

Barnet Community Development Worker Programme

Annual Report

**Commissioned by
NHS Barnet**

**Barnet CDW team
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Additionally we wish to acknowledge the support and guidance provided by the Barnet CDW Steering Group.

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Barnet CDW Team

FOREWORD

I am pleased to contribute to this report from the Barnet Community Development Worker (CDW) team. It represents a comprehensive history of its first year of operation since its establishment in 2008.

Recruitment of community development workers has been a key aspect of the Delivering Race Equality (DRE) Action Plan. The community engagement strand is one of the three DRE building blocks. The role of the CDW is to support the development - through collaborative working with the statutory sector, the third sector and service users and carers - a mental health service that better meets the needs of people from Black, Minority, Ethnic and Refugee groups (BMER).

The report shows that people from BMER communities make up a significant proportion of the local population in Barnet. As such, this report identifies key areas of work with these communities. In this respect, the objectives set by Barnet CDWs reflect the essence of what DRE has set out to do through the community engagement work – namely to improve access and reduce inequalities through work with local communities.

The report captures the key outcomes, including:

- Sustained BMER community engagement;
- Increased understanding of mental health issues in BMER communities;
- Increased capacity within BMER community groups; and
- Improved access to primary care and other services for people in BMER communities.

These are hugely important developments.

This report also demonstrates a diversity of interaction - from stakeholder forums to web-based information to collaborative working with third sector organisations within hospital wards. The collation of good practice examples, and use of quantitative data, help to contribute to the important evidence base for change. It also shows how the cumulative action of individuals and communities can help to create change.

I would like to extend my personal thanks to the Barnet CDW team for its sustained commitment throughout 2008. I also welcome the report's emphasis on work in the long term. The New Horizons (NH) mental health framework aims to address inequalities in mental health through putting forth a public health context. This focuses on services, as well as improving outcomes to promote social inclusion. I believe that CDWs have a continuing role to play within their localities in helping to address inequalities of access and outcomes.

Melba Wilson
National Programme Lead
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EXECUTIVE SUMMARY

The CDW (Community Development Worker) programme in Barnet was set up to investigate and address the mental health needs of the borough's minorities. It stems from the national DRE (Delivering Race Equality) programme around mental health provision for Black, Minority, Ethnic and Refugee communities.

The format and overview for the CDW programme was shaped by both the building blocks of DRE and the four key definitions of the CDW role:

- **Change Agent**
- **Service Developer**
- **Capacity Builder**
- **Access Facilitator**

and by seven of the eleven competencies for World Class Commissioning:

- **Locally lead the NHS**
- **Work with community partners**
- **Engage with public and patients**
- **Manage knowledge and assess needs**
- **Prioritise investment**
- **Stimulate the market**
- **Promote improvement and innovation**

The four key definitions were used to formulate a delivery plan for the first year of the CDW programme. This delivery plan has underpinned the activity of the Barnet CDW team and provided impetus for ongoing projects.

The initial focus for the Barnet CDW programme were the Asian (specifically South Asian), Chinese and Jewish communities as these were recognised as being substantial within the borough and in contrast with other areas of London.

The first stage of work was to undertake a thorough investigation (scoping) of existing population, provision and need around BMER mental health in Barnet. The first outcome of this scoping was the recognition that the CDW programme, in order to be effective, needed to address much wider needs than those of the initially identified three communities.

Scoping has covered both the statutory and 3rd sector (community, charity and voluntary organisations) working in Barnet. The CDW team have mapped which organisations represent which elements of the community and what, if any, mental health work they undertake.

Engagement with existing BMER and mental health organisations in Barnet led to the establishment of the Barnet CDW Stakeholders' Forum. This forum, and its membership, has

helped the CDW team to widen their scoping, through the use of direct feedback from the communities within the borough, and to identify specific needs.

From this the CDW team generated the ongoing work for the programme, both that undertaken within the first year and proposals for the future.

The areas of activity for the CDW programme cover four considerations:

- **Raising awareness** within BMER communities of mental health issues and services in order to address under-representation within lower level intervention and over-representation within higher level, crisis intervention
- **Service development** through the identification and clarification of service gaps and how they can be addressed
- **Improving cultural capability** by supporting engagement between statutory and 3rd sector organisations and services in order to share knowledge and experience in providing for the needs of BMER service users, both within specific mental health services and within the community
- **Improved access** by providing clearer information about mental health, services and support networks in formats that are widely accessible and meet the needs of a diverse population

In the first year of the programme, in addition to scoping, the principle focus of the CDW team was engagement. This sat under two umbrellas; the first was engagement with representative organisations (from which the CDW Stakeholders' Forum was established) and the second was grassroots engagement (service users, carers, service providers and community members) which continues into the second year of the programme.

Using the four identified areas of activity the CDW team undertook the following projects:

- **Chinese Elders Group**
- **Older People Project**
- **Cultural Diversity Exchange Meetings**
- **CDW Website**
- **Mental Health Awareness Project**
- **Pan London Somali Mental Health Focus Group**
- **Mental Health Trust Report**
- **Carers Event**

In the second year of the programme the CDW team intend, in partnership with Stakeholders, to strengthen the grass roots engagement in the borough. This is in addition to supporting the development of services across both sectors that will meet the needs of Barnet's diverse communities as identified in the first year's scoping.

The projects proposed for the second year of the programme take into account the four areas of activity for the team, the competencies for World Class Commissioning and the need to continue scoping and engagement within all ongoing CDW work. These projects have been identified as:

- **Roma Gypsy Traveller Community Project**
- ***People Like Us* Website and Campaign**
- **Chinese Wellbeing Centre**
- **Multilingual Wellbeing Service**
- **Dept. of Spiritual, Religious and Cultural Care**
- ***Improving Access to Psychological Therapies***
- **Supporting Youth: Acting Together for Social Inclusion**
- **Mental Wellbeing and Older People Project**
- **Mental Health and Cultural Arts**
- **Barnet Refugee Service Youth Support Project**
- **'Mental Health Guides' Project**
- **Informing the MIND in Barnet Mental Health Guide**
- **CAMHS Cultural Exchange in MHT staff teams**
- **Clarity of MHT Service Pathways**
- **Race Equality Cultural Capability Training**

There is a substantial amount of work still to be undertaken by the CDW team. The achievements of the first year of the programme have exceeded the expectations as outlined in the CDW delivery plan and the projects put forward for ongoing work are informed by what has been achieved to date.

The second year of the programme will include ongoing engagement with Stakeholders and scoping at a grass roots level, supporting the development of services in partnership with organisations in both the statutory and 3rd sectors, and the continued investigation and identification of mental health needs within Barnet.

INTRODUCTION

The four key functions that define the role of Community Development Worker (CDW), as outlined by the national DRE (Delivering Race Equality in Mental Health) programme, are:

- **Change Agent** - identifying gaps, developing innovative practice
- **Service Developer** - promoting joint working, education and training
- **Capacity Builder** within communities and services
- **Access Facilitator** for mental health services, community resources, and overcoming language and cultural barriers

The role of the CDWs in Barnet, and how these functions are implemented, is shaped by the borough's BMER (black, minority, ethnic and refugee) community needs.

Rather than being a support or link worker whose focus is concentrated on the individual service user, CDWs have a primarily strategic role. In conjunction with other services and workers, their role is to harness the strengths, capabilities, knowledge and support of the community in its widest sense. CDWs help ensure that people from BMER communities both engage with and receive the best possible and most appropriate mental health care.

The underlying principle guiding the work of the CDWs is to identify needs and trends, analyse the reasons for these and, with others, identify appropriate responses. CDWs will then advise commissioners on who should provide services and what support or resources are required at a strategic, developmental level. The work of the CDW team and the strategic changes they aim to bring about are guided by World Class Commissioning (WCC) competencies, the Delivering Race Equality in Mental Health Care (DRE) Agenda and the Barnet Joint Strategic Needs Analysis (JSNA).

The initial proposal for the Barnet CDW programme was to focus on three major BMER communities; the Jewish, Asian (as Identified in the National Census) and Chinese groups, as they were perceived to be the largest BMER communities within the borough. However, it was determined that the most appropriate use of resources would be to engage with all BMER communities across Barnet as equitably as possible, particularly as the three named communities already had a comparatively higher level of 3rd sector support than some of the borough's more recently settled communities.

A specific piece of work was also undertaken within the Barnet directorate of Barnet, Enfield and Haringey Mental Health Trust (MHT); this led to the delivery of an internal report regarding existing engagement between MHT services and Barnet BMER communities which included proposals for future working. The findings of the MHT report have fed into the content of this CDW report.

The CDW report sets out the work of the first year of the Community Development Worker (CDW) programme, and is divided into four chapters and a comprehensive set of appendices:

- an introductory background chapter
- a chapter on scoping needs, access pathways and patterns of service use of BMER communities
- a chapter that reviews project work that commenced in the first year
- and a chapter concerning future proposals and recommendations

This report outlines how the CDW programme has been shaped and pursued to date; it also aims to stimulate discussion around the key action planning up to April 2009 and how to progress the programme's work in partnership with Barnet statutory and 3rd sector organisations in the future.

CHAPTER 1

COMMUNITY DEVELOPMENT WORKER (CDW) TEAM BACKGROUND

This chapter aims to give an overview of the work that the Community Development Workers do in relation to national and localised needs and guidance. The work will be explained in terms of the guiding principles of the government's Delivering Race Equality agenda, the National Health Service's World Class Commissioning Competencies, the Barnet Primary Care Trust overview and finally a localised view guided by input from the CDW Stakeholders' Forum.

1.1 Delivering Race Equality (DRE) in Mental Health Care Programme

In January 2005, the Department of Health published a five-year action plan, Delivering Race Equality (DRE) in Mental Health Care. DRE is an action plan for achieving equality of access, experience and outcomes and tackling discrimination in mental health services in England for all people of Black and minority ethnic and refugee (BMER) status, including those of Irish or Mediterranean origin and east European migrants. It aims to help mental health services provide care that fully meets the needs of BMER patients and build stronger links with diverse communities. Since the launch of the NHS Operating Plan framework for 2008-2011, the principles of the DRE programme are seen as a key component of the delivery of the improved access to psychological therapies programme and early intervention and crisis resolution. DRE underpins the work of the CDW programme and provides a framework for achieving equality in mental health services, which the CDWs are instrumental in making happen.

The DRE programme is based on three 'building blocks':

- **More appropriate and responsive services** - achieved through action to develop organisations and the workforce, to improve clinical services and to improve services for specific groups, such as older people, asylum seekers and refugees, and children
- **Community engagement** - delivered through healthier communities and by action to engage communities in planning services, supported by 500 new Community Development Workers (CDW) nationally
- **Better information** - from improved monitoring of ethnicity, better dissemination of information and good practice, and improved knowledge about effective services. This will include a new regular census of mental health patients (the Count Me In Census, initiated in 2005)

As part of the Department of Health's intention to develop and expand the mental health workforce nationally a target was set to recruit 500 Community Development Workers posts by December 2006. The Department of Health in December 2004 also published the interim guidance for the CDW posts to help improve the care and treatment of people with a mental illness from BMER communities (Mental Health Policy Implementation Guide - Community Development: Workers for Black and Minority Ethnic Communities. 2004). The 5 year aim for

DRE is that the programme will support the implementation of Sir Nigel Crisp's 10 point race equality action plan in the NHS, and will also help NHS trusts to fulfill their obligations under the Race Relations (Amendment) Act 2000.

The vision for DRE is that by 2010 there will be a service characterised by:

- less fear of mental health services among BMER communities and service users
- increased satisfaction with services
- a reduction in the rate of admission of people from BMER communities to psychiatric inpatient units
- a reduction in the disproportionate rates of compulsory detention of BMER service users in inpatient units
- fewer violent incidents that are secondary to inadequate treatment of mental illness
- a reduction in the use of seclusion in BMER groups
- the prevention of deaths in mental health services following physical intervention
- more BMER service users reaching self-reported states of recovery
- a reduction in the ethnic disparities found in prison populations
- a more balanced range of effective therapies, such as peer support services and psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective
- a more active role for BMER communities and BMER service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services
- a workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities

'Inside Outside' Report

This vision was partly guided by a report entitled: 'Inside Outside - Improving Mental Health Services for Black and Minority Ethnic Communities in England', a report published in 2003 by the National Institute for Mental Health in Britain. Key findings in the report estimated that there are over 6 million people in England who are designated as from black and minority ethnic groups. Black, Irish and other minority ethnic groups experience high levels of social and material deprivation when compared with the majority white population. The social exclusion of minority ethnic groups is complex and varies according to the economic, social, cultural and religious backgrounds. This complexity is not always understood or appreciated, partly because there is limited data available about the overall and specific experiences of minority groups. However, there is sufficient evidence to demonstrate that people from minority communities disproportionately experience various aspects of social exclusion affecting almost every aspect of life in contemporary Britain. Nowhere is this disparity between various ethnic groups more apparent than in health and health care.

1.2 World Class Commissioning (WCC) competencies

World Class Commissioning competencies are the knowledge, skills, behaviours and characteristics that underpin effective commissioning. When put into practice they become capabilities. Working to inform the decisions of commissioners, CDWs will secure effective strategic capacity and capability to turn competence into excellence, transforming people's health and well-being outcomes at the local level, while reducing health inequalities and promoting inclusion for the most affected BMER communities. The CDW programme directly affects 7 of the 11 competencies in the following way.

- **Locally lead the NHS** – CDWs should take a leading role in steering the local health agenda amongst BMER communities. CDWs will be the natural first stop for local political and community leaders.
- **Work with community partners** - In addition to influencing the commissioning of healthcare services CDWs will need to consider the wider determinants of health and the role of other partners in improving the health outcomes of their local population. CDWs also share responsibility for acting on the Barnet JSNA. Partners/ Stakeholders include local government, other NHS Trusts, healthcare providers, third sector organisations and clinical partners and specialist consortia.
- **Engage with public and patients** - In order to inform commissioning decisions that reflect the needs, priorities and aspirations of the BMER population, CDWs have to engage the public in a variety of ways, openly and honestly. They are proactive in seeking out the views and experiences of the public, patients, their carers and other stakeholders, especially those least able to act as advocates for themselves.
- **Manage knowledge and assess needs** - By identifying current needs and anticipating future trends, CDWs will be able to ensure that current and future commissioned services address and respond to the needs of the whole population, especially those whose needs are greatest.
- **Prioritise investment** – By having a clear understanding of the needs of different sections of the local population, CDWs, with their Stakeholder partners, will set strategic priorities and make investment decisions, focused on the achievement of key clinical and health and community outcomes.
- **Stimulate the market** – Everything CDWs do must be geared to improving the patient's experience of NHS services and outcomes of care. CDWs will use their commissioning influence to guide improvement, choice and service design through new or existing providers to secure the desired outcomes and quality, effectively shaping their market and increasing local choice of provision.
- **Promote improvement and innovation** – Through more open and effective commissioning and decommissioning decisions, CDWs will transform clinical and service configurations, meeting local needs and securing world class improvements in outcomes and quality.

1.3 Barnet Primary Care Trust CDW Programme Implementation strategy

NHS Barnet, in pursuit of delivering on both the DRE agenda and WCC competencies (as outlined above), engaged in the development of the Barnet CDW programme. This resulted in the commissioning of 4 Community Development Workers (CDWs) in May 2008, the establishment of a Steering Group (which includes representatives from NHS Barnet, the Barnet directorate of Barnet, Enfield and Haringey Mental Health Trust (the MHT) and the 3rd sector) and supporting the development of appropriate projects within both the 3rd sector and the statutory sector. The aims of the CDW programme were to:

- Support services in adapting and offering appropriate, timely and culturally-capable care to diverse communities
- To address inequalities in access to services that show over representation of BME groups in some services and under representation in others
- To build bridges between mental health services and the local community and to ensure trust is established

NHS Barnet commissioned a CDW programme and allocated resources to recruit a full team of 4 CDWs (this was one more than the national target of 3 set for the borough), with 2 CDWs having been in place since December 2007/ January 2008. In response to the various objectives set nationally and locally, and in order to respond to race equality issues in the most dynamic fashion possible, the CDWs were hosted across three organisations in the Statutory and Voluntary Sectors:

- Barnet, Enfield and Haringey Mental Health Trust (1) – January 2008
- Barnet Primary Care Trust (1) – May 2008
- Chinese Mental Health Association (2) - 1 in December 2007 and 1 in May 2008

The aim of this approach was to ensure appropriate engagement with both community and statutory providers and also to directly influence current provision and commissioning processes.

Recruitment Process

The job description and person specification for the posts were developed in partnership with all Steering Group members and the posts were advertised widely in the following settings to ensure exposure to candidates with the relevant experience, skills and qualifications:

- Guardian Society
- NHS Barnet vacancy bulletin
- emailed out directly to the voluntary organisations in the Barnet Voluntary Services Council Network
- Community Development networks online across London
- emailed across to colleagues elsewhere in the country

1.4 Community Development Work in Barnet

The Community Development Worker team were recruited and fully instated in May 2008. Four Community Development Workers were charged with objectives outlined in the CDW team delivery plan (signed off in July 2008).

Vision

The Barnet vision for this service was that:

The CDWs will work to improve equity of access and reduce inequalities for BMER communities in Barnet, working with children, adults and older people. They will comment on and challenge current NHS Barnet commissioning arrangements and inform future commissioning arrangements. In addition they will develop an appropriate culture and capability, whilst building local capacity within individuals, communities and professionals. The programme will directly influence the commissioning intensions of NHS Barnet where they link to strategic aims and local corporate objectives.

Aims

- Community development / capacity building
- Informing change and improvement
- Promoting inclusion and access

Objectives

- Helping groups and individuals to identify needs and concerns, and work out local solutions
- Identifying gaps within statutory Mental Health services relating to culturally specific needs and making recommendations about potential improvements and how to improve the experience of accessing services
- Encouraging BMER communities to (re)claim responsibility and ownership for their health and health care whilst building on the strengths of communities to manage and address mental distress
- Supporting statutory Mental Health services to maintain existing good practice and to develop stronger cultural awareness and capability; also supporting the engagement with and acknowledgment of differing needs based upon cultural, racial, religious and ethnic background of service users
- Developing leadership locally, creating training and development opportunities
- Supporting local groups and networks so they can be partners in developing and improving mental health and social care services

- Forging a harmonious relationship with agencies across voluntary, independent and statutory sectors
- Bridging the gap between Western models of care, and the values and norms of BMER communities, and strengthening the existing agenda of individualised and appropriate care

Community Development Worker Delivery plan

The CDW delivery plan, agreed by the CDW steering group in June 2008, highlighted the following areas, roles and activities:

Change Agent

- Establish a stakeholders forum
- Data scoping exercise to understand local access issues
- Liaise with local communities and community groups
- Review national policy in relation to mental health
- Improve access to information regarding both BMER communities and mental health services

Service Developer

- Identify a range of options for the improvement of local services
- Implementation of projects agreed by NHS Barnet
- Involvement in projects within NHS Barnet that further the intentions of the CDW programme

Capacity Builder

- Work to raise the awareness of mental health issues and services within local BMER communities
- Launch a staff awareness cultural project
- Develop partnerships between organisations from both the 3rd and statutory sector

Access Facilitator

- Provide input to key NHS Barnet health and mental health projects to ensure that access and equality are considered and delivered in new services. This will include:
 - IAPT (Improving Access to Psychological Therapies)
 - Dementia Project
 - CAMHS (Children and Adolescent Mental Health Services)
 - Older People's Project
 - Commissioning Strategic Plan

The full delivery plan, including methods and outcomes, can be found in the appendices.

Community Development Worker Outcome Synopsis

The efforts of the CDWs have helped achieve the following outcomes to date for the BMER communities (these are ongoing activities due to the shifting population of Barnet and therefore their consequent ever changing needs):

- Sustained BMER community engagement
- Increased BMER community understanding of mental health issues and services
- Increased capacity within local BMER community support groups
- Increased awareness and better use of primary care services by BMER communities - not only is this a benefit to general health for individual service users but it has the financial advantage to service providers. By encouraging the use of lower level interventions, mental health issues are approached at an earlier stage of onset thus decreasing the demand on higher level, and more expensive, crisis intervention
- BMER Service Users receiving more appropriate interventions, support and information in primary care and improved access to secondary care services

Barnet is diverse in terms of ethnicity and faith, and experiences a high population turnover, with people and communities leaving and new people arriving all the time, including new immigrants. The 2001 National Census, which provides the most recent conclusive population data, put the Barnet population at approximately 314,500 people. The combined black and ethnic minority population of Barnet was 26% of the whole population in the following proportions: Asian* 12.3 %, Black 6 %, Chinese 2 %, Mixed 3%, and Other 2.6 %. More recent information regarding ethnicity demographics can be found in Chapter 2 of this report.

*The National Census grouping 'Asian' applies to individuals from a South Asian background, including Indian, Pakistani and Bangladeshi. Individuals with a background from other Asian countries / areas, such as Chinese, Japanese, Indonesian, etc, are recorded under 'Chinese and Other'.

