

**South | London | Listens**

# Community Embedded Worker

Pilot evaluation report – final draft

**January 2024**

## Taking a preventative approach

It is estimated that around half of refugees internationally experience post-traumatic stress disorder (PTSD) (48.7%) (Hamrah et al., 2020), anxiety and psychological distress (40–50%) and that one-sixth have severe mental illness (16%) (Chen, Hall, Ling, & Renzaho, 2017; Guajardo et al., 2018; Taylor et al., 2014)

**Primary prevention targets those individuals vulnerable to developing mental disorders and their consequences because of their bio-psycho-social attributes. Therefore, it can be viewed as an intervention to prevent an illness, thereby preventing mental health morbidity and potential social and economic adversities.**

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# How the pilot developed

The Community Embedded Worker pilot is an initiative co-developed with communities following deep listening to over 6000 people in response to the Covid-19 pandemic. The CEW fills in the gap to support people who are struggling to access mental health services, particularly those from Black, African, Caribbean and mixed heritage communities, and migrants, refugees, and diaspora groups who currently face barriers to access.

The CEW pilot aims to improve access by placing a mental health practitioner (0.2 FTE of Band 8a) in a community organisation identified through strategic partner, Citizens UK. This new role was developed together with community organisations – and is a pilot of trust staff from South London and Maudsley working 1-day a week in Southwark, Lambeth and Lewisham.



**Theshnee Govender**  
South London Refugee  
Association and CHIPS



**Laura Parsons**  
Lewisham Refugee & Migrant  
Network



**Oyindamola Almaroof**  
Spring Community Hub and Surrey  
Square Primary

# Delivery against the community ask

## Community ask (June 2021):

*'To invest in Mental Health practitioners embedded in community organisations, to build trust and provide services for refugee, migrant and diaspora communities.'*

## Development and delivery of CEW pilot:

- ✓ SLL Programme team secured funding for Southwark, Lambeth and Lewisham (through Community Transformation budgets)
- ✓ Citizens UK identified community organisations across the three boroughs that would host CEWs
- ✓ Task & Finish group established to collaborate role requirement, JD drafting, all the way through to recruitment (with community leaders on decision making panel alongside Service Directors)
- ✓ Role agreed initially as development opportunity which went out internally on Trac (earmarking role to those on band 7 acting up to gain experience and likely candidates expected from Front Door / Primary Care teams)
- ✓ Job advert went live in March 2022 ->interviews April 2022 -> successfully recruited to all three roles and staff in post by May/June 2022
- ✓ Developed structure and approaches to role appropriate to each organisation with community leaders
- ✓ SLL Programme team supported induction into each organisation
- ✓ Evaluation – ran co-produced workshop to develop ToC (November 2022) and followed up with roundtable (July 2023) held with key stakeholders to share initial learnings. Final evaluation prepared January 2024
- ✓ SLL Programme team secured extension of pilot (to run to March 2024)

## **Delivery by borough**

Lewisham, Southwark & Lambeth

# The Community Embedded Worker role

Adapting to the context of each host organisation, CEWs have delivered a range of activities dependent on community need:

- 1-2-1 assessments of clients identified as needing mental health support
- Referrals to services where relevant
- Training and support for organisation staff to improve knowledge and understanding of mental health, support and services
- Training for trust staff (Lewisham team) on better understanding needs of refugee, asylum seeker and migrant population
- Group-based support for clients
- Building knowledge and understanding of vulnerable community groups
- Identifying specific barriers to access
- Working with services and programme leads to address these barriers



## About the Host Organisation

Lewisham Migrant and Refugee Network (LRMN) LRMN are a leading migrants' rights charity in south London – advocating and supporting those most vulnerable. Offering advice on critical immigration cases, preventing homelessness and improving wellbeing.

LRMN work with refugees, asylum seekers and migrants to know and exercise their rights, thrive, integrate and engage in activities to bring about change for a better future.

## About the CEW – Laura

Laura works full time as Team Leader in Primary Care Mental Health Team N3 Lewisham, based in Downham. Currently working 1-day in CEW role, based at LRMN.

