

# CMHT VCSEs: Demonstrate your Impact Report



COMMUNITY  
**MENTAL HEALTH**  
TRANSFORMATION  
EMPOWERING YOU



**Voluntary Action** Coventry



<b>Introduction.....</b>	<b>2</b>
<b>Survey Responses - what does the data tell us?.....</b>	<b>6</b>
<b>What impact are VCSEs making on Mental Health Services?.....</b>	<b>16</b>
<b>Cross-sector working: Why partnerships are important.....</b>	<b>17</b>
<b>Investment into Third-Sector services: what the CMHT VCSE Innovation Fund has achieved so far.....</b>	<b>20</b>
<b>The Financial Contribution of VCSE Employees and Volunteers.....</b>	<b>22</b>

## Introduction

Coventry and Warwickshire Health and Care Partnership secured funding of £11.9 million in 2021 over three years from NHS England/ NHS Improvement for the Community Mental Health Transformation (CMHT) Programme. This investment was made to find new and innovative ways to improve the services and encourage a more holistic, person-centred way of working. One of the key aims is to make better use of all health, social care, and community resources available and to reduce health inequalities which exist in some areas and for some vulnerable groups.

The Voluntary, Community and Social Enterprise (VCSE) sector is a key part of the conversation around transforming mental health services. Working alongside NHS services, VCSE groups and organisations provide unique support for people experiencing mental health challenges. Together they establish a connected community of people with shared experiences, get to know the people that come along each week and develop trusting professional relationships. Having that trust allows for honest conversations with participants about how mental health has affected them and can often highlight areas of services which need improvement.

It is not always possible for wider stakeholders to understand and recognise the unique insight and contribution from VCSEs; therefore we hope within this report to highlight the part they play in transforming the lives of those experiencing mental health problems alongside the vital support delivered by statutory partners such as Coventry and Warwickshire Partnership Trust.

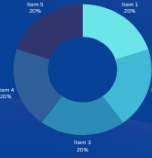
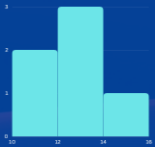
The consensus of discussion at our November VCSE forum was that the VCSE did not feel valued by the statutory sector, and groups wanted to raise awareness of the work that is happening to support people with mental health issues and recognise the financial value of VCSE services.

We launched a survey to the VCSE in March 2023 and received 31 responses. We have included the data generated from the survey alongside an analysis of the VCSE sector. We have also included an estimate of the financial impact of VCSE activities to inform where further support is required. There has been some investment made into community mental health interventions through the CMHT Innovation Fund and Microgrants. Looking at the outcomes of this investment so far will inform the conversation in the mental health system about how we currently use resources and whether this is the optimal way to improve mental health and wellbeing.



# An Overview of the Data:

What patterns can be seen from 31 VCSEs surveyed ?



**1**

**Organisation size :**  
48.4% of VCSEs were defined as small & 67.8% small or micro.

**4**

42% of VCSE referrals come from statutory services with 29% coming from other third-sector organisations.

**2**

**Community Reach: How many people have the VCSEs surveyed reached with their services in the last year? An estimated total of 45,605\* (\*not all unique participants)**

**5**

58.1% are working with people with mild-moderate mental health needs, with an additional 9.7% working with people with severe mental illness and/or experiencing multiple disadvantage.

**3**

51.6% saw a significant increase in the number of people they were supporting, with an additional 32.3% seeing a slight increase.

**6**

An average of 91.8% of the mental health well-being scores improved, for the users during their time on one of the CMHT Innovation Funded Programmes.

Small Organisation = annual income of between £10,000-£100,000. Micro Organisation = annual income with ≤ £10,000.

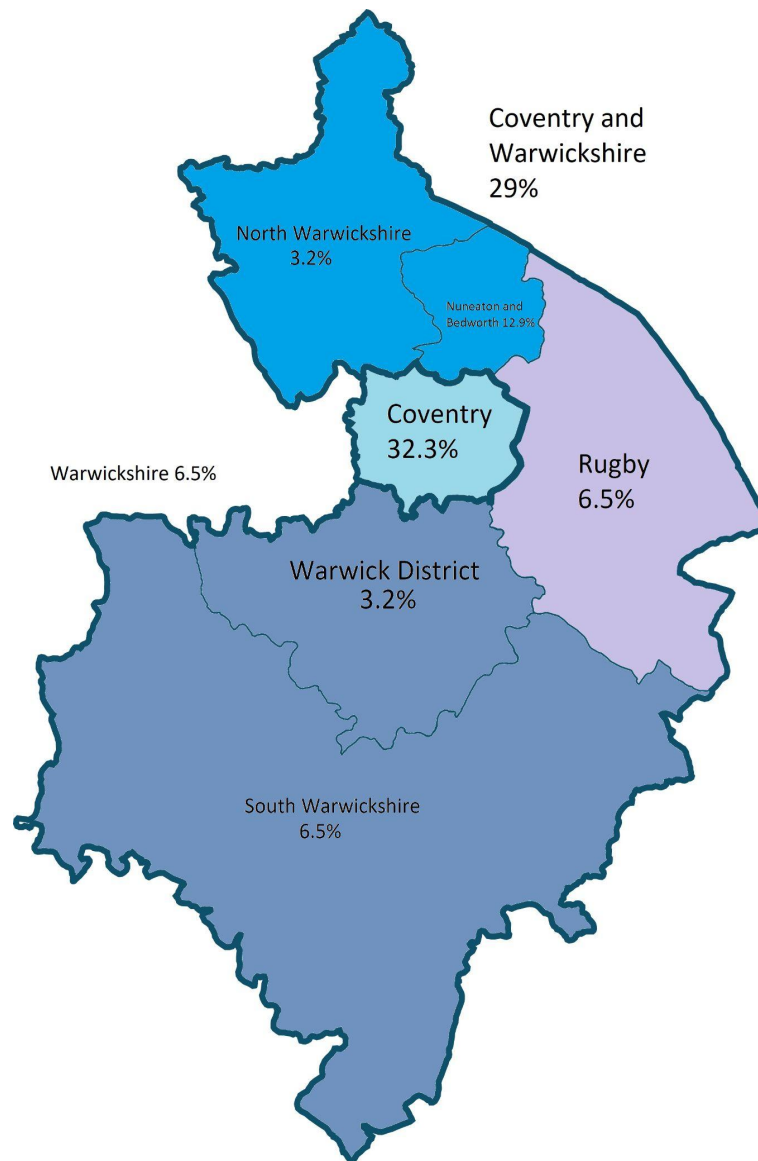
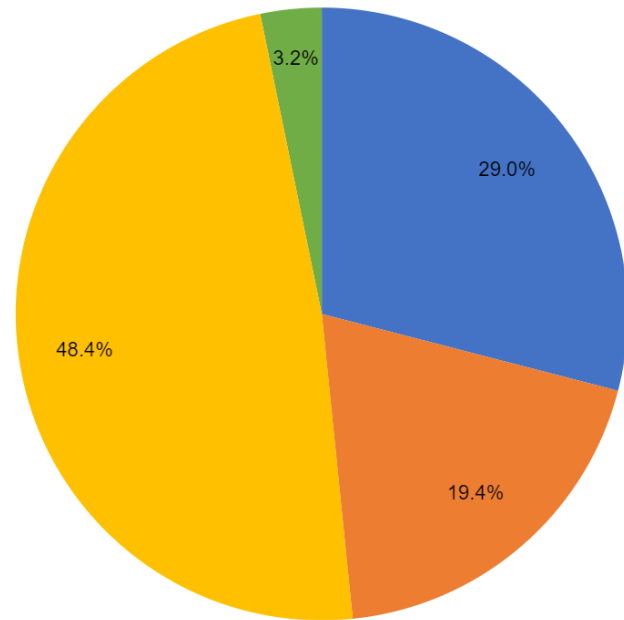


