

helpforce

A guide to:
Volunteering to support
Emotional Wellbeing and Mental
Health Project in Brent



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This service guide should be read in conjunction with the final report that was published about this project: [link here](#)



How this guide can help you

The aim of this project was to contribute to improving the emotional wellbeing and mental health of Brent residents, by encouraging greater support from local volunteers and the local voluntary and community sector.

COVID-19 has irrefutably demonstrated the importance of collaboration across the whole health and care system, including the community, third and private sectors.

This work stemmed from a recognition of the increased pressures on statutory services and worsening health inequalities. The project aimed to address the challenges that existed before and independent of the pandemic, especially the involvement of local communities in supporting the emotional wellbeing of residents, and which had worsened as a result of it.



About the service

The main objectives of this project were to:

- ❑ Contribute to building a culture of collaboration and a shared vision between system partners with varying experiences of working together.
- ❑ Align volunteering development with key strategic local drivers to maximise and measure the impact of improving volunteering opportunities
- ❑ Raise the profile of volunteering across system partners (particularly in social and primary care) and ensure its place in ongoing strategic conversations.
- ❑ In time, contribute to alleviating pressure on the statutory partners, their workforce and services to improve care quality and health outcomes for local people.
- ❑ Facilitate greater involvement of local people in creating more compassionate and resilient communities that work alongside and within the health and care system as partners.



About the service

As part of the project, Helpforce supported the development of a 'proof of concept' pilot which focuses on greater involvement of local communities, by creating mechanisms for hyper local engagement, in a way that is collaborative, and reflects the needs and expectations of the local population.

The pilot will provide the evidence base and framework to spread and scale these mechanisms more widely across Brent, North West London and beyond. This work aims to demonstrate how, through working at a very local level, residents can be enabled to play a more active role in supporting the emotional wellbeing and mental health of their neighbours. Ultimately, this will build more emotionally resilient and literate communities that rely less on statutory services.



The service's achievements

In terms of evaluating this project we wanted to test whether we had achieved the following:

Did the project gather meaningful information about what is happening locally?

The survey results and other research presented a compelling picture of local service awareness.

Did the project help develop empowered groups of local people (hyper local forums) to take forward this and other work?

The project's work contributed to BHM seeing the need for a more localised approach. The commitment to continue the work reinforces this.

The ICHP report also confirms this to be the case.

Did the project help assemble a collaboration of local organisations?

Whilst the BHM programme was already underway (working very effectively with partners) the project's work significantly contributed to local people and local third sector organisations being connected together.

Did the project develop meaningful achievable plans for improvements that could be made in terms of encouraging greater volunteering and the building of emotional resilience in the two communities?

Specific projects in both communities such as the garden initiative in One Tree Hill and the establishment of the dementia café in Alperton are solid examples of local people volunteering to support the emotional wellbeing and mental health of their communities.

How the project was set up

The project took place over five stages:

- 1** Project sponsors identified the need and initial priorities to get activities underway.
- 2** The project team convened a broad and representative set of stakeholders to talk about what residents needed and how they wanted to work together.
- 3** Local stakeholders and the project team co-developed the Collaboration Model.
- 4** The project team ran a survey to further explore residents' needs and build engagement.
- 5** Hyper local forums, in the communities, planned the next steps in light of the survey and other research findings.



The key features of the approach were:

- **Acting as a contributing force for community empowerment** The project activities, through the hyper-local Community Forums, armed local people with the information they needed to determine how support should be assembled and provided.
- **Starting with an open mind** about what the project would do.
- **Taking an asset-based approach** by building on existing networks of local people / organisations / volunteers to better equip them with the skills and resources needed to identify people needing support and then signpost them appropriately.

Stage 1 – Project set up

Bringing together the stakeholders

1. The project emerged from discussions that took place as part of a wider volunteering programme in North West London (NWL).
1. Helpforce were part of that programme and were keen to involve Brent Council in the programme as a key local council in NWL. Local statutory providers wanted to improve the services they delivered and sought to gain feedback and input from communities.
1. Senior representatives from Brent Council, Brent Clinical Commissioning Group (CCG), Central and North West London NHS Foundation Trust (CNWL) and Helpforce, in late summer 2020, agreed that a project to encourage greater volunteering in support of people's emotional wellbeing and mental health would be of great value. These stakeholders understood that the COVID-19 pandemic exacerbated inequalities in emotional wellbeing and mental health.
1. The first step of the project was to bring together a group of local stakeholders to consider what could be done to address this challenge. This group was a mixture of statutory providers, local third sector groups operating only in Brent and larger third sector organisations that had a presence in Brent.



