Review of Community Development Worker Service

April 2017

Contents

Acknowledgements

Many thanks to the people who gave their time to participate in interviews, to the Community Development team for their wholehearted participation in the Theory of Change workshops and to Julie Wilson for all her help and support with the evaluation.

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1. Introduction

When David 'Rocky' Bennett died in 1998 at a medium secure unit for mental health patients in Norwich, the independent inquiry into his death, together with the Breaking the Circles of Fear 38 report which was written while the inquiry was in progress, found that the mental health system had failed to work or engage with African and Caribbean communities. Circles of Fear highlighted self-reinforcing processes in response to poor experiences of mental health services and people's fear of admission into hospital where experience of non-culturally competent service delivery and the insensitive use of professional power created fears of abuse or death whilst in the care of the NHS.[1]

In 2003, Inside Outside[2] recognised that institutional racism existed in the NHS and it was from this report that the Government produced the Delivering Race Equality (DRE) in Mental Health Action Plan[3] to reform service delivery, develop the workforce and reinforce clinical governance to tackle institutional racism in the NHS.

Integral to this action plan was the recruitment of an England-wide network of 500 Community Development Workers (CDWs) to support commissioners to be better informed about issues facing people from BaME and vulnerable communities in the commissioning, development and provision of mental health and wellbeing services. Later, with an over-arching role to actively promote the 2010 Equalities Act, CDWs were tasked with empowering people to engage with evidence-based health and wellbeing activities that support improvements in mental health and with working in ways that "*identify and build upon existent assets found within and across BME and other vulnerable communities to best realise opportunities for strengthening communities, strengthening individuals and reducing structural barriers experienced by such communities.*" (Service Specification 2011)

The service was designed to have an impact at both local and strategic levels, providing support for community development on the ground, rather than in a case worker role, and feeding learning back to commissioners to inform system improvement and lead to services being more culturally sensitive and aware.[4]

Some parts of the country did not roll out this aspect of the programme.[5] However in Birmingham a number of CDWs were funded by the (then) three Primary Care Trusts and hosted in a number of third sector organisations and each of the host organisations took a different approach to the CDW role.[6]

[1] https://lankellychase.org.uk/wp-content/uploads/2015/07/Ethnic-Inequality-in-Mental-Health-Confluence-Full-Report-March2014.pdf

[2] Inside Outside Improving Mental Health Services for Black and Minority Ethnic Communities in England NIMH 2003 http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4019452.pdf

[3] http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4100775.pdf

[4] Community Development Workers for Black and Minority Ethnic Communities: Final Handbook (Nov 2006)

[5] Lankelly Chase as above

[6] Annual Report of Community Development Worker Programme 2013/4

In 2011 Birmingham Mind and its partner organisation Common Unity were commissioned to jointly deliver the CDW service for the next three years by the Mental Health Joint Commissioning Team and in 2014 Birmingham Mind and Common Unity were further commissioned to continue to deliver the CDW service.

In March 2016, Common Unity ended their involvement in the CDW service and Birmingham Mind took over the direct day to day management of the service.

As at April 2017, the CDW service works with communities across Birmingham and aims to promote positive discussions on mental health and wellbeing.

The CDW service is aligned to the values and outcomes of Community Development National Occupational Standards, in particular the core value to promote social justice, equality and inclusion,[7] which is universal to all communities. The team believes it is these values that distinguish the service and help it to maintain its integrity in a changing environment.

The service is underpinned by over-arching principles to take an asset-building approach to enabling communities to do things for themselves and develop partnerships to create local resilience for mental health and wellbeing. It has 7 work strands focusing on different aspects of wellbeing and/or specific communities or groups:

- Women's health
- Men's health
- Newly arrived communities
- Supporting families
- Criminal justice
- LGBT communities
- African Caribbean communities

The staff team of 8, several of whom are part time, are supported by a dedicated manager.

CDWs were commissioned to be a resource to BaME and vulnerable communities across Birmingham, specifically to support mental health and wellbeing awareness and resilience. The team act as change agents; developers of services; access facilitators; and capacity builders and the approach to delivering these roles has evolved over time. A major redesign of the service took place a year ago and this review, carried out March-April 2017, looks at the effectiveness of the new model and offers suggestions for further development.

[7] http://www.fcdl.org.uk/learning-qualifications/community-development-national-occupational-standards/

2. Approach and methodology

This review looks at the impact and strategic influence of the Community Development Worker Service, the outcomes the service is achieving and its strategic relevance.

The review undertook:

- 12 one to one interviews with key strategic informants including commissioners of the service and organisations currently supported by the workers
- 2 half-day workshops with the CDW team and their manager. These workshops were used to gather data and to develop a Theory of Change[8] for the service
- Desk research to locate the service within the current policy context and to capture any relevant the changes in the wider environment

Interview and workshop material was analysed for common and outlying themes and it is these themes that are presented in the following findings section.

3. Findings

Interviewees from partner organisations described the CDW team members as knowledgeable and well respected, with strong networks. The range of skills and knowledge CDWs bring to partner organisations include:

- High level communication and interpersonal skills
- Knowledge of wellbeing and mental health
- Networks and contacts
- Skilled volunteers
- Language skills - either their own or through their networks and contacts
- Knowledge and understanding of the local community
- Skills as experienced group and workshop facilitators and trainers
- A non-judgemental approach to talking about mental health/mental distress and wellbeing issues.

