

# **Reach Community Projects**

## **Client Focus Group Report**

### **September 2024**

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Absolute Communication Ltd., September, 2024

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# 1. Introduction

This report sums up the data gathered from two occasions: a client focus group and an in-depth interview with a client. Both took place in 2024; the focus group on 7<sup>th</sup> March, and the interview on 27<sup>th</sup> June. The second of these was due to be another focus group with different clients; unfortunately only one client attended, who had been part of the original group. But it was still worthwhile from the perspective of gathering feedback and hearing the client's stories.

The meetings were recorded, and the feedback has all been anonymised. From the transcription of the recordings, the data has been coded into themes which illustrate the world of the clients. Reading through these analysed responses enables us to evaluate the importance of certain elements of the work. Listening well, for example, is possibly the most important thing any community worker can do. It may not result in immediate change, but from the clients' perspective, a non-judgemental listening ear is invaluable. This comes out repeatedly throughout the data.

This report is divided up into two parts. The first part examines the lives of the clients themselves, and this probes the nature of poverty, what has led them to seek help, and how their circumstances have changed as a result of getting the help of Reach and other providers. This part has been split in two sub sections; "The Challenges of Life", which details their hardships, and "Looking Up", which highlights the way in which their lives have become more stable since encountering Reach. This second sub section is valuable since it may prompt fresh thinking as to how best to adapt the work of Reach in order to increase their impact on the clients.

The second part also deals with some of the feedback from the clients. There are two relatively short sub sections: Room for Improvement - where there are some challenges, and Successes - where the feedback is positive. The clients were all very comfortable in speaking their mind, which comes out well in their responses.

## 2. The World of the Clients

This section looks at the world of the clients, from the viewpoint of the challenges in life which brought them to where they are now, their subsequent relationship with Reach and other community providers, and how that has shaped their perspectives and their hope for the future.

### 2.1. The Challenges of Life

#### Loss of Mental Health

Mental ill health is arguably the most pivotal factor in the lives of most of the clients who are seen regularly. That said, there is always hope (see the later Section on “Looking Up”). A key part of the work of Reach is providing that hope, however intangible it may be at first:

*I've been getting a lot more help with my mental health as well. So I've reached out a lot more with my mental health. And the church and Reach are also ... I thank both of them and they've been fantastic.*

One way of overcoming the anxiety is to have the organisation come and visit the client at home:

*And I'm quite an anxious person ... and she ... come to the house with her, and they were really good.*

Many clients experience agoraphobia, for a variety of reasons, even when they know they will be welcomed and accepted:

*David: So what would you say the biggest challenges are in your life now?*  
*Client: Getting out the door ... my mental health ... the anxiety of getting out the door.*

Another client could not see an escape from their mental health challenges:

*If I can improve my mental health, it'll be brilliant. But I don't think it's possible, not with me, anyway.*

**“My church and Reach ... they have been fantastic.”**

**“If I can improve my mental health it'll be brilliant. But I don't think it's possible.”**

## Shame

Many clients feel shame as part of their mental health journey - shame at having to ask for help in the first place:

*I sat there and I was like, "why did I come?" Because I had to sit there and cry and think, I humiliated myself.*

The embarrassment of asking for help, particularly for the first time, is a significant hurdle that these clients overcome, although it does raise the question: are there other people who stay at home, for whom the embarrassment of asking for help is a step too far? In other words, for the number of clients who come to Reach for help, how many others are too ashamed or embarrassed to seek help?

