

A Report On The Impact And Benefits Of The Mission – Huddersfield.

***Perspectives from people and
community agencies.***

Author: Simon Rippon Aligned Consultancy.

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The volunteers and staff team provided very helpful insights into their work and it was a pleasure being in their company.

The Mission provided a good and positive welcome to this project

Background.

Huddersfield Mission is a local charity based in centre of Huddersfield. The key role is to support people who find themselves in a sudden and immediate crisis and who are struggling to manage their life for a variety of reasons. People who are using the Mission often find themselves on the margins of society because of their financial poverty, drug and alcohol issues, temporary or on-going mental health problems, a history of offending, learning disabilities or simply a sudden life crisis. Whilst the Mission does not describe itself as specialists in these areas the Missions staff work proactively and positively with people; referring and signposting people on to other agencies where appropriate and providing flexible and person centred support. The Mission is known as the place in Huddersfield where people in need come, providing immediate support and intervention but also long-term support and a relationship of trust. The Mission helps people navigate into other local sector resources and sources of help.

The beneficiaries of the Mission often have long term interrelating problems and find using a multitude of single issue agencies confusing and ultimately ineffective unless they have the trusting stable central support that is offered along with a non-stigmatising place of access. The Café and Advice Service staff and volunteers offer a highly personalised and trusting relational skills that foster positive relationships with people.

1. Introduction.

The Community Café is at the heart of the Mission providing low cost nutritious meals, but also a safe space in which to receive further support. The advice and support team provide a range of practical support including food and access to food parcels importantly staff also try to help people resolve the longer term issues that they have through benefits advice and through a range of activity groups to build skills & confidence. The advice team of four paid staff and five volunteers have a range of skills and experiences, including social work, mental health, housing and Citizens Advice experience.

Every week the Mission provides a variety of activity groups including art, music, cooking, and IT skills. We have produced a range of music CDs, a poetry book and collective pieces of art that are displayed throughout the Mission.

Each year, during the colder winter months the Mission café is open every weekday evening and provides a free hot meal. The evening café is not just about food but also about promoting positive social networks, tackling social isolation.

There are quiz nights and music nights that provide social connections for people. The evening café is just one of the many parts of the Mission that relies on the dedicated support of volunteers.

Additionally The Mission is a busy community centre that provides office, activity and meeting space for over 1000 people a week. Space is available for a wide range of uses, but in the last year it has become a significant hub for work with local refugees and asylum seeker.

Huddersfield Mission is seen locally as a unique service in that it offers support to all and specifically for those who are particularly vulnerable. The work of the Mission is important and held in high regard as it is more often the first or last source of help for people.

Huddersfield Mission is a Charitable Incorporated Organisation that was formally registered on the 8th April 2014. It took over the work of its predecessor organisation Huddersfield Methodist Mission on the 1st September 2014. Together the two organisations have a joint history of serving the people of Huddersfield and Kirklees for 115 years.

Huddersfield Mission remains a faith-based organisation with links to the Methodist Church. The building remains a place of worship as well as a much used community centre and there are two worshipping congregations that meet here. However, the charitable activities of Huddersfield Mission are available to people of all faiths and none.

The staff and volunteers are proud of the Methodist heritage and our long history of working for social justice, and are equally committed to being an open and inclusive organisation and service provider.

How is the Mission Supporting People?

In the calendar year 2018 the Mission provided 5,791 support sessions to 979 different people, making 1684 referrals for food parcels via local food banks. The cafe has served 10,495 meals and the evening cafe provided 4,056 meals. The community hub facility provided by the Mission had total room hire in 2018 of 12,733 hours.

Of those accessing the Mission's support resources 99.4% of people have reported via a feedback questionnaire that the support received has increased their ability to cope.

The Missions resources are accessed by people living with marked social, health and emotional issues. Here, we present some summary data to illustrate the reach, focus and uptake of resources from the Mission. We have identified the month of November 2018 as the example month for this data.

In the calendar year 2018 the Mission provided 5,791 support sessions to 979 different people. In terms of gender spread this is shown in **Table One**.

Table One: Gender Description.

Gender	%
Male	67.6
Female	32.0
Other	0.4

Those accessing the Mission and its resources identify as experiencing specific health and related conditions; 38% of people disclosing they live with mental health issue, 32% having a physical disability and 14% having a learning/developmental disability.

The range of issues that people were seeking support and help for is diverse. As an example, in November 2018 people attending the Mission asked for help on a range of topics and issues, this is shown in **Table Two**.

Table Two: Issues and Topics.

Issue & Topic	%
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Housing & Accommodation	11.5
Benefits	12.3
Food Parcel Referral	26.4
Finance	9.0
Welfare Provision	22.1
Health & Wellbeing	4.9
Other	14.1

Further, if we look in more details at the month of November 2018, we can see that 263 people asked for advice and support and the Mission provided 599 support sessions, each lasting an average of 20 minutes.

Challenges and Opportunities in evaluation and research in these setting:

There are enumerable challenges for evaluation and research projects in settings like the Mission. The lived experiences of people using such services

and resources is often complex and the capacity to become involved in the research may be limited and sporadic. This requires attention in the design of the research method and in the process of engagement to ensure that where practicable people have opportunities to participate and have their voice and perspective heard. The report by Swansea Council¹ on approaches to consulting hard to reach groups offers positive actions for ensuring that diverse perspectives from groups and communities can be achieved. Bonevski and Randall² indicate that a series of responses from those leading research and evaluation projects to ensure that people from socially disadvantaged groups are better represented in research; such responses include extending timeframes for participation, types of methodologies deployed to foster engagement and working through intermediaries to secure relationships that enable people to have a voice and contribution. In developing the design we have sought to reflect these observations and ideas into the project.

