

A close-up photograph of two hands clasped together in a supportive grip. The hands are resting on a yellow, textured fabric. One hand has a ring on the ring finger. The lighting is soft, highlighting the texture of the skin and the fabric.

**Volunteering
to support
Emotional
Wellbeing and Mental Health
in Brent**

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Executive Summary

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

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.

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 were worsened because of it.

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 and expanding 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 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.

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 resilient and emotionally literate communities that rely less on statutory services.

Project approach

INTRODUCTION

This section outlines what the project team did. The project took place over five stages:

- Stage 1 - Project sponsors identified the need and initial priorities to get activities underway.
- Stage 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.
- Stage 3 - Local stakeholders and the project team co-developed the Collaboration Model.
- Stage 4 - The project team ran a survey to further explore residents' needs and build engagement.
- Stage 5 - Hyper local forums, in the communities, planned the next steps considering 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

The project emerged from discussions that took place as part of a wider volunteering programme in North West London (NWL). 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.

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.

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 (EW&MH) needs 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.

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.

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.

‘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?’

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.

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 these assumptions:

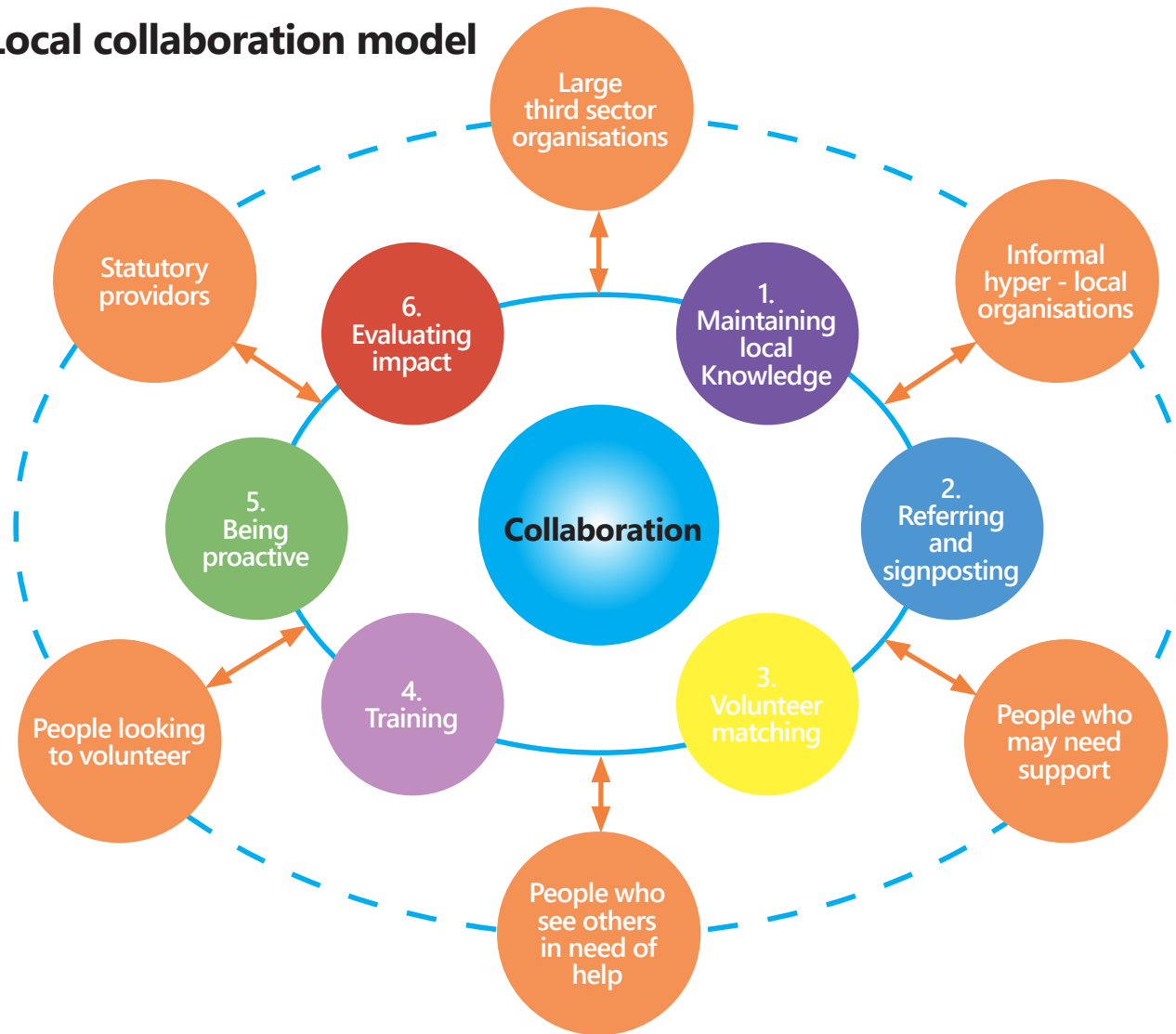
1. Identify and keep track of local services and maintain awareness of the community’s needs.
2. Provide effective pathways for accessing services and community based support.
3. Connect people wanting to volunteer with opportunities to volunteer.
4. Enable volunteers through access to resources and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