## PTSD

Post traumatic stress disorder (PTSD) has become far better known and understood by psychological practitioners in the past forty years. One of the clients mentioned that they had been diagnosed with PTSD, brought on by an adverse childhood experience (ACE):

*I've always been open about my mental health right from when I suffered postnatal depression with my oldest one. They recognised (I) suffered PTSD from when my dad's run off with my mum's best friend at the age of 11. So (there were) a lot of years that were undiagnosed that I dealt with.*

PTSD is frequently a lived experience, without a formal diagnosis. Because it is so ingrained in the life of the individual, it frequently expresses itself in compulsive high-risk and self-destructive behaviours (Whitfield, 1998, also, Simmons, 2021). The other point worth making in this instance is that the PTSD originated in what might be seen as a relatively common - possibly even innocuous - occurrence, the breakdown of a family. How that family breakdown affects individuals can differ according to the individuals themselves, and the nature of the breakdown. In this instance, the client was still suffering from the effects of the initial trauma experienced as a child (Whitfield, 1998).

All of the clients in this cohort suffered with their mental wellbeing, and I suspect that they all had some element of PTSD in their lived experience. One outworking of that has been the tendency toward suicidal ideation, and attempts to take one's own life.

**“I promised  
my kids I  
wouldn’t take  
my tablets  
again.”**

**“I go to bed  
thinking, ‘I  
don’t want to  
get up’  
anyway.”**

## Suicide

Suicide and the accompanying ideation is a frequent factor in the outworking of trauma. This was certainly the case with these clients. One client expressed their paralysing loneliness during their worst years:

*[my best friend has] been by my side through suicide attempts and a lot of things. And ... I mentioned to you before, I had three suicide attempts many, many years ago. Well, this was before I was on antidepressants, I tried to end it three times. And in one way, I look back now I was stupid enough to try it.*

Other clients attempted suicide despite having family around them. They took an overdose, then:

*... I promised my kids I wouldn't take my tablets ever again.*

This was certainly an expressed “cry for help”, which definitely got people’s attention, because it resulted in the PTSD diagnosis and further help. That said, the presence of self-loathing and the contemplation of suicide is still never far away:

*Don't ask me how many times I've thought about doing it - But it's probably a daily or weekly occurrence. I go to bed thinking, "I don't want to get up" anyway. But that's something I've lived with for years.*

Another critical feature in the mental health challenges of the past few years was the Covid19 outbreak, with its subsequent lockdowns.

## Lockdown

The nation's experience of Covid19 was dominated by the lockdowns of 2020, which varied in severity, although the first one<sup>1</sup> was arguably the most impactful in terms of the detrimental effect of people's mental wellbeing (Banks and Xu, 2020; Niedzwiedz et al, 2020; Evans et al, 2021). This was certainly borne out with regard to the clients in this cohort, although their expressions of a much better life before the pandemic have an air of slight exaggeration:

*... and life before lockdown was: we'd go out every week. I'd have a car, we would go out every weekend, we'd go to the beach in the summer holidays, we'd have a holiday every year.*

This contrasts to their expressions of life since then, although in one case it is due to the complexities of life with a child who has SEN, and who missed a lot of schooling:

*I'm struggling getting [them] into school most days because [their] confidence ... going to school from Lockdown is very [bad].*

The conversation then turned toward experiences of having Covid itself, and one unexpectedly upbeat response to it all:

*Client: I, on the other hand, feel better within myself since COVID. Than before.*  
*David Simmons: Why's that?*  
*Client: Just because we've survived it. I know a lot of my friends that passed away from it. Younger and old. Like, people my age or younger, you know, people I was close to as well. So it was ... you've got to be thankful for it.*

**“I’m  
struggling  
getting [them]  
to school most  
days.”**

**“We survived  
it (Covid).  
You’ve got to  
be thankful.”**

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<sup>1</sup> The first official lockdown between 23<sup>rd</sup> March to the phased re-opening of schools on 1 June, 2020.