Figure 1: Map showing the areas covered by the 31 respondents

## Survey Responses - what does the data tell us?

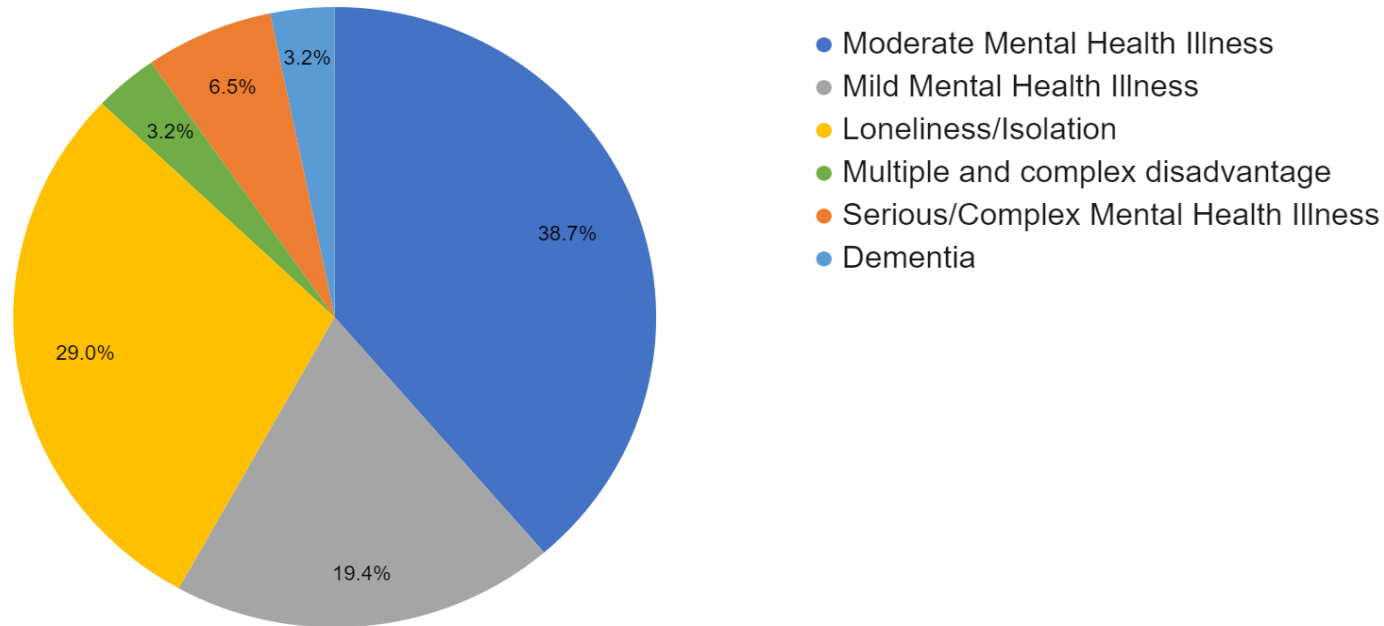
The size of the VCSEs who responded to the survey varied considerably but the majority fell into the classification of 'Small, with an annual income of between £10,000-£100,000' with 48.4%. The second largest category was 'Medium, with an annual income of between £100,000-£100,0000' with 29%. 19.4% regarded themselves as at 'Micro level' with ≤ £10,000 yearly income.

What size of organisation do you consider yourself?



- Medium (with an annual income between £100,000-£1,000,000)
- Micro (with an annual income up to £10,000)
- Small (with an annual income between £10,000-£100,000)
- Large (with an annual income between £1,000,000-£10,000,000)

Which category do the majority of people fall into?



The largest category of people receiving support from VCSE organisations and groups were those experiencing Moderate Mental Health Difficulties (38.7%). The second largest were groups providing support focused on reducing Loneliness and Isolation at (29%) and working with people with Mild Mental Health Difficulties (19.4%). 9.7% of respondents worked with people experiencing Serious/Complex Mental Health Difficulties and/or Multiple Disadvantage. 45.2% of respondents stated that the increasing complexity of people accessing their service was the biggest challenge they faced as an organisation.

As waiting lists for statutory services increase, more people with complex needs are being signposted or reaching out to VCSE organisations. This is putting pressure on organisations as they mostly rely on volunteers, who are not always experienced enough to work with these participants. Not only is the increasing demand likely to increase burn out rates in the sector, there is a need for

additional training to ensure staff and volunteers have the knowledge and confidence to work safely. Smaller groups are often unable to pay for training for their staff and volunteers. From working with the VCSE sector since March 2022, our team has identified key areas which require further training and have organised training sessions with qualified trainers to upskill the VCSE in these areas. These sessions include Safeguarding, Mental Health Awareness and Community Bid Writing. Smaller groups were especially keen to receive bid writing training as they often do not have experienced fundraisers on staff.





Figure 2: The main areas of support offered by VCSE organisations and groups. The larger the word, the more common that type of support is.

It is clear from the data that VCSE services do not limit themselves to one type of support; VCSE organisations and groups can deliver various kinds of support depending on the participants needs.