STAGE 4 - FURTHER RESEARCH AND ENGAGEMENT: SURVEY

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.

Figure 1: The Collaboration Model diagram

Local collaboration model



'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.'



Figure 2: Analysis of service directories.

Keeping track of service directories

As part of the original research, the project team developed a better understanding of what information was available about local services. What emerged was a series of different directories being kept up to date by different organisations. Key findings include:

- Poorly coordinated information available to people.

- Difficult to understand how collectively stakeholders can avoid duplicating effort to collate and keep information up to date.

- Information is available online, but the plethora of other (off line) databases, lists and spreadsheets suggests existing information is not well used or trusted.

- Difficult to see how stakeholders can keep abreast of what is available and how to refer into services, unless it is part of someone's role (e.g., a Social Prescribing Link Worker).

- Almost all the information is structured at a Brent-wide level, rather than at a community level. It is mostly geared to find solutions to problem and does not speak to an asset-based approach.

- There does not appear to be information about the wealth of support that is available at a community level - e.g., Church End or Alperton.

This analysis of different service directories substantially reinforced the need for the project.

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

1. Build a better understanding of:
 - a. Local services operating in Church End and Alperton.
 - b. Residents' awareness of local support offerings.
 - c. Residents' awareness and knowledge of signposting mechanisms.
 - d. 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. A further engagement with local people and local groups.
3. Develop and run a survey to act as a force for further engagement in the two communities and gather the required information.

As it was initially agreed for the project to be led by the wishes of local people and stakeholders, the project team carried out further research amongst local groups to

gather the required information. Working alongside the steering group and specifically local people who were part of the Community Champions volunteer team, the project team developed a survey that would work in both communities. A link to the survey can be found here. <https://tinyurl.com/96enekw#>

Getting the survey completed by residents was incredibly challenging, due to the social distancing restrictions COVID-19 placed on the project team. This made the survey process longer and more time consuming than it would have been otherwise. Residents and local organisations supported the dissemination of the survey through a range of digital channels: social media, email, instant messaging services and direct contact. The project team designed a flyer to promote the survey online.



