

# **Eden House Evaluation**

## **Final Report**

**September 2014**

***[DRAFT]***

**Will Haydock and Sarah Hean**

**School of Health and Social Care**

## Executive Summary

### Findings:

- Over the period 2010-2013 Eden House saw considerable increases in referrals and activity recorded. By 2013 there were over 300 referrals, an increase of 77.5% from the 2010 figure, which was under 200.
- Most individuals referred to Eden House were of White ethnic backgrounds, but the proportions were in line with best estimates of local need, based on criminal justice statistics.
- The mental health pilot engaged a higher proportion of those from BME backgrounds than Eden generally, in line with research that suggests BME individuals are more likely to suffer mental illness and come into contact with the criminal justice system
- Referrals through various criminal justice agencies, including probation, are very strong, and referrals through Court Link more than doubled in this period, highlighting the growing strength of this particular initiative and the partnership work involved.
- Referrals into the specific mental health pilot have notably improved in the past two years
- Referrals from Children & Family Centres have increased in the past two years, suggesting that the introduction of a crèche has made a difference to the ability of Eden to engage mothers with young children
- Referrals through health agencies remain relatively low but have been increasing, suggesting there is scope for building these relationships further
- Self-referrals have increased, suggesting that Eden has a reputation within the local community
- Activity levels within Eden have increased considerably in the past three years
- As referral numbers increased, engagement levels initially fell, but have since recovered to their previous levels, reflecting a much higher level of activity within Eden in 2013 than any previous year in the data provided. Service users are now attending sessions more often than at any point since 2010.
- There are some issues with the accuracy of data completion, particularly in the past two years, though for the mental health pilot data completion has been excellent.
- Partnership working is strongest with the police, housing and drug treatment agencies
- There are possibilities of deepening engagement through sharing data with other partner agencies
- Physical and mental health of service users generally improves during the course of their engagement with the service, but drug and alcohol outcomes leave room for improvement
- Outcomes in terms of financial situation could be further improved
- Key testimony from service users suggests that engagement with Eden can make a considerable difference to their lives.

### Recommendations:

- Undertake a review of data recording processes to ensure that all activity is recorded appropriately, and outcomes of the service can be fully evidenced. The data provided through Supporting People forms is been extremely useful, and it is recommended that some way of recording similar data for all service users is developed.
- Maintain and develop links with health and other agencies to build on the mental health support available to service users
- Consider whether there are further opportunities for expanding the mental health pilot activity

- Review the period in which referrals increased (2010 – 2013), to better understand why engagement rates initially fell, and what actions were taken that enabled Eden to recover these
- Consider whether there are opportunities for closer partnership working with employment and financial agencies, or developing such support and education within Eden itself

DRAFT

## Background & Introduction

Eden House offers a comprehensive package of services for vulnerable female offenders filling the gaps left by mainstream services. Its women-only one stop shop is tailored to the distinctive need and profile of women offenders, based on 'what works'. It provides a weekly programme of activities designed to promote non-offending lifestyles and develop positive social and support networks for service users, including those that are isolated or lack the confidence or trust to engage with mainstream services.

The remit of the current evaluation is to describe and monitor the change in intermediate and longer term outcomes of women accessing Eden House between October 2012 and July 2014, focussing in particular on those women with mental health issues. The initial prompt for this work was a pilot project to better engage women with mental health issues.

The specification for the evaluation identified five key areas to be discussed:

- 1. What are the demographic, health and criminogenic backgrounds of the clients?**
- 2. What are the numbers and sources of referrals to Eden House services?**
- 3. What level of engagement is achieved by those referred to Eden House services?**
- 4. What are the activities undertaken by each of the three post holders?**
- 5. What are the client outcomes on onward referral/signposting from Eden House?**

These questions have been altered to better fit with the development of the work of Eden and the data available for the evaluation. Thus, there is no specific discussion of the three post holders, as the exact configuration of this service was altered.

This evaluation considers all Eden service users as well as the specific group that accessed mental health support. Where the mental health figures are considered, after an initial discussion of the whole dataset, only those with initial referral dates in 2013 are analysed, since those from previous years are so small in number. Throughout this document, tables that include only mental health service users are coloured light blue for easy differentiation from the broader statistics.

The quantitative data analysed has been collected as part of everyday Eden processes, using a range of sources from internal referral and activity monitoring forms to data that Eden is required to submit as a provider commissioned through Supporting People. Referrals are analysed by numbers, the agency from which the referral is received, and the primary reason recorded for the referral.

