



together we
Cumbria

IMPACT REPORT

2022



EMPOWERING PEOPLE TO BETTER MANAGER THEIR PHYSICAL
AND MENTAL HEALTH AND WELLBEING.

Together We Impact Report for 2022

Together We CIC are a not for profit organisation that offers many services across Cumbria, to help people better manage their physical and mental health and wellbeing.

This report aims to share the Social Impact Outcomes for Together We CIC for the period 1st April 2022 to 31st March 2023. Which includes the theory of change, outcomes frameworks and measures, the methodologies used for capturing impact, the data capture process and plans for continuous improvement.

This 12-month period covers the second year of the Talk service and includes three other services that connect to provide care for people of all ages, these are the Carry, Fitness and Recovery Services.

Additional information can be found in the Appendices and by opening the links below to view our websites and our co-produced promotional video clips.

Together We CIC



<https://togetherwe.uk>
<https://ncrecoverycollege.org>

Recovery College



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Section 1: Theory of Change

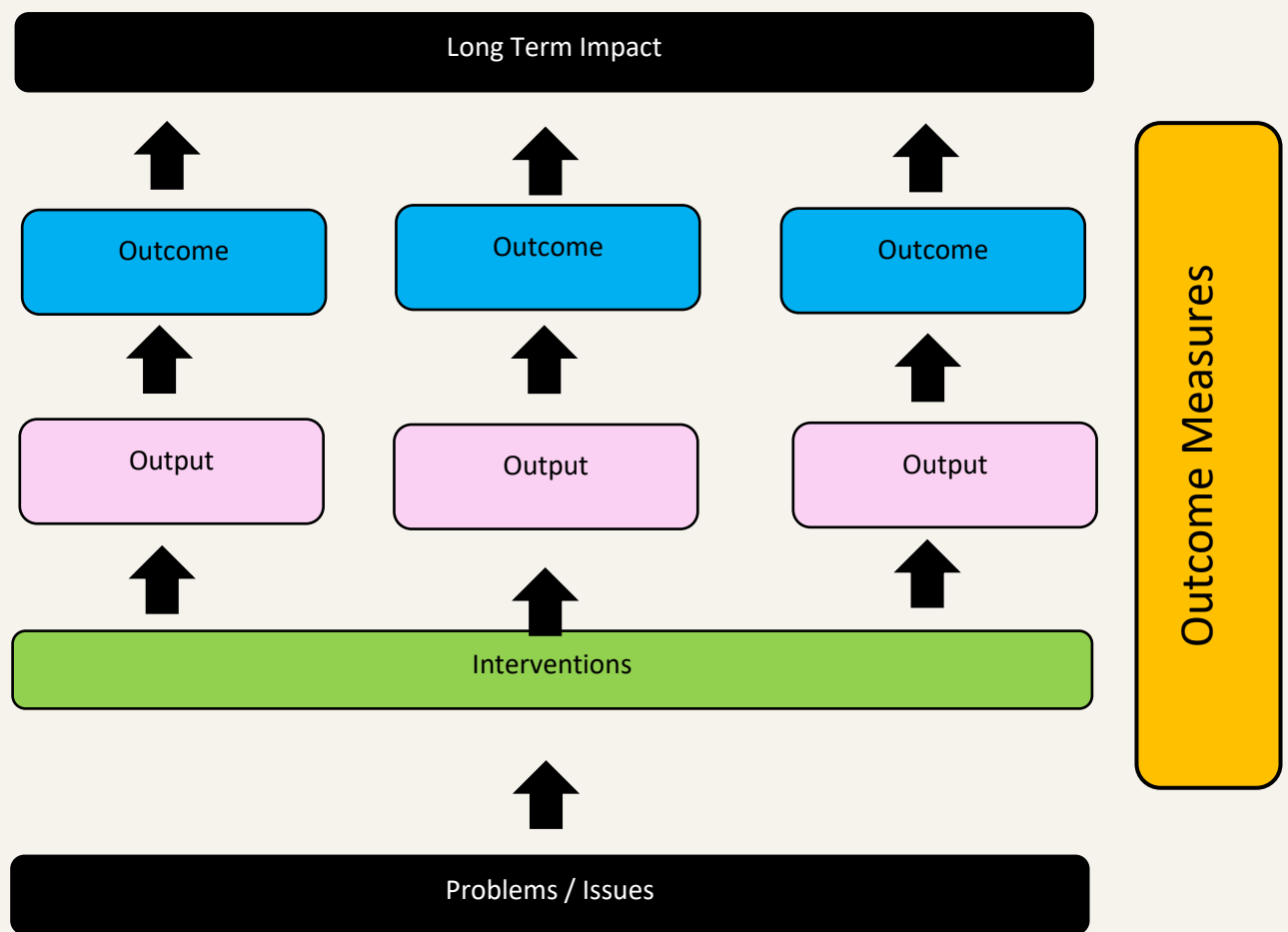


2022 AGM Singing for Fun Activity

1.0 Theory of Change

The Theory of Change describes:

- Social problems that a project / organisation addresses
- Interventions made
- Outcomes that bring about social change, through long-term impact.



The social problems that Together We CIC address have five key themes:

- Health inequalities – poor mental and physical health and wellbeing
- Social isolation – loneliness, lack of community cohesion
- Lack of access to opportunities – employment, education, aspiration
- Societal pressures – inequalities, low stability, high interest rate economy
- Gaps in statutory services not linked up, service silos

Together We CIC's social problem statement

"Individuals and families in Cumbria face health inequalities, social isolation, lack of access to opportunities and low aspirations. Educational attainment is lower than average, family and peer relationships can be challenging. Damaging behaviours are present in communities and gaps in statutory services may contribute to avoidable fatalities".

The Theory of change for Together We CIC is underpinned by the founders' perception of success and the outcomes they recognise as pre-conditions for overall long-term outcome i.e. social impact.

Together We CIC's Social Impact Vision Statement

"All residents in Cumbria have aspirations and opportunities as good as the rest of the UK. They have life experiences, friends, skills, good physical and mental wellbeing, enjoy a great quality of life and are able to access holistic local support as and when needed".

Section 2:

Social Impact Outcomes



2022 Events supported by staff and volunteers within the community

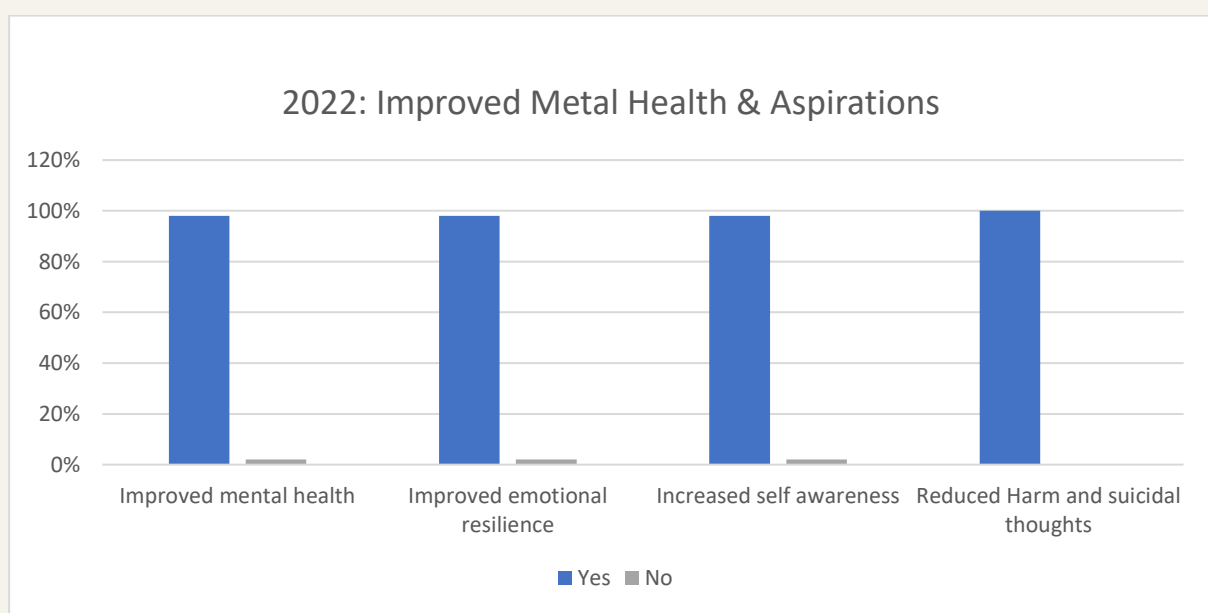
2.0 Social Impact Outcomes

We asked service users to complete an external evaluation survey, from a sample of 200 service users that had completed this we then randomly selected a 20% sample for the social impact outcomes in this section.

Together We CIC's outcomes are linked to nationally recognised and evidenced outcomes which are checked with commissioners and funders.

2.1 Improved Mental Health and Aspirations

The responses showed that 98% of service users had experienced and improvement in their mental health, emotional resilience and self-awareness, with 100% of service users experiencing reduced self-harm and suicidal thoughts. Overall a majority of service users are experiencing improved mental health and aspirations as a result of using the service.

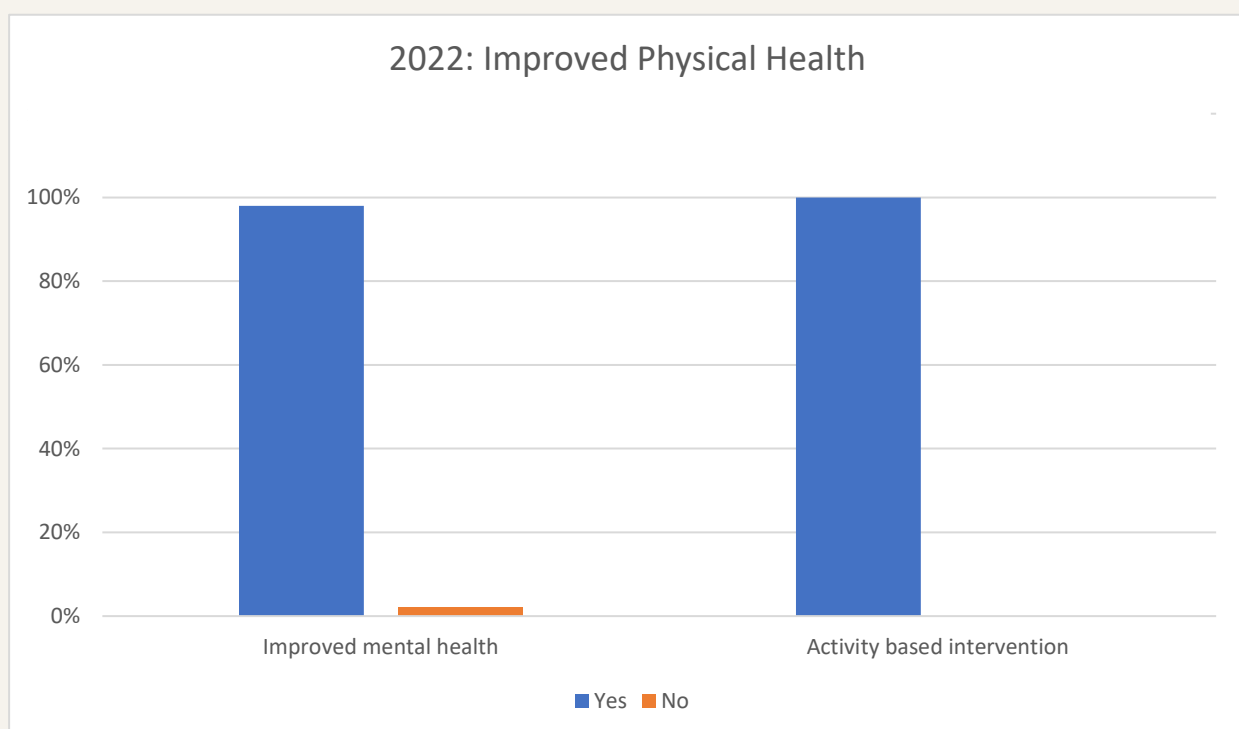


2.2 Improved Physical Health Results

This chart shows the responses from the external evaluator questions and the activity based intervention outcome surveys in 2022.

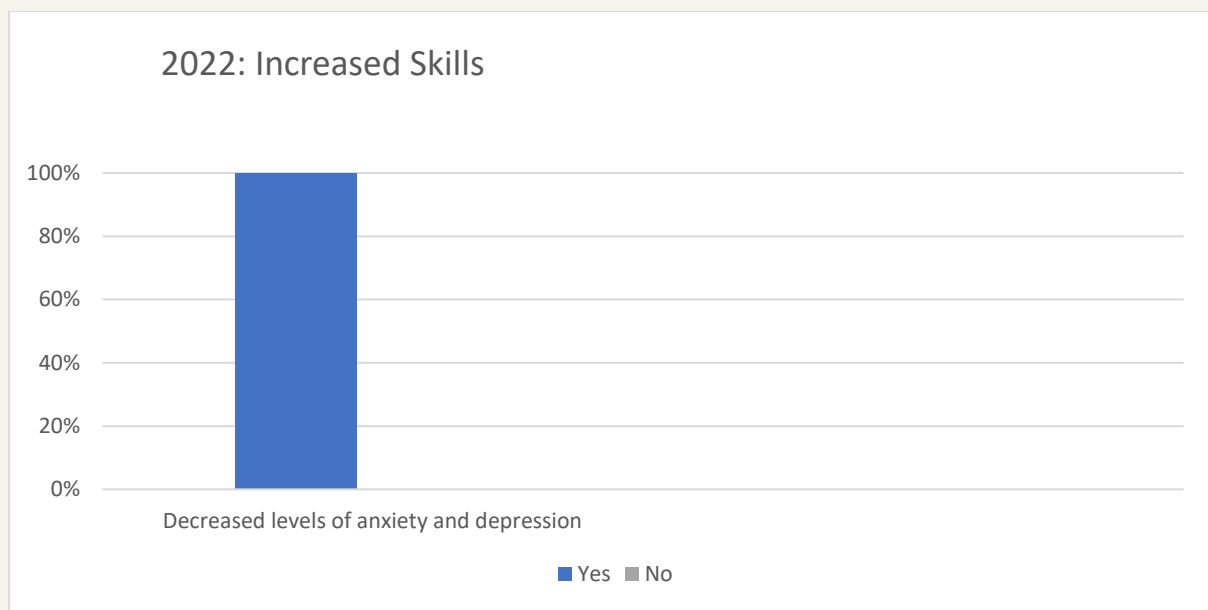
98% of the service user responses showed an improvement in their mental health and where the activity based intervention had been completed 100% of the respondents said they had experienced an improvement from being more active daily.

This provides evidence to support that where service users were engaging in regular activity based interventions this had a positive impact for them.



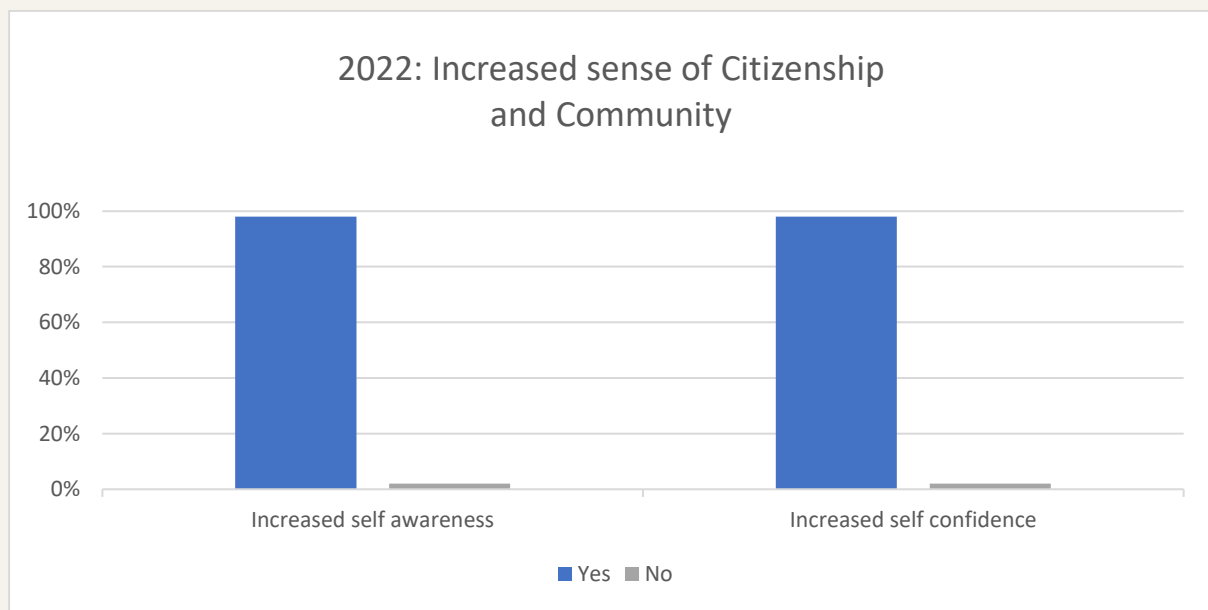
2.3 Increased Skills

100% of the service users responded to indicate that they had decreased levels of anxiety and depression from using the service. It is an assumption that this is in part, due to an increase in skills for managing their condition via their engagement within the service. This provides further evidence to support the positive impact for service users within Together We CIC and the ongoing work being done to help and support people with taking control of their mental and physical wellbeing.



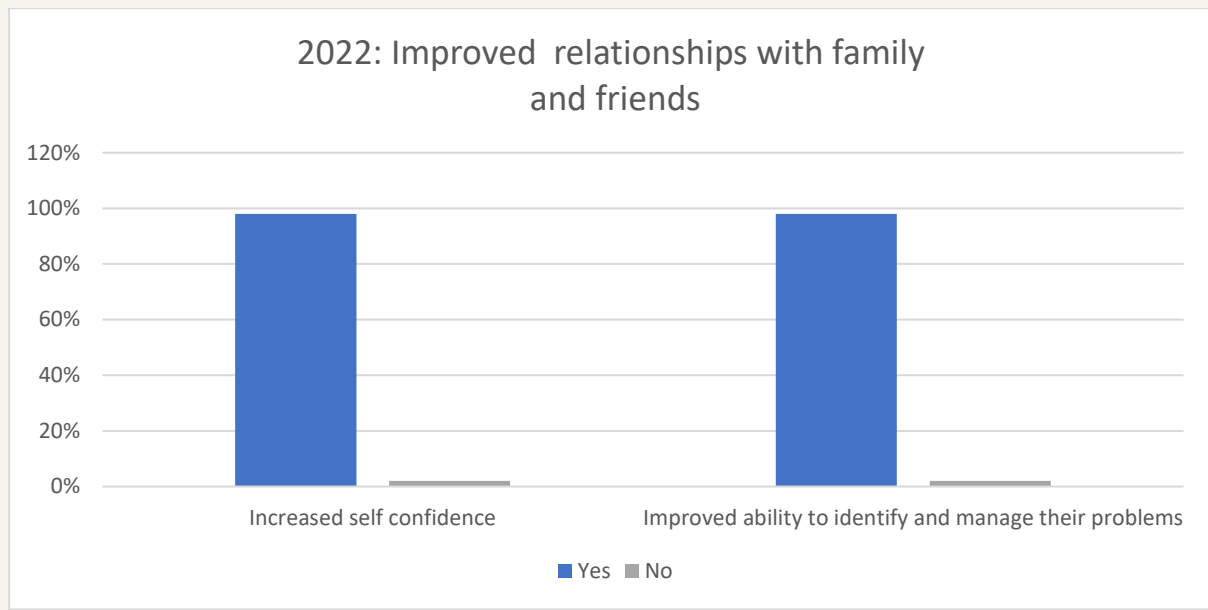
2.4 Increased Sense of Citizenship and Community

This chart shows the increased sense of citizenship and community using the external evaluator questions, 98% of the service users responded positively with an increase in self-awareness and self-confidence as a result of using the service. This provides further evidence to support the of the positive impact for service used within Together We CIC.



2.5 Improved Relationships with Family and Friends

98% of service users sampled showed an improvement in their relationships with family and friends, based on their outcomes for improved self-confidence and their ability to manage problems.



Please see Appendix 1 for further information regarding the external evaluator data analysis.

Section 3:

Outcomes Framework



2022 Nature Journaling and
Community Feedback Events

Section 3: Outcomes Framework

Each key outcome has a set of measures that demonstrate the work done in this area.

