I've found that the walk and talk group gets me up, washed and dressed: I'm motivated to come to St George's on a Wednesday because I always feel in a good space after the walk.

Give (Positive social experience increases wellbeing)

Being with the group is a positive experience as we never talk about problems. It's a fun time together and I look forward to it each week. It's fun going into the cafe and having warm or cool drink, according to the weather. It cheers me up, so I don't feel low and depressed. I would never go out walking on my own – I don't have the confidence and don't feel safe on my own. I look forward to the time we have a hot drink and sit around chatting

5. Discussion

Research at St George's Centre supplemented recent research already carried out by Ambition for Ageing on building Age Friendly Neighbourhoods. The research considered how society's barriers made people with severe mental unequal to the wider population, including perceptions of inequality among those who live daily with the affects of long-term mental illness. 1-1 interviews with research participants investigated how people with severe mental illness are blocked from participating in community activities and/or are otherwise affected by these 'invisible' barriers, and provided examples of how St George's members have overcome or got round these barriers to 'age equally' with the wider community.

The research demonstrated how vital the work of St George's Centre is to enable older people with severe mental illness in Bolton to age equally with the wider community, and the importance of sustaining and expanding this vital service.

A safe space for a minority group (adults over 18 with a diagnosis of severe mental illness)

A safe space nowadays might be a diverse group like the Ambition for Ageing Equalities Board, which strives to be welcoming to all. A safe space might also be a place where people from a particular community, or with a shared identity, can come together and interact with their peers to increase personal confidence and feelings of wellbeing, giving to and gaining strength from this interaction. The accepted discourse, or way of working, of both types of safe space should have regard for each person's self-respect, dignity and feelings. St George's Centre's is a safe space for the adult community in Bolton who have severe mental illness, and is a place where a member of this community can relax and be fully self expressed, without fear of being made to feel uncomfortable, unwelcome or challenged because of their biological sex, race/ethnicity, gender identity or expression, cultural background, age, or physical or mental ability. St George's is therefore inclusive under the terms of the Equality Act (2010).

St George's Centre asks for risk assessments from health or social care professionals before people are accepted as members, not to exclude but to find out if the Centre is the best 'fit' for them, including having regard for their safety and the safety of other members of the St George's Centre community. St George's Centre, however is more than a safe space but a space where members can increase feelings of self worth and resilience, and gain support to increase independence. The centre is accessible by public transport from all areas of Bolton (there are members from all nine Bolton postcodes) and is within walking distance for many of the participants who live in the BL1 postcode area.

Research participants all found that the structure and ethos of St George's enables them to gain and maintain independence. Members enjoy taking part in the life of the Centre through volunteering and/or creative activities, and, according to the research participants, St George's significantly increases

individual feelings of self worth through peer and staff support. Members also find St George's to be an invaluable source of information and support, providing information about activities and services outside the Centre (e.g. benefits, college courses, health and care support) and support to access these services.

St George's Centre as an enabling service

Research carried out at St George's Centre has found that the Centre is seen by its members as an enabling service for those disabled by statutory agencies, whether health or social care professionals, the Council or the Benefits' Agency, and also for those disabled by attitudes prevalent in the wider community. We have seen how a small mental health day service can change lives, the members becoming empowered to see themselves as worthwhile people and contributors to society through their skills and abilities, whether in creative or interactive roles.

At St George's, focus is on members' skills and what they do well, rather than focusing on their weaknesses. A research participant who has worked as a machinist led the process to re-cover the centre's upright chairs, a second participant runs the coffee bar, setting himself exacting levels to make sure members receive an excellent service and a third oversees the daily cleaning of the Centre. Eight of the research participants have recently renewed their Level 2 Food Hygiene and Safety in Catering certificates and are therefore formally qualified to take part in meal preparation and serving. A 'winter collage', designed and created by members, is highlighted on St George's newly developed website, now available on line. It is planned that all sections of the website will benefit significantly through contribution from members.

Website: <https://stgeorgescentre.weebly.com/>

6. Conclusion and recommendations

The focus of the research was on older people (over the age of 50) with long-term mental illness who live in the BL1 postcode and how they interact with their local community, including the community's resources and amenities.

This study has shown that St George's Centre provides a safe space for people with long term mental illness who are over 50 years of age and who live in one of Ambition for Ageing's target areas, the Crompton area of Bolton. Research carried out in the target group also found that St George's is seen as an enabling service for those disabled by statutory agencies, focusing on skill recognition and development and appropriate support. Concerns remain, however, that the community outside the centre is far less safe for older people with severe mental illness, who experience stigma and at times violence from other members of the community, and feel the need to go out in groups, even during daylight hours, for their own safety. There are also concerns that those who support St George's Centre members in the community do not always actively listen to their concerns and respond appropriately. We recommend that Government funding should be directly available to keep such important voluntary organisations sustainable, and that Government funding should be specifically available to enable organisations embedded in their community, and of such importance to the community they serve, to 'scale out' their services as the voluntary organisations see fit.