Other data held by Eden have been analysed to assess the level of engagement of each service user. A period of engagement is considered to start from referral, and to cease when the case is closed on the Eden system. During this period, sessions offered and attended are recorded, and these figures have been combined to assess the frequency with which service users attend Eden.

The primary source for judging outcomes has been the Supporting People dataset. This dataset identifies whether service users report improvements in various metrics, such as their mental and physical health, and improvements in key risky behaviours, such as causing harm to others or using drugs and alcohol.

In addition to this quantitative work, there has been the opportunity to add in data from research conducted by Bournemouth University students, who spoke to service users and staff at the location.

## Referral numbers and demographics

Referrals into the Eden House service have increased steadily over the years it has been in operation. Looking at the period from 2010 to 2013, annual referrals have gone from under 200 to over 300.

Year	Referrals	% change
2010	178	
2011	213	19.7%
2012	280	31.5%
2013	316	12.9%
Grand Total	987	

Figure 1: Referrals by year

Looking at those referred into the mental health support service specifically, we can see that service users are primarily recorded as having been first referred in 2013.

Year of initial referral	n	%
2009	4	8%
2010	3	6%
2011	9	18%
2012	6	12%
2013	27	55%
Grand Total	49	

Figure 2: Mental health referrals by year

### Ethnic background

Looking at the background of the women referred into Eden, we can see that most identify as White (86% over the four years 2010-2013). When those without a recorded ethnicity are removed from the analysis, the proportions remain consistent over time. It should be noted, however, that there have been increases changes in the numbers of individuals who do not have an ethnicity status recorded, and this may be of concern given that by 2013 this stood at 107 individuals, accounting for 16% of all referrals.

Ethnicity	Year of referral								Grand Total	
	2010		2011		2012		2013			
White	144	86%	182	88%	211	88%	223	84%	760	86%
Mixed	16	10%	16	8%	18	7%	16	6%	66	8%
Black or Black British	6	4%	8	4%	10	4%	17	6%	41	5%
Asian or British Asian	0	0%	1	0%	0	0%	5	2%	6	1%
Any Other Ethnic Group	1	1%		0%	1	0%	2	1%	4	0%
Chinese	0	0%	0	0%	1	0%	2	1%	3	0%
Grand Total	167		207		241		265		880	
<b>Not stated</b>	11	6%	6	3%	39	14%	51	16%	107	11%

Figure 3: Ethnic background of referrals by year

This distribution is generally not far from the distribution of all those living in Bristol, though it appears to over-represent those from certain mixed and black backgrounds. For example, while Mixed White and Black Caribbean women constitute just 1% of the female population of Bristol, they account for 7% of referrals to Eden, reflecting a referral rate of 54.55 per 1,000 population compared to 6.64 of the White British population.

Ethnicity	Eden referrals	% of Eden referrals	Bristol	% of Bristol pop	Eden clients per 1,000 pop
Mixed: White & Black Carribean	60	7%	1,100	1%	54.55
Black or Black British: Other	8	1%	400	0%	20.00
Black or Black British: Carribean	27	3%	2,000	1%	13.50
White Irish	12	1%	1,300	1%	9.23
White British	728	83%	109,600	79%	6.64
Mixed: Other	4	0%	800	1%	5.00
Mixed: White & Asian	2	0%	800	1%	2.50
White Other	20	2%	8,800	6%	2.27
Black or Black British: African	6	1%	2,800	2%	2.14
Any Other Ethnic Group	4	0%	2,000	1%	2.00
Asian or British Asian: Other	1	0%	800	1%	1.25
Chinese	3	0%	2,600	2%	1.15
Asian or British Asian: Pakistani	2	0%	2,500	2%	0.80
Asian or British Asian: Indian	3	0%	4,100	3%	0.73

Figure 4: Ethnic background of Eden clients relative to wider Bristol population<sup>1</sup>

However, the need for referral is not equal across all ethnic groups within the population. Although data is not directly available to consider the need amongst the local population divided by both gender and ethnicity, prison and probation statistics suggest the figures for Eden are appropriate.