Figure 3: Survey leaflet


CHURCH END & ALPERTON RESIDENTS
 WE WANT YOUR VIEWS ON HOW WE
 CAN BUILD BETTER SUPPORT FOR
 EMOTIONAL WELLBEING

WELLBEING AND MENTAL HEALTH SURVEY

**Help us understand what is available,
 what is missing and what can be improved**

Church End residents should complete [this survey](#)
Alperton residents should complete [this survey](#)

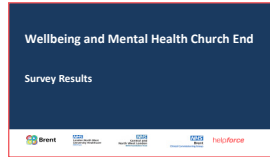
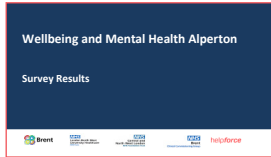
   

We translated the survey into three additional languages (Gujarati, Somali and Pashto). The Gujarati translations (when printed out) proved to be very useful when doing outreach work in Alperton, as many people

in that community do not have sufficient command of English to complete a survey in English. However, other than the Gujarati surveys completed face to face, not a single survey was completed online in a non-English

language - reinforcing the challenge of engaging with communities that statutory providers have previously not been good at listening to and as a result are potentially distrustful.

The survey was completed by 119 people (76 in Alperton and 43 in Church End). Further information about the survey results can be found the following links below.



The Alperton and Church End survey results highlighted that ease of access, cost and whether services were culturally appropriate were the most important factors in determining where to access emotional wellbeing and mental health services.

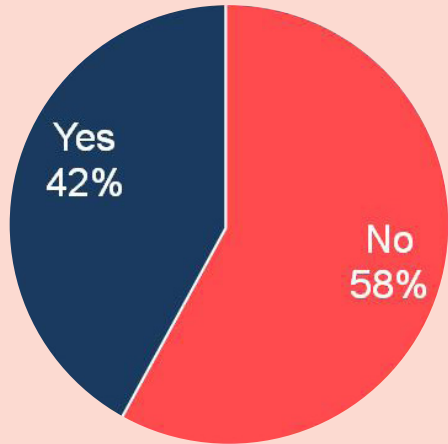
The surveys confirmed that local people:

- 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).



Figure 4: If respondents were aware of someone that was having a mental health crisis would they know how to help them?

A) Alperton respondents



B) Church End respondents

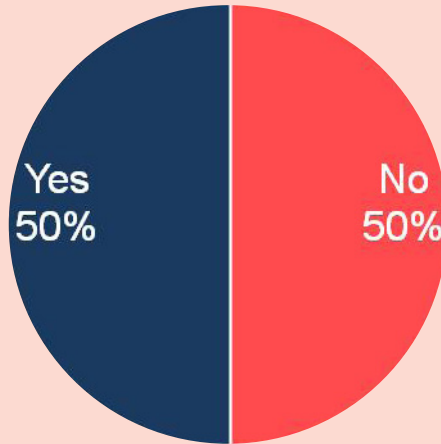
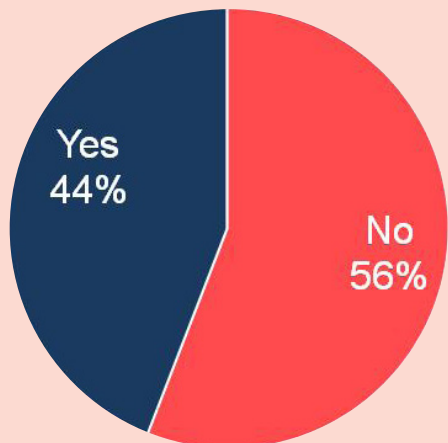
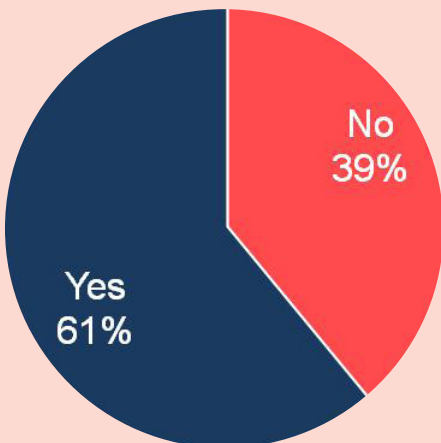


Figure 5: If respondents were aware of someone that they felt was lonely or isolated and in need of some support, would they know how to help them?

A) Alperton respondents



B) Church End respondents



On the other hand, most respondents were:

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

These findings were not surprising and reinforced what local people had already told us through the other engagement work. Nevertheless, the survey and associated work provided a powerful evidence base to support the project.