## Loss of Physical Health

Physical health also played a significant role in the lives of the clients. This might be seen to be an outworking of the mental struggles, since these challenges frequently resulted in significant obesity with its associated complications - a lack of mobility, arthritis, the need for replacement surgery:

*It's starting to be in both knees but mainly my right knee ...  
Going upstairs is really bad. And I've got an upstairs toilet. Haven't got a downstairs toilet. So spend a lot of time upstairs in my bedroom. Because I can't go downstairs.*

Another client felt judged because of their weight:

*And a lot of people what irritates me though. It's a lot. I'm overweight, OK? Yeah, I've got a lot of weight to lose. And people go, "oh, she don't go without food."  
I had someone from work turn around and say to me, "well, you never go without food because you're overweight."  
It doesn't mean I'm still sitting there eating loads and loads of crisps and ... fair enough, yes, I do have a food addiction, but it's not always the case.*

The association between mental wellbeing and physical health can not be overstated.

## Loss of an Idealised Life

There was a sense with all clients, that the clock had stopped. Their early lives, with its optimism, good health, free living, were effectively over, and older age, with its mental and physical challenges, had taken root. The responses indicated a sense of lost youth, lost opportunities, a lost life:

*I would have loved to have got married when I was in my 20s, had children, all the rest of it. That's never unfortunately happened for me. I would still like to have children, but that's probably never going to happen.*

*I'm [in my fifties], would you believe?*

That last comment echoes a common thread in people's responses, that they struggle to accept older age, but with some of these comments, it was accompanied by a sense of life having passed them by:

*And then the thing is, I start worrying about bills or start worrying about this. And it all overwhelms me. And then I think, "my life's running away from me." And that's how I feel every single day. And the loneliness keeps coming and coming and coming.*

The sense of despair conveyed through the repetition of the last three words is strong in that instance.



## Loss of Identity

Along with lost opportunities for the client who had no family, was the perspective of the mother who felt that she had subsumed her identity into that of “mum”, from which she was only just beginning to re-emerge:

*Mum is a coexistence of me now. So I started to get my life [back], I'm starting to be me, an individual. Instead of mum ... Whereas before, I was just "mum", constantly.*

So just as one respondent was struggling with never having had a family, another person was struggling with the loss of her identity, having just been “mum” for the past thirty or so years. The concept of “coexistence” is quite powerful in this response. The implication of rediscovering a purpose to life after being “mum” for so long, was quite strong within it. Having expressed herself in this way, the client went on to celebrate her children’s achievements throughout the rest of the discussion.

## Loss of Relationships

Loss of personal relationships are often associated with debt. One does not necessarily cause the other, but within complex relationship breakdown, one or either party is often left with significant liabilities. With poor mental health, caused by PTSD or otherwise, alongside chaotic and destructive behaviour, the picture becomes bleak:

*[Reach] helped me through a lot of time when I first moved into my home, because my ex left me with a lot of debt. And I mean a lot!*

This is exacerbated when the ex-partner also exhibits complex behaviour:

*I finally split up with my [partner] 2015 - 2016. Finally said goodbye. Like properly. We'd been on and off since about 2008. So. But (they were) a bit of a narcissist. So (they'd) always like, win you back. And because obviously my mental health issues and that lot, it was ... (they) made them a lot worse.*

When one’s identity is wrapped up in a relationship, it can become difficult to find a new sense of self. This is compounded by high levels of debt, which in turn can result in a further downward spiral of mental ill health. When there is a child with SEN involved, it becomes even more tricky, because the school have to become involved, and the whole episode becomes public, and therefore shaming:

*I just split up with his ... dad, and something kicked off ... So they excluded him. He was in an alternative provision for ... half a term.*

The alternative provision was deemed unnecessary, and the child returned to mainstream school. But the scars of frustration remain with that client.