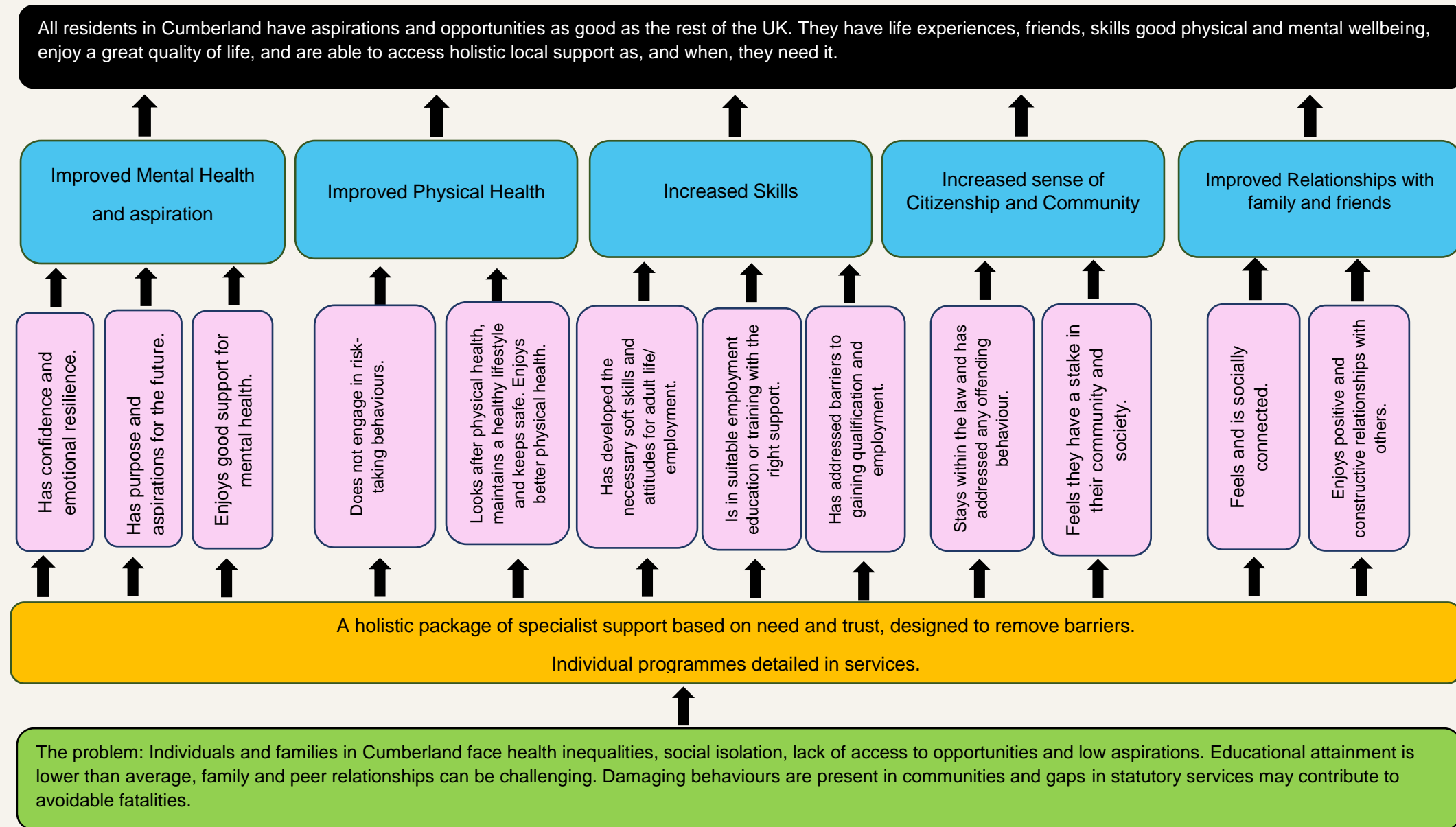
- Individual measures are used through a digital or face to face questionnaire that is customised to each project depending on the needs of Together We and the funder or commissioner of the work.
- The questionnaires are used before and after an intervention (project, course or programme) and rated from 1 to 5 basis simple smiley faces or the Likert Scale, using a range of formal and informal data collection methods.
- Where applicable the Outcome Star model is used. The outcomes of the before and after questionnaire would identify progression and distance travelled for interventions 6 weeks or more in length where the journey can be tracked.
- The Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS) - <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/> *"The Warwick-Edinburgh Mental Wellbeing Scales were developed to enable the measuring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. The 14-item scale WEMWBS has 5 response categories, summed to provide a single score. The items are all worded positively and cover both feeling and functioning*

aspects of mental wellbeing, thereby making the concept more accessible. The scale has been widely used nationally and internationally for monitoring, evaluating projects and programmes and investigating the determinants of mental wellbeing". - Prof Sarah Stewart-Brown

- Where the full version of the WEMWBS scale is too much the Short version containing 7 questions from the full version is used in its place.
- Patient Health Questionnaire PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.
- Case study evaluation – identifying who, how, when for all projects such as Family, Under 11, Under 18 and Adults.

Please see Appendix 2 for copies of outcome framework templates.

Theory of Change Model and Outcomes Framework



Section 4:

Outcome measures



**Our First Delivery of Level 2
Introduction to Peer Support**

Section 4: Outcome Measures

Please see below for the questions that are used to measure outcomes for service users within the different projects. These outcome measures are currently being embedded into the Charity Log project outcomes as bespoke ladder outcomes and where possible utilising the existing templates from outcome measures such as the PHQ9 and external evaluator where the questions are already being measured appropriately. This will enable a snapshot of the impact data to be created at any time with minimum administration.

Improved Mental Health and Aspiration

Has confidence and emotional resilience.

- I have increased feelings of self-worth and self-esteem.
- I have improved confidence in my own capabilities.
- I feel valued and respected.
- I have developed improved resilience, grit and determination.
- I have developed the capacity to cope with difficulties and stress.
- I have increased hope.

Has purpose and aspirations for the future.

- I feel I have a sense of purpose.
- I have life goals.
- I have increased ambition.
- I feel hopeful for the future.
- I have increased hope and recovery.

Enjoys good support for mental health

- I have access to quality services – mentor, counselling, anger management support.
- I am receiving advice, support and treatment as appropriate.

Questions:

How satisfied are you with your life?

How happy did you feel yesterday?

How anxious did you feel yesterday?

Scale from existing outcome measures:

- Talk: Wellbeing Star and Specific Measure (PHQ9 for example).
- NCRC: Wellbeing Star
- Step Forward: Full WEMWBS
- Fitness: N/a

To what extent do you feel the things you do in your life are worthwhile?

- 1 (not at all satisfied) – 10 (completely satisfied);

Do you agree with the statement 'I can achieve most of the goals I set myself'?

- Yes; No; Don't know; Prefer not to say

How much do you feel able to manage your health?

- Strongly Agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; Don't know; Prefer not to say

Improved Physical Health

Looks after physical health, maintains a healthy lifestyle and keeps safe.

- I eat and sleep well (eat nutritious meals each day, have adequate sleep)
- I take part in regular exercise.
- I take care of my sexual health (practice safe sex)
- I am addressing substance misuse issues (smoking abstinence, harmful drinking, other drugs)
- I am reducing self-harming.
- I am setting and meeting physical goals

In the past week, on how many days have you done a total of 30 mins or more of physical activity, which was enough to raise your breathing rate?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

Increased Skills

Has developed the necessary soft skills and attitudes for adult life / employment (as appropriate)

- I have improved attendance and timekeeping.
- I have an aspiration to work or do further education.
- Volunteering?
- I have improved communication skills.
- I have better teamwork and relationship building skills.

Is in suitable employment education or training with the right support.

- I am in full-time education, part time education, training, employment.
- I am satisfied with my employment, education or training.

Has addressed barriers to gaining qualification and employment.

- I have achieved a qualification that moves me closer to employment.
- I have been supported to address my immediate needs so I can focus on employability.

Increased sense of Citizenship and Community

Stays within the law and has addressed any offending behaviour.

- I respect the law (rules and authority)
- I have not committed any offense, crime or violence

Feels they have a stake in their community and society.

- I feel I have a stake in my community.
- I participate in community decision making.
- I am a more active member of my community through volunteering or campaigning.

Improved relationships with family and friends

Feels and is socially connected.

- I feel less lonely and socially isolated.
- I feel respected, valued and cared about.
- I feel comfortable meeting new people and making new relationships.

Enjoys positive and constructive relationships with others.

- I have an improved relationship with parents/children / carers so there is reduced risk of family breakdown.
- I have changed potentially harmful relationships for more positive ones.
- I feel supported to live and enjoy my own life (as a family member, partner, carer).

Section 5:

Methodologies for Capturing Impact



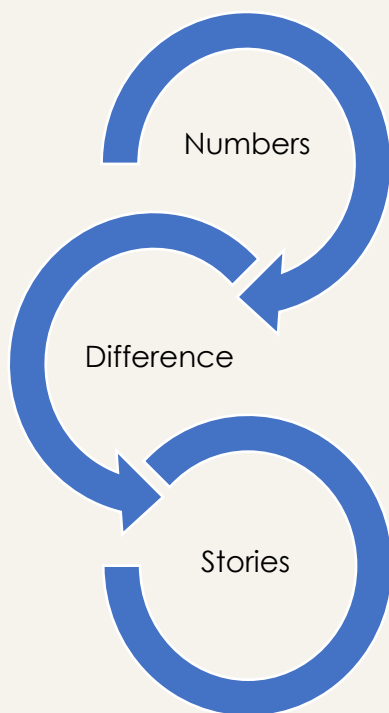
January 2023

Volunteer Celebration Event

Section 5: Methodologies for Capturing Impact

Capturing the social impact and value of services delivered are of increased importance as organisations strive to deliver high quality, sustainable and resilient outcomes for their beneficiaries.

Demonstrating impact includes capturing outputs and outcomes. This is achieved through capturing:



Quantitative Data: Captures outputs. e.g. The number of people accessing the service, the number of productions staged.

Qualitative Data: Captures the outcomes: e.g. Increased confidence, Skilled developed, Increased self – esteem.

Narrative: Captures the stories of change and illustrates the impact and value.

There are a variety of methods used by Together We to capture impact data, for example:

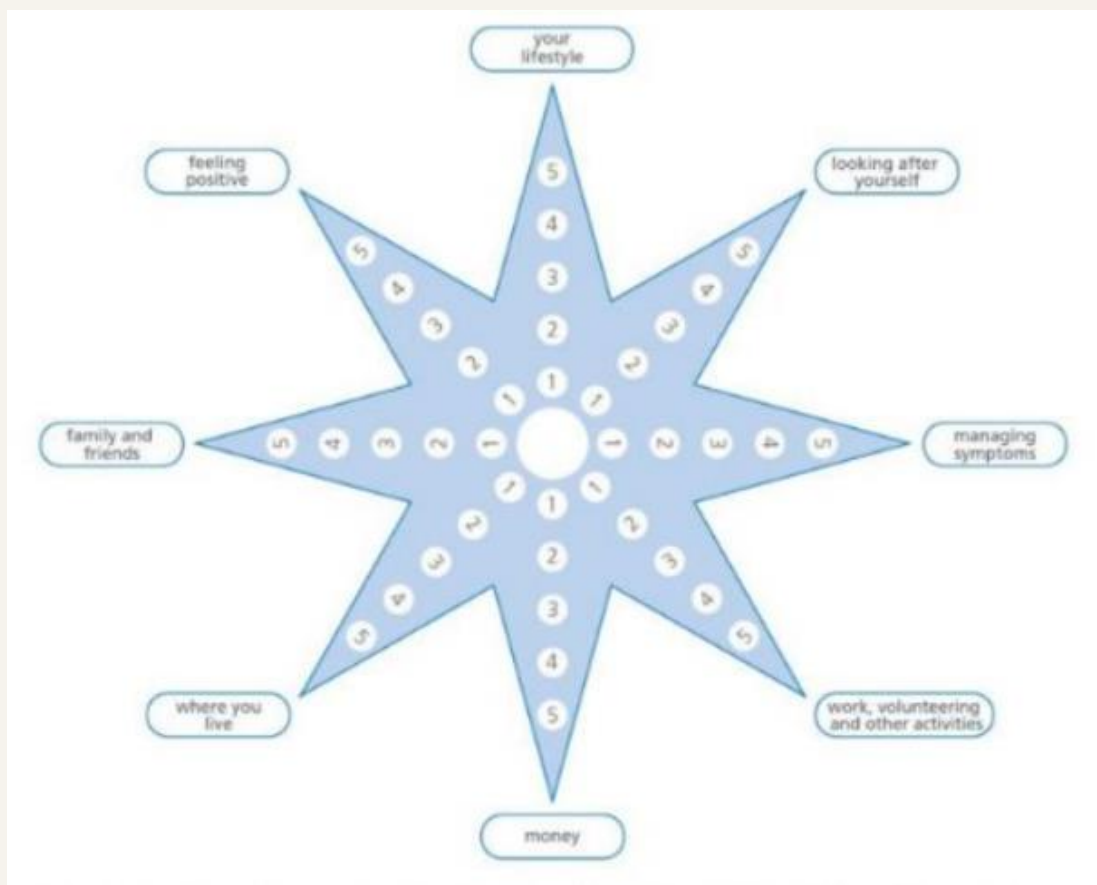
Outcome Star - used to measure “distance travelled”. A set of data is captured at the start of a programme to ascertain a baseline and again at the end of a programme. The difference in the outcome plotting illustrates the distance travelled or change over a period of 6 weeks or more.

The Star places importance on the beneficiary's perspective and priorities focussing on a person-centred approach.

This model is suitable for Together We due to the holistic approach to support. The arms of the star (outcomes) can be selected for each programme or at an individual level from the overall framework.

Wellbeing Outcome Star Example

The wellbeing star example below includes: Your lifestyle, looking after yourself, managing symptoms, work, volunteering and other activities, money, where you live, family and friends and feeling positive.



Smiley Faces



Smiley faces offer an accessible method that can work with a wide variety of service users including those with low levels of literacy and those with learning difficulties.

This method is also good for “quick capture” situations, for example such as capturing the thoughts of audiences.

Likert Scale

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1	2	3	4	5

The Likert Scale works in a similar way to the Smiley Faces above, capturing and indication of how the participant feels about the service provided or activity.

Structured or Semi Structured Interviews

Interviews capture qualitative data through an opportunity to gather deeper insight into the journey of the participant. Qualitative data is great for creating case studies and stories.

Audio – Visual Capture

Audio clips, videos and photographs are a good way of capturing activities and outcomes in participants own words. These quotes can be transcribed and used as written data or used as Mp3 or Mp4 files.

Section 6:

Data Capture Processes



2022 Service User Art Work

Section 6: Data Capture Processes

Together We CIC currently operate a data capture system, underpinned by the use of the Charity Log database system. Monitoring and evaluation is appropriate (and bespoke) to the needs of the specific programme, funder and participants.

Data capture starts at the beginning of a programme to capture the baseline. The format/method used is linked to the type of beneficiary cohort, to ensure both accessibility and usability.

Interim data is captured at intervals appropriate to the length of the programme, this would include use of smiley faces or the likert scale.

Exit data is also captured to track “distance travelled”, which shows impact, for example increased confidence and self-esteem, improved health or improved skills.

When working with people, Together We CIC encourages them to develop their own goals supported by their assigned practitioner.

Service users consent for their data to be used for research and impact purposes, this is obtained in writing (or voice).

When developing case studies, the anonymity of data is considered where appropriate, for example - where data identifies an individual either directly or indirectly.

Outcomes and feedback are captured and disseminated via a range of methods including reports from Charity Log as well as audio recording, written work and digital means, promoting digital inclusion.

Together We CIC capture demographic data (as appropriate) exploring fields such as gender, ethnicity and age – data is used to monitor trends and ensure social inclusion.

Information from Charity Log is used to:

- Inform operations.
- Carry out programme reviews.
- Future funding applications.
- Prepare reports for funders.
- Prepare Board reports.
- Inform evaluations; and
- Monitor impact.

See Appendices 3,4 and 5 for evidence of data sources, case studies and online survey outcomes.

Section 7:

Continuous Improvement



“Working with partner organisations to improve mental and physical health and wellbeing”

7.0 Continuous Improvement

While the current Charity Log system adequately captures information, interrogating the data is difficult without significant manual effort.

Data from The Recovery College programme is presently stored manually. Together We CIC has focused 2022 improvement activity into bringing together the output from all programmes into one overall report. As the data is captured against the outcomes framework, Social Enterprise Acumen have supported Together We CIC with the reporting suite so that it is fit for all the purposes listed.

Together We CIC may further invest in developing further its qualitative and narrative reporting and sees benefit from either working with evaluation partners, universities or developing skills for some staff in research methods.

Investing in advanced technologies and software such as Nvivo is under consideration as it would give additional support for this and deliver long-term savings. NVivo which is used in qualitative research will find trend data through a thematic analysis approach, it's not a replacement for Charity Log or any other systems as it doesn't do the rest of the tracking but could be used alongside. A perpetual license would cost between £700 and £999, and is the best match to the criteria and the experience of other charity and social enterprise users who work in similar fields and with similar funding streams and contracts to Together We CIC.

The Recovery College Impact Report can be found in Appendix 6.

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6.0 Recovery College Impact Report	74-119

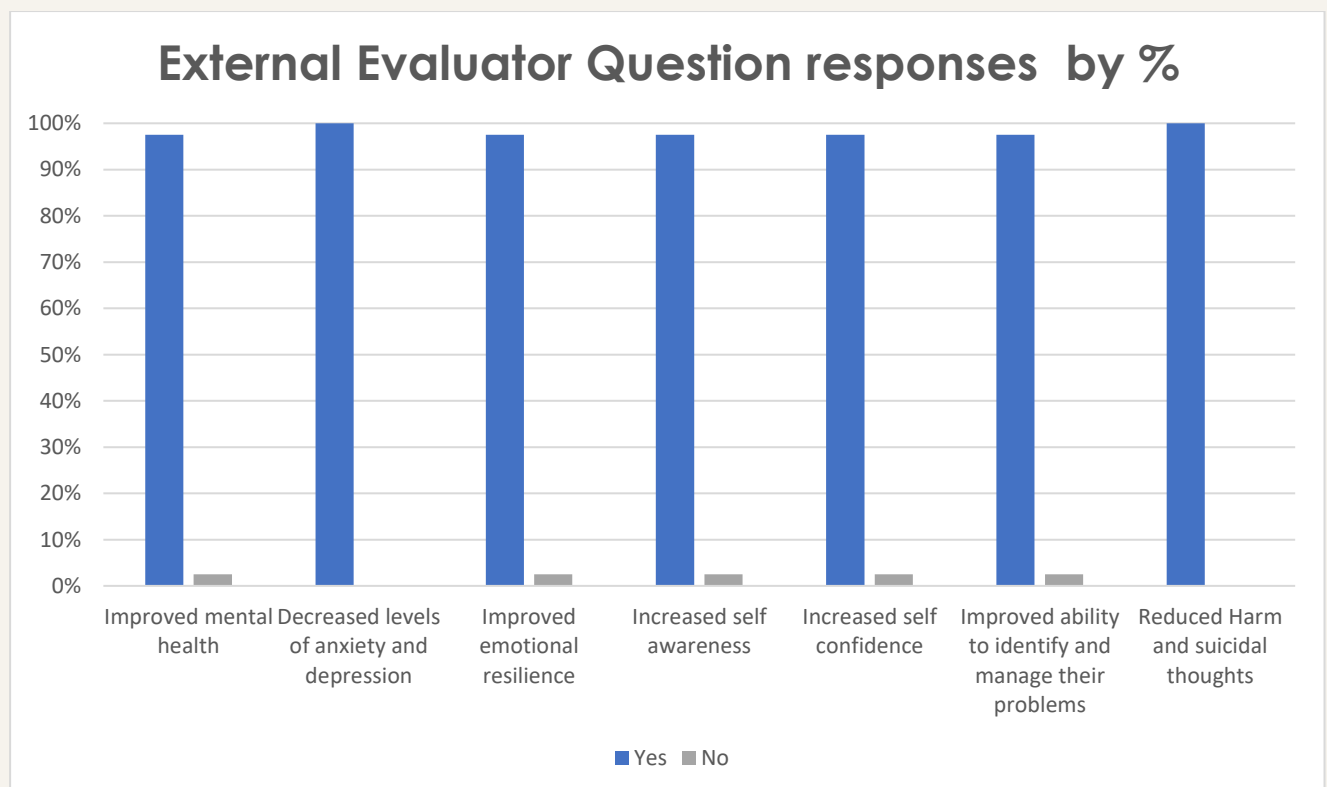
Appendix 1.0 External Evaluator Data Analysis

1.1 External Evaluator Question responses

98% of all responses were positive, showing a majority of service users experienced improvements across all of the impact criteria set in the external evaluator survey.

100% of responses were positive for decreased levels of anxiety and depression and reduced self-harm and suicidal thoughts.

This provides evidence that the interventions provided to the service users were very successful in creating good outcomes.



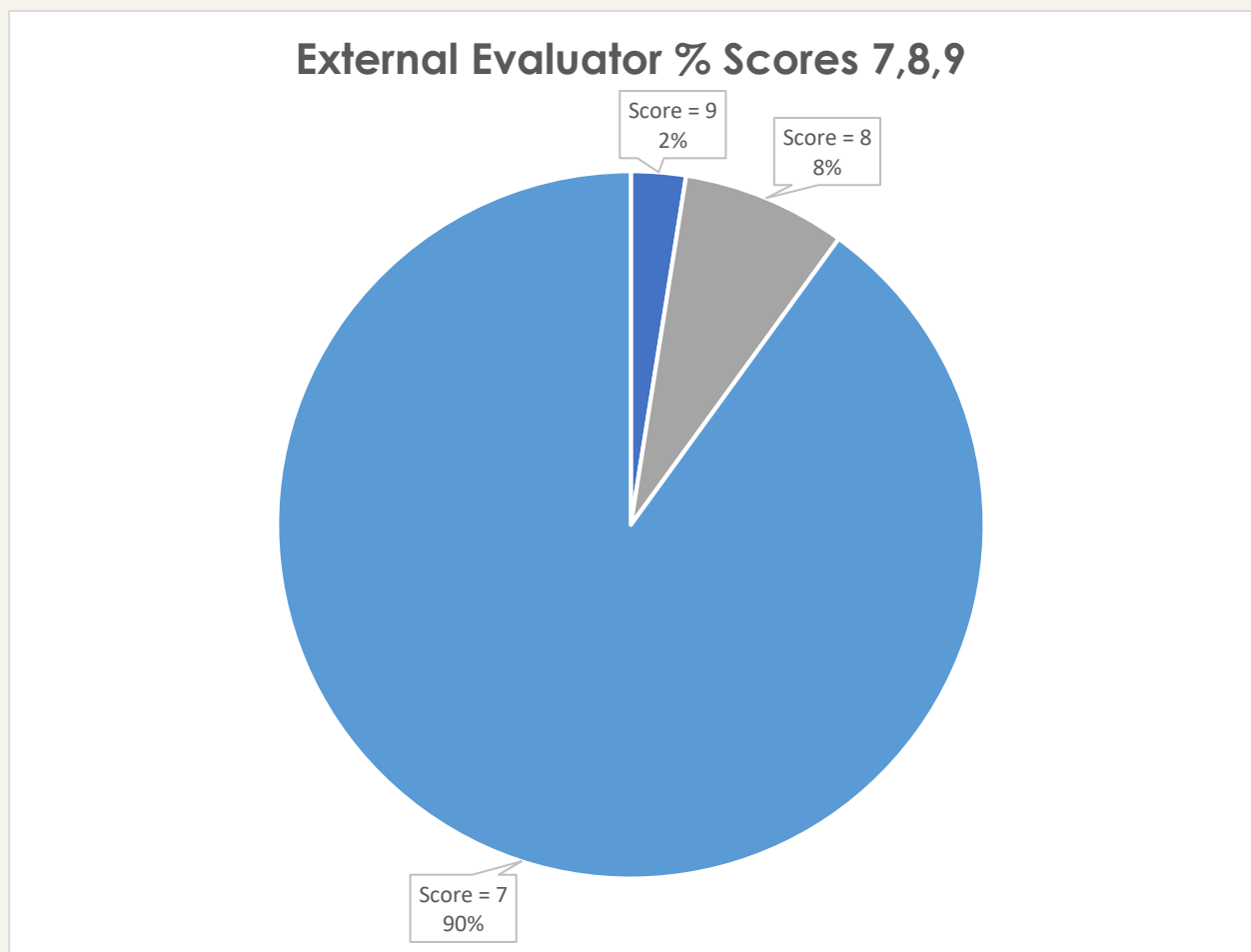
1.2 External Evaluator % Scores

A score of 7 relates to each question being answered Yes = 90%

A score of 8 relates to one question being answered No = 8%

A score of 9 relates to two questions being answered No = 3%

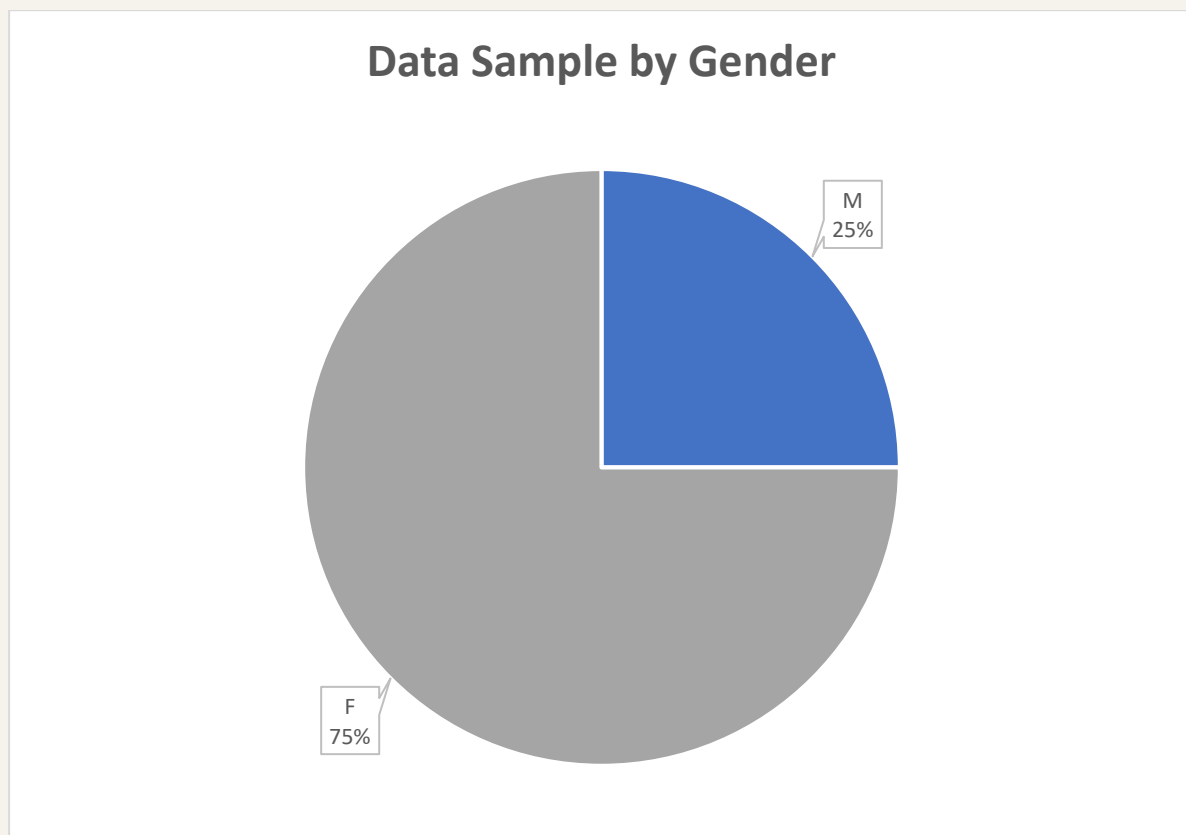
This chart shows that the majority of responses to the external evaluator questions were Yes, demonstrating a positive outcome for 90% of all questions asked to the service users.