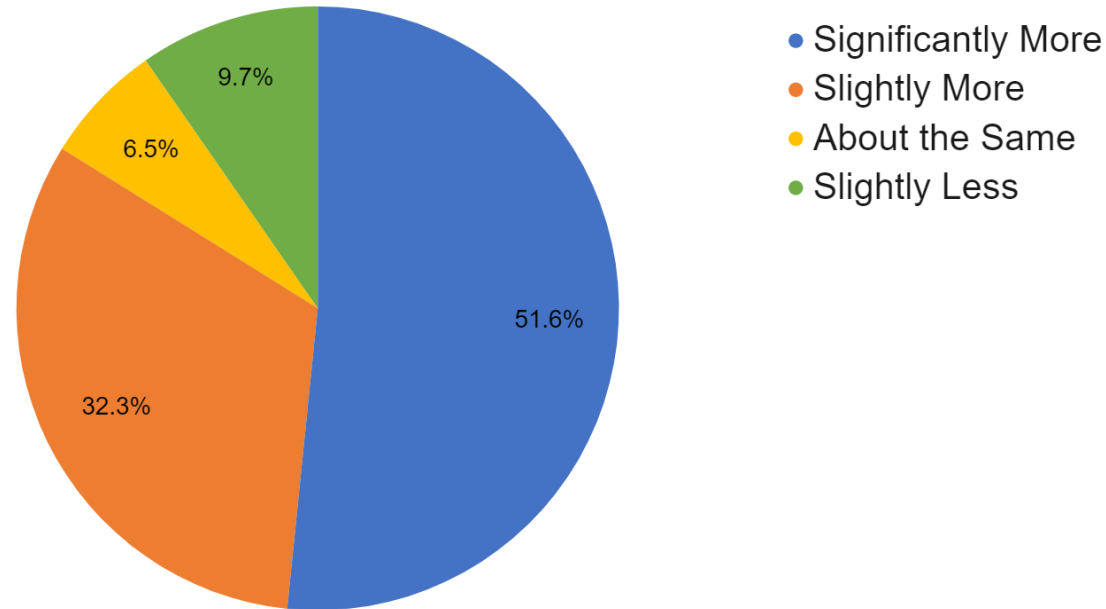


Just a selection of the fantastic CMH activities and events Coventry based VCSE Inini have been undertaking during 2023

41.9% of services worked with participants for over a year. 35.5% of services worked with participants for less than 6 months and 22.6% of services worked with participants between 6-12 months. Speaking to VCSE counselling organisations, we have heard how the increase in people with complex mental health means they require longer-term support; this is then having an impact on waiting lists.

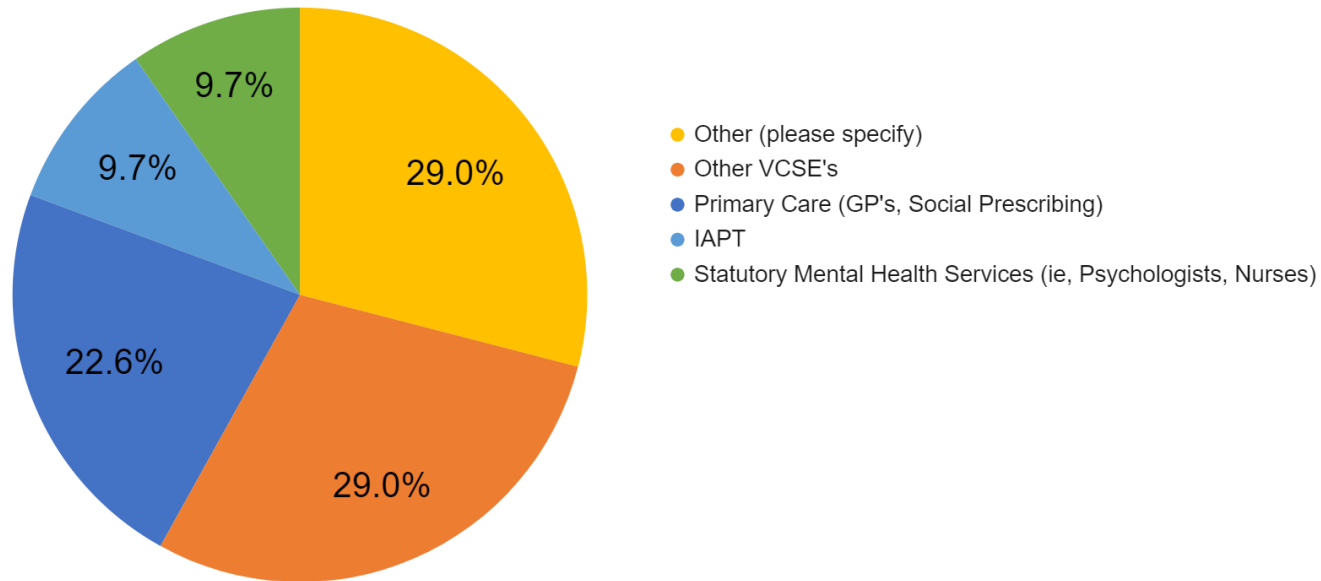
The importance of ongoing and open access support has been highlighted when speaking to participants from a Coventry VCSE peer group. They were frustrated about the focus on short-term engagement. Some had previously been engaged in the Share Programme as recipients and then as volunteer mentors. Share was a stepped programme of group support with a mind and body focus; Share started in the Caludon, continued out to day services, and then a VCSE worker from CW Mind facilitated community based support groups. Funding seemed to be the main reason why Share stopped. Some groups have continued on their own, but the input of clinical and therapeutic knowledge was key to recovery and peer support.

How has the number of people you're supporting changed compared to previous years?



The majority of organisation's (51.6%) reported that they were supporting 'Significantly More' people than last year, with 'Slightly More' being supported by 32.3% of respondents. This means 83.9% have seen increased demand on their services in the last year. However, this increase in demand has not been reflected in the funding provided to the VCSE sector. Established VCSE organisations have reached a point where money received from the European Social Fund (ESF) which helped them to develop and grow has run out. The pot of money available to the VCSE sector now that the UK has left the European Union is considerably smaller and there is a high level of pressure on CEO's and Funding Officers to find replacement funding to sustain services.

Where do referrals into VCSE services come from?