CHAPTER 2

ASSESSING LOCAL NEED

The principle aim of the Community Development Worker team is to ensure that services meet the needs of the diverse communities in Barnet. Whether this is through facilitating the development of new services or to driving changes in existing services, the ground work is the same; investigate who is living in the borough, find out what their needs are and map current services provision. This investigation or 'scoping' includes the collection and analysis of both hard (or quantitative) data and engagement directly with stakeholders (including service providers, service users, community representatives, voluntary and charity organisations, commissioners and any organisation that operate amongst mental health care or BMER communities within the borough) to gain direct feedback and anecdotal (or qualitative) data. The following chapter is an overview of how scoping was undertaken during the first year of the Barnet CDW programme. This commenced with an awareness of the national picture produced by the Delivering Race Equality Agenda and how it related to Barnet. The chapter concludes with an examination of specific detail around local population and services in the borough.

2.1 The National Picture

The first year of the CDW programme concentrated on:

- identifying communities and their representative organisations
- identifying existing statutory and 3rd sector mental health provision (both generic and culturally specific) and, in a broader sense
- scoping the needs, access pathways and patterns of mental health service use of BMER communities residing in Barnet

The priorities of the scoping exercise were to engage with services and communities and identify gaps in knowledge (CDW team, service users and/ or service provider knowledge) and services. The starting point for the scoping exercise was an awareness of the national picture and the concerns that prompted the Delivering Racial Equality in Mental Health Care (DRE) action plan. This included identifying the parallels between the national picture and Barnet's BMER population and its mental health services. Identifying these comparisons and utilising knowledge generated in other boroughs has, and will continue to, assisted the CDW team to recommend existing models of service development that will promote successful outcomes in Barnet.

National Population Statistics

The population of England and Wales, according to national census definitions, is made up of the following ethnic groups:

Ethnicity	2001 Census	2006 (by projection*)
White	92.1%	88.8%
Mixed	1.2%	1.6%
Asian or Asian British	4%	5.5%
Black or Black British	2%	2.8%
Chinese	0.4%	0.7%
Other	0.4%	0.7%

*Projection generated by the Office for National Statistics, Crown Copyright 2008

The statistics in the above table highlight several points:

- The highest non-White population in England and Wales is Asian (in this context the classification refers to South Asian with groups such as Chinese, Japanese, Sri Lankan and others who are from South East Asia included within the Chinese and Other classification). This is not reflected within national mental health services (see below) where the highest non-White representation is within the Black classification.
- Not only does the Asian classification represent the largest ethnic minority, it is also the one with greatest projected increase in size. This signals that there is a pressing requirement for services that address the needs of Asian communities.
- It was projected that between 2001 and 2006, all non-White groupings would increase whilst White would decrease by nearly 3.5%. This is an ongoing trend, reflected in earlier census results, and must to be reflected within mental health services.
- The classification projected as having the lowest increase is Mixed. However, as with all ethnic groupings and, more importantly the cultures they are composed of, there are specific mental health issues present that need to be taken into account.

This national population data is used to design the overarching mental health agenda. Without a clear picture of the cultural makeup of people residing in the UK, it is impossible to design suitable services to meet their diverse needs. National programmes such as DRE are based upon this understanding. For comprehensive service development it is vital to have a clear picture of who is making use of mental health services in addition to knowledge of population breakdown by ethnicity. On a national level this is, in part, defined through the annual Count Me In census.

Count Me In Census

A piece of work undertaken at a national level that specifically relates to mental health is the Count Me In census, published by the Commission for Healthcare Audit and Inspection. The survey was first conducted in 2005 and formed a record of all inpatients, or individuals in residential care, with mental health or learning disability needs. The record is taken on a

single day in March by both statutory and private residential units and wards and in 2007 it reported that:

- information about ethnicity was available for 99% of inpatients, of whom:
 - 78% were White British
 - 9% were from Black or White/Black Mixed groups
 - 5% were from Other White groups
 - 3% were from South Asian (Indian, Pakistani and Bangladeshi) groups
 - 2% were White Irish
 - 3% were from other ethnic groups (including Chinese)Overall, 22% of inpatients were from minority ethnic groups
- six per cent of inpatients reported that English was not their first language
- rates of admission were lower than the national average among the White British, Indian and Chinese groups, and were average for the Pakistani and Bangladeshi groups. They were higher than average among other minority ethnic groups for both genders – particularly in the Black Caribbean, Black African, Other Black, White/Black Caribbean Mixed and White/Black African Mixed groups – with rates of over three times higher than average, and over 10 times higher in the Other Black group. These patterns are very similar to those observed in 2006 and 2005
- although rates of admission remain fairly consistent for most ethnic groups across 2005, 2006 and 2007, an exception is the Other White group, for whom both the admission ratio and the underlying numbers of patients have risen consistently across the three years
- forty three per cent of inpatients were detained under the Mental Health Act on admission, compared with 40% in 2006 and 39% in 2005. Overall rates of detention were higher than average among the Black Caribbean, Black African, Other Black and White/Black Caribbean Mixed groups (by 19% to 38%), and detention under section 37/41 (imposed by courts) was also higher in these groups (except Black African). These patterns are similar to those for the previous two years
- rates of seclusion were higher than average among men from the Black Caribbean and Other Black groups, and among the Other White group in both genders

The Count Me In census has been invaluable in identifying the over representation of certain ethnic minorities within inpatient care, a situation that was previously believed to be the case but wasn't sufficiently supported by hard data.

The National Census figures and the results of the Count Me In Census are intrinsic to the development of national services directives. However, in order to meet the needs of our local population, local services must reflect that population. In Barnet the ratio of ethnic groups is significantly different from the national picture; in order to ensure comprehensive service provision within the borough, whilst taking on the demands of national directives, it is imperative to understand how the population is composed.

2.2 Barnet Black, Minority Ethnic and Refugee Communities

The CDW programme in Barnet was commissioned initially to engage with three cultural groups in the borough, the Jewish, Chinese and Asian communities, as these groups had been identified as under represented in mental health services nationally and it was assumed that this would be the experience locally. This led to three key areas of fact scrutiny – the actual percentage of the overall borough population represented by these communities; their engagement with and provision within services; and an investigation of what other BMER communities reside in Barnet. This information was partly accessed through the analysis of existing statistics (related issues with this data are highlighted below) and partly through the direct feedback provided by 3rd sector and statutory sector staff. Whilst it is comparatively simple to check figures for the Chinese and Asian communities (as these are two of the ethnicity definitions used by the National Census and later projections) it is significantly more complicated to verify the size of the Jewish community as this is a cultural/ religious definition (religion is recorded as part of the National Census but it is not used in projections).

Statistical information

As highlighted above, the main source of data for ethnicity within the borough of Barnet is the 2001 census. However there are also population projections which are generated using information from the census and from sources such as applications for National Insurance numbers and birth and school registrations. These projections are issued by the Greater London Authority (GLA) and the Office for National Statistics (ONS) and serve as the baseline for any conclusions made about the current Barnet population; the two sets of projections deliver slightly diverging numerical results as they use differing definitions for ethnic groupings. However, the trends for expected population change are consistent. The comparisons between population and service users used by the CDW team have been made using GLA projections and RiO (patient records system) data as they have comparative groupings. More recent data was garnered from the Electoral Register but this gives an incomplete picture as it doesn't include individuals who are neither from the Commonwealth or the European Union; it also does not include cultural ethnicity data other than nationality. The information within this section is primarily generated from the 2001 Census and published projections as outlined above.

The percentage of Barnet population for the Asian and Chinese communities from the 2001 census and later projections are:

	2001	2008
Asian (with over half of this group defined as Indian)	12.3%	14.7%
Chinese	2%	2.6%

The 2001 census showed the Jewish population as being 14.8% of the Barnet total.

The most comprehensive baseline for Barnet population (as limited as it is) shows the breakdowns for the boroughs ethnicity as:

	2001 (by number)	2001 (by %)	2008 (GLA projection by number)	2008 (GLA projection by %)
White	232,868	74	222,623	68.2
Asian	38,795	12.3	51,165	14.7
<i>Indian</i>	27,130	8.6	30,384	9.3
<i>Pakistani</i>	3,965	1.3	5,263	1.6
<i>Bangladeshi</i>	1,448	0.5	1,699	0.5
<i>Other Asian</i>	6,252	1.9	10,737	3.3
Black	18,859	6	27,581	8.5
<i>Caribbean</i>	4,113	1.3	3,949	1.2
<i>African</i>	13,651	4.3	17,736	5.4
<i>Other Black</i>	1,095	0.3	5,896	1.8
Chinese	6,379	2	8,393	2.6
Other incl. Mixed	17,663	5.6	19,652	6

Source: GLA 2007 Round Ethnic Group Projections - PLP Low, © GLA

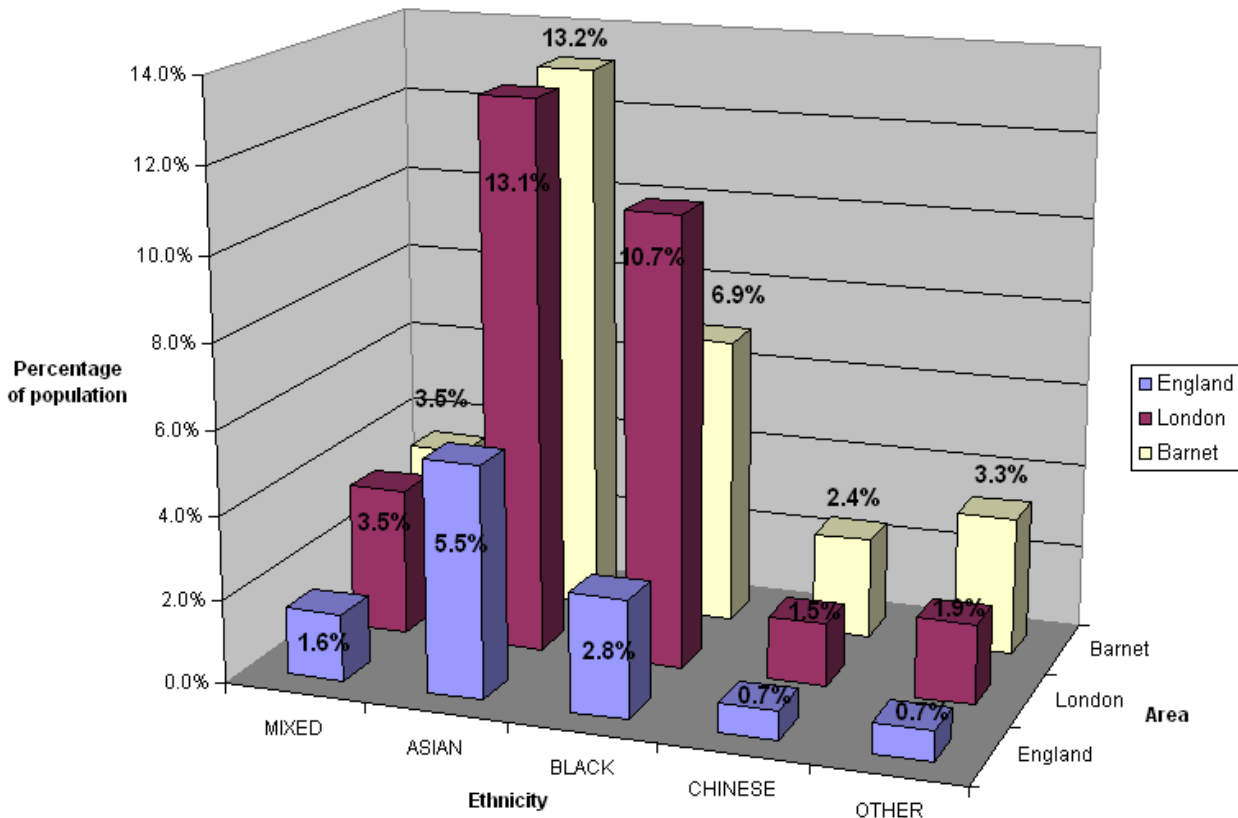
The above table shows that whilst the combined Asian* community is the second largest group in the borough there is also a substantial combined Black community and that the Other grouping is also over 5% of the borough's population. It should be noted that the Chinese community is usually recorded as a sub group of the Other category. Whilst the sub definitions for the Asian grouping can be easily compared to differing areas of the Indian sub continent, the Black groupings are far less clear, with one option for all African ethnicities. As highlighted previously, these definitions make it extremely difficult to get a clear picture of the differing ethnic/ cultural population of Barnet or to find supporting evidence for anecdotal demographic information.

*The National Census grouping 'Asian' applies to individuals from a South Asian background, including Indian, Pakistani and Bangladeshi. Individuals with a background from other Asian countries / areas, such as Chinese, Japanese, Indonesian, etc, are recorded under 'Chinese and Other'.

Comparison of national and local population data

Population by ethnicity (excluding White)

Generated from projections published by the Office of National Statistics, Crown Copyright 2008



The above chart shows that in comparison to national results Barnet has a significantly higher percentage of the population in all non-White ethnic groupings (the category White has been excluded from the above chart in order to show relevant BMER data more clearly). This chart has been produced using ONS projections in order to show expected National population shifts as GLA projections cover only London and its boroughs; GLA projections are used elsewhere in this report for reasons stated on page 19.

Compared to London as a whole, Barnet has:

- A similarly comparative Mixed ethnicity population
- A marginally higher Asian population
- A smaller Black population
- Significantly higher Chinese and Other populations

In addition to this information, the local authority has identified that:

- Barnet is the 2nd most religiously diverse borough in the country and with 31.5 percent of its population belonging to a black and minority community, the 20th most ethnically diverse
- Over 170 languages were registered as spoken in Barnet primary schools in 2008
- Barnet ranked 21st highest out of the 376 local authorities in 2005 for international in-migration, and 20th for international out-migration

Direct feedback

According to information given by both community and statutory organisations the last couple of years have seen a rise in Afghani, Iranian and Somali residents (demonstrated both in engagement with wider services and specifically in MHT services). However, this rise is difficult to corroborate through statistics as the last significant collection of data occurred during the 2001 census which is now out of date and does not provide specific data for these groups. It was also not possible to verify these statistics through patient records as the methods for collecting and recording ethnicity data changed substantially in 2007 and have seen several smaller changes since the implementation of these new methods.

Therefore, **any comparisons made at this time will be based upon out of date population data and current patient data produced from shifting parameters, supported to some extent by lesser data sets from other sources.** However there is some statistical support for there being sizable Afghani, Iranian and Somali communities, all of which make up a significant percentage of Barnet's refugee population.

The table below has been prepared from Pupil Level Annual Schools Census data for Barnet residents attending Barnet council primary schools in January 2007 and shows the top five languages spoken.

Language Name	Total pupils
English	14343
Somali	771
Gujarati	726
Arabic	591
Farsi/Persian (Any Other)	491

This demonstrates that Somali, Arabic and Farsi / Persian (the principle languages of the Afghani, Iranian and Somali communities) are, other than English, three of the most prevalent spoken languages in Barnet schools in 2007.

Through scoping of existing services within the 3rd sector it became clear that within the originally identified communities the following was discovered; the Jewish community and women in the South Asian community have strong existing services (in general and mental

health related) and the Chinese community, to a lesser extent, also have specific mental health services.

Ongoing scoping has unfortunately uncovered very little culturally specific mental health service provision for the Somali community or the non-Farsi speaking Afghani and Iranian communities. Therefore concentrating solely on the original three suggested Jewish, Chinese and South Asian communities would reinforce the disparity that currently exists in BMER mental health service provision.

There is also a need to look more closely at the make up and needs of the wider Black community (as substantial as the Somali community appears to be, there are also significant numbers of Black British and Black Caribbean residents in Barnet, as well as other African groups including Cameroon and Congolese) and to identify support for South Asian men and the differing communities that make up Barnet's refugee population.

Other communities that are present within Barnet but are difficult to identify through the Census are the Greek, Turkish and Cypriot residents. Their presence in the borough is clearly evidenced by the Greek Cypriot centre, several organisations that work with these communities and, pertinent to scoping, Outpatient Service Users (see below).

There are other ethnicities and cultural groups represented within Barnet who may benefit from the CDW agenda, specifically Eastern European (as identified by Barnet Refugee Service and supported by Outpatient data) including Albanian, Kosovan, Hungarian and Polish. There are also, less clearly related to CDW work but requiring consideration, Gypsies and Travellers (there is an established Forum working with this group) and the Irish community (who are historically over-represented in mental health and substance abuse services).

Barnet communities that have been identified to date and the ways in which they are either represented or still need to be engaged with are detailed in the table at the end of this chapter.

Conclusion

In order to guarantee a comprehensive service, the CDW programme would need to take into account all of the prominent communities within Barnet and maintain communication with the smaller communities also.

2.3 Scoping Framework

In order to specify the ongoing work of the CDW programme in Barnet it was essential to gain a clear picture of both the population (as covered in sections 2.1 and 2.2) and existing services (later in this chapter). This was clarified via a process of investigation, specifically the scoping of BMER communities needs and provision.

The scoping framework for the CDW programme was split into two sections; the first was a focus for the initial year of the programme and the second was to be part of the ongoing work of the team.

The first section of scoping intended to gain a clear picture of the BMER communities in Barnet, to investigate what currently existed in Barnet around mental health care for BMER communities and Services Users and to identify and engage with organisations that exist to represent these communities.

The second, later section of scoping was intended to engage directly with Service Users, Carers and Individuals from Barnet's BMER communities to gain a more in depth knowledge of needs that can be used to inform service development.

Scoping as Outlined in the CDW Delivery plan

The delivery plan generated to guide the CDW programme in Barnet was an initial outline of the work and outcomes required of the CDW team. This included two specific areas of scoping; Data scoping and Liaising with local communities. These definitions were expanded upon and responded to as follows (the full delivery plan can be found in the appendices):

Delivery plan milestone 1 - The Data scoping exercise was implemented in order to understand local access issues compared to the national picture. This will focus on the main statutory mental health providers.

- **Target:** Delivery of BMER Service User Perspective Report to Mental Health Trust - End June 2008.
Requirement: A report on Barnet, Enfield and Haringey Mental Health Trust services in Barnet; a non-clinical report that looked at approaches to a multi-cultural client base.
Outcome: This report, which was essentially an internal audit, was delivered at the end of June 2008, including recommendations as to future development, existing gaps within the framework in which services are based.
- **Target:** Presentation of information to NHS Barnet Senior Management Team (SMT) and key Stakeholder groups - August 2008
Requirement: This document, generated from the original CDW programme delivery plan, is for release to interested parties in the NHS Barnet SMT and Stakeholders.
Outcome: This report was delayed in its development to include a longer period of scoping, both within the borough as a whole and in order to receive information from statutory services. Ultimately the borough scoping is ongoing, as the population has shifted over the year and will continue to do so, and the statutory scoping has proved difficult to complete. Information received from the statutory sector has been slow to compile because there is no consistent reporting method across the services that covers the detail of communities; rather it reflects the 5 census groupings.

More detailed information has had to be specifically generated and the specific categories vary between service areas i.e. CAMHS (Children and Adolescent Mental Health Services), Younger Adults, Older Adults and which Trust is responsible for collection and reporting. The new delivery date was the end of the first year of the programme – March 2009.

Delivery plan milestone 2 - Liaise with local communities and community groups to gather qualitative data about the experience of BMER groups in accessing and being treated in local mental health services. Develop a framework for identifying and ensuring liaison with 'hidden communities'.

- **Target:** Presentation of information to NHS Barnet Senior Management Team and key Stakeholder groups. Presentation of a recommended framework for community engagement including with 'hidden' communities. - Primary scoping (established organisations) End June 2008;
Requirement: This included making contact and developing relationships with 3rd sector and statutory organisations active within Barnet mental health or community engagement. Data analysis of information on the borough, as a whole, and current Service Users was also initiated.
Outcome: As stated above delivery was delayed in order ensure a complete picture that accurately and comprehensively reflects the borough.
- **Target:** Secondary scoping (grass roots engagement) - Ongoing;
Requirement: This exercise was a continuation of primary scoping, looking more closely at BMER communities existing within Barnet who might not have an organisation that actively represents their voice.
Outcome: Ways forward for this stage of scoping were investigated in the first year of the programme with the intention to make direct contact with Service Users, Carers and Community Members towards the end of the year and into the second year. Significant work in this area has been undertaken with Older Adults within Barnet BMER communities and contacts are being pursued within Barnet carers' groups and service users. The need for the extension of scoping has been included within project plans for year 2.
- **Target:** Delivery of initial report (following 1st Stakeholders Forum);
Requirement: Information on initial scoping was delivered to the Steering Group.
Outcome: Difficulties with and concerns around scoping/data collection was reported to the Steering Group and it was agreed that the focus on this area would continue through the first year of the programme.