1.3 Data sample by Gender

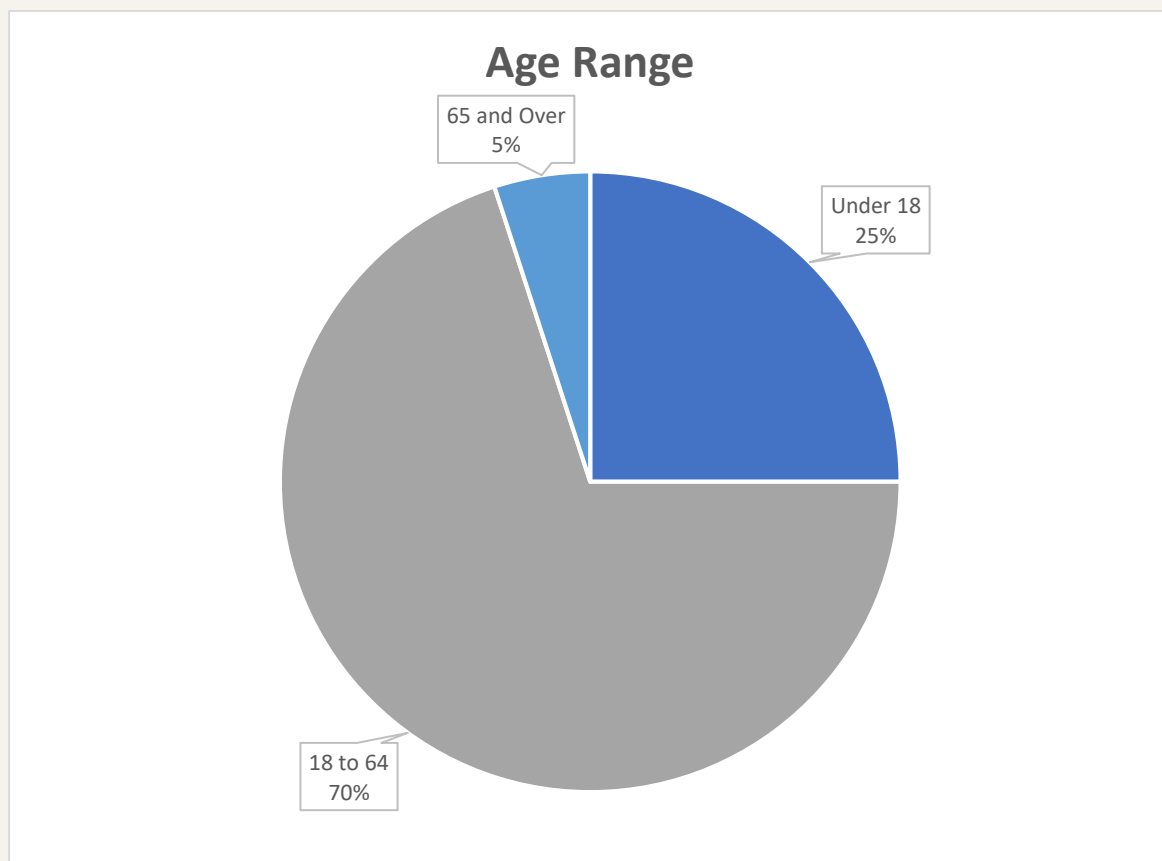
This chart shows that 75% of the sample of service users identify as Female (F) and 25% identify as Male (M).

There have been a number of interventions provided for Men such as the Men's Groups and Offload sessions to support Mens mental health and wellbeing within our Recovery College service and we would expect to see an increase in Male service users in our impact report for 2023.



1.4 Data sample by Age

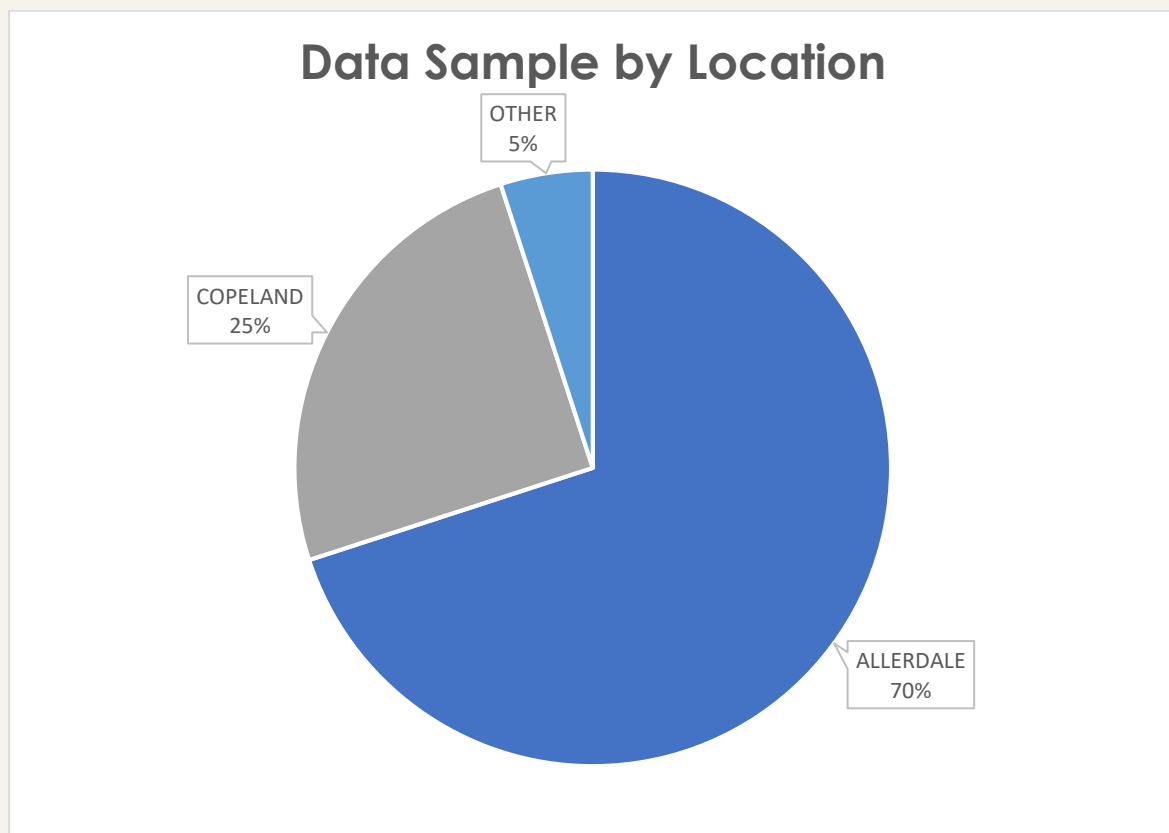
This chart represents the age ranges of the data sample, overall there are 25% under 18 years old which would have been allocated to our CYP practitioners, 70% were aged 18-64 years old and 5% were over 65 years old and would have been allocated to our adult practitioners. The data shows that there is a need for a range of skills within the service ranging from child and family to adult and elderly service users.



1.5 Data sample by location

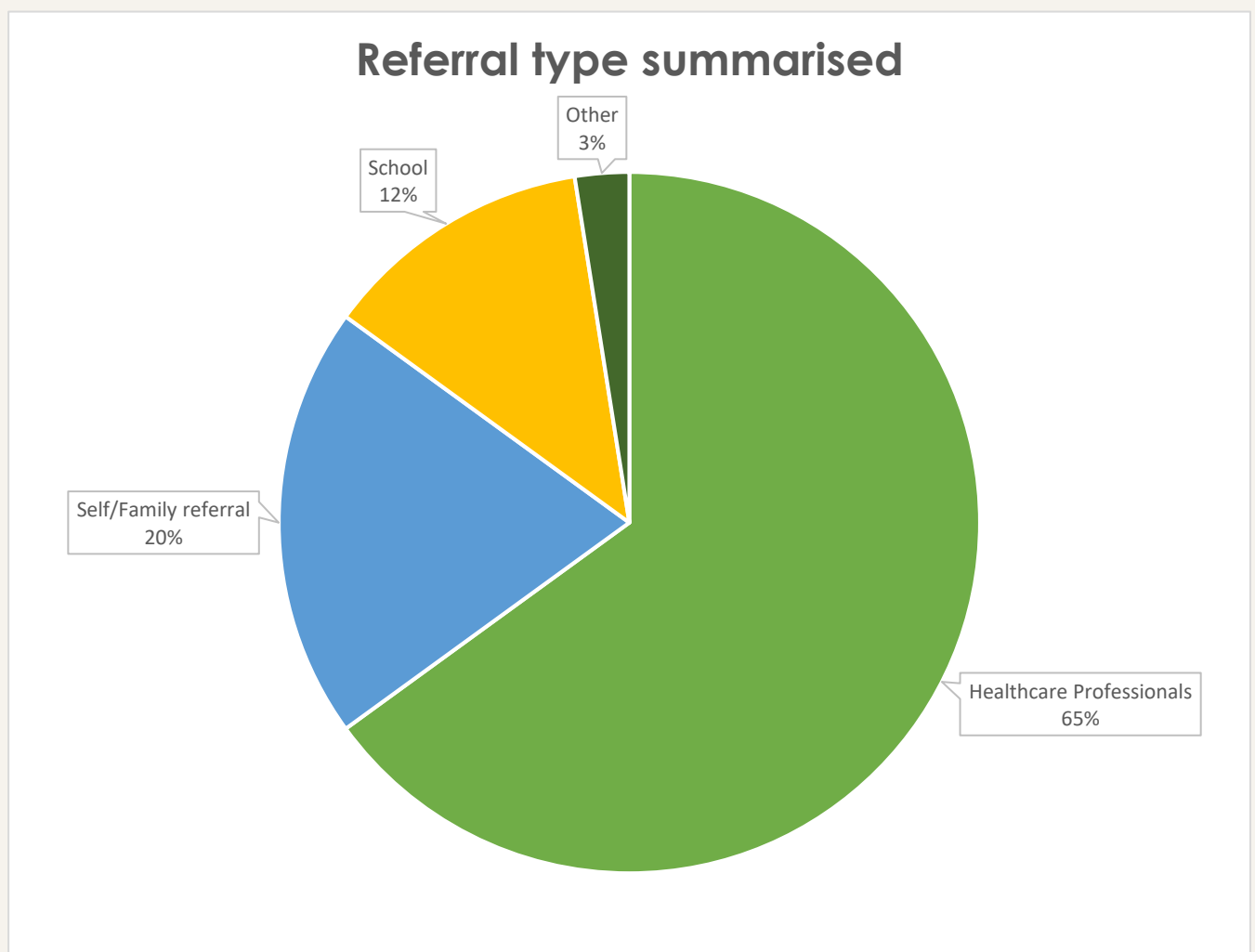
This chart shows the locations our clients live in. The majority seen here are within an Allerdale postcode with 70% being in this area. Copeland based service users account for 25% of the data sample and 5% were from outside these areas.

The talk service is funded to provide support for residents of Allerdale and Copeland, the reason an additional area is present in this data is due to additional funding granted to the service during Covid Lockdown time where additional support could be provided outside of the Allerdale and Copeland area, in this case the clients were all based in Carlisle.



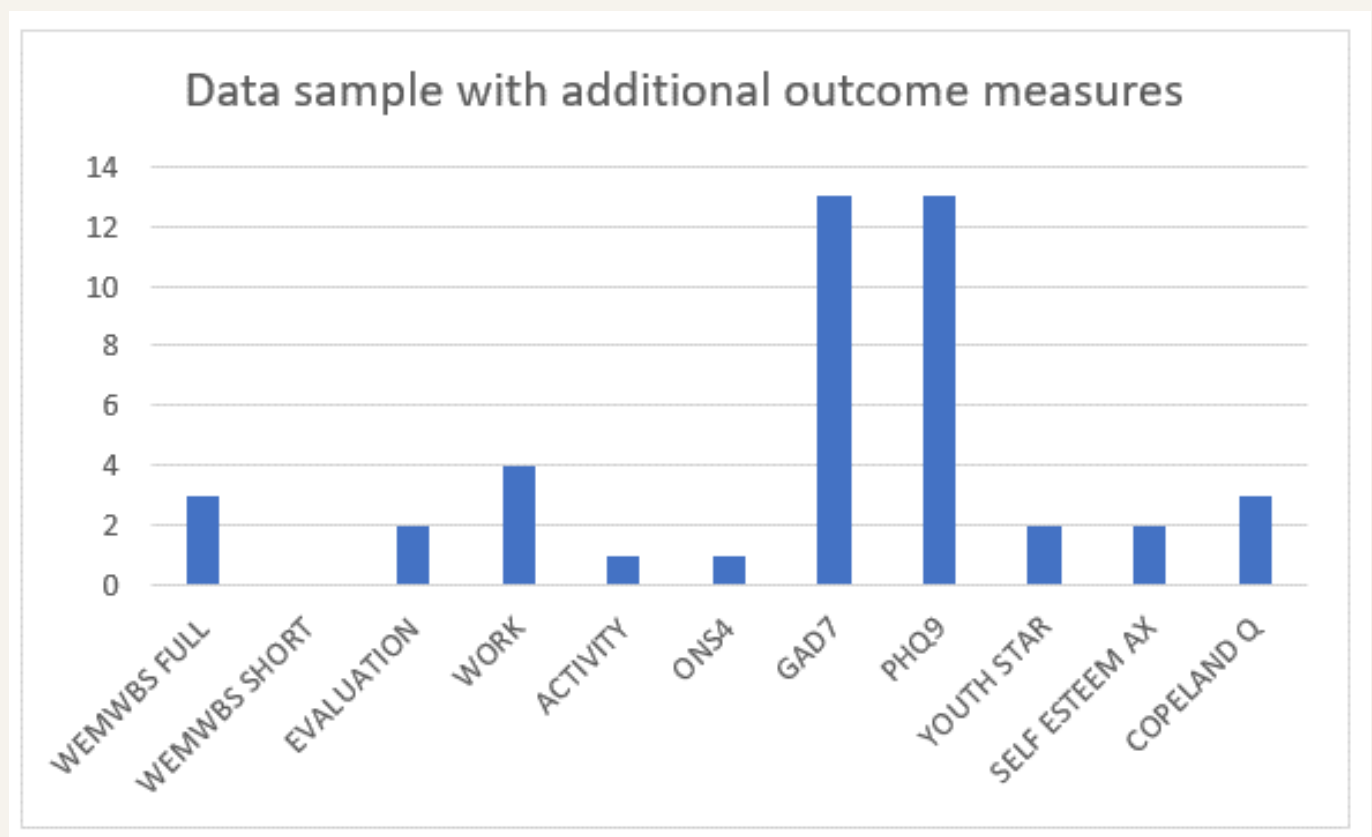
1.6 Data sample by Referrer Type

This chart shows that 65% of referrals in 2022 were received from healthcare professionals such as GP Surgeries, Social Prescribers, the Crisis Team, 20% of referrals received were from self-referral or a referral from a family member, 12% of referrals were received from schools and the remaining 3% were from other 3rd Sector or Voluntary organisations.



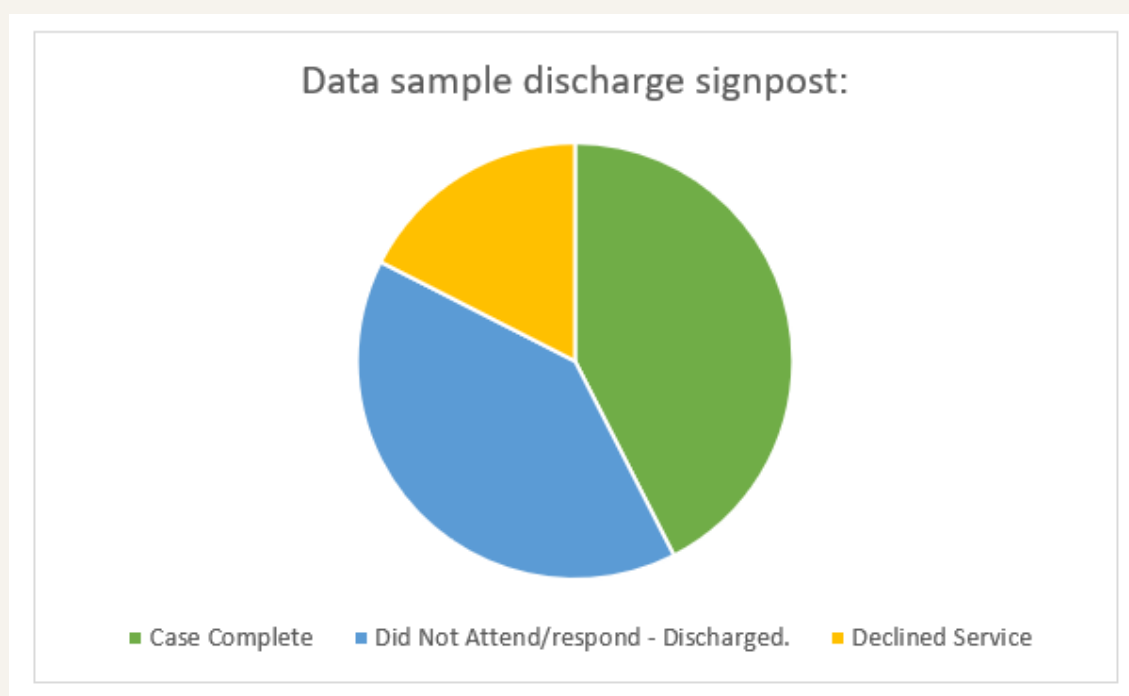
1.7 Data sample with other outcome measures

Overall GAD7 and PHQ9 were the most used outcome measure with 33% of the sample having completed at least 1 of each, other outcome measures haven't been used as frequently. GAD7 and PHQ9 Outcome measures are generally used for Adults only whereas the Youth Star and Self Esteem Ax Outcome measures are used for Children and Young People only.



1.8 Additional information from the data sample

This data shows that 43% were discharged at case complete which represents the service users that were engaged to the end of their sessions and should have completed outcome measures including but not limited to the external evaluator on discharge from the service. The remaining 40% that did not attend and 18% that declined service, it is not clear as to when they stopped attending and at what point the service was declined, it could be that no appointment was attended or 10+ appointments were attended before they stopped attending and were discharged, for this reason appropriate changes have been implemented for our 2023 Impact Report data capture.