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 based on the survey findings, but rather genuinely engaged in co-production with the communities.

Figure 6: Reflections on the survey.

The survey results may paint a more positive picture about people's awareness and understanding than actually exists. During the three outreach events (two in Alperton and one in Church End), the project team approached people randomly in the street (as

opposed to people self-selecting to complete an online survey): they were generally far less informed than the average (albeit low) level of understanding indicated by the overall survey results.

People's lack of confidence in English is a major barrier to understanding and accessing services. The project team suspects

that there is a correlation between linguistic competence and access to services. Should organisations consider delivering services in the languages spoken locally?

There is a lack of hyper-local coordination and awareness raising. For instance, services could be offered to people queueing at food banks.

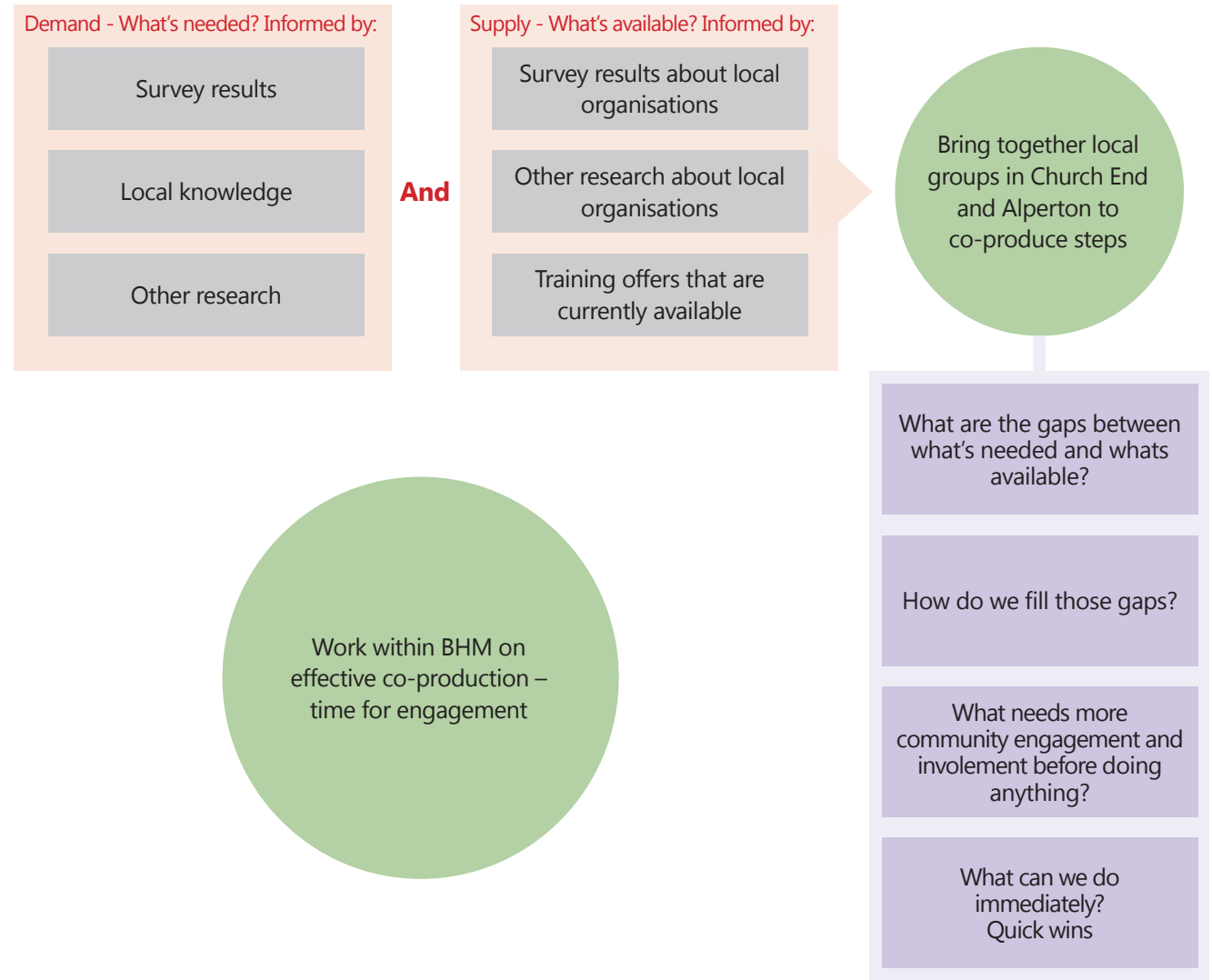


STAGE 5 - PLANS WITH HYPER LOCAL FORUMS

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 following diagram.

Figure 7: 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 stronger, more emotionally resilient communities



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.

CREATING PLANS WITH HYPER - LOCAL FORUMS

SETTING UP THE 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) excludes those members of staff who

only work in one location and exudes local third sector groups that are geographically focussed such as faith groups, tenants and residents’ associations, friends of the park groups etc.

RUNNING THE FORUMS

We were clear from the beginning that the aim of the forums was to bring local people and providers together to discuss the findings of the original research we had 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?

WE SET SOME GROUND RULES FOR THE FORUMS COVERING THINGS LIKE:

- Encouraging people to give everyone an opportunity to talk and to not dominate the conversation too much.
- Creating space in breakout rooms to encourage everyone to contribute.

- No presentations - these meetings were about hearing what the community wanted not sharing ideas from any providers.
- If there was information to share, we shared in advance and expected people to read it.
- 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 about existing services have emerged that have been fed back to the different providers.

WHAT HAS EMERGED FROM THE FORUMS?

We have now run three meetings in both Alperton and Church End. At each meeting we have had approx. 20 people attend. The aim of each meeting has been to develop and progress ideas for the community, doing things that they feel will address the two challenges that the meetings were set up to address (see above). The feedback from attendees to the initial meetings in Alperton and Church End can be found in the evaluation report carried out by ICHP (see page 20).