Stage 2 – Stakeholder engagement

In the early stages of the project, it became clear that there was already a great deal of activity related to Emotional Wellbeing and Mental Health needs (EW&MH) and specifically a key project (Brent Health Matters (BHM)) had started in two communities in Brent under the banner of reducing health inequalities.

It was agreed that any work done around encouraging greater volunteering to support EW&MH would need to be closely aligned to the work already taking place in these two communities (Church End and Alperton) to avoid duplication and maximise existing resources. Both communities had been badly impacted by COVID-19: the excess deaths had exposed the pre-existing stark health inequalities in these communities. As part of the ongoing BHM project, CNWL was an active partner in Church End and Alperton, engaging with the communities around mental health and wellbeing issues.

One of the key challenges faced by the project was how to work alongside existing partners and align additional support being provided by Helpforce to their activities. The project team agreed that the volunteering project would form part of BHM and would explore how volunteers could support people with EW&MH needs. At its heart the project was about building more emotionally resilient communities.

The project team included representatives from:

- Ashford Place (VCS).
- Brent Council.
- CNWL.
- Community Champions (residents who volunteer).
- Harrow Mencap (VCS).
- Helpforce.
- Imperial College Healthcare Partners (ICHP).
- North West London CCG.

Stage 2 – Stakeholder engagement

From the outset stakeholders agreed that this needed to be grassroots-led, and that it was imperative that the project team spent time building a better understanding of who was already delivering services and what was needed locally.

Working with others, in a steering group, the project team agreed to engage widely with local people, third sector groups and statutory providers to develop a model for how they might develop volunteering to support EW&MH needs and to test this in the two communities, working alongside the BHM programme.

Firstly, the project team engaged with many stakeholders, from the statutory and voluntary sectors, to understand their involvement in commissioning, delivering and using services in support of wellbeing and mental health, and the role of volunteers within that. The project team reached around 150 people, representing over 70 different organisations involved in delivering services in the two communities. The vast majority of organisations involved (around 60) were voluntary sector groups.

Secondly, the project team held a workshop on 12th December 2020, attended by over 60 people. The aim of the workshop was to encourage a wide group of stakeholders and local people to think about how the project could encourage greater volunteering in support of wellbeing and mental health.

Resources

[Workshop 12th December 2020](#)

Stage 2 – Stakeholder engagement

During the workshop's breakout sessions, participants considered:

“How might we pilot new innovations in service delivery in Church End and Alperton alongside the health inequalities work, with a particular focus on the role of volunteers in supporting any service innovations?”

The workshop generated fantastic energy, feedback and ideas. The key themes and asks from the participants were:

- 1** Residents and people working for different local groups wanted to be better equipped to support each other and therefore needed training and access to better information about what was available.
- 2** The project team to build a deeper understanding of what was available locally.
- 3** The project team to gather the views of people that statutory providers are often not good at listening to.
- 4** The project team to build on assets that were already available in the community rather than inventing new services.
- 5** The project team to develop a “model” that aligned to the BHM programme.

Following the workshop, the project team circulated the outputs with the attendees. The team also asked people to come forward if they wanted to be part of a wider group that would take forward the development of ideas following the workshop.

Resources

[Notes from Workshop 18th November 2020](#)

Stage 3 – Developing the collaboration model

After additional meetings of the smaller steering group, the project team developed a model for developing greater volunteering at a community level with Brent's local communities: The Collaboration Model.

The Collaboration Model is a collective aspiration to deliver what local people need, to ensure that traditionally excluded communities are heard and effectively supported.