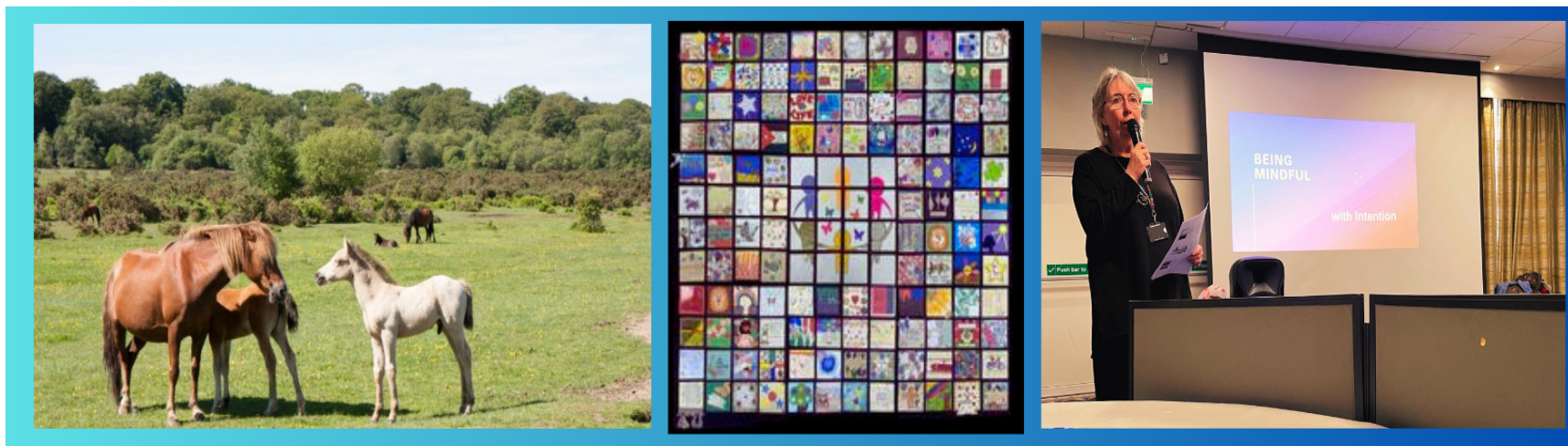
42% of sign-posting and referrals to VCSE services were received from statutory services including Coventry and Warwickshire Partnership Trust, Primary Care and Talking Therapies. Interestingly, sign-posting and referrals from other VCSE services accounted for 29% of those recorded.

Some referee's do not want to over share information; this can lead to issues when an organisation is trying to support a participant with their progression. Organisations also felt that sometimes the person 'was just dumped' with them. It is important that the referral is right for the participant and their progression. A member of staff from a VCSE housing organisation shared how a patient who had been discharged from statutory mental health services did not receive an onward referral to appropriate support; they were left to support themselves and slipped back into old behaviours. The VCSE worker felt that had this person had a handover to appropriate support in the VCSE sector, they would have continued to improve rather than slip back.

Referrals could be a process of written information and discussions between the parties to ensure that the referral is in the best interests of the individual. Referrals need to be '2 way'. The Enablement Workstream Occupational Health Therapists are working closely with VCSE organisations, and organisations are already supporting patients in groups and gaining feedback to find out how they can work successfully together.

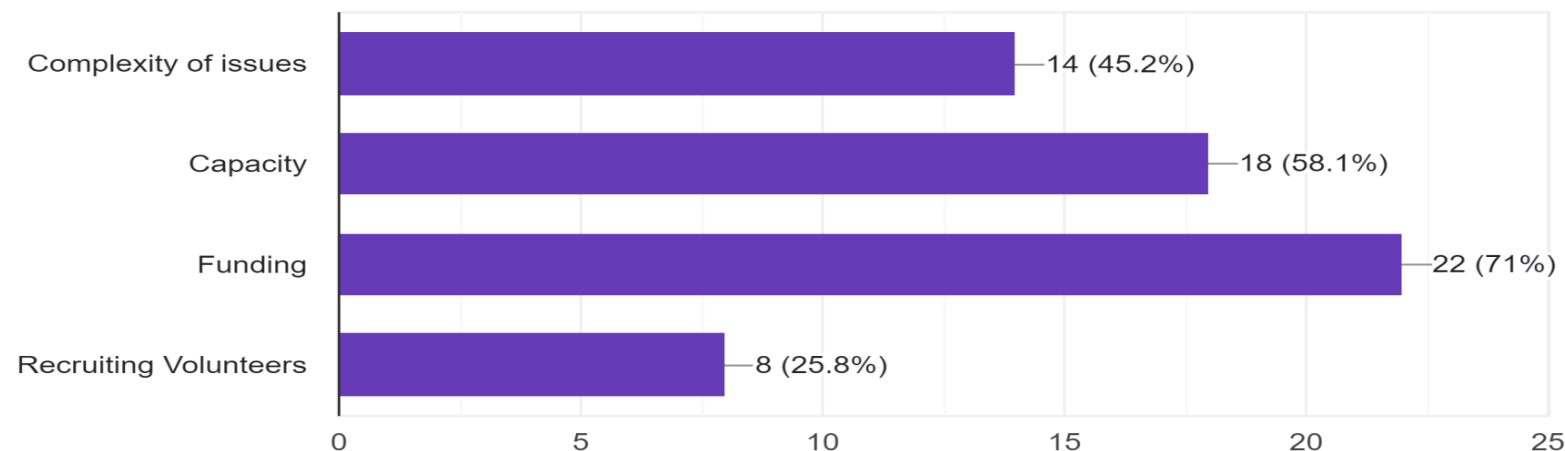
The referrals process and how effectively this works for each VCSEs was a significant point of discussion and varied considerably among the different organisations surveyed. Word of mouth was important, as was social media (particularly Facebook) for organisations that use this, but some felt walk-in options were also key at reducing any barriers. Some relied entirely upon self-referrals or sign-posting from other organisations (be those GPs/Talking Therapies/Schools). A mixture of online and paper forms wasn't uncommon, responding to various needs and preferences of the participants engaging in the services.

Many commented that their referral process needed some refinement but on the whole worked fairly well. One VCSE mentioned that they ask referral agencies to register with them so that they know who to follow up with if clients drop off their radar or move on unexpectedly.



## What is your biggest challenge as an organisation around mental health at the moment?

31 responses



The biggest challenges VCSEs reported in the mental health sector was unsurprisingly funding with 71% stating this as the biggest challenge their organisation faces. Capacity is also a prominent concern (58.1%); this can be linked with previous findings showing 83.9% of services have seen increased demand in a short amount of time. Without funding or additional resources (such as suitable volunteers) to meet demand, waiting lists in the sector have continued to grow, especially for specialist services. Lack of sustainable long term funding is particularly an issue for grassroots organisations; due to the lack of manpower in these small organisations, there is often not enough time to apply for funding regularly.