Implementation of Delivery plan

How scoping was pursued

- Identifying what information was needed to gain a clear picture of the population of Barnet and how the population were reflected within services
- Finding representative groups within Barnet
- Meeting with these groups to gain an understanding of the differing needs of Barnet communities and 3rd sector service providers
- Gaining an understanding of how these organisations linked to each other and to the statutory sector
- Sourcing hard data from the Local Authority about the population of the borough, following up other sources of data to try and complete the picture and to find the most recent information available
- Requesting data about ethnicity of service users within the MHT and other Trusts through NHS Barnet (including Tavistock and Portman NHS Foundation Trust and Camden & Islington Foundation Trust) providing services within Barnet
- Using direct feedback and anecdotal data to identify gaps within established data and try to find alternative sources of hard data
- Identifying international events that may have impacted on the mental wellbeing of Barnet BMER residents

How scoping was utilised

- Where there was clear information, utilising data in order to support organisations and the CDW team to identify areas for service development
- Using data along with Stakeholder feedback and input in order to devise strategies to inform and create sustainable change in mental health service provision
- Comparisons were generated between population data and statutory service data
- Hard data was sourced to support some of the direct feedback received

Gaps

- There are still gaps in service data, specifically CAMHS but also regarding mental health services provided through GP practices
- It has not been possible to identify through hard data specific areas of mental health needs (related to specific diagnosis or type of illness) to specific ethnic/ cultural groups as data is not recorded in this manner
- It is difficult to be clear about the current make up of the Barnet population as census data is a) 8 years out of date and b) not specific enough to provide numbers for identified communities. Supplemental data has gone some way to make up this gap but there are still BMER communities residing in the borough and/ or using mental health services which have not be clearly defined

Ongoing scoping

- Further engagement with individuals from BMER communities and with Service Users and Carers
- Generating clear qualitative and quantitative data from this engagement

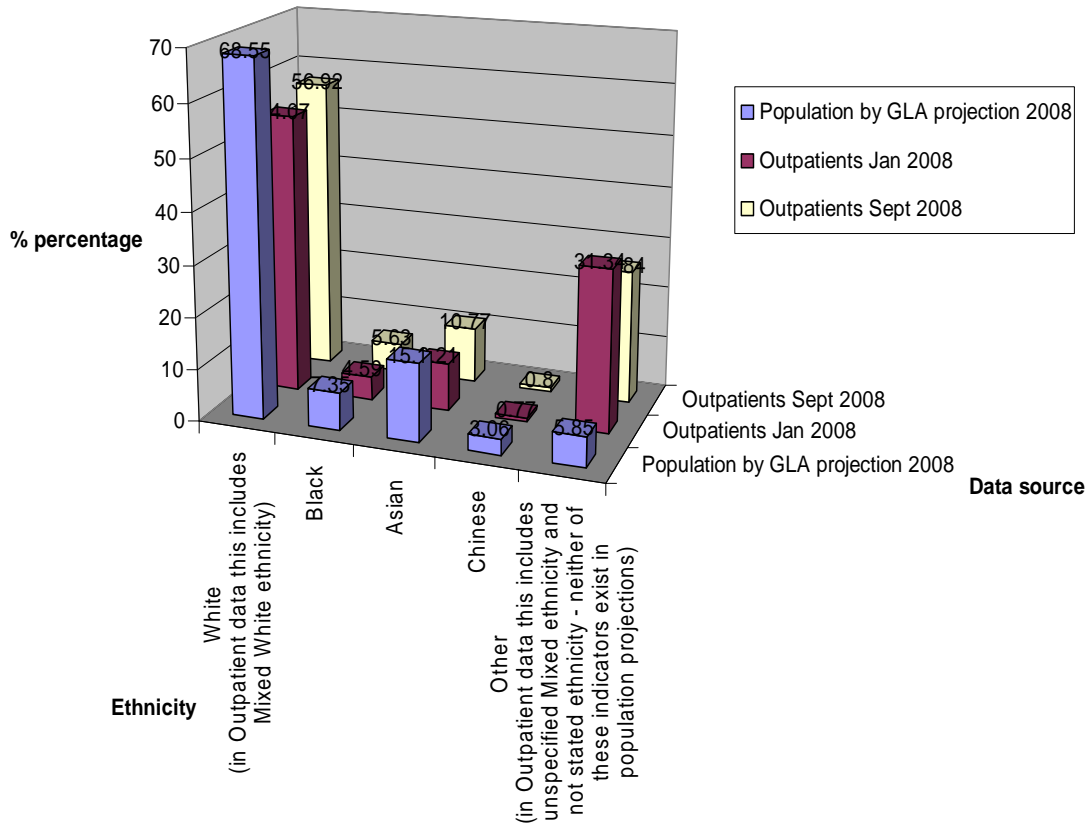
2.4 Statutory Services

As well as understanding the makeup of the Barnet population it was important to know how these communities were engaging with statutory mental health services. There have been several issues around obtaining data on services (specifically CAMHS as this is generated over several different service providers) and there has been an additional problem with differing definitions between the baseline projections and information generated through RiO or other service recording systems. However the data that has been collected is demonstrated on the following pages.

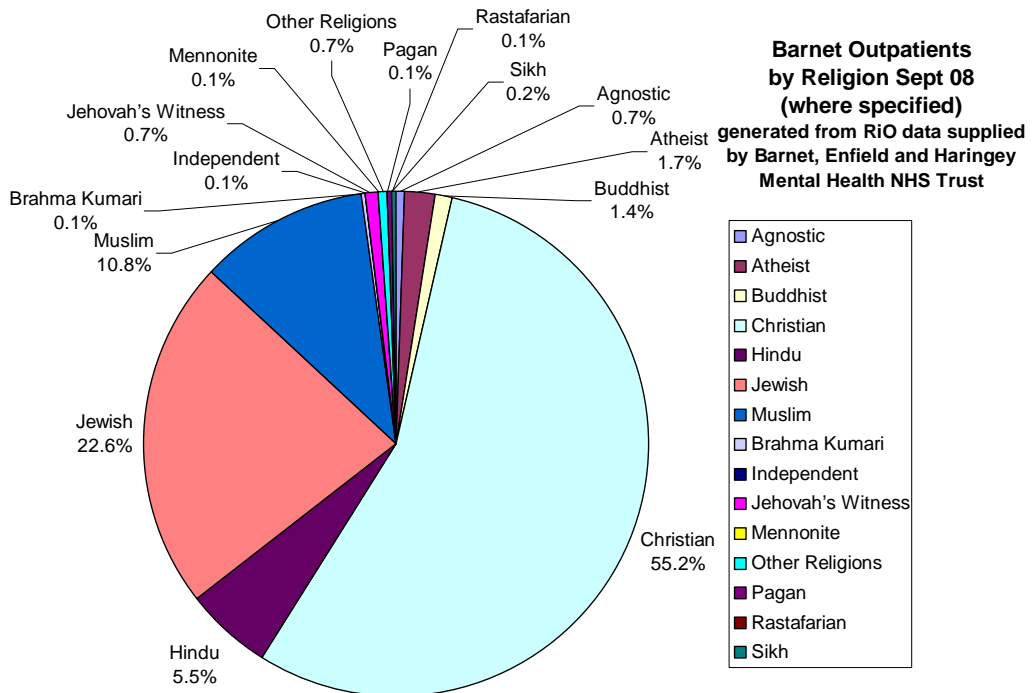
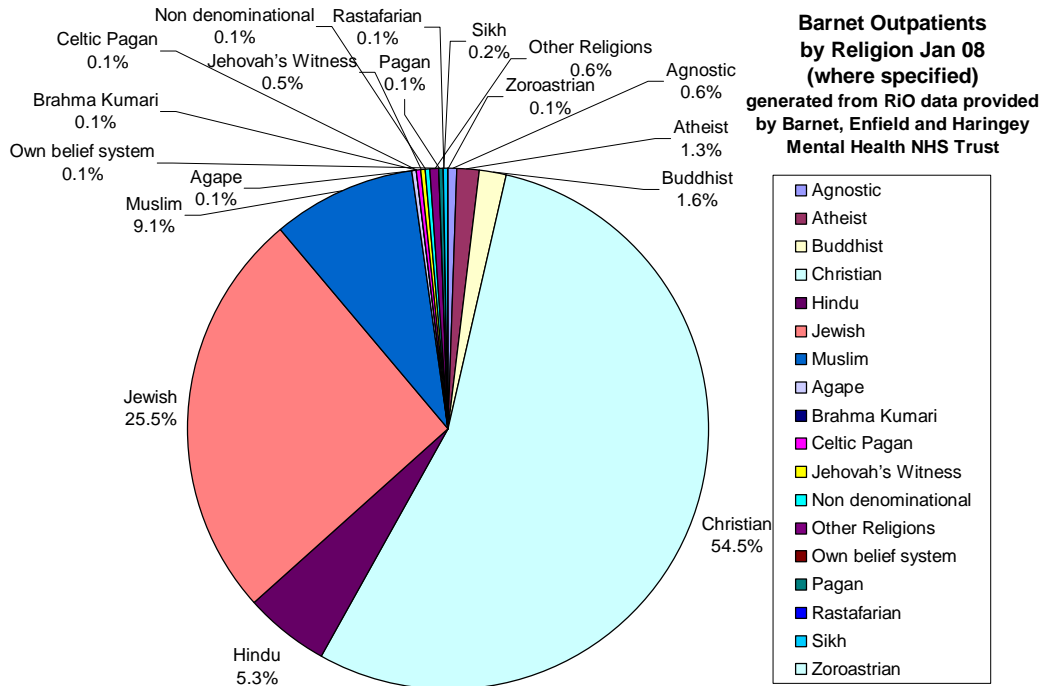
Younger Adult services

Outpatients

Comparison of Barnet population against Barnet Outpatients
 generated from Rio data supplied by Barnet, Enfield and Haringey Mental Health NHS Trust and
 GLA 2007 Round Ethnic Group Projections PLP Low, copyright GLA



Barnet Community Development Worker Programme Annual Report 2009

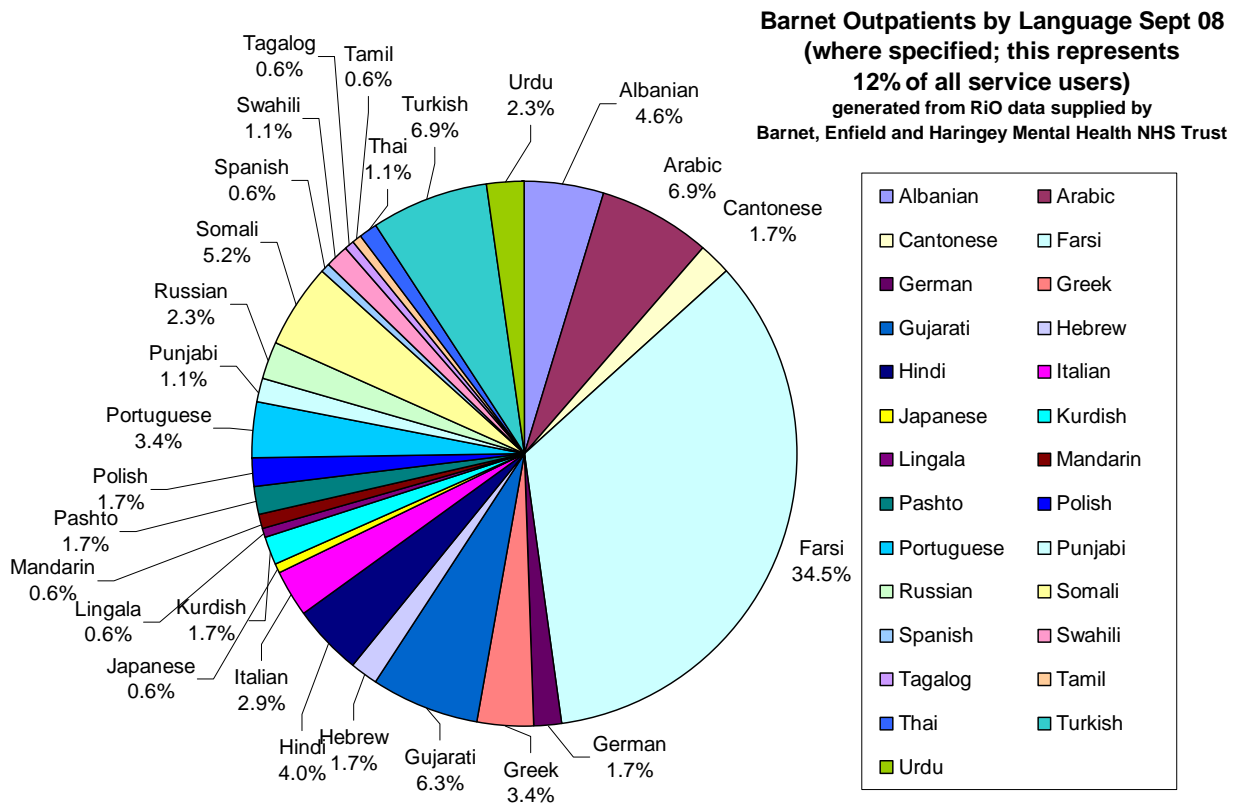


The previous charts demonstrate that, where religion is stated, the Jewish community is heavily represented within outpatient services; this reflects the 2001 census and the direct feedback from within Barnet. However, as there is no confirmed current direct population to compare this with it is difficult to draw any conclusions about under or over representation.

There is also significant Muslim and Hindu representation within Outpatient services, reflective of the diversity of faiths and cultures within both Barnet population and mental health Service Users.

Whilst the largest religious grouping is Christian, this is made up of many denominations and, as with other religious groups, can reflect both different ethnicities and different cultural backgrounds.

The need for a greater consideration of the diverse religious and spiritual requirements of Barnet Service Users is highlighted in the recommendations for future projects / service development in chapter 4 section 2.



The previous chart regarding languages used by Outpatient service users (where a language is identified, otherwise the service user speaks English. The graph represents 12% of service users recorded in September 2008) supports direct feedback and the data from Barnet schools that Arabic, Farsi and Somali are prevalent in Barnet, suggesting that the Iranian, Afghani and Somali communities are larger than is indicated by GLA projections (especially as these groups do not clearly fit projection definitions).

A significant representation of Gujarati, Hindi and Urdu reflect Barnet's sizable South Asian population and highlight the need for statutory services to maintain links with South Asian support organisations both within and outside Barnet, especially where there are issues of language which could be ameliorated by working with representatives from the voluntary sector as well as with the current interpreting services.

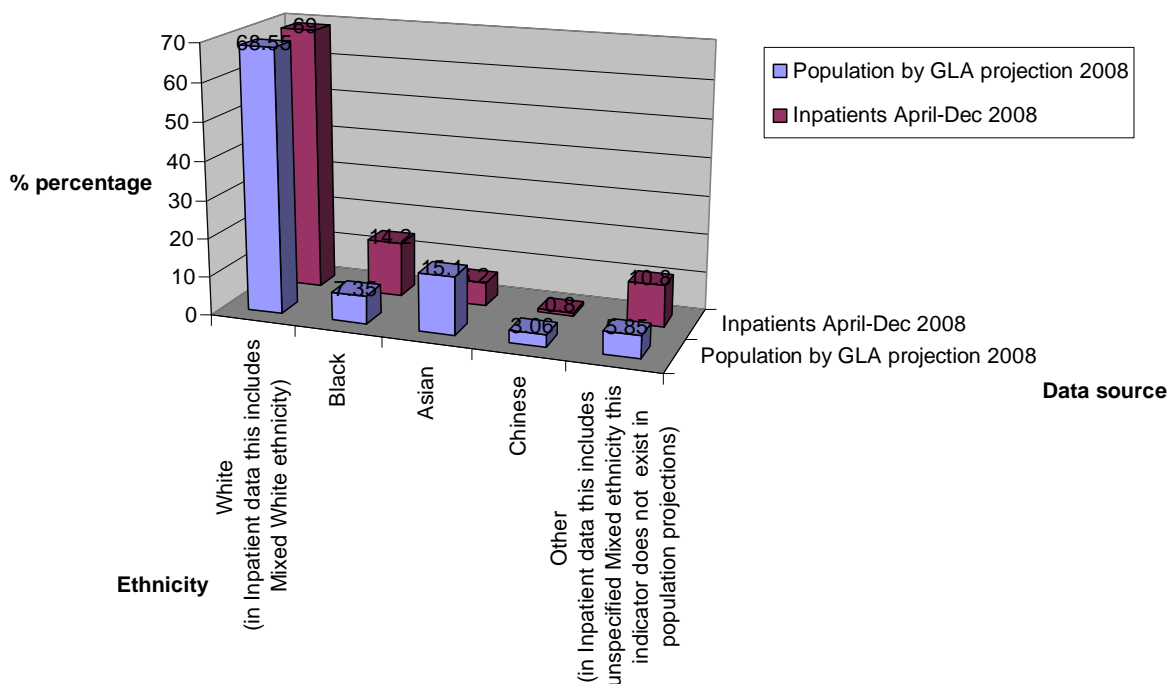
Barnet's Turkish, Greek, Cypriot and Kurdish communities are also reflected within Outpatient services and wider investigation of these communities should be a component of ongoing CDW scoping.

The wide range of languages represented within Outpatient services reflect the diversity of the Barnet population. This suggests that while some culturally specific services should be considered within the statutory sector the sheer breadth of cultures that need to be taken into account may mean that broader, culturally competent service development should be a commissioning priority within statutory services. However culturally / ethnically specific services should be commissioned from the 3rd sector to work in tandem with statutory provision.

These findings highlight, again, the need for ongoing scoping and proposals for this can be found in the table at the end of the chapter.

Inpatients

Comparison of population against Barnet inpatients
 generated from RiO data supplied by
 Barnet, Enfield and Haringey Mental Health NHS Trust and
 GLA 2007 Round Ethnic Group Projections - PLP, copyright GLA



Conclusion

The above graphs demonstrate the following:

- All ethnic groups (within the limited definitions of White, Black, Asian, Chinese and Other) appear to be under represented within outpatient services; the exception is Other which, as it is an unclear definition, may account for the discrepancy. This may also, in part, be accounted for by groups such as the Iranian and Afghani communities who do not fit cleanly into the existing definitions
- Whilst there is a slight under representation of the black population within outpatient services there is a distinct over representation of the black population within inpatient services
- There is a strong under representation of the Asian and Chinese communities within inpatient services
- Both inpatient and outpatient graphs demonstrate an over representation of Other groups. This is probably due to the inclusion of unspecified mixed race service users as there is not a corresponding grouping in the population projection.

Recommendations regarding these findings will be highlighted at the end of this chapter.

The detail shown in the previous graphs doesn't clearly demonstrate the level of clarity within RiO (the recording system used by the BEH-MHT) ethnicity data. There are 69 definitions, much wider than the 5 primary and 16 secondary definitions within the National Census and GLA projections. In RiO data there is also a facility for recording religion and, more recently, language.

The Count Me In Census

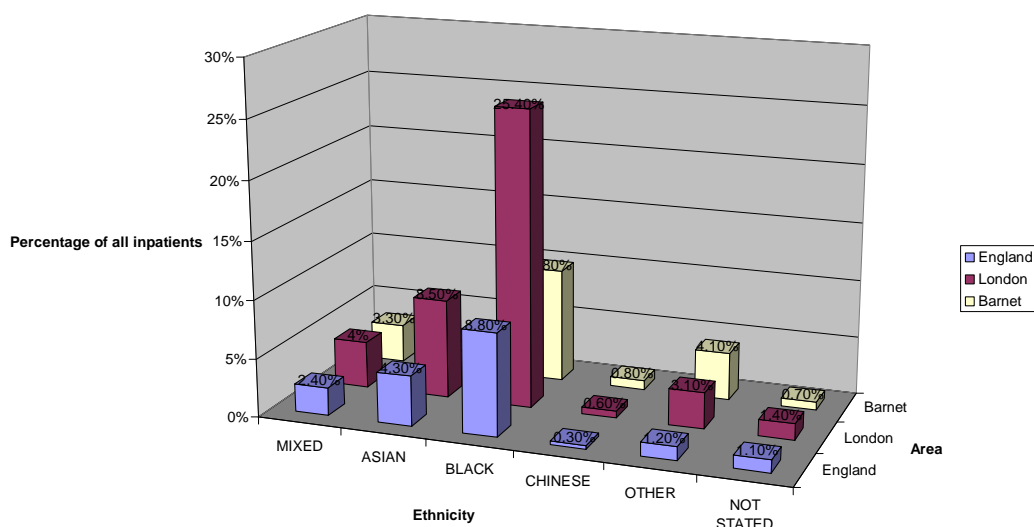
An alternative source of information on inpatients is the Count Me In Census (as referenced in the section on national data). The Barnet element of the 2008 census, regarding inpatients on wards within the Barnet, Enfield and Haringey Mental Health Trust, shows the following:

Ethnicity	2008 Count Me In Census	GLA Population Projection 2008
White	79.68%	68.55%
Mixed	3.25%	N/A
Asian	1.62%	15.1%
Black	9.75%	7.35%
Chinese	0.81%	3.06%
Other	4.07%	5.85%

(For the 2008 Count Me In Census the definitions of ethnicity for inpatients were determined in the following manner: Self assessment 74%, Assessment by staff 23%, Assessment by relatives 2%, Not stated 1%; GLA projections do not include the categorisation Mixed.)

These figures support the over- and under-representation of certain ethnic groups demonstrated by the RiO data generated by Barnet, Enfield and Haringey Mental Health Trust.

Comparison of Barnet Inpatients Ethnicity Against Regional and National Results
Count Me In census 2008
published by the Healthcare Commission



The previous comparison chart shows that, in all ethnicities other than Asian and Not Stated, Barnet has a higher percentage of inpatients than national results (the category White has been excluded from the above chart in order to show more clearly the remaining data).