## Loss of Money

Financial loss was a very prominent theme in the groups. This was whether the person was employed or not. In one instance, it meant that the person had given up alcohol; in other circumstances it meant having nothing left once the monthly bills are paid:

*[The money comes] in the morning, out in the evening, I'm poor again.*

One client made sure her bills were paid by direct debit, otherwise she was worried that she would spend it frivolously, "because of my mental health." That same client had determined to follow a strict budget for the same reasons:

*All you need to do is literally on the day you get paid write what you need to pay out.*

The clients appreciated the help with budgeting provided by Reach (see Coping Mechanisms, next Section): *"It really does help."*

One of the gripes involved the undeniable fact that healthy food is far more expensive (something constantly raised by campaigners in the food industry):

*... being healthier means expensive food ... It's not cheap. You can get two punnets of strawberries for three pound, but you can go out and get a chocolate bar and packet of crisps for two quid. You know what I'm saying?*

All of the clients expressed the need for children and young people to learn financial management and budgeting skills. This is also something which was expressed in the Volunteers' report (December 2023).

*Client: The school is not setting then up for life skills ... of how life is now.  
David Simmons What would you do to change it?  
Client: Put in life skill lessons, money budgeting. The competition back in sports day. Teach them resilience.  
Elaine: Reach has got a lady who goes into schools now do budgeting, which is really good.*

**"Money comes  
in the morning,  
out in the  
evening, I'm  
poor again."**

**"Being healthier  
means  
expensive  
food."**

*Client: Yeah... but they need that resilience to know that they aren't always going to achieve what they want. And it's not just going to be handed to [them] on a plate. Like, you're not just going to go out there and buy a house. You've got to work to buy a house. D'you know what I mean? And you've got to work to keep that house. D'you know what I mean? Or you want a car, you've got work to get that car. And you've got to work to keep that car.*

Work was often commented on as something in the past, although one client did work a number of hours, to help make ends meet. This was not always easy, since she had to earn under the welfare benefit threshold. Nevertheless it gave her a greater sense of agency at a time when budgets were tight:

*...I'm thankful, I do have a little bit of a wage coming in ... So I am actually a little bit, at the moment, financially better. But well, back in April, I wasn't, because my daughter left home to go and live with her Dad, so I was down ... on Support. So I then decided that I was going to go and work a little bit more... So I am actually a little bit more at the moment, financially better off. Not by massive amount ... Whereas before I couldn't do that. So actually working does, a little bit, pay you off. But if I went to being full-time, I would be a lot worse off.*

The complexities of trying to balance a working life whilst on benefits (known as the poverty trap) has been a thread throughout social studies literature since the welfare state was introduced; it does not look as though anything will change soon.

## 2.2. Looking Up

**“I’ll treat myself and my son...”**

**“I’ve been dancing since I was 19. And I have loved every moment.”**

### Coping Mechanisms

As part of their journey towards better physical and mental health, the clients have pillars which they have constructed, things to hold onto whilst navigating the challenges of life. I have referred to these as “coping mechanisms”.

#### Treats

Some of the clients find ways to treat themselves, despite their economic challenges:

*I'll treat myself and I'll treat (my son) ... like I love a little beauty mystery bundle you know ... And then ... once that money's gone, it's gone. I know I've got food, got gas, got electric, got a roof over my head.*

In one instance, the treats came from the children of the client:

*And [my child] always makes sure that I've got money, you know, when [they] get paid [they] always treat me to a takeaway, you know, just little things like that ... So I'm thankful that all my children are like that.*

It was this tendency to have treats which caused one staff member some years ago, to query the integrity of the client, which offended them (see Feedback: Room for Improvement, later).

#### Escaping

Other coping mechanisms include methods of escaping. It has to be emphasised that living on welfare can be exasperating, leading a feeling of being trapped in a cycle of dependency. For these clients, there were marked moments of escape. For one client, it was all about dancing - the client had danced as a young person, and continued to dance throughout their adult life. No matter how bleak their life became (and it became markedly bleak at times), they always had dance to return to:

*Well I've been dancing since I was 19. And I have - you know, I've ... I've loved every moment.*

That particular client had mentioned dance earlier on in the conversation, which was important to bring back into the group:

*It's the same when I was younger, it used to give me a buzz. It doesn't give me that buzz that it used to do when I was younger, but when I was younger, I had that absolute buzz about it.*

Other clients escaped through part-time work, which then enabled them to treat themselves and members of their family (see Loss of Money, previous section).