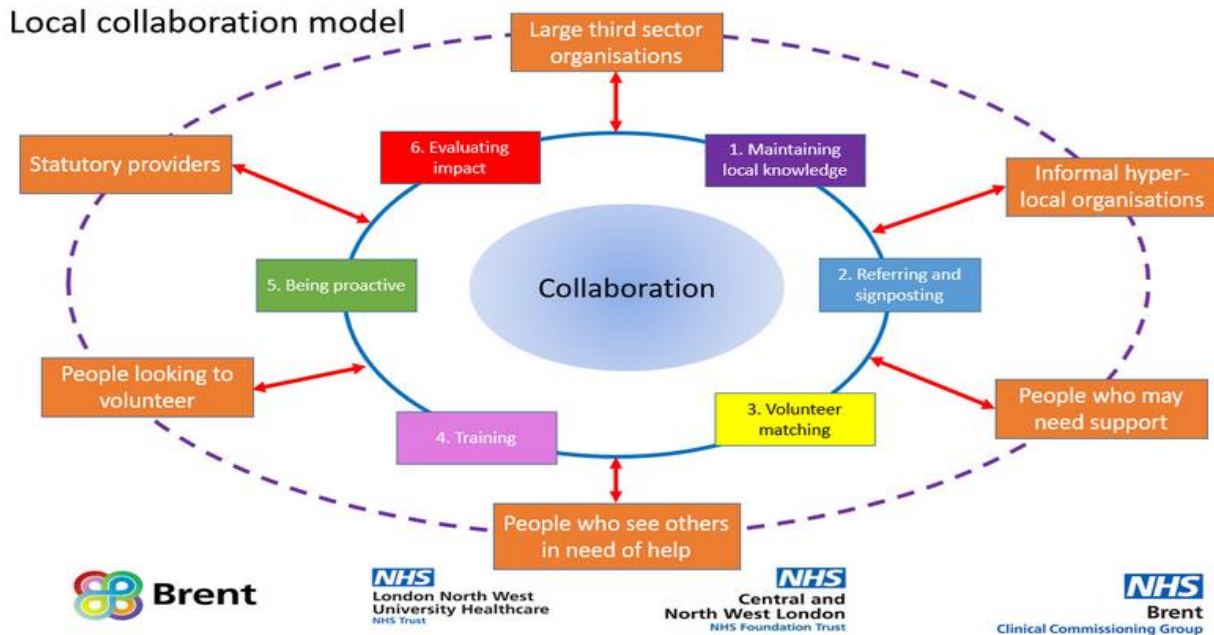
It is about building on what is available locally. This means that the collaboration may look different in different communities. In every case it will be underpinned by the same principles.

The Collaboration Model is underpinned by this assumption:

“By collaborating we can stimulate far more volunteering, in our local communities, in support of wellbeing and mental health. In doing so we can identify and far more effectively support people that typically providers have found hard to reach.”



The collaboration model



The Collaboration Model aims to develop a local emotional wellbeing and mental health collaboration that is underpinned by the following principles:

1. Identify and keep track of local services and maintain awareness of the community's needs.
2. Provide effective pathways for accessing services and community based support.
3. Connect people wanting to volunteer with opportunities to volunteer.
4. Enable volunteers through access to resources and training.
5. Be proactive to identify people who may need support.
6. Keep track of impact and outcomes.

Resources

[Collaboration Model presentation](#)

Stage 4 – Further research and engagement

Further research

Following the development of the model, in draft form, the project team convened a meeting of the wider stakeholder group to gather feedback about the model and share the information the project team had gathered about locally available services.

The conclusion of the meeting, with the wider stakeholder group and a series of steering group meetings, was that the group should pursue the following actions:

1. Build a better understanding of:
 - Local services operating in Church End and Alperton.
 - Residents' awareness of local support offerings.
 - Residents' awareness and knowledge of signposting mechanisms.
 - Residents who would be interested in being better informed about how they could support their friends, neighbours and people they interact with in the two communities.
2. Further engagement with local people and local groups.
 1. Develop and run a survey to act as a force for further engagement in the two communities and gather the required information.

The project team collated the results of the survey into a shareable format that could be used as a tool for allowing residents to lead a discussion about what should be done next. The project team refrained from presenting a set of recommendations on the basis of the survey findings, but rather genuinely engaged in co-production with the communities.



Resources

[Survey questions \(main report\)](#)

Stage 4 – Further research and engagement

Encouraging survey participation in the community

The Alperton and Church End survey results highlighted that ease of access, cost and whether or not services were culturally appropriate were the most important factors in determining where to access emotional wellbeing and mental health services.