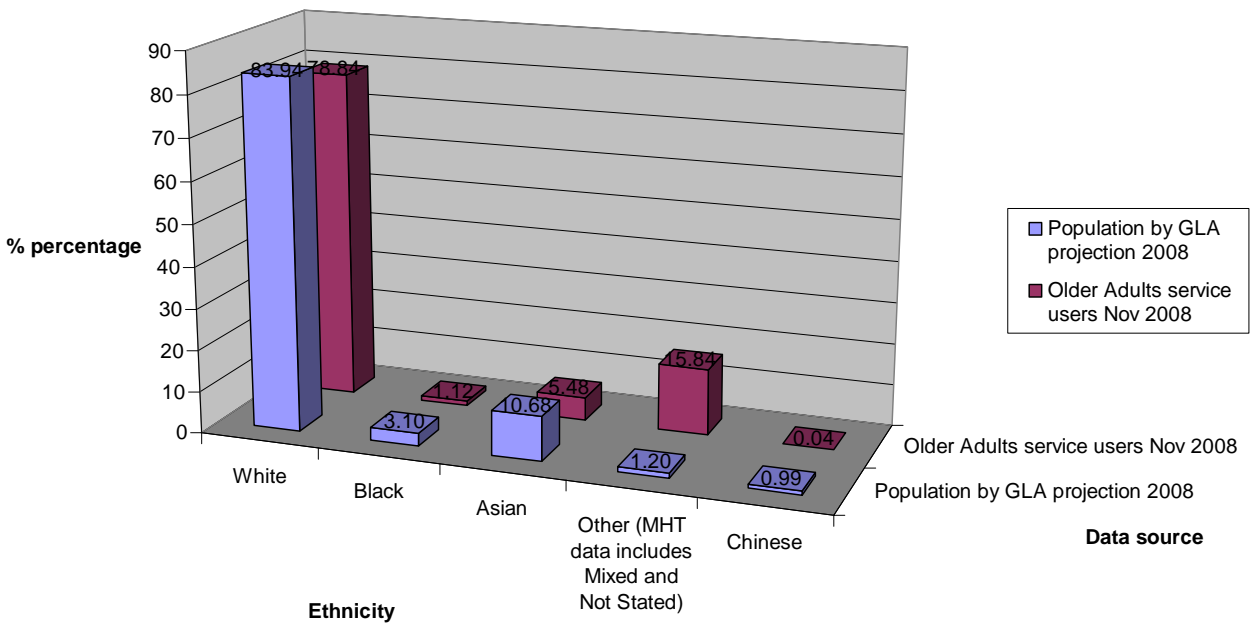
In comparison to London as a whole (which includes data on Barnet), Barnet has:

- Significantly lower percentage of Asian and Black inpatients (this is in line with Barnet’s Black population but falls to reflect that Barnet’s Asian population is similar in percentage to that of London as a whole)
- Marginally lower percentage of Mixed and Not Stated inpatients
- Marginally higher percentage of Chinese inpatients (despite having a significantly higher Chinese population)
- Higher percentage of Other inpatients (this reflects a higher Other population within Barnet which may, as highlighted earlier in this chapter, be accounted for by significant communities within the borough who are not easily placed within the existing categories)

Recommendations regarding these findings will be highlighted at the end of this chapter.

Older Adult services

Comparison of population with Barnet Older Adults services Nov 08
generated from Rio data supplied by Barnet, Enfield and Haringey Mental Health NHS Trust and GLA 2007 Round Ethnic Group Projections - PLP Low, copyright GLA



The previous graph shows a distinct under representation of Black, Asian and Chinese communities within the Older Adults service, however this could in part be accounted for by the lack of clarity within the definition Other.

The diversity of data collected within Older Adults services is much less than that of Younger Adults and does not include either religion or language, which has helped to draw conclusions in regard of the other services.

This is an area for ongoing scoping.

CAMHS

There is a gap in data around statutory CAMHS (Children and Adolescents Mental Health Services) services. An ongoing area of scoping is to obtain clear data in this area and assess what it means in relation to the CDW programme. This is expanded upon in chapter 4 section 2.

Recommendations specific to statutory services

The following recommendations are generated from the CDW scoping to date:

- Investigate alternative forms of information around population numbers for Iran, Afghani Groups (these groups can be identified within RiO data). An investigation of Turkish, Greek and Cypriot groups is also recommended as they are also not clearly defined within the above groups.
- Further clarify how the black population is broken down into ethnic communities within the Barnet population (some differentiation already exists within RiO data). Further investigation is required within specific needs of this large community due to the disparity in uptake of services. To make health outcomes better services will need to be commissioned specifically to target this group that deal in stigma, mental health awareness and health staff cultural capability training.
- Further grassroots engagement will allow us to identify whether an underrepresentation in Asian and Chinese groups with statutory outpatients services is due to alternatively accessing 3rd sector services, or there is a lack of uptake of mental health services overall. Current direct feedback suggests the latter. In order to make equity of access better for these communities a combination of mental health awareness and culturally specific mental health service provision should be considered.
- There is a need to further engage with Jewish 3rd Sector mental health service providers in order to better understand the size of the community and the representation of statutory sector mental health service users.
- There is a high representation of Islamic service users in the statutory sector. Further scoping of their health experience and their representative numbers in the population is necessary. This is also true of other faith groups including Hindu, Sikh and Christian; whilst these groups are represented in different ethnic communities there is a need for

identification and consideration in parallel to that of the continued Jewish Community scoping.

The hard data within this section is not exhaustive and the recommendations above reflect both this fact and that there is a need for ongoing scoping. Further existing knowledge around statutory engagement with BMER communities is highlighted in the following section on direct feedback supplied by Stakeholders.

2.5 Information Provided by Stakeholders

Whilst engaging with the diverse organisations within the statutory and 3rd sector that represent both BMER and mental health services in Barnet, the CDW team have collected information about the recognised needs of the differing communities. It is difficult to support this information with hard statistics but the information provided by people on the front line of engagement with Barnet residents and services users builds a fuller picture of needs than that drawn by hard data alone. It is also the kind of information that the CDW team would not be able to obtain if it wasn't for the experience and knowledge of the Stakeholders engaged with, and that helps clarify why there may be under-representation of some communities within statutory services. It can be vital in addressing gaps in services as an understandable lack of immediate cultural knowledge amongst service developers may mean that areas of concern could go unidentified.

Statutory services

Engagement with the statutory services from a scoping perspective has fallen into three main areas:

- 1
- 2 Working with commissioners and managers in NHS Barnet to identify areas of mental health service development in which the CDW team can take an active role. Details of this work can be found later in this report.
- 3 Engaging with Barnet Council to gain data on the population of Barnet and to gain an understanding of how the local authority partners other statutory organisations in providing mental health and social care in Barnet.
- 4 Engaging with staff in all branches of service provision in Barnet within Barnet, Enfield and Haringey Mental Health Trust. This included producing an internal report on non-clinical aspects of engagement with BMER service users.

There has also been engagement with the Metropolitan Police in Barnet and with statutory organisations from outside the borough.

This engagement has highlighted the following points:

- There is a high use of translators within services and a need for information regarding the differing culturally specific concerns of BMER service users.
Response: *A thorough investigation of the current use of translators and alternatives (such as phone translation and language specific services) should be undertaken. Recommendations around language specific services can be found in chapter 4 section 2.*
- Statutory staff require assistance in addressing the needs of BMER service users by providing information on culturally appropriate support within the borough, with specific request made regarding Farsi speakers and Somali service users.
Response: *This had been taken up both by the CDW team and the MHT and recommendations around this can be found in chapter 3 section 2 and chapter 4 section 2.*
- There are significant numbers of Farsi speaking women making use of services.
Response: *This had been taken up both by the CDW team and the MHT and recommendations around this can be found in chapters 3 section 2 and chapter 4 section 2.*
- There appears to be an over-representation of South Asian but an under-representation of Black men engaging with drug services (tying in with approaches to PTSD and referrals through the criminal justice system).
Response: *This requires further investigation and should be considered as part of ongoing scoping.*
- There are many issues around the use of interpreters in clinical engagement; some service users are unwilling to make use of an interpreter provided by the statutory sector and staff consider it unsuitable for a family member or friend to act as interpreter.
Response: *A thorough investigation of the current use of translators and alternatives (such as phone translation and language specific services) should be undertaken. Recommendations around language specific services can be found in chapter 4 section 2.*
- There is a tendency for mental health workers to assume that everyone understands their terminology and methodology. This is an issue for most members of the public but is especially problematic where English is a second language.
Response: *Work around the clarification of pathways and means of providing information has been initiated and recommendations on these areas can be found in chapters 3 section 2 and chapter 4 section 2.*
- The information on the Trust website appears to have been written to inform health care professionals rather than the public. There seems to be a lack of multi-lingual information in the Trust as a whole.

Response: *This has been taken up by the MHT and is reflected, to some extent, in their updated website. This is also reflected in the recommended future working in chapter 4 section 2.*

- Based on direct feedback, with the increase of refugees within Barnet there has been an unexpected demand for services that deal with PTSD and the results of torture, including rape.

Response: *This has been addressed within the MHT but should also be considered in ongoing service development and commissioning intentions.*

- There is a service level agreement around Chaplaincy which provides for a Church of England reverend to visit wards several hours a week. There is also access to representatives from other denominations and religions through the switchboard. However, this is a limited level of access to faith practice and it is external to the ward rather than inclusive.

Response: *A recommendation around commissioning a specific Faith and Spirituality service that can help to address these concerns / needs can be found in chapter 4 section 2.*

- Training within the statutory sector around diversity, race and ethnicity exists but is extremely limited and not mandatory. There is a focus on general consideration to individuals and their differences rather than specific training around serving various cultural needs in appropriate ways.

Response: *This has been highlighted to both Barnet NHS and the MHT; Procurement of Ferns Associates Race Equality and Cultural Capability (RECC) Training is the principle proposal for addressing this gap. All newly commissioned or recommissioned services should have RECC Training as standard within Service Level Agreements with providers.*

3rd sector organisations

Engagement with 3rd sector organisations has provided the following feedback:

- It is estimated by both local Somali support agencies and other such agencies working across London that the Somali Community may have as high as 90% undiagnosed PTSD issues.

Response: *Ongoing engagement with Somali organisations both within the borough and in the wider London area should be used to take a closer look at how this can be addressed, within both the statutory and 3rd sectors. There is a need to further develop mental health awareness and commission culturally competent services within the statutory and voluntary sectors.*

- The Afghani community is reported by support agencies as having a significant level of depression and anxiety related illness, with sufferers possibly making up as high as 95% of the community.

Response: Supporting Afghani and refugee 3rd sector organisations in developing mental health awareness and commissioning culturally competent services within the statutory and voluntary sectors. This is reflected within Chapter 4 section 2.

- There are high levels of stigma attached to mental health in many BMER communities; there is also a significant lack of awareness and education.

Response: Mental health and wellbeing promotion and awareness building are a significant component of CDW work to date (see chapter 3 section 2) and are continued in the majority of proposals put forward in chapter 4 section 2.

- Most BMER service users are fearful of their community being aware of their use of mental health services.

Response: Mental health and wellbeing promotion and awareness building are a significant component of CDW work to date (see chapter 3 section 2) and are continued in the majority of proposals put forward in chapter 4 section 2.

- BMER communities are fearful of services and are ill informed as to pathways and how services operate.

Response: This parallels concerns raised in the statutory sector and is a driver for several of the proposals in chapter 4 section 2.

- Whilst there is a need for counselling services to be provided in BMER service users' first language (where it is not English), counselling is not culturally appropriate to all BMER groups; there is a need to consider alternative methods of engagement.

Response: This has been reflected in the proposal for a Mental Health and Cultural Arts project (see chapter 4 section 2) but future commissioning should include a consideration of alternative approaches to talking therapies.

- There is a lack of information about mental health and mental health services provided in languages, other than English, spoken in Barnet.

Response: This is being addressed, to some extent, within existing proposals (see chapter 4 section 2) but should also be taken into consideration in the commissioning of statutory websites and information literature.

- Reliance on leaflets and websites to disseminate information fails to address the fact that some BMER service users may not be able to read and that not everyone has access to the internet; even if those mediums are translated into relevant languages other methods of delivering information need to be considered.

Response: This is being addressed, to some extent, within existing proposals (see chapter 4 section 2) but should also be taken into consideration in the commissioning of statutory websites and information literature.

Conclusions drawn from scoping to date and recommendations

In general, a greater consistency across both services and baseline data would make drawing comparisons and conclusions easier. However, by combining existing hard data and verbal information provided across the statutory and 3rd sectors it is possible to suggest the following conclusions:

- **Conclusion:** There is an over-representation of Black service users within inpatient services so there needs to be a consideration of why this is happening and how it can be addressed. As there also appears to be an under-representation of this group within outpatient services there should be a specific piece of work undertaken around early intervention and/ or awareness promotion. More detailed data around which specific communities are present within the Black demographic and how they spread across services will assist in tailoring specific projects and services.
- **Recommendation:** It may be possible to get more in depth data on the Black communities through either the London Borough of Barnet or regional regeneration schemes. However, as there doesn't appear to be any established representative organisation then alternative approaches need to be considered; these could be engagement through churches, through community centres and youth groups, and through schools. Schemes in other boroughs have included engaging with barbers and hairdressers shops as these are often community hubs; such an approach may be appropriate in Barnet.

There are centres in Barnet where these communities can be directly engaged with and this requires further grassroots scoping.

- **Conclusion:** The Barnet Chinese community is the largest in the UK. There is limited in borough support for this community and a previous Chinese community engagement report has shown that the community wishes for a community space that is culturally appropriate to explore and promote awareness around mental health.
- **Recommendation:** CDWs should pursue the development of a Chinese Community Wellbeing Centre in conjunction with Planning Aid for London in a venue where the Chinese community gather in Barnet.

A dedicated Chinese Community Wellbeing Centre is needed in order to best reach out to this group which is classically difficult to engage with successfully

- **Conclusion:** It is difficult to be precise about the size of Barnet's Jewish community but it is significantly higher than 10%. Whilst most of the members of this community would fall within the White demographic of borough and so cannot be counted as part of the borough's 32% population of ethnic minorities in the way it is defined within the census, they are still a large community with specific cultural needs. Whilst these needs are, to a large extent, addressed within the 3rd sector there is still an onus upon the statutory sector to be aware of them and to take them into account in any service development. Most statutory Younger Adult Service teams have a broad awareness of differing social needs of Jewish patients (specifically diet and practice of faith) but there is limited understanding of both the wider issues (such as ongoing anti-Semitism, especially as a reflection of international politics, and Holocaust survivor guilt) or the how cultural differences impact individual attitudes and behaviour. This takes into account that there are individual clinicians and staff members who have an in depth knowledge and awareness of Jewish cultural needs.
- **Recommendation:** Whilst not every member of staff needs to be an expert on the needs of the Jewish community the fact that this community is so substantial in Barnet means that there is a need to reinforce general awareness amongst staffing groups. More specific knowledge should also be developed / encouraged within clinicians, especially when engaging in talking therapies. This can be done through training (either in house or through one of the existing Jewish support agencies) and increasing links with organisations already working with this community. This has been picked up, to some extent, in CDW work but the commissioning of specific training needs to be considered.

Training in cultural capability across the board needs to be commissioned throughout the statutory sector.

- **Conclusion:** There is some existing support within the 3rd sector for Farsi speakers around Mental Health concerns (this is the main source of support within the borough) but there is none for the Somali community. It is advisable that the CDW team pursue activities that will assist these communities such as providing support in the development of advocacy and mental health awareness.
- **Recommendation:** The establishment of mental health guides (not only for the Somali community) and capacity building around advocacy for Somali organisation based in Barnet.

The concept of Mental Health Guides is expanded upon in chapter 4, section 2.

- **Conclusion:** There is a need to address gaps in data from service providers. This is in regard to pulling existing data together from disparate sources rather than an issue with data collection. Despite a long term awareness that disparity in data collection across the statutory sector causes difficulties with clearly identifying not only communities but gaps in service, there is still not a comprehensive approach.
- **Recommendation:** Whilst this is in some ways led at a national level there is an onus upon local services to provide solid and consistent data. The establishment of a centralised hub, ideally sitting within one of the commissioning organisations, that houses all data pertaining to Barnet services would improve both access to and consistency of data for use in monitoring, maintaining and developing services. This would be consistent with the 3rd building block of DRE (see chapter 1) and with the world class commissioning competency to manage knowledge and assess needs

Accessibility of data is essential to service development and centralisation would improve access.

- **Recommendation:** Ongoing scoping is required for two reasons; the first is that whilst comprehensive initial scoping has taken place there are still significant gaps in grassroots scoping i.e. direct engagement with individuals within communities and service users. The second is that the population of Barnet is not static and so the needs of the population are continually shifting; only through ongoing scoping is there a realistic possibility of the needs of all Barnet residents being met.

Direct engagement at a grass roots level, or partnership with 3rd sector organisations who can undertake such engagement on their behalf, is a vital element of ongoing CDW work.

There is also a need for further specific provision for refugee communities. Whilst this group is made of a variety of ethnicities and religions there are concerns around mental health and wellbeing that relate to refugees regardless of cultural background. This has been highlighted within both the statutory and 3rd sectors (there is existing support within the 3rd sector) particularly in connection with areas such as PTSD and dual diagnosis.

Whilst there has been some specific work around supporting the Somali community in the 3rd sector and in relation to Khat in neighbouring boroughs, there is very little provision in either the statutory or 3rd sectors for other Black communities. This is a significant gap in general support networks, wider health provision and specific mental health provision, particularly in light of the over representation of Black service users. A valuable area of ongoing scoping will be finding alternative ways of engaging with the diverse Black British, Black African and Black Caribbean communities to those previously used to link in with other Barnet communities. A

clearer identification of the specific communities within these wide groupings (both within the population and within Service Users) is essential for a proper needs assessment, although such distinctions will be difficult to define.

Further information about scoping within specific communities can be found in the table at the end of this chapter.

Collated results of Scoping

Identified communities (initially based on census definitions)	Achieved scoping		Further scoping
	3 rd sector representation	Comments	
White British	N/A – although generic/ non-ethnic organisations such as Mind might be included here; Barnet Voice, Barnet Carers Centre, Turning Point - The Crossing.	This grouping could include some religious/cultural groupings such as Jewish or some individuals that are second or later generation European, Mediterranean, or Middle Eastern.	Clarification is needed as to whether specific scoping and/ or engagement is needed in this area. Specific groups are considered more clearly later in this table.
White Irish	N/A – although generic/ non-ethnic organisations such as Mind might be included here; Barnet Voice, Barnet Carers Centre, Turning Point - The Crossing.	This group has not been clearly identified in Barnet although it is represented within service use	This requires identification of community centres that engage with this group. Specific grassroots scoping is also needed.
White Other	N/A – although generic/ non-ethnic organisations such as Mind might be included here; Barnet Voice, Barnet Carers Centre, Turning Point - The Crossing.	This may include several groups/communities, some of which may also be classified as refugee.	Clarification is needed as to whether specific scoping and/ or engagement is needed in this area. Specific groups are considered more clearly later in this table.
Mixed: White/Black Caribbean	N/A – except generic/ non-ethnic organisations such as Mind might be included here; Barnet Voice, Barnet Carers Centre, Turning Point - The Crossing or through Black/Caribbean groups	The classification 'Mixed' suggests that there are specific groups / communities that identify themselves this way. However, whilst this is true of individuals, it is more likely that they are engaged with through either black or white community groups, if at all. With this	Further scoping should be undertaken through both generic organisations and in line with recommendations in chapter 2 section 5

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		in mind, it has been identified by regional and national organisations that there are specific mental health concerns for individuals of mixed race due to issues of identity and exclusion.	
Mixed: White/Black African	N/A – except generic/ non-ethnic organisations such as Mind might be included here; Barnet Voice, Barnet Carers Centre, Turning Point - The Crossing or through Black/African groups	The classification 'Mixed' suggests that there are specific groups / communities that identify themselves this way. However, whilst this is true of individuals, it is more likely that they are engaged with through either black or white community groups, if at all. With this in mind, it has been identified by regional and national organisations that there are specific mental health concerns for individuals of mixed race due to issues of identity and exclusion.	Further scoping should be undertaken through both generic organisations and in line with recommendations in chapter 2 section 5
Mixed: White/Asian	N/A – except generic/ non-ethnic organisations such as Mind might be included here; Barnet Voice, Barnet Carers Centre, Turning Point - The Crossing or through Asian groups	The classification 'Mixed' suggests that there are specific groups / communities that identify themselves this way. However, whilst this is true of individuals, it is more likely that they are engaged with through either Asian or white community groups, if at all. With this in mind, it has been identified by regional and national organisations that there are specific mental health concerns for individuals of mixed race due to issues of identity and exclusion. As with all census groupings this most likely refers to South Asian groupings.	Further scoping should be undertaken through both generic organisations and Asian representative organisations.