Often people from socially disadvantaged groups are described as '*hard to reach*' or '*seldom heard*'. These terms are often used inconsistently to describe any form of minority groups such as people identifying as homeless, disabled people and old people and people from ethnic groups. These are the groups that are often identified as being the most difficult to engage in the political process and from which to gauge opinions. However many commentators argue that using an umbrella term such as 'hard to reach / hear' to describe such groups implies a homogeneity within groups that does not exist (Brackertz 2008³, Freimuth and Mettger 1990⁴). In so doing '*it defines the problem as one within the group itself, not within your approach to them*' (Smith 2006⁵). The result of such an approach in language and categorisation is that the terms 'hard to reach / hear' can become loaded and can result in potentially stigmatising or pejorative terminology (Murphy 2006⁶).

¹ A literature review of engaging hard to reach / hear groups Research report for the Local service board scrutiny panel: 2009 See: https://www.cardiffpartnership.co.uk/wp-content/uploads/4.-Agendaitem2EngaginghardtoreachgroupsreportAppendixB_2_.pdf (accessed April 2019)

² Reaching the hard-to-reach: a systematic review of strategies for improving health and medical research with socially disadvantaged groups: Bonevski.B, Randell.M, Paul.C, Chapman.K et al. BMC Medical Research Methodology 2014 Vol 14 p42

³ Brackertz, N (2007) – Who is Hard to Reach and Why – ISR Working paper - http://library.bsl.org.au/jspui/bitstream/1/875/1/Whois_htr.pdf (accessed April 2019)

⁴ Freimuth, V.S; Mettger W, M (1990) – Is there a Hard to Reach audience? – Public Health Reports May – June vol 105 no 3

⁵ Smith, G (2006) – Hard to reach groups don't exist, <http://www.delib.co.uk/dblog/hard-to-reach-groups-don-t-exist> (Accessed 6/12/08)

⁶ Murphy, P (2006) – Practical: Reaching the hard to reach -

Being attentive to these issues and requirements was a priority in this research project given the nature of the work of the Mission and the diverse groups and communities it serves and supports.

The methodology for gathering perspectives and experiences (data capture) was designed to promote engagement and rapport with people using the Mission and to create opportunities for participation no matter how detailed, brief or time rich.

The Research Questions.

In framing the research proposal the Mission had developed two specific lines for inquiry, these being:

*How do our beneficiaries describe the difference that we make in their lives?
What is it that they see as valuable?*

And: We have done much over the last two years to increase our profile with the public and stakeholders. Looking primarily at our stakeholders, what do they think about us? What do they think we do? What impact do they think we have?

These questions enable a narrative to be explored that reflects the Missions stated ambition of supporting people in marginal positions whilst seeking to develop positive relationships with local system partners and commissioners who work to support these people.

About the Methodology.

The methodology for the inquiry utilises established methods in social research; this included both participatory and non-participatory observational techniques and participatory dialogue with individuals using the Café and Advice Services.

Observational research methods are a social research technique that involves the direct observation of phenomena in their natural setting. More generally, the goal is to obtain a snapshot of specific characteristics of an individual, group, or setting. Such methods are typically divided into naturalistic (or “nonparticipant”) observation, and participant observation. Naturalistic observation has no intervention by a researcher it is simply studying behaviours or events that occur naturally in natural contexts. In participant observation, the researcher intervenes in the environment; most commonly, this is in becoming a member of the group being observed (studied) with the

aim of observing behaviour and interactions that otherwise would not be accessible.⁷

The data that is collected during these observations can include interviews (usually semi or unstructured), notes based on observations and interactions, documents, photographs, and other artefacts that reflect the experience of the group and place. The only difference between naturalistic observation and participant observation is that researchers engaged in participant observation become active members of the group or situations they are studying. The basic rationale for participant observation is that there may be important information that is only accessible to, or can be interpreted only by, someone who is an active participant in the group or situation.

The approach used in this project was one of **undisguised participant observation**, the researcher becoming a part of the group, disclosing their true identity as a researcher to the group under 'investigation'. One of the primary benefits of participant observation is that the researcher is in a much better position to understand the viewpoint and experiences of the people they are studying when they are apart of the social group. The primary limitation with this approach is that the mere presence of the observer could affect the behaviour of the people being observed and self censorship may occur.

How We Approached The Research Questions: The Methodology and Data Gathering.

Part one: *“How do our beneficiaries describe the difference that we make in their lives? What is it that they see as valuable?”*

Given the nature of the work of the Missions and the lifestyle issues facing people using the resources the methodology for data collection had to be responsive to a range of features including:

1. *Interpersonal and Relational Issues:* How the researcher would be received by people using the Mission, whether trust and cooperation could be established to enable rapport and personal disclosures to be made in response to the research questions.
2. *Availability and Access:* Whilst the Mission has a number of people who use the resource with great frequency and regularity there was a challenge in securing opportunities to meet and speak with people as often their lifestyle issues (e.g. lack of money due to Welfare sanctions) would take precedence for them over participation in the research.

⁷ <https://opentext.wsu.edu/carriecuttler/front-matter/about-this-book-2/>

Building Rapport and Trust: Given the above constraints it was decided that as a precursor to data gathering two steps would be taken to promote engagement in and awareness of the research project. Firstly, a series of posters and leaflets were presented in the Café and Advice Centre reception that gave key information about the research and had a photograph of the researcher. Some staff and Volunteer members also spoke of the research and presence of the researcher to those in the café area.

Secondly, the researcher would build presence, familiarity and relationships and rapport by volunteering and being present in the Mission Café. This included serving meals, working in the kitchen and similar activities. Volunteering in this way occurred on 5 separate occasions. The researcher was also present in 'bumping spaces' within the Mission – e.g. in reception area etc. where people often congregated and awaited appointment to meet an Advice Worker. The researcher also spent time in the Café space, interacting with individuals in a conversational way.