The forums are still at a very early stage of development. However, the participants in both places have welcomed being involved and, in different ways, are keen to support

the development of different ideas that have emerged. There has been a collective effort to focus on only a few things so that the forum can hopefully demonstrate impact rather than just being a talking shop.

Specifically, the following ideas have emerged and are being progressed in the two communities:

1. In both places we have formed smaller groups to develop a local database of providers and a plan for how that database will be kept up to date, shared with the wider community, shared with people for whom English is not the first language.
2. The local community is identifying local people and local groups that might benefit from mental health awareness and Mental Health First Aid training which is being provided as part of this project by Brent council.
3. In both places there is now much closer local collaboration and a desire for the forum to continue and succeed from local providers, local people and local third sector groups.
4. In Alperton one of the community Champions along with a local charity is progress plans to set up a Dementia Cafe in a local church.

5. Also, in Alperton we are getting to the final stage of creating a community Garden in a local park (One Tree Hill) this will be largely led by a local Tenants and Residents Association.

CHALLENGES WE HAVE ENCOUNTERED

The communities we have been working in have, for a long time, been excluded from having a major role in discussions about how services are commissioned and provided. Consultation is all too often tokenistic, and the communities feel that services are being “done to” them or “done for” them and all too rarely “done with” them or “done by” them. This has led to highly dependent, disempowered communities that lack resilience and are in turn distrustful of statutory providers. This distrust to different extents (please see ICHP evaluation) manifested itself in different ways but most noticeably in two key ways:

Firstly, in how much effort it took to encourage people to attend the forums and Secondly the challenge of using the time in the forums to talk about what the community could do rather than raising issues and concerns about current services.

This approach is also alien to many statutory providers who are used to commissioning and providing services. Whilst theoretically they understand the need for community empowerment and co-production their instincts often lead them down the path

of trying to fix the problems they see in front of them.