## How the role has been delivered

Laura works every Monday at LRMN and broadly structures the day as follows:

- 10am – 1pm for LRMN staff consultation/ booking in their clients for discussion/ training/ group planning/ linking in with other Maudsley services and colleagues.
- after lunch is focus time for client work follow up, such as referral into relevant teams / chasing referrals and communication need to progress plans for access as required.

Alternating week:

- 10am – 1pm is for client triaging - preferably clients have been booked in prior however is on site and available to meeting with any drop-in clients.
- after lunch is capturing notes on system for clients seen that morning.

Group offer – set days, agreed in advance

## Key activity through pilot in Lewisham

1-day a week in Lewisham Refugee and Migrant Network

- Targeted 1-2-1 support and assessments for clients supported by the Integration Immigration Service Navigators and Mental health and wellbeing teams
  - Made assessments and referrals into mental health services and community services where relevant
  - Multiple follow-up sessions with clients depending on need
  - Providing family-focused support
  - Working with clients to strengthen coping skills and strategies
  - Preparing clients for referral to IAPT to improve acceptance
  - Writing GP letters
- Women's wellbeing group for clients on the Vulnerable Persons Resettlement Scheme
- Worked with the Recovery College to launch a wellbeing group for refugees and migrants (launched in May 2023)
- Training and support for LRMN colleagues on:
  - MH diagnosis
  - Support needs
  - Sign-posting and how to refer into MH services
  - General advice and support to wellbeing and resettlement team
- Working with mental health services to address barriers and improve acceptance rates
- Refugee Council took over responsibility for supporting refugees beyond the first year, as a team we have developed an offer to extend Laura's role as Community Embedded Worker to Refugee Council





## About the Host Organisations

- 1. Surrey Square** is one of the 9 schools that serve the Aylesbury Estate in South East London. The school serves 'the global majority', since 90% of pupils are from non-white British heritages. A large number of our families hail from West Africa, and we also have families from Bangladesh, Somali, Algeria, Peru, Columbia, Poland, Jamaica, Lithuania, Pakistan...and many other places! The school supports families and community, with focus on the important work beyond the National Curriculum and how to balance academic learning with developing well-being, relationships and values.
- 2. Spring Community Hub** is a foodbank, working alongside people to help them escape food poverty, build confidence and find community. Spring Community Hub runs food bank sessions five days a week, providing healthy, fresh and exciting food parcels. As well as a foodbank, the team get to know people to find out how else to offer help. Solving problems around benefits, immigration and housing.

## About the CEW – Oyin

Oyin works full time as Staff Nurse on Clare Ward, based at Ladywell. Currently 1-day in CEW role which is split across Surrey Square and Spring Community Hub.

## How the role has been delivered

Oyin works every Monday, dividing time across Surrey Square and Spring Community Hub offering in-person or telephonic assessments and wellbeing sessions with clients that have been referred into Oyin by Fiona Carrick-Davies - Family & Community Co-ordinator at Surrey Square and staff members at Spring Community Hub.

\*note that initially Southwark CEW role was filled by Stephen Giles who moved out of the role in Feb 2023 when he took up a new job as promotion. This meant the recruitment process was reinitiated and Oyin was in post April 2023.

## Key activity through pilot in Southwark

1 day a week across 2 organisations (Surrey Square and Spring Community Hub)

- Drop-in sessions for service users
- 1-2-1 support and assessments for clients
- Made assessments and referrals into mental health services and community services where relevant
- Writing GP letters
- Working with clients with on coping skills and strategies (limited capacity to offer more than one session)
- Training and support for staff on:
  - MH diagnosis
  - Support
  - Local mental health services
- Attending coffee mornings at Spring Community Hub to speak on the importance of looking after mental health (including diet)
- Attending additional events and activities to build trust and promote the service





## About the Host Organisations

1. **SLRA** is a front-line community organisation providing specialist advice and support to refugees, asylum seekers and other migrants who are at risk or in crisis because of past trauma or restrictions related to their current immigration status. SLRA have been working in South London since 1991 and are a well-regarded and trusted local service able to clearly evidence impact.
2. **CHIPS** (Christian International Peace Service) is a grassroots community organisation based in Angell Town. The CHIPS Brixton project works with young people and communities affected by youth violence. The team live and work on the Angell Town, Loughborough and Clapham Park estates in Brixton, South London, undertaking various youth and community activities which aim to prevent young people from entering a life of violence and build strong relationships within and between communities to enable this.