Avon & Somerset (both men and women)	White	Black	Asian	Mixed	Chinese or Other	Not Stated / Unknown
Court Order supervision	86%	4%	1%	3%	1%	5%
Pre-release supervision	79%	7%	3%	5%	1%	5%
National (women only)						
Prison population	75%	11%	3%	4%	2%	4%

Figure 5: Ethnic background of local and national probation clients and prisoners<sup>2</sup>

Looking at the mental health pilot clients specifically, as shown in Figure 6 we can see that most service users are of white ethnic background, though with a higher proportion of service users from black and minority ethnic (BME) backgrounds than in the general group of service users. This is consistent with research that suggests that BME individuals are more likely to have mental illnesses and be in the criminal justice system.<sup>3</sup>

<sup>1</sup> Bristol population data: Office for National Statistics (2009) *Resident Population Estimates by Ethnic Group, Females*. Available from <http://www.neighbourhood.statistics.gov.uk/dissemination/LeadTableView.do?a=7&b=276834&c=Bristol&d=13&e=13&g=398716&i=1001x1003x1004&m=0&r=1&s=1358707020873&enc=1&dsFamilyId=1811> [Accessed 20 January 2013]

<sup>2</sup> Ministry of Justice (2013) *Statistics on Race and the Criminal Justice System 2012*. Available from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/259589/offenders-table.xls](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/259589/offenders-table.xls) [Accessed 06 September 2014]

<sup>3</sup> The Bradley Commission (2013) *Briefing 1: Black and Minority Ethnic communities, mental health and criminal justice*. Available from: [http://www.centreformentalhealth.org.uk/pdfs/Bradley\\_Commission\\_briefing1\\_BME.pdf](http://www.centreformentalhealth.org.uk/pdfs/Bradley_Commission_briefing1_BME.pdf) [Accessed 06 September 2014]

Ethnicity	2013		Grand Total	
	Asian or British Asian	2	7%	2
Black or Black British	5	19%	8	16%
Chinese	0	0%	1	2%
Mixed	1	4%	3	6%
White	19	70%	35	71%
<b>Grand Total</b>	<b>27</b>		<b>49</b>	

Figure 6: Ethnic background of mental health referrals by year

### Economic status

Similarly, when economic status is considered, there is little variation over time though the number of individuals with no status recorded has risen. Regardless of the year, almost all the women are recorded as a Job Seeker, Long Term Sick/Disabled or Not Seeking Work. However, one notable change is that fewer individuals are recorded as not seeking work in 2013, amounting to 28% of referrals with data, compared to 32% in 2010 and 2011 and 38% in 2012. This appears to have been driven by a corresponding rise in the number of job seekers, and may reflect changes in the benefit system.

Unfortunately, there is not sufficient data completion for the mental health clients for any reliable analysis.

<b>Economic status</b>	<b>2010</b>		<b>2011</b>		<b>2012</b>		<b>2013</b>		<b>Grand Total</b>	
<b>Not Seeking Work</b>	53	32%	59	32%	85	38%	71	28%	268	32%
<b>Long Term Sick/ Disabled</b>	63	38%	64	34%	64	29%	70	28%	261	32%
<b>Job Seeker</b>	29	18%	42	23%	47	21%	67	27%	185	22%
<b>Other Adult</b>	10	6%	7	4%	13	6%	9	4%	39	5%
<b>PT Work (under 24 hrs/ week)</b>	3	2%	8	4%	8	4%	9	4%	28	3%
<b>FT Work (24 hrs or more/ week)</b>	2	1%	2	1%	1	0%	8	3%	13	2%
<b>Child Under 5</b>	1	1%	1	1%	1	0%	7	3%	10	1%
<b>Child Under 16</b>		0%		0%		0%	7	3%	7	1%
<b>Govt Training/ New Deal</b>	2	1%	2	1%	1	0%		0%	5	1%
<b>P/T student</b>	1	1%		0%	2	1%	1	0%	4	0%
<b>Retired</b>		0%		0%	1	0%	3	1%	4	0%
<b>FT Student</b>		0%	1	1%		0%		0%	1	0%
<b>Grand Total</b>	<b>164</b>		<b>186</b>		<b>223</b>		<b>252</b>		<b>825</b>	
<b>Not Stated</b>	<b>14</b>	<b>8%</b>	<b>27</b>	<b>13%</b>	<b>57</b>	<b>20%</b>	<b>64</b>	<b>20%</b>	<b>162</b>	<b>16%</b>

Figure 7: Economic status of referrals by year

The proportions of service users reporting a disability has fallen over the four-year period 2010-2013. This is partly explained, again, by a decline in data completion, with increasing numbers of service users not disclosing their status. The increase in service users has not translated into an increase in the number of individuals reporting a disability, which has stayed largely static. Again, this picture might be altered by the increasing number of referrals without complete data.