Hearing Peoples Views - Data Capture: During this phase, perspectives were gathered in two ways; firstly through a series of informal in-situ interviews in the Café and secondly by developing detailed life stories of people using the Café – these are presented as Case Studies later in the analysis section. The in-situ conversations were always cued by a request from the researcher to sit and speak with the person(s) and a short summary of the research was offered with information about anonymity.

How do our beneficiaries describe the difference that we make in their lives? What is it that they see as valuable?

In all 33 people were asked to participate in the in situ conversations; 21 within the café space and 12 in the reception waiting area. Of this total, 18 interviews were achieved in the Café; 7 with people who were met in the reception area awaiting an advice worker. Of these 2 (of the total of 18 in the café) were a cohabiting couple and 2 (of the 7) were a cohabiting couple. In terms of identified gender 15 of the 18 identified as male, 3 as female.

The in – situ conversations with people were brief, often lasting only 6 minutes and at most 18 minutes. Quite often the dialogue was broken or interspersed due to interruptions from others and interviewees were often becoming distracted – need for a cigarette etc. As we noted earlier the presence of the 'researcher' and the opportunity to contribute through a conversation was publicised in the café and reception area.

8 people in total refused to have a conversation – (verbatim) examples of responses included:

“No mate, I’m not wanting to miss an appointment.... seeing an Advice Worker and waiting a phone call from an Housing worker....”

“Not today...got too much going on....”

“Later...I’ll see you later...”

“I’m back tomorrow...can we do it then?....”

In all, people were very open to speaking about the Mission and the value and meaning it has for them.

What was asked in the conversation? Here are the questions used to frame and initiate the conversation:

- *How did you hear about the Mission?*
- *What’s good about the Mission for you?*
- *What do you see as most valuable / most helpful for you about the Mission?*
- *What would you like to see more/less of?*
- *What difference has the Mission made to you?*

Supplementary questions⁸ included:

- *In what way is the Mission different from other places you go to for support etc.?*
- *Can you tell me anything about how much time you spend here...how often you come here?*
- *Can you tell me of similar places to the Mission in the town*

Here’s how people responded:

Q1 How did you hear about the Mission? 11 people told they had heard about the Mission from a friend, 4 people had used the old Mission⁹ resource located nearby, 9 people had been told about the resource by a Worker (e.g. often from Housing or Addiction Services) and 1 person had started to attend the café after walking by. All respondents did not recall seeing any written

⁸ These supplementary questions were used when people made reference to specific issues, experiences etc to try and elicit more depth and detail to their statement(s).

⁹ The old Mission refers to the previous locations, the Mission has existed since 1906 having had 3 locations more recently relocating to its present site in 2000.

information in other places (agencies etc.) about the Mission to advertise or promote its presence.

Most people in the interviews had an awareness of 'in house' promotion of the Missions resources - notice boards, leaflets etc. that highlighted what was on offer generally and specifically.

So, hearing about the Mission has two elements; the in house promotion of the Missions 'offer' and then the external promotion through personal networks, friendship groups etc. being a useful resource for promoting the Mission with workers in related sector agencies being a source of introduction.

Q2. What's good about the Mission for you?

All people in the interviews expressed a strong view that the Mission **consistently provides a safe space and refuge**; that there was **sanctuary from what were often hostile and stressful situations**.

"When I'm on the streets I'm getting hassled all the time....Police...Punters....when I go to get help...at (the) Housing or other places....I'm told what to do...here's different, I can be myself...I'm valued for who and what I am by the staff..."

"I'm treated as human.... I can chat about stuff.... I don't have to tell people what problems I have in order to come here...."

"I can have 'other world'¹⁰ conversations...not like when I'm out there and it's all about getting the money for the next bag...."

All the respondents in the interviews gave a strong emphasis to the **personal positive qualities of the staff and volunteers**. These relational aspects made a significant difference to beneficiaries. People spoke of **not being judged and being accepted for who they are**. Most often this was the first theme and response given when asked the question on 'what's good?'

"The staff are very helpful...friendly..."

" I don't feel judged here...it's always very comfortable...staff introduce themselves...have time to chat and ask me how I' keeping and show an interest in me..."

¹⁰ 'Other world conversations' - this interviewee used this term to describe conversations that were usual, everyday and not connected to lifestyle issues - that is seeking drugs, money etc. Making a point of difference about living in two 'worlds'

“It’s great that people are volunteering here...doing this.... Staff have lots of time to offer you, it doesn’t feel rushed.... other places I go to for help.. well, it’s not like this place...they don’t seem to have the time for you... want me out of the door....”

What does this tell us? We infer that there are ***specific relational attributes*** on which people using the Mission place high value – friendliness, ***being non judgemental, being accepting, showing interest in a persons situation – authenticity and empathy, being hopeful for others.***

These attributes are described and experienced through the interactions with staff and volunteers and within the peer group too.

The recognition of the positive interpersonal and relational qualities that people using the Mission recount perhaps supports the perspective that often people with multiple life issues and histories and complex lives often experience deep social exclusion and are often treated as objects in public places and are subject to mistreatment and experience ‘deep social exclusion’¹¹

It could be argued that the way in which volunteers and staff at the Mission behave and interact toward those using the resources enables people to be exposed to a relational experience that supports the building of self esteem, that is affirming and is markedly different from other responses from agencies.

There are useful parallels from the conceptual frameworks and characteristics for relationship based practice in social work; what these characteristics imply is that *‘relationship-based practice involves practitioners developing and sustaining supportive professional relationships in unique, complex and challenging situations.’*¹² And, understanding involves practitioners *‘engaging with both the rationale and emotional or irrational aspects of the clients behaviour.’*¹³

A summary quote from one interviewee captures this well:

¹¹ Social exclusion and mental health: conceptual and methodological review: Morgan.C, Burns.T, Fitzpatrick.R, Pinfold. V. January 2018

see: <https://doi.org/10.1192/bjp.bp.106.034942> (accessed May 2018)

¹² Wilson K., Ruch G., Lymbery M. and Cooper, A. (2011) (eds) Social Work: An introduction to contemporary practice, Pearson, Harlow, pp. 7–8.