We make ourselves available to smaller VCSE organisations to provide support when and where it is needed. We engage with a variety of people and organisations within the system; when we are made aware of funding which is suitable for groups we are working with, we share it with these groups and provide support with applications if required. One of the groups recently shared that without the support of their Mental Health Liaison Officer, they might not have gotten as far in an application process. Due to a lack

of capacity, smaller VCSE groups might not see funding opportunities; the staff and/or volunteers tend to focus on delivery rather than identifying funding opportunities. Our team bridges that gap and directs groups to appropriate funding opportunities which fit their aims and areas of expertise.

VCSE's report that short term funding can add to short term projects becoming the focus of their work, which means that organisations and the people they support have a stop-start relationship with each other. This then adds to the revolving door aspect for people using the services, the service, and the referrers. Funding pots are often so target driven that VCSE groups who run sessions for the benefit of the whole community find it difficult to meet the specific criteria funders insist on.

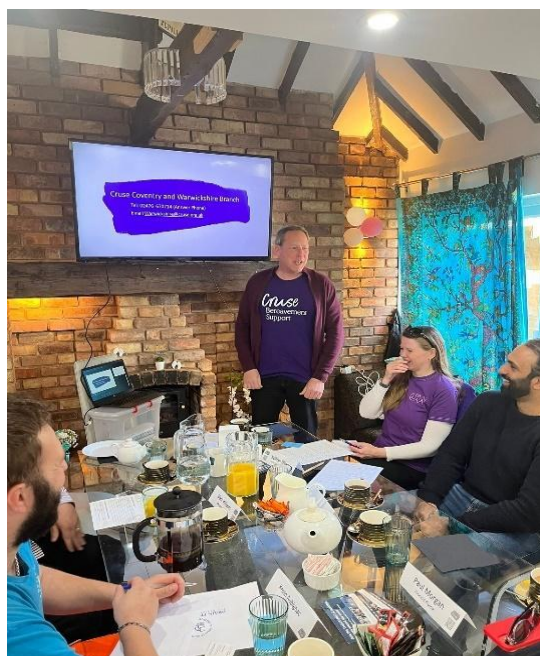
Most organisations rely on a limited number of paid staff and volunteers. It is becoming increasingly hard to keep volunteers as the Cost-of-Living crisis deepens there is a need to find paid work. Counselling organisations are finding volunteers that have completed their placement and qualification are leaving to find paid employment.

Our team's focus is to support VCSE volunteers and staff to increase their skill set and help them become more financially sustainable. Many of these VCSEs are still in recovery mode from the recent Covid pandemic which makes maintaining their financial stability even more of a priority. Especially on a micro-organisation level, we have found VCSEs financial circumstances changing rapidly, with them being hit the worst by the cost of living crisis. Although often significant planning has taken place within these organisations, their dependency on other organisations and that help for example unexpectedly falling through, often leaves them exposed to over-committing themselves and unable to fully deliver on their services.

## What impact are VCSEs making on Mental Health Services?

The survey also recorded qualitative results on how the VCSEs were making an impact on mental health. A central theme that emerged through this was an offering of a welcoming space where friendship could flourish, social isolation could be tackled and families could be supported. The well-being of parents was mentioned as hugely significant; organisations were seeing the fallout from the parents' mental distress having a huge impact on their children and family circumstances. Counselling or therapy was a

key part of services offered and Parent Mentors were available for parents to talk through emotional and practical parenting problems with a consistent person.



Physical health is often inadvertently side-lined when talking about mental health. Warm Hubs had been set up by some of the VCSEs which provide the health benefit of being in a warm environment, being provided with nourishing food and drink and engaging in social interaction. Another VCSE provides a full programme of physical activities to promote healthy ageing and is developing a partnership with Warwickshire Wildlife Trust to deliver Well-being Walks.

Some cultures have a stigma attached to accessing mental health support and one VCSE tailors their services to people from African and Caribbean backgrounds to hopefully have a better understanding of the barriers involved and improve take up. A similar situation is sometimes seen for the LGBT+ community where many services might not be perceived as fully inclusive or understanding of their sexuality or identity. One VCSE developed a service specifically for the LGBT+ community and this has been successful, with some feedback received that “they wouldn’t receive support anywhere else...and [users saying] it’s life saving and life affirming and something people need more of ”.

Social activities and their importance also shouldn’t be forgotten with classes being run on everything from cooking, yoga, dancing, drumming, animal therapy and arts and crafts. Engaging clients in something that they enjoy helps reduce their anxiety and social isolation whilst enhancing their ability to communicate with others. Some of the organisations run low cost day trips for families struggling financially who need a change of scenery. It is important to mention that services provided by the VCSE come at either no or low cost to the participant. The Cost-of-Living crisis is taking a toll on financial reserves of VCSEs who are struggling to cover core costs such as utilities. This in turn has a knock on effect for participants as VCSEs struggle to continue offering free or affordable services. This again highlights the need for long-term funding, ensuring sustainability of services provided for people experiencing mental health challenges.



Many of the VCSEs provide support to people who are on wait lists for statutory services. An average 18 month wait was often cited for counselling and talking therapies from NHS Psychological teams. VCSEs provide an interim measure of support and can enable clients to return to work sooner where they have been on long-term sick leave, returning to paid work having been on benefits, a reduction in medication where appropriate and rebuilding their self-esteem and confidence to start volunteering.

However, accessing support from the VCSE can sometimes lead to patients being removed from NHS waiting lists. The VCSE is not a replacement for specialist mental health services and the support accessed while waiting should not be a barrier to receiving clinical support.

Some participants reported having more success with the VCSE counselling services compared to previous experiences with CBT and Talking Therapies (previously IAPT), as the less clinical approach made the practitioners more relatable.