For several of the partner organisations the link with Birmingham Mind was important, it gave them an assurance that the work was evidence-based and rooted in a strong understanding and knowledge of mental health and wellbeing. Interviewees commented that the ethos and values of Birmingham Mind had strong resonance with the ethos and values of their own organisations.

[8] A Theory of Change enables services to articulate the changes in context and establish the rationale for service change and development, facilitate the attribution of outcomes to particular interventions and identify change in terms of short, medium and longer terms outcomes and ensure consistency of data gathering.
http://www.thinknpc.org/publications/theory-of-change/

Where CDWs bring in volunteers, organisations are comfortable because they know that any volunteers working with their clients will have been recruited, inducted, trained and DBS-checked by Birmingham Mind.

CDWs are seen as:

- "*...going the extra mile*"
- " *...feeling like they're part of the team*"
- "*...being very culturally competent...*"
- "*.... passionate, likes to help people"*
- "*really good at working in partnership*"

Interventions and approaches

CDWs use asset-based approaches to their engagement with communities;[9] they recognise people have strengths and capabilities that they can bring to bear in their own lives and encourage and support them to use them. Asset-based approaches have been well researched and the evidence base shows that they can lead to increases in confidence and wellbeing which in turn lead to more sustained outcomes for people. CDWs enable people to develop the "*skills and confidence to manage the demands of life*"[10] and become more resilient by identifying the protective factors that can support their own health and wellbeing.

When the national concept was established, CDWs were described as having 4 key roles: Access facilitator, Change agent, Service developer, and Capacity builder. Given that the service has refreshed during the last 12 months, these roles provide a useful framework for categorising the approaches the team has undertaken (see Table 1).

The CDWs offer a range of interventions tailored to the needs of the communities or groups they are working with. Examples include:

- One to one support with refugees providing information on housing and employment, as well as mental health and wellbeing
- Enabling women from the Pakistani community talk about their feelings and build self-confidence
- Working with a local community organisation to find the best approach to supporting a client (who had only recently come into the UK) with a bereavement
- Working with prisoners and ex-offenders to facilitate conversations about how to identify signs and symptoms of mental distress and extending this work through the delivery of a Manmade project in HMP Birmingham, in partnership with Forward for Life and G4S, which aims to increase resilience and wellbeing and reduce suicide risk on release from prison

[9] http://www.gcph.co.uk/assets/0000/2627/GCPH_Briefing_Paper_CS9web.pdf
[10] http://lx.iriss.org.uk/sites/default/files/resources/assetbasedapproachestohealthimprovementbriefing2011_10_27.pdf

- Delivery of Think Football sessions to promote personal and mental wellbeing at Aston Villa Football Club, funded by Sport Birmingham and evaluated by Newman University
- Delivery of arts projects with families, using arts and craft activities as a tool to promote wellbeing
- Development of projects to provide health assessments for men who play walking football
- Supporting an African Caribbean peer to peer self-help group for people with experiences of mainstream mental health services
- Organising an Unconference and a Human Library - where real people are on 'loan' for conversations designed to tackle prejudice and stereotyping

Table 1

Access facilitator	Change agent
➢ Providing interpreting support where organisations lack language specialism (CDWs and volunteers) ➢ Signposting people and organisations to services ➢ Providing information about what is available ➢ Supporting mental health service users to offer peer to peer support ➢ Building networks of community resources	➢ Identifying gaps in services - particularly where services are not able to be accessed by particular communities or individuals ➢ Opening up conversations about mental health and wellbeing in communities where such topics may be hidden or taboo ➢ Community events (in partnership with other agencies and organisations) aimed at raising awareness of mental health and wellbeing
Service developer	**Capacity builder**
➢ Designing courses for wellbeing ➢ Delivery of courses for wellbeing ➢ Training staff in organisations to raise awareness/deliver wellbeing courses ➢ Collecting case study and other evidence for commissioners about service gaps	➢ Supporting organisations to deliver health and wellbeing interventions ➢ Challenging stigma ➢ Encouraging open conversations about mental health and wellbeing and working with organisations to develop responses to these

Team members work in partnership with other organisations to deliver targeted interventions, for example working with a partner agency to design and deliver wellbeing courses for the LGBT community that were both culturally competent and delivered at times people could attend - namely evenings and weekends.

> *"Mind courses give the women chance to share how they feel - it gives them space to talk, they are asked about how they feel/how low they feel .... Courses give them space to talk about their issues and the women feel validated, and it helps them to recognise that their feelings are real and the woman appreciated knowing they can get help."*
>
> Organisation interviewee

The Mellow Festival in Handsworth Park was organised and delivered in partnership with Time to Change and came about in response to concerns about stigmatising views around mental health of some members of the local business community.

In an example of capacity building and resilience development, partnership working with Birmingham and Solihull Women's Aid started off with jointly running health and wellbeing courses, such as 5 Ways to Wellbeing, with women in Children's Centres and will see women who have participated in the courses become trained as community champions to give out information on health and wellbeing to other women in the community.

The CDW for Criminal Justice provides an example of the wider significance of the work. He is contributing to academic research for the Barings Foundation in partnership with Birmingham City University and Tanyah Sam Associates to conduct a human rights review into the delivery of mental healthcare for prisoners.