¹³ Relationship-based practice and reflective practice: holistic approaches to contemporary child care social work. Child and Family Social Work 2005 p111- 123 Vol 10.

“People like us can’t go to cafes on the High Street... we get asked to leave...and the prices are too high...we can’t afford them People look at you, wonder what you’re doing there.... but here, it’s very different, you don’t get any of that....”

Comment: *What might this lead the staff team to consider in terms of team learning and skills development? How might the management team at the Mission consider the relational aspects of its overall work in terms of a value base for walking along side people? How might these relational statements be incorporated into the Missions ‘theory for change’?*

Q3. What do you see as most valuable/most helpful for you about the Mission?

During the interviews with people using the Café people were asked to say what they found ‘most valuable’ when visiting the Mission, from this a list of statements was identified and the frequency of these statements were catalogued.

Table Three shows the frequency that specific resources were mentioned as ‘most valuable’ by beneficiaries. These are not in rank order of value.

Table Three: The Most Valuable Resource.

<i>Most Valuable Resource</i>	<i>Frequency of Mention</i>
Low cost of food & drink	10
Quality of the food	10
Access to free telephones	2
Access to free Wi Fi	4
Activity Groups	2
A place to sit and be.	4
Access/help with IT & Computers	6
Advice Workers	12
Social Contact with friends/others	8
A meeting place	3
Clothes	3
Food Parcels	5
Staff in the Café	10
Location – central	1
Peace and quiet	3

Counselling	3
Being Safe	7

The most prevailing emphasis in the responses to this question being the positive and affirming relational qualities the staff demonstrated to beneficiaries. People also **rated highly the food provided in the café** as being **very affordable** and of **high quality**:

“ I couldn’t get this anywhere in town for the same price....not at the bus station or anywhere....”

The collective experience of the Café (and the Mission more generally) as being **an accepting place, welcoming to all** and **a place where friendships and social contact can be experienced** was also spoken about in the interviews:

“It’s not just about the meal... it’s a place to go... it’s a social thing for me...”

“ I’ve made some good friends here... people I see often here.... There’s some rough diamonds if you know what I mean?... but people are friendly...”

“People say hello.... They introduce themselves when they sit at your table... usually anyway...”

“ I like to have the company of others...sit chatting.... Sometimes I don’t but I know I can here...”

The **Advice Service** resource was **highly regarded by people**; again the emphasis on **staff attributes** was highly mentioned but **the way in which the service is delivered** was also experienced as being positive – the Advice Service being open to all, providing a flexible and responsive offer to people, being accessible, not needing a referral or pre assessment for threshold criteria are strong features of the resource.

“ You don’t have to make an appointment...I just turn up and get help...I might have to wait abit...but I get offered a drink...the staff are deadright....really helpful.... they don’t speak down at you... not like other places (such as housing)”

“You can use the telephones here for free.... saves you using up your phone credit which I couldn’t afford to do anyway.... You have to wait ages on the phone sometimes..... We can’t do that at other places like Citizens Advice....or housing...they send me here...”

The Mission provides a rolling programme of **activity groups for people** to attend; whilst a number of people spoke positively of this programme there was limited uptake within the cohort included in the interviews. When cited in the interviews people described the opportunities within the activity programme as being a building block or bridge onto other things:

“I’ve had some help with my reading and writing.. spelling....I’d like to see more of that...I’d come more then (to the activity groups)”

“I’m just getting myself sorted out....I had experience of mental health problems...when I’ve sorted that out I want to come to the groups... I’m looking at creative writing... poetry....”

“Computer skills...I need help with that....maybe the groups could do that?...”

Q4. What would you like to see more/less of?

Whilst we have heard how accepting beneficiaries are of others in the Mission 7 of the 18 interviewees expressed views on types of behaviour that they see as being inappropriate and at times ‘unsettling’

“ We don’t like the swearing....there’s too much of that recently...it’s not nice, it’s not needed.....”

“ There’s a lot more people drinking here now...I know they struggle with it.. I can see thatBut I don’t like to see it here¹⁴...”

“I have weaknesses that I’m trying to manage...I struggle with... and sometimes coming here doesn’t help that .. when there’s people with stuff (referring to drugs, alcohol)... It’s too tempting to me...”

The type of areas people expressed a view on in terms of ‘would like to see’ included:

- Hygiene Facilities – showers and wash area
- A sitting Room – place to relax
- Space outside of the café area

Referring to hygiene facilities more than half of the beneficiaries mentioned this, when asked why comments were made that these type of facilities are

¹⁴ For clarity, this was a reference to people using the café but who were drinking alcohol in a nearby park not drinking in the premises.

The Mission have a clear protocol for managing antisocial behaviour within the Mission space and have recently reviewed/refreshed and represented the policy on this.

generally lacking for homeless people in Huddersfield, this was emphasised by a young person thus:

“ Be good to have showers here...somewhere to get a wash, get cleaned up...when you’re living on the streets its hard (to keep clean)...you need to wash....you go to McDonalds or a big café....but it’s not nice when people walk in and see you having a wash in the sink.....”

This statement is interesting as it offers an insight into fundamental and practical issues for homeless people, the lack of facilities but also the personal impact on esteem (*“It’s not nice when people walk in and see you...”*).

Comment.

The issue of provision of daily living facilities for homeless people, showers, washrooms etc. is part of the wider challenge within the local system in Huddersfield and not unique to the Mission. The Mission has been considering these for some time and is seeking to bring leverage to issue where it can through engaging with relevant local commissioners and sector providers.