## Cross-sector working: Why partnerships are important

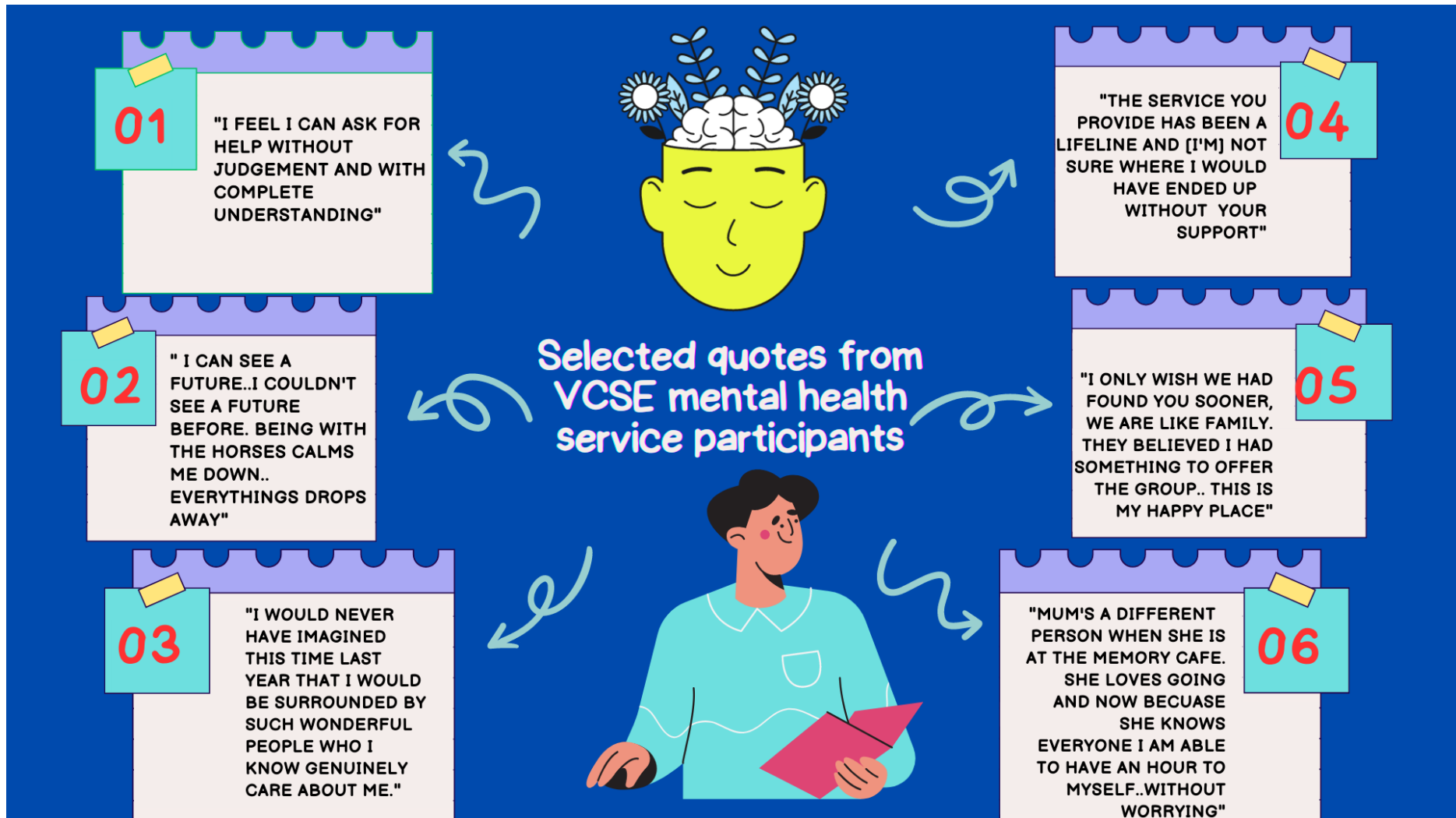
The response to the question about examples of successful working relationships with the NHS met with a predictably mixed response. Some reported receiving suitable referrals from Talking Therapies (IAPT), Crisis Team, GP's, Occupational Therapists and Health Visitors and Community Teams. Many referenced running programmes that align and compliment each other for example working in collaboration with Coventry and Warwickshire Partnership Trust on their Early Help contract and Suicide Prevention Protect, contributing to the Perinatal Parent and Infant Emotional Wellbeing Pathway: 1001 wellbeing days (Warwickshire) alongside NHS staff and supporting their local frailty nurse in delivering healthy ageing sessions.

Encouragingly some VCSEs have established strong relationships with a variety of NHS Teams such as University Hospital Coventry Warwickshire (UHCW) Eye Department who demonstrate new equipment for the benefit of their visually impaired users, Neuro-Developmental teams that have distributed their paper *Autism, Girls and Keeping It All Inside* to newly diagnosed families and others that have worked together on projects with the George Eliot Hospital and the Ripple Project.

One reported navigating the NHS as a challenge as there are so many different areas and people to learn and get them to a position where they know your services. One exception was working with Social Prescribers which were really helpful in supporting people to access community sessions, occasionally by personally bringing them to sessions to ease worries about going to a new group alone for the first time.

One VCSE mentioned having a long relationship with the NHS Coventry & Warwickshire Partnership Trust, however felt undervalued and unappreciated for the work that they had done, as funding had never matched the actual workload.

Some mentioned it taking nine years to engage NHS teams for referrals despite frequent leaflet distribution and discussions with staff. Experience had shown to some that it often came down to finding individuals in the NHS who were passionate about the specific services a VCSE offered in order for those relationships to blossom and referrals to start flowing. Others noted that they had really struggled to develop effective working relationships with the NHS and this was a priority area for improvement.



# Investment into Third-Sector services: What the CMHT VCSE Innovation Fund has achieved so far

In 2022 £296,054 was released through the Innovation Fund for VCSEs and then a further £359,659 in 2023, including microgrants of under £3000 to support smaller grassroots organisations. The aim of the Innovation Fund was to support Community Mental Health projects and services across Coventry and Warwickshire. The impact the money has made has been significant.

- 14 organisations' bids were successful and received money for their projects/services in 2022/23.
- A further 24 organisations' bids were successful in 2023/24, with 8 of those being a microgrant of under £3000.
- 1469 people have been supported so far through the 2022/23 Innovation Fund projects/services with considerably more soon to be supported when the 2023/24 funds are released. A grand total of £655,713 in total to be distributed by the end of 2023.
- Participants' mental health scores improved by an average of 91.81% during their time on one of the funded projects and all scores improved by a minimum of 70%.



Figure 3: The 14 organisations who received funding from the Community Mental Health Transformation in 2022/2023.

# The Financial Contribution of VCSE Employees and Volunteers

During our November VCSE Forum in 2022, one of the themes which emerged was that VCSE staff did not feel valued by their statutory colleagues. From feedback we received, it was felt that the VCSE sector is perceived as providing light-touch, low-level mental health interventions when in reality, the number of people accessing VCSE services and the complexity of individuals have both increased. This has led to the need for more intensive interventions to be delivered within VCSE services, as some people do not meet the threshold for statutory specialist care.