## About the CEW – Thesh

Thesh works full time as Team Lead in Lambeth SPA (Single Point of Access) and is currently in CEW role 1-day split across 2 organisations, CHIPS and SLRA.

## How the role has been delivered

Thesh divides time across 2 organisations, CHIPS and SLRA and has the following structure:

- Tuesday afternoons at CHIPS for drop-ins at Angell Town
- Wednesday (half-day) allocating time to both SLRA staff and clients

## Key activity through pilot in Lambeth

1 day a week across 2 organisations (CHIPS and SLRA)

- Drop-in sessions for service users
- 1-2-1 support and assessments for clients
- Made assessments and referrals into mental health services and community services where relevant
- Writing GP letters
- Working with clients with on coping skills and strategies (limited capacity to offer more than one session)
- Training and support for staff on:
  - MH diagnosis
  - Support
  - Local mental health services
- Attending events and activities to build trust and promote the service



## Delivering Outcomes

4 intermediate outcomes identified through co-produced theory of change

## What we're trying to achieve

An evaluation protocol was developed through a co-production process with community organisations and the CEWs. This set out a [theory of change](#), underpinned by four key intermediate outcomes:

1. More people from BME, refugee and migrant backgrounds get the right help, at the right time and in the right place
  2. Learning from programme is used to take action and address structural barriers to increase levels of access to services
  3. Strong, trusted and equitable relationships are built between the NHS and communities
  4. VCO staff and volunteers have a better understanding of mental health and services to sign-post
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# Outcome 1

## More people from BME, refugee and migrant backgrounds get the right help, at the right time and in the right place

- CEWs have worked with 86 people (on 1:1 basis) - 38 accepted into mental health services and 19 into relevant wider community services.
- In Lewisham, worked with local IAPT services to develop a pathway for 30 clients to access IAPT and relevant mental health services for the first time.
- Wider group work carried out with 100+ people
- Worked with Women's Group at LRMN to develop offer for vulnerable women under Resettlement Scheme
- Trialled community approach to Trust's Critical Incident Staff Support – to get help in response to death in community
- Lambeth CEW spoke at online workshop with 65 undocumented migrants
- Have seen good outcomes for people who have been housed successfully and have access mental health services after years of being homeless and not having access to health appointments.



# Overview of 1-2-1 support and outcomes

Borough*	N. Clients seen 1-2-1	% from refugee, asylum seeker or migrant backgrounds	% from BME backgrounds	Required mental health assessment	Referred by CEW into mental health services	Accepted by mental health services	Signposted to community services
Lewisham	33	100% (n. 33)	100% (n. 33)	27 (82% of total seen)	20	20 (100% of total referred)	13
Southwark	28	21% (n. 6)  *Migration status unspecified in some cases	39% (n. 11)  *Ethnicity data unspecified in some cases	9 (32% of total seen)	4	2 (50% of total referred)	1
Lambeth	25	80% (n.20)	100% (n.25)	20 (80% of total seen)	16	16 (100% of total referred)	5
<b>TOTAL</b>	<b>86</b>			<b>56</b>	<b>40</b>	<b>38</b>	<b>19</b>

\*note that only 3 of the clients seen in Lewisham have tried to access support previously from NHS mental health services (this does not include IAPT)



## Case study 1 – Providing support through LRMN women's Group

Our Lewisham Community Embedded Worker started to work with the LRMN women's group to build trust and provide support. Under the Resettlement Scheme, women are vulnerable due to various factors such as torture, physical health, abuse and mental health/ Due to traumas they have poor mental health, mainly PTSD and have various support needs, sadly due to their experiences they do not have trust in healthcare systems especially mental health and do not access mainstream NHS services for support.

A 42-year-old female from Sierra Leone who has been working with the immigration team based at LRMN for the past 2 years. Has never sought any mental health support and has never spoken about her experiences/ trauma and mental health. Through working with the LRMN women's group, the CEW explored mental health, what it is and how we can do things every day to help ourselves. In this group, she felt comfortable enough to speak about her traumatic experiences and share that she has never been told about self-care. She went away from the group with a wellbeing pack, some natural oils to practice mindfulness with and linked up to a walking group.

### Additional feedback from Women's Group

'Well delivered in a very friendly way. Very educative and I enjoyed very much. Thank you, much appreciated.'

