

Delivering Race Equality in Mental Health Care by Building the Capacity of Third Sector Organisations

Introduction

In 2007 the Care Services Improvement Partnership (CSIP North West) commissioned Manchester Alliance for Community Care (MACC) to develop proposals for building the capacity and sustainability of Black and Minority Ethnic community organisations in relation to delivering race equality in mental health care.

We worked in partnership with Manchester Social Media, (formerly the “Having a Voice” media project) to produce a film and, a report, which captures the views of users, staff and volunteers from six organisations in Greater Manchester regarding their sustainability.

This paper summarises the recommendations and key messages from this work and is intended to stimulate discussion between stakeholders.

The overarching message is that if we are serious about delivering race equality **we must first secure the existing assets**: the groups, whose existence is under constant threat. The importance of this has been underlined by the loss of some of the services and posts featured in the film.

“The Voluntary & Community Sector is better at trying to absorb and pursue some of the values of Black Minority Ethnic Communities, in a way that, statutory services seem to struggle with”. (Commissioner)

Recommendations

“Getting this stuff included at a strategic level as clear, time scaled and apportioned actions alongside other core business”. (Commissioner)

1. PCT Commissioners, through a joint approach with, local authorities, Community Development Worker's (CDW's) and, community groups need to develop plans for the sustainable development of local Black community organisations. Including, as appropriate, support to access to grant funding, engage in tendering processes and the development of social enterprise
2. CSIP North West has the overarching role in ensuring that this becomes part of the Strategic Health Authority/PCT's mainstream priorities.
3. CDW's, supported by the Regional Race Equality Lead need to, co-ordinate action on the ground in linking communities into commissioning structures and processes; using the DVD to stimulate discussion of local priorities/action planning and as a training and awareness raising tool.
4. Local Voluntary Sector support agencies such as Councils for Voluntary services (CVS's) need to:
 - support and mentor CDW's in their work to build the capacity of local groups to develop services and forge links with commissioning;
 - work with commissioners to support and encourage projects within the sector to focus on achieving stability as well as delivering quality services and;
 - work with commissioners in supporting groups to evaluate the impact of their work and use this information to support their sustainability.
5. Third sector agencies are all starting from a different baseline and will have differing aspirations however, they would all profit by:
 - engaging with local networks which, aim to provide a voice for the VCS and their beneficiaries, in local strategic planning and commissioning processes and;
 - accessing the free information and support services available through local, regional and national voluntary sector infrastructure support agencies.

The following link to the MACC website (Voluntary Sector Development page) is included to illustrate the range of resources available. The websites of most CVS organisations will contain similar information.

<http://www.macc.org.uk/macc/vcslinks.php>

Key Messages: Appropriate and Accessible Services

1. There is a perception amongst people from Black and Minority Ethnic Communities that they are not listened to. Although there are many policy initiatives, these have led to relatively little change. This feeds the belief that services for their communities are not prioritised by health and local authorities.
2. The health needs of people from many communities cannot be tackled in isolation from education and employment issues. For example, there is a need to address the additional barriers to employment faced by people from Black and Minority Ethnic Communities.
3. Asylum seekers and refugees face additional barriers arising out of their particular circumstances, which are not shared by the wider population. These barriers act to prevent their inclusion in mainstream society and undermine their health and wellbeing.
4. Specifically there is a need:
 - to support the sustainable development of Voluntary Sector organisations working with Black and Minority Ethnic Communities;
 - to facilitate partnership working between statutory and voluntary sector services; creating care pathways which maximise control and choice for service users;
 - to promote greater awareness of mental health as an issue within all communities.
 - to sensitively support the involvement of family members in the care of users of mental health services;
 - for appropriate information and translation and interpretation services for people using health and social care services;
 - for bi-lingual and culturally competent counselling services;
 - for appropriate advocacy services including advocacy in community settings and;
 - for appropriate space and resources to bring people together.

“You do a lot of awareness raising and help people overcome their fears about the stigma of mental illness, to encourage them to use services and, when finally they go the service is no longer there. Now, what kind of message are we giving to service users”? (CDW)

Key Messages: Capacity Building Needs

1. The larger agencies are now more confident to bid for and manage large contracts. In the main however, these contracts are designed to meet higher thresholds of need in line with national policy requirements.

2. Underneath this there is a lot of activity, provided by small community groups, which is highly valued by users, carers and frontline workers. This activity while not currently a priority for local commissioners would support emerging policy aspirations:

- to create greater choice in the context of a patient led NHS;
- the move towards personalised care;
- the shift towards early intervention; mental health promotion and;
- wider policy on community cohesion.

These services delivered by small community groups are:

- often unknown to commissioners;
- reliant on short term funding;
- commonly provided in unsuitable premises;
- largely reliant on volunteers
- highly valued by the communities they serve and;
- **Most importantly while not resource intensive, these services are extremely fragile.**

3. The informal nature of drop-in services increases access and promotes community engagement/inclusion. Care therefore needs to be taken to ensure that attempts to evaluate impact are appropriate and proportionate and do not undermine these qualities.



“Many volunteers act as community leaders are highly motivated and uniquely qualified to do an effective job. However, they also have families to support and career prospects to consider so there is always a risk that the service will fold if they are forced to move on”. (Voluntary Sector Committee Member)

Key Messages Community Engagement

1. Community groups highlighted that commissioners expectations are often too high. There can be a significant gap between where people are, and where commissioners want them to be, in terms of their interest in, and ability to engage in commissioning and planning processes.