Delivering outcomes

The team maintain records for the numbers of people supported and are collecting impact case studies for sharing with the commissioner, therefore the outcomes discussed in this section are those identified by interviewees from partner organisations with key themes drawn from across the CDW work streams.

> *"I totally enjoyed the course. I have learned plenty of new strategies and revisited some I have known for a while. I think this course was pitched at the right level and the trainer has been professional approachable, enthusiastic, helpful."*
>
> Course evaluation form

Outcomes for communities and individuals

The CDW team work with groups and individuals in community settings to explain the role of public and voluntary sector agencies; what they are for, who they can help and how to access their services. The CDWs help to build trust in agencies and enable people to understand the differences between them, for example when to contact a domestic violence agency and when to contact social services.

People feel better able to access services across both the voluntary and statutory sectors and the CDWs' extensive networks of contacts can often mean that they are able to signpost and provide a 'warm' referral to other agencies for people who need to access more specialised support.

Individuals who have been on courses delivered by the CDW team have built self-confidence and have improved their own personal (and often their families) knowledge around health and wellbeing.

Interviewees felt that facilitated conversations enabled by the team were breaking down some of the barriers to talking about mental health and wellbeing in targeted communities.

Organisations working in partnership with the team appreciated the way the team offers information to their clients in "*bite sized chunks*". One organisation gave an example of a woman who was on the periphery of their organisation for several weeks, dropping in for a cuppa now and then but not actively engaging with any of the staff or volunteers. The CDW sat and talked to her and encouraged her to attend a 5 Ways to Wellbeing course which she really enjoyed and got a lot out of. Her confidence improved and she went on to complete food hygiene courses and find herself a job in a local supermarket.

People who have volunteered to help at events have increased their confidence and now have "*the courage to talk to members of the public about mental health problems*."

> "She *is developing a structure for us to use as a legacy from her work and she will continue to offer us support ...she has influenced our organisational thinking about how to engage people in their own mental health and wellbeing*"
>
> Organisation interviewee

The team actively seeks opportunities to build on the self-confidence and improved wellbeing that arises from their work by developing community champions and peer mentors as part of the programmes they design.

Outcomes for organisations

Organisations have become more aware of the impact of mental health and wellbeing for their clients and reported that their organisational knowledge base has increased because of the work of the CDW team and how a CDW had influenced organisational thinking about how to engage people in their own mental health and wellbeing.

Organisations welcome the culturally appropriate support that CDWs bring. The fact that they understand the barriers their clients have in accessing services is important and organisations appreciate how CDWs work with them to design mental health and wellbeing activities to meet identified needs. One organisation mentioned how difficult it is for their clients (Pakistani women) to access services that are not close to home and another described the difficulties trans people /people with different gender identities find accessing services due to pathologising approaches based on birth gender/identity and how often LGBT people are required to 'come out' when accessing mainstream services.

CDW networks enable access to other skills, such as language and professional skills. A refugee organisation welcomed the barber and masseur who were brought into some CDW sessions, they felt that they really improved people's physical and emotional wellbeing, not least because this was a treat that refugee people would not normally be able to access or

afford. They also appreciated the Syrian volunteer who attended some sessions and provided language support that was not available from any other agencies.

Organisations feel better networked as a result of working with CDWs. One organisation had produced a spreadsheet of contacts for all the organisations their CDW had introduced them to, so that they could contact them independently, contributing to a stronger local infrastructure of support on the ground.

A number of organisations described how they planned to sustain the work developed by CDWs, ranging from improved skills for staff, training volunteers to take on roles, community champions and peer mentoring programmes.

Interviewees reported that CDW interventions had stimulated the creation of sustainable groups, with more people coming back into local centres; one interviewee reported that women are now more closely linked to the children's centre and more engaged with other activities because of the work done by the CDW. Others reported that new people have engaged with their organisation and that people were making friends and meeting people from different communities and backgrounds that they would not usually have had the opportunity to meet.

Changes in the economic climate for community buildings means that the CDW team are sometimes required to pay for room hire and to provide IT or administrative support to provide interventions in some community settings. This should not be a long-term commitment but a delivery cost to enable CDWs to reach communities in accessible places where people feel comfortable to engage.

All the organisations felt that the CDWs brought added value to their work and many commented on the excellent partnership working skills demonstrated by the workers. While they welcomed and appreciated the support for both their clients and the wider organisation, not all the organisations interviewed were clear about the purpose of the CDW role, or about their relationship with the worker and Birmingham Mind. In a small number of organisations the CDW role is potentially so well embedded that they are seen as part of the team.

Overall organisations have improved their awareness of what Birmingham Mind does, particularly the focus around mental health, wellbeing and preventative work.

Several interviewee's described how they had taken learning around health and wellbeing into their own lives, for example engaging in meditation and mindfulness as a way of managing the stresses of their own day to day working environment. Others reported that working with the CDW service helped to build their own awareness of person-centred approaches to wellbeing and emotional intelligence. Some workers in partner agencies have found the CDW support useful in helping them be equipped to understand their own emotional responses to helping clients and to be clearer about their professional boundaries when supporting vulnerable clients.

4. Looking forward

The Community Development Worker role was initiated as part of the Government's response to Delivering Race Equality in Mental Health and was seen as one of the highest ranking priorities for delivering mental health services and an integral part of the 5 year action plan to tackle inequalities in services.