## Therapy

Therapy appears in the clients' stories as a major factor in their ability to cope with the rigours of life. That said, even therapy appears to have its limitations for clients:

*I've had cognitive therapy. And I've had all of that, it helps for a while. It's a six-weeks course, it's really good. But what I find is, it's great if you can keep it continuous. And obviously you can't keep ... going with it, because it's only a six-week course. So basically, you have to stop, and then you have to reapply. And then you would get that six-week course, and that I did that for (a) good five or six times. And it's great. But you get to the point where - oh, you're up, it spurts you up and then - wallop, you're down again.*

So for some clients, there was a natural limitation. Yet for others, it had more of an impact:

*(Therapy has) ... helped me a hell of a lot. Like I wouldn't put makeup on before, wouldn't take time and do my hair, wouldn't take time in making myself look ... average. But I do now, you know, it's helped me inside and out. And with housework, you know, if I only do one load of washing up ... I've achieved something whereas before I wouldn't have done nothing.*

So that client realised that achievements, however small, can contribute to a sense of satisfaction and self-worth.

**“But you get to the point where - oh, you're up, it spurts you up and then - wallop, you're down again.”**

**“Therapy has helped me ... inside and out.”**

**“Finishing the course is daunting. But I’m looking forward to it. Because then I can say, ‘I’ve achieved this.’**

**“The cookery courses are fantastic for beginners and experienced people.”**

## Courses

Along with therapy, the clients appreciate the courses laid on by Reach, by the NHS, and by others. The courses are vital for many reasons:

- They foster a sense of life-long learning, which builds confidence;
- They give the participants a sense of achievement;
- They encourage participants to go out and commit to a routine of doing so;
- They are fun;
- They build a sense of community. Many of the clients reported how they have built friendships over a period which should now last for a long time:

*I will talk to every one of them out of ... (the) group ... they always say "hello" ... (finishing the course) is daunting, but I'm looking forward to it. Because then I can say, "I've achieved this."*

There are three courses which feature in the clients’ narrative. One is the Waves Mental Health course, which is run by Mind, and which:

*... is a 12-month recovery and life skills programme, offering understanding, tools and support for people with a diagnosis or traits of borderline/emotionally unstable personality disorder. The group offers a safe, confidential and non-judgmental environment (source: Mind website).*

Although Waves is therapeutic in its nature, Mind are at pains to emphasise that the course, in itself, is not therapy. Topics include: Safety Planning and Staying Well, Dealing with Change, Recovery, Acceptance, Values and Identity, Emotional Regulation, Relationships and Managing Conflict, Goal Setting and Planning for the Future.

Reach host cookery courses, led by a local chef, which are extremely popular:

*I did learn a lot. So yeah, the cookery courses are fantastic for beginners and for experienced people.*

Not only are the cookery courses great fun, they also enable the clients to take the food home with them.

The other course which is mentioned is the Money Course, which is crucial to the financial wellbeing of the clients, and helps them to budget effectively (see previous section on Finances).

The next subsection will look at client feedback.

## Client Feedback

This subsection looks at the direct feedback about Reach. The majority of the comments were overwhelmingly positive, and there were some comments which highlighted areas for focus.