'More of the workshop will be helpful in the future.'

'Dealing with emotions (anger, anxiety and fear). Coping and dealing with daily problems and how not to get hurt easily and let go of things and move on.'

'We need your knowledge concerning the way we feel whenever we get upset e.g with our kids, relative, friends etc. By putting more effort and encouraging people as well.'

## Case study 2 – Surrey Square

Tanya (pseudo name) a mother of children at Surrey Square referred because the school identified that she was struggling with her mental health and this impacted on her relationship with the children.

On speaking to Southwark CEW, she was reluctant to open up saying that all services did was judge her on her parenting. With tactical nudging she began to open up about the impact fibromyalgia was having on her and her executive functioning.

CEW offered support and advice, practical tips such as yoga, swimming or going for slow paced walks. It was an emotive session as Tanya cried and felt listened to and encouraged.

# Case study 3 – Online session with undocumented people

Lambeth CEW, Thesh presented to group of around 65 undocumented people online in Feb 2022 and shared a bit about herself and the CEW role, and why working in mental health is important. As well as practical tips on how to look after mental health and an overview of how to access services and support available.

## Feedback from session

'It's with so much joy in my heart that I'm writing this email to say a huge thank you to you both. Thank you, Danielle for introducing me to Thesh. Thank you Thesh for sharing your wonderful story and for leading the session on looking after our Mental Wellbeing.

What an amazing session we had! It was a very informative and emotional ( in a good way) session . The leaders loved it and that means the purpose of yesterday's session was greatly accomplished. I am grateful to both of you and I hope that yesterday session was just the beginning of an amazing work relationship. THANK YOU.'

## Case study 4 – Critical Incident Staff Support

On Monday 4 September, Rinaldo Scott a young man, was fatally stabbed in Angell Town, in Lambeth.

CHIPS, the grass-roots community organisation in Angell Town was leading the support in the community at the time. With a Community Embedded Worker based at CHIPS, this meant the trust was in a strong position to offer much needed support.

South London Listens team was notified on Tuesday 5 September, which is when our Community Embedded Worker found out about the tragic incident. Together with our Community Embedded Worker, as a team with leadership from Sabrina Philips, we came together to proactively contribute to the work that the community and CHIPS were already doing to support each other.

It was decided that CISS sessions would be a helpful and beneficial offer to the staff team at CHIPS. Additionally, we asked IAPT to share information on what communities could look out for in terms of trauma and do some watchful waiting. IAPT were asked to fast track anyone impacted because of this incident.

With having Community Embedded worker based at CHIPS, this is an instance in which the trust was able to gain better understanding of what the unique need of the community was, and how to provide tailored care and support for those who were impacted.

CISS (Critical Incident Staff Support) is a trust-wide initiative that is a systematic evidence-based programme promoting active monitoring of staff mental health and wellbeing following exposure to trauma. Offered by fellow staff members who have been trained to run co-facilitated group sessions. Ordinarily, CISS would be for our staff and is offered to teams following a DATIX. However, in this instance, with approval from Staff Support team, we were able to extend CISS offer into the community via the link of our Community Embedded Worker role in Lambeth.

This is the first time CISS has been offered in the community.

**In the absence of a community embedded worker, present and responsive as is highlighted here, it is highly unlikely that this critical incident support would have been offered.**

## CISS session Feedback

'I wanted to express my gratitude for the recent session that we had at CHIPS, facilitated by the NHS, particularly in the wake of the tragic incident in Angell Town.

The existence of such a service is undeniably crucial, and I believe it played an essential role in providing my colleagues and me with an opportunity to come together in a mediation-style setting. In this space, we could openly and constructively explore the events surrounding the recent fatal incident. It was an invaluable experience that allowed us to share our thoughts and emotions in a supportive environment.

While I found the session very helpful, I couldn't help but feel that we only scratched the surface of the issues at hand. This realisation highlights the importance of making initiatives like these more widely known. Many individuals may benefit from such sessions, even if they don't initially recognise the need. A broader and more publicised outreach could ensure that more people in our community are aware of the resources available to them, fostering a proactive approach to crisis intervention.