The surveys confirmed that local people:

- Did not know how or where to access support if someone they knew was facing a mental health crisis (50% and 58% of respondents in Church End and Alperton respectively).
- Did not know how or where to access support if someone they knew was lonely or isolated. Although 61% of respondents in Church End mentioned that they did, the majority responded saying that they would speak to the person, further highlighting the lack of knowledge on local services available.
- Did not know about local organisations that existed on their doorstep (50% and 71% of respondents in Church End and Alperton respectively)

On the other hand, the majority of respondents were:

- Interested in becoming better informed on how they could support friends and neighbours.
- Happy to receive training and would consider volunteering opportunities.



Resources

[Alperton survey results](#)

[Church End survey results](#)

Stage 5 – Plans with hyper local forums

The project's approach to working with local groups and using the survey results (and other research) as a component to the empowerment of those local groups is summarised in the diagram below.

The BHM programme had realised the need to establish much more local autonomy and in doing so had agreed upon the need to create “Hyper-Local Community Forums”. The intention was that these forums would be a critical component of the BHM programme, ensuring the needs and wants of local communities were at the heart of the BHM work.

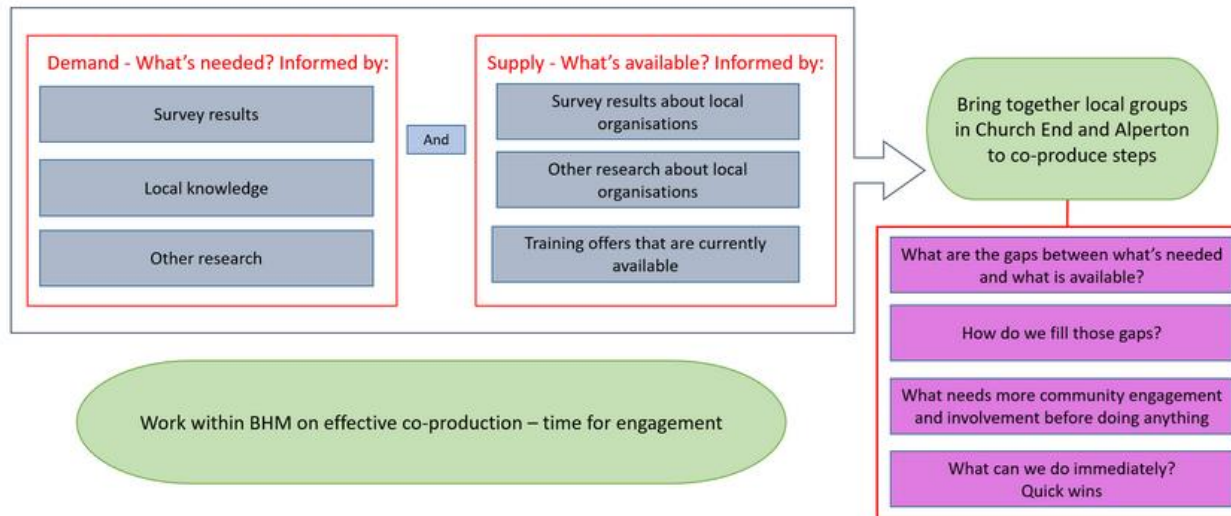
It was agreed that these hyper-local forums would be the perfect groups to work with to determine what needed to happen, given what the survey, other research and anecdotal evidence revealed.

Setting up the local forums

In seeking to get the hyper-local forums set up in the two communities (Church End and Alperton) we wanted to ensure we had a good mixture of local people, local third sector groups and statutory providers. As much as possible we tried to ensure that the people attending the forums were people doing work in those communities rather than members of staff who had a wide geographic remit. What we had noticed was that there exists, through the Brent Health Matters (BHM) Programme, good collaboration between statutory providers and the voluntary sector but that this collaboration (because it is Brent wide) by definition excludes those members of staff who only work in one location and excludes local third sector groups that are geographically focussed such as faith groups, tenants and residents associations, friends of the park groups etc.

The Co-production plan

Use survey results and other information to arm local residents (supported by other stakeholders) with the information they need to think about and plan (co-produce) how to build a stronger, more emotionally resilient communities.



Service principles

The principles we developed as part of this project set out the essence of the service and help guide how it's developed and managed, so it remains true to its original intent.