This work is also time consuming and requires patience. The mistrust and lack of resilience in many of the most deprived communities has been decades in the making and will not be fixed quickly.

Statutory providers are unaccustomed to working together at a Hyper Local level. What became very clear is that there are very few effective relationships in place between statutory providers in these places. There are a plethora of different people working for different organisations all trying to support the local community and to a large extent, particularly in terms of engaging with the third sector, duplicating each other’s work. For example, in Brent there are, working at a community level (to name a few):

- Community Champions - Brent Council.
- Community Coordinators - Brent Council.
- Community Connectors - CNWL.
- Community Health Educators - CCG.
- Social Prescribing Link Workers - Local Primary Care Networks.
- Community Nurses.
- GPs.

For the most part none of these people really know each other, and these are just some of the people working in the health sphere. What is also clear is that the local third sector organisations (such as faith groups) have no idea what all these different people do. Furthermore, there is no shared database of who does what locally and in different ways each of the organisations above keeps their own records of who does what locally - so the scope for waste and duplication and for frustrating local people and local community organisations is very real.

We also encountered difficulty getting certain local representatives of statutory providers to attend. For example, we struggled to get Social Prescribing Link Workers (SPLWs) to attend the meetings. The contract provider was very clear (somewhat disappointingly) that their contract is to support patients and does not allow time for the SPLWs to engage in collaboration and partnership building activity of the kind we were engaged with.

NEXT STEPS

The executive steering group of Brent Health Matters has agreed to work in partnership to carry forward the work in both Church End and Alperton. The conclusion of the two most recent community meetings is that local people are keen to see the forums continue and develop. There is widespread appreciation and recognition of the value of what has been

achieved. There is a sense of “hope” that these local forums may continue and thrive. There is also a recognition that we have yet to reach “escape velocity” and that in both communities further support will be needed from statutory providers to ensure the success of the forums. Both CNWL and Brent Council have agreed as part of the Brent Health Matters programme that they will continue to support the work in both communities as needed.





This work will now be taken forward by Brent Health Matters and the statement below from

Jenny Lanyero (CNWL) and Nipa Shah (Brent Council) sets out how that will happen.

SPREADING AND SCALING THE WORK TO OTHER COMMUNITIES

‘Enormous gratitude to Helpforce for their work and tremendous effort and advocacy of people in our hyper local areas. The report is objective and captures the work that has taken place in the two hyperlocal areas of Brent in the past year. The work with Helpforce has given us the opportunity to come into the communities’ space, listen to them reflect and examine our practice and how we deliver services. It has given us the opportunity to create networks and build relationships that will support collaboration and co-production. It is enabling us to actively begin to empower local people to develop and use own tools and resources to manage their health and wellbeing and social care needs.

In terms of expansion, it is our vision to expand and ensure equitable access to health and social care support across Brent. We are conscious that all activities undertaken are planned and tailored to the needs and requests of local people. We want to move away from looking at communities as passive receipts of services planned and delivered by statutory services. Thus, we will be guided by the local communities on what their priorities are and how they can be supported to effect the change they want to see.’

What did we achieve?

	Question / Target	Answer / Evidence
1	Did the project gather meaningful information about what is happening locally?	Yes. The survey results and other research presented a compelling picture of local service awareness
2	Did the project help develop empowered groups of local people (hyper local forums) to take forward this and other work?	Yes. 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
3	Did the project help assemble a collaboration of local organisations?	Yes. Whilst the BHM programme was already well underway (working very effectively with partners) the project's work significantly contributed to local people and local third sector organisations being connected
4	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?	Yes, in both places local people and local voluntary sector organisations are involved in the forums. The work we are doing to develop and share meaningful information about what is available to support local people will, in time, encourage many more people to be better able to support their friends, neighbours and family. This will be further augmented by the training being offered. Specific projects in both communities such as the garden initiative in One Tree Hill and the establishment of a dementia cafe in Alperton are solid examples of local people volunteering to support the emotional wellbeing and mental health of their communities

Executive summary from ICHP report

Helpforce and Brent Health Matters (BHM) are delivering a project in Brent to address health inequalities with a focus on people's emotional wellbeing and mental health. The project has established 'Hyper Local Forums' in the communities of Church End and Alperton, as these are two of the areas in Brent that have been disproportionately affected by Covid-19. The first Hyper Local Forums brought together groups of local people and local stakeholders to discuss the communities' emotional and mental health priorities and develop action plans. These are part of the wider BHM health inequalities programme in Brent.