Having a space to sit and relax (a room with sofa’s etc.) outwith the café space was also cited by 9 people, of these 4 stated it would be a challenge to manage:

“..trouble with it (the relaxing space)....you’d get people crashing out all day...not moving....”

“If we had it (the relaxing space) people would just doss down....hang about...it wouldn’t be for everyone then (as it would be monopolised by a few).....”

Comment.

The Mission has a clear protocol for responding to challenging behaviour with clear sanctions. This has been revised in early 2019. Staff and volunteers demonstrated a clear understanding of what behaviours are permissible and what the actions are when these norms are transgressed.

Q5 What difference has the Mission made to you?

“It’s helped me loads with practical stuff.....”

16 people of those interviewed cited that ***the Mission had helped them with a practical issue*** at some point during the use of the resource, that this was achieved via the Advice Worker resource. Examples of these practical issues involved welfare, benefits, housing and food parcels as well as access to utilities (gas and electricity). Such support from the Advice Worker included roles such as advocacy, negotiation, liaison with agencies where more specific and technical help was accessed, for example linking to Citizens Advice or dealing directly with a local authority housing worker.

“I wouldn’t be off the streets if it wasn’t for this place I can tell you....”

“I’ve got real help here...practical and personal....got myself a house sorted out....I’m really proud of that...”

“I got help with my spelling and reading...that’s been great...”

Establishing and maintaining social connections and networks has a significant and positive impact on mental health and wellbeing are well reported^{15 16}; the Mission provides opportunities for people to make social connections and to forge relationship within and across a community of interest.

“I’ve made friends here....I’ve got to know people....”

16 beneficiaries gave emphasis to the earlier statements on the relational qualities of the staff and volunteer at the Mission as having made a difference to people personally; this included the way in which staff made time for encounters with people, demonstrating empathetic awareness, listening and not judging .

“ Not being judged.....that’s a great benefit.. you don’t get that many places I can tell you....”

“If you’re on your arse or a businessman...you get the same response from staff and volunteers here....that’s what I like about them (the staff and volunteers) ..”

¹⁵ See: Hare-Duke L, Denning T, de Oliveira D. et al (2018) Conceptual framework for social connectedness in mental disorders: Systematic review and narrative synthesis. Journal of Affective Disorders 245: 188-99.

¹⁶ Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review Perspectives on Psychological Science 2015, Vol. 10(2) 227–237 : Holt-Lunstad, J, Timothy B. Smith, T.B, Baker, M, Tyler Harris, I, and Stephenson, D.

8. Part Two: *“We have done much over the last two years to increase our profile with the public and stakeholders. Looking primarily at our stakeholders, what do they think about us? What do they think we do? What impact do they think we have?”*

This element of the research focused on the views from local stakeholders; the sampling method was purposive¹⁷, we identified stakeholders by asking

¹⁷ The main objective of a purposive sample is to produce a sample that can be logically assumed to be representative of the population. This is often accomplished by applying expert knowledge of the

the manager of the Mission and key team members to list stakeholders who had either a direct or indirect relationship to the Mission. This relationship might be as a referring agent into the Mission, or as a representative of a local partner agency serving a similar beneficiary base – the aim being to create a representative sample of the local agency system.

We set some definitions on this in order to understand the nature of the working relationship and to better organise and balance the sample; the relationship could be *direct*, that is, be a stakeholder who worked directly with people accessing the Missions resource. An example being a field worker from the Community Plus¹⁸ programme in Kirklees. Secondly the relationship could be *indirect* for example be a representative of an agency or organisation that supported the Missions work via a commissioning role or who had a role into which the Missions function was highly relevant, an example being a local Public Health lead or Community Police Officer.

We also used a snowball technique¹⁹ as a means to building wider representation into the overall sample; here respondents were asked to recommend a contact that they viewed as being a stakeholder in the Mission's work. These sampling methods are well recognised and established in qualitative approaches to evaluation but are not without challenges, for example ensuring that bias towards inclusion or exclusion of certain respondents is managed and that where new contacts are offered these can be subjective compounding the issue of bias. It is critical that where new respondents are chosen by contacts and the researcher this is done so to reflect a particular balanced view or opinion. Hence, the limitations of generality within the findings from this type of sample method.

However for the purpose of this evaluation the sample method is appropriate and gave access to a range of respondents, from different organisations and with from a variety of roles.

9. How we gathered their views and perspectives:

We gathered perspectives from respondents in two ways; firstly through a series of interviews using a semi structured interview schedule wherein we designed questions to develop insight into the following primary themes: *what*

population to select in a nonrandom manner a sample of elements that represents a cross-section of the population.

¹⁸ Community Plus is a programme established and delivered through Kirklees Council and provides Community Connectors in a range of neighbourhoods to link people into resources and activities that promote wellbeing.

¹⁹ This method of sampling for participants yields referrals from initial contacts who refer their contacts who share the same or similar characteristics of the referees and who have experiences, knowledge and insight etc. relevant to the research inquiry.

do they think about us? What do they think we do? What impact do they think we have?"

These questions included:

1. Describe your organisation and your work role.
2. Describe your relationship with the Mission
3. Describe your organisations relationship to the Mission.
4. What do you see at the role, function of the Mission?
5. Can you describe the successes of the Mission?
6. Describe the Missions contribution to the local system.
7. What do you see as most valuable about the Mission

The semi structured interview also had the following supplementary question threads to develop more detailed insights into the work of and relationship to the Mission:

1. What publicity and promotional material do you receive/know of related to the Mission's work?
2. What Networks etc. are you active in with the Mission
3. What could be strengthened by the Mission to communicate its purpose, role, ambition and achievements?