This report concludes with a quote from one of the long-term Centre members, a lady in her 60s:

St George's has saved my life so many times. I have tried to take my life in the past because I could not see any future out of my black hell hole. At home I feel lost and lonely so St George's Centre is a lifeline for me. It gives me a purpose. Today my future is more positive and life is much brighter. My part time job is a pleasure to attend and life is bright and worthwhile.

www.stgeorgescentre.weebly.com

7. Appendices

Appendix 1

St George's Centre – from 1977 to 2019

From the time the Centre opened in 1977 to its present day position, St George's Centre has seen a small increase in staff numbers from 1.5 to 2.5, but a huge increase in the service provided. St George's Centre initially provided a social space with a hot mid-day meal on three days a week for people leaving hospital wards, but is now a holistic activity-led service for the wider mental health community, still providing a hot mid-day meal, but now open on four days a week. St George's Centre has maintained its core values while extending its opening hours but cannot 'scale out' under the present funding system for smaller voluntary sector agencies. The sustainability of the service relies on the goodwill of the staff, who put in many extra unpaid hours, and the excellent team of 17 member volunteers.

St George's Centre was set up in 1977 by the late June Corner as a safe space for mental health patients leaving the long stay wards at Bolton Hospital. June had personal experience of the distress caused by serious mental illness to both patient and family, and was frustrated at the lack of facilities in the Bolton community for people with severe mental illness, especially those who had spent months, even years, on psychiatric wards.

On her visits to the Bolton Hospital psychiatric wards early in 1977 to visit a close relative, June asked a group of patients what improvements in care could be made to improve their health and happiness. All the patients wanted a place in the community where they could meet up, have a chat and a mug of tea, and also get something to eat.

Throughout her professional experiences as a senior reporter in London and Bolton and her work in the field of health and social care, June made many influential contacts. In the summer of 1977, she went to London, her former place of work, and demanded that the Minister for Health provide a safe space in the community for men and women who had been discharged from the psychiatric wards at Bolton Hospital. The Minister for Health was so impressed by her impassioned plea that he immediately pledged £3000 to rent rooms and provide activities for people discharged into the community from long stay wards at Bolton Hospital, and a safe space in the community for adults coming to Bolton from Calderstone's Hospital, Whalley. 42 years later, St George's is still funded by health care services, currently Bolton Clinical Commissioning Group.

In 1977, the Church Elders at the United Reform Church of St Andrew and St George embraced June's vision of:

A place that would show kindness, be welcoming, a community where everyone was equal: a safe place to significantly reduce the stigma of mental illness.

(Conversation between June Corner and Philomena Hill in 1997)

St George's Centre first opened its doors on 17 October, 1977, renting three rooms from the church for socialising, activities and lunches, plus a fully functioning kitchen. 42 years later, the Management Committee, staff, volunteers, Church Elders and members still show the same commitment to St George's Centre to:

Provide a safe and friendly environment designed to provide structure to the lives of adults who have experienced mental health problems.

Recovery is promoted through a wide range of Social and Therapeutic Activities.

[https:// www.stgeorgesdc.weebly.com](https://www.stgeorgesdc.weebly.com)

Marie Graham, St George's Centre manager in the early 1990s, spoke of the people who had significantly contributed to the development of St George's hospital during her time there, including clinical psychologist Bob Whitmore, who provided volunteer training, the late Liz Foster, from Bolton Community College, who enabled close links with college provision, and Andy Hazeldine, volunteer co-ordinator at Bolton Hospital who supported the volunteers.

The Monday counselling service, was set up and overseen by a clinical psychologist, the late Eileen Beeney, and included students on Level 3 counselling placements. St George's counselling service is recognised today as one of the main counselling providers in Bolton, and is a significant contributor to the 1 point counselling service.

The Centre was originally run by June and her band of volunteers, which included members of the Church of At Andrew and St George. When Marie came in 1990, it was felt by the health authority (still the funders) that there was something of a 'them and us' atmosphere at St George's. The volunteers, despite their good intentions, tended to patronise and look down on the centre members and the atmosphere was one of segregation rather than togetherness. Marie worked hard to try to change this ethos and when she left in 1993, most of the original volunteers had left and recruitment of member volunteers had begun. St George's now has 17 member volunteers who are integral to the running of the Centre.

Despite this atmosphere of segregation, the volunteers were essential at the time for the practical running of the Centre. During Marie's time at St George's, the paid staff consisted of full time manager (Marie) and a part-time administrator, but managed to open 3 days a week and provide a hot meal on those days for up to 60 people! Today, volunteers are in integral part of providing healthy meals, now 4 days a week, and although staff and volunteers provide a much wider range of activities for the 100 regularly attending members, St George's still only has the equivalent of 2.5 full time paid staff. The Centre relies heavily on the brilliant band of 17 member volunteers, and the significant role all members take on in the successful running of the Centre.