One aspect that stood out to me was the opportunity to be heard within the context of our workplace. Discussing the impact of the incident and its repercussions on the community we serve, not as the rescue force we usually are, but as members of the public, was a refreshing change. It allowed for a more profound understanding of the interconnectedness between our roles and the community dynamics.

In conclusion, I commend the efforts put into organising and facilitating the Crisis Intervention session. The positive impact it had on our team and the depth it added to our understanding of the community were invaluable. I look forward to more opportunities like these in the future and encourage the continued promotion of such initiatives for the benefit of our community.

Thank you once again for providing this essential service. '

**CHIPS Staff member**

## Outcome 2

### 2. Strong, trusted and equitable relationships are built between the NHS and communities

- All of the work has involved a deep-rooted understanding of organisations – allowing people access to much needed support.
- Around 18 Lewisham SLaM colleagues attended training with a wellbeing and immigration lead from LRMN.
  - This was the 1st training LRMN have delivered to SLaM in this context. Staff said following this training they had a better understanding of people who come from an asylum seeker, migrant and refugee background.
  - They had better knowledge of the legal processes and what experiences some clients may have gone through.
- The CEW in Lewisham worked with the SLaM Recovery college to build it's offer with migrant communities – the CEW is supporting a new creative wellbeing offer opportunity for refugee women in Lewisham.
- The work has also become part of an NHS training course on how to engage with different people and communities to reduce inequalities



"Having Laura embedded in LRMN has given refugees and migrants a direct, compassionate and effective route into mental health services.

Many of our clients have concerns about accessing health, particularly mental health, services. Laura has been a friendly and approachable face for them to have initial contact with and discuss options, dispelling concerns and giving them faith that statutory mental health services are open to them. Laura has also offered invaluable advice and guidance to caseworkers supporting clients with mental health problems."

**Alan Robertson**

**Head of Operations at LRMN**

## Working with Recovery College

- April 2023 – The Recovery College and Lewisham CEW held an open day for clients from a refugee, migrant and asylum seeker background to hear more about the Recovery College and sign up to workshops.
- Dec 2023 - Spread the Word, London's writer development agency based in Deptford has partnered with SLaM Recovery College and SLaM's Community Embedded Worker at Lewisham Refugee and Migrant Network, CEW to offer a new opportunity for refugee women in Lewisham.
- 'Creative Wellbeing' runs on Mondays from 29th January to 4th March as a series of three-hour sessions from 11:00am to 2:00pm which includes creative and social spaces for participants. The course will focus on development of a portfolio of the women's work created during the sessions, which will be exhibited at Deptford Literary Festival in March this year.
- Designed to be supportive of women with low literacy in the English language, these such courses offer a safe space for women to express their feelings, share their mental health journeys and create peer support.
- The group will start on 29/01/24 at Deptford Lounge and will be based on soles of shoes. Soleless  
— AYA HAIDAR



## Building trust

“It has been a great experience working with LRMN so far, although I have worked in Lewisham for several years and have known about LRMN I did not know all the different services and support they offer. LRMN offers various support such as wellbeing, housing and welfare, immigration advice, counselling, woman’s group, ESOL classes and a resettlement scheme.

From my experience, LRMN colleagues and myself have been able to identify challenges for clients from refugee, migrant and diaspora communities within Lewisham, this includes access to healthcare especially mental health services.

I am working with LRMN to build trust with these communities; breaking down barriers, screening mental health needs and looking at what support these clients need. I will also be exploring mental health pathways such as access to therapy, groups and the Primary Care Mental Health Teams.

SLaM staff have come to meet with me at LRMN – building better relationships. I now feel much more confident working with this client group and have been able to bring this back to my team and Lewisham colleagues.”

**Laura (Lewisham CEW)**

## Building trust

“I think what often happens with new positions that are created is that they come with cut-out reportable goals and KPIs, and it's only once you're in the role that you start to pick up that those things aren't measuring or aren't a good measure of what you're doing. What really attracted me to this job was the fact that it was a new role, and that even in the advert there was evidence that people were willing to listen and work alongside the role to develop it into something that was meaningful to the community, not something that was designed by services to be reportable to services.

We're trying to take people for who systems were not set up before, who have not been considered in the institution of most countries around the world, trying to give them a voice and to get to them.

