



Healthwatch Lambeth
Enter and View
Mosaic Clubhouse Visit Report

March 2016

About Healthwatch Lambeth



**Healthwatch
Lambeth is the
independent health
and social care
champion for local
people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

About Enter and View Visits

Our Enter and View programme involves visiting publicly funded health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

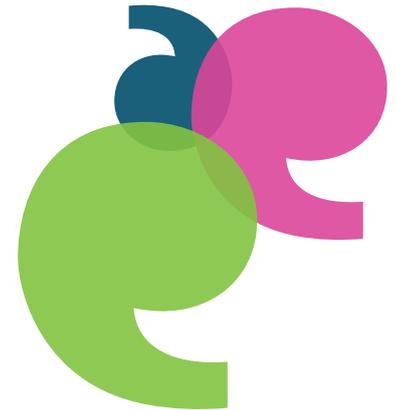
Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained and police checked volunteers.



Visit overview

Service	Mosaic Clubhouse, 65 Effra Road Brixton London SW2 1BZ Mosaic Clubhouse is part of a worldwide network of clubhouses that provide support and opportunities to people living with a mental health condition. Through work and targeted support within a community setting, the clubhouse model aims to support its members to achieve their recovery goals. Eligibility for membership requires a diagnosis of a mental illness, which once conferred, is valid for life. See the 'About Mosaic Clubhouse' section below for further details on the services provided.
Date of visit	Wednesday 02 March 2016 12-2pm
Enter and View Team	David Pinder (lead), Janaki Kuhanendran, Yvette Johnson (authorised representatives); Senyo Agbanyo, John Fraser and Mike Rogers (trainees)
Service liaison link	Maresa Ness (Chief Executive) and Lena Malkin (Business Outcomes Coordinator)





Purpose of visit

Mental health is a priority area of work for Healthwatch Lambeth. From our recent research looking at what community members in Vassall Ward knew about where to find information and advice regarding mental health support, we found that the knowledge of community-based services among local people was poor. Following this, we were keen to speak to people who have mental health needs to learn how they find information about where they can seek help and support, and what their experiences of receiving this support has been.

As a provider of community-based mental health support services, as well as being the borough-wide information hub for mental health services, we chose to apply our Enter and View methodology at Mosaic Clubhouse to talk to service-users and staff.

The aims of the Enter and View visit were to:

- listen to how mental health service-users perceive the quality of the support they receive at Mosaic Clubhouse and, if and how it enables them to manage and maintain their wellbeing, and
- understand how service-users find information and learn about where they can seek help and support elsewhere that appropriately meets their needs.

About Mosaic Clubhouse

Mosaic Clubhouse describes itself as an ‘opportunity centre’ for individuals recovering from mental ill-health. The Clubhouse assists its members towards their recovery by providing routes back into paid employment, skills-building and educational classes leading to recognised qualifications and the chance to increase social networks. Individuals who use the Clubhouse volunteer to work in partnership with the staff team to manage the day-to-day running of the Clubhouse; it is intentionally understaffed so that members’ contributions are as important as the staff.

There are three areas of engagement focus or unit hubs:

- **Business and Administration:** Activities include producing reports, meeting minutes, contract monitoring, data analysis, paying invoices, running the reception desk.
- **Education, Information and Employment:** This includes managing the information hub and running a Transitional Employment Programme (TEP).
- **Hospitality and Horticulture:** Work includes cleaning, managing and running an on-site café/kitchen and gardening activities.



Mosaic Clubhouse is commissioned by Lambeth Council to provide a borough-wide information hub for mental health services accessible to all Lambeth residents. A new out of hours/night sanctuary support service targeted at Lambeth residents experiencing mental health crisis is also being piloted by the service on behalf of the Living Well Partnership.

Participants

An observation checklist of the service environment and questionnaires for staff and members were developed by the Healthwatch Lambeth Enter and View team. We asked members about the quality of the service, their views of the staff, how they provided feedback and more broadly about how they kept themselves emotionally well. We asked staff what they thought of the service provided, how they involved members and how they engaged with other relevant local services.