When the role was first implemented, Government wanted to use community development as part of two stranded approach to improving services; in supporting reforms to services from within the mental health system and external interventions that would ensure that the views of communities were taken into account in the future design of mental health services.

Whilst the statutory drivers for the CDW role have moved on, the team still has strategic relevance against the current direction of travel for improving outcomes for people with mental health problems as set out in the paper 'An agreed purpose for improved mental health in Birmingham.'[11]

Developed as part of the work around the CDW service Theory of Change (see page 12), the table on the following page maps the overarching and immediate outcomes that the service delivers against the 4 key areas of focus for improving mental health in Birmingham:

- Prevent: preventing mental health problems and getting help earlier, for people starting to suffer poor mental wellbeing
- Protect: those who are most vulnerable from the adverse effects of mental health problems
- Manage: preventing mental health crises and managing them better when they do happen
- Recover: helping people with mental health problems to recover back into everyday life

[11] https://www.west-midlands.police.uk/docs/advice-centre/help-and-advice/mental-health/cross-city-clinical.pdf

Table 2

Strategic Focus	Overarching outcomes	Intermediate outcomes
Prevent	➢ Increased mental health and wellbeing awareness ➢ Improved knowledge about mental health and wellbeing services ➢ Better informed mental health & wellbeing services commissioning	➢ Increased knowledge of self-care and coping strategies and techniques ➢ People better able to talk about mental health and wellbeing ➢ Increased connections between communities and organisations ➢ Better understanding of community needs and service gaps
Protect	➢ Reduced stigma about mental health ➢ Better informed mental health & wellbeing services commissioning	➢ People better able to talk about mental health and wellbeing ➢ Increased connections between communities and organisations ➢ Better understanding of community needs and service gaps
Manage	➢ Improved knowledge about mental health and wellbeing services ➢ Better informed mental health & wellbeing services commissioning	➢ Increased knowledge of self-care and coping strategies and techniques ➢ People better able to talk about mental health and wellbeing ➢ Increased connections between communities and organisations ➢ Better understanding of community needs and service gaps
Recovery	➢ Better informed mental health & wellbeing services commissioning	➢ Increased knowledge of self-care and coping strategies and techniques ➢ People better able to talk about mental health and wellbeing ➢ Increased connections between communities and organisations ➢ Better understanding of community needs and service gaps

Theory of Change (ToC)

Theory of Change (ToC) is a valuable tool for service review as it can be used to establish and test causal links between service activities, outcomes achieved and the overall goal or impact of the service.

A Theory of Change explores the evidence base that informed decisions about what kinds of activities were chosen to achieve positive outcomes and it also looks at what needs to be in place (enabling factors) for a service to be successful.

The Theory of Change model enables a team to gain a shared understanding of how individual roles and actions contribute to achieving outcomes and evidencing impact.

The CDW team can use the Theory of Change they have developed to reflect on whether the activities being delivered are effectively achieving the outcomes anticipated.

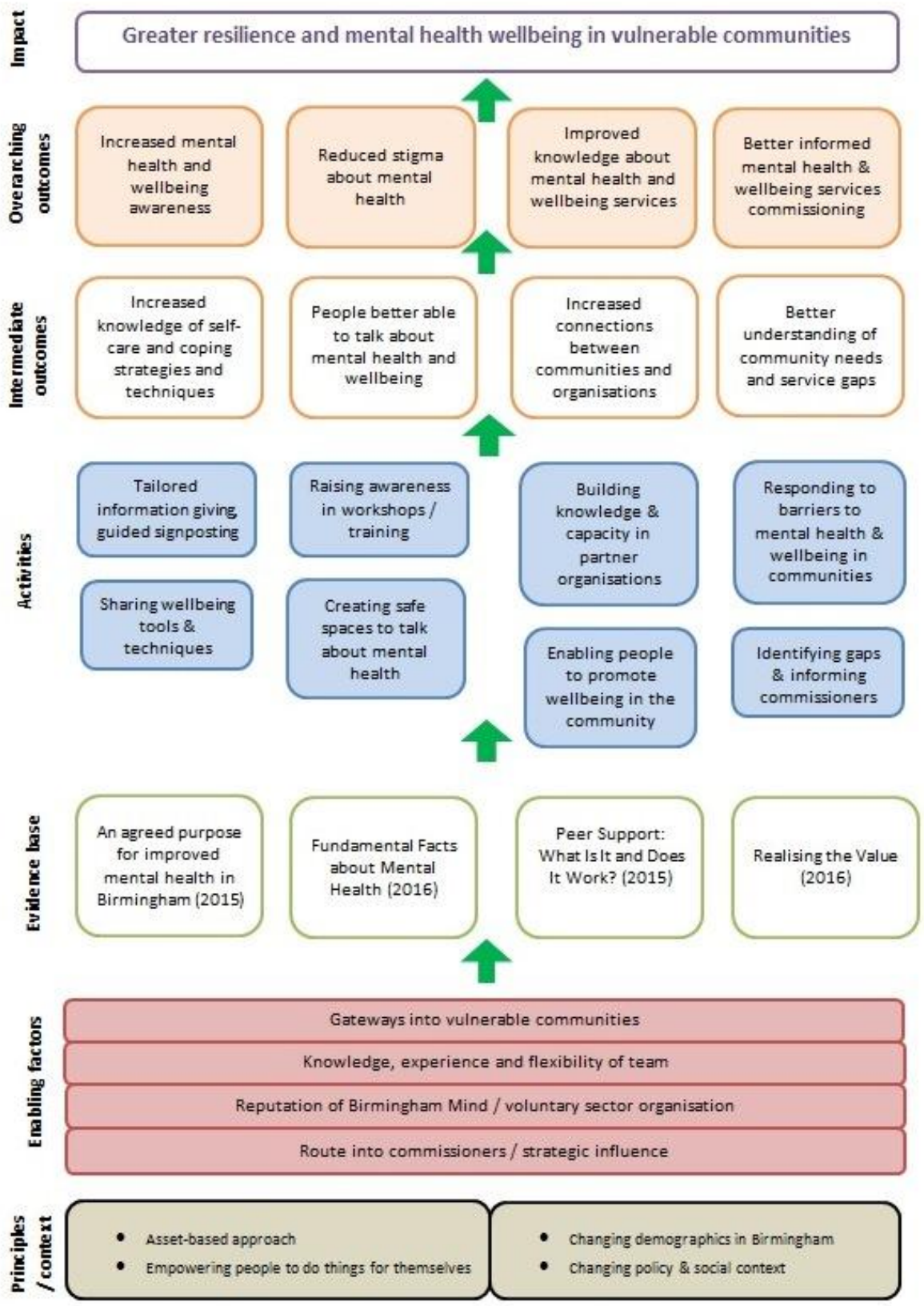
The ToC diagram (see Figure 1) can provide a basis for on-going review and reflection as the service continues to develop within a changing policy and infrastructural environment.