<b>Disability</b>	<b>2010</b>		<b>2011</b>		<b>2012</b>		<b>2013</b>		<b>Grand Total</b>	
<b>No</b>	99	66%	141	75%	174	76%	187	76%	601	74%
<b>Yes</b>	51	34%	47	25%	54	24%	59	24%	211	26%
<b>Grand Total</b>	<b>150</b>		<b>188</b>		<b>228</b>		<b>246</b>		<b>812</b>	
<b>Not Stated</b>	<b>28</b>	<b>16%</b>	<b>25</b>	<b>12%</b>	<b>52</b>	<b>19%</b>	<b>70</b>	<b>22%</b>	<b>175</b>	<b>18%</b>

Figure 8: Disability status of new referrals by year

A slightly higher percentage of service users engaged with the mental health service reported a disability – and on this metric there was excellent data completion.

Disability	2013		Grand Total	
	No	Yes	No	Yes
No	18	69%	33	69%
Yes	8	31%	15	31%
Grand Total	26		48	

Figure 9: Disability status of mental health referrals

## Referral Sources

When the source of these referrals is considered, the key elements of the service that have developed in this period are shown to have had a demonstrable impact. Referrals through standard key sources such as Probation and Prisons have remained strong and steady, while referrals from court link workers have more than doubled in three years, from 17 in 2011 to 38 in 2013. It is through this court link that mental health referrals are likely to originate, and also through another route that has seen significant increases – health agencies – where the number of referrals increased fourfold from 4 to 16. This idea of health as driving mental health referrals is supported by the fact that of those who were engaged with the mental health service within Eden, the largest single group had health as their primary referral reason, at much higher levels than general Eden service users (24% compared to 6%).

Primary reason for referral, 2011-13	Mental Health engagement			
	No		Yes	
Abuse, Rape/ DV Support	132	16%	10	14%
Accommodation	88	11%	9	13%
Attitudes Thinking and Behaviour	92	11%	7	10%
Children and Families	79	9%	4	6%
Drugs and Alcohol	154	18%	9	13%
Employment Training and Education	71	8%	4	6%
Finance Benefit and Debt	84	10%	1	1%
Health	53	6%	17	24%
Mental Health	6	1%	3	4%
Requirement of Court	2	0%	1	1%
Sex work Support	5	1%	2	3%
Women Only Service	72	9%	3	4%
Grand Total	838		70	

Figure 10: Primary reason for referrals



	2011		2012		2013	
	n	%	n	%	n	%
Probation	91	43%	89	32%	116	37%
IMPACT	25	12%	23	8%	30	9%
Prison	23	11%	35	13%	29	9%
Court Link Workers	17	8%	33	12%	38	12%
Children and Family Centres		0%	8	3%	28	9%
Substance Misuse Services	20	9%	19	7%	11	3%
Housing Provider	20	9%	30	11%	7	2%
Other	4	2%	26	9%	34	11%
Social Services	1	0%	3	1%	3	1%
Health	4	2%	7	3%	16	5%
CJIT	3	1%	4	1%		0%
Courts		0%	2	1%		0%
Internal		0%		0%	3	1%
BASS (Bristol Autism Spectrum Service)	5	2%	1	0%	1	0%
<b>Total</b>	<b>213</b>		<b>280</b>		<b>316</b>	

Figure 11: Referral source by year

The introduction of a crèche appears to have had a considerable effect on referrals through Children and Family Centres, which have increased from none in 2011 to 28 in 2013.