We distributed the questionnaire to members prior to the visit using an online survey tool. An email with a link to the survey was shared with all 69 active members by Clubhouse staff. Paper copies of the staff questionnaire were disseminated with a prepaid envelope for return. We also held an interview with the Chief Executive a week before the visit.

At the time of our visit, there were approximately 22 people signed-in at the

Clubhouse. Our team visited all three unit hubs and spoke to members and staff.

In total we had responses from 14 members (2 online and 12 interviews) and 16 staff (12 paper responses and 4 interviews).

Location

Mosaic Clubhouse moved to newly-refurbished premises in central Brixton at the end of April 2013. The site is situated on a main road joining Brixton and Brixton Hill. Its central location facilitates easy access to nearby amenities in Brixton town centre. The Clubhouse is also well served with three bus routes and overground and underground train stations situated a ten minute walk away.

External environment

The entrance to the Clubhouse is set back from the main road and is wheelchair accessible from the street by a short path leading into the compound, where there is ample parking for staff and members. A controlled security door with an entry phone buzzes you into the building. There is no porch or shelter so if this door is not working properly, inclement weather will find people unprotected.

During our visit, one member mentioned the need for a new entrance door, explaining “it’s hard to open and people find it hard to get in. That can put you off”. During our verbal debrief to the management team, we were

informed that the necessary repairs had been made just the day before our visit.

The external environment is clean and well maintained and includes a fair sized garden at the back of the property for use by members as part of the Hospitality and Horticulture Unit. It is furnished with a patio table, chairs and three benches. At the time of our visit, although the garden area was not in use (most likely due to the temperature), the overall area was clean and looked well maintained.

Internal environment

There is a good sized reception area which is clearly visible on entry and staffed by two members. The comfortable waiting area adjoining the reception had a sofa. Staff were welcoming and friendly and clearly explained to us how to sign in. A TV screen in reception advertised upcoming classes on a loop feed.

A number of noticeboards in various locations along the corridors and in communal areas contained useful information that was clear, easy to understand and well organised. Our visitors saw:

- an organogram with pictures identifying staff members
- information about the ethos of the organisation
- a weekly menu
- results from the 2015 satisfaction survey displayed using simple charts
- information about activities happening next week

- data on the Transitional Employment Placement (TEP) programme, and
- a poster with information about the Enter and View visit was on display in the corridor by the café entrance.

Our impression on entering the building was of a calm, busy yet organised environment. The space felt light and airy with potted plants in each of the rooms and lining corridors. Main corridors, rooms and toilets were wheelchair accessible, bright and well-maintained. Facilities include showers, a sofa, library and a partitioned off area which operates as a night sanctuary. There are no 'staff only' or 'members only' areas.

The rooms are open-plan and are organised into three distinct sections relating to the organisation's core business areas. The café was clean and well organised with plenty of seating space and chairs. During the visit we saw members regularly cleaning tables after diners had finished eating, facilitating customer turnover and keeping the environment clean.

Meeting members

Quality of services and support

Members told us that they engaged in a wide range of activities at Mosaic Clubhouse including:

- English, Maths, French and IT classes
- participating in workshops such as business planning and healthy eating promotion
- making reach-out phone calls¹
- working on the reception desk and in the kitchen/café
- undertaking work related to the various hubs such as basic data manipulation and input, computer printing
- writing for the 'In the Mo' magazine, and
- supporting work in the Info Hub.