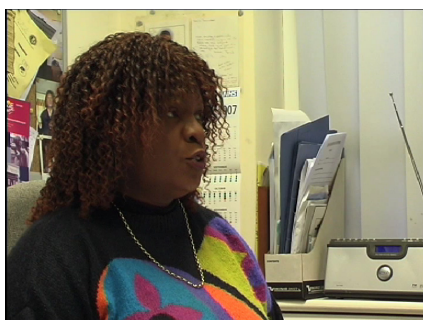
2. PCT's have to prioritise access to good mental health care for people from Black and Minority Ethnic Communities, within their broader responsibility to tackle health inequalities. This would reflect national developments such as Delivering Race Equality and the absorption of the Commission for Racial Equality into the broader Equalities and Human Rights Commission.

3. Chief executives are best placed to provide leadership to commissioners by demonstrating that they appreciate the contribution of small local groups to the inequalities agenda and the importance of promoting better engagement with and support for local groups.

4. As **PCT's are under pressure** to deliver on health inequalities there may be a temptation to point to the funding of Community Development Worker posts as having "ticked the box" on race equality.

5. Community Development Workers are best placed to drive this agenda forward on the ground and provide a link into communities for commissioners.

6. Councils for Voluntary Service (CVS's) have a supportive role but there is a need for better co-ordination between infrastructure agencies and of information more generally.



"A History of short term funding undermines the credibility of activists within their own communities who work hard to evidence the need and secure funding for services only for them to disappear again before they have had a chance to get going and; as this cycle repeats itself those activists can lose the trust of the people and communities that they are advocating for". (CDW)

What do commissioners need to do?

1. In a commissioning environment which favours ever larger organisations, **the message for commissioners is** that they need to nurture and support some of these small organisations because they may be the only ones who can effectively meet the needs of their communities. **Small pots of money can make a big difference in supporting voluntary activity.**
2. There is a need for commissioners to clarify, through engagement with local communities, what **outcomes** they want to achieve. This would involve developing some **shared priorities** to engineer a better and more equitable fit between national policy requirements and the views of local communities.
3. **MACC believes that targeted grant funding** linked to an appropriate framework for measuring outcomes and outputs needs to be developed alongside commissioning, to ensure sustainable development of local initiatives, which are meeting the needs of people from Black and Minority Ethnic Communities, and whose value would be undermined by a pressure to grow. **A proportion of LDP monies could be ring fenced for this purpose and; commissioners could use a tendering process to select an agency to manage a grants programme on their behalf.**
4. **Business development programmes** to build organisational capacity within those organisations that want to step up to deliver services under contract; including support for the development of consortia.

“We need to retain flexibility so we can fund things quickly through the VCS. However to ensure that VCS organisations can occupy a larger portion of the market this approach must be balanced against a programme of capacity building support that encourages / facilitates consortium working to make the bureaucracy more manageable and allow VCS groups to complement each other better.” (Commissioner)

Figure 1 opposite models how, the commissioning cycle can apply the principles of person centred approaches to whole populations or particular Black and Minority Ethnic communities/groups:

- begin by capturing the self identified needs of the person/community;
- plan how those needs will be met again with the active involvement of the person/community in identifying the outcome they wish to achieve;
- implement the plan and finally;
- evaluate how successful this has been which;
- support future needs assessments.

MACC believes commissioning in mental health needs to be based on good intelligence about local needs: whereas, in practice it is determined mainly by national policy. Such policy, while not entirely without merit, is a mixture of what various stakeholders might have said many years ago, as interpreted by strategists. These include the views of a number of powerful lobby groups not all of which places user outcomes above all others.

Most local VCS organisations, adopt a person centred/community development approach, which, provides up to the minute intelligence about needs and creative insight into how they can be met. It follows that, statutory commissioners and providers should:

- listen carefully and respond to what these organisations have to say;
- build a consensus about, what an appropriate service should look like and, how it should behave and;
- create transparent mechanisms which show how commissioning decisions are informed by this intelligence.

Such partnerships are not optional - genuine partnerships between services, commissioners and the person/community release capacity in the system and result in more effective, more appropriate services, which deliver better value and better outcomes for the money invested in them.

(Figure 1) Commissioning: a Person Centred Approach



A Community Engagement Approach

We worked with Manchester Social Media to gather evidence through filming structured interviews with services users and workers from six organisations providing a range of services. In one borough views were recorded from a Black and Minority Ethnic voluntary sector reference group.

Using film proved to be a useful way of engaging with a wider community of users, volunteers and workers in the 3rd sector and hearing from people who would not usually engage with commissioning processes.

We asked the groups to describe:

- What needs they are trying to meet?
- How they are responding to those needs?
- How they will know how well they are meeting those needs?
- What they need to develop their capacity to provide a more effective service?

On the commissioning side, local commissioners of mental health services were engaged in the project through input into the project steering group. The views of a key commissioner were also recorded for the DVD and report.

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More Information

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This report and the full length report, which provides more detailed information on the projects featured in the film, can be accessed at http://www.macc.org.uk/macc/mental_reports.php

From December 2008 you will be able to view a version of the film on the CSIP, MACC or MSM websites.

We are holding stakeholder events in Manchester, Liverpool, Preston and Cumbria during November/December 2008 to discuss how this work can be taken forward at a local level. Following feedback from these events a final report will be produced in early 2009.