The ToC diagram was developed with the CDW staff team during two workshops.

It provides a summary of the activities team members are delivering, the overarching outcomes that everyone on the team is working towards and the impact that the team is aiming to achieve. It reflects the direction of travel in the 2016/7 reconfiguration plan and sits well with the overarching ambitions for the service.

A narrative that describes the elements in the ToC diagram on the following page can be seen in more detail can be seen at Appendix 1.

Figure 1: CDW Service Theory of Change



5. Conclusions

The overall feedback about the work of the CDW team from people interviewed for this review was positive.

There can be no doubt that the CDW team is well liked, well respected, well networked and reaching out into communities with a history of suspicion of mainstream services or of under use/over representation of mental health services; particularly those communities identified under the Delivering Race Equality programme and those with protected characteristics as described by the 2010 Equality Act.

The CDWs spread information and messages about mental health and wellbeing; they link people into services; and often they offer people their first experience of positive conversations that 'normalise' mental health and that help people to understand mental health and wellbeing as something that is relevant to their lives.

There was anecdotal evidence from interviews that the work CDWs do is building protective factors within people and their communities and that messages from their work are being shared more widely with families and others. There are examples of individuals (and groups of individuals) that have greater insight into their own mental wellbeing, and of people who have changed eating habits and lifestyles as a result of input or support from a CDW.

There is also some anecdotal evidence of behaviour change, for example in Pakistani women who show increased awareness of services and of seeking help for mental distress and wellbeing from their GP in a Birmingham community where research shows that there is "*...fear, shame and secrecy surrounding mental health issues among the Pakistani community in Birmingham*"[12]

CDWs gather intelligence about the barriers communities face in accessing services and in developing their Theory of Change the team have refreshed their awareness about the intelligence they hold. However what is less clear is how they share that information more widely within Birmingham Mind and with the service commissioner.

The team have had a year of transition and are currently using a blend of asset-based and service delivery approaches; the next challenge for the team is to work with their Theory of Change to realise fully aligned asset-based approaches to their roles and to think about the intensity and frequency of the work they do and specifically how each work strand delivers against one or more of the identified service outcomes. There is a risk in a very small number of organisations where the CDW presence and funding have become so integral to the partner organisation that disengaging may prove destabilising in the short term.

The team are potentially well placed to deliver against the Prevent, Protect and Manage elements of Birmingham's Mental Health Strategy through the work they do on building

[12] http://www.better-health.org.uk/sites/default/files/consultations/responses/our%20voice.pdf

resilience and developing coping strategies; they help prevent escalation by having community support in place for people that is culturally competent and by working to challenge the stigma of mental health.

Moreover there is an opportunity to explore how the work of the team supports the West Midlands MERIT[13] (Mental Health Alliance for Excellence in Innovation and Training) initiative, not least by exploring whether the organisations and communities they work with can also get involved.

While it has little material impact on the work of this CDW team, it is worth noting that very few CDW services remain in place, for reasons that may be to do with funding or policy changes, and as such it has not been possible to benchmark or identify comparators for the service.

6. Recommendations

1. Refreshing and refining the CDW approach

The team uses a number of approaches that have developed across the long life of the team.

It is recommended that the team invest time in refining the 'offer' of the service and this could include:

- Putting in place a core pathway or process for engaging with organisations that is explicit about what the CDW work is seeking to achieve, the timescales for engagement and approaches to exit. It could look at the needs of the organisations supported (now and in the future) in terms of frequency and intensity of the interventions, and clarify boundaries between what is part of the CDW role (such as interventions with organisations) and what is not (one to one case work). This could then form part of any information that is given to organisations about the role and work of the team.
- Continuing to use asset-based approaches to the work and formalise a Birmingham Mind CDW team approach to community development work that encompasses the range of skills and knowledge within the team into a shared model.
- Being clearer within the team about approaches that work and building an evidence base of what works.
- Work streams that are explicitly aligned to key policy drivers including the main Birmingham driver for change, An Agreed Purpose for Improving Mental Health.
- Using the Theory of Change as a live tool for planning and delivery as well as evidencing impact
- Making better use of Birmingham Mind's newly developed VIEWS reporting and data management system to collate and analyse data and produce information on need etc.