Feedback regarding the quality of these services and support was overwhelmingly positive. Members talked repeatedly of how they had built their **self-confidence, self-esteem and independence** through the routine and structure offered through the “office-mode” working model of the Clubhouse. Typical comments included:

“[When I came here] I had spent a lot of time quite reclusive. After I tried the IT I saw that it was a way to get me out of the house and I started to come out of my shell. The whole environment is so good for me that I know I have gained confidence”

“I'm getting confident. Before I was scared of answering the phone. I can now say 'good morning' and follow the guidelines and that makes it easier for me to do it. This place stimulates you. Once I leave here, I go to the market - I couldn't do that before, and then I would go to Sainsbury's. I couldn't do one thing after the other like that before either. I'm able to plan and organise my life”.

Members highlighted the positive impact of **developing new skills** which was enabled by the supportive learning environment at the Clubhouse: *“I started an IT course and found that I needed to improve my English so I started another course in English and Maths. This has really helped me as I knew that I wanted to improve”* and *“English and Maths classes are basic but..... [they've] helped me get back into learning, thinking again, and helped me solve little problems and how to do things”.*

Another benefit discussed by members as being important were the opportunities of **socialising, making friends and building their networks**: *“I like the interactions, it combats*

¹ Members are telephoned to enquire about their wellbeing and remind them of the activities on offer at Mosaic Clubhouse.

isolation” and “there are staff on duty that I can turn to for a chat or my peers”.

Being valued as an equal partner in the running of the organisation was also regularly emphasised. Members spoke about being given an opportunity to *“get on with being useful”, saying that it “gets me doing things; I feel part of it” and “[being part of major funding presentations], I feel like my input makes a difference to the Clubhouse”.*

Staff echoed positive sentiments about the quality of the services, drawing attention to Mosaic’s *“unique approach”*. The ‘side-by-side’ nature of working and culture of treating people as equals together with the wide variety of classes and opportunities for socialising were seen as essential ingredients in building members’ trust, friendship and self-confidence. Staff said *“There is a great energy and drive here. I think our model really works for some people, and others make use of classes or the social side of things” and “I think Mosaic is a brilliant unique service which supports the whole person and not just their mental illness”.*

One staff member commented that *“internally, we can struggle with knowing about everything that’s going on in the Clubhouse. There are lots of classes, and we always get new members and some people just come once a week”*. Being mindful of this, the staff member mentioned that they used unit meetings and ‘reach-out’ calls made by members to continually communicate

available opportunities. We also observed TV screens advertising upcoming classes within the building.

Although Mosaic Clubhouse clearly states that it does not provide therapeutic support or intervention but focuses on the work-based aspects of recovery, staff mentioned the potential need to improve their knowledge on mental health, beyond the provision of mental health first aid training. One staff member explained that *“we don’t work with members in relation to their mental health issues and it is not that easy to separate that from the daily support some members need”* and another suggested that *“it would also help us to get some counselling courses that would help us work with some of our members on other issues outside of their employment concerns”*.

Recommendation 1

Staff should be asked what mental health related skills and training they feel is required to effectively support members in a holistic way. These development needs should be discussed within the context of Mosaic Clubhouse’s business model to identify if and how they would support the objectives of the organisation. At a minimum, management should ensure that staff have the knowledge and skills to signpost members to appropriate services which offer therapeutic support.

Provider response

This is an issue for supervision meetings. The question of training needs is also discussed at

annual appraisals and a list of training needs is compiled in order to draw up a training schedule for the following year. We run a very comprehensive training programme. We work to 36 International recovery standards and endeavour to send all staff and some members on three week colleague training to another Clubhouse training base. New staff sometime take time to familiarise themselves with our model and bring with them familiar practices from previous roles. We are very clear that our role is to work side by side with members as equals, we do not offer counselling or therapy which would skew the power dynamic and completely change the approach that we value. We signpost people via the information hub to other services such as a counselling where requested.

Recovery college courses are held at Mosaic routinely and include topics such as Understanding depression and bipolar. Mosaic staff can access these courses.

When asked, very few people said they would change anything about the service and felt that their needs were well met. One member felt that “*some students should be supported in classes to meet their individual needs*”. In a similar vein, a Healthwatch team member was slightly surprised at the lack of understanding encountered when trying to engage in a basic conversation in French with a member who said they had been taking peer-led lessons.