I think the biggest win is being able to be witness to how these different organisations are working and seeing the kind of impact that these organisations have already. Then to be able to pull that knowledge into the NHS, because I do think that closer working in the community is absolutely what we need to be doing. I've been lucky enough to have first-hand experience with some of the amazing things that are happening in the community already and how resilient some of the community is.”

**Thesh (Lambeth CEW)**

## FutureLearn module – CEW featured as best practice

- CEW Pilot features on a 2-week course developed by NHS England about how to engage with different people and communities to reduce inequalities and ensure inclusive access to healthcare
- Sharing learning about how different communities can have very different experiences of healthcare and identifying barriers
- Best practice of inclusive engagement practices. Highlights the importance of making people feel heard and how to serve a diverse population



**NHS**  
England

### Working with People and Communities to Improve Health Outcomes

Learn how to engage with different people and communities to reduce inequalities and ensure inclusive access to healthcare.

★★★★★ 4.7 (23 reviews) 2,189 enrolled on this course

## Outcome 3

### 3. Learning from programme is used to take action and address structural barriers to increase levels of access to services.

- Developed roundtable with SLaM service leads to understand key barriers – agreed key areas that need addressing (see slide 30)
- Specifically worked with IAPT in Lewisham to develop new pathway of care that works for the migrant and refugee populations the CEW has been working with.



# Addressing barriers to access

## Community Embedded Worker Roundtable [25 July 2023]

Convened with Sabrina Phillips, Director of Lambeth Living Well Alliance Network ; Roslyn Walcott-Cumberbatch, General Manager Community Services Southwark and Jean Lawlor - General Manager Lewisham Adult Community Mental Health.

To share and collate experiences of some of the prevalent issues around barriers to access; to jointly problem-solve -by thinking how we could begin to work on these issues together and to have a plan for taking forward initial solutions.

## What issues/barriers to mental health treatment and access to care can be identified?

### 1. Translation/language

- Improving Trust's translation service
- Connecting into 111 option 2 workstream - as an opportunity
- Other crisis lines to recommend with translation options e.g. Samaritans have 24/7 Helpline service that is now available in more than 240 languages. In partnership with the National Suicide Prevention Lifeline

### 2. Trauma-informed practice

- Learnings from Lambeth Psychology in hostels (Emma Williamson) and Trust - Head of Psychology and Therapies
  - Recovery College - IAPT to provide trauma-informed session to prepare people to engage with 1-2-1 support
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## Case study 1 – reduce barriers

Family who have been accessing support from LRMN and who have also tried to access support from SLaM services. The family in the UK consist of client, son aged 15 and client's brother. Client moved to the UK in 2009 from Afghanistan. Reported he was physically abused in Afghanistan. In 2021 he went to visit family in Afghanistan, when him and his family were at the airport waiting to travel to the UK due to the impact of the Taliban, a bomb exploded and killed his daughter. His wife, 3 daughters and 1 son remain in Afghanistan. Family have been unable to access visas to come to the UK. The client has attended LRMN several times over the past year asking for support with his son's mental health.

CEW referred the son several times to CAMHS, referral was rejected, and son was signposted to various community services such as LRMN and bereavement counselling. Son was present when at the airport bomb attack. Other services such as REPSOND have also referred son to mental health services due to concerns around PTSD symptoms. Son was initially thought to have epilepsy due to seizures; this diagnosis has now been ruled out.

Son has now been re referred to CAMHS following the S.47 enquiry by the council and placed on the waiting list for assessment.

Brother was assessed by MH teams a few years ago, no follow up support provided. The client assessed by CEW has been seeing his GP for depression, symptoms of PTSD and ongoing PH conditions which seem to be related to his PTSD.

### **CEW Update**

- Client reports feeling mentally better as feels he and his family are now receiving help. Client is under the care of a PCMHT in Lewisham, has been seen by a Consultant Psychiatrist and should be able to access therapy for his trauma in the near future.
- Son has been accepted by CAMHS and has been offered EMDR therapy.
- Client, son and client's brother are now on the housing list for a 3-bedroom house.

## Case study 2 – reduce barriers

42-year-old woman who moved to the UK over a year ago with severe trauma and sadly ongoing complex issues since moving to the UK.

CEW has done a lot of work with her including referral and acceptance to IAPT, referrals for son to CAMHS, housing support by liaising with ASC for assessment of her needs and supporting her to report sexual abuse and harassment to the police.