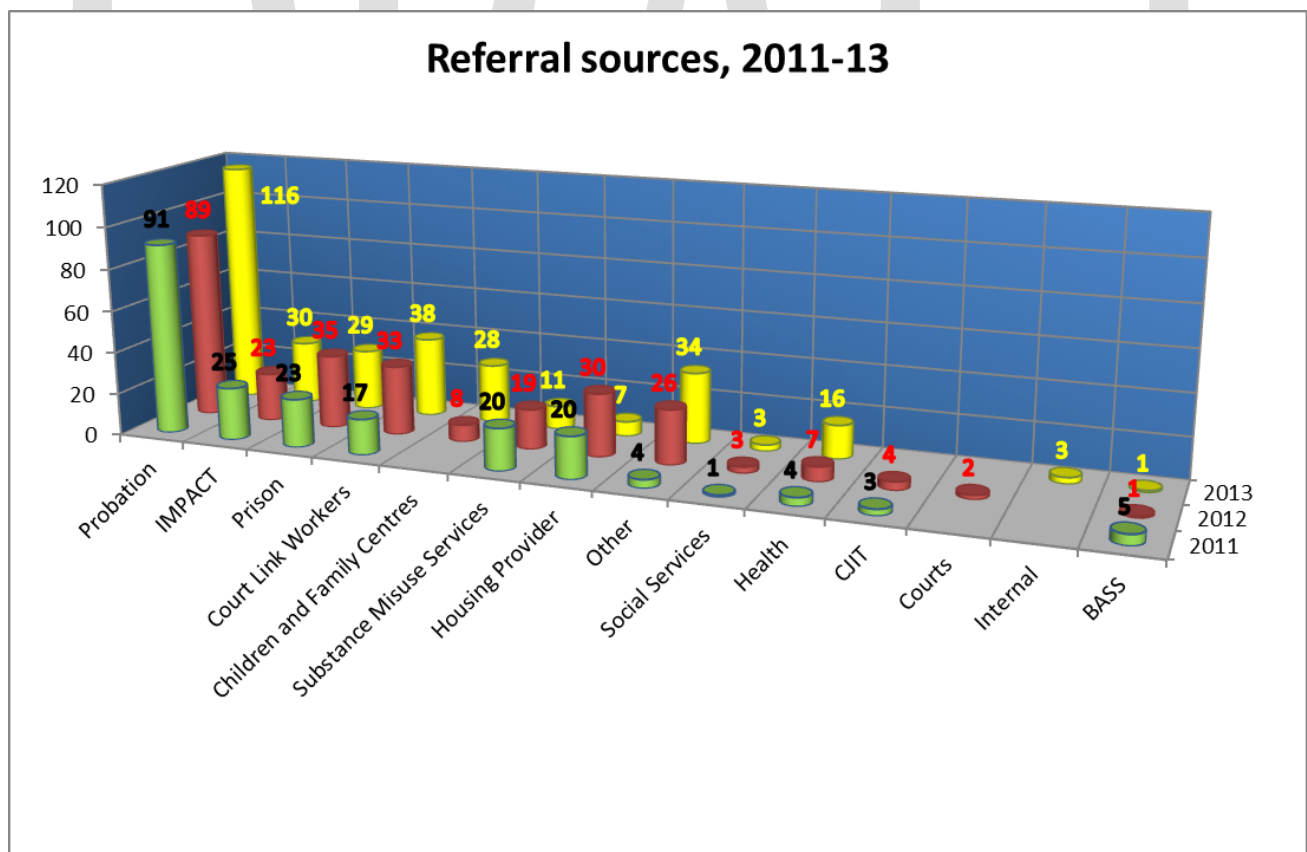


Figure 12: referral sources 2011-13

A similar picture emerges when reasons for referrals to Eden are considered. Key areas that have increased over the past three years include 'Abuse, Domestic Violence & Rape Support', 'Accommodation', 'Children & Families', 'Finance, Benefits & Debt', 'Health' and 'Mental Health'. The most notable increase – in those

citing abuse as a referral reason – has come primarily from self-referrals, suggesting that Eden has built a reputation within the local community.