As noted above we developed the sample of stakeholders through a long list of contacts from the manager of the Mission who also sent out an introductory email to these contacts informing of the research and the request for interview. We then followed up the introduction with an email offering a short explanation of the project, the approach and a request to meet.

From a long list of 15 stakeholders we interviewed 6 in total, each interview lasted between 45 and 60 minutes and all interviews were conducted face to face in the respondents offices. Repeat requests were made to a number of contacts for interviews and flexible offers made on date and timing for the interview.

In responding to the questions on organisational roles, relationships (Q1 – 3 of the 7 above) the stakeholder organisations (or departments) represented in the interview sample were:

- Social Housing Provider – Senior Manager
- Local Authority – Public Health Manager.
- Local Authority – Communities Manager

- Local Authority - Community Development Worker
- Social Housing – Case Worker
- VCS – Welfare Rights

Each interview was audio recorded and written notes were made, the audio interview was then transcribed and each transcription was reviewed against the written notes and a framework analysis method was used to identify key words and statements that enable key themes to be identified.

On the theme of most valued and ‘do more of these cluster statements represent the headline and recurrent themes:

Most Valued:

Accessible
Reliable
Advice
Inclusive
Communities
Non threatening
Respectful

Do More on

Social Isolation
Older People
Parenting
With people from wider

Responses included:

“Having lots of credibility (in the local system)....for supporting people with marked need....giving people a different entry point and experience...”

“They offer a whole conversation piece...to people food, advice, a place to be....help people bridge into other services..... resources...”

“ The Mission is in a good space...innovative in it’s work...for example, they things they did on holiday hunger...”

“They get on with it...develop initiatives and don’t wait around...they make strong connections ...into other agenda’s and teams....”

The second method of gathering perspectives was via an **online survey questionnaire**. A short pilot of the survey was undertaken by 3 respondents who were not included in the final survey. This was to test online functionality, question focus and the overall format and completion time.

The circulation of the questionnaire was managed by a local voluntary sector coordinating body, Third Sector Leaders Network Kirklees. This agency

manages a contact database of circa 160 Voluntary sector leaders, however we were unable to achieve any segmentation within this data base to target respondents working directly in the Huddersfield area in which the Mission is located. The survey was also circulated to 12 contacts identified by the Mission staff, these contacts being known to have a direct relationship to the Mission.

The survey was open on line for an initial 5 day period, unfortunately the initial response rate to the survey deadline was very limited and we decided pragmatically to seek to boost this by extending the deadline and asking the Leadership Network to send an email reminder via their database.

Findings from the Stakeholder Survey: *The type of organisations that responded.*

The majority, 7 out of 10 were public sector organisations, whilst the other 3 were registered charities. Below is a list of the organisations that took part.

- Kirklees Council- Housing Solutions Service
- West Yorkshire Police - Integrated Offender Management
- Age UK
- Kirklees Visual Impairment Network
- Kirklees Council - Community Plus
- KCA
- Calderdale and Kirklees Single Point of Access
- Whitehouse centre GP practice
- CHART Kirklees








The respondents were asked more specifically which areas of support or intervention they worked in. As the data in Fig 2.1 shows, half (5 out of 10) of the organisations worked in health related services, followed by 3 in 10 who worked in the field of substance mi-use, a number of other key sectors, were also covered.

Those that stated 'other' gave the following description of their fields / areas of work;

- Support with Technology
- Community
- Education and leisure
- Early help which encompasses all of the sectors named

Figure 2.1 Types of Services or Sectors Represented in the Survey

Sector	Response	%	No.
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Health		50.00%	5
Substance mis-use		30.00%	3
Social care		20.00%	2
Criminal Justice / offender rehab		20.00%	2
Housing		10.00%	1
Welfare rights		10.00%	1
Other (please specify):		40.00%	4

N.B. Multiple response question, figures may not add up to 100%



In terms of the organisations geographical reach, 6 stated they worked both within the city boundary of Huddersfield as well as outside of Huddersfield, whilst 4 worked predominantly within Huddersfield only.

1. Awareness of Huddersfield Mission and What They Offer

The organisations were asked the extent to which they know about Huddersfield Mission, specifically in terms of provision and the services and resources on offer.

Over half (6 out of 10) said they had a 'good' awareness, whilst the remaining 4 respondents had 'some' awareness of the Mission's services. **No one said they had 'little or no' awareness.**

Figure 3.1

AWARENESS OF THE MISSION & It's OFFER	RESPONSE	%	No.
I have a good awareness / understanding of the Mission and what they offer		60.00%	6
I have some awareness / understanding of the Mission and what they offer		40.00%	4
I have little awareness / understanding of the Mission and what they offer		0.00%	0

Respondents were then asked to provide a brief overview regarding what the Mission offers. This was an open response free text box question.











The response comments mainly centred on the Mission providing support and advice on a range of issues, particularly for vulnerable groups such as people who identify

as being homeless. It was also ***described as a place for people to meet others and socialise in a non-judgemental setting.***

A range of statements was then shown to respondents and they were asked to say which they would use to best describe the Mission. As the data in **Fig. 3.2** below shows, the ***respondents were all in agreement that the Mission offered a whole range of services and opportunities for people.***

All respondents said the Mission was ***a place to get ‘advice on welfare, benefits and housing’ and was also a place where they could ‘join in activities’.*** Almost all (9 out of 10) said ***it was a place to ‘socialise’, ‘get a good meal’ and be ‘put in touch with other services’.*** Whilst a number also felt it provided a number of key benefits and services.