### **CEW Update**

- Client and son were moved, they received support from ASC, son is under the care of CAMHS and client has just finished her trauma focused therapy.

## Case study 3 – reduce barriers

CEW asked to see a client who the immigration team were working with as they were concerned about his speech and confusion. A 55-year-old man from Nigeria who came to the UK to study and currently does not have any legal status.

He had very poor physical health; posterior reversible encephalopathy syndrome (PRES). He also has an extensive Stanford B Aortic Dissection.

Client was homeless for the past 3 months which has of course impacted greatly on his physical health and ability to look after himself.

When CEW saw him, there was high level of concern about his confusion and new physical health symptoms; oedema and pain alongside left arm. Ambulance was called and client taken to hospital.

### **CEW Update**

- Advocated alongside LRMN staff for this client to have adequate housing – he is now in a hotel awaiting supported accommodation, once he is in supported housing the now allocated social worker will refer to ASC for a care act assessment.



# Outcome 4

## 4. VCO staff and volunteers have a better understanding of mental health and services to sign-post.

- LRMN staff have said they have a better understanding of SLaM services, mental health services in general and know when to refer to CEW
- LRMN feel supported by CEW role and ask questions not only about clients but about MH services, GP, ASC etc.
- CEW shares with the team useful signposting information
- CEW fully embedded into LRMN team and culture of organisation
- CEW ran training with SLRA staff – on boundary setting and relationships – 20-25 people attended
- CEW available in-person at organisation for Informal conversations with staff to support them



SLRA



## Wider Learnings & Next steps

Discussion

# Wider learnings so far

## What's worked

- Trust staff satisfaction and CEW role as great development opportunity / staff retention
- Implemented a process to improve acceptance by IAPT by conducting professional assessment/screening via Advice Pro
- Embedding learning on key client group need into CEW's MH team/service through expertise-sharing between community organisations and CEWs
- Developing role and structure to fit community need, directly delivering on community ask
- Building trusted relationships slowly without the pressure of targets or KPIs
- Reaching key target group to reduce access barriers
- Timely and relevant support provided
- Providing support for those already known to services (waiting or bounced around)
- Clearer understanding of specific barriers to access and developing practical solutions to address these
- Training and support for VCO staff and volunteers
- Family-centred and holistic approach to care and support
- Flexibility to adapt and deliver new activities and support that organisations need
- Most effective where there is an existing organisational team/structure to closely work with CEWs e.g. a mental health team or coordinator

# Wider learnings so far

## Challenges

- Building relationships, trust and developing structure for role takes time
- Managing expectations – CEWs do not have a caseload
- ½ day – 1 day in an individual organisation not enough time for CEWs to deliver full range of activities
- Complex needs of service users – pathways don't exist for those who fall between thresholds
- Many clients need access to counselling services and support that CEWs cannot provide
- Lack of trauma-informed support available in mental health services makes it difficult for CEWs to refer clients to the right services
- Lack of language / translation options
- MH services / teams disconnected and difficult to engage with
- Managers are unable to recruit to cover 1-day a week that CEWs are out of their team – CEWs are therefore working more than fulltime to manage workload
- It hasn't worked in each organisation in the same way (LRMN is the best set up)
- Need stronger line management / supervision and link back into SLaM senior staff
- More training with immigration and process so we can get around what mental health needs are
- Shift in how we think about client group – immigration status is ongoing challenge
- Social conditions driver of mental health e.g. housing and poor living conditions

# Looking ahead

## Going Deeper listening (2023)

### Migration and Race

- Lack of institutional trust
- Conditions in migrant hotels
- Systemic racism/ discrimination
- Language barriers
- Interpersonal racism/stereo-typing (acts of trauma)
- Minority groups feeling like their needs are ignored by the system



**In November we held a SEL Community Assembly and a new pledge for this priority area was agreed.**

### **New pledge:**

To build on Community Embedded Worker pilot for a full-time role in 1 or 2 Boroughs and share CEW evaluations with trusts beyond South London and the Maudsley.

# NEXT STEPS

## **New pledge (November 2023)**

To build on Community Embedded Worker pilot for a full-time role in 1 or 2 Boroughs and share CEW evaluations with trusts beyond South London and the Maudsley.