Recommendation 2

Staff should ensure that those members wanting to share their talents by running classes have the necessary skills and training to be able to cater for the range of abilities within the classroom. We would recommend that there is a process to monitor learning outcomes for students, to ensure that both the peer educator and learner benefit from the activity.

Provider response

Mosaic Clubhouse hosts many courses that aim to upskill members in presentation and teaching skills, recently including Lifelong Learning Sector Training qualifications (PTLLS). Mixed abilities among learners within the classroom are inevitable within entry-level courses that seek to be inclusive; rather than develop areas of expertise held by a very few Clubhouse members who engage in teaching activities, our approach is to foster a wider culture of mutual respect, active listening skills and shared commitments in which members may both seek and provide support. All members, through the EE&I Unit, have access to opportunities to reflect upon educational journeys and make progress, ideally into mainstream education.

On discussing unmet needs with members, we heard requests for more activities related to arts and culture. One member verbalised this saying “*It would be nice to do some creative writing or poetry reading. I like poetry reading but that's not considered. I used to do*

a lot of writing especially when I was unwell and it's nice to read poems and to write out your feelings".

Recommendation 3

While we recognise that Mosaic Clubhouse's core business is focused on work, we feel that staff could look for creative ways and lateral opportunities to link members' interests to a business skill. For instance in the example above, members could be encouraged to develop their events organising skills to plan poetry events outside of the Clubhouse, making use of initiatives such as 'Connect and Do' to find others with similar interests.

Alternatively the organisation could build its knowledge of, and relationships with arts and culture organisations locally to encourage collaboration. We would also encourage the service to reflect on the value of creative writing in enhancing skills of literacy, self-expression and communication, all of which would be assets in any future workplace.

Provider response

We work as part of the Collaborative and signpost people to other parts of the system on a daily basis. We do not see ourselves as a "Total Institution", we encourage people to connect with as many opportunities as possible on their recovery journey. We do have art, readers group, yoga, pilates, keep fit and have had poetry groups before. These are peer led, established by groups of interested members who also visit galleries, museums etc. They take place outside of the work ordered day. Through Mosaic Clubhouse,

members can access business opportunities through peer support networks and through our partner agencies, such as Tree Shepherd and Jobcentre plus.

Staff Interaction

Members were keen to stress that the positive environment cultivated by the staff team, particularly staff attitudes and behavior were key contributing factors to the high quality of services delivered. They described staff as: "Very helpful", "welcoming", "supportive", "friendly", "non-judgmental" and "sensitive to individuals".

"They are lovely staff. They encourage you. They don't make you feel you have a problem.....they don't look at you differently - black, white, pink, yellow - we're all the same" typified the description of staff we repeatedly heard from members.

During the visit, each of our Enter and View team members had the opportunity to observe the interaction between staff and members by attending regular afternoon meetings held in each hub.

We saw a high degree of inclusion and participation in each of the meetings, with nearly all members making some contribution. We saw the noticeable effort made by staff to seek feedback on the day's activities, celebrate success and share information about upcoming events or decisions to be made. Staff invited and encouraged members to volunteer for the tasks to be completed, and

were quick to ensure that support was offered where necessary. Across all three meetings, we found a high level of respect and support shown to all participants.

In one meeting, our visitors were impressed with the use of a quiz which seemed to actively engage the majority of the group. An observation we made was that the quiz questions seemed to be about rather random topics, and wondered if its effectiveness could be increased by having a choice of question topics/themes, and if the topics themselves were more relevant to group members. Mosaic later told us that members chose the questions for the quiz.

We also observed slightly different practice across the unit meetings. Whereas a volunteer to chair the meeting was requested at the start of the meeting in two units, in the other, a staff member led from the beginning and later asked (unsuccessfully) for a volunteer to chair.