ICHP was asked to provide a rapid review of the Hyper Local Forums. This review focuses on how the process has worked to date and derives learnings for other sites interested in setting up their own Hyper Local Forums.

SOME OF THE KEY FINDINGS FROM THIS EVALUATION WERE:

There is a lot of potential in Hyper Local Forums as an approach to addressing health inequalities, but many benefits will only be seen in the longer term – the approach adopted in Alperton and Church end has started a dialogue in neighbourhoods with distrust of statutory services, mobilised volunteers and local people, with the aim to address mental health in a culturally appropriate way. However, more time will be

needed to understand if the action plans now agreed will lead to meaningful changes in the community.

Overall, participants were satisfied with the Hyper Local Forums – there were some anticipated differences in the two communities. Satisfaction with the Alperton forum was widespread, while the Church End team reflected that the community has high levels of distrust in statutory services, and that it will take longer to embed the forum there.

The forums struck a good balance of attendees, which meant local people felt comfortable speaking out. One of the key successes of the initial forums was the rich discussion that came from breakout groups, where local people felt comfortable sharing their opinions. Organisers deliberately planned the forums so that attendees had a link to the local area.

This approach requires willingness to hand over power to local people – Hyper Local Forums in Brent are seeking to support low-level mental health. Some of the best ways to support may sit with statutory services, but others may best be addressed by local charities and community groups. Council and health providers will continue to be crucial stakeholders in this work, but decision-making on priorities should sit with local people. This shift in mindset will also be essential for the

action plans that were agreed at the forums to generate impact: e.g., it might be helpful to agree if any stakeholders need to have sight of their implementation, how the plans will be shared with relevant statutory services, and how statutory services and communities will work together to deliver them (clearly outlining the responsibilities of both).

Balance contributions made at borough-level and hyper-local level – There is a genuine desire across Brent to work together and share information across services. BHM has been particularly good at making connections between people and organisations at the borough level, but forum organisers felt this could happen more at a hyper-local level. While there are benefits of being part of a borough-wide programme (e.g., shared vision and resourcing), working at the hyper local level is ultimately about shifting the balance of power to the community and this is best achieved through local decision-making structures.

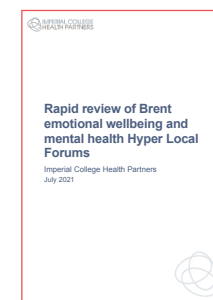
Sustaining the Hyper Local Forums will require capacity from different types of stakeholders – organisers should consider involving a neutral third-party organisation (to continue work started by Helpforce), freeing up local statutory service staff to attend, and coordinating between the local council, health providers and third sector organisations.

Hyper Local Forums in Brent provide a framework that can be applied to other communities in North West London (NWL).

Each community's priorities will be different, but the format and overall approach can be spread. In the final section of the report, we have derived some core principles and flexible principles for scaling and spreading to other areas.

Learnings from this engagement model can be spread beyond volunteering programme – e.g., the Population Health Management and Inequalities programmes may also benefit from using this model of community engagement.

The full evaluation report from ICHP can be found here



Key principles to adopt when undertaking similar work

- 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.

Lessons learnt

This section outlines the key lessons that the project either learnt or reinforced as it developed.