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Mixed: Other	N/A – except generic/ non-ethnic organisations such as Mind might be included here; Barnet Voice, Barnet Carers Centre, Turning Point - The Crossing	'Mixed' suggests that there are specific groups / communities that identify themselves this way. However, whilst this is true of individuals, it is more likely that they are engaged with through specific ethnic community groups, if at all. With this in mind, it has been identified by regional and national organisations that there are specific mental health concerns for individuals of mixed race due to issues of identity and exclusion.	Further scoping should be undertaken through both generic organisations and appropriate 3 rd sector cultural organisations.
Asian and Asian British: Indian	Confederation of Indian Organisations; Barnet Asian Women's Association, Sangam, Barnet Asian Older People's Association	This census classification relates to South Asian (specifically the Indian sub-continent) groupings and doesn't include Japanese or Chinese which are included in Other. Whilst there is substantial 3 rd sector support for South Asian women there is limited (if any) support for South Asian men.	Continued engagement with identified organisations and establishing grass roots scoping.
Asian and Asian British: Pakistani	Confederation of Indian Organisations; Barnet Asian Women's Association, Sangam, Barnet Asian Older People's Association	This census classification relates to South Asian (specifically the Indian sub-continent) groupings and doesn't include Japanese or Chinese which are included in Other. Whilst there is substantial 3 rd sector support for South Asian women there is limited (if any) support for South Asian men.	Continued engagement with identified organisations and establishing grass roots scoping.
Asian and Asian British: Bangladeshi	Confederation of Indian Organisations; Barnet Asian Women's Association, Sangam, Barnet Asian Older People's Association	This census classification relates to South Asian (specifically the Indian sub-continent) groupings and doesn't include	Continued engagement with identified organisations and establishing grass roots scoping.

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		Japanese or Chinese which are included in Other. Whilst there is substantial 3 rd sector support for South Asian women there is limited (if any) support for South Asian men.	
Asian and Asian British: Other	Confederation of Indian Organisations; Barnet Asian Women's Association, Sangam, Barnet Asian Older People's Association	This census classification relates to South Asian (specifically the Indian sub-continent) groupings and doesn't include Japanese or Chinese which are included in Other. Whilst there is substantial 3 rd sector support for South Asian women there is limited (if any) support for South Asian men.	Continued engagement with identified organisations and establishing grass roots scoping.
Black or Black British: Caribbean	Barnet Afro Caribbean Association, Black Neighbourhood Renewal & Regeneration Network	There is an appropriate 3 rd sector organisation for Older Adults but it has very little direct mental health engagement. Further scoping is required around both Black communities and possible representative organisations.	Further scoping is required as outlined in chapter 2 section 5
Black or Black British: African	Barnet Afro Caribbean Association, Black Neighbourhood Renewal & Regeneration Network; also see Somali below	There is an appropriate 3 rd sector organisation for Older Adults but it has very little direct mental health engagement. Further scoping is required around both Black communities and possible representative organisations. There are, however, specific Somali organisations (see below)	Further scoping is required as outlined in chapter 2 section 5
Black or Black British: Other	Barnet Afro Caribbean Association, Black Neighbourhood Renewal & Regeneration Network	There is an appropriate 3 rd sector organisation for Older Adults but it has very little direct mental health	Further scoping is required as outlined in chapter 2 section 5

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		engagement. Further scoping is required around both Black communities and possible representative organisations.	
Chinese	Chinese Mental Health Association, Chinese Church in London, North London Alliance Church	Chinese Elders Group has been setup to promote social inclusion among Chinese in Barnet. One day mental health awareness workshop has been successfully delivered and well received. However, more actions to promote mental wellbeing are required.	Continued engagement with identified organisations.
Other (as census classification)	See below	The Census classification Other essentially covers every group that is not already identified above. Barnet communities that do not fit clearly within the Census definitions are outlined in the rest of this table.	Scoping for these communities has been a substantial part of the CDW work to date (see chapter 2 section 2 onwards) and will be part of ongoing scoping.
Jewish	Jewish Care, JAMI, Norwood, Talking Matters	The Jewish population of Barnet is substantial and all the different denominations of Judaism can be found, each with their own cultural and psychological needs. The 3 rd sector support across these communities is well established and well co-ordinated. Within the statutory sector there is a basic understanding of the differing needs within these communities but a more in depth knowledge would reflect the level of need within the borough.	Whilst there is not as much need for ongoing scoping within this community as with some others in Barnet, there is a need for ongoing engagement and some additional grass roots scoping. Projects related to this can be found in chapter 4 section 2.
Afghani	Afghan Association: Paiwand, Barnet Refugee Service, Farsophone	Anecdotally Barnet has one of the largest Afghani communities in	Whilst there is not as much need for ongoing scoping within this

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		London; this is difficult to verify as there are not specific statistics around the Afghani community. There is support within the 3 rd sector for this community but there is a need to increase support / awareness and knowledge within the statutory sector.	community as with some others in Barnet, there is a need for ongoing engagement and some additional grass roots scoping. Projects related to this can be found in chapter 4 section 2.
Iranian	Farsophone, Barnet Refugee Service	Barnet has both an established and a recently migrated Iranian community. Whilst there is active 3 rd sector support for this community, especially around mental health, there is a need to increase support / awareness and knowledge within the statutory sector.	Whilst there is not as much need for ongoing scoping within this community as with some others in Barnet, there is a need for ongoing engagement and some additional grass roots scoping. Projects related to this can be found in chapter 4 section 2.
Somali	Pan London Somali Mental Health Focus Group, Somali Family Support, Barnet Somali Community Group, Iftin Network,	Barnet has a few pockets of Somali communities dotted throughout the borough. They are mainly focused around Burnt Oak. None of the 3 rd sector organisations specifically deal with mental health.	Continued engagement with identified organisations is required in order to capacity build organisations to develop into mental health provision.
Muslim	Barnet Muslim Elders Group. Also Refugee, Somali, Afghani, Iranian, and Asian organisations, although these are not specific to religious groups.	There is a need for more specific scoping around religious groups in Barnet.	Further scoping should be undertaken through both generic organisations and in line with recommendations in chapter 2 section 5. This has been taken into account in proposals for ongoing work in chapter 4 section 2
Refugee	Barnet Refugee Service, Barnet Refugee Forum, community specific organisations such as Paiwand and Somali organisations.	This group includes several different communities – Iranian, Afghani, Somali, etc. Whilst there are needs specific to the individual cultures represented here, there are also	Further scoping should be undertaken through both generic organisations and in line with recommendations in chapter 2 section 5. This has been taken into account in proposals for

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		generic needs across Refugee communities. These include exclusion and isolation, PTSD (post traumatic stress disorder) and cultural /generational disassociation. Whilst this is already being addressed within both the 3 rd and statutory sectors there is a need for additional and ongoing support.	ongoing work in chapter 4 section 2
Gypsy and Traveller	Barnet Gypsy and Travellers Forum	This group includes several different communities - Gypsy, Eastern European Roma, Irish Traveller, etc. Whilst housing issues are their main concerns, there are common concerns such as isolation and depression.	Further scoping is required
Nepalese	Burnt Oak Nepalese Community	This group has not been clearly identified in Barnet although it may be included in South Asian groupings. Limited work with direct mental health engagement.	Continued engagement with identified organisations.
Japanese	N/A	This group has not been clearly identified in Barnet although it may be included in South Asian groupings. Limited work with direct mental health engagement.	Further scoping is required.
Turkish/Cypriot	N/A	This group has not been clearly identified in Barnet. It may be possible to identify it through engagement with appropriate organisations in neighbouring boroughs.	Further scoping is required.
Greek/Cypriot	Barnet Greek Cypriot Centre	This group has not been clearly identified in Barnet. A workshop Talk has conducted to	Continued engagement with identified organisations.

		increase their mental health awareness.	
Eastern European – Polish, Hungarian, Albanian, etc	N/A – although generic/non-ethnic organisations such as Mind might be included here; Barnet Voice, Barnet Carers Centre, Turning Point - The Crossing.	This may include several groups/communities, some of which may also be classified as refugee.	Further scoping should be undertaken through both generic organisations and in line with recommendations in chapter 2 section 5. This has been taken into account in proposals for ongoing work in chapter 4 section 2
Hindu	As above for Asian	Whilst there is substantial 3 rd sector support for South Asian women there is limited (if any) support for South Asian men.	Continued engagement with identified organisations.
Sikh	As above for Asian	Whilst there is substantial 3 rd sector support for South Asian women there is limited (if any) support for South Asian men.	Continued engagement with identified organisations.
Buddhist	N/A	This group has not been clearly identified in Barnet although it may be included in South Asian groupings. Limited work with direct mental health engagement.	Further scoping is required.

2.6 How Scoping Informs the Work of the CDW Programme

Beyond the specific points highlighted earlier in this chapter and the consequent recommendations there are broader aspects that also need to be addressed. The scoping to date has led to several considerations for ongoing work by the CDW team, the specifics of which are shown later in this report. The principal areas for consideration are:

- **Raising awareness** within BMER communities of mental health issues and services in order to address under-representation within lower level intervention and over-representation within higher level, crisis intervention. **This will not only help to improve the levels of positive mental health within Barnet’s BMER communities but enable commissioners to refocus resources into service development by reducing the demands on higher cost services.**

- **Service development** through the identification and clarification of service gaps and how they can be addressed.
- **Improving cultural capability** by supporting engagement between statutory and 3rd sector organisations and services in order to share knowledge and experience in providing for the needs of BMER service users, both within specific mental health services and within the community.
- **Improved access** by providing clearer information about mental health, services and support networks in formats that are widely accessible and meet the needs of a diverse population.

An active element of the ongoing CDW programme is to increase direct engagement with BMER service users and carers in order to more clearly identify gaps in current services as perceived by the individuals immediately involved. Developing tools such as needs assessments, questionnaires, focus groups and response sheets that can be used both by the CDW team and stakeholders will strengthen the knowledge already obtained through the first year of scoping and pinpoint gaps in service delivery that are not more immediately obvious through engagement with representative organisations. These methods can also be used to encourage service users and carers to communicate what they believe to be successes and failures in existing services to providers and commissioners that can then be used as an active part of service development. Ongoing scoping should take into account the requirement for service development to be needs led and to meet demands of a diverse and shifting population.

Conclusion

The scoping outlined in this chapter has been used to support the CDW work to date and to instigate the programme's work in the future. The recommendations here form the basis of formulate proposals that have already been put in place (see chapter 3 section 2) or that will be implemented as the programme progresses (see chapter 4 section 2).

CHAPTER 3

DELIVERING THE CDW PROGRAMME AIMS AND OBJECTIVES

Chapter 3 demonstrates how the CDW team not only used the first year for data scoping and to conduct a needs analysis, but also to commence projects and pieces of work which aimed to achieve four targets; raise awareness of mental health, develop services, improve cultural capability of services and improve access to services for BMER communities. The majority of the projects listed below are not time limited and are intended to be mainstreamed in order that they steadily develop and foster more culturally appropriate mental health services for all.

3.1 Exceeding expectations

The CDW Team has achieved its three primary goals of the project vision during the first scoping year of CDW work. Firstly, a comprehensive scoping of culturally appropriate service provision for BMER communities has occurred across the voluntary and statutory sector. Secondly, the team has facilitated the different groups to decide on the vision and values of the partnerships via the Stakeholders Forum. Finally, the CDWs have collected information and feedback from BMER communities that will act as a baseline to evaluate the efficacy of project work undertaken with the aim to improve health outcomes of target groups. Although our aim was solely to fulfill these three objectives, we were also able to launch some projects in our inaugural year, ahead of schedule, based on information we collected during through scoping.

CDW Programme Stakeholders Forum

We were pleased to quickly establish a Stakeholders Forum to guide the work of the CDWs and to increase partnership working in Barnet. Forum meetings have provided for a new type of dynamism in the development and understanding of BMER mental health services that hadn't previously existed in Barnet. They have allowed for the sharing of information around the CDW programme, included discussions on current gaps and good practice, informed Stakeholders of opportunities or support that they can utilise to develop good practice and invited feedback on proposed projects. Overall the Forum meetings have helped us achieve our overarching themes of raising awareness and improving cultural capability of health staff. 65 Stakeholders organisations from the statutory and voluntary sector have been in attendance throughout the first three forum meetings. These organisations are listed fully in the appendix.

3.2 Engagement and Awareness Raising - Objectives Achieved and Ongoing Projects

In the first year of the CDW Programme, scoping revealed that there had been limited Community Engagement work performed and recorded in Barnet. Community Engagement projects had generally been conducted exclusively amongst the Chinese, Jewish and South

Asian communities. Building on the diminutive results of the literature review the CDWs were quick to respond to fresh requests from BMER communities related to a lack of information. This formed a directive which was also in harmony with one of the three building blocks of the *Delivering Race Equality* agenda, namely, a need for better information. In the first year the CDWs have set up no less than nine separate projects which aim to increase engagement between voluntary and statutory sectors and raise awareness within and across both. The following section highlights current and ongoing projects in the following format.

- a) How we delivered the project. *What we did*
- b) Rationale behind the project. *The reasoning behind or need for the project*
- c) Overall project aims
- d) Intended outcomes and measurables

Each of the following projects undertaken sits within at least one of the identified four specific areas of focus for the CDW Programme (see Chapter 2, Section 6 and below) guided by the World Class Commissioning (WCC) competencies, the Delivering Race Equality in Mental Health Care (DRE) Agenda and the Barnet Joint Strategic Needs Analysis (JSNA):

- 1 Raising awareness
- 2 Service development
- 3 Improving cultural capability
- 4 Improved access

Scoping

- Scoping (the investigation of current population, services and needs within Barnet) has been the principle element of the first year of the CDW programme. The team communicated with all the organisations in Barnet working in BMER mental health in order to draw together a map of mental health provision. This also then aided us to analyse gaps in provision.
- Scoping has been used to underpin the work undertaken by the CDWs and evidence of need has been developed and incorporated into our proposals for ongoing projects. There was very little information present in Barnet and no previous mapping work undertaken concerning BMER mental health service provision.
- As well as engaging with already identified communities and established 3rd sector organisations, scoping has involved (and will continue to involve) the identification of communities that have been considered 'hard to reach' and the ways in which their needs are currently being met. The CDW team aimed to bring clarity to all sectors in terms of what currently exists and what is needed to bring about an equality of mental health services for BMER communities.
- This area of work has identified gaps in existing services and ways forward to ensure needs are met. It has included engagement with 3rd sector organisations in developing their services and with the development of statutory service provision.

CDW Website

- The CDW Website (found at www.cmha.org.uk/cdw) was commissioned, designed, loaded with content, tested and then launched in September 2008.
- Within just five months of the Programme commencing the CDW team responded to a prominent gap in the availability of information for BMER communities in Barnet that were seeking mental health and wellbeing information.
- The website aims to increase mental health and wellbeing awareness available to BMER communities by referencing useful information, resources, signposting and up to date community information on events and services. It also acts as a portal to contact the team and links our work to all of our stakeholder partners.
- By measuring website traffic and usage we hope to empirically prove that the Website has achieved its aim of providing better information. We are currently working to translate the materials into appropriate languages and engage volunteers in the further development and upkeep of the site. Overall the website has helped us achieve our overarching themes of raising awareness of mental health and improving access to services.

Cultural Diversity Exchange Meetings

- In March of 2009, monthly Cultural Diversity Exchange Meetings began on Avon, Thames and Ken Porter Wards at Community Ward Meetings and at MIND in Barnet. Sessions consist of representatives from BMER mental health organisations in Barnet, visiting wards and facilitating short presentations and Q&A sessions with staff and service users. Meetings typically comprise of an introductory background of mental health issues specific to the organisation facilitating the session, an overview of the services that they provide and an open discussion around race and culture.
- Meetings have the intention of increasing awareness, understanding and strengthening signposting in the borough.
- By facilitating these sessions the CDW team aims to aid cultural exchange and expression between and across staff, service users and different ethnicities contributing to an increase in understanding and a decrease in institutional racism.
- In the first year Project objectives include; reaching 700 on-ward service users (this is based on individuals attending each presentation and will include service users who attend more than presentation being counted separately for each attendance) and 50 staff members. Signposting to a minimum of six direct BMER mental health organisations in Barnet and their related support organisations. A qualitative questionnaire will be designed in partnership with all stakeholders to measure success of this project, the outputs of which will be used to inform its continuation and development. These meetings have helped us achieve three of our overarching themes; Improving cultural capability, Service development and Raising awareness

Older People Project

- The CDW Team was commissioned by NHS Barnet in September 2008 to carry out a health and social care needs assessment of Older People from BMER communities. Barnet is currently the 20th most ethnically diverse borough in England with 32% of its population belonging to an ethnic group other than White British. Little is known about the needs of the BMER communities and there is a primary need to increase communication and active engagement between the statutory service providers and these communities. Another driver is the ageing population in the UK and in Barnet. In order to serve this growing group of people, new ways of working in health and social care services are potentially required.
- This assessment contains interviews and focus groups with over 115 elders from very diverse minority ethnic backgrounds (Greek Cypriot, Somali, Chinese, African Caribbean, Muslim and South Asian are just some). It provides an evidence base in planning for the future of Older People Services in Barnet. A presentation was made to the Older Adults Partnership Board in March 2009 and the board has committed to responding to the findings and recommendations of the report.
- The aim of the needs assessment was to explore the understanding and perceptions of health and social care amongst the BMER communities, in order to better inform commissioners when developing new services and improving existing services for older people.
- The recommendations in the report require commitment from statutory sectors to provide better and more culturally appropriate health and social care services to BMER communities. The Statutory sector could make a positive contribution by, for example, resourcing community and voluntary sector organisations to assist in promoting awareness and knowledge of informing health and social care options, setting up Day-care provision and providing translated health information. These initiatives are tangible ways in which relationships can be developed between service providers and BMER communities, contributing to a shared understanding of needs within local communities helping us to raise awareness and develop services.

Chinese Elders Group

- The Chinese Elders Group commenced in September 2008. It aims to maintain a good level of engagement and involvement with Chinese elders' community in Barnet. The Group meets bi-weekly at Age Concern Barnet. There are a range of wellbeing related activities that the group focuses on during sessions.
- Barnet has the largest number of Chinese residents in any borough/ county of the UK. Social inclusion is a major objective of the Chinese Elders Group amongst a classically isolated community. There was no specific group for Chinese Elders previous to this project, even though the community had expressed a need. The group has seen over 140 Chinese older people attend over an initial 6 month period. Elders who attend the group attest that they lead a more active and fulfilled social life. Currently the group awaits the result of a London Borough of Barnet funding application to ensure its future sustainability.

- The Group aims to organise social and recreational activities, such as Tai Chi and Yuanji dancing for Chinese elders in order to promote well-being and mutual support, helping the elders to build social networks in the local community.
- Due to limited resources, the Chinese Elders Group simply provides an informal support network for the Chinese Elders in Barnet. In the future, we would like to include community-based support services for the Elders, including community education and involvement programmes to promote mental wellbeing understanding and to support social inclusion. This will help us to further raise awareness and develop services that are culturally capable.

Mental Health Awareness Project

- The Mental Health Awareness Project was conducted in partnership with different BMER community providers, including Barnet Asian Older People Association, Chinese Elders Group and the Greek Cypriot Day Centre, targeting BMER populations in financial year 2008-2009.
- The National Service Framework for Mental Health lays down standards for mental health promotion. Under Standard 1: Social Inclusion, Health Promotion and Tackling Stigma, the directive reads that NHS Trusts have a responsibility, 'To actively promote good mental health for all, tackle stigma relating to mental illness and to promote social inclusion of people with mental health problems'.
- In response to Standard 1, the project aim was to work towards helping BMER communities raise their levels of awareness on how to overcome mental health barriers, access mainstream services and to promote a positive understanding of mental health in BMER communities. With the positive responses from the three mental health awareness workshops last year, the CDWs would like to deliver to wider BMER communities in Barnet with the aim to reduce the stigma associated with mental illness
- Three mental health awareness talks have been conducted and approximately 110 people attended. Feedback evaluation provided a very satisfactory response; overall, 85% of respondents rated their overall workshop/ talk as excellent or good and 92% of participants found it helpful to understand more about mental health issues. The project helps us achieve two of the overarching themes; Improving cultural capability and raising awareness

Pan London Somali Mental Health Focus Group

- Via the London CDW Network, the CDW team has helped develop a pan London Somali Mental Health Focus Group which harnesses the knowledge skills and understanding of CDWs across London working with the Somali community. The group meets bi-monthly and shares good practice and develops project work.
- The Somali Community features very highly as one of the most deprived communities in London in relation to education, housing, health and employment. In order to work effectively with the Somali Community it was decided to pool resources and share knowledge and expertise.

- The project aims to improve the lot of a very disadvantaged group by primarily working on awareness raising of mental health issues in a community that views mental health issues as an extreme taboo.
- The first objective of the group will be the delivery of a five programme pilot TV series on Somali Satellite Television that will thematically discuss mental health issues. Viewing numbers from the Community Channel will be assessed in order to ascertain the impact and coverage of series. This project has been integral in allowing us to raise awareness of mental health issues in the Somali community in a wide ranging manner.

