

Community Networks for Family Care

Features of Living Well approaches:



Access

Provide timely access to help support when and where it is needed



Strengths

Work holistically, building up and on people's strengths



Citizens

See people as citizens within communities, rather than 'patients' or 'professionals'



Networks

Activate supportive social networks in the community

What is it?

Community Networks for Family Care is a programme delivered by the Wandsworth Community Empowerment Network (WCEN), working in partnership with Wandsworth NHS clinical commissioning group and South West London and St George's Mental Health NHS Trust.

It is an accredited training programme for faith and community leaders to offer systemic therapy as part of their ministerial and pastoral practice.

The aim of the programme is to provide early stage support for people experiencing mental health difficulties in BME communities in a culturally appropriate way by drawing on existing strengths and relationships within faith communities.

How does it work?

The Community Networks for Family Care programme emerged as a partnership between WCEN, the Clinical Commissioning Group and the Mental Health Trust after a number of faith based leaders came together. They were motivated by a shared commitment to improving their own ability to support the mental health of their communities.

1. Delivering accredited training:

Pastors and community leaders enrolled in the programme attend regular sessions over a two year period. This is delivered by the NHS Mental Health Trust.

Year 1 of training is one evening per week for 26 weeks; year 2 is one day per month for 6 months.

The training includes tutorials, assignments, client logs and reflective logs.

The training emphasises a systemic approach to therapy, where mental health issues are understood in terms of the social and political systems surrounding a person, rather than only examining them as an individual.

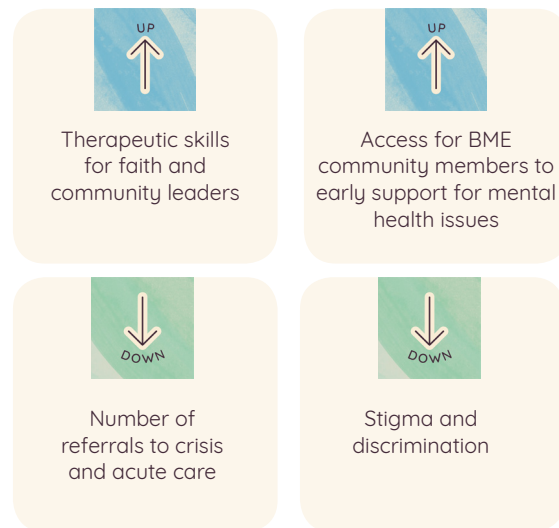
2. Providing support in the community:

Once trained, pastors and community leaders integrate their knowledge as mental health practitioners into their existing roles and provide direct support to people in their community

Pastors and community leaders act as bridges between statutory services and BME communities

Members of the training groups stay in touch and share learning with each other on an ongoing basis through a mutual support network for pastors and community leaders.

The difference it makes



"We've already seen people who have completed the training who have gone out and established their own supervision groups and are already really effectively dealing with the issues in their communities... They have combined family therapy with a spiritual framework to create a new hybrid model."

- Muslim GP

"It's a marvellous way of cascading that knowledge into the community getting second, third, fourth generation Muslims to give their time and get something out of it themselves"

- Imam

"It's listening, then it's checking, then it's validating. The way that you ask questions is very different."

- Pastor

"I'm being more professional in the way that I support people. There are a lot of Muslims who do a lot of volunteer work, but this takes us into a new field."

- Imam

"...a Pastor shared with me how they feel less anxious in terms of differences in their congregation. They have more patience and a process oriented approach to ministry... the journey is a little bit longer and he's more walking with people along the journey as opposed to saying: 'You need to stop taking those drugs', or, 'You need to leave that lifestyle now because it's destructive', but having that understanding gives a bit more patience."

- Community stakeholder

"It's just wonderful. What you are doing is actually listening to your family of origin and thinking about how you fit into what is happening. This we call self-reflexivity and self-reflection - it's a multiperspective approach; not just what you see yourself, but hearing others."

- Pastor

From the evaluation

The evaluation report of Phase 1 of the programme (Black Pastor Training) aimed to understand the experience of the pastors who took part in the training and the perceived impact of a family therapy framework on the wider community.

It identified three factors that determined success within the training programme:

SHARED OWNERSHIP



- **Co-production of knowledge** and shared ownership of the programme

WORKING WITH EXISTING TEAMS



- **Capitalising on existing partnerships** (social capital within communities)

SAFE SPACES



- **The establishment of safe spaces**, such as faith spaces, for engagement with mental health related issue

It was noted that pastors were able to act as important ‘bridges’ between statutory and non-statutory spaces. In this regard, the partnership between WCEN networks and the trainers from the primary Mental Health Trust was crucial. Looking forward, the programme is building a relationship with Wandsworth’s ‘single point of access’ (the gateway for referrals in the borough) and training faith and community leaders in common protocols and criterion so they make supported referrals for community members to access statutory services.

As further practitioners are trained across Family Care Networks, it has been recommended that the impact of the programme on users and communities should be evaluated.

Find out more

Wandsworth Community Empowerment Network website

<http://wcn.co.uk/>

Short film on the Pastors Network

<http://wcn.co.uk/family-therapy-the-pastors-network/>

Case Study (Church Urban Fund) P17

http://wcn.co.uk/wp-content/uploads/2017/01/Fullness-of-life-together-full-report_0.pdf

An Evaluation report

<http://wcn.co.uk/wp-content/uploads/2016/11/Church-Based-FT-.pdf>

Case Study (NICE) Appendix H

<http://wcn.co.uk/wp-content/uploads/2016/12/NICE-report.pdf>