Appendix 2.0 Outcomes Framework

2.1 WEMWBS Full Template

The Full Warwick-Edinburgh Mental Wellbeing Survey

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future.	1	2	3	4	5
I've been feeling useful.	1	2	3	4	5
I've been feeling relaxed.	1	2	3	4	5
I've been feeling interested in other people.	1	2	3	4	5
I've had energy to spare.	1	2	3	4	5
I've been dealing with problems well.	1	2	3	4	5
I've been thinking clearly.	1	2	3	4	5
I've been feeling good about myself.	1	2	3	4	5
I've been feeling close to other people.	1	2	3	4	5
I've been feeling confident.	1	2	3	4	5
I've been able to make up my own mind about things.	1	2	3	4	5
I've been feeling loved.	1	2	3	4	5
I've been interested in new things.	1	2	3	4	5
I've been feeling cheerful.	1	2	3	4	5

2.2 WEMWBS Short Template

The Short Warwick-Edinburgh Mental Wellbeing Survey

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future.	1	2	3	4	5
I've been feeling useful.	1	2	3	4	5
I've been feeling relaxed.	1	2	3	4	5
I've been dealing with problems well.	1	2	3	4	5
I've been thinking clearly.	1	2	3	4	5
I've been feeling close to other people.	1	2	3	4	5
I've been able to make up my own mind about things.	1	2	3	4	5

2.3 PHQ9 Template

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things.	0	1	2	3
Feeling down, depressed or hopeless.	0	1	2	3
Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
Feeling tired or having little energy.	0	1	2	3
Poor appetite or overeating.	0	1	2	3
Feeling bad about yourself - or that you are a failure or have let yourself or your family down.	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	2	3

2.4 GAD7 Template

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge.	0	1	2	3
Not being able to stop or control worrying.	0	1	2	3
Worrying too much about different things.	0	1	2	3
Trouble relaxing.	0	1	2	3
Being so restless that it is hard to sit still.	0	1	2	3
Becoming easily annoyed or irritable.	0	1	2	3
Feeling afraid as if something awful might happen.	0	1	2	3

2.5 Case Study Template 1 – Written by Staff in 2nd Person

Using the 'Stories of significant change' method (Davies and Dart 2005) outlined below:

OUTCOME: Children are given the best possible start in life and are able to access future opportunities.
TITLE:
X was a first-time mum, who had a baby in 2021 during the many COVID lockdowns. Because of this, she didn't get out much then, but she also didn't realise just how socially isolated she had become and what impact this had had on both her and her child. She heard through social media and word of mouth about our new parent and baby group and so she decided to attend as it sounded like it could be fun, and it would get her out the house for a bit.
She started attending the parent and baby sessions each week in the main building. In these weekly sessions, she got to meet and socialise with other parents like herself face to face (and not over a computer screen). The support staff provided her with lots of ideas as to what she could do with her child to help them develop and learn about the world around them without having to go out and spend money on new toys. They made a new toy - a plastic bottle filled with rice and glitter - which became her child's favourite new toy. She also took part in group sessions of singing songs, nursery rhymes and reading books. She didn't feel pressurised to know them or take part, but this was great as it allowed her to gradually build up her confidence to later join in and do these activities at home.
The most significant change for X from attending these sessions is her increase in confidence as a mother and an improvement in her child's development.
She now feels like her child is on the right track with their learning and development. She is more confident that she can provide them with different learning opportunities (and most of the time without having to spend a penny).
Looking back at X and their child before they attended these sessions, there is a big difference in them both. X is more confident as a mother as she can provide her child with different opportunities to learn and explore the world. She now takes regular trips with her child to their local library to borrow books to share and enjoy together. X is also more confident as an individual, as she has made a really good circle of friends from this group and they now regularly meet up for play dates (and adult socialisation when they can get the time). Before attending this group, X wouldn't have had the confidence to do either of these things.

Plan:

OUTCOME:		
TITLE:		
Paragraph 1:	Who are they?	
	Why have they come to the project?	
Paragraph 2:	What did they do with the project? <i>(E.g. attended weekly/monthly sessions)</i>	
	Where/When did it take place?	
	Who was involved / who did they see?	
	What did they do with them?	
Paragraph 3:	What has been the most significant change for them from attending?	
Paragraph 4:	Why was this change significant for them?	
Paragraph 5	What is the difference?	
	Why - explain?	
	How – show?	
	What is the difference?	
	Why - explain?	
	How – show?	
	Difference?	

Written piece:

OUTCOME:		
TITLE:		
Paragraph 1:	Who are they?	
	Why have they come to the project?	
Paragraph 2:	What did they do with the project? <i>(E.g. attended weekly/monthly sessions)</i>	
	Where/When did it take place?	
	Who was involved / who did they see?	
	What did they do with them?	
Paragraph 3:	What has been the most significant change for them from attending?	
Paragraph 4:	Why was this change significant for them?	
Paragraph 5	What is the difference?	
	Why - explain?	
	How – show?	
	What is the difference?	
	Why - explain?	
	How – show?	
	Difference?	

Sentence starters – (Written by staff - 2nd person):

OUTCOME:		
TITLE:		
Paragraph 1:	Who are they?	X was <u>(insert brief background of who they are)</u> who <u>(insert a little bit of background info)</u> .
	Why have they come to the project?	They came to the <u>(insert name of project)</u> project because <u>(insert why they came to the project)</u> .
Paragraph 2:	What did they do with the project?	X started to attend <u>(insert what they started to attend in the project, how often and when/where)</u> .
	Where/When did it take place?	
	Who was involved / who did they see?	In these sessions, X <u>(insert: who did they meet or work with?)</u> .
	What did they do with them?	They <u>(insert: what did they do in these sessions?)</u>
Paragraph 3:	What has been the most significant change for them from attending?	The most significant change for X from attending these sessions is that <u>(insert what the most significant change is)</u> .
Paragraph 4:	Why was this change significant for them?	X now feels <u>(insert why this change was significant)</u> because <u>(what can they do now that they couldn't do before?)</u>
Paragraph 5	What is the difference?	Looking back at X before they attended these sessions, there is a <u>(how big?)</u> difference in them. X is <u>(what can they do now that they couldn't do before?)</u> .
	Why - explain?	They now <u>(What are examples of things they do now that they didn't do before?)</u>
	How – show?	
	What is the difference?	X is also <u>(what can they do now that they couldn't do before?)</u> .
	Why - explain?	They now <u>(What are examples of things they do now that they didn't do before?)</u>
	How – show?	
	Difference?	Before attending this group, X <u>(would they have been able to do these things before attending?)</u>

2.6 Case Study Template 2 – Written by Service User in 1st Person

OUTCOME: Children are given the best possible start in life and are able to access future opportunities.
TITLE:
I am a first-time mum, who had a baby in 2021 during the many COVID lockdowns. Because of this, we didn't get out much then, but I didn't realise just how socially isolated we had become and what impact this had had on both of us. We heard through social media and word of mouth about this new parent and baby group and so decided to attend as it sounded like it could be fun, and it would get us out the house for a bit.
We started attending the parent and baby sessions each week in their main building. In these weekly sessions, I got to meet and socialise with other parents like me face to face (and not over a computer screen). The support staff there were great too, they gave me lots of ideas as to what I could do with my child to help them develop and learn about the world around them without having to go out and spend money on new toys. Who knew a plastic bottle filled with rice and glitter would become my child's favourite new toy. We also took part in singing songs, nursery rhymes and reading books as a group. I didn't feel pressurised to know them or take part, but this was great as it allowed me to gradually build up my confidence to later join in and do these activities at home.
The most significant change for me from attending these sessions is my increase in confidence as a mother and an improvement in my child's development.
I now feel like my child is on the right track with their learning and development. I am more confident that I can provide them with different learning opportunities (and most of the time without having to spend a penny).
Looking back at us before we attended these sessions, I see a big difference in us both. I am more confident as a mother as I can provide them with different opportunities to learn and explore the world. We now take regular trips to our local library to borrow books to share and enjoy together. I am also more confident as an individual, as I have made a really good circle of friends from this group who we now regularly meet up with for play dates (and adult socialisation when we can get the time). Before attending this group, I wouldn't have had the confidence to do either of these things.

OUTCOME:		
TITLE:		
Paragraph 1:	Who are you?	
	Why have you come to the project?	
Paragraph 2:	What did you do with the project? <i>(E.g. attended weekly/monthly sessions)</i>	
	Where/When did it take place?	
	Who was involved / who did you see?	
	What did you do with them?	
Paragraph 3:	What has been the most significant change for you from attending?	
Paragraph 4:	Why was this change significant for you?	
Paragraph 5	What is the difference?	
	Why - explain?	
	How – show?	
	What is the difference?	
	Why - explain?	
	How – show?	
	Difference?	

Written piece:

OUTCOME:		
TITLE:		
Paragraph 1:	Who are you?	
	Why have you come to the project?	
Paragraph 2:	What did you do with the project? <i>(E.g. attended weekly/monthly sessions)</i>	
	Where/When did it take place?	
	Who was involved / who did you see?	
	What did you do with them?	
Paragraph 3:	What has been the most significant change for you from attending?	
Paragraph 4:	Why was this change significant for you?	
Paragraph 5	What is the difference?	
	Why - explain?	
	How – show?	
	What is the difference?	
	Why - explain?	
	How – show?	
	Difference?	

Sentence starters – (Written by service user - 1st person)

OUTCOME:		
TITLE:		
Paragraph 1:	Who are you?	I am <u>(insert brief background of who you are)</u> who <u>(insert a little bit of background info)</u> .
	Why have you come to the project?	I came to the <u>(insert name of project)</u> project because <u>(insert why they came to the project)</u> .
Paragraph 2:	What did you do with the project?	I started to attend <u>(insert what you started to attend in the project, how often and when/where)</u> .
	Where/When did it take place?	
	Who was involved / who did you see?	In these sessions, I <u>(insert: who did you meet or work with?)</u> .
	What did you do with them?	They <u>(insert: what did each of them do with you in these sessions? – could be multiple)</u>
Paragraph 3:	What has been the most significant change for you from attending?	The most significant change for me from attending these sessions is that I can <u>(insert what the most significant change is)</u> .
Paragraph 4:	Why was this change significant for you?	I now feel <u>(insert why this change was significant)</u> because I can now <u>(what can they do now that they couldn't do before?)</u>
Paragraph 5	What is the difference?	Looking back at before I attended these sessions, there is a <u>(how big?)</u> difference in me. I am <u>(what can they do now that they couldn't do before?)</u> .
	Why - explain?	I can now <u>(What are examples of things they do now that they didn't do before?)</u>
	How – show?	
	What is the difference?	I am also <u>(what can they do now that they couldn't do before?)</u> .
	Why - explain?	I can now <u>(What are examples of things they do now that they didn't do before?)</u>
	How – show?	
	Difference?	Before attending this group, I <u>(would they have been able to do these things before attending?)</u>

Appendix 3.0 Outcome Measures

This data was analysed in relation to the period 1st April 2022 – 31st March 2023 for the 2022 Impact Report. We asked service users to complete an external evaluation survey, from a sample of 200 service users that had completed this we then randomly selected a 20% sample for the social impact outcomes in this section.

Together We CIC's outcomes are linked to nationally recognised and evidenced outcomes which are checked with commissioners and funders.

From our data sample the WEMWBS (Warwick Edinburgh Mental Wellbeing Scale), PHQ9 (Patient Health Questionnaire) and GAD7 (General Anxiety Diagnosis) Scores were extracted for the 20% of the referrals made during the time period - for those that had completed the external evaluation survey. The results of these have been collated and compared to the sample data from our previous year.

With WEMWBS we hope to see a positive change in scoring (a higher score indicates better mental wellbeing) and you can see here that 33% of the sample remained stable, 67% experienced some level of improvement and 0% reported a deterioration. We used an average of the change in scores across the individual questions in the scoring system.

WEMWBS	2022	2021	Diff
Improvement	67%	60%	7%
Stable	33%	29%	4%
Deterioration	0%	11%	11%

With PHQ9 we hope to see a negative change in the scoring (a lower score indicates lessening of the symptoms of depression) and you can see here that 31% of the sample remained stable, 67% experienced some level of improvement and 0% reported a deterioration. We used an average of the change in scores across the individual questions in the scoring system.

PHQ9	2022	2021	Diff
Improvement	67%	54%	13%
Stable	31%	38%	7%
Deterioration	0%	8%	8%

With GAD7 we hope to see a negative change in the scoring (a lower score indicates lessening of the symptoms of anxiety) and you can see here that 31% of the sample remained stable, 0% experienced some level of improvement and XX% reported a deterioration. We used an average change in the scores across the individual questions in the scoring system.

GAD7	2022	2021	Diff
Improvement	67%	87%	20%
Stable	31%	0%	31%
Deterioration	8%	13%	5%

Appendix 5.0 Online Surveys

Online surveys were sent out to beneficiaries, staff and volunteers to provide feedback on their experiences of interacting with Together We CIC.

Using both quantitative and qualitative methods within the surveys, the results were incredibly positive and provided constructive feedback in places.

The screenshot shows the 'Together We CIC - Staff and Volunteer Survey' form. It features the 'together we Cumbria' logo at the top. The title is 'Together We CIC - Staff and Volunteer Survey'. Below the title, it states: 'The survey has been created to help measure the impact of the service and your feedback as a member of staff or volunteer is a valued part of this.' The user's email is 'jean-ann@togetherwe.uk' with a 'Switch account' link and a 'Not shared' status. The first question (Q1) is 'How long have you worked with or volunteered for Together We?' with radio button options: 'Less than 12 Months', '12 Months to 3 Years', and 'More than 3 Years'. The second question (Q2) is 'In one or two sentences describe what you think the main purpose of Together We is:' with a text input field labeled 'Your answer'. The third question (Q3) is 'Which of the following outcomes do you think beneficiaries (service users, their friends/family/carers) experience due to the support of Together We?' with checkboxes for: 'Improved mental health', 'Improved physical health', 'Reduced isolation', 'Increased confidence', 'Decreased depression', 'Improved ability to deal with life's challenges', and 'Improved financial health'.

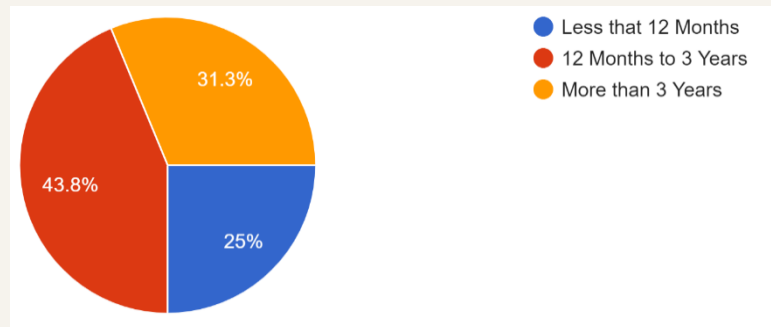
The screenshot shows the 'Together We CIC Impact Survey' form. It features the 'together we Cumbria' logo at the top. The title is 'Together We CIC Impact Survey'. Below the title, it states: 'The survey has been created to help measure the impact of the service and your feedback is a valued part of this.' The user's email is 'jean-ann@togetherwe.uk' with a 'Switch account' link and a 'Not shared' status. The first question (Q1) is 'Which of the services at Together We do you use or have you used?' with checkboxes for: 'Cary', 'Fitness', 'Recovery College', 'Talk', and 'Other:'. The second question (Q2) is 'How long have you been using the Together We services?' with radio button options: 'Less than 3 months', '3 months - 6 months', and 'More than 6 months'. The third question (Q3) is 'What kind of support were you looking for when you joined Together We?' with a text input field labeled 'Your answer'. The fourth question (Q4) is 'So far in your time with Together We have you experienced any of the following?' with a text input field.

Survey 1: Staff and Volunteer Survey Results

This survey was distributed to all staff and volunteers to measure the impact of the service via their feedback.

Q1: How long have you worked with or volunteered for Together We?

Less than 12 months = 25%,
12 months to 3 years = 44%
More than 3 years = 31%



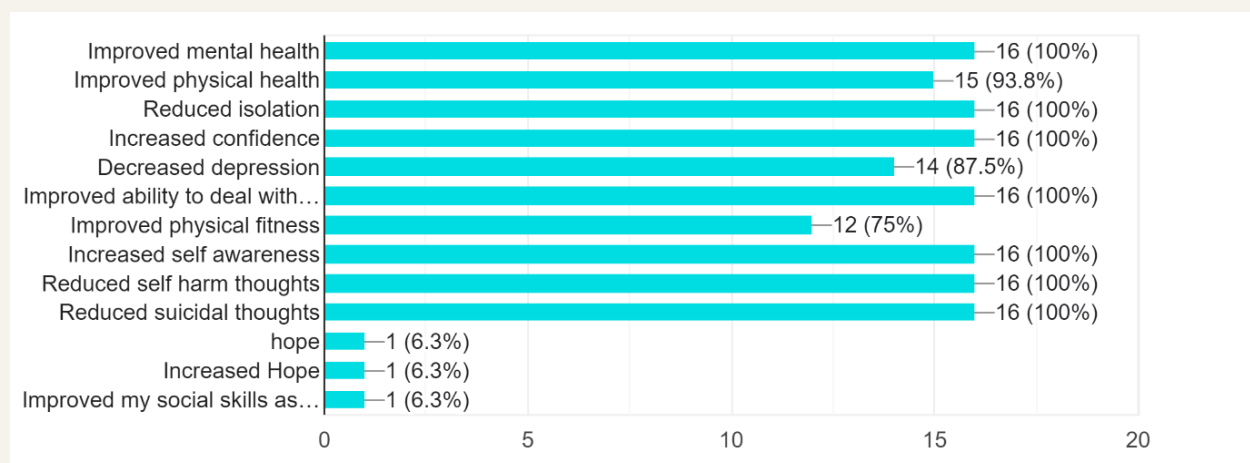
The majority of respondents have worked or volunteered for Together We CIC for over 1 year with almost one third of overall respondents having worked or volunteered for more than 3 years. This result shows that there are new staff and volunteers coming into the service and indicates a strong level of staff retention.

Q2: In one or two sentences describe what you think the main purpose of Together We is:

This was an open question that each respondent answered, it was clear that every respondent, regardless of their length of service have a good understanding of the shared purpose that Together We CIC have. They shared that Together We help individuals to improve their mental and physical wellbeing, to support people in a safe setting, to protect and maintain recovery through education and support.

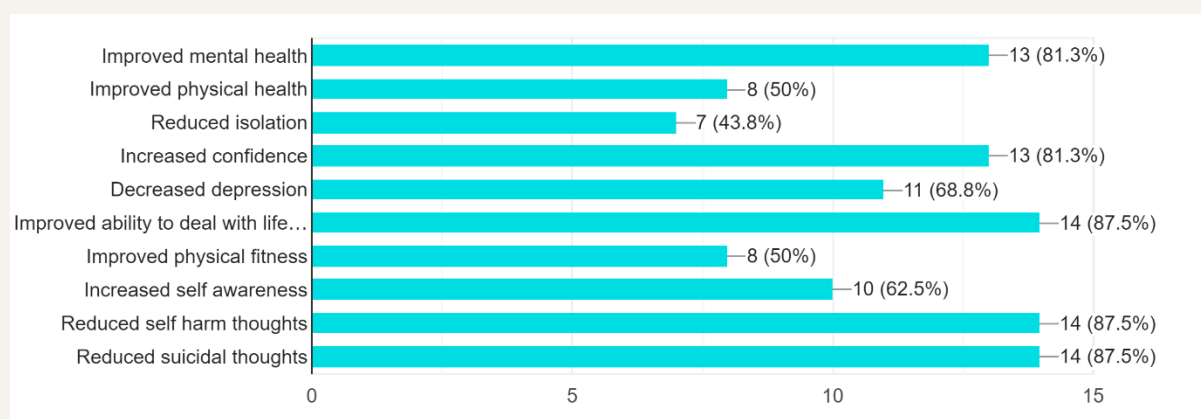
Q3: Which of the following outcomes do you think beneficiaries (service users, their friends/family/carers) experience due to the support of Together We?

This question had multiple options to select and an “other” option. You can see from the bar chart below that hope and improved social skills were also added.



Q4: Which of the previous outcomes are most valued by beneficiaries (service users, their friends/family/carers) in your experience? What changes do they think are important?

The bar chart below shows that all of the outcomes are valued with improved ability to deal with life's challenges, reduced self-harm and suicidal thoughts being the most selected outcomes.

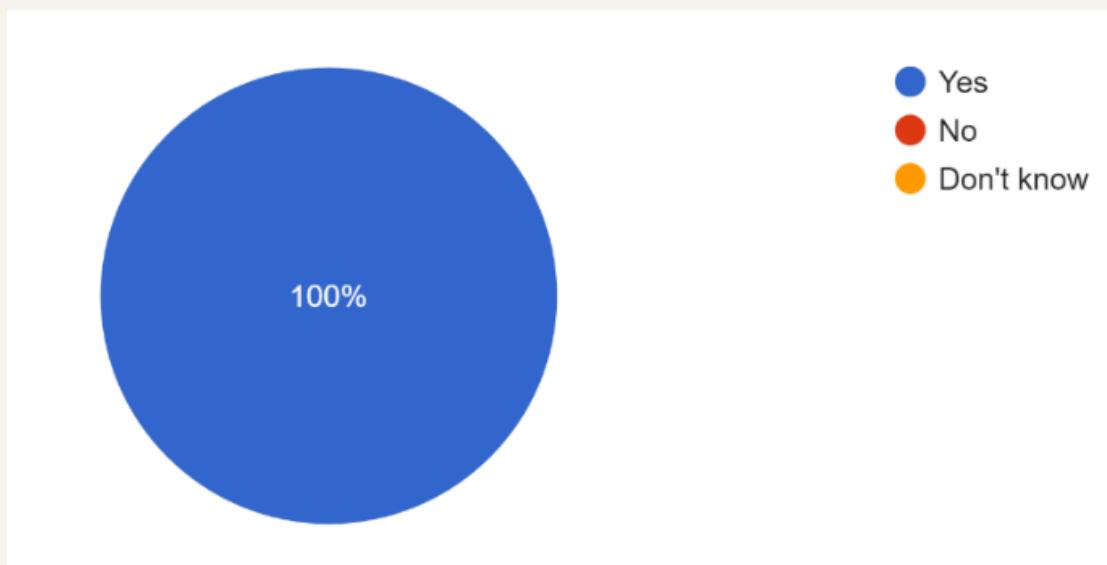


Q5: Have you experienced any outcomes or changes for yourself as a result of working for or volunteering with Together We?

This was an open question where feedback included improvements in personal situations such as service users / beneficiaries developing the skills and confidence to become volunteers and staff, better mental health, being able to talk about mental health more openly, increased self-awareness, improved skills in office work, facilitating sessions and training opportunities to improve skills too. Outcomes were attributed to working as a team and working in a supportive environment. There was only one blank response for this question.

Q6: Do you think that Together We has an impact on the wider community?

The responses were a unanimous “yes” for this question.



Q7: Do you have any other feedback you would like to give us about Together We?

There were 8 responses to this open question that reflect a good working environment, happy staff and volunteers, and a sense of pride in the work being done within the service and a desire to remain funded well into the future.

"Keep doing what you're doing, the outcomes are positive ones"

"Together We is a great service and I am glad to be part of such an amazing team"

"Over the last 18 months Together We has helped my mental wellbeing go from not being able to leave my house to being employed by the company to help others in their mental health experiences, as well as helping people to step into volunteering or paid employment"

"It's great working here- we need more funding!"