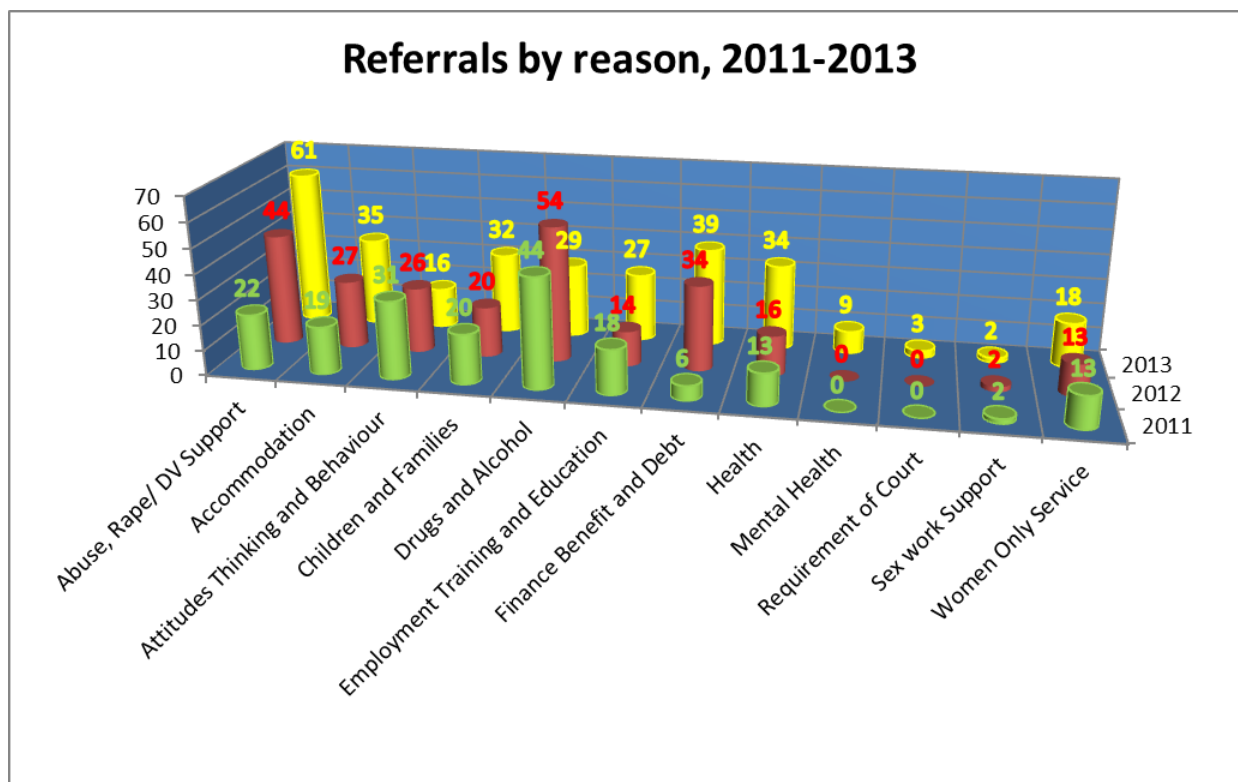


Figure 13: Referrals by primary reason and year

Although referrals to the mental health service have come from a variety of sources, it is clear that probation is the primary source. It is notable that eight clients did not have supervision requirements or a FOSAR in place, meaning that they were actively referred to Eden without this engagement reflecting any obligation. Importantly, 12 of the total 27 referrals to the mental health service in 2013 were dependent on having this pathway, with partners reporting that without this they would not have referred to Eden.

Referrer	2013		Grand Total	
BASS	1	4%	1	2%
BDP (Bristol Drugs Project)		0%	2	4%
CARS (Court Assessment & Referral Service)	3	11%	3	6%
CMHT (Community Mental Health Team)		0%	1	2%
Engagement Worker	3	11%	3	6%
Family Intervention Service	1	4%	1	2%
Fromside	1	4%	1	2%
IMPACT	1	4%	1	2%
IRIS	1	4%	4	8%
MH Liaison NB NHS	1	4%	1	2%
Probation	12	44%	25	51%
St Mungo's	1	4%	4	8%
Women's Court Service	2	7%	2	4%
<b>Grand Total</b>	<b>27</b>		<b>49</b>	

Figure 14: Mental health referrals by source

## Activity levels

The level of activity at Eden has increased considerably over the three years 2011-2013. The number of sessions offered in 2011 was 308, which almost doubled to 606 in 2012 and then further increased by more than a third to 832 in 2013, which amounts to 170% rise compared to the 2011 figure.

When attendance rates for these sessions are considered, we can see that Eden has gone through a period of transition over the relevant years. As numbers of service users increased considerably from 2011 to 2012, attendance rates fell from 40% to 24%.

However, in 2013 this improved, as numbers of service users continued to increase, but sessions delivered and attendance rates also improved dramatically, with the attendance rate up at 60% - almost as it had been in 2010, when the total number of sessions was a fraction of the 2013 figure. Early indications from 2014 data are that the attendance rates may have increased even further. Where in 2011 and 2012 around 60% of sessions saw service users failing to attend, in 2013 this figure had fallen to just 28%.