In all units, the chair's role was facilitated by the use of a large laminated agenda with standard items to cover. In two meetings this seemed to work well. However in the other, one of our visitors felt that the material was rushed through rather quickly and as a result was difficult to follow for an outsider, although staff and members seemed used to it. Mosaic later added that one unit was awaiting the delivery of a large 'nobo' board.

While members were given the opportunity to chair the meeting, this seemed a little superficial in that they were largely tasked with reading out agenda headings. We observed staff to take the natural lead in directing and summarising the discussions, and noting action points. *One member mentioned that "They [staff] talk a lot. I would like to say something sometimes but don't always have a chance"*.

Recommendation 4

Consideration should be given to ensuring members have a genuine opportunity to lead unit meetings and develop their chairing skills. For example, more on-the-job support and training could be provided to interested individuals. Volunteer chair roles could be assigned before the meeting (possibly in morning meetings), so that the assigned member can lead from the start and have time to prepare (i.e. know what information needs to be shared or decisions to be made).

Provider response

While staff act as 'talent scouts' and are eager to identify the skills and abilities of individual members, we avoid situations in which members are timetabled into particular roles in advance; we believe that members' work in the Clubhouse is their recovery journeys and we use unit work and paid work to this end, rather than as the main focus. All members are given the opportunity to chair meetings, lead unit meetings and make presentations, and are given the level of support which is



appropriate to them; the work of the clubhouse is not intended to be job-specific but instead aims to foster self-esteem and confidence.

In one unit meeting, one of Mosaic's 36 Recovery Standards was read out and discussed with team members. Our visitors felt that the description of the standard was quite wordy; the text of the Standard alone was not enough to fully understand what it meant as members requested further explanation.

Recommendation 5

The organisation could review Mosaic's Recovery Standard using a 'Plain English' lens or produce an accompanying 'easy-read' version to ease comprehension.

Provider response

Part of the process of reading through the Standards routinely is the conversation about "what does this mean". They are international recovery standards and we discuss one of them every week in a morning meeting as well as in unit meetings. It is important to be aware of the Standards as they are written for two reasons.

As an international training base we host a minimum of six Clubhouses a year from all over the world for two week training. Discussion of the Standards is a key part of this training which members participate in. This means we are constantly having these

rich discussions and all need to use the same definition.

We have a re-accreditation visit from a staff member and a member from Clubhouse International faculty every three years. They are assessing us against the 36 Recovery Standards during a three day period. It is therefore important that we are all familiar with the standards as they are written.

We recognise that they are sometime lengthy and a bit USA(!) but this helps the discussion as members explain their understanding to other members.

Our focus is always on communication via discussion to create positive relationships.

Providing feedback and making complaints

On asking members how confident they would be to provide feedback or complain and how they would do this, we heard that the majority felt very able to feedback informally. Members told us that they “*feedback at every level*” and “*most of the time if you’re unhappy about something you can sort it out before you need to think that you need to complain*”.

Those we spoke to said that they would provide feedback verbally through talking directly to a support worker, a member of the senior management team or discuss it in their unit, policy or even Board meetings. Staff similarly cited that feedback was regularly sought through the various meetings held at Mosaic. Both staff and members pointed out that they actively practiced giving feedback during the unit meetings, with one person saying “*Yes, my experience has been good. I can tell people what I enjoy doing and what I don’t*”.

Only one member expressed that they were not fully confident to provide feedback at this moment in time.

Recommendation 6

Mosaic Clubhouse should consider promoting alternative ways to seek suggestions, compliments and complaints. This would ensure that those with less confidence (particularly members at the beginning of

their recovery journey) who may be less willing to feedback verbally and in-person, still have an opportunity to do so. For example, a suggestions box could be placed in a discreet place.

Provider response

We had over 300 referrals during 2015-16. Our average daily attendance was 79 and in total we supported 674 members and had 920 visits to the information hub. We encourage our more experienced and confident members to buddy new members and realise that at first engagement can be daunting until relationships are established. We make all decisions by consensus, at policy meetings every person in the room is invited to express an opinion to inform our decision making. This is part of the process of feeling valued and building confidence. We have now placed a suggestion box at the front of the building.