"Together we have a massive impact around Copeland and Allerdale and they're still growing"

"You are all amazing"

"I enjoy working for together we and it's like being part of a family"

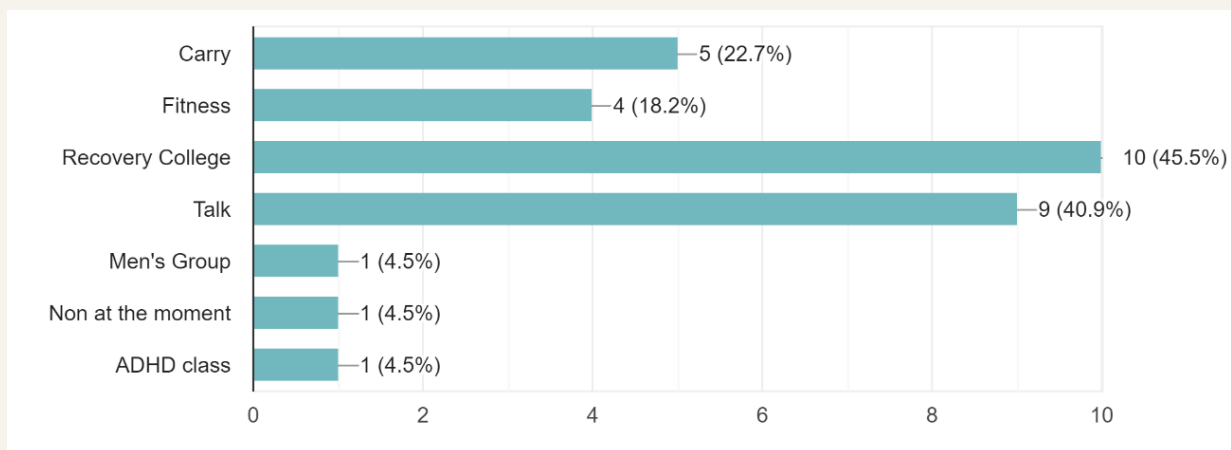
"Together We is incredible. I'm very proud to be part of this service where opportunities are given to all - staff, volunteers, service users, lived experience and co-production are highly valued, training is high quality and wellbeing of staff and volunteers is cared about as well as service user wellbeing. I'm excited to see where they'll be in another 3 years!"

Survey 2: Beneficiaries Survey Results

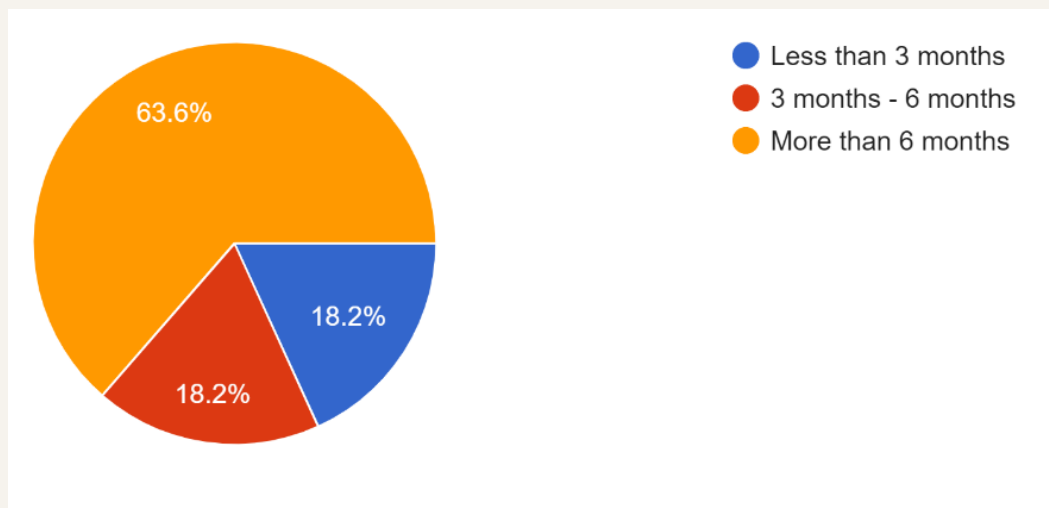
This survey was shared online via social media and email to gain responses from beneficiaries of the service.

Q1: Which of the services at Together We do you use of have you used?

This question included options for Carry, Fitness, Recovery College and Talk Services, as well as “other” where respondents added Men’s Group and the ADHD Groups that run within the Recovery College. The most frequently used services were Talk and Recovery College.



Q2: How long have you been using the Together We services?



The chart shows that almost two thirds of beneficiaries remain with the service post 6 months and the remaining third are split between new referrals (less than 3 months) and those who are engaging with the service over a 3-6 month period.

This indicates a high level of retention post 6 months where we would expect to see more service users exiting the Talk service and engaging in the services that can support long term wellbeing such as the Recovery College where a large variety of courses and groups are available for increasing skills, improving relationships and increasing a sense of citizenship and community.

Q3: What kind of support were you looking for when you joined Together We?

The responses to this question are repeated in the individual services sections that follow. These include responses such as:

“Improve mental health, better understanding about myself”.

“Improve physical fitness and spending”.

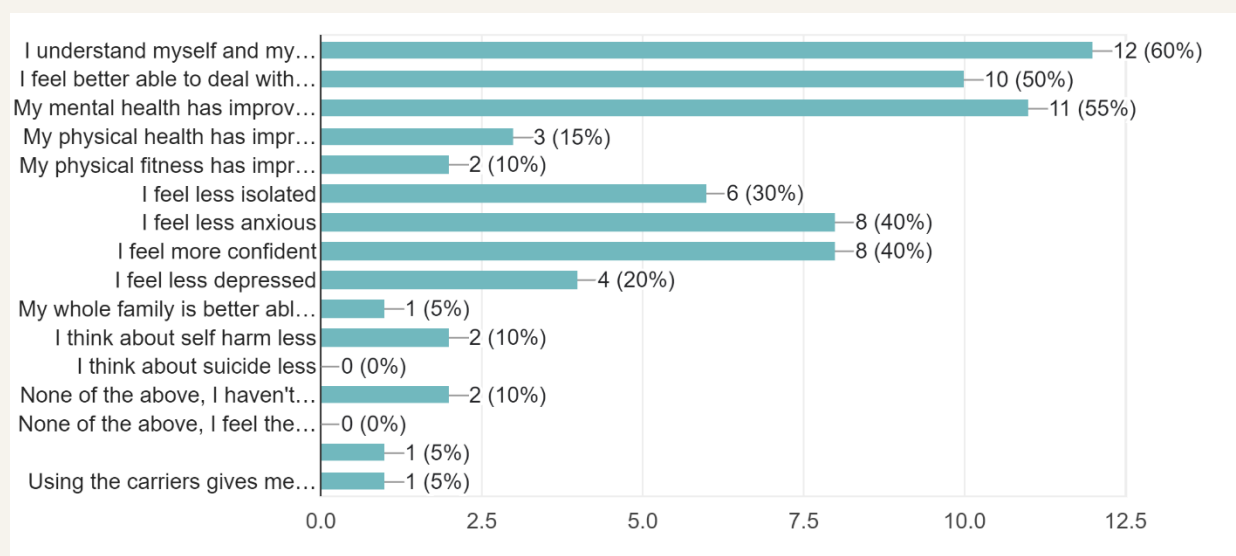
“Get myself back to positive thinking”.

“Strength to cope with for many were simple everyday things”.

As well as many requests for advice and support with using the Carry service and a professional who shared “I use the Recovery College for my patients by sign posting them to the service”.

Q4: So far in you time with Together We have you experienced any of the following?

The bar chart below shows that the majority of respondents understood themselves and their needs better, they feel better able to deal with life's challenges and their mental health had improved. In addition to this, improvements were indicated in most areas listed.



Q5: Is there anything you would change about the services at Together We to make them better?

The responses were varied depending on the service(s) that the beneficiaries were referred to Together We for and included both positive and constructive feedback.

Feedback included a request to increase the number of physical health classes, introducing a sling walk session, to re-open the fitness service and reducing the waiting list, where others used the opportunity to say thank you "I wouldn't change anything my sessions are really good for me" and "So Far what I have seen and

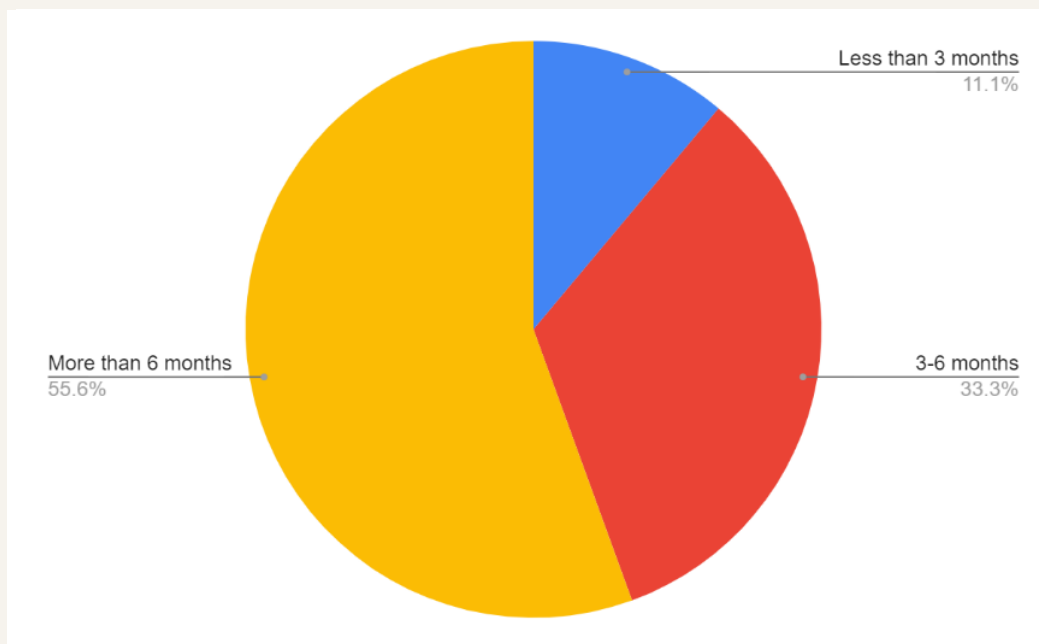
experienced, is a fabulous service that is vital in Cumbria and so important for our Service users. Thank you for all your hard work and expertise".

In relation to the Recovery College there was feedback regarding the Community Guidelines being more clear and a request to rotate tutors around each area instead of having the same facilitators in each area and the ability to offer more sessions across the areas.

Survey 2: Beneficiaries Survey Results – Talk Service

Q1: How long have you been using the Talk Service?

There were 9 responses to this question and the outcomes are as expected with the majority of respondents engaging from 3-6+ months and new referrals under 3 months in service.

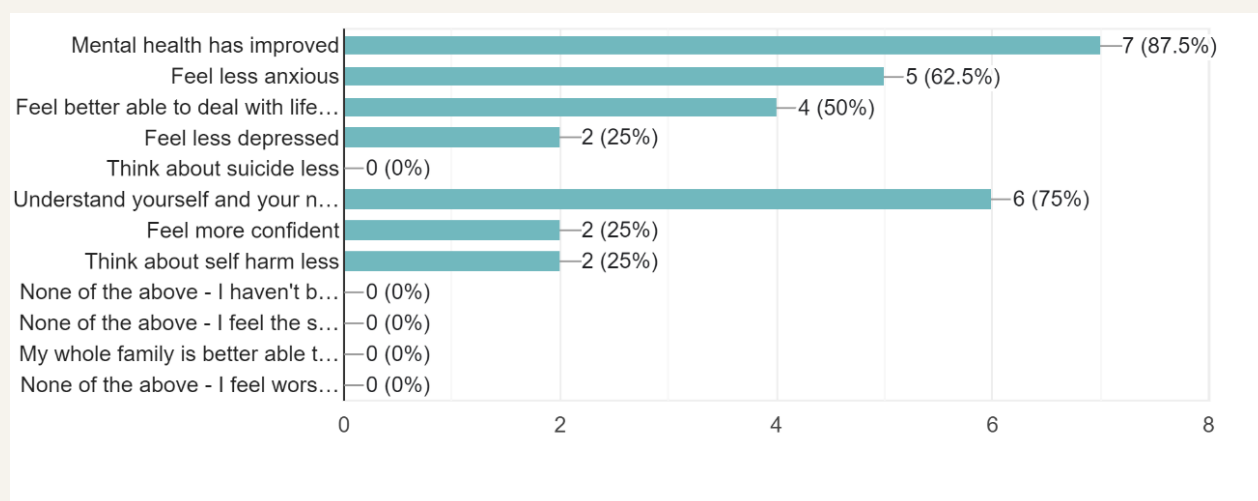


Q2: What kind of support were you looking for when you first joined the Talk service?

This was an open question where most of the respondents identified they were seeking support for their mental health, this included help with feeling overwhelmed, trauma and seeking support with identified mental health illnesses.

Q3: Have you experienced any of the following during your time at Talk?

There were 8 responses to this question, the majority of respondents identified that their mental health had improved and that they understood themselves and their needs better, several respondents identified feeling less anxious and being able to better deal with life's challenges.



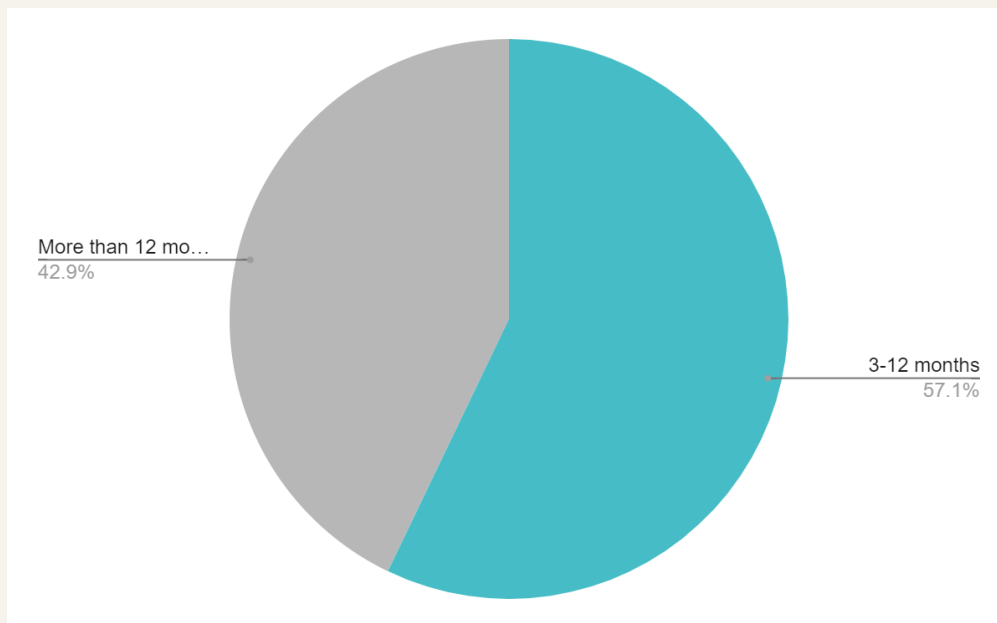
Q4: Is there anything about the services at Talk that you would change to make them better?

One respondent expressed concern about the size and privacy of the room they use for their in person talk sessions, the remainder of the responses to this question said that there were no changes they would make to the talk service.

Survey 2: Beneficiaries Survey Results – Recovery College

Q1: How long have you been using the Recovery College?

The Recovery College started in June 2021, this chart shows that the majority of the respondents 57% had joined the College within 3-12 months and the remaining 43% joined over 12 months ago.

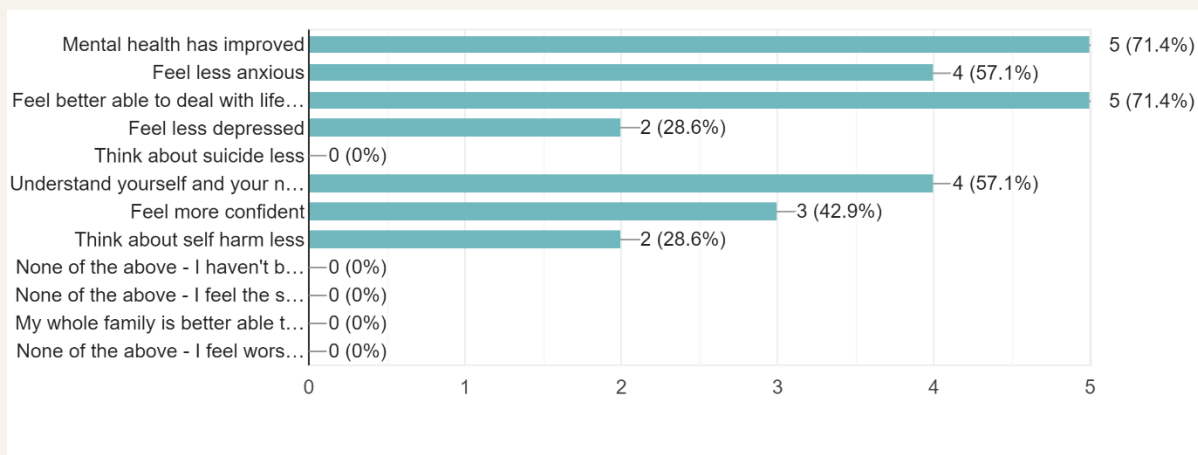


Q2: What kind of support were you looking for when you first joined the Recovery College?

The majority of responses were beneficiaries looking to improve their mental health by learning coping strategies, to improve self-confidence and assertiveness as well as access support for mental health and bereavement and for social interaction.

Q3: What changes have you experienced in regards to your wellbeing during your time at the Recovery College?

The majority of the responses to this question were that mental health had improved and they were feeling better able to deal with life's challenges. Feeling less anxious and Understanding self and needs better were also experienced by many of the respondents.



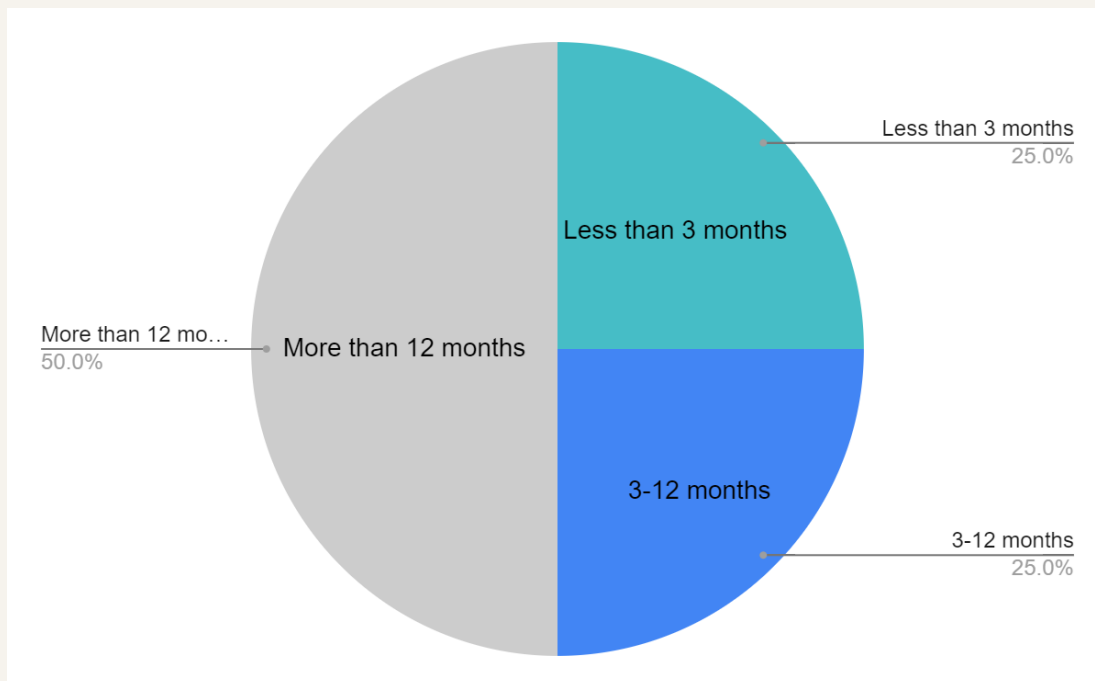
Q4: Is there anything about the Recovery College that you would change to make them better?

There were very few responses to this question, one respondent suggested improvements to the community guidelines.

Survey 2: Beneficiaries Survey Results – Fitness Services

Q1: How long have you been using the Fitness services?

The fitness service was fully open from April to August in 2022 when the gym was temporarily closed. Some fitness groups have continued to operate on a smaller scale from September onwards. This question shows responses from 4 of the service users, 50% of which had been using the fitness service for over 12 months.

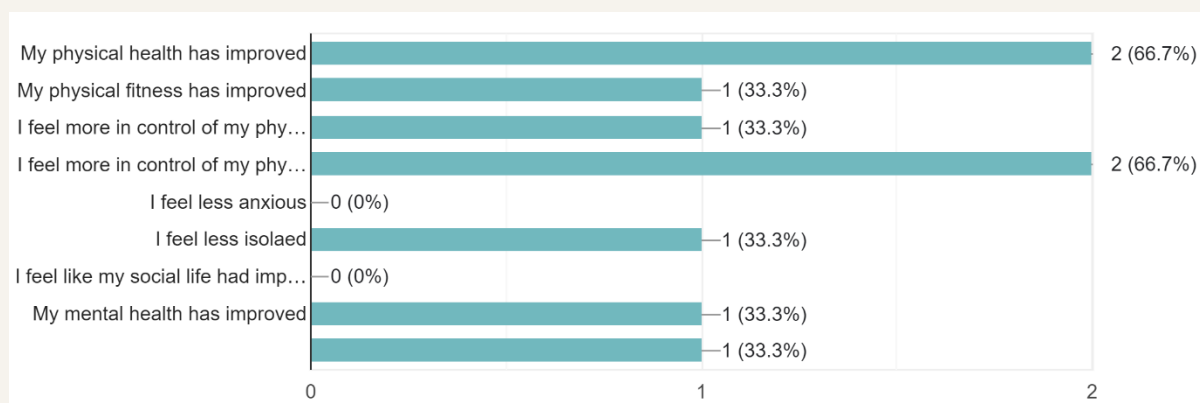


Q2: What kind of support were you looking for when you first joined the Fitness Service?

Responses included to improve fitness and mental wellbeing, for female specific general fitness and support from a local trusted provider.

Q3: What changes have you experienced in regards to your wellbeing during your time at the fitness service?

There were multiple options that could be selected for this question, the majority of responses selected Improved and feeling more in control of physical health.