It seems logical that the initial fall resulted from it taking Eden some time to reorient to having such considerably higher numbers of service users, and by 2013 this issue had been resolved. Further work would be beneficial to better understand these changes.

Year of Activity	Attended		Cancelled: Eden House reasons		Cancelled: Service User reasons		Did not attend		Late		Total Sessions offered
	N	%	N	%	N	%	n	%	n	%	
2010	57	61%	1	1%	1	1%	34	37%		0%	93
2011	122	40%	7	2%	2	1%	176	57%		0%	307
2012	141	24%	43	7%	38	6%	375	63%		0%	597
2013	501	60%	32	4%	62	7%	235	28%		0%	830
2014	138	70%	10	5%	15	8%	31	16%	2	1%	196
Grand Total	959	47%	93	5%	118	6%	851	42%	2	0%	2023

Figure 15: Session attendance by all service users by year

For the mental health clients, there is not the same form of activity data. However, at least 10 individuals engaged with this service for a sustained period of time, with 6 remaining engaged for 3 months or longer.

As well as considering the number of sessions attended at Eden, it may be helpful to consider how many sessions each individual attended, and how intense this period of engagement was for different service users, as this may influence the effectiveness of the interventions.<sup>4</sup>

In 2010, with few service users, most were engaged at a higher rate of activity than subsequently, as numbers increased. However, in 2013 – after two successive years where average time between sessions increased – the activity rate for individuals increased, with figures back in line with 2011. Although figures for 2014 to date are not truly comparable, indications suggest that engagement rates are continuing to improve, with figures at present around the levels of 2010, when there were far fewer service users recorded.

<sup>4</sup> Note: where individuals were referred more than once in a single year, these have been treated as parallel episodes of treatment, as in no such case as there a closure date for the earlier referral.

	Mean days between sessions	Median days between sessions	Average length of engagement
2010	48	21	143
2011	84	45	244
2012	95	52	199
2013	73	46	196
2014	31	21	75

Figure 16: Frequency of attendance by year (all service users)

In themselves, these figures should not be read as performance metrics. However, it may be worth Eden management considering whether these reflect any concerns.

Service user testimony suggests that individuals are often successfully engaged by the strength of the relationship built up with a keyworker. For example, one service user referred by Probation stated of her mental health keyworker:

*“she’s been my most consistent feature since I’ve got out of jail”*

*“I’ll text, ring [name] I need to talk to you and she’s there”.*

Another, referred by a psychotherapist, stated:

*“I don’t feel like she’s my mental health support worker I feel like she’s a friend or I talk to her about anything”*

*“Her approach I find it very very nice cos she like she treats me like a friend I feel like she is very friendly with me I can talk to her about her project work and anything outside which is really good ... I speak to [name] about everything”.*

Another simply stated:

*“anything I need I go straight to [name] and she tells me”.*

### Partnership working

The figures for referrals suggest that partnership working has developed over the past three years, and this conclusion is supported by other evidence. Supporting People outcomes forms illustrate that one of the best delivered outcomes in 2013-14 was putting service users in touch with partner organisations, with more than half (18/33) of those identified as potentially benefiting from these services put in touch.

Moreover, Eden ensured that large numbers of individuals received support in partnership with other organisations on a range of key activity areas, as shown by the table below.

2013-14 Activity area	Support given in partnership	
	n	%
Health	34	37%
Social	31	34%
Housing	46	51%
Drug	41	45%
Police	80	88%
Education	34	37%
Benefits	27	30%
Debt	27	30%
Employment	17	19%
<i>Total service users</i>	91	

Figure 17: Partnership support for service users

Nevertheless, qualitative research undertaken by Bournemouth University students suggested that there are still further improvements that can be made. Eden staff noted that differences in technical language between those from different professional background can cause difficulties in communicating regarding mental disorders. Some of these differences could be addressed by emphasising the common goals shared by both mental health and criminal justice staff. One service user, for example, stated of one police officer: “he made me feel I wanted to stab my own self and that’s when I did that, that’s when I picked up the knife and stabbed myself ... that’s why I don’t trust the police anymore”. Such outcomes may be in part due to a lack of understanding of mental health issues on the part of partner agencies.

Additional improvements in information sharing were also recommended by some staff, with some concerned by the length of time it can take to build up a good working relationship in order to deliver and maintain collaboration. Similarly, service users noted that not all relevant partners were familiar with Eden. One stated of her GP: “they never told me about day services like this ... I would have come a long time ago and everything that has happened lately wouldn’t [have] happened because I would have had the help beforehand.”