[13] https://wmmeritvanguard.nhs.uk/index.php/about-us/our-vision

2. Formalising intelligence and information sharing processes

The team identify gaps in services/barriers to using existing services as part of their day to day work and at the moment this intelligence is not brought together cohesively or formally.

It is therefore recommended that the team work together with the commissioner to identify how intelligence gathered at community level can be shared in ways that are accessible and credible.

As part of this process it is suggested the following are taken into consideration:

- The commissioner and the CDW manager/team clarify what information would be useful to inform commissioning (e.g. gaps in provision, community awareness of mental health, barriers to engagement), which information needs to be fed into services (e.g. service access issues such as opening times) and the route for ensuring this information reaches the 'right' people. Would an agreed template for reporting on intelligence be helpful?
- How to showcase and share information about good practice and innovation that are taking place at community level that are building protective factors in communities and individuals.
- How information can be shared more widely, for example with third sector colleagues.

Appendix 1 - Theory of Change

Theory of Change (ToC)

Theory of Change (ToC) is a valuable tool for service review as it can be used to establish and test causal links between service activities, outcomes achieved and the overall goal or impact of the service. A Theory of Change explores the evidence base that informed decisions about what kinds of activities were chosen to achieve positive outcomes and it also looks at what needs to be in place (enabling factors) for a service to be successful.

The Theory of Change model enables a team to gain a shared understanding of how individual roles and actions contribute to achieving outcomes and evidencing impact. The CDW team can use the Theory of Change they have developed to reflect on whether the activities being delivered are effectively achieving the outcomes anticipated. The ToC diagram (see Figure 1) can provide a basis for on-going review and reflection as the service continues to develop within a changing policy and infrastructural environment.

The ToC diagram was developed with the CDW staff team during two workshops. It provides a summary of the activities team members are delivering, the overarching outcomes that everyone on the team is working towards and the impact that the team is aiming to achieve. This narrative describes the elements in the diagram in more detail.

Underpinning principles/context

The core principle underpinning the 7 strands of the CDW service is that of an asset-based approach to community engagement and development. This means that workers engaging in any of the communities that are a focus for the service seek first to identify the strengths of the community and work from there, building on the assets of people's time, goodwill, willingness to learn and community spirit. This is in contrast to 'deficit' models of community engagement that start from identifying the problems a group or area faces and seek to find solutions to them. The asset-based approach focuses on empowering and enabling people to do things for themselves.

The context for the CDW service has changed many times over the years. Current key contextual factors that may impact on the delivery of the service are changes in the demographic make-up of the Birmingham population, which may require the team to refresh and renew the priority communities they work with; and the on-going infrastructural changes which have resulted in the CDW service becoming a unique service in the city and may result in further reconfiguration of support services for mental health and wellbeing in the future. The service is well-positioned in the general shift towards preventative services across health and social care provision and the need to engage communities with new models of care.

Service goal/desired impact

The CDW service aims to build greater resilience and mental health wellbeing in vulnerable communities.

Outcomes

The CDW team has identified several outcomes that together would contribute to the achievement of the service goal. The overarching outcomes are:

- Increased awareness of mental health and wellbeing
- Reduced stigma about mental health

Creating spaces for people to talk and learn about mental health and wellbeing and how to look after their own health and look out for each other is an important step in breaking down the silence and stigma around mental health.

- Improved knowledge about mental health and wellbeing services
- Better informed mental health and wellbeing services' commissioning

People in communities who are better informed are more likely to access services; commissioners who are better informed are more likely to commission appropriate provision.

These are supported by intermediate outcomes that form milestones or indicators towards the overarching outcomes:

- Increased knowledge of self-care and coping strategies and techniques
- People better able to talk about mental health and wellbeing

Giving people the tools to do things for themselves can help to prevent crises later on and build resilience.

- Increased community connections and local networks

Supporting the development of local infrastructure for mental health and wellbeing will also support community resilience.

- Better understanding of community needs and service gaps

The team is gathering evidence of achievement against outcomes and reviewing how it gathers and conveys intelligence to commissioners and service providers.

Service activities

The CDW team respond to the needs of the communities they are working with and deliver a wide range of activities tailored to each situation and the outcomes they are

seeking to achieve. The following overarching activities summarise the core offer of the CDW service:

- Information giving and signposting, tailored to each group/community
- Workshops/group sessions/events to raise awareness, share wellbeing tools and techniques and create safe spaces for people to start to talk about mental health
- Training for volunteers/community champions to promote mental health and wellbeing in communities
- Training for staff in partner agencies to raise awareness, address stigma, provide information and tools and techniques
- Making connections between communities, partner agencies, local groups to support and promote positive messages about mental health and wellbeing and create resilient local networks
- Listening to people's experiences and collecting narratives and evidence to inform service development

Evidence base

The CDW team worked with the service commissioner to reconfigure the service in 2016. They identified 7 priority work strands for the service to focus on for 2016-17, recognising that a small team could not work with all communities across the city at once. Each of the identified work strands was chosen based on a clear evidence base of need in different vulnerable communities and demographic groups.