Figure 3.2

THE MISSION IS A PLACE TO...	RESPONSE	%	No.
Get advice on welfare, benefits, housing etc.		100.00%	10
Join in activities		100.00%	10
Be put in touch with other services		90.00%	9
Socialise / meet new people		90.00%	9
Get a good meal		90.00%	9
Seek refuge and sanctuary		80.00%	8
Get advocacy		80.00%	8
Develop life skills		70.00%	7
Get advice on health issues		60.00%	6
Other (please specify):		30.00%	3

N.B. Multiple response question, figures may not add up to 100%

Three respondents also chose ‘other’ stating ***the Mission was ‘a place of worship’ (x2) and ‘a place where people listen and show compassion’***

From the list of options chosen, respondents were asked ***which was the most relevant, valuable or beneficial service?*** In most cases, it was difficult for them to choose just one, given the range of service users and beneficiaries accessing the Mission, as the comments below illustrate;

“To our service I would say that they are all relevant and it is about quality of life and also prevention rather than just treatment for Mental Health (in our case)”.





“All valuable so hard to choose one”.

“All the services are relevant. There is such a wide range of service users”.

2. Views and Perceptions of Other Stakeholders

The questionnaire aimed to establish how well the respondents perceived the **Mission communicates its purpose to external partners and funders**. Half (5 out of 10) said **‘very well’**, 2 respondents said ‘adequately’ though the same number also believed ‘not very well’.

Figure 4.1

COMMUNICATION OF IT'S PURPOSE	RESPONSE	%	No.
Very well		50.00%	5
Adequately		20.00%	2
Not very well		20.00%	2
Unsure		10.00%	1

The questionnaire probed further seeking an explanation for their responses. Supporting comments from **those that stated the Mission communicates its purpose ‘well’ or ‘adequately’** included;

“The Mission do communicate with us and this is appreciated. In the past our relationship with the Mission was not as open as it is currently and further on-going development and building up of this relationship would be appreciated”.

“Its centrally placed and well established. Hosting events extends its appeal to a wider audience”

Supporting comments from those that stated the Mission communicates its purpose ‘not very well’ included;

“Can always do more”

“Are too busy getting on with it! I have never seen promo materials for example”.

3. Exploring the Impact of the Mission’s Work









The next section of the questionnaire focused on the impact the Mission’s work is having. This was a question that could be informed by direct experience (i.e. for a respondent that co works to support a person using the Mission) as well as indirect experience of the Mission.

On a scale of 1-3 where **1 = very valuable** and **3 = not very valuable** – respondents were asked to rate how valuable the Mission’s work is to service users and beneficiaries locally. **All respondents gave a 1 rating, meaning ‘very valuable’.**

They were also asked to say which outcomes (from a pre-defined list **See Figure 5.1**), service users develop and / or achieve through the support and services provided by Huddersfield Mission.

As the data below illustrates, a wide range of outcomes were highlighted. All 10 said it helped develop service users’ ‘coping mechanisms’, whilst 9 out of 10 also said it helped develop ‘social skills’, ‘confidence’ and ‘self-esteem’.

Figure 5.1 N.B. Multiple response question, figures may not add up to 100%

OUTCOMES FOR SERVICE USERS	RESPONSE	%	No.
Coping mechanisms		100.00%	10
Social skills		90.00%	9
Confidence		90.00%	9
Self esteem		90.00%	9
Personal skills – e.g. building relationships		80.00%	8
Practical skills – e.g. budgeting skills		70.00%	7
Organisational skills		60.00%	6
Health awareness		60.00%	6

We asked respondents to provide supporting comments for their preferred answer and those offered included;

“The Mission is all inclusive and extremely welcoming. The staff and volunteers are always willing to assist creating a positive atmosphere which encourages involvement and promotes progress”.



“I think that the number of organisations that the Mission has informal and possible formal relationships with helps service users to achieve the above”

5. How Valuable is the Missions Work to Professionals and Stakeholders As A Resource?

The questionnaire aimed to establish how valuable the Mission is to professionals and other stakeholders **as a place to refer to and provide support for their clients.**

Again, a scale of 1-3 where 1 = very valuable and 3 = not very valuable, was used. In total, **8 out of 10 said it was very valuable**, 1 respondent gave it a ‘2’ rating = fairly valuable and 1 said they were unsure.

Figure 5.2

THE MISSION - A PLACE TO REFER...	RESPONSE	%	No.
1 = very valuable		80.00%	8
2		10.00%	1
3 = not very valuable		0.00%	0
4 Unsure		10.00%	1

Once again additional comments were encouraged to support their ratings;

“It offers a neutral safe venue with on-site support assisted by other agencies. The Mission is also an integral part of partnership information sharing, invaluable in ensuring services aren’t duplicated”.

“It’s a one-stop-shop for support”.

“I have never referred and wouldn’t know how to!”

We also wanted to explore **how the work of the Mission is making a contribution to the ‘Strategic Outcomes for Kirklees Council’ set out in the Corporate Plan 2018/20.** These outcome statements are high level improvement statements which are designed to reflect actions within and across departments of the council. In turn the wider ‘social care’ sector economy in which the Mission sits is increasingly commissioned to deliver interventions and services that contribute to these outcomes.

Respondents were provided with a range of statements, which relate to the 'Strategic Outcomes for Kirklees Council' and were asked, **which of these do the Mission contribute to?** As highlighted below, it was believed that the Mission helps to achieve a number of the key strategic objectives.








All respondents felt the Mission helps people in Kirklees to... 'Be as well as possible for as long as possible' and 'live independently and have control over their lives' and 9 out of 10 said the Mission helped people in Kirklees 'have aspiration and achieve ambitions through education, training etc...'.

No one stated the Mission didn't contribute to any of these Strategic Objectives.

Comment.

The Mission has a strong reputation within the Huddersfield community social sector economy as an agency that works positively with people experiencing significant life issues. This focus and reputation has been developed over many decades. There is good evidence to indicate that it has and continues to provide a service that contributes to the wider outcomes of the Council even without it being a directly commissioned service.