It was agreed that the VCSE are currently holding patients who should be accessing statutory specialist care, and are taking on additional risk by doing so. However, it was also emphasised that there were a variety of professional skills within the VCSE which are often overlooked, skills which lend themselves to working with patients experiencing Severe Mental Illness and/or Multiple Disadvantage. Skills held by both paid staff and volunteers can be equated to the higher NHS bandings and therefore, the “gold standard” of care is not necessarily limited to statutory mental health care.

When asked how we should communicate the variety of skills present in VCSE services, it was suggested that we look at the NHS Banding (see Figure 1) and translate VCSE staff and volunteer hours into the financial cost to the NHS. In addition to displaying the range of skills available, it would also show the disparity between the resources given to the VCSE to run their projects and services and what this would cost if run by statutory services.

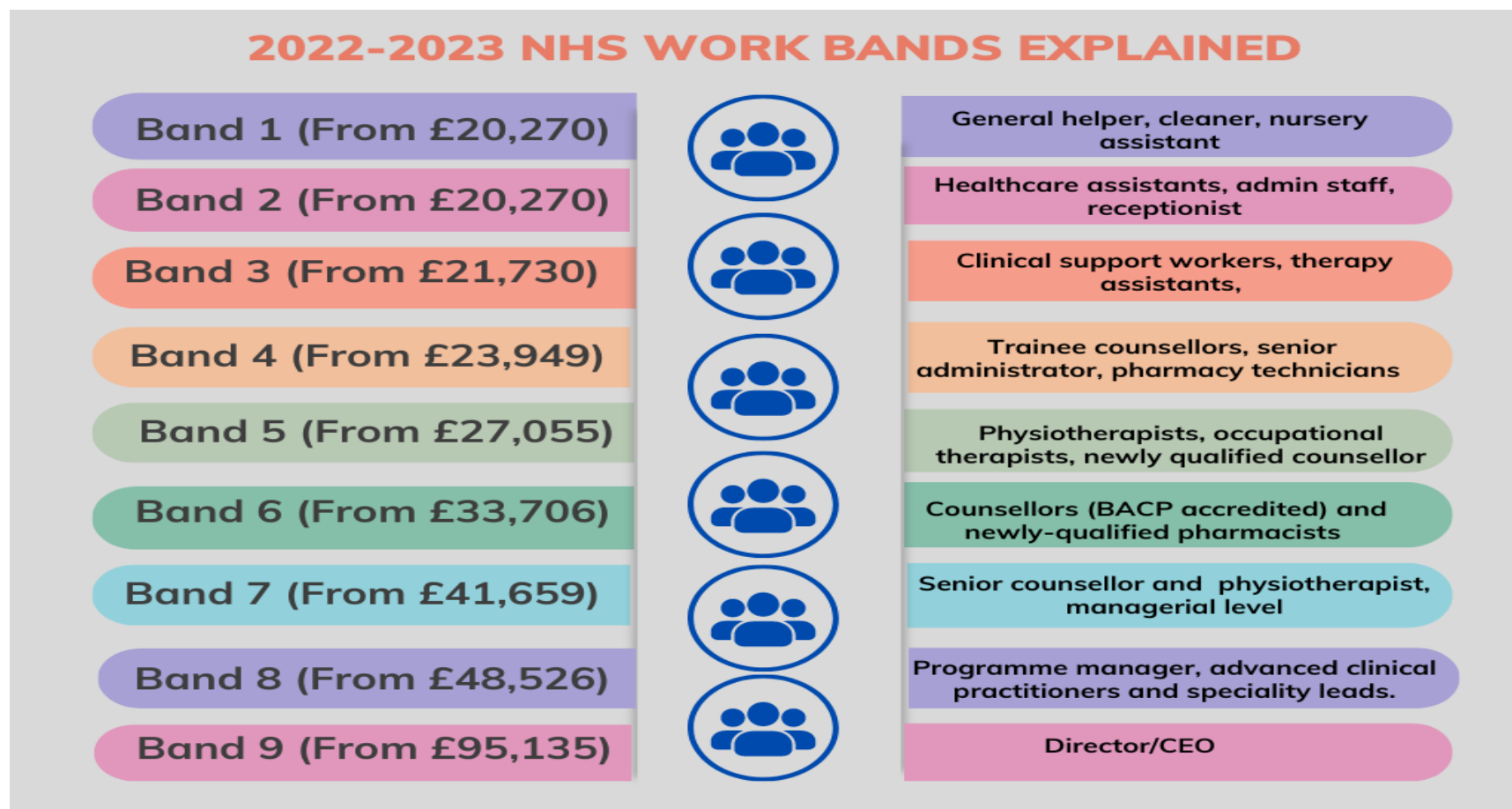
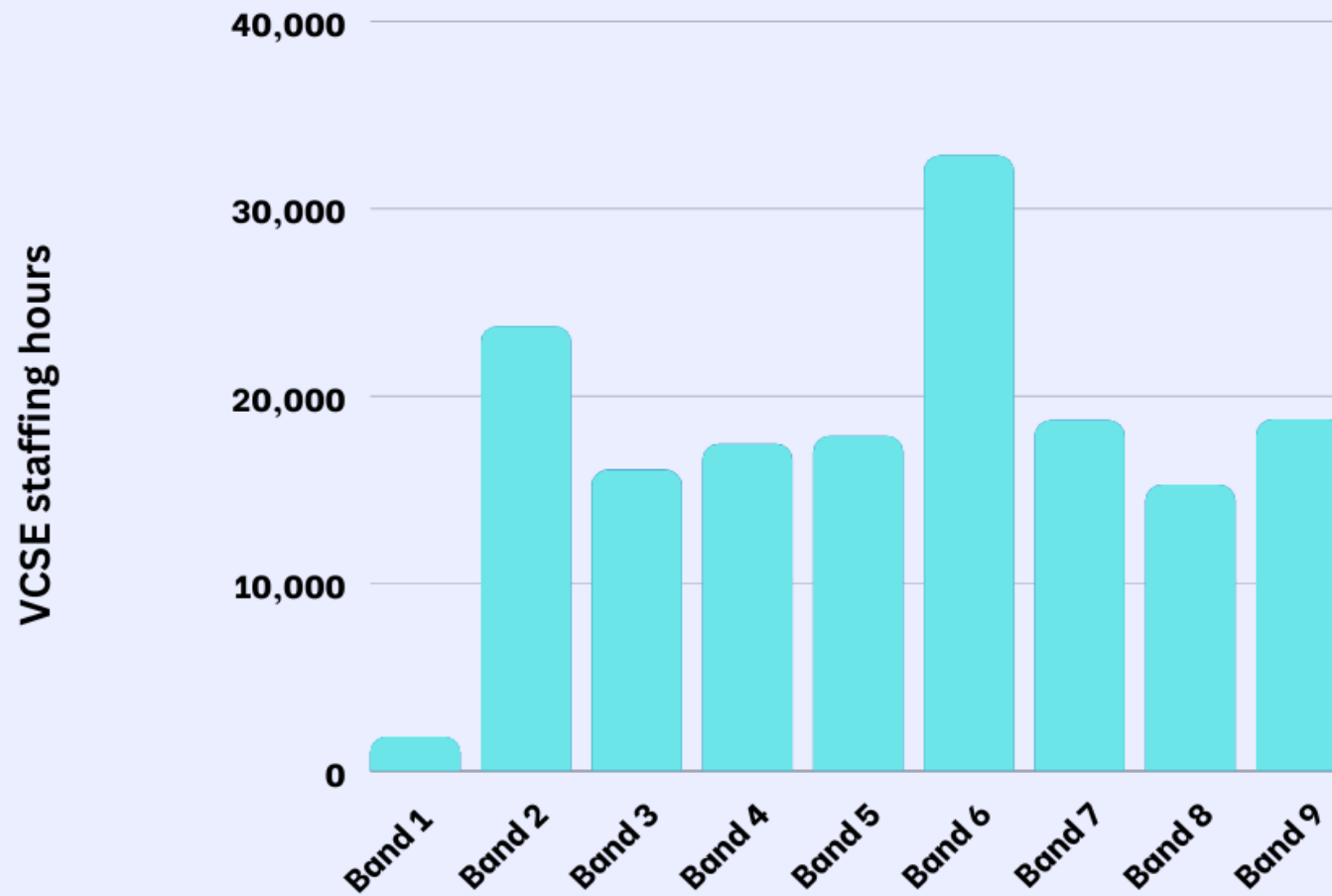