- Statutory providers can find it difficult to sustain the community-led mission. There is a risk that the community engagement, however well intentioned, becomes tokenistic.
- It is difficult for statutory providers to maintain operations at a hyper local level, due to the availability of resources and connections. Often pilots which succeed in an area do not scale well across multiple sites. This is because most people working for statutory providers (CCG, Council, acute trusts etc.) have a remit that covers a bigger geography. At the same time, hyper-local organisations such community groups, faith groups, tenants and residents' associations, can be excluded from Borough-wide conversations.
- It is difficult to meaningfully devolve budget and decision making to local groups without doing it in a way that reinforces power imbalances.
- It is easy to promise empowerment, yet difficult to deliver it in practice. This can disillusion residents and frustrate statutory providers, who are unable to wait for the community to lead the way.

- Focussing on a specific outcome (e.g., emotional wellbeing) is useful only if done in alignment with plans to address other health outcomes.
- Language can be a greater barrier than anticipated in certain communities: unless services are available in the required languages and are culturally appropriate, residents will not access them.

These lessons have helped shape the project and the approach it took, as will be seen from the rest of the document. These lessons along with the underpinning principles (see previous section) should be carefully considered by anyone looking to replicate elements of this work in other locations.

The benefits of empowering local communities to create their own sustainable approaches to reducing health inequalities far outweigh the many challenges. Harnessing the voice and behaviour of people to improve the opportunity and access to services results

in an environment of mutual respect and power sharing. This project's experience demonstrates that despite the many barriers, where local communities are resourced and supported there are tangible improvements.

Conclusion





Danny Maher
Chair of Brent Mental
Health Forum

‘Local and hyper local communities are far more agile, quicker to respond, have local knowledge and are able to make change quicker than large institutions... I have seen greater togetherness and collaboration in the last 18 months than I have seen for years. Whilst there has been a cultural change in the way statutory agencies and the voluntary sector are working together it can be all too easy to revert to old ways. Some opportunities were lost along the way e.g. insufficient slice of the funding cake not going directly to trusted local and hyper local groups, not enough recognition of the ‘natural resources’ that make up all our communities. Partnership demands trust and openness, a willingness to experiment, learn from mistakes and try again. It takes two to partner...’



Umit Jani
Alperton Community
Champion volunteer who
then joined Brent Council
as Community Coordinator

‘Is there another way to help and support neighbours, friends and family? Yes. But it needed support and commitment from the council, the NHS and importantly community members and organisations. A “mesh” could be created to support the community with mental health and emotional wellbeing needs. This is what happened in Alperton through understanding the needs of the community, a series of meetings have happened where community members, leaders and organisations have started to create a “mesh” where it can be the first port of call for anyone needing support. This has been well supported and the first batch of projects have emerged; trained Mental Health First Aiders, a local dementia café and a wellbeing community garden. All are community led, community built and for the Alperton community with support from the council and NHS partners. In my mind the easy bit is done and the real hard work begins in making this forum part of the DNA of Alperton such it becomes a self-sustaining community forum that will form part of the Brent Health Matters legacy and help improve the lives of Alperton residents.’



Thandie Lawrence
Local Church End resident
and later joined CNWL as
Community Connector

‘As a resident of Church End, I was determined to get involved in the community that my children are growing up in. When the opportunity arose through Brent Health Matters (BHM) for Community Champions during the Covid-19 Pandemic, I put myself forward and was pleased to be offered a position. As a Community Champion I gained more insight into the issues that my community were facing by talking to them. This gave me the opportunity to be a voice for my local area and affect changes. I supported this project with a lot of enthusiasm when I realised that the Local Authority and the NHS was also doing something to support my area. To me, the BHM Project was definitely a stepping stone to understanding how to support my community in staying safe from the Covid-19 Virus and later, in supporting the mental wellbeing of residents. Volunteering encouraged and equipped me to apply for a role as a Health and Wellbeing Community Connector with the NHS. It has been rewarding so far to be part of projects such NHS-CNWL health inequalities team and Brent hyper local forums whose goal is to reduce health inequalities, tackle mental health and emotional wellbeing at a local level.’