Mental Health Trust Report

- This was a report on non-clinical elements of mental health care provision by the Barnet directorate of Barnet, Enfield and Haringey Mental Health Trust. It was generated over six months by speaking with members of staff, investigating methods of communication and information delivery, methods of data monitoring and recording, and engaging with organisations and individuals from outside the Trust who had experience of its services.
- The rationale for the report was to gain a clear picture of how the Trust related to BMER needs.
- The purpose of the report was to identify successes and failures within the Trust in relation to its engagement with BMER communities and service users. It was an internal document to identify ways forward for services in engaging with BMER service users. Recommendations were made within the report for ways in which the Trust could develop services in line with BMER service user needs and raised points that would require further investigation by the Trust itself. This included areas such as training, internal and external communication, data collection and referrals from outside organisations. Several of the recommendations were picked up as ongoing work for the CDW team, specifically Cultural Exchange in Mental Health Trust (MHT) staff teams, clarity of Mental Health Trust (MHT) service pathways, ways for inpatients to address their religious and cultural needs and increased engagement with 3rd sector BMER organisations.
- Whilst the report was internal to the MHT there were elements raised that could be included within commissioning intentions specific to embedding BMER considerations in service development. Specifically these are the development of comprehensive data monitoring and reporting across the Barnet statutory sector, the implementation of a service around faith and spirituality (see chapter 4) and clarification of services and pathways and the delivery of that information to communities/individuals (see Chapter 4). The report has helped us work towards all four of the overarching CDW themes; Improving access, improving cultural capability, service development and raising awareness

Carers' Event

- This was an initial event to engage with Barnet BMER carers. It was organised in tandem with Barnet Carers' Centre and took the form of a discussion session with carers, representatives from NHS Barnet and the Mental Health Trust and the CDW team.
- The rationale of the event was to directly engage with Barnet Carers. It was also a first attempt at organising events for service users and carers that could provide direct engagement for the CDW team and further their ability to assess needs in the borough.
- The aim of the event was to provide carers with the opportunity to raise their concerns with commissioners and service providers, and for the CDW team to gain a clearer understanding of the needs and concerns of Barnet Carers. The intended outcomes of the event were to improve the knowledge of the CDW team in order to inform their ongoing work, to support lines of communication between Carers and statutory services, to develop carers' understanding of what is available to them in both the statutory and 3rd sectors, and to generate a list of recommendations for ways forward in addressing the needs of BMER carers.
- The event highlighted a lack of clarity regarding Carers' rights, both in relation to services provided by the Mental Health Trust and NHS Barnet as well as from a legal stand point. This would suggest that services need to have access to, and consequently pass on, current guidelines on how carers can engage with both the statutory and 3rd sectors. A primary commissioning goal therefore would be the identification, within both the MHT and NHS Barnet, of managers who have a specific remit to engage with and respond to Carers and to ensure that these individuals are linked to the 3rd sector organisations who can provide additional community support. The Carers' event helped us to develop services and raise awareness.

3.3 - Conclusions

The CDW programme has achieved its ambitious plan for the initial 12 months to

- Review and understand the needs of different BMER communities in relation to mental health and well-being
- Establish a programme of work to support the development of local projects to address local needs
- Develop a series of commissioning proposals to be considered by key stakeholders in order to procure improved health outcomes for different communities in Barnet.

The programme has delivered a participatory and empowerment approach to engaging the community and other key stakeholders in the community development agenda. There is now a well established stakeholder's forum and an accessible community based web site. In addition the team established a number of local projects focused both on the development of local knowledge about health needs and delivering improved outcomes for certain community groups. Projects have had a positive impact upon: service providers' awareness and understanding of culturally appropriate services for BMER communities; multi-agency working

and co-ordination, networking and communication and public awareness of mental health and wellbeing services available in Barnet.

Access to statistical data and information about BMER groups in Barnet has not been readily available however a high level analysis of needs has been conducted. In addition a detailed report was produced for the local mental health provider to identify areas for the development of services to better meet the needs of service users. Certain pieces of work established in the first 12 months will thread through into the second year in order to further develop and maintain information gathering. These will include a continued effort to scope and engage with BMER community groups, individual service users and carers; maintaining a focus on local, regional and national developments in the Delivering Race Equality agenda; a continued effort to engage more directly with carers and service users in order to inform project work and commissioners of community issues; to continue to capacity build stakeholder BMER organisations in order that they are able to work together in partnership to deliver Multilingual Counselling and Advocacy across Barnet.

NHS Barnet has secured on-going investment in the community development worker scheme for a further year. However challenges for the CDW team have existed chiefly around the procurement of project funding. The community development role is a funded post, however, beyond that additional funding for project work has not been provided by the national agenda. Therefore the CDWs have worked to align themselves with other national and local NHS objectives in order to influence and better inform current and future services. With this in mind, CDWs will look to take on a closer relationship with the Barnet Commissioning Team in year two, making both strategic and financial sense. The programme is seen as an essential component of the new World Class Commissioning agenda and key to improving outcomes in mental wellbeing and the management of mental ill health in Barnet. Thanks to the feedback of our Stakeholders, the second year of the CDW programme will focus on areas including Spiritual, Religious and Cultural Care, Race Equality in Children and Adolescents Mental Health Services, Improved awareness of services through cultural arts, and Improving Access to Services by delivering the IAPT (Improving Access to Psychological Therapies) agenda with a focus on the needs of excluded groups and ensuring multilingual counselling and advocacy is available to BMER communities in Barnet. These areas of action do not constitute the full focus of the CDW team; our full intended remit will be expanded upon in the following chapter.

CHAPTER 4

A VISION FOR MORE EQUITABLE MENTAL HEALTH SERVICES FOR ALL – PROPOSALS AND RECOMMENDATIONS

This concluding chapter highlights the ambitions of the CDW programme to take the work to date forward. The CDW team has made 11 recommendations for commissioning of specific services, campaigns or projects that will help the overall aims of raising awareness of mental health, developing services, improving cultural capability of services and improving access to services for BMER communities. Proposals and recommendations are clearly linked and developed in relation to national and localised needs and guidance including the government's Delivering Race Equality agenda, the National Health Service's World Class Commissioning Competencies, NHS Barnet's overview and the CDW Stakeholders Forum inputs.

4.1 Moving Forward into Year Two of the CDW Programme

In order to maintain and further develop the Delivering Race Equality Agenda in Barnet, the CDW programme will take a few strategic steps forward by integrating workers into key commissioning roles and further utilising national and local strategies.

NHS Barnet has secured on-going investment in the Community Development Worker programme for 2009/10 and the intention is that CDWs are further integrated with the commissioning structure. This approach will mean the work of integrating race equality into everyday commissioning and achieving greater equality in mental health services for BMER communities will be enhanced. The programme is also an essential component of the new NHS World Class Commissioning agenda and is key to improving outcomes in mental well-being and the management of mental ill health in Barnet.

On a localised level, elements and feedback from the Joint Strategic Needs Analysis requirements, the Barnet Compact, Integrated Mental Health Commissioning Strategy document and the Stakeholders Forum have been taken into account when compiling recommendations that follow in this section. This also means that commissioning projects identified and recommended as part of the review process undertaken in 2008/9 will be implemented in 2009/10. These work streams will be specifically focused on the following areas:

- Improving Access to Services: delivering the IAPT (Improving Access to Psychological Therapies) agenda with a focus on the needs of excluded groups and ensuring multilingual counselling and advocacy is available to users in Barnet
- Delivering Spiritual, Religious and Cultural Care within inpatient and outpatient secondary mental health services
- Ensuring that current commissioned services are spiritually, religiously and culturally appropriate, through reviewing and advising current service providers. Recommendations for ongoing improvements will form a part of the performance framework for individual organisations

- Improving outcomes for Older People with mental health needs; including mental health promotion and the delivery of mental health care interventions such as dementia services
- Improving mental health awareness through Cultural Arts
- Ensuring a greater focus on the role of spirituality, religion and culture in Child and Adolescent Mental Health Services (CAMHS)
- Capacity building for the Black community and South Asian men where there is currently no specific mental health service provision

Localised Direction and Delivery

There is an expectation that CDWs will continue to be led and supported by the Stakeholder's Forum which will serve a key role in ensuring that commissioning projects are delivered with community input and ensure a public and user interface to shape new commissioning models. The Assistant Director of Commissioning and Partnerships at NHS Barnet will act as the Community Development Project Director with the Director of Planning and Partnerships the project sponsor.

The programme will deliver real change to the lives and outcomes of communities and individuals, improving mental well-being and ensuring access to appropriate health services to manage mental ill-health. Each project has clear outcomes that can be monitored by the harnessing the combined inputs of the Steering Group and the Stakeholders' Forum. Further project guidance will also come from these two bodies and literature reviews, work previously completed within the Barnet BMER communities and input from CDWs working in Partnership across London. What follows is a list of key recommendations to bring us closer to Delivering Race Equality in Mental Health Services in Barnet.

4.2 Projects Recommendations by the CDW Team

In the first year the CDWs have set up nine separate projects which aim to increase engagement between voluntary and statutory sectors and raise awareness within and across both. For this coming year the CDWs have compiled a list of recommendations that have been strategically tied to existing local and national objectives in order to increase their chances of their being commissioned. The following section highlights recommended projects in the following format.

- a) Rationale behind the project. *The reasoning behind or need for the project*
- b) Overall project aims
- c) How we will deliverer the project. *What we will do*
- d) Intended outcomes and measurables

Each of the following projects undertaken sits within at least one of the identified four specific areas of focus for the CDW Programme (see Chapter 2, Section 6 and below) guided by the World Class Commissioning (WCC) competencies, the Delivering Race Equality in Mental Health Care (DRE) Agenda and the Barnet Joint Strategic Needs Analysis (JSNA):

- 1 Raising awareness
- 2 Service development
- 3 Improving cultural capability
- 4 Improved access

Delivering *Improving Access to Psychological Therapies (IAPT)* for the whole community

- IAPT services have a very strong social inclusion agenda and are seen as a key way of the government getting people back into employment. The IAPT service must include all of the community and therefore heavy CDW input will mean better service provision for BMER communities.
- IAPT aims to understand the needs of the local community, remove barriers to access, and engage with different communities whilst providing improved access to psychological therapies for all.
- In September 2009, Barnet will bid for IAPT funding in the final London round. Achieving a state of readiness that includes equity of access and provision of services that include BMER communities will be critical to a successful bid.
- Many of the further recommendations fit neatly into IAPT service structures. (See <http://www.iapt.nhs.uk/> for further information). A community led IAPT service would allow CDWs to improve access, improve cultural capability, develop services and raise awareness amongst BMER communities, hitting all four CDW overarching themes.

Department of Spiritual, Religious and Cultural Care

- Currently there are no specific routes for people who access mental health services to find spiritual, religious or cultural care. Feedback to the CDWs and numerous supporting texts and studies suggest that explaining and supporting people with mental health issues with relation to faith or spirituality can greatly increase their speed of recovery.
- Our overall aim is to ensure that every user of services receives an appropriate assessment of their spiritual needs within the context of their Care Plan, and that we create a culture which responds sensitively and holistically to those needs.
- By commissioning a department that holds the middle ground between the faith communities of Barnet and the mental health services and through equipping the diverse Faith Communities of Barnet to work in partnership, the Department would be able to support users both on site and within their community. In order to move forward with development it is recommended that a Steering Group composed of cross sector leads is established with the aim of guiding the commissioning process in Barnet. A similar service for reference can be found in East London NHS Foundation Trust or at http://www.eastlondon.nhs.uk/about_us/spiritual_religious_and_cultural_care.asp
- The Department would create a dialogue between, and train, members of faith communities and mental health services around awareness of the different spiritual

traditions of Barnet in order to build understanding and aid delivery of culturally competent services. The Department would help us achieve two of our overarching CDW themes; service development and raising awareness.

Barnet Multilingual Wellbeing Service (BMWS)

- Current service provision of mother tongue counselling and advocacy services in Barnet for BMER communities is patchy and dissipated. A group of BMER mental health counselling and advocacy service providers have come together to try to address this issue.
- The BMWS will aim to provide mental health and wellbeing counselling and advocacy services for all languages commonly spoken in Barnet where service provision allows. The service will aim to expand in order that BMER communities have access to mother tongue counselling and advocacy across the borough.
- Barnet Voluntary Services Council has offered its assistance in guiding the interested stakeholder organisations through a process of Consortium formation in order that they may make applications to fund a BMWS. There is a possibility that such a service would work very well as a constituent part of an IAPT service in Barnet (For further information about IAPT see previous recommendation). Further empowerment and capacity building will be necessary to develop the group of voluntary sector organisations so that it will be able to bid as a Consortium for mother tongue counselling in Barnet. A successfully delivered BMWS project will help us achieve all four of our CDW work streams; Improving access, improving cultural capability, service development and raising awareness.

Chinese Wellbeing Centre

- The Chinese population in Barnet is growing and is in fact the largest Chinese population in any borough in the UK. Growth and redevelopment of the Oriental City site in Colindale allows the CDWs to exploit an opportunity to advocate on behalf of the community for a health and wellbeing centre. Evidence for the need for such a venue comes from within the community itself and is published in the findings of the Chinese community engagement report (CMHA: 2007)
- Using planning Gains or a Section 106 agreement, it is occasionally possible to influence the planning stages of a development in order that facilities that are of benefit to the surrounding community are incorporated into the design at no cost to the recipients. The Chinese Older People's project expressed an interest in having a community centre in the new Oriental City Development. The project would aim to reach out to the Chinese community in Barnet in a way that is non-stigmatised and in a culturally appropriate setting in order to increase discussion surrounding mental health and wellbeing and to signpost to and directly provide services.
- CDWs will pursue the development of a Chinese Community Wellbeing Centre in the new Oriental City development in conjunction with Planning Aid for London, who have

offered free consultation support for the Chinese Community in Barnet interested in the project.

- If planning gains are accepted a Chinese Health and Wellbeing Community Centre in the heart of the largest Chinese Community in the UK will be directly influenced in service delivery methods by the CDW Team. A Chinese Wellbeing Centre would allow us to Improving access to and raise awareness of mental health services.

People Like Us Website and Campaign

- The People Like Us Website recognises a vital gap in service provision for the large BMER community residing in Barnet. Currently there are no specific information services available, other than the CDW site, that can direct and inform BMER communities about mental health and wellbeing services available locally or nationally. MIND in Barnet is best placed in the borough to host such a web facility due to it being the largest third sector mental health and wellbeing organisation in the third sector, where it is most prominent and has the largest capacity. In short, when people seek out answers to mental health questions in Barnet, they turn first to MIND.
- Based on the recommendations of the Older People's Project and Stakeholders surveys, MIND in Barnet are committed to working to undertake a BMER specific mental health promotion campaign to improve knowledge and understanding of mental health and increase awareness of mental health services. The project will aim to link in with current and future BMER specific projects also recommended in this section in a co-ordinated way. The campaign is proposed as a scheme to highlight new services to BMER communities including the Multilingual Counselling Service and Department of Spiritual, Religious and Cultural Care if commissioned. A similar project can be found at <http://www.peoplikeus.info>
- MIND in Barnet have made the delivery of workshops and the web design, delivery and hosting a funding priority and are looking to raise £30,000 to meet this need. Other sources of funding will have to be found in order to deliver the necessary accompanying communications strategy to inform BMER communities of the project.
- The campaign impact will be measurable by monitoring website traffic and also attendance and outcome monitoring of workshops for various BMER groups. The People Like Us project would help us to Improving access to and raise awareness of mental health and wellbeing services for the Barnet BMER community.

Roma Gypsy Traveller Community Project

- Gypsies and Travellers are one of the most excluded minorities in the UK and they suffer a poorer health status and raised levels of morbidity and mortality when compared with every other group in British society. In Barnet there has been no previous recorded specific engagement with this community in terms of mental health promotion or understanding.
- London Borough of Barnet (LBB) determines to build a stronger relationship with the Roma Gypsy Traveller community by identifying the factors that contribute to their poor health status and understanding specific cultural values, attitudes, beliefs and

behaviours relating to health. The CDW team aims to work in conjunction with LBB to facilitate this project.

- The CDWs will work with LBB to develop a project working to engage the Roma Gypsy Traveller community. This will operate from drop in facilities for housed Travellers where health and mental wellbeing promotion workshops will take place.
- The project will explore the different mechanisms that can be used to raise awareness amongst the Roma Gypsy Traveller population and, most importantly, work towards prevention and acceptance in the community. Some of the initiatives to be explored include healthy eating and positive living concepts which will be measured by attendance and evaluation forms. This project would help us to improving cultural capability of staff and raise awareness of mental health in the Roma Gypsy community.

Supporting Youth: Acting Together for Social Inclusion

- The project has developed from an idea that the young people came up with that sought a way to get more actively involved in the elder community through volunteering to work with them. This project would work in partnership with the Chinese Churches in London (Youth Section). A joint funding application was submitted to the London Borough of Barnet in March 2009. It would also seek to involve other BMER community groups and organisations.
- The project aims to bring together Chinese and other BMER young people and promote healthy communities and integration between young and old.
- The initial focus will be to involve young Chinese people aged 13-19, to break down faith and ethnic barriers and engage a wide group of people in Barnet. If other youth groups join the project the remit will be expanded.
- By measuring the number of youths involved in this project and asking them to keep a diary during the project we will be able to quantitatively and qualitatively evaluate the positive changes in creating a more socially included society. This project would primarily raise awareness of mental health issues amongst the communities.

Mental Wellbeing and Older People Project

- Following the recommendations of the health and social care needs assessment from BMER communities last year, the CDW team are aware that mental health issues still remain as a sensitive subject for most BMER elders who are reluctant to share their experiences with others. Therefore it will be necessary to further expand on previous project work.
- This project aims to further promote mental health and well-being, preventing mental ill-health and responding early in dealing with mental health problems in later life for BMER elders' communities.
- The CDW team works closely with health services at the primary care level, local authorities and the voluntary sector to promote good mental health and prevent mental illness and its effects. The project also aims to work with local authorities in providing a

range of helpful resources to aid organisations and agencies in their response to the mental health needs of older people in different languages and formats.

- We hope that this project can improve the routes of dissemination of information and advice to BMER elders' communities in Barnet. We will then measure and evaluate new and different types of media used and locations where information is made available. This project will aim to improving cultural capability amongst health care staff, increase service development and raise awareness in the BMER community around mental health.

Mental Health and Cultural Arts

- The rationale for the project is to find alternative ways to counselling of addressing needs of BMER service users, to find ways of informing and engaging with both service users and BMER communities about mental health services in a non-threatening way and to utilise existing projects and skills within Barnet.
- The arts have already been identified on a national level as a positive method of engaging with mental health, both in the delivery of services and in raising awareness. The aims of the project are to a) identify ways of engaging with BMER communities and service users, b) to find appropriate ways to address stigma through using art forms that BMER service users and communities are already familiar with and c) to find ways of increasing awareness that are not limited by language.
- The intention is to establish a steering group that will identify suitable ways in which the Arts can be used to engage with service users and BMER communities. This will be made up of individuals already active in mental health and/or arts work within the borough. Scoping work around existing projects, potential funding sources, potential partners and successful projects of a similar nature (in other boroughs) has already been initiated.
- The intended outcomes are to address gaps in service provision for communities who are unwilling to engage with mental health services through established methods, to increase awareness of and reduce stigma around mental health issues within BMER communities, thereby encouraging earlier engagement with services and reducing the need for crisis intervention, and to generate a more positive attitude to mental health issues within Barnet communities. This project has the potential to fulfil all four of the CDW identified targets.

Barnet Refugee Service Youth Support Project

- The requirement for this project was highlighted by existing youth users of Barnet Refugee Service (BRS); whilst there are already activity groups and social inclusion services they can access they felt, in response to a questionnaire, that they did not have access to support that specifically addressed their emotional and wellbeing needs.
- This project, set up by BRS, is to develop a support service for 13 to 19 year olds that will address issues of inclusion, wellbeing and mental health within Refugee communities.

- Further investigation is going on as to the specific needs this service would address but it is unlikely to be either a specific mental health service or a counselling service; considerations around setting up such a service are being addressed. One of the directives of the project is that the steering group respond to the requests of the service users and, as far as possible, youth members or BRS are included in decision making. The CDW role within this project is to support the development of the service and engage with other members of the steering group to address ways forward. BRS has already submitted early funding proposals to the Big Lottery Fund and Children In Need. As the shape of the project is clarified, additional and alternative sources of funding will be accessed.
- The intended outcome of this project is to directly address a needs gap as identified by users of the Barnet Refugee Service. The project will meet the CDW team objective to develop services and raise awareness amongst the refugee community of mental health issues.

'Mental Health Guides' Project

- Many of the BMER communities in Barnet have proclaimed that their communities are in dire need of mental health awareness interventions in a culturally specific form. Most of the communities have also testified that previous attempts haven't worked and something new was needed that came from within the community.
- The Mental Health Guides Project will aim to improve the health outcomes of BMER communities in the long term by encouraging understanding of mental health issues in the community; this would lead to earlier intervention and less misdiagnosis of symptoms by the individual and subsequently GPs responding to mental health literate communities.
- The Mental Health Guide (MHG) Programme will train and support local people to act as mental health guides within their community, in their own language. These people will be current or former service users who have an ability to empathise and relate to the use of mental health services. Guides deliver sessions to groups of people from their own community, facilitating access to services by sharing information. At the same time, they hear the concerns of local people and these are reported back to NHS planning forums.
- Outcomes will include the empowerment of a team of trained up mental health guides. The team will have transferable skills, greater self esteem, understanding of the issues important to them, and a role which enables them to help others and they hope, in time, to create the changes in mental health services that they know are needed. The delivery of a report and regular feedback to the Local Implementation Team (LIT) and the Senior Management Team. As a whole the programme should contribute to the objectives of DRE as intended, both in the 'building blocks' of community engagement, more appropriate services and better information, and also in a number of 'action points' such as reducing fear, promoting recovery, and increasing access to a range of therapies and services.