Figure 4: NHS Band Pay Scale information sourced from <https://www.nhsbands.co.uk/> and <https://www.nhsemployers.org/articles/pay-scales-202223>

We received an estimate of hours worked by VCSE staff and volunteers over a year, at the approximate bands they would be working at across the NHS workforce. The hours estimated in the bar chart on page 24 are substantial but in reality they only scratch the surface, as a fair number of the survey respondents commented that they didn't have the resources or capacity to easily calculate their volunteer and staff hours.

**VCSE staff & volunteer working hours over the course of a year,  
with roles equivalent to NHS work bands 1-9**





The largest group of VCSE volunteers and staff surveyed fell into Band 6- Counsellors (BACP accredited), Community Development Officers, Youth Workers and Group Leaders, working a total of 32,807 hours throughout the year. Other significant groups were Band 2 - Befrienders, Receptionists and Drivers and Band 9-CEO/Directors totalling 23,698 and 18,722 hours per year respectively.

Many responded how they largely relied on volunteers and some VCSEs had no paid staff at all. Some had a combination of volunteers, paid employees and some were self employed depending on the set up of their organisation. Some note that paid staff also offer some volunteer hours to provide additional capacity and most staff are paid below what they would be paid in industry or if they were self employed.

Despite challenges of providing accurate data around the hours worked by VCSE staff and volunteers, it was estimated that the VCSE surveyed provided a total of 162,199 hours over a year working to improve people's mental health and wellbeing. This estimation of hours for the Coventry and Warwickshire area is an under-estimation as a fair few of the VCSEs returned a 'nil response' either on some band categories or all categories, explaining in the comments a reply of 0 was due to lack of time and/or resources to submit an accurate approximation. Compared to the number of VCSEs operating across Coventry and Warwickshire, and then nationally, this figure is really only scratching the surface.

Assuming the NHS Full Time Equivalent as 37 hours a week, we took the lower rate of pay for each NHS banding level (Figure 1) and calculated the hourly rate of pay for each banding level. We multiplied the VCSE hours for each banding level by the hourly rate of pay to provide an estimated monetary amount this would equate to if working for NHS services. These values per band are shown in the table on page 26.

	Band 1 - General helper, Cleaner	Band 2 - Befriender, Receptionist, Driver	Band 3 - Support worker, Administrator	Band 4 - Trainee counsellors, Adviser, Senior Administrator	Band 5 - Newly qualified counsellor, Newly qualified youth worker, Office manager	Band 6 - Counsellors (BACP accredited), Community development officer, Youth worker, Group leader	Band 7 - Senior counsellor, Senior youth worker, Manager	Band 8 - Project/progr amme manager	Band 9 - CEO/Director
Hourly rate of pay	£10.54	£10.54	£11.29	£12.45	£14.06	£17.52	£21.65	£25.74	£49.45
An estimation of VCSE hours per band, from VCSEs surveyed	1773	23698	16036	17407	17832	32807	18682	15242	18722
* Approximate value	£18,687.42	£249,776.92	£181,046.44	£216,717.15	£250,717.92	£574,778.64	£404,465.30	£392,329.08	£925,802.90

In total, the hours across band/skill level delivered within VCSE projects and services, would cost the NHS **£3,214,321.77** per year.

The savings to the NHS from the work of the VCSEs are substantive considering that these hours have been provided from the respondents who could provide the data; the number of hours delivered across the VCSE sector is likely far more than what has been submitted for this survey.

The VCSE: from saving lives, to reducing self-harm incidents and acute loneliness, from providing peer support and mentoring. All of this when done well, from passionate well trained teams can be incredibly powerful and impactful. But more funding and support needs to be in place to enable these services to survive and thrive.



## HOW DOES THE VCSE CONTRIBUTE FINANCIALLY TO MENTAL HEALTH SERVICES?

### #1 An estimation of total hours – 162,199

The Warwickshire & Coventry VCSEs surveyed provided an estimated total of 162,199 hours over a year, working to improve people's mental health and wellbeing.



### #2 How much would those hours equate to on the NHS band pay scale?



**£3,214,321.77**

### #3 Which NHS band do the largest group of VCSE volunteers fall under?

The largest group of VCSE volunteers and staff surveyed fell into NHS Band 6 – E.g Counsellors, Community Development Officers, Youth Workers and Group Leaders, working a total of 32,807 hours over a year.



## Let's stay connected



wcavaorg



wcavaorg



wcava



VoluntaryActionCoventry



VACoventry



VACoventry

[wcava.org.uk](http://wcava.org.uk)

[vacoventry.org.uk](http://vacoventry.org.uk)