Appendix 2

Case study showing 'Care in the Community' provided by St George's Centre

J. was referred to St George's Centre well over 20 years ago .She attended every day and it became her second home. Four years after starting at St George's centre she fell in love with her partner who was also a member. They were together for over 15 years when he passed away with cancer, and June took to drinking. She met her second partner in the pub; they had 4 years together before he also passed away with cancer. J.'s life was turned upside down and she started drinking daily, stopped attending the Centre and refused to answer her phone.

Last year, a member of staff at St George's Centre contacted the owners of J's flat to express the Centre's concerns. J.'s housing manager agreed that J. was in a terrible state, both physically and mentally.. St George's Centre contacted J.'s G P and requested a home visit, which was not available. Instead of leaving the matter there, the Centre's manager arranged for J.'s housing manager to take J. by taxi to A & E and she. was immediately admitted into hospital.

After four weeks in hospital, including treatment for her physical problems, detox for her alcohol issues and stabilisation of her mental health, J. was set for discharge with no care package. Members of St George's staff had monitored J's progress on the ward, but were very concerned about J. being discharged without a care package as she had no family to support her. St George's Centre then took on the role of a caring family.

St George's deputy manager told the ward staff that the weeks on the ward would have been useless if J. was sent home on her own as she would go right back to her old life style and insisted that a social worker be appointed and a care package put in place. A care package was drawn up by the hospital a week before June was discharged home and J.'s housing manager appointed a star worker who worked daily with alongside her social worker.

Members of staff at St George's sent cards and letters to J., saying they were missing her and inviting her in to visit us whenever she was ready. J. is now back at St George's with all her friends and has not touched a drink or smoked a cigarette since she was in hospital. J. said recently that life has given her a second fresh start and with the right support she is looking forward to a bright future. J. is just one of the members over 50 who, with the support of staff and members of St George's Centre, has been empowered to age equally with other members of the community.

Appendix 3

Positives memories of Blackpool – St George’s Centre’s most popular day trip venue – taken from 1-1 interviews with 17 members, all over 50 and living in BL1

Feelings

Get warm feeling inside as soon as get onto coach from St George’s – reminds me of happy childhood and trips to Blackpool
Love going – helps me to remember happy holidays there
Water has such a positive effect – waves carry away my troubles
Love hustle and bustle of Blackpool
Happy place, no mental health issues
Happiest years in childhood, no mental health problems
Water takes away my pain – so relaxing at seaside
Loved getting dressed in best clothes – only for special occasions
Helps me relax as by the sea – peaceful place – forget my problems
Weather was always sunny
Forget all my worries and feel so well when at the seaside
Water injects such peace inside me, far better than meds do for me

Contributing to Art Work at St George’s Centre

Really looking forward to producing Wish you were here – love art and will be involved
Look forward to having special times transferred onto display at day centre
Happy, healthy childhood years transferred onto canvas – so excited and looking forward to my part in the masterpiece
What fun it will be creating a magical time on our lives
Really excited to be working with my centre friends to show such happy times in all our lives
Enjoy doing sewing and art work – takes my mind away to happy place
Working with other members will be fun and lasting reminder of happy childhoods
Can’t wait to be part of team designing and producing those happy times in my life – and having it displayed in the centre
St George’s has become my second home so being part of the group re-creating this childhood fun is just amazing
So excited to be part of group producing display at centre
Display will bring back special days when life was full of dreams and freedom
Can’t wait to see the finished result, when I’m back to freedom once again

Family memories

Racing up and down on beach with Dad – only time he played with us
Makes me feel like a child again - Went on holidays there every year
Dad wore hanky on head to keep off sun as he was going bald!
We saved up from Dad’s money each week to pay for our week’s hols.
Mum made packed lunch with ham from a tin, and cake for day out
Didn’t do as child but took own children there with husband – happy memories from when my husband was alive

Only time got dressed up – pink dress from grandma
Went to Blackpool on day trips – collect shells and paint them all colours with
paint dad brought home from pit
Went with grandparents – spoiled me, gave me lots of treats, donkey rides,
picking up shells
Mum in deckchair – me and my twin played with other children – ran in and out
of sea
Wrote in sand how much I loved my husband
Mum took off shoes and walked with me into sea
Dad treated us to ice cream
Happy times with Mum and Granddad
Happy times with Grandma – help to mend fractured life
Sister and I played games on beach with other children
Gran bought us chips and ice cream – sat on sand eating them
Rekindle childhood memories of Grandma and her love for me and my sister

What we did at Blackpool

Played on beach building sandcastles and playing games
Last day, donkey rides were a treat
Enjoyed arcades – 2p games
Buy fish and chips and sit on beach eating from paper
Ice cream and chips taste so different at the seaside
Many happy holidays – went to tower to watch dancing - free in those days
Bought jug of tea and had packed lunch
Sandcastles, paper flag on top of castle
Arcades – picked up pennies people had dropped then could play

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