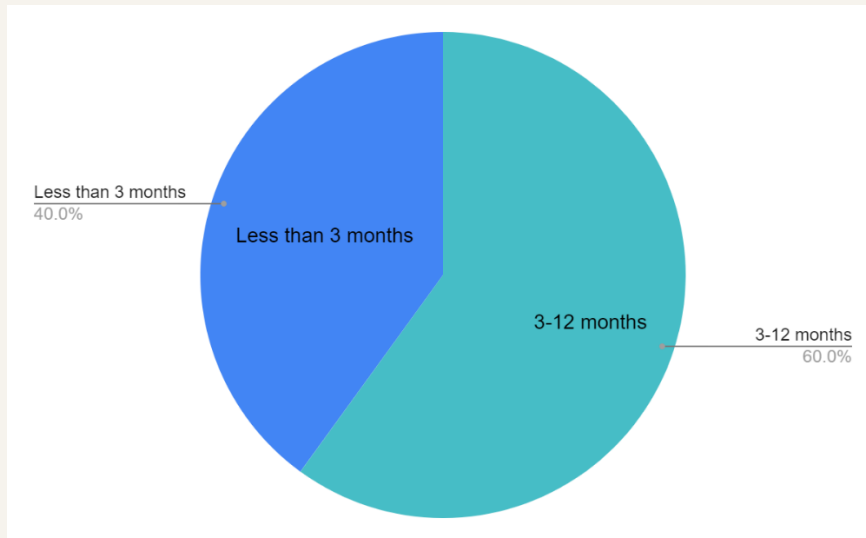
Q4: Is there anything about the Fitness service that you would change to make them better?

Responses were inline with re-opening the fitness service and offering more local sessions.

Survey 2: Beneficiaries Survey Results – Carry Service

Q1: How long have you been using the Carry Service?

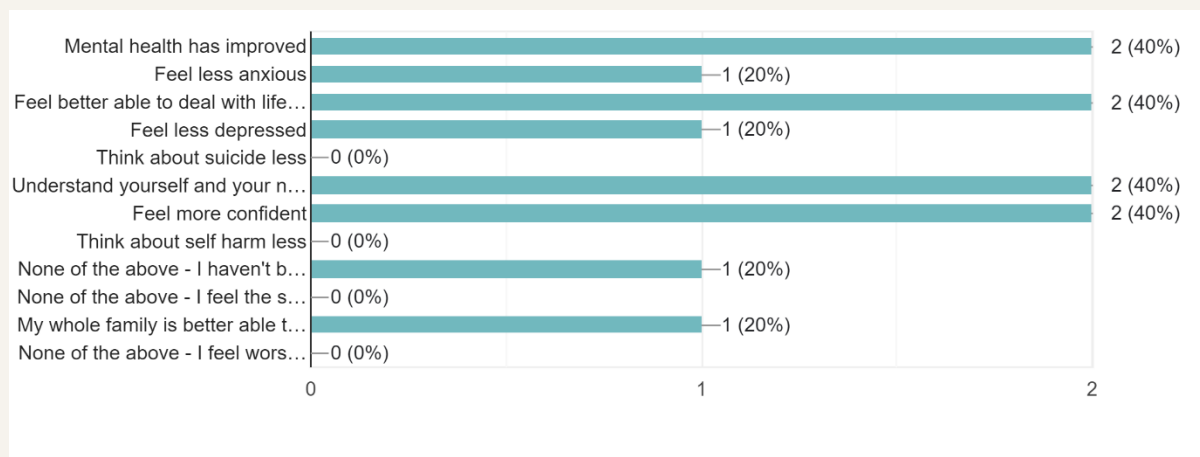
There were 5 responses to this question, none of the respondents had been in the Carry service for more than 12 months, however - the majority of respondents, 60% were engaging from 3-12 months with the remaining 40% coming from people that were new to the service.



Q2: What kind of support were you looking for when you first joined the Carry Service?

The majority of responses were that beneficiaries were looking for advice and guidance regarding the sling hire service.

Q3: What changes have you experienced in regards to your wellbeing during your time at the Carry Service?



Q4: Is there anything about the Carry service that you would change to make them better?

A suggestion was shared to have sling walks in the different areas, another beneficiary suggested more fundraising for the service to keep it going.

Appendix 6.0 The Recovery College Impact Report

The evaluation below is for the period 1st June 2021 to 31st May 22 and aims to further support the outcomes identified in the main report for Together We CIC.



Together We CIC: Recovery College Evaluation Year 1

Introduction and Scope:

This report aims to evaluate the impact of the North Cumbria Recovery College as part of Together We CIC. It covers the courses we have delivered, our outcomes, partnership working and future plans/ developments.

North Cumbria Recovery College began it's first course delivery in June 2021 after receiving funding from Cumbria, Northumbria, Tyne and Wear NHS Foundation Trust, Shine Fund and has had further funding from other sources in the last year, including Sellafield Transforming West Cumbria, Carlisle City Council, Cumbria County Council and some small funding pots for outreach programmes.

The college is co-produced, co-facilitated and co-attended, covers the whole of North Cumbria and includes provision to Millom. Our aim is to 'Empower people to better manage their physical and mental health and wellbeing'.

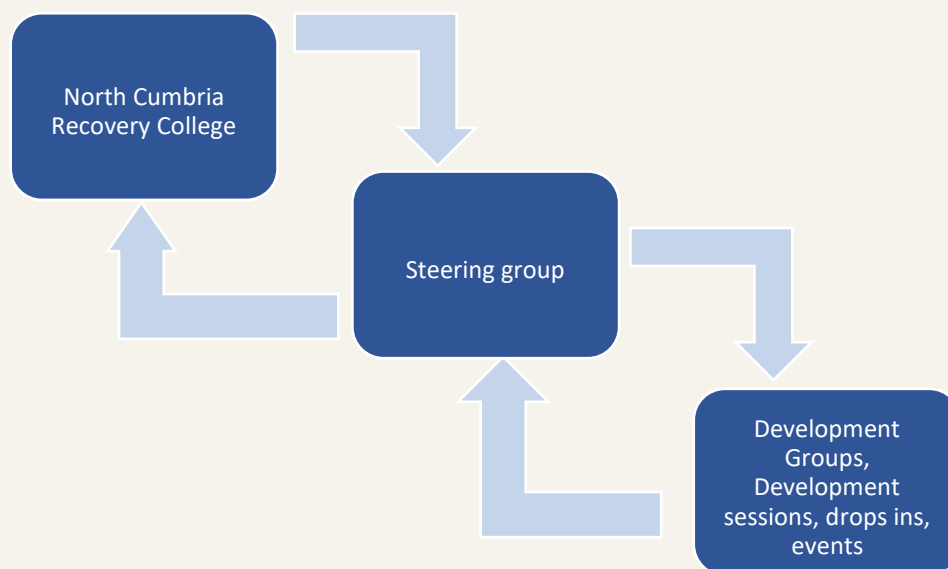
How the NCRC is governed:

Together We act as the lead organisation for the NCRC, acting as a coordinator and developing a central 'hub' steering group that will form colleges policies, procedures, terms and conditions, prospectus and ethos/ objectives. The steering form the governance and co-production of the college fed by the 'spokes' of four development groups in each area- the development groups are now less frequent after conception but still feed into the hub of the steering group.



The Steering Group was developed by our two RC co-ordinators and includes peers from the college, external services and others interested in the coproduction of the college. Initially we started with development groups meeting regularly in each area to shape the provision, however we quickly realised that holding these meetings once or twice per year would suffice combined with drop in

development sessions, taster sessions and a continual two way process with stakeholders. This enabled us to gather good quality information from all areas of the North in a series of forums with co-production being at the heart.



The co-production and evolution of the NCRC governance and content now comes from the communities it serves in a less formal way but with much more qualitative information. For example at our centre in Egremont from our drop ins and development sessions we noted a need for older adults to have a structured coffee group with recovery college courses embedded, therefore it came to the steering group and co-production took place in working with locals and Age UK.

We have some really inspiring stories of other peer support groups being built up from the NCRC that are not part of our services, yet serve good peer support and reduce isolation to the wider community- for example a Dungeons and Dragons group in Carlisle library, a luncheon club in Workington and walking groups across the North. This shows the power of coproduction and community the recovery college enables.

CNTW Peers Input into the College:

We have worked with the CNTW peers from the conception of the NCRC and they have helped us throughout the last year. Peers attend courses in all areas regularly, often escorting people into the courses, providing empathy and lived experiences to the content.

Particular successes have included a week long teaching period we delivered to update all peers with our core training modules, course content and engagement skills. We have co-hosted drop ins at all venues, peers have been able to step in at times of need for NCRC, we have been able to celebrate the CNTW peers conference with them.

We have hosted a peers private CIC in our NCRC at Carlisle and are now evolving that to Workington. Finally we are developing a NVQ level 2 for peers to start formalising some of their work with Newton Rigg.

Current Data Collection:

Currently we collect data in a number of ways:

1. Output Data: Collection of participant's gender, age, participant location and how someone heard about us on registration to courses.
2. Outcome Data: Including Warwick Edinburgh outcome measures, case studies, likert scales, specific course feedback and qualitative feedback.

Data is stored on google drives, verbal and written data is photo'd or typed and placed onto google drives.

Below is a review of data currently gathered using the '5 types of data' framework:

TYPE OF DATA	DESCRIPTION	TOGETHER WE – RAG RATING
User data	Information on the characteristics of the people you are reaching eg. age, gender and location.	This kind of data is collected consistently on google drive
Engagement data	Information on who attends the courses and how many sessions	This kind of data is collected fairly consistently in attendance registers
Feedback data	Information on what people think about the service	This kind of data is collected in verbal, written and typed formats at most sessions

Outcomes data	Information on the short-term changes, benefits or assets people have got from the service	Some of this data is collected through Warwick Edinburgh Scales, Likert Scales and other formats- this is stored in google drive.
Impact data	Information on the long-term difference that has resulted from the service (Note : this is the definition included in the Inspiring Impact worksheet on '5 types of data.' There are other definitions of impact)	This data is going to be started to be collected by the recollect project.

Theories of Change:

Having worked with an external evaluator previously (Lynch Pin-Nicola Lynch) we decided to develop our theory of change for the Recovery College:

Recovery College		
Activities: <ul style="list-style-type: none"> - Deliver a range of courses to individuals across North Cumbria - Outreach classes in hard to reach areas - Develop Volunteers into facilitators and staff members - Bring together partner organisations across Cumbria - Co-produce Courses, Co-Deliver and Co- Attend - Work in partnership with CNTW peer supported 	Outputs: <ul style="list-style-type: none"> - 1200+ participants in courses across North Cumbria online and in person - 4 blocks of outreach to hard to reach - 3 volunteers converted to staff - 4 students converted to peer supporters - 16 partner organisations delivering sessions - 91 co-produced courses ran across the college - 10 peers working with the college each block 	Outcomes: <ul style="list-style-type: none"> 90% of participants report improved mental health 70% of participants had increased hope after attending the courses 50% change in increased wellbeing in Warwick Edinburgh Wellbeing Scale 90% of partners supportive and engaged with the college

OUTPUT	EVIDENCE	OUTCOME	EVIDENCE
1200 + participants in courses across North Cumbria	<p>Attendance records</p> <p>Likert scale taken end of course 1-5 (1 being very poor, 5 being very good mental health) Rated before and after</p> <p>Warwick Edinburgh Wellbeing scale</p>	<p>90% of participants report improved mental health</p> <p>70% of participants had increased hope after attending courses</p> <p>50% changes in wellbeing in Warwick Edinburgh Scale</p>	<p>Case studies</p> <p>Entry & exit interviews including self-scoring</p>
4 blocks of hard to reach delivered	<p>Attendance records : Gateway for Women Cornerstone Lookout Thriving Communities</p>	<p>90% of participants report improved mental health</p> <p>70% of participants had increased hope after attending courses</p>	<p>Case studies</p> <p>Entry & exit interviews including selfscoring</p>
Volunteers converted to staff and students to facilitators	<p>Staff records kept on Bright HR</p>		
16 partners working with Recovery College	<p>Delivery evidence, Service Level Agreements</p>	<p>90% partners engaged and supportive of Recovery College</p> <p>80% participants engaged and attending</p> <p>90% attendees positive mental health</p>	<p>Pre and post course interviews</p> <p>Google Drive</p> <p>Variety of feedback, qualitative, quantitative</p>

Hard to Reach Data:

We are very aware of pockets of population across North Cumbria that are have harder to reach clients. For example those that are older, those from deprived backgrounds, populations like vulnerable women and those with high levels of mental ill health.

At the college we have outreached into several locations to ensure reach to some of these groups, We have delivered in areas such as Raffles in Carlisle, Maryport, Cornerstone, Gateway for Women, Mirehouse Community Centre and have further plans for Cleator Moor- Home to work, Millom, refugees in Carlisle.

We were successful in most areas by hosting drop ins and tasters and really speaking to people coming through the doors, The CNTW peers helped greatly with this providing welcoming and empathetic approaches to stories clients had. We have been able to identify some key areas for improvement including working with women from Gateway and at Mirehouse Community centre where we found little uptake of our services. We intend on further working with communities to find out what they need prior to offering services, this will include more drop ins and informal opportunities to engage with NCRC.

Review of Data:

Review of the data was mainly taken from Google Drives a secure Cloud Storage system that allows a number of different documents to be uploaded to it.

Courses delivered

Courses June 2021-January 2022:

Allerdale:

Assertiveness (Sep-Oct)(Nov-Dec)=Twice

WRAP (Sep-Oct)(Nov -Dec)=Twice

Drop in (Aug)(Sep-Oct)(Nov-Dec)=X3

Decider life skills (Sep-Oct)(Nov-Dec)=Twice

Drawing & Talking (Sep-Oct)(Nov-Dec)=Twice

Emotional resilience (Sep-Oct)=Once

Face 2 face launch (Sep)=Once

Buttermere & Maryport walk (Aug)=Twice

Total=15

Carlisle:

Assertiveness (Sep-Oct)(Nov-Dec)=Twice

WRAP (Sep-Oct)(Nov -Dec)=Twice

Drop in (Aug)(Sep-Oct)(Nov-Dec)=X3

Decider life skills (Sep-Oct)(Nov-Dec)=Twice

Drawing & Talking (Sep-Oct)(Nov-Dec)=Twice

Emotional resilience (Sep-

Oct)=Once Face 2 face launch

(Sep)=Once Total=13

Copeland:
Assertiveness (Sep-Oct)(Nov-Dec)=Twice

WRAP (Sep-Oct)(Nov -Dec)=Twice

Drop in (Aug)(Sep-Oct)(Nov-Dec)=X3

Decider life skills (Sep-Oct)(Nov-Dec)=Twice

Drawing & Talking (Sep-Oct)(Nov-Dec)=Twice

Emotional resilience (Sep-Oct)=Once
 Face 2 face launch (Sep)=Once
 Mindfulness, assertiveness & keeping well
 (Aug)=Once Total=14 Eden:
 Assertiveness (Sep-Oct)(Nov-Dec)=Twice
 WRAP (Sep-Oct)(Nov-Dec)=Twice
 Drop in (Aug)(Sep-Oct)(Nov-Dec)=X3
 Decider life skills (Sep-Oct)(Nov-Dec)=Twice
 Drawing & Talking (Sep-Oct)(Nov-Dec)=Twice
 Emotional resilience (Sep-Oct)=Once
 Face 2 face launch (Sep)=Once
 Total=13

Online:

Emotional resilience (Jun)(Jul)(Aug)(Sep)(Nov-Dec)=X5
 Creative Writing (Jun)(Jul)(Aug)(Sep)(Oct)=X5
 Drawing and talking (Jun)(Jul)(Aug)(Sep)=X4
 Managing stress and worry (Jun)(Jul)(Sep)=X3
 D&D (Jun)(Jul)(Aug)(Sep)=X4
 WRAP (Jun)(Jul)(Aug)(Sep)=X4
 Assertiveness (Jun)(Jul)(Aug)(Sep)=X4
 Decider life skills (Jul)(Aug)(Sep)=X3
 Chair exercise (Jun)=Once
 How stress enters and leaves the body (Jun)=Once
 Laughing yoga (Aug)=Once
 Confident me (Aug)=Once
 Energy balance (Aug)=Once
 Managing your condition (Jul)(Aug)=Twice

Mindful eating (Aug)=Once

Alternative ways to manage stress (Jul)(Aug)=Twice

Yogic healing (Aug)=Once

Menopause matters

(Aug)=Once Total=44

The following courses were delivered in the college from June

2021-June 2022

Recovery college courses 2022 91 in total

Allerdale courses:

Decider life skills was ran starting in January, February, April and May for 6 weeks each = 4 times

- Preparing for therapy is ongoing = 1
- Safety planning and finding hope was ran starting in January for 6 weeks = once
- Hearing voices intro ran for 1 week in January = once
- Women's group ongoing = 1
- I rest was ran starting in February for 6 weeks = once
- Assertiveness was ran starting in February, April and June for 6 weeks each = 3 times
- Eating for mental health was ran in February for 3 weeks = once
- Wellness recovery action planning was ran starting in March for 6 weeks = once
- Emotional resilience was ran starting in March and May for 6 weeks each = Twice

- Low impact exercise was ran starting in March for 12 weeks = once
- Mind and body wellbeing fitness class ongoing = 1
- Model railway group was ran for 1 week in April = once
- Confident me! Was ran for 4 weeks starting in April = once
- Singing for fun ongoing = 1
- Energy healing was ran for 4 weeks in June = once
- Drawing and talking ran for 6 weeks starting in June = once
- Newborn sling workshop ran for 1 week in June = once

Total = 23

Carlisle courses:

- Confident me! Ran for 4 weeks starting in January = once
- Offload ongoing = 1
- Decider life skills ran for 6 weeks starting in February, May and June = 3 times
- Assertiveness ran for 6 weeks starting in February = once
- Energy healing was ran for 4 weeks in starting in April = once
- Menopause matters was ran for 4 weeks in April = once
- Art for bereavement was ran for 8 weeks starting in April = once
- Drop in & decider life skills was ran for 6 weeks starting in May = 1
- Cuppa and a chat ran 2 sessions weekly starting in May is ongoing = 2
- Emotional resilience ran for 6 weeks starting in May = once
- Rhythms of recovery ran for 6 weeks starting in May = once
- Newborn sling workshop ran in 2 different venues starting June is ongoing = 2

- Managing stress and worry ran for 6 weeks starting in June = once

Total = 17

Copeland courses:

Assertiveness ran for 6 weeks starting in January and April = twice

- Rhythms of recovery ran for 6 weeks starting in January = once
- Decider life skills ran for 6 weeks starting in February, March and June = 3 times
- Emotional resilience ran for 6 weeks starting in March = once
- Low impact exercise ran for 12 weeks starting in March = once
- Singing for fun is ongoing = 1
- Confident me ran for 4 weeks starting in April = once
- Managing stress and worry ran for 6 weeks starting in April = once
- Coping with fatigue ran for 6 weeks starting in April = once
- Energy healing ran for 4 weeks starting in June = once
- Weight management/fitness group runs 2 weekly sessions starting in June for 7 weeks each = 2
- Nature journaling ran for 6 weeks starting in June = once
- Wellness recovery action planning ran for 6 weeks starting in June) = once
- Looking after your mental health while looking after your baby ran for 1 week in June = once
- Hearing voices group is ongoing = 1

Total = 19

Eden courses:

- Assertiveness ran twice in 2 different locations starting in January for 6 weeks each. And for 6 weeks in April and June = 4
- Wellness recovery action planning ran for 6 weeks starting in January = once
- Decider life skills ran twice in 2 different locations starting in January for 6 weeks each. And for 6 weeks in May = 3
- Rhythms of recovery ran for 6 weeks starting in January = once
- Confident me! Ran for 4 weeks each starting in January and April = twice
- Managing stress and worry ran for 6 weeks starting in April = once
- Drop in to enrol ran twice a week, is ongoing = 2
- Menopause matters ran for 4 weeks starting in April = once
- Literacy skills ran for 13 weeks starting in April = once
- AA+ craft day ran 3 times from April to June = once
- Award in mental health and wellbeing level 1 ran for 5 weeks starting in April = once
- Energy healing ran for 4 weeks starting in May = once
- Emotional resilience ran for 6 weeks starting in May = once
- Nature Journaling ran for 6 weeks starting in June = once

Introduction to customer care level 1 ran for 5 weeks starting in June = once

Total = 23

Online courses:

- Writing for wellbeing ran for 6 weeks starting in January = once
- Laughing yoga is ongoing = 1
- Hearing voices intro ran for 1 week in January = once
- Introducing mindfulness and sleep ran for 3 weeks starting in April = once
- Coping with fatigue ran for 6 weeks starting in April = once
- Developing personal confidence and self awareness ran for 10 weeks starting in April = once
- Pre-GCSE maths ran for 5 weeks each starting in May and June = twice
- Math taster session is ongoing = once

Total = 9

Participants:

261 participants for Copeland and Allerdale

1014 for Online and

55 for Carlisle and Eden

400 different participants- please note most recovery colleges allow people to attend more than one course as many times as they would like to.

Mainly Female participants

Average Age **45-52** years old.