Informing the MIND in Barnet Mental Health Guide

- The MIND mental health guide is intended to provide comprehensive information about mental health services in Barnet.
- The CDW involvement is to ensure the inclusion of culturally specific information and that BMER needs are addressed within the guide.
- The CDW team will provide information about statutory services in a manner that is easily translatable by BMER organisations so that they can support their members/communities in accessing services. They will also use the scoping they have done to date to assist in generating the guide.
- To assist in providing a comprehensive guide to mental health services that takes in to account BMER needs. Outcomes of this guidance will be improving access to specific BMER services and also raising awareness of services and mental health issues.

Children and Adolescent Mental Health Services (CAMHS)

- There is identified need for work around CAMHS in relation to BMER communities in Barnet.
- The intention is to improve engagement with BMER young people by mental health services and to ensure that they are receiving the support they need.
- A specific project is yet to be designed; however, the intention to undertake such a project is a clear element of the future work of the CDW team. There has been some investigation of BMER attitudes towards children and mental health and what services currently exist for young people from BMER communities.
- The intended outcome of any work undertaken in this area is to encourage BMER young people and their families to engage in early intervention services and to reduce the need for crisis intervention; to attempt to reduce the number of BMER children and young people who become long term service users. In order to facilitate this there needs to be an investigation (through hard data from services) of existing levels of engagement / access to identify whether, and why, some communities are not engaging with services. Development in the CAMHS service will lead to improved access to services, improved cultural capability of health staff and a better service overall.

Cultural Exchange in Mental Health Trust (MHT) staff teams

- The rationale of this project, as identified in the report to the MHT, is to improve knowledge of Barnet's diverse communities and 3rd sector organisations within service teams.
- The aim is to deliver culturally specific presentations to staff teams that will provide them with information they can use in supporting service users and provide a forum where they can make direct contact with representatives of BMER organisations and communities.
- The CDW team has been working with Community Mental Health Team (CMHT) Managers to organise presentations by 3rd sector organisations. In exchange,

representatives of MHT services will organise return visits to 3rd sector and BMER organisations to inform their membership about how to access statutory services, what assistance and support the MHT offers and work to demystify existing understanding of mental health services.

- The intended outcome is to address two identified gaps; one in the ease of access to culturally specific information available to service providers in the MHT and the other in communities' understanding of services.

Clarity of Mental Health Trust (MHT) Service Pathways

- This is a piece of work in response to concerns raised in the 3rd sector that organisations and their members are unclear as to how Mental Health Trust (MHT) services are structured and what services a patient might engage with after referral and to aid recovery.
- The aim of this piece of work is to promote a better understanding of existing mental health services.
- The delivery of this project is a simplified document that highlights the different service teams and their role/responsibilities that can be easily translated into other languages. This can be given to 3rd sector organisations, posted on the CDW and statutory websites and will also be included in the MIND in Barnet Mental Health Guide and the People Like Us Project if commissioned.
- The intended outcome is to reduce fears around services within BMER communities by demystifying how services operate. By promoting a clearer understanding of mental health services, individuals from BMER communities will be encouraged to engage with services by choice and at an earlier point than they appear to currently. This would hopefully reduce the number of long term service users as well as addressing an identified gap.

Ferns Associates Race Equality Cultural Capability (RECC) Training

- Information contained within the 'Inside Outside' report about an overuse of seclusion and over-representation amongst certain BMER communities in mental health settings is corroborated by RiO data attained through the MHT. This highlights the fact that there are still stark inequalities for BMER service users. Change can only be brought about through addressing the inherent institutional racism that occurs within mental health services and RECC is widely viewed as the best tool to begin to challenge this situation. The training was developed with The National Institute for Mental Health in England (NIMHE) to develop RECC training materials as part of the DRE strategy and in response to the Inquiry into the death of David 'Rocky' Bennett.
- The RECC materials represent a valuable opportunity to provide training for all mental health practitioners with a clear focus on BMER service user needs and concerns. The materials aim to explore in a constructive way issues of race and culture and to give practitioners the space to reflect on their practice.
- CDWs propose that all newly commissioned services should have RECC written into the Service Level Agreement (SLA) in order that culturally capable services develop

naturally as new and re-commissioned services come on stream. We will work with Ferns Associates to tailor specific training to Barnet that involves former Service Users and Carers' perspectives.

- The RECC training programme includes three work based practice modules which aim to deliver measurable change. Services may also be measured before and after the RECC materials have been delivered for key performance indicators including seclusion rates amongst BMER service users and relative BMER service user numbers compared to that of the general Barnet population. The uptake of RECC training would lead to improved cultural capability of health staff and a better service for BMER communities.

4.4 Conclusions

The primary focus of the first year of the CDW programme was to gain a comprehensive picture of the communities within Barnet and the specific needs therein, to look at how existing services address those needs and to offer recommendations on the development of future services and projects. Not only have the CDW team met these initial objectives but they have also taken an active role in the development of new services and existing services that support the diverse communities within Barnet.

The scoping process has told us that there is substantial work to be undertaken within the borough. Culturally specific services must be established and staff and services need to be trained to provide for differing cultural needs that can be found in both statutory and 3rd sector services. Most importantly there is a need to ensure that communities develop a less fearful attitude to towards the concept of wellbeing and the use of mental health services. This is an active precept in the proposed ongoing work of the CDW team. By continuing to engage with community groups, by organising events where existing service users and carers get to share their concerns and experiences, the CDW team maintain direct communication with communities which will enable them to identify and address mental health needs and use that information in the development of projects and services.

It is also essential that considerations of BMER needs are integrated into all service development within the statutory sector. This is why the following key services have been chosen for development to meet these specific areas of need:

- Improving Access to Psychological Therapies.
- Delivering Spiritual, Religious and Cultural Care within inpatient and outpatient secondary mental health services.
- Ensuring that current commissioned services are spiritually, religiously and culturally appropriate, through reviewing and advising current service providers.
- Improving outcomes for Older People with mental health needs.
- Improving mental health awareness through Cultural Arts.
- Ensuring a greater focus on the role of spirituality, religion and culture in Child and Adolescent Mental Health Services (CAMHS).

Not only do services relate to the national DRE agenda, but they also clearly help to deliver World Class Commissioning (WCC) competencies and elements of the Joint Strategic Needs Analysis (JSNA). As the DRE programme becomes part of the New Horizons Agenda in 2010 there will be an increasing need for Community Development integration to meet the increasingly wider equalities focus of statutory services within Barnet.

APPENDICES

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Appendix A - CDW Programme Delivery Plan with current status; programme timeline.

The following breakdown is based upon the CDW team delivery plan agreed by the Steering Group in July 2008. It has been updated to include the ways in which the objectives have been met and how they will continue to be met.

National CDW Programme Objectives	Barnet CDW Activity Plan	Output/Outcome required	Delivery Date	Method of delivery	Outcomes/Evidence
Change Agent	Establish a stakeholders forum within Barnet that provides an overview on the CDW programme and an opportunity to establish close links between commissioners, voluntary/community providers/local communities	An established forum with clear terms of reference and delivery plan. Opportunity to be self sustaining in the longer term.	1 st forum - 10 July 2008 Later dates TBA	Generate a regular quarterly meeting (some flexibility in dates to allow for school and bank holidays) that looks at ways of supporting the 3 rd sector and the statutory sector in developing and maintaining services for BMER mental health service users. <i>The CDW Stakeholders' Forum is an ongoing meeting that provides an arena for representatives from both cultural and MH organisations (both 3rd sector and statutory).</i>	Forums to date have provided information on the CDW programme, included discussions on current gaps and good practice, and invited feedback on proposed projects. Future Forums will be based around informing Stakeholders of opportunities and support they can utilise to develop good practice and services in BMER MH in Barnet. The Forum have elected two co-chairs who are based in the 3 rd sector and have been invited to be part of the CDW Steering Group. Also NHS Barnet and MHT both always have at least one senior manager representative at the meeting. The most recent forum looked at the development of partnerships in order to further delivery of services and to increase levels of support, both for funding and for other resources. Minutes have been kept of all forums.
	Data scoping exercise to be implemented to understand local access issues compared to national picture. This will	Delivery of report to Mental Health Trust	End June 2008	A report on BEH-MHT services in Barnet; a non-clinical report that looked at approaches to a multi-cultural client base.	This report has been released within the MHT and to the CDW Steering Group and, with permission; elements of

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	<p>focus on the main providers of statutory mental health provision.</p>				<p>it can be disseminated more widely. It includes recommendations on ways forward to ensure the delivery of equitable services and equitable access.</p>
<p>Liaise with local communities and community groups to gather qualitative data about the experience of BMER groups in accessing and being treated in local mental health services. Develop a framework for identifying and ensuring liaison with 'hidden communities'</p>	<p>Presentation of information to NHS Barnet Senior Management Team and key stakeholder groups.</p> <p>Presentation of a recommended framework for community engagement including with 'hidden' communities.</p>	<p>Presentation of information to NHS Barnet Senior Management Team and key stakeholder groups.</p>	<p>August 2008</p>	<p>This document, generated from the original CDW programme delivery plan, is for release to appropriate parties in the NHS Barnet SMT and, potentially, to Stakeholders.</p>	<p>It was agreed by the CDW Steering Group that it would be more appropriate for this report to be delivered at the end of the programme's first year.</p>
		<p>Primary scoping (established organisations) End June 2008</p>	<p>This included making contact and developing relationships with 3rd sector and statutory organisations active within Barnet MH or community engagement. Data analysis of information on the borough, as a whole, and current service users was also initiated.</p>	<p>Primary scoping led to the development of the CDW Stakeholders' Forum. It was also used to inform the finalised CDW Programme Delivery plan. The data analysis, detailed in section 2, has been used to inform changes to delivery plans and project design i.e the Multilingual counseling service.</p>	
		<p>Secondary scoping (grass roots engagement) Ongoing</p>	<p>This was a continuation of primary scoping, looking more closely at communities existing within Barnet who might not have an active representative organisation.</p>	<p>CDWs have taken an active role in developing support for the Chinese community following the closure of Oriental City. There is also ongoing scoping of Gypsy and Traveler groups in the borough.</p>	
		<p>Delivery of initial report TBA (following 1st Stakeholders Forum)</p>		<p>Information on initial scoping was delivered to the Steering Group.</p>	<p>This information has been shared on a more individual basis, passed to organisations and steering groups as needed rather than on mass. The exception to this is information presented by NHS Barnet representatives at Stakeholders' Forums.</p>

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	<p>Review national policy in relation to mental health and well being, mental health care and access and equity.</p>	<p>Awareness of key issues relevant for commissioners and services providers (including statutory and non-statutory organisations)</p>	<p>Monthly/Ongoing</p>	<p>The CDW team link into the regional CDW Network and into national initiatives through the DRE programme, the London Development Centre and the Kings Fund. They also keep up to date through NHS and Home Office bulletins and the wider media.</p>	<p>Two members of the CDW team have been active in the regional CDW network. One is the vice chair of the Network and chair of the Network Training subgroup, the other was involved in the development of the regional action plan that fed into the national action plan; both have been involved in framing the future of the Network. This has given an immediate link to regional and national policy, ensuring that the CDW team is fully aware of wider policy that impacts NHS Barnet and MHT beyond specific BMER work. This affords the opportunity to integrate CDW requirements into the wider work of the statutory sector.</p>
	<p>Improve access to information regarding both BMER communities and MH services.</p>	<p>Create a public access website that provides updates on the CDW programme and other related organisations/events, as well as signposting other relevant websites or sources of information.</p>	<p>July 2008 and ongoing</p>	<p>There is an active CDW website that provides links to BMER and MH sites, as well as hosting information on the Barnet CDW programme, relevant activities in the borough and other relevant information. In addition to this the CDW team is working on projects to improve information provided about services to Barnet residents and about supplementary services available to inpatients.</p>	<p>These activities strengthen the links between sectors, ensuring more comprehensive and collaborative service provision. It also helps with the demystification of mental health services for potential and existing service users and promotes a greater understanding of both mental health services and wider mental health concerns. This encourages engagement prior to crisis, and the use of early intervention, decreasing the demands on both the service user and service providers.</p>

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Service Developer	Identify a range of options for the improvement of local services based on the information collected. Plans should be worked up based on an evaluation of best practice and where appropriate evidence of expected outcomes	Presentation of initial report on proposals for MHT services, copied to steering group.	End June 2008	As described above.	
		Commissioning Plan to be presented to NHS Barnet and key stakeholders.	September 2008	As described above.	
	Implementation of projects agreed by NHS Barnet and key stakeholders to implement the aims of the CDW programme. Projects will be undertaken both by individual CDWs and by the team as a whole or in partnership. These will be focused pieces of work which must be supported by a project plan and with a methodology for measuring the impact of change.	Project plans and measurable outcomes demonstrating service improvement. To Be Agreed in September.	Initial implementation on Sept 2008 Ongoing development and revision through to March 2009	Basic project plans have been agreed. Some of these tie in directly with NHS Barnet service development/ commissioning and others are more community focused.	Further scoping is being undertaken to identify suitable partners and potential sources of funding that would allow any community projects to become self sustainable. The development of a clearly identifiable budget for this work will help to ensure it's progress. Specific outcomes for these projects can be found in sections 3 and 4.
	Involvement in projects within NHS Barnet that further the intentions of the CDW programme (see Access Facilitator).	As outlined by NHS Barnet – four projects, each with a CDW taking an active role, and one requiring input from the team as a whole.	June 2008 and ongoing	The identified areas for CDW involvement are IAPT, CAMHS, Older People and Dementia.	Each member of the CDW team is now linked in with an area of work directly within NHS Barnet development. The level or involvement and tasks undertaken vary depending on the area of development. CDW involvement not only ensures that BMER considerations are included in wider services, it also helps to strengthen the links between the statutory and 3 rd sectors in service development.
Capacity Builder	Community Development: work to raise the awareness of mental health issues and services within local BMER	Demonstrable change in the perception and/or awareness of local communities in regards	Initiate in July 2008 through	CDWs have been working with representative community organisations, some of whom had no previous MH strand to their	To date this includes engagement with Barnet Somali organisations and assisting in the development

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	<p>communities, advise on equity issues related to DRE and attend health awareness events as identified by the NHS Barnet from time to time. Ensure positive user and carer engagement.</p>	<p>to mental health and well being and access to mental health services.</p>	<p>engagement with Stakeholders Forum Ongoing development and revision through to March 2009</p>	<p>work, to assist them in promoting and supporting the MH needs of their client group. Projects being undertaken by the CDW team have a significant level of anti-stigma, service promotion and increase of awareness about MH factored into their planning and delivery.</p>	<p>of services in Afghani and refugee organisations. There is also direct involvement in the development in youth service through Barnet Refugee Service, the development of a multilingual counseling service, on-ward engagement and the delivery of cultural awareness presentations to MHT staff.</p>
	<p>Launch a staff awareness cultural project; this should deliver an innovative approach to supporting staff to meet the needs of various BMER groups.</p>	<p>System in place within statutory provision to ensure awareness of BMER issues (first stage in MHT through June report). Demonstrable change in awareness of equity and access issues.</p>	<p>Initiate in July 2008 Ongoing development and revision through to March 2009</p>	<p>CDWs are investigating additional training resources and means by which knowledge can be shared.</p>	<p>An information exchange programme has been initiated between MHT service teams and Barnet 3rd sector organisations to facilitate increased awareness and understanding of all services available across the borough, the differing needs of communities, and to decrease mystification about MH and related services. The CDW team is also active in the development of the MIND Mental Health Guide (as commissioned by NHS Barnet) and they provide information, both through the CDW website and in person, to statutory sector staff about 3rd sector support which helps to ensure appropriate community support for individual service users and vice versa.</p>
	<p>Development of partnerships between organisations from both the 3rd and statutory sector.</p>	<p>Partnership working demonstrated through areas of engagement including the development of services and joint</p>	<p>Ongoing</p>	<p>The development of the Stakeholders' Forum was the second stage of developing partnerships (the first being the initial scoping). The development of such partnerships supports</p>	<p>The Stakeholders' Forum has actively supported organisations in developing partnerships. Development of projects is an active and direct methodology for</p>

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		funding proposals.		NHS Barnet in delivering a fully equitable service and also assists a sharing of resources rather than relying solely on the statutory sector to provide and deliver services.	supporting and sustaining such partnerships.
Access Facilitator	Input to key NHS Barnet health and mental health projects to ensure that access and equality are considered and delivered in new services. This will include: <ul style="list-style-type: none"> • IAPT • Dementia Project • CAMHS • Older People's Project • Commissioning Strategic Plan 	Evidence that NHS Barnet projects have considered issues relating to equity and access for all communities.	Ongoing	The CDW team was asked to engage in four projects within NHS Barnet, with differing responsibilities within these projects.	Levels of involvement vary across the areas of NHS Barnet projects but all include ensuring that considerations of BMER needs are addressed in strategies, facilitation and service development/ commissioning, thus meeting national requirements and targets. CDWs are also facilitating stronger engagement with the 3 rd sector as appropriate.