During our interviews members suggested that they would like:

- more outings
- classes and socials with staff possibly during the day
- for the building to be open at the weekends, and
- for a larger garden area, car park and minibus.

We understand that there may be organisational constraints in meeting any or all of these suggestions.

Two members also suggested that having a smoking shed on-site would be useful for them, commenting *“I know that we’re not allowed to smoke. I know that it’s against Public Health....but it would be nice even if we had a small shed just in the garden just so that we didn’t have to leave to have a smoke. It’s all some people have got!”*

Recommendation 7

The organisation should improve members’ awareness of the rationale behind its no-smoking policy to increase understanding. These messages could be disseminated through regular unit meetings or with a notice near the entrance of the building along with further promotion of on-site smoking cessation support services.

Provider response

A specialist smoking cessation advisor runs her clinic at Mosaic every week for half a day. Many members have successfully given up smoking as a result. Smoking is discussed routinely in policy meetings and we explain that it is illegal to smoke in a council owned property. We have notices displayed at the front of the entrance to the building. Some neighbours made it clear when we moved into 65 Effra Road that they did not want lots of notices by the railings.

The agenda for policy meetings is open to all of us and members frequently put topics on it for discussion. We will discuss this report at a policy meeting and at a board meeting.

Information and signposting

Members indicated that to keep well they exercised, spent time with family, attended college and sought therapeutic support from their GP, therapist or psychiatrist. Only one person said that they had used another community based mental health service available locally.

While we listened to unanimously positive feedback from members about the quality of services received at Mosaic, our visitors gained the impression that some members may be over-reliant on the organisation. Several members told us that they visited the Clubhouse between three to five days a week, though we spoke to people who had been engaging with the service across a range of time periods from just a few days to over ten years. We also heard comments such as *“this is the only place I think of coming. I’d be all alone if I didn’t come here”* and *“I don’t really know about other services. I just come here”*.

There was limited evidence to assess how well Mosaic’s information and signposting service worked for its users. The feedback above suggests a need for the Clubhouse to review their bridging role to other services and build better links with them to ensure members’ recovery goals and self-sufficiency are appropriately supported. Mosaic have since provided us with a list of over 35 partners that they currently work with.

Provider comment on seeming dependence on the organisation:

We have recently completed a theory of change exercise with our trustees, members and staff. This was facilitated by New Philanthropy Capital (NPC) who are leaders in this field. It was a very powerful exercise, taking several months. We now have an impact measurement framework and started recording data (Using validated tools) in January 2016. We have an excellent data base that we have been using for years and as an organisation we are extremely data rich. Our patron and funder Professor Tom Craig (Institute of Psychiatry and South London and Maudsley) has been supporting our attempts to collect data that demonstrates the power of our model. We know anecdotally that membership at Mosaic involves a feeling of belonging. This allows people to take risks and try new things because they know that there is a “support system” that they can walk straight back into at any time. Members tell us that before Mosaic they were frequently in hospital, often via police cells. Peoples recovery journeys differ and we recognise this. There are a small group of people who have reached their potential by finally leaving the house after years of isolation and becoming a member with a true sense of belonging. Most people come and go, many give back a lot more that they ask for. Without the input of some regular members we could not run the sanctuary, information service or indeed the Clubhouse. We are deliberately understaffed so that we can

harness the skills and talents of our members every day to run the service. There are many people here with serious offending histories and complex needs; people with restriction orders that hamper their work prospectus. Rather than re offending or relapsing they volunteer their time at Mosaic to support others on their path of recovery whilst travelling their own path.

Our model was recognised globally as the gold standard for psycho-social rehabilitation when we were awarded the Conrad N Hilton award for the alleviation of suffering to people living with mental health conditions.