Figure 5.3

STRATEGIC OUTCOMES THE MISSION CONTRIBUTES TO	RESPONSE	%	No
People in Kirklees are as well as possible for as long as possible		100.00%	10
People in Kirklees live independently and have control over their lives		100.00%	10
People in Kirklees have aspiration & achieve their ambitions through education, training, employment & lifelong learning		90.00%	9
People in Kirklees live in cohesive communities, feel safe & are safe/protected from harm		80.00%	8
Kirklees has sustainable economic growth and provides good employment for and with communities and businesses		50.00%	5
Children have the best start in life		40.00%	4
People in Kirklees experience a high quality, clean, and green environment		30.00%	3

N.B. Multiple response question, figures may not add up to 100%

4. The future – How Could the Mission Better Promote Itself?

Looking towards the future, respondents' views were sought as to whether and how the Mission could better promote itself and its service. Overall, **8 out of 10 said the Mission could do more to publicise itself**. Though there was a recognition that budgets are tight and therefore can be difficult to find the funds for marketing materials etc. As one person commented;

“Dedicated promotion often needs a marketing budget, let’s hope if the outcomes of the mission are that it needs to improve its marketing that funding can found”

However, a couple of examples were provided as to how it could improve including;

“Basic promo materials when you signpost use headed paper, maps with your details on etc...”

“Regular timetable type updates would be useful - perhaps via a mailing list to keep them at the forefront of people’s minds”.

In addition, the questionnaire asked whether the Mission **could provide a wider range of advice and support services to local people?** Half of the respondents said ‘yes’ it could, whilst the other half were ‘unsure’. Those that felt it could were also asked to suggest which services could be offered and to whom. The responses are presented below;

“Any service needs to keep abreast of the ever-changing dynamic of the community. Groups with no recourse to public funds²⁰ are a challenge to support”

“More services for younger people”.

“Could link with asylum/refugee causes

“Always a need for more provision depends if everyone feels comfortable within the building?”

Finally, there was an opportunity for any additional comments to be provided. Only several were provided but all very complimentary about the excellent service and provision offered by the Mission.

“From my perspective working within housing need/homelessness, then the Mission provide an excellent support/advice service to many vulnerable

²⁰ The refers to people who are seeking asylum and where the application has been turned down.

individuals. Many of the [named service] Officers (including myself) have built up over many years good working relationships with the Mission”.

“In my experience as a professional utilising The Mission I couldn't speak highly enough of the support they provide for the most challenging individuals in the locality. Everyone is offered a chance”.

“Just to say thank you for the work that the Mission does. In terms of mental health they are able to reach people that formal services find difficult to engage with. This may be due to the drop in' side to it and general welcoming environment of the Mission”.

11. Commentary and Discussion.

The key role of the Mission is to support people who find themselves in a sudden and immediate crisis and who are struggling to manage their life for a variety of reasons. People who are using the Mission often find themselves on the margins of society because of their financial poverty, drug and alcohol issues, temporary or on-going mental health problems, a history of offending, learning disabilities or simply a sudden life crisis.

Whilst this research project was undertaken in a limited timeframe there is overwhelming support from respondents in this small scale research project that the Mission is providing a positive and responsive resource to a specific community within Huddersfield.

The beneficiaries of the Mission in the main are people who are living marginalised lives either due to limited social networks and connectedness, poor economic and financial viability or health related issues including substance misuse, mental health challenges. For many people who participated in the insitu - interviews these life experiences do not exist in isolation – often people using the Mission are living with marked complexity and experiencing wider social determinants that impact on their health and wellbeing.

What was very striking and heartening throughout the interviews for both research questions was the priority and emphasis that respondents gave when speaking of the staff and volunteers of the Mission; the relational qualities that people experienced as non-judgemental, empathetic, being present and welcoming. These themes were recurrent throughout the interviews in the project.

The Mission is seen as a resource that is highly regarded by peer services and recognised as a resource that works specifically with marginalised people and seeks to provide stability and continuity for people whilst helping them bridge into other service and resources to secure more stable lifestyles.

The dual function of the Mission – it's Café and Advice Resource – position the Mission well in terms of offering both an informal environment in which people can seek support and guidance, coupled with the relational qualities noted above; this is a positive platform and many beneficiaries cited these qualities as being unique to Huddersfield but more so in terms of the range of services these people access and frequent the Mission stands out.

Whilst the Mission is well networked in terms of its presence and offer to peer agencies there was a view that promoting its achievements could be stronger; for example profiling the reach the Mission has in terms of people seen, types of issues supported. There was an appreciation within the Stakeholder group that this is done to an extent through the Missions manager(s) in local peer networks but a more formal mechanism may be of value in terms of illustrating impact.

13. Appendices

The questions related to roles and relationships elicited a range of responses including:

- *Signposting people to the Mission*
- Describe your organisation and your work role.
- Describe your relationship with the Mission
- Describe your organisations relationship to the Mission.
- Can you describe the successes of the Mission?
- Describe the Missions contribution to the local system.
- What do you see as most valuable about the Mission

Responses included:

“Having lots of credibility (in the local system)....for supporting people with marked need....giving people a different entry point and experience...”

“They offer a whole conversation piece...to peoplefood, advice, a place to be....help people bridge into other services..... resources...”

“ The Mission is in a good space...innovative in it’s work...for example, they things they did on holiday hunger...”

“They get on with it...develop initiatives and don’t wait around...they make strong connections ...into other agenda’s and teams....”

“....People falling through the cracks (of services)...they wouldn’t know how to get into other services.... Engaged with hard to reach, seldom heard voices...helping people navigate the systems”

In summary, the Mission was seen to exhibit behaviours that were proactive, driven and underpinned by values, responsive to issues and emerging trends whilst from a leadership perspective demonstrating influence, presence (in local peer groups, networks) and posing challenge.