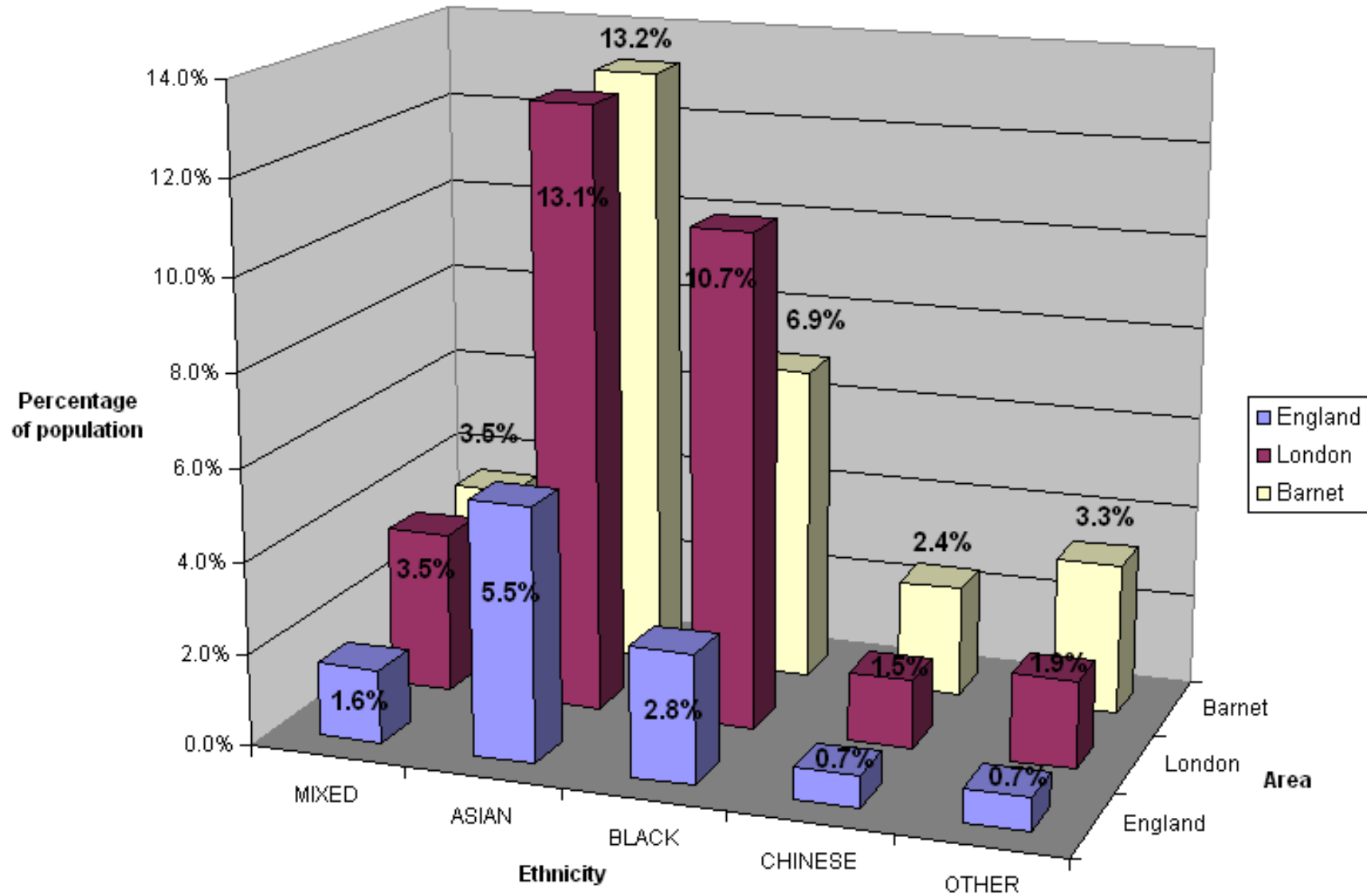
Appendix B - Stakeholders Membership

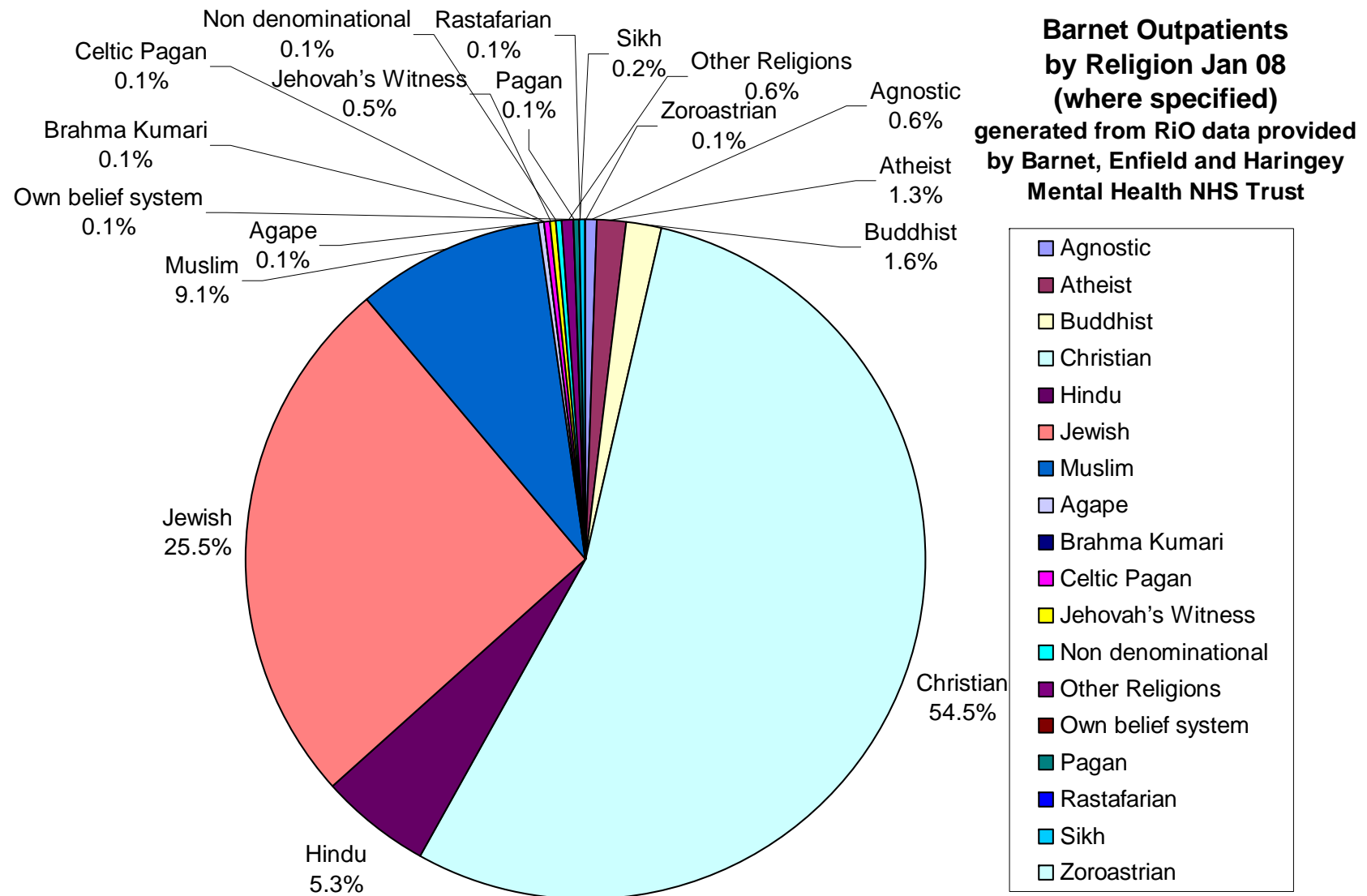
- A5 Partnership
- Adepta
- African Cultural Association
- Age concern Barnet
- Ayse Community Association
- Bangladesh Welfare Society of Barnet
- Barnet African Caribbean Association
- Barnet African Health Organisation
- Barnet Asian Old People's Association
- Barnet Asian Women's Association
- Barnet Bangladeshi Community Association
- Barnet Branch National Autistic Society
- Barnet Carers Centre
- Barnet Citizens Advice Bureau
- Barnet Drug and Alcohol Services
- Barnet, Enfield and Haringey Mental Health Trust
- Barnet Metropolitan Police
- Barnet Multicultural Community Centre
- Barnet Muslim Women's Network
- Barnet Police Community Safety Unit
- Barnet Refugee Service
- Barnet Primary Care Trust
- Barnet Somali Family Support Group
- Barnet Somali Community Group
- Barnet Voice for Mental Health
- Barnet Voluntary Services Council
- Black Mental Health Users Group
- Burnt Oak Nepalese Community
- Chinese Church in London
- Community Focus
- Community Safety Team
- Confederation of Indian Organisation
- CROFTE
- Czech and Slovak Women
- Edgware Library and Resource Centre
- Farsophone Association
- Global Worship
- Golders Green Hippodrome
- Grahame Park One Stop Shop
- Greek Cypriot Centre
- Greek School
- HealthInform

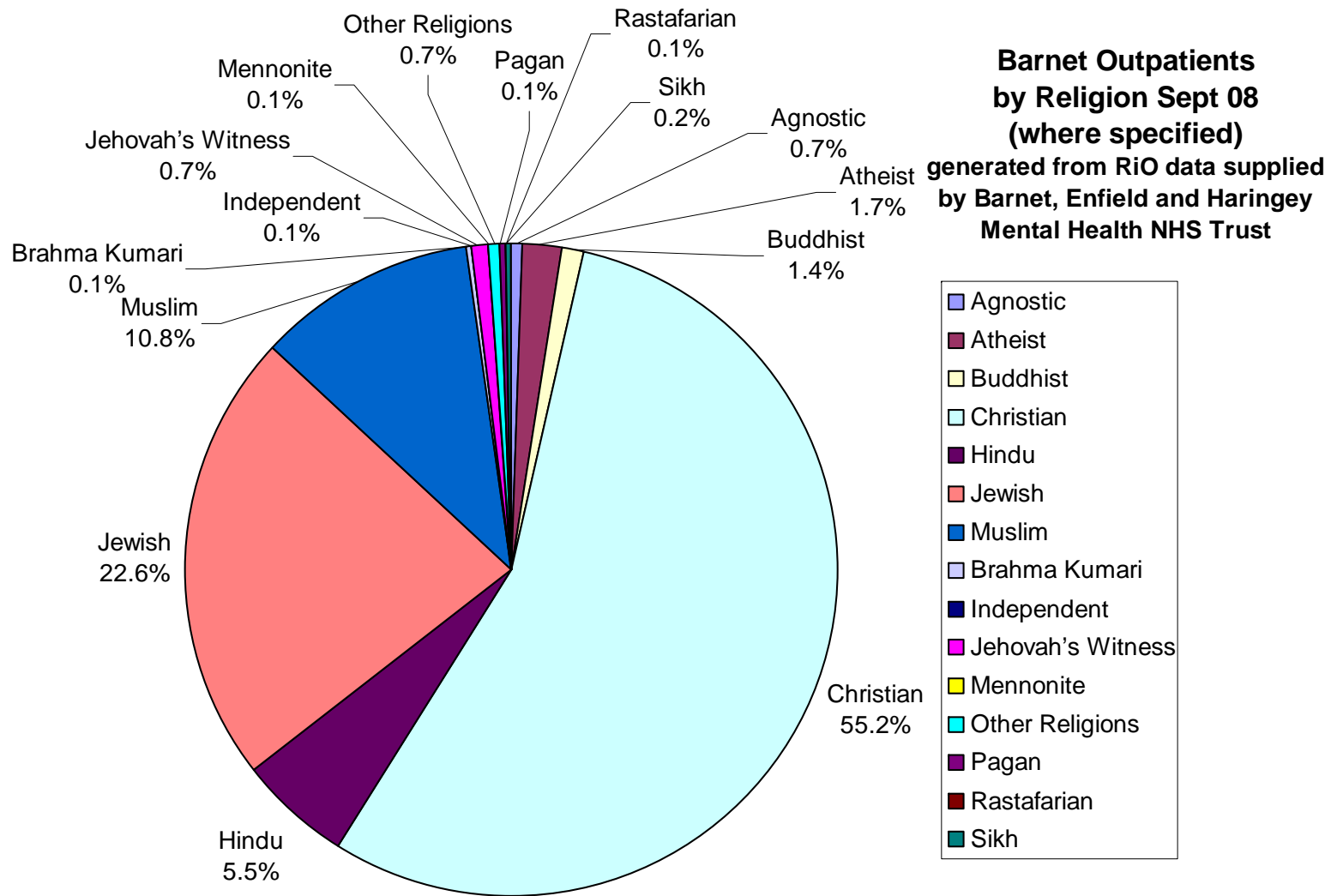
- Horn of Africa Women
- International Gospel Church
- Iranian Community Centre
- Jewish Association of Mentally Ill
- Jesus House
- Jewish Care
- Jewish Women's Aid
- Joy Bringers are Us
- Iftiin Network
- London Borough of Barnet
- Metropolitan police
- MIND in Barnet
- Muslim Elders Group
- North London Alliance Church
- North London Chinese Association
- Organisation for Young Africans
- Paiwand
- Richmond Fellowship
- Russian School of Language
- Sangam Association of Asian Women
- Somali Bravanese Welfare Association in Barnet
- Somali Community Development Project in North London
- Sudanese
- Talking Matters
- Turning Point The Crossing
- Uganda Aids Action Fund
- UK Albanian Network
- 331 Young People Centre

Appendix C – Data Charts

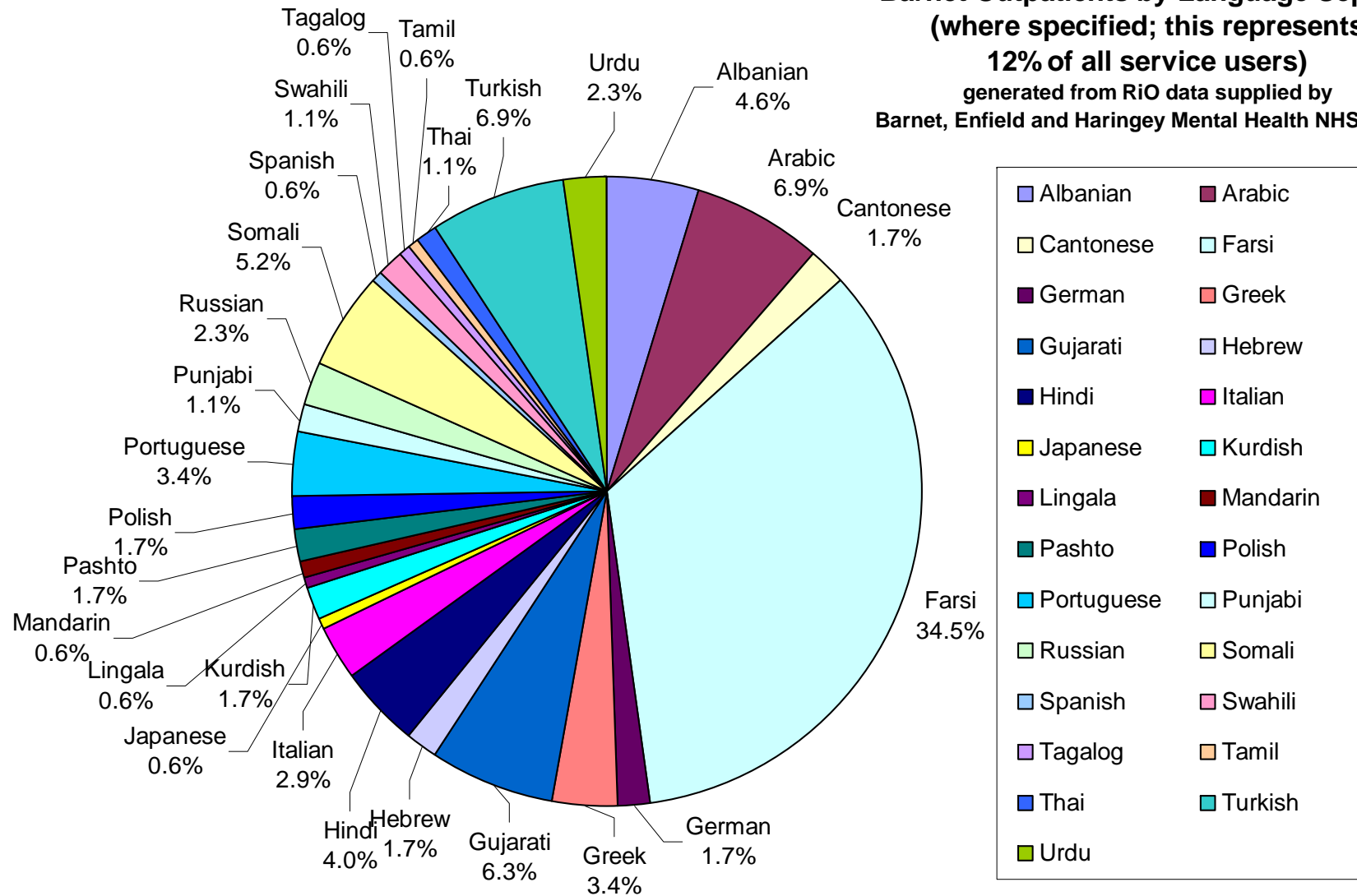
Population by ethnicity (excluding White)
 Generated from projections published by the Office of National Statistics, Crown Copyright 2008



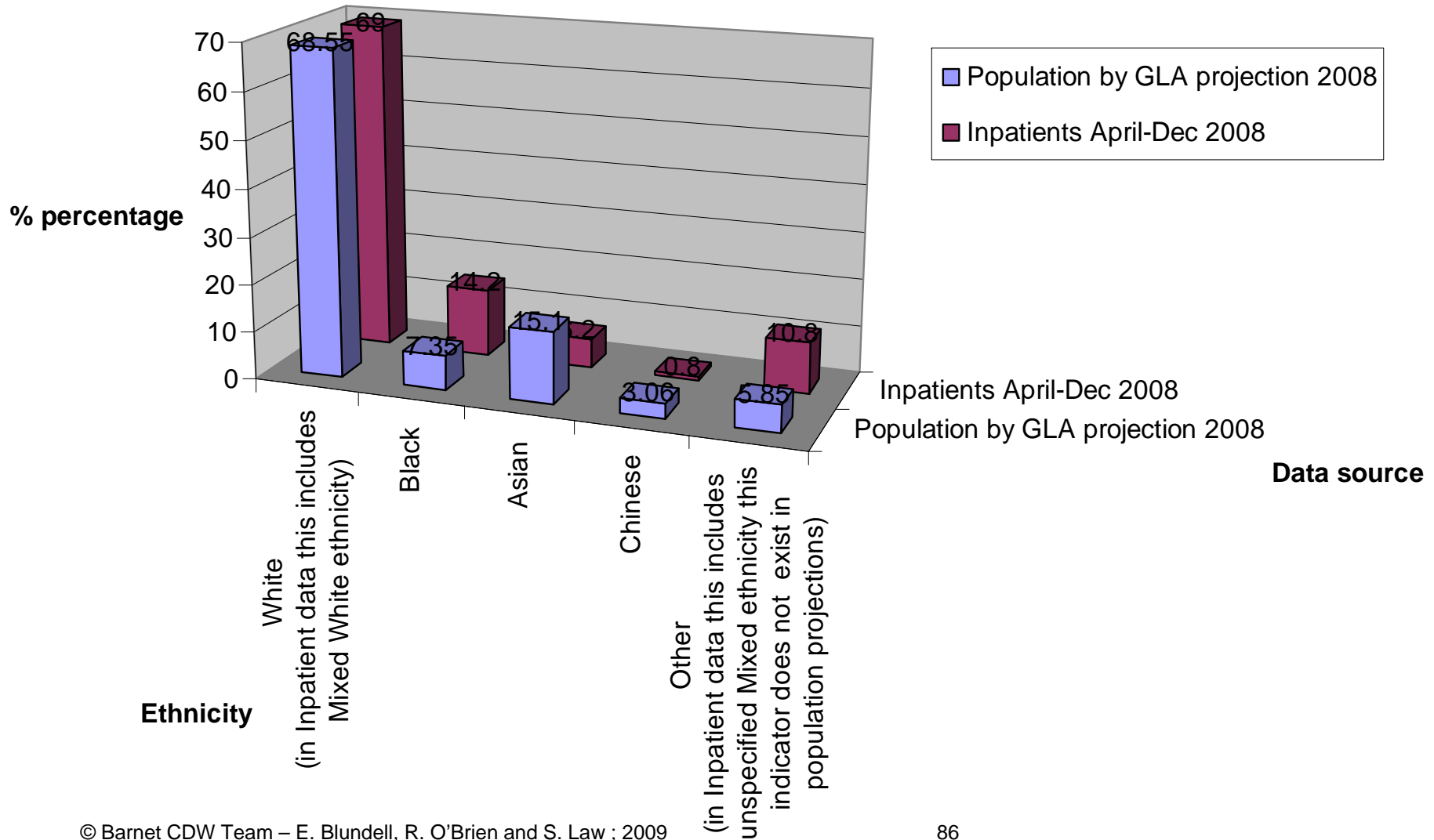




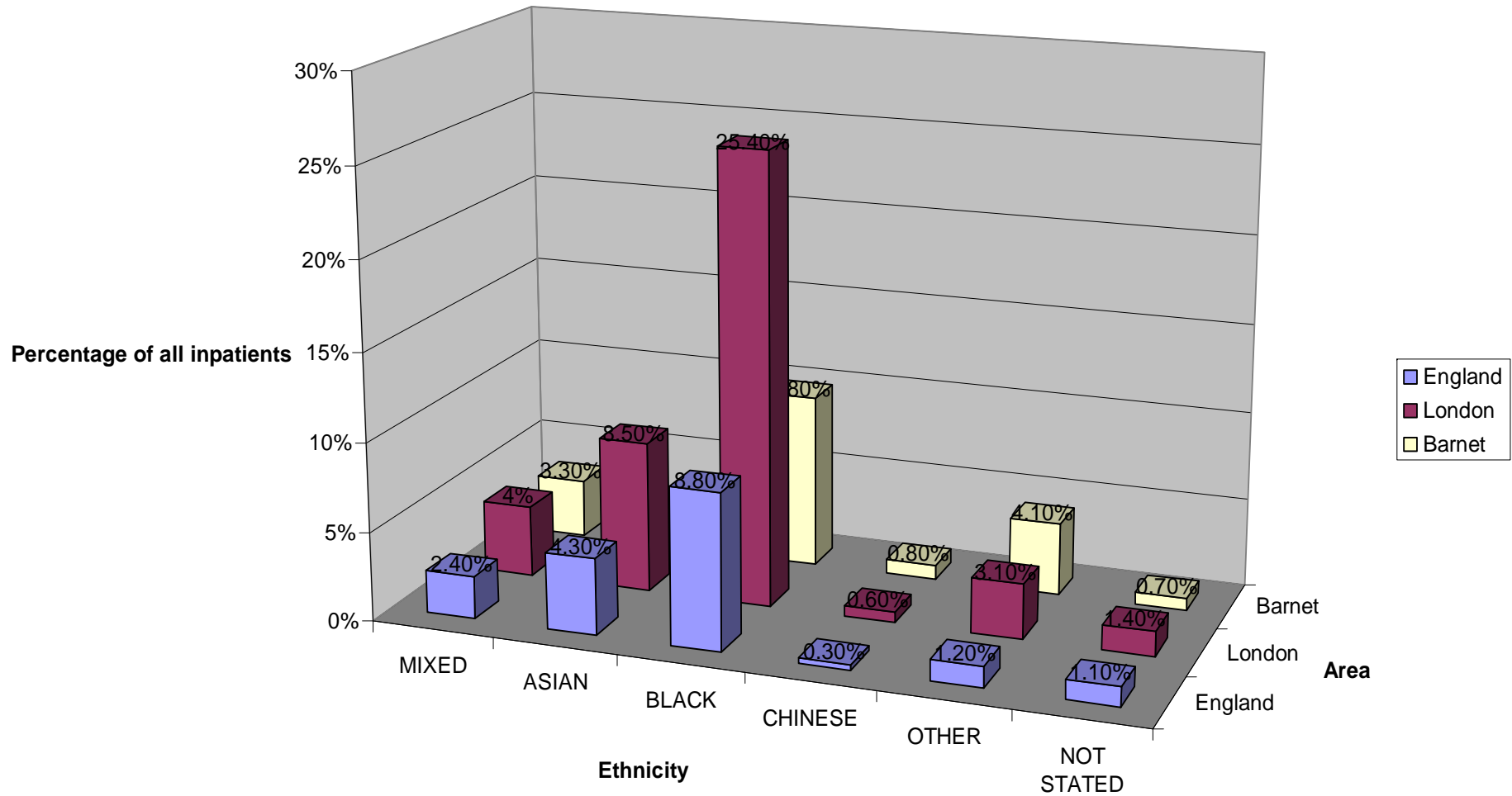
Barnet Outpatients by Language Sept 08
(where specified; this represents
12% of all service users)
 generated from RiO data supplied by
 Barnet, Enfield and Haringey Mental Health NHS Trust



**Comparison of population against Barnet inpatients
generated from RiO data supplied by
Barnet, Enfield and Haringey Mental Health NHS Trust and
GLA 2007 Round Ethnic Group Projections - PLP, copyright GLA**



Comparison of Barnet Inpatients Ethnicity Against Regional and National Results
Count Me In census 2008
 published by the Healthcare Commission



**Comparison of population with Barnet Older Adults services Nov 08
generated from Rio data supplied by Barnet, Enfield and Haringey Mental Health NHS Trust
and GLA 2007 Round Ethnic Group Projections - PLP Low, copyright GLA**