## **Expanding the pilot**

- Deliver learnings about right organisation/role
- Enabling more time to assess/follow through on service users
- Wider engagement to build relationships
- Address time/role split challenges
- Greater data
- Embedding the role into services business as usual within 12/24 months
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## **Options**

- More time for individual CEW role – e.g. full-time pilot in Lewisham, expanding number of orgs and deeper opportunity to deliver
- Banding role requirements - 7 is team leader / advanced practitioner, as a shared job (generally will only have one other person to cover) although 8a was correct for development of new role at the start due to level of experience required as well as confidence, knowledge of trust services and managing stakeholders. However, going forward is 8a the right banding?

# Appendix

# Lewisham Borough of Sanctuary



Lewisham has a proud history of supporting refugees and migrants.

At a time of increased pressure on people with uncertain immigration status, Lewisham was recognised as the first Borough of Sanctuary by the national charity 'City of Sanctuary', who awarded the title of 'Council of Sanctuary' in May 2021. On World Refugee Day, June 20, 2023, Lewisham celebrated the resettlement of our 100th refugee family in our borough.

## **What is a Borough of Sanctuary?**

As the UK's first Borough of Sanctuary, Lewisham welcomes those fleeing violence and persecution in their own countries and protects the rights of all migrants, asylum seekers and refugees. The Lewisham Migration Forum coordinates our collective effort to make our borough as welcoming and inclusive as possible.

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<b>The situation...</b>			<b>Activities</b>	<b>Outputs</b>	<b>Intermediate outcomes</b>	<b>Outcomes</b>	<b>Long-term aims</b>	
<i>Our service users</i>	<i>But our service users</i>	<i>With us, our service users</i>	<i>To do this, we deliver</i>	<i>Through these activities, our programme</i>	<i>This progress means</i>	<i>Which means</i>	<i>So that..</i>	<i>Which will mean...</i>
Are already part of a community	Lose trust NHS services because they are difficult to understand and hard to reach	Have NHS clinicians who come to them	A co-produced programme with skilled community leaders centring lived expertise	Reaches our target group with timely access to the support they need	More people from BME and migrant backgrounds get the right help, at the right time and in the right place	Improved access to mental health services for ethnic minority, migrant diaspora groups	Effective, holistic help and support for mental health when and where people need it	A truly accessible, integrated and kinder mental health system, where everyone works effectively together to reduce and prevent mental-ill health
Receive care from people and community organisations they trust	Face difficult and challenging social conditions every day that impacts their mental health	Receive holistic and integrated support that understands their personal circumstances	1-2-1 sessions with community embedded workers	Develops a partnership model between VCOs, statutory and NHS services	Learning from programme is used to take action and address structural barriers to increase levels of access to services	Professionals and services are part of an integrated ecology of support.	The mental health system is re-designed around the needs of communities and people	
Come from rich cultural, racial and ethnic communities	Experience barriers, discrimination and are often misunderstood by traditional NHS services	Get support from someone who can challenge the system and address structural barriers and inequalities	Group sessions catered to community need	Capacity builds VCOs involved in the wider mental health care pathway to support mental health and signpost to services	Pathways, guidance and services are created for those who fall between thresholds/services, especially those needing trauma-focused support	There is a 'side by side' learning culture, and the skills and knowledge of all actors (including VCOs) are recognised and combined to achieve the best outcomes.	Reduced demand and cost on the NHS for unplanned and crisis mental health care and services	
Want to be healthy and thrive	Have complex mental health needs and have experienced trauma	Experience person-centred care	Train VCO staff and volunteers on mental health and services		Strong, trusted and equitable relationships are built between the NHS and communities			
Are well supported by skilled volunteers and staff in voluntary, charity community organisations	Struggle with getting help until their mental health need escalates to crisis-point	Get information and support earlier	Embedded reflection and learning to improve the programme		VCO staff and volunteers have a better understanding of mental health and services		Reduction in mental health ethnic inequalities	
Try to get help	Fall between thresholds, primary and secondary services and are bounced around the system for a long time.	Receive more timely access to the right support, without the lengthy waiting times that people experience in some other services	A network of agencies and stakeholders to share learning and address structural barriers			Care is delivered faster and at a lower cost		