Course Feedback- Core Provisions:

Deciders Skills:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	1- Very Poor															
2	2- Poor															
3	3- Okay															
4	4- Good															
5	5- Very Good															
6																
7	How was your mental health before starting the course?															
8	100% of people answered with the number 2 meaning poor.															
9																
10	How is your mental health now?															
11	100% of people answered with the number 4 meaning their mental health has improved from poor to good from completing the decider skills course.															
12																
13	Do you think that the course has helped you improve your mental health?															
14	100% of people answered yes the course has helped their mental health.															
15																
16	How hopeful did you feel for the future before starting the course?															
17	100% of people rated themselves at a 3 meaning they felt okay about the future.															
18																
19	How hopeful do you feel about the future now?															
20	100% of people rated themselves a 4 meaning their hope for the future has improved 1 point from okay to good through completing the course.															
21																
22	Do you have any other feedback you would like to add?															
23	100% of people said 'with each time I do the course I feel that my mental health overall is improving.'															
24																
25																

Assertiveness:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	1- Very Poor															
2	2- Poor															
3	3- Okay															
4	4- Good															
5	5- Very Good															
6																
7	How was your mental health before starting the course?															
8	50% of participants answered 2 meaning poor. And 50% answered 1 meaning very poor															
9																
10	Do you think that the course has helped you improve your mental health?															
11	100% of participants answered yes.															
12																
13	How is your mental health now?															
14	50% of participants answered 4, meaning their mental health score had improved by 2 points from poor to good through attending the course. 50% answered 3, meaning their mental health score had improved by 2 points from very poor to okay through attending the course.															
15																
16	How hopeful did you feel for the future before starting the course?															
17	100% of participants answered 3 meaning they felt okay about the future.															
18																
19	How hopeful do you feel about the future now?															
20	50% answered 4, meaning their hope for the future had increased by 1 point from okay to good through completing the assertiveness course. And 50% answered 5, meaning their hope for the future had increased by 2 points from okay to very good through completing the assertiveness course.															
21																
22	Do you have any other feedback you would like to add?															
23	Participants have said 'With each time I repeat the course I feel that my assertiveness is improving.' And 'I'M JUST SO GRATEFUL FOR THE COURSE BEING AVAILABLE'.															
24																
25																

Wellness Recovery Action Planning:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	1- Very Poor															
2	2- Poor															
3	3- Okay															
4	4- Good															
5	5- Very Good															
6																
7	How was your mental health before starting the course?															
8	50% of participants answered 2 meaning poor. And 50% answered 1 meaning very poor															
9																
10	Do you think that the course has helped you improve your mental health?															
11	100% of participants answered yes.															
12																
13	How is your mental health now?															
14	50% of participants answered 4, meaning their mental health score had improved by 2 points from poor to good through attending the course. 50% answered 3, meaning their mental health score had improved by 2 points from very poor to okay through attending the course.															
15																
16	How hopeful did you feel for the future before starting the course?															
17	100% of participants answered 3 meaning they felt okay about the future.															
18																
19	How hopeful do you feel about the future now?															
20	50% answered 4, meaning their hope for the future had increased by 1 point from okay to good through completing the assertiveness course. And 50% answered 5, meaning their hope for the future had increased by 2 points from okay to very good through completing the assertiveness course.															
21																
22	Do you have any other feedback you would like to add?															
23	Participants have said 'With each time I repeat the course I feel that my assertiveness is improving.' And 'I'M JUST SO GRATEFUL FOR THE COURSE BEING AVAILABLE'.															
24																
25																

Emotional Resilience:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	1- Very Poor															
2	2- Poor															
3	3- Okay															
4	4- Good															
5	5- Very Good															
6																
7	How was your mental health before starting the course?															
8	25% of people answered 5 meaning very good, 25% answered 1 meaning very poor, 25% answered 2 meaning poor and 25% answered 3 meaning okay.															
9																
10	How is your mental health now?															
11	50% answered 3, meaning their mental health score was okay. 25% had stayed the same in score from completing the course. And the other 25% score had decreased by 2 points from completing the course. 25% answered 2 meaning their score had im															
12																
13	Do you think the course has improved your mental health?															
14	75% answered yes 25% answered no, so, the majority's mental health had improved from completing the course.															
15																
16	How hopeful did you feel for the future before starting the course?															
17	50% answered 2 meaning they had poor hope for the future. And 50% answered 3 meaning they had okay hope for the future.															
18																
19	How hopeful do you feel about the future now?															
20	75% answered 4 meaning their score has either improved by 1 or 2 points to a good sense of hope about the future. And 25% answered 1 meaning their hope for the future has decreased by 2 points from okay to very poor. But overall participants hope for															
21																
22	Do you have any feedback you would like to add?															
23	Participants have said 'SO PLEASED I STARTED THE COURSE.' 'Each time I do this course, my emotional resilience improves, so I look forward to taking this course again'															
24																
25																
26																

Qualitative feedback:

Taken on sticky notes, verbally and written

Assertiveness

What did you learn?

'What assertiveness is'.

What did you like?

'Well given session and group work'.

'Very open and value everyone's views on assertiveness'.

'The relaxed atmosphere'.

'Was well run and instructive, videos were very good'. 'Very well presented and informative'.

Is there anything we need to improve on / need more of?

'No'

'Speaker or PA system to hear videos better.' 'Do need a speaker'.

Wellness Recovery Action Planning (WRAP)

What did you learn?

'How people work'

'Learn how to react'.

What did you like?

'It was fun'.

'Inclusiveness'.

'Helpful'.

'Informative'.

What do we need to improve on / what do we need more of?

'More cut and paste activities'.

'Waiting room / area for people arriving'.

Drawing and Talking

What did you learn?

'To listen'.

'Questions to ask'.

'To really listen'.

'Butterflies could be therapists'.

'Use imagination'.

'Use my imagination'

'To push myself out of my comfort zone'.

What did you like?

'Friendly relaxed atmosphere'.

'Talking about pictures in a group (outside comfort zone)'.

'Everyone's opinion is valid & heard'.

'Friendliness'.

'Sharing with strangers.'

'Lots of stories from pictures'.

What do we need to improve on / what do we need more of?

'Nothing'.

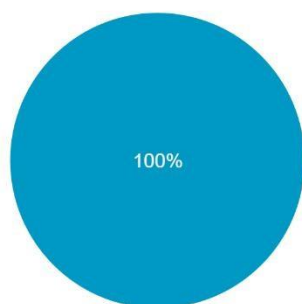
'All ok.'.

'Felt tips'.

'Coloured pencils'.

1. On a scale of 0-5 how much did you enjoy the drawing and talking sessions?

1 response



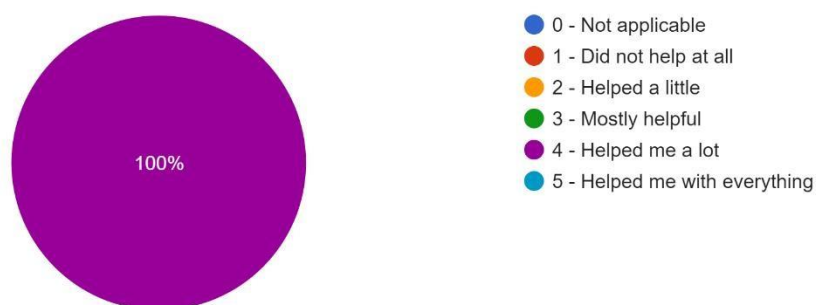
- 0 - Not applicable
- 1 - I did not enjoy them at all
- 2 - I enjoyed some of them
- 3 - They were OK
- 4 - I enjoyed a lot of them
- 5 - I enjoyed all of them

Drawing and Talking Online Google Form Responses 2021:

100% of people who attended Drawing and Talking enjoyed all of the sessions, as shown in the pie chart above.

2. On a scale of 0-5 how much have the drawing and talking sessions helped you?

1 response

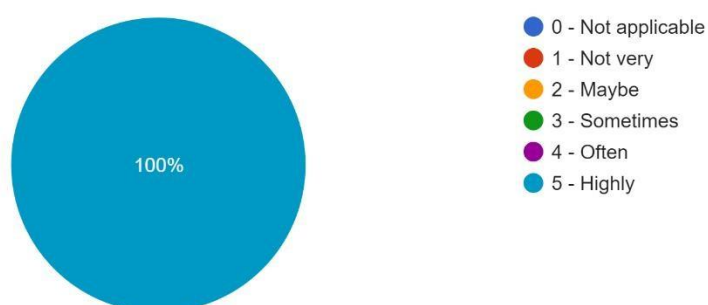


100% of people who attended the sessions stated they helped them a lot, as shown on the pie chart above.

100% of people who attended the sessions said they would highly recommend Drawing and talking to others. As shown in the pie chart above.

3. On a scale of 0-5 how likely are you to recommend drawing and talking to others?

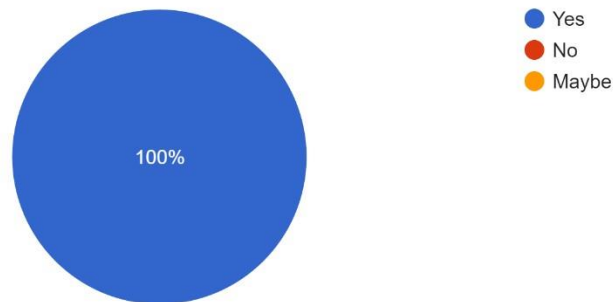
1 response



100% of people who attended the sessions said they would recommend the sessions to others. As shown in the pie chart above.

6. Would you recommend drawing and talking to others?

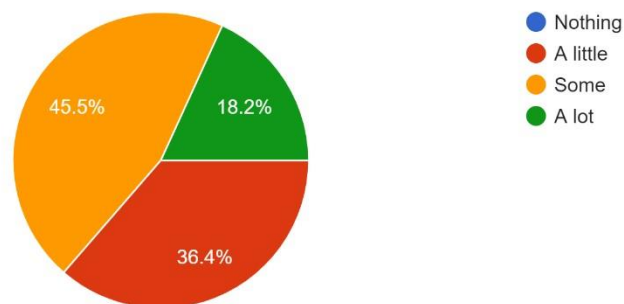
1 response



We also asked participants to let us know if there was anything they liked about the drawing and talking sessions. They responded with 'I liked talking to other people'.

Before the sessions how much did you know about keeping yourself well physically and mentally?

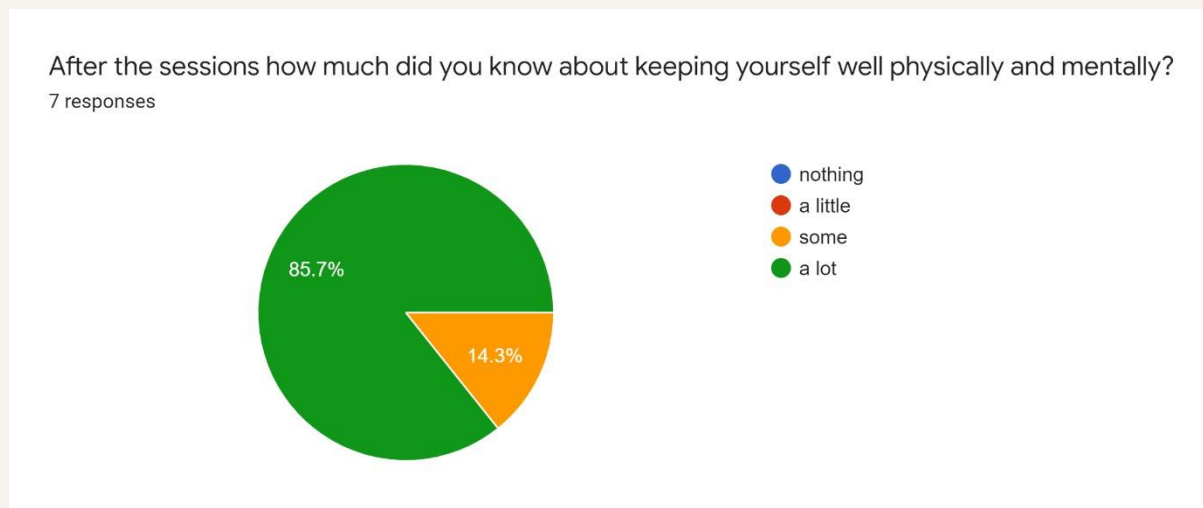
11 responses



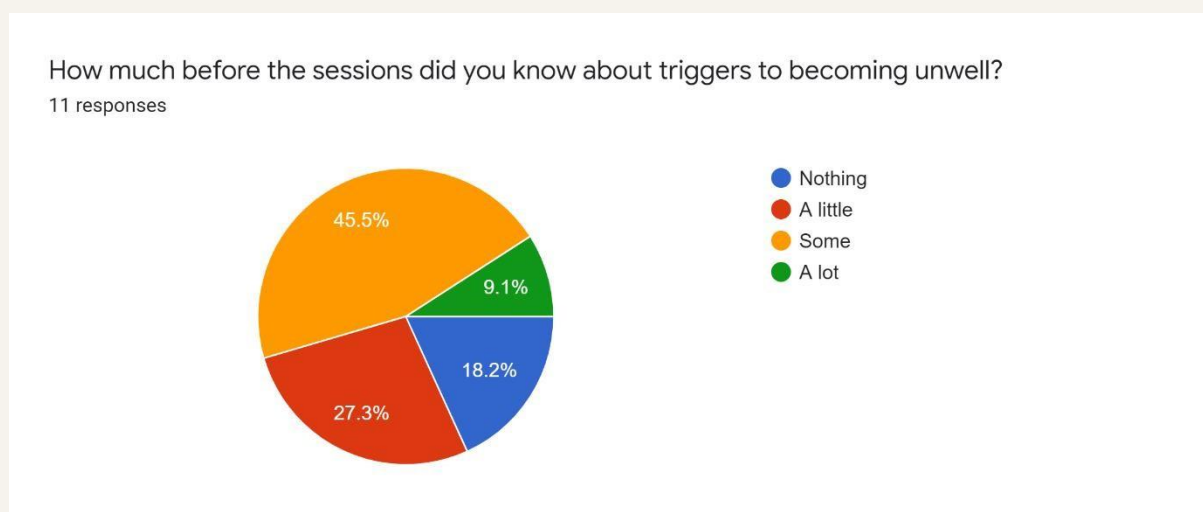
Wellness Recovery Action Planning (WRAP) Google Form Responses 2022:

45.5% of participants knew some information before the course about keeping themselves well physically and mentally. 18.2% of participants knew a lot about keeping themselves well physically and mentally before the course. And 36.4% of

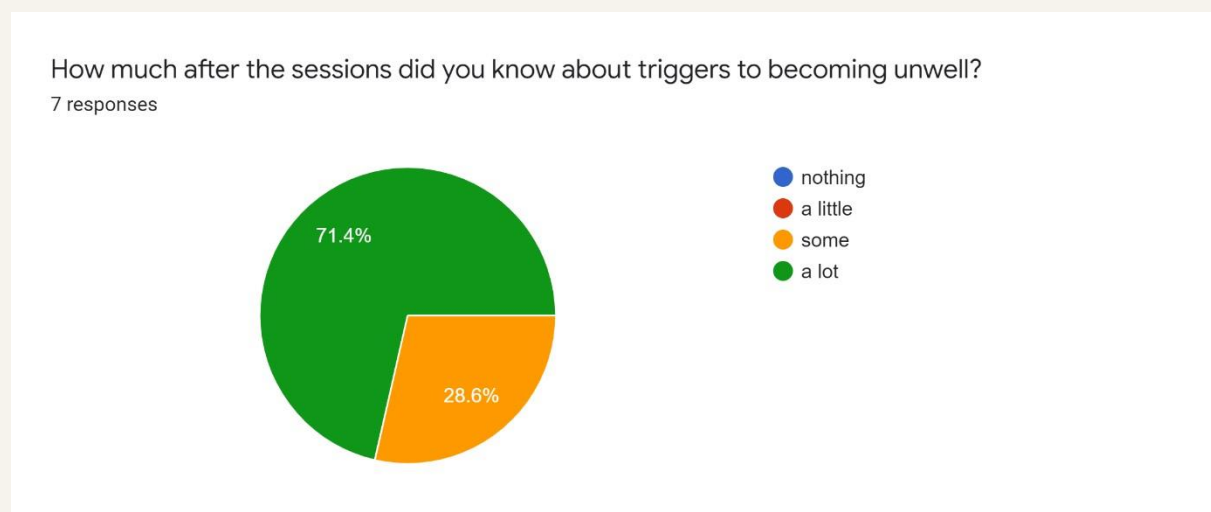
participants knew a little about keeping themselves well physically and mentally before the course. As shown in the pie chart above.



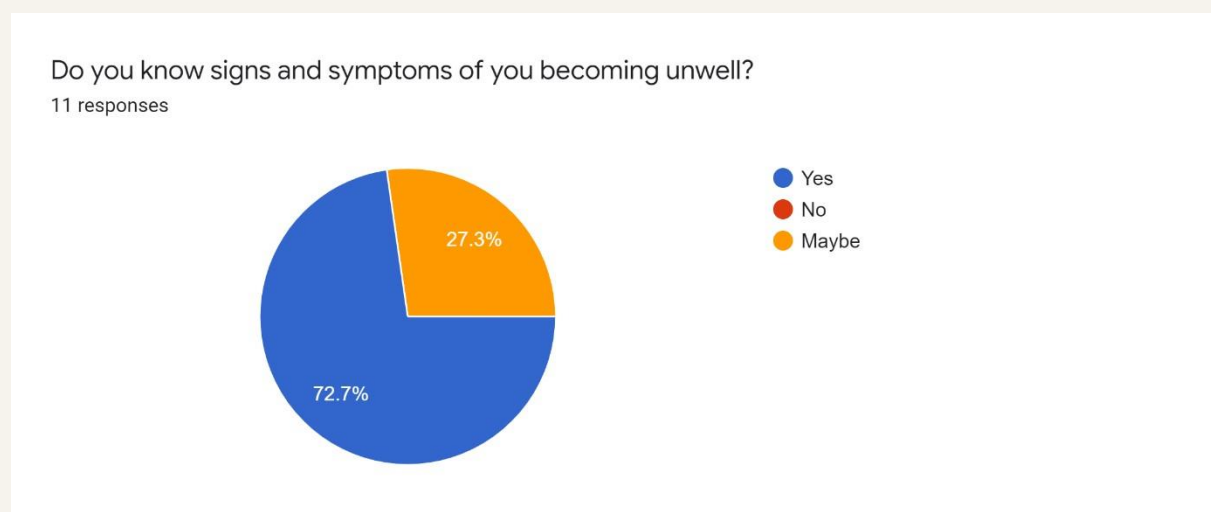
85.7% of participants knew a lot about keeping themselves well physically and mentally after the course. 14.3% of participants knew some more about keeping themselves well physically and mentally after the course. This means awareness of how to keep yourself well physically and mentally has improved for majority of participants after taking the WRAP course. As shown in the pie chart above.



45.5% of participants knew some information about triggers to becoming unwell before the course. 9.1% of participants knew a lot about triggers to becoming unwell before the course. 18.2% knew nothing about triggers to becoming unwell before the course. And 27.3% of participants knew a little bit of information about triggers to becoming unwell before the course. As shown in the pie chart above.

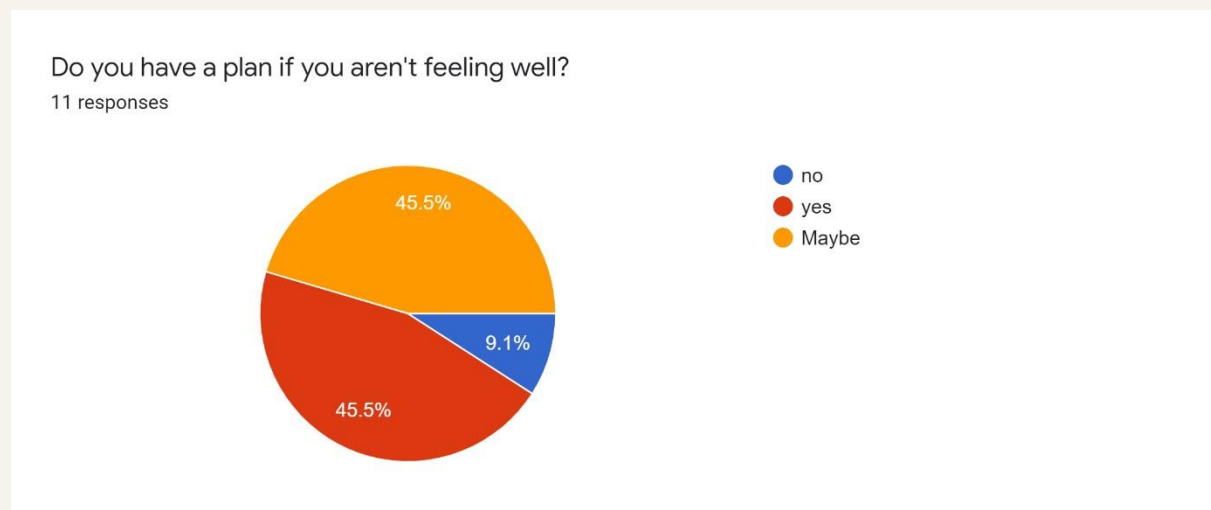


71.4% of participants knew a lot about triggers to becoming unwell after the course. And 28.6% of participants knew some more about triggers to becoming unwell. Therefore, overall knowledge of triggers to becoming



unwell has improved from taking the course. As shown in the pie chart above.

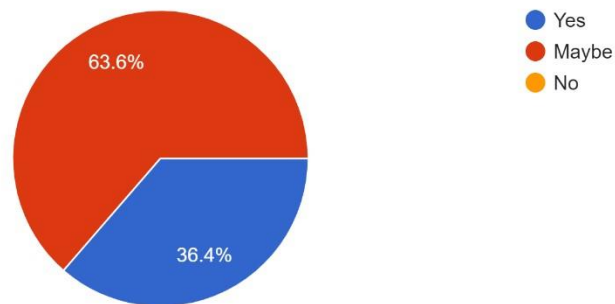
72.7% of participants knew the signs and symptoms of becoming unwell after course completion. And 27.3% said that they would maybe know the signs and symptoms of becoming unwell after course completion. As shown in the pie chart above.



45.5% of participants said they would / maybe would have a plan if feeling unwell after the course. 9.1% said they wouldn't have a plan if they became unwell after the course. As shown in the pie chart above.

Do you know who would support you if you are ill?

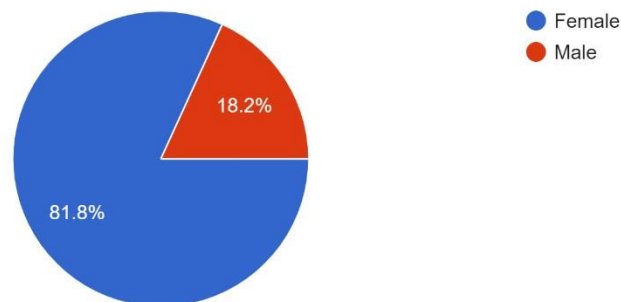
11 responses



63.6% of participants maybe would know where to access support if they were ill after course completion. And 36.4% would know where to access support if they were ill after course completion. As shown in the pie chart above.

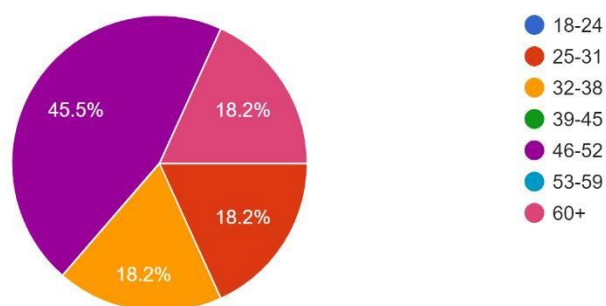
Gender

11 responses



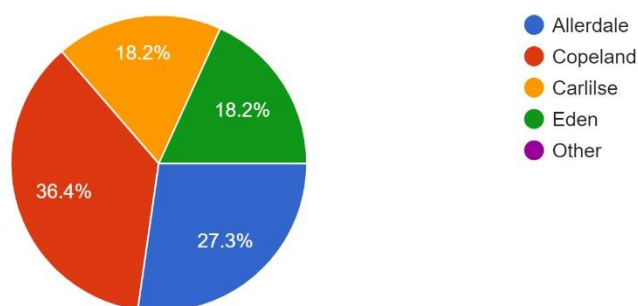
81.8% of course participants were female and 18.2% of course participants were male. As shown in the pie chart above.