A summary of the evidence base for the service overall and each work strand can be seen at Appendix 2.

The work strands are:

- Women's Health – with a focus on pregnant women, women with children under 1 year, women at risk of domestic violence, women at risk of FGM
- Men's Health – with a focus on domestic violence, access to health and wellbeing services, identity loss
- Criminal Justice – with a focus on resettlement of offenders, work training and employment, re-offending, drugs legal highs impact on mental health
- LGBT communities – with a focus on Lesbian and Bisexual Women, Transgender community, staff and stakeholders who work with the LGBT community, vulnerable groups within the LGBT community (e.g. sexual health, drug/alcohol addiction, domestic violence)

- Newly arrived communities – with a focus on access to health and wellbeing/Housing services, reduce isolation/destitution, address and assist individuals with Post Traumatic Stress Disorder, promote integration within communities
- Supporting families – with a focus on adult and young carers, mental health, debt management, self-harming behaviours
- African Caribbean community – with a focus on early intervention, improve access to services, alternative community pathways, support mechanisms

Enabling factors

For the CDW service to be successful in achieving the desired impact, the team has identified a number of factors that facilitate effective delivery and need to be in place.

- Gateways into vulnerable communities

The CDW services works with vulnerable communities that have been identified as priorities within Birmingham. With a city-wide remit, the small team needs good contacts and networks with individuals and groups that can help them to gain access to communities when they do not have time to become embedded in the traditional community development way. The CDW team has extensive networks built up over several years that facilitate access.

- Knowledge, experience and flexibility of the team

A team that is reaching into a broad range of communities, working with men and women, older and younger people, people with different ethnic backgrounds, including people who do not speak English as a first language, require a deep understanding of a range of approaches and techniques that might be successful in engaging people in discussions and activities about mental health and wellbeing. An experienced team can respond more quickly and effectively to the needs of a group, drawing on its knowledge of what has worked in other locations or with other groups. Being able to adapt and develop engagement processes to each new situation requires flexibility and confidence which comes from experience.

- Reputation of Birmingham Mind/voluntary sector organisation

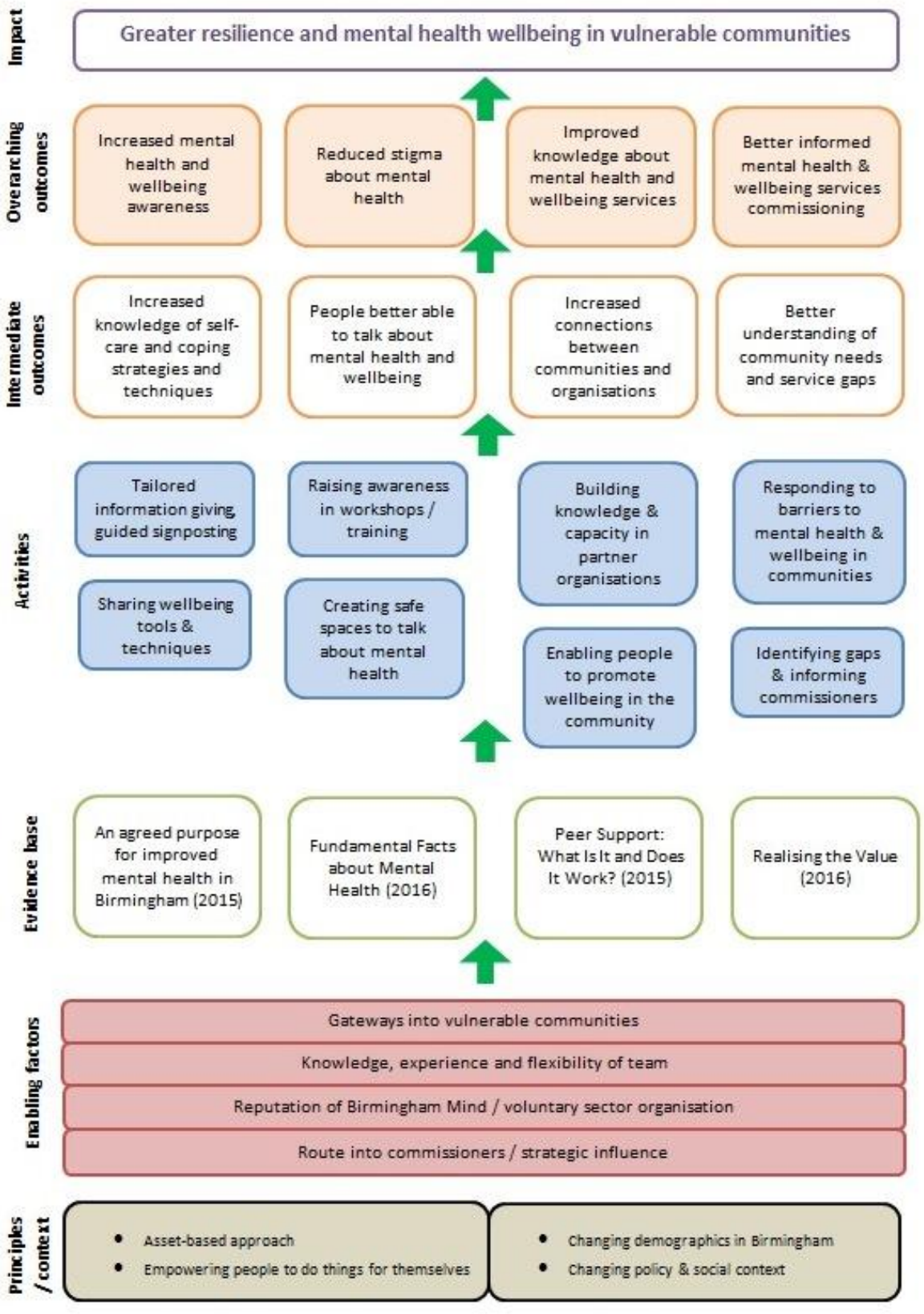
The team feels that being part of a respected voluntary sector organisation helps to gain entry and build trust with some groups and communities. There is something about being non-statutory that helps some people to engage and as it might feel less like engaging within 'the system'.