Allocate appropriate time in the project to build relationships and allow mindsets to shift. Local residents in the communities involved in the project may not trust the project team straight away and be reluctant to engage with statutory providers. Community-led organisations are best placed to sustain community-led missions and can support statutory providers to maintain good relationships with local stakeholders.

Allow communities to identify their own solutions, empowering them to implement them in practice. Do not assume that what works in one community will work in another even if they seem very similar. Providers and organisations should do what the local community wants to do and support its ideas.

Take a holistic approach to supporting people's needs. Avoid taking a medicalised approach, which can make people feel helpless and make them overly reliant on services.

Embrace an asset-based approach. Focus on how to build stronger communities, as opposed to improving what is missing. The former empowers people, involves them in decisions and enables them to make their own choices. Don't focus on recruiting volunteers, focus on building emotionally resilient communities.

Think about sustainability from the start. Ensure you have a plan for sustaining any initiative. Don't start a pilot without knowing how you will sustain it if successful.

Be realistic about what you can achieve. Working meaningfully in local communities takes time. People can often be both distrustful of statutory providers and large voluntary sector organisations whilst at the same time be passive recipients of the services they provide. It is quite a step to move from that position to one where someone is an empowered participant in a co-production group.

Be honest about what you can support local people to have control over. If you are asking people to be part of a co production group be clear about what the boundaries are.

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Considerations for adopting a similar service:

top tips
checklists
resources



Developing the service

To set up a similar emotional wellbeing and mental health project, you'll need to start by considering the priorities, the people, and the collaboration and engagement needed to run it.

1

Identify project sponsors, the need and initial priorities to get activities underway.

2

Convene a broad representative of stakeholders and talk about what residents need and how they want to work together.

3

Co-develop a Collaboration Model with local stakeholders and the project team .

4

Further explore residents' needs and build engagement. This may be done through a survey.

5

Hyper local forums, in the communities, plan the next steps in light of the survey and other research findings.

Project set up

Key steps: checklist

- Identify local stakeholders
 - Statutory providers
 - Local third sector groups only in the area
 - Third sector groups with a presence in the area
- Engage stakeholders in discussion
- Agree on aims and methods of measurement and evaluation

Resources

[What are service principles?](#)

[What are core components?](#)

[Workshop presentation December 2020](#)

Stakeholder engagement

Key steps: checklist

- Identify what existing services and initiatives already exist to tackle emotional wellbeing and mental health
- Avoid duplication and maximise resource in the local area by closely aligning new development to existing offers
- Consider holding a workshop or event to encourage idea generation, innovation and feedback
- Following the event or workshop circulate feedback of the output with attendees and ask for people to come forward to follow up ideas

Resources

[Notes following launch meeting](#)

[One page overview of the project](#)

[Collaboration model presentation](#)

[Co-production plan](#)

[Summary of directories](#)

[Example Survey](#)

[Survey results \(Alperton\)](#)

[Survey Results \(Church End\)](#)

Hyper-Local forums

Be clear from the beginning that the aim of the forums is to bring local people and providers together to discuss the findings of the original research done and answer two key questions:

1. How do local people and organisations become more aware of what is available locally to support emotional wellbeing and mental health?
2. How can opportunities be created for local people to get involved in supporting the emotional wellbeing and mental health in their community. In effect, how do we build a more emotionally resilient community?

1

Encouraging people to give everyone an opportunity to talk and to not dominate the conversation too much

2

Creating space in breakout rooms to encourage everyone to make a contribution

3

No presentations - these meetings were about hearing what the community wanted not sharing ideas from any providers

4

If there was information to share we shared in advance and expected people to read it

5

We did not want to focus on current services - i.e. the forum was not about simply trying to identify ways in which current providers could improve but was about unearthing what the local community could do itself. Inevitably in the discussions, suggestions and recommendations have emerged that have been fed back to the different providers.

Hyper Local forums

Key steps: checklist

- Ensure good mix of local statutory providers, local people and local voluntary sector organisations. People whose remit is the local area NOT the whole borough

- Avoid presentations, set clear rules for how meetings will be run

- Distribute reading in advance of meetings

- Evaluate impact

Resources

[ICHP evaluation of Hyper Local Forums](#)

[Final report published jointly by Helpforce, CNWL, CCG and Brent Council](#)

Thank you

For more service guides visit xxx

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