Staff engagement with other services

Mosaic staff told us about the good working relationships they had developed through hosting the Living Well Partnership (LWP) and working collaboratively with its member organisations, especially the Living Well Hub from where many referrals arrive. One staff member articulated the value of hosting monthly LWP open mornings as “they’ve taught me what others do, and really helpful that you can talk to the service directly. Bodies in the room explaining what they do sticks much better”. Our visitors also saw well-stocked racks along the entrance corridor and in workspaces with neatly presented leaflets containing information regarding local organisations and activities such as Connect and Do, Solidarity in a Crisis, the Living Well Network Hub, Drugs and Alcohol consortium.



We were also made aware of the in-reach activities² carried out at Lambeth, Maudsley and Royal Bethlem hospitals, and new organisational relationships fostered by Mosaic Clubhouse through the running of the Information Hub.

The need for better relationships and connections with the housing sector was expressed frequently by staff. We were told “*satisfaction with housing and accommodation issues is a big thing*” and “*...members have homelessness issues that we have to help them resolve or pending evictions.*” Staff also suggested that more support could be provided by them to members attending housing tribunal noting that this caused a great deal of stress for members.

Recommendation 8

Mosaic should look to provide more specialist support for those members with housing difficulties either through increasing the information and advice available through the Information Hub or by creating collaborative relationships with specialist external organisations and Lambeth Council’s housing department. If this is not happening already, as a first step these external organisations should be invited to attend the LWP Open Days.

² A peer support programme that encourages in-patients to participate in the activities of the clubhouse and in the community.

Provider response

As part of the living well network we sign post people to specialist support for housing issues. That is our role. We have close relationships with Lambeth Council Housing Department but they are overwhelmed by demand. The monthly Collaborative breakfast meeting discusses housing as an issue frequently; it is recognised by all concerned as having a huge impact on people’s mental health. We direct members to the Information Service at Mosaic who then signpost them on.

Lastly, strengthening the organisation’s interaction with community mental health teams was suggested, although staff acknowledged that “*it was difficult to get hold of care coordinators as they are too busy*”. As Mosaic does not provide therapeutic support, this issue seems an important one to be explored and addressed via its membership of the Lambeth Living Well Collaborative.



Conclusion

In summary, based on our short visit, the Healthwatch Lambeth Enter and View team felt that Mosaic Clubhouse delivers an effective service that is highly valued by its members and staff. We were extremely impressed by the extent to which participation and involvement is internalised into the everyday ways of working at the service. Therefore our observations and recommendations serve as suggestions to support the service from being 'very good' to 'excellent'.

We understand that good collaboration takes time, planning and resources, and it seems that steps have been taken towards this through the setting up of the Living Well Partnership. We feel there is still scope to expand working with other services and organisations to ensure that the holistic needs of service-users are met.

The Healthwatch Lambeth Enter and View visiting team would like to thank the staff of Mosaic Clubhouse for their patience, courtesy and openness during our visit.

For ease of reference the recommendations appearing in the body of the report are repeated below:

Recommendation 1

Staff should be asked what mental health related skills and training they feel is required to effectively support members in a holistic way. These development needs should be discussed within the context of Mosaic Clubhouse's business model to identify if and how they would support the objectives of the organisation. At a minimum, management should ensure that staff have the knowledge and skills to signpost members to appropriate services which offer therapeutic support.

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develop their events organising skills to plan poetry events outside of the Clubhouse, making use of initiatives such as 'Connect and Do' to find others with similar interests. Alternatively the organisation could build its knowledge of, and relationships with arts and culture organisations locally to encourage collaboration. We would also encourage the service to reflect on the value of creative writing in enhancing skills of literacy, self-expression and communication, all of which would be assets in any future workplace.

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Recommendation 7

The organisation should improve members' awareness of the rationale behind its no-smoking policy to increase understanding. These messages could be disseminated through regular unit meetings or with a notice near the entrance of the building along with further promotion of on-site smoking cessation support services.

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