- Route into commissioners and strategic influence

The CDW team are able to gather information about people's experiences of mental health and wellbeing, including their coping mechanisms, and also gain an understanding of people's levels of knowledge about and experience of mental health and wellbeing services. The team

is well-placed to identify gaps in provisions for priority groups, and also where things are working really well. It is essential that there is a clear feedback route back into service commissioners where this information can help to shape services or where local people can be supported to co-design better services for their communities.

Figure 1



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Appendix 2 Evidence supporting service areas

Cross-team references

An agreed purpose for improved mental health in Birmingham Dec 2015

See https://www.west-midlands.police.uk/docs/advice-centre/help-and-advice/mental-health/cross-city-clinical.pdf

Five Year Forward View for Mental Health NHS England 2016

See https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

Realising the Value Nesta/Health Foundation 2016

See http://www.nesta.org.uk/sites/default/files/realising-the-value-ten-key-actions-to-put-people-and-communities-at-the-heart-of-health-and-wellbeing_0.pdf

Peer Support: What Is It and Does It Work? Nesta/National Voices 2015

See http://www.nationalvoices.org.uk/sites/default/files/public/publications/peer_support_-_what_is_it_and_does_it_work.pdf

Fundamental Facts about Mental Health Mental Health Foundation 2016

See https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-about-mental-health-2016.pdf

Time to Change campaign

See https://www.time-to-change.org.uk/about-us/what-is-time-to-change

Women's Health

Department of Health 'Report of the Review of Arts and Health Working Group' 2007

Call to End Violence Against Women and Girls' (Home Office, 2010)

Call to end violence against women and girls' 2010-2015 - action to end FGM in Britain

See https://www.gov.uk/government/publications/2010-to-2015-government-policy-violence-against-women-and-girls/2010-to-2015-government-policy-violence-against-women-and-girls

Criminal Justice

Government Policy Reoffending and Rehabilitation 2010-2015

See https://www.gov.uk/government/publications/2010-to-2015-government-policy-reoffending-and-rehabilitation/2010-to-2015-government-policy-reoffending-and-rehabilitation

Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system 2009

See https://www.rcpsych.ac.uk/pdf/Bradleyreport.pdf

Resettlement provision for adult offenders: Accommodation and education, training and employment September 2014

Men's Health

Masculinity Audit 2016

See https://thecalmzone.net/wp-content/uploads/2016/11/MasculinityAudit2016.pdf

Added Value: mental health as a workplace asset

See https://www.mentalhealth.org.uk/sites/default/files/added-value-mental-health-as-a-workplace-asset.pdf

Refugees/Asylum seekers/newly arrived communities

New government policy about returning people to country of origin

http://www.refugeecouncil.org.uk/latest/news/4868_new_government_policy_threatens_refugees_futures

http://www.independent.co.uk/news/uk/politics/asylum-seekers-uk-refugees-rat-infested-accommodation-commons-report-living-conditions-home-affairs-a7553726.html

West Midlands Strategic Migration Partnership / West Midlands Migrant Health Network

See https://wmsmp.org.uk/health-network/

Supporting families

Home Office: Controlling or Coercive Behaviour in an Intimate or Family Relationship

Statutory Guidance Framework December 2015

The Debt Trap: Expositing the impact of problem debt on children

Mental Health: Poverty, Ethnicity and Family Breakdown- 2011 The Centre for Social Justice

http://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/08/MentalHealthInterimReport.pdf

Listening to Troubled Families- A report by Louise Casey CG, Department for Communities and Local Government

See http://dera.ioe.ac.uk/14970/1/2183663.pdf

African Caribbean communities

Black Mental Health UK

300 Voices

See https://www.time-to-change.org.uk/sites/default/files/Time%20to%20change%20-%20300%20Voices%20Toolkit%20comp.pdf 2016

LGBT

Beyond Babies & Breast Cancer Healthcare needs of lesbian and bisexual women: An overview 2014 – LGBT Foundation

See http://lgbt.foundation/womenshealth?fp

LGB & T Mental Health Risk and Resilience Report 2015

See http://www.queerfutures.co.uk/rare-research-report-lgbt-mental-health-risk-resilience-explored/

Equality Act 2010 – Prohibits discrimination on the grounds of sexual orientation in delivering services including health and social care

The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document (2013) – LGBT Foundation