Age range
11 responses



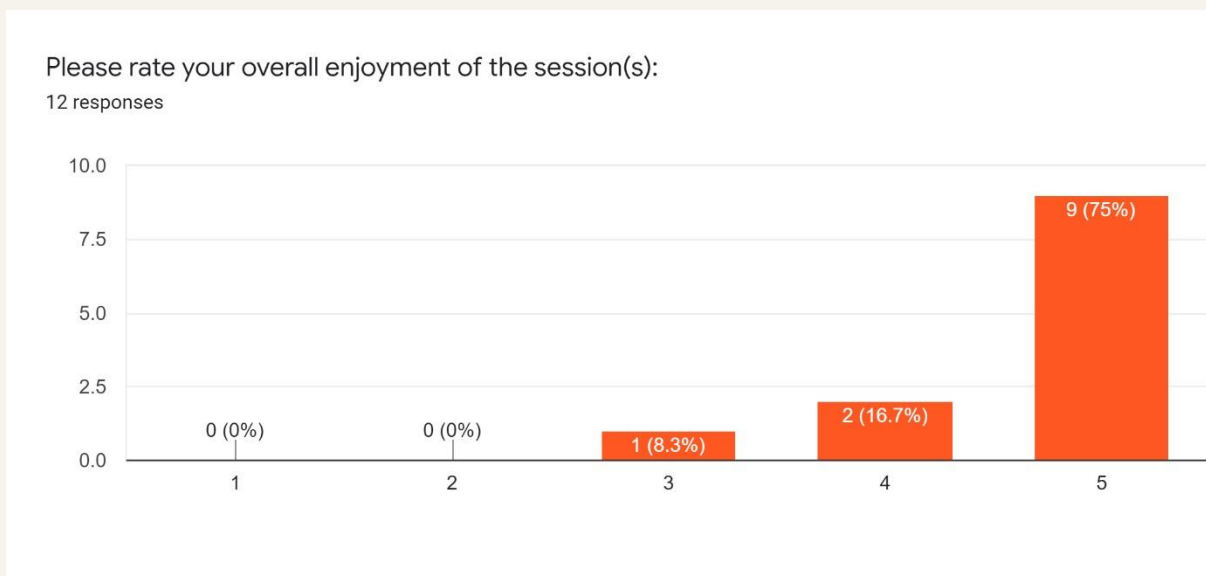
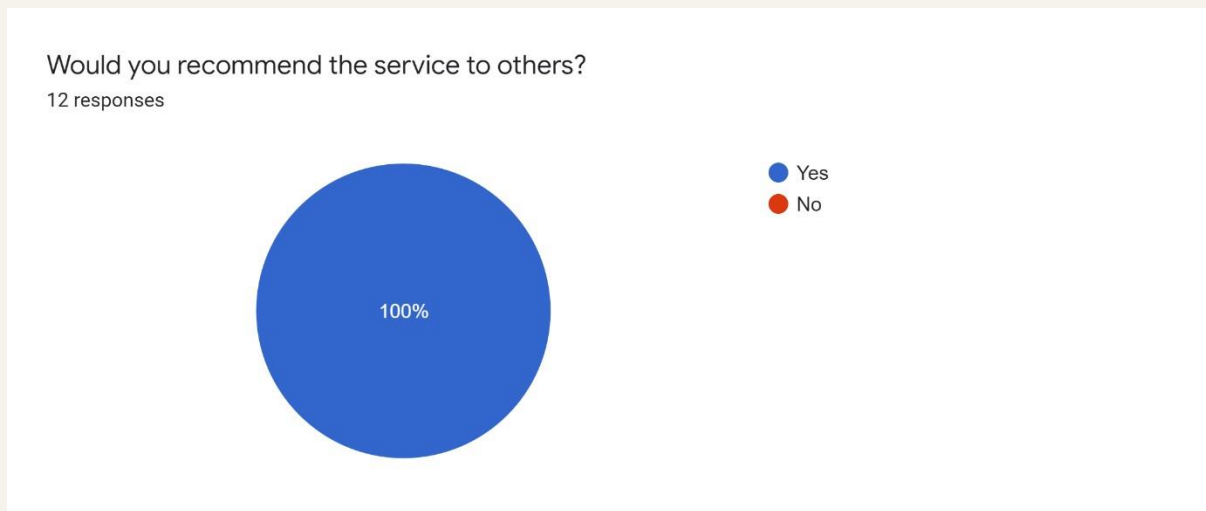
45.5% of participants were aged 46-52, 18.2% of participants were aged 25-31, over 60 and 32-38. As shown in the pie chart above.

Area
11 responses



18.2% of participants attended WRAP in Carlisle and Eden, 27.3% of participants attended WRAP in Allerdale. And 36.4% of participants attended WRAP in Copeland. Meaning most participants attended the WRAP course in Copeland. As shown by the pie chart above.

100% of course participants would recommend our service to others, as shown by the pie chart below:



On a scale of 1 to 5 (1 being terrible 5 being great) 75% of participants would rate their overall enjoyment of Recovery College sessions at a 5. 8.3% would rate their overall enjoyment of Recovery College sessions at a 3. And 16.7% would rate their overall enjoyment of Recovery College sessions at a 4. As shown by the bar graph above.

We also asked participants to let us know if there was anything they liked about the courses and this is what they said:

‘Enjoyed it all’.

‘Good experience gained’.

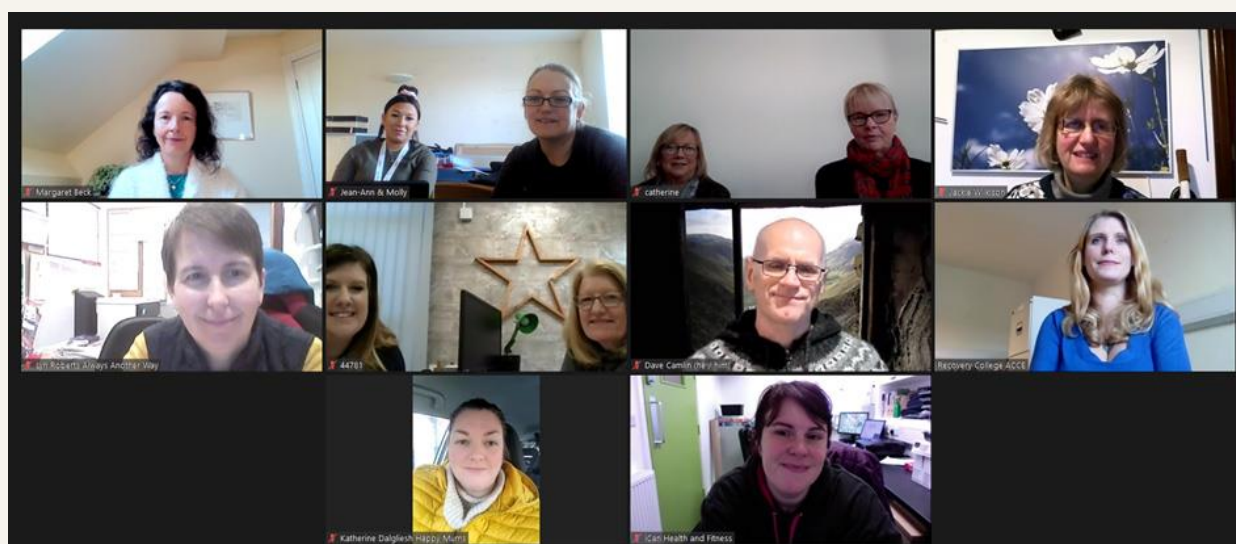
‘The way the course was given’

‘knowledge’

‘Really enjoyed asking questions about people’s drawings’.

‘Good communication with Tutors’.

External Partners:



Currently our partners include:

I can | Happy Mums | Always another Way | Blue Jam | Every Life Matters | Newton Rigg (originally working with susan's farm) | Glenmore | Offload | Recovery Choir- Dave Camlin | Margaret Beck- irest | Tish Fisher | Cumbria Adult Learning County Council | Jackie Wallace | Mo Colohan | Mental Health North West

There are intended future partnerships with Mencap, CADAS, Skills for you and Outreach Cumbria.

Providers were given expression of interests to complete and brought to the college's steering group to decide which courses would be delivered.

Providers either delivered in house or at their own location. Feedback from each course delivery was varied (I.e. having been in words, pictures etc) and some provisions are still awaiting feedback (September reporting).

Feedback

ICan Writing for Wellbeing and Art for bereavement: (there are still sessions to be delivered)

I attended some of the art for bereavement sessions and they were fantastic. The course leader was amazing and facilitated a really transformative space. I made this which relates to a baby we lost in 2015. The star is very special imagery for me to do with that loss.



Happy Mums:

Still awaiting final sessions

Always another way- Laughing Yoga:

Still awaiting final sessions

Blue Jam:

Drumming name game – anxiety provoking.

Provide name labels.

A good balance between music making and other activities.

Liked having the letters (CHIME) each week.

Have a handout about CHIME.

Put an email report after each session.

'Arriving' in the room is really good. Use some background music?

D reflects on how the Rhythms of Recovery sessions have impacted on his life at home:

Absolutely! I think that's one of the best things about music is the fact that it can have that impact on you, as well as the lessons, the themes of the lessons that we've done, kind of coincided with the music. I think it's been one of the best, positive experiences that you can generally have, and it's stuff like that that doesn't make it feel like it's hard or like as it does at school or anything like that. It made you feel dead connected to the room, and leaves you feeling really positive as well. So I've really enjoyed that.

E:

I think we've seen a difference in the way everybody's been willing to participate as the weeks have gone on as well, kind of more confident with what we're doing. And more confident being in the room.

C:

When you hear a tune, it makes you think about it more. Because we've discussed lots of different things.

C wrote some feedback down:

I would highly recommend this course: the content is interesting and thoughtprovoking. Playing instruments and singing together as a group makes me feel good and is fun to do! Geoff is friendly and his calm manner makes you feel at ease straight away. I look forward to attending each week and always leave feeling uplifted and looking forward to the next session.

C would tell others who were thinking about coming to the course:

Some people might think, oh, it's music, I can't play an instrument, I can't sing, but you don't have to be able to!

There's no wrong thing that you can do – you don't have to do anything if you're not comfortable. You can just sit and listen if

you want. You can't do anything wrong! You don't feel under pressure to do anything.

You make it so comfortable in the group.

There's no pressure on anyone.

D:

When I'm at home and I've got a few days to wait before coming (to the group), I have a look back and think and it just makes me think of you guys and how much I want to be here and to come to the next lesson. I get so excited, and so happy about it.

The songs we've been listening to have all been great; the ones we've done ourselves have been fantastic as well. When I've gone home I've put them on Spotify or gone looking for them on YouTube, just to make me smile really, and I always think anything that's got the power to do that, so when you're at home and you can't stop thinking about thinking about what we've learnt, or things we've done during the week, in this type of setting, how great that is. I always look forward to coming back again.

Every time I've left, I've always felt so positive. Even whether I've had a good morning before coming here, or I haven't, any time I've left I've always felt uplifted, and it's the energy of the room, how lovely everybody is, including Geoff! When I've

gone home, I've just had such a great time, and that's the best thing, days like that.

Feedback - Penrith

P has engaged with mental health services previously and felt let down: I had quite an established relationship to music – what I really feel is that it has enabled me to think about recovery, which is a central part. And every part of what I've attended has made me – I want to take on board, seriously, what recovery means. We're not generally given permission to think about our recovery seriously. I feel very cynical and very scared about engaging with anything where I'm going to have more of the same – because I'd rather waste my time in the pub than waste my time on recovery that isn't actually interested in me. That's the central part of this – it's helped me look at what recovery means, and I don't want to be part of something that's not good enough, or going to deliver. And I feel that I'm beginning to contemplate that there is something in the Recovery College which is worth engaging with.

D had never played the piano until coming to the RC sessions: I have enjoyed it all, and I think it's helped me to step out of my comfort zone as well a little bit. Doing things that I've never done before. You know, just working with the group as well, it's really good.

J:

You sort of layered it –you did a gentle introduction with the talking instruments at the start –things that you repeat, things that you add, so it's not doing the same thing every week, it's a different focus, it's different instruments, exploring them further, as you say, taking them out of their comfort zone.

S came to the final session:

It felt like quite a safe space; before I came I didn't know what to expect, but it was very relaxing, and educational. It felt like a group that tuned in to each other.

P talking about the individual sessions within the course:

About the individual courses, or framework that there is, each is like under an umbrella like of that whole thing about recovery, and each one can feel like a stepping stone to feel safe to do that work. So, it's finding the balance between whether or not there's the individual course or what it actually has behind it, if that makes sense. And I suppose people with have a different relationship with that, the outcomes may be different. It's given me a little more confidence and courage again, being in a safe space as well, and meeting people who are professionals – there's no them and us, because you're here!

"I think it's been one of the best, positive experiences that you can generally have"

"I would highly recommend this course... I look forward to attending each week and always leave feeling uplifted and looking forward to the next session."

"It's helped me look at what recovery means, and (made me realise that) I don't want to be part of something that's not good enough, or going to deliver. And I feel that I'm beginning to contemplate that there is something in the Recovery College which is worth engaging with."

Every Life Matters- Improved mental health and hope- 80% improvement on Likert Scales.

Feedback comments include: really good sessions, needed more time, the course gave me time to discuss the thing I needed.

Newton Rigg:

_In process

Glenmore:

Started with Dungeons and Dragons online course, which has developed a stand alone group in Carlisle Library with plans to extend into West.

Offload:

Awaiting Feedback

Recovery Choir- Dave Camlin:

Awaiting Feedback

Margaret Beck- irest

Tish Fisher

Cumbria Adult Learning County Council

Jackie Wallace

Mo Colohan: All awaiting final feedback

Mental Health North West:

trained 3 people in walk leading training- 1 volunteer from Glenmore, 1 Volunteer from Together We CIC and 1 staff member from Together We CIC

Case Studies:

My Journey to Recovery :

I was diagnosed with depression in about 2008 although I had probably suffered with mental illness since 2005, or maybe even before then. I was working as a deputy Playgroup leader as well as a Teaching Assistant at the same school, but the pressure became too much and I had to leave the Playgroup.

I hid my depression well. All anyone could see was this happy, hard working member of what was a great team, but inside I felt nauseous, anxious, I continually shook, I couldn't concentrate and was very, very low and in such a dark place. I would often self harm to relieve the pressure I felt constantly holding me down. I felt as if I were drowning with no way to get back up. My psychiatrist had changed my medication for the third or fourth time and I began to feel a little more like my

normal self. At this point I was being seen by the psychiatrist every couple of months.

In the summer of 2018 I could feel myself getting lower and lower, not knowing what the trigger was, just that life was getting so much more difficult again. I had gone back to work at the start of the Autumn term, but had a meltdown after only three days. I went home in tears and never went back.

My visits with the psychiatrist were now every three to four weeks, my medication was changed yet again, and I was fighting to get my pension due to ill health grounds. My self harming had got much worse now and I was defacing myself using a stanley knife, having to be treated at the hospital on numerous occasions. After more changes in medication I was diagnosed with resistant depression, now knowing that most likely I would be on medication for the rest of my life.

In 2020 we got the opportunity to move to Cumbria, and my journey into, and out of deep depression began again. It took almost a year before I had an assessment, then another six months before anything was suggested for me to do. I was very lucky that the group I had been attending where I lived previously had allowed me to continue on zoom meetings due to the Covid epidemic until something had been sorted out for me here in Cumbria.

I was initially offered one to one sessions with a member of Together We Talk, which started my journey with the Together We group. I started initially coming to one of the courses at the Recovery college, being extremely anxious, and being at beyond 10 of the "Fizz" as I now know it !

From joining in with that first course I added another and another and still more. As well as meeting people again I was learning how to understand how I was feeling and possible reasons why, as well as methods and resources on how to help myself. I had started to participate in the sessions and amazingly began to allow myself to be supported as well as supporting others ! This was something I had not done in a very, very, long time and you know, it made me feel great !

I have now attended Emotional Resilience, Assertiveness, Decider Skills, and W.R.A.P at least 3 times each, as every time I attend I get more and more from the sessions. I have also joined the Women's group although there are very few participants at the moment.

Through attending these courses I have grown in myself, I still have a ways to go but now there is light at the end of the tunnel. These courses have definitely helped me progress through my illness because now I know that is what it is. My confidence and self esteem are higher than they have been in such a long time, again I have a way to go, but I'm getting there one day at a time.

The Recovery College has had such a huge impact on my life, I have changed in oh so many ways. I look forward to every day that is a College day, not only for the courses but to meet up with other people who are going through similar things to me, who understand how I'm feeling and I can understand how they are as well. It also helps to know that some of the staff members have suffered as well so they are in tune with what they're teaching and how people are feeling because they have been in that place too, or somewhere similar. I feel that now I can bring something to the groups so I have signed up to become a volunteer, already digging into the induction courses I need to complete.

Being part of the Together We group has made me realize that this is something I would like to do in the future if the opportunity arose. I have at last found something I can feel passionate about again, all thanks to the Together We Recovery group.

Although my mental health journey still continues I know that I can now give something back to the group that gave so much to me.

C

From the age of 7 I have suffered with anxiety and depression due to multiple family bereavements and ACE's. I have had intervention/support from my GP, Howgill Family Center, CAMHS, CADAS, College Counsellors, CMHT, Always

Another Way, Integral Eye Movement Therapy, Richmond Fellowship, Together We Talk, The North Cumbria Recovery College, WOW, The Samaritans and The Happy Mums Foundation.

The reason I have had intervention from a wide range of services is because I have a history of disordered eating which led to me binge or starve for extended periods of the time causing extreme weight gain / loss. Drug & Alcohol abuse, risk taking and self-harm behavior, traumatic experiences suicide ideation and multiple suicide attempts.

In 2021 my diagnosis changed officially to EUPD, OCD, anxiety and depression with ADHD tendencies due to seeking help from my mental health nurse at my GP which has allowed me to receive medication to manage my symptoms. Receiving this diagnosis has allowed me to identify my signs, symptoms, triggers and coping strategies. I never could of done without my family, mental health nurse, Together We Talk and The Recovery College. I am so proud to work for an organisation like this! As it doesn't only employ professionals but those like me with lived experience.

Currently I am stable and happy after a period of instability last year, I'm expecting my 1st child with my wonderful partner in August. And can honestly say for the 1st time I am optimistic and excited for my future with my new little family. Looking back I didn't think I would make it to 18 never mind 22.

C works for Together We North Cumbria Recovery College

P:

52 year old male diagnosed with EUPD and Bi Polar engaged in Recovery College courses including deciders, assertiveness and Every Life Matters. Developing into Volunteer from participant- I don't know where I would be at without the Recovery College.

PS 1:

I'm a Peer Supporter at the Carlton Clinic. I have had my own journey and

I'm still

on that journey.

I have taken part in Recovery College Courses for myself and this has helped me to be more assertive and this has also helped my physical health, I feel now that I am

more able to deal with any issues/conflict in an assertive way rather than holding everything in and then dealing with the issue/conflict in an aggressive way. I am also more able to recognise my feelings and emotions and to then deal with them in a more positive way.

I am currently supporting the Recovery College in Penrith as this is part of my role as

Peer Support.

Peer 2:

My journey is to get better and understand more about my illness, and better myself by doing the courses to help me learn techniques to use when not feeling in a good place.

The Recovery College courses have helped me learn more information on how to be a better person and deal with life using the various things learnt in each course.

No I'm not volunteering at the minute but would like to. It has been discussed.

Impact on my life from Recovery College has got me out of the house and to learn new things.

Peer 3:

My son is a peer supporter and told me about the Recovery College. He said

I think it may help you mam.....to be honest it has been a life line these past few months.

The support I have received has been invaluable, to be around kind, like minded people has helped so much at this point in my life. Jean-Ann, Emily and Shelley

have been so supportive not forgetting peer supporters Johnny and Sarah. I am so appreciative of all the support you have given me.

I truly believe in what the Recovery College stands for.....so much so that I am now in the process of becoming a volunteer, being able to express yourself to people who understand and do not judge means so much to me.

I think all anyone wants really is to be heard and understood and I just want to give back to the Recovery College what it has given to me.

Feedback from External Referrers/ organisations:

Feedback is sought from our partners and referring organisations, below are some examples:

Crisis Team: I have found the Recovery College to be a vital resource for our service users, there is no other service or charity available that offers free, educational, peer led, life changing sessions. Many of our service users find having this available offers them security upon discharge, knowing they have a resource to utilise to continue on their journey to better mental health

Social Prescribers: please keep doing what you are doing

Partners: Need more participants, communication has been great, there are a vast array of courses.

Recovery College. Feedback from Peers, June 2022

On a whole I have really enjoyed the Recovery College. Although there are a few people who have joined the classes, I have enjoyed meeting them all and talking with them and making them feel welcome and at ease. The courses have benefited myself -Assertiveness, Emotional resilience. I have gained a lot from them for myself. I have helped to co facilitate them as well which again has helped me to develop in confidence as I would never have thought about getting up in front of people with a tiger mask on!!! 😊. On a whole I think it is

good place for people to come and join in. Courses should maybe called something else again to make it less formal.

The staff are brilliant!!!

I have found the recovery college to be a great support for those who use it. Particularly the regulars who have developed a social group of support; last week there was a group hug at the end of the day which reflected the close bonds people have made through the recovery college in Carlisle. I find the actual courses, although simple, work well to engage and enable service users to talk about their mental health which is what they are saying they need.

The problem is it is in the wrong place for Carlisle (should be in city centre) and there is not enough service users which I think is due partly to the lack of a specific marketing manager within TogetherWe.

As for out west I think we need to think out of the box – the northeast template will not work in rural Cumbria. What about a double decker bus that could travel round Cumbria rather than using buildings. This way we could access rural villages for drop-in sessions or pick people up and take them to somewhere scenic to do courses combined with short walks in the countryside which would be much more effective than being inside; we have this great asset why not use it.

I have not been able to devote as much time to attending sessions as I would've liked to over the past year. The ones I have attended have all been in Carlisle and although numbers of attendees have been small, the feedback from those coming to the sessions has been really positive. One of the

features that has gone down well has been the rolling programme of courses. I know a few folk who have done some of the courses a couple of times and they've got something new and of value each time from the different courses and mix of attendees.

I've had a few chats with Janine re the current venue for the Carlisle sessions

(The Lookout). We've discussed sourcing a more central location – Cornerstone Café in Denton Holme has worked well for some recent sessions. We've also introduced an informal, weekly drop-in session at both The Lookout and Cornerstone Café to try and entice people in to registering for the courses. Early days to see if this idea will work, but worth a try.

I have done some shadowing and I found the variety of courses really good and also some of what they were doing felt quite innovative, like the Rhythms of Recovery.

Conclusions and Future development points:

The College has collated and collected a vast array of data over the last year. This is presented above and represents on the whole positive outputs and outcomes. It is difficult to capture the experiences of individuals in a college and there is further data in forms of videos, poems and pictures.

Future Development points:

- To standardise the evaluation of courses and learning outcomes
- To capture stories, case studies and narrative more effectively through standardising feedback.
- Engage in recollect project- National Institute for Health and Care
- To use student data system

Prepared by JWard 22.06.2022

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