### Room for Improvement

One client expressed a certain amount of dissatisfaction with one particular interaction:

*I felt a little bit judged.*

This was quite an exceptional response in terms of the overall flow of the conversation, so we probed a little further. It transpired that a conversation had taken place in the hearing of others, which made the client feel overheard by others who were not involved in her issue, and she also felt that she was not being taken seriously:

*... it also wasn't fully confidential. It has to be a little bit more confidential. Because we was talking about lots and lots of debts ... when he was telling me the figures ... there was a lot of people ... around the table. They kept on interrupting and I felt like, "take us aside." Don't put us when there's loads of people.*

It is not easy to get the full grasp of the event in question, particularly because the client was clearly still emotionally affected by the incident. It was also against the flow of conversation, which had until that point, been very positive towards Reach. I suspect the staff member in question had been taken by surprise in that incident, as I think it was an informal encounter, and there may not have been another room available to continue the conversation:

*And I'm thinking well, "take me into a side room."*

Another client described her initial encounter with Reach several years ago, and emphasised that the event would not happen now. In that instance, she had felt judged, but when she returned to Reach after several years, she said the treatment had changed beyond all recognition. Her first encounter had been concerning her debt, and she felt judged for having “treated herself” whilst struggling financially (see the Treats section in Coping Mechanisms). The staff member had worked out that she could theoretically live within her means, but had been unable to do so, and had asked the client why she had treated herself, when it pushed her finances over the edge. The client had then felt ashamed, and wanted to leave. It was only when things got significantly worse many years later, that she decided to return to Reach, and found the experience so much more positive.

The thing that is worth emphasising is that these were two isolated incidents which clients remembered, but did not represent the main flow of conversation, which was very positive. The next few sections outline how the clients relate to Reach, and how they enjoy that relationship.



## Successes

This section looks at the positive feedback given by some of the clients. One client has enjoyed her interaction with Reach so much that she has become an advocate, and is keen to volunteer for them (see the next section “Looking Up”):

*you can go in and have a cup of tea and talk, and you're not judged.*

The idea of being heard and not judged recurs many times in the response data. Another source of positivity is the way in which Reach can procure items for clients (using the organisation Acts 435 and other routes):

*And then they'd noticed that in my kitchen - cause it was open plan - I didn't have, like, a stair gate long enough for the kitchen. And I said, "Well, I can't afford one." And they turned around and said to me, "well, we can actually see if we can get you help for that." So I think that they'd raised some funds, and then they went out and bought the stair gate for me.*

Another client summed up her overall opinion in this way:

*I absolutely adore Reach.*

**“I absolutely  
adore Reach.”**

## Connecting to Reach

**“They’re  
perfectly fine  
with me all the  
time.”**

**“No problem  
is too small.”**

This final section looks at ways in which clients relate to Reach, and how the work affects them in the long-term.

### Personal Connections

One vivid characteristic which emerges in the clients’ stories is the importance of personal relationships, particularly with Reach personnel. Members of staff are frequently name-checked throughout the narratives, indicating the importance of befriending clients in a respectful and positive manner:

*I come to Reach because [staff member] goes to the same church as me.*

*I had to go for a medical many years ago, [staff member] took me there.*

For another person, the change in their life began when they met someone from Reach:

*David: What changed?*

*Client: What changed was meeting [staff member]. Not gonna lie.*

The stories of meeting staff members, some of whom are no longer part of the organisation, peppers the clients’ narratives, and underpins the importance of strong relationships and connections. In some cases, the clients had interactions with Reach staff which went back many years.

### Support

Reach are seen as a consistently supportive organisation:

*I've had problems with ... my rent goes up. And that, you know, I'm always on the phone saying, "rent's gone up" ... they're perfectly fine with me all the time.*

The support comes in any circumstance:

*No problem is too small.  
They're just like, "yeah, we're happy to help."*

It's important that the help comes without a barrage of questions. This in turn, engenders trust within the clients, because they themselves feel trusted by the organisation:

*Because I did a ... shop, you know, so, you know, it was a case of [running out of food] ... but they didn't question me. And that was nice.*

Many of the clients admit that they treat themselves, as part of a mechanism to help them cope with their lives (see previous section).