## Outcomes data

Although it only covers a limited number of the overall users of Eden, there is considerable information regarding exits from service of those accessing housing support through the Supporting People programme. One of the key advantages of these forms is that they not only identify progress on a variety of metrics; they allow analysis to focus only on those individuals for whom that issue had been identified as important.

Over half (58%) of service users were recorded as leaving the service in a planned way, and most of these reported improvements on many key metrics.

54% of those who had identified physical health issues saw these improve over the course of their time with Eden.

Exactly 50% of those with identified mental health issues had improved their managing of these by the time they left the service.

The outcomes for those with drug and alcohol issues are considerably lower, but this is reasonable if addiction is understood as a chronic condition and the placement within Eden is relatively short compared to a using career – and in this context a figure of 42% of service users improving is impressive.

Considerable proportions of those identified as having a risk of committing harm to others improved through their Eden engagement, with 73% not committing any such harm in the period. 57% of those who were at risk of harm from others had their risk minimised during their time with Eden.

71% of those recorded as being referred into the Eden mental health pilot report no reoffending, with just 7 (14%) of the 49 having any reconvictions subsequent to engagement reported. Similarly, just 6 (17%) individuals of the 35 with relevant status reported a breach of their community order.

Areas for improvement can be found with respect to finances, as 78% of those who had identified debt issues failed to reduce their debt over the period of engagement. This may be related to the fact that only just over half (55%) of those who needed help to maximise their income (including ensuring they were receiving the correct benefits) did so. Just 7 of the 23 service users who had been identified as needing support to find paid employment managed to attain a paid position. A much higher number and proportion underwent training during their time with the service: 20 of the 47 service users identified as needing training received this.

The opportunities to address some of these financial and employment outcomes may be limited by the current economic situation, and so it may be appropriate to consider whether greater use could be made of the 'work like activities' mentioned in the housing outcomes forms, which only five service users were recorded as receiving in 2013-14 out of the 25 identified as potentially benefiting from this.

### Service user testimonies

To add to the quantitative analysis presented above, it may be helpful to consider the statements of some service users, taken from interviews and focus groups conducted with current and former service users from Eden by a student researcher.

"This is my happy spot"

"It's more for a bit of relaxation for me here"

"When I was getting sentenced they were trying to get me a community order to come here cos it used to be residential so they were trying to get me to that instead of going to prison but they didn't accept me so, so initially I had a bit of a like erk, I don't want to go to Eden"

"I kind of gave it a bit of a chance and I'm glad I did, I'm really glad I did yeah"

"I can tell they've really tailored what they do for everyone"

“I feel that they’ve helped me a lot I’m a different person to what I was before”

“they’ve improved my life”

“they made me look to something in like a positive way and look forward for the future it’s just made me really really happy”

“I just feel really really comfortable and nice and I love it”

“the friendship I feel I get in this place”

“I really do like it here”

“everything is so perfect and Its just right yeah I’ve found a place that I was always looking for before when I was feeling angry or no one listened to me or feeling upset I feel I get that support at this place”

“this is just the safest place ever, never felt safer than this place I just feel safe”

## Conclusion

This report tells a story of a growing project that has attracted an increasing number of referrals, and after challenges in engaging the growing number of service users is now successfully engaging more individuals at a higher activity rate than in 2010. Those who attend Eden services are referred from a variety of sources, and appear to be largely in line with local patterns of need.

The mental health project work, although beginning later than initially anticipated, has reaped rewards and offers an example to the broader Eden work in terms of data recording. Similarly, the addition of the crèche appears to have increased and widened the number and range of women accessing the service.

Challenges remain, however. Improving data collection across the service would be a key development to better evidence the impact of the work undertaken within Eden. In more practical terms, although links with many partner agencies are strong – particularly with probation, and increasingly health agencies – further work could be undertaken to deepen these. Improving financial and employment outcomes for service users, where possible, would be particularly beneficial.

Lessons might also be learnt from further reflection on the period between 2010 and 2013, to better understand how referrals were initially increased, the challenges that were faced in engaging this increased number of potential service users, and how these challenges were largely resolved to result in the higher levels of engagement and activity evident today. Such reflection could enable Eden to further improve rates of engagement and outcomes for service users.