

Richmond Fellowship Foundation International

Catchment area: First Richmond, then London, then National

Project contact details:

contact name:	Nim Njuguna	tel:	020 8940 1052
address:	Lancaster Lodge, 21 Lancaster Park, Richmond, TW10 6AB		
	A further project is planned to start in 2009 at Lytton House, 27 Lytton Grove, Putney		
website:	www.rffi.mentalhealth.org.uk		

Is this where the organisation is based?

The head office is at Clyde House,
109 Strawberry Vale,
Twickenham,
TW1 4SJ
Tel: 020 8744 0374
Fax: 020 8891 0500
Email: rffi.mentalhealth@virgin.net

Project opening times: At present: weekdays from 9-5
As soon as residents are admitted: 24/7

Accessibility:

Physically accessible? Yes
Language interpreter available? Yes which: Hindi, Punjabi and Urdu
BSL interpreter available? No

What does the project offer?

Residential Therapeutic Community.

For those in employment, meetings will be held twice weekly.
For unemployed residents, there will be an extra morning meeting five times per week (one hour usually).

The service offers strong support but it is expected that, according to ability, each resident will be involved in supporting peers which includes confronting when appropriate.

What kind of support or involvement activity is offered?

There will be individual key work and counselling support at least once per week, community meetings several times per week, and crisis support will be given through group crisis meetings and – where appropriate – individually. Vocational support and advocacy will also be available.

Who does the organisation aim to provide a service for?

The service at Lancaster Lodge is aimed at men and women of any ethnicity with a variety of mental health problems including BPD aged 18 – 65+

The service at Lytton House will be aimed at young people – exact age range yet to be determined.

Whilst acceptance is more directed individually than based on diagnosis, both services are likely to exclude fire-raisers and those with ongoing addiction or uncontrollable violence.

Who can and who can't access it i.e. inclusion/exclusion criteria?

Who can access?	Who's excluded?
Information not available	Information not available

Are there any barriers to new people joining?

Clients will be paid for by Primary Care Trusts, Social Services Commissioners or private funds. Fees are £900 - £1,200 per week. Non-resident services will be individually negotiated. Appeals will be made to the public for subsidies for those who need the service but cannot afford to pay.

How can people access it?

Self-referral is possible but normally clients will be referred by social workers and the advice of a Psychiatrist will be sought.

How does the process start?

Drop-in is possible but pre-arranged meetings are advised

Are there any conditions to joining?

There is a contract which is signed by both parties which includes certain boundaries. In addition, a care plan is drawn up with the involvement of the client concerned and usually with help from peers. Clients are asked to commit to a specific length of stay – depending on their aims and needs, but four weeks notice can be given by either side. If a client becomes a danger to themselves or to others, notice to leave at once may be given.

Are there any opportunities for service users to have an informal chat/meeting with someone before joining?

A prior informal chat is welcome but to be admitted a formal interview with staff and usually with other residents separately is necessary. Contact can be made as per above. Drop-in is acceptable but a pre-arranged visit is preferred. The formal interview will normally be with the manager and possibly one or two assistant staff.

What makes it different from mainstream mental health services?

The main difference is the non-institutional residential context which provides a much greater chance to effect change, partly through the peer support but also because there is greater safety as well as a beneficial routine. By comparison, the mental health ward often has little to offer therapeutically and non-resident services are often too limited in time and frequency.

What do people who use the service like about it?

This service is only just about to start but, from experience, I can confirm that the TC approach – when responsibly operated – is well-liked and most effective (my experience stems from my work as founder and for 32 years the CEO of the Richmond Fellowship and the Founder and Executive Trustee of the Charity now called Community Housing and Therapy)

What could I expect if I came along?

You could expect warmth and friendship, professional counselling and a non-punitive approach to problems as well as consistency and faithfulness when challenge or confrontation is called for.

Who runs the organisation/project?

The organisation is a Charity which has its Trustees who work through a CEO and a Supervisor; the latter works with the Manager and staff of the Care Homes and provides training for the staff group. The climate is democratic and every member is encouraged to participate.

Any plans for future development?

RFFI is an organisation that works in support of its many affiliates and associates in developed and developing countries. It intends to operate a small number of TCs in and around London to provide differentiated services for a group of residents as well as model and training opportunities for staff from this country and abroad.

Service User and Carer Involvement

Service User Involvement

Service users are involved in every aspect of the project: running the house; planning daily routines and meals as well as outings and activities outside; involvement in the selection and admission of new residents; in discussion on progress and discharge; being consulted about new staff appointments and on new directions for the project; participation in PR and involvement with the neighbourhood and with outside events.

Residents are encouraged to plan for study, work and cultural activities as part of their individual care plan as well as it constituting part of the Community's normal planning for leisure and civic opportunities. Training opportunities are part of this approach.

Carer Involvement

We consider it important that carers feel welcome and cared for and have ample opportunity to discuss their concerns. The amount of any one carer's involvement in the project depends on the assessment of the extent to which this is useful for the person for whom they care or cared, as that person is our first responsibility. Regardless of that, it is very important that carers know that their concerns are valued and that they are not considered redundant. Where considered appropriate meetings with families will take place which may include the client, and there will be opportunities for residents and families to meet as a group

and discuss problems as well as the desirability of new developments being planned or existing services being influenced.