## Listening

The constant characteristic attributed to the staff of Reach is that they are "a listening organisation", there is an emphasis on non-judgemental interaction which the clients really appreciate:

*I was having an issue ... I'll go and see [staff member] as much as I can. Got a really good bond with [staff members]... a problem shared is like a problem halved. You're not being judged either. And that's a big thing, not being judged, and not them thinking that my problems are just silly, that they're quite happy to listen. And (give) advice and yeah, so.*

This is so important when clients are facing mental stress on a daily basis:

*... my anxiety's really bad, and with my mental health problems, [staff member has] been fantastic with me so far, and [they've] helped me out a lot. And [they] still [are], to be honest, [they have] helped me out a lot, [they have] listened to me, especially on a really bad day, which is nearly every day.*

Simple interactions like this may at times seem trivial, but can be the difference between a chronic episode, and the development of lasting hope.

**"You're not being judged either. And that's a big thing, not being judged."**

**"they have listened to me, especially on a really bad day, which is nearly every day."**

**“I’m hoping to do some volunteering. I don’t care if it increases my opportunities. What I want is a bit more self confidence.”**

**“I’ve become an advocate for Reach ... I think they’re fantastic.”**

## Volunteering

Volunteering is the way in which clients can give back to the community, not necessarily the organisation in question (although that is certainly the case: see also the Volunteers’ Focus Group Report: December, 2023). One client has been volunteering for their local church, and has also been providing seasonal party bags for children at certain times of the year, presumably at their own expense:

*I done the kiddies parcels, didn't I, for Christmas. Yeah, no, I just thought ... they've helped me so much last year that I wanted to give back.*

The client then expands upon this theme:

*... to me, giving ... is so much more appreciative (sic) than taking. And to see the kids face light up when you give them this parcel or, or bag like, "Wow! thank you." D'you know what I mean?*

In another instance a client spoke about how they wanted to volunteer in admin for Reach, having received so much from them in the past:

*I'm hoping to do some admin volunteering with you guys ... I don't care if it increases my opportunities, what I want is a bit more self-confidence ... I just wanted to have, to gain experience of admin. That's all, really.*

Volunteering opens doors for clients to explore the benefits of “giving back”, as well as helping them to re-discover purpose in life.

## Advocating

Another client calls themselves “an advocate” for Reach, and is passionate about helping the organisation affect as many people as possible:

*I've become an advocate, I would say, for Reach because I think they're fantastic.*

When pressed upon this theme, the client opened up and expanded further on their theme:

*Client: I was the voice of The Christmas Appeal ... Yeah, they asked me to be the voice of the Christmas Appeal.*

*David: What did that involve?*

*Client: Just basically talking about my struggles over the year and struggling for Christmas. Yeah ... I had the privilege of being the voice for it, to raise money for Reach. So that's, you know ...*

*Another Client: Another thing to be proud of.*

*Client: I am. I was very proud of myself because we raised a lot of money for Reach.*

When clients become volunteers and advocates, the virtuous circle begins to complete.

### 3. Reflections

It has to be emphasised that all clients who participated in the focus group, and in the in-depth interview following, were positive about Reach. The main reflection is that Reach is an organisation that listens, does not judge, assists where necessary (both materially and with guidance), and has developed, over many years, to provide services which meet the felt needs of the individuals and families concerned.

The two pieces of feedback where there might be room for improvement were candidly expressed in the focus group and interview, and yet both times, the client in question emphasised that the occasion was (in one case) a long time ago, or in the other case, an aberration. It is quite possible in the latter instance that the client felt a slight which was not intended. Nevertheless, this can be remedied with a systemic process which ensures certain conversations should always be conducted in confidential settings, however unexpected the timing.

The success of the organisation's interaction with their client base is strongly evidenced in the number of clients who are prepared to advocate for Reach (as evidenced in numerous case studies) and help the organisation through volunteering. The volunteers' focus group in December 2023 bears this out; one volunteer came to Reach with a series of issues. When they were met, that same person opted to volunteer for the organisation that had helped them. This is both about meeting felt needs, but also about integrating the clients into a community where they can in turn meet the needs of others: a virtuous circle.

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