HOW WERE THE COMMUNITY/USERS INVOLVED IN SETTING UP AND IMPLEMENTING THE PROJECT

The project is based on published research based on the views of the black community in Nottingham.
There was voluntary sector involvement on the Steering group.
We have held open forums where local organisations can have their say about the project.

AIM AND OBJECTIVES OF PROJECT

1. To increase uptake of the Community Child and Adolescent Clinical Psychology Service by children and young people from the African and African Caribbean communities.
2. To provide an easily accessible, culturally sensitive, open minded, and confidential service to families.

WHAT ARE THE PROBLEMS AND NEEDS WITHIN THE COMMUNITY THAT THE PROJECT ATTEMPTED TO ADDRESS.

2. Developmental, emotional and behavioural difficulties experienced by children and young people which are not able to be addressed as families are not accessing appropriate services.
3. The lack of perceived access to services by the black community.
4. The lack of any specialised service to meet the psychological needs of African and African-Caribbean children and adolescents.
5. The difficulties of African and African-Caribbean families in accessing mental health services, which is in part due to the stigma attached to such services within the black community.
6. Known levels of psychological distress (from published research) within the black community.
Enquiries from other agencies and groups to the project about services offered and information about other services available

Referrals to the project (broken down by age, gender, ethnic origin, by referral problem)

Ethnic origin monitoring

Views of families who have accessed the service

Views of local voluntary sector groups

Proportion of referrals to Clinical Psychology coming from black minority ethnic groups

Enquiry form filled in by the person receiving the enquiry

Referrals logged on waiting list and on Clinical Psychology database

All new referrals to Clinical Psychology are sent an ethnic origin monitoring form to fill out. Data is collated on a monthly basis

Service evaluation

Open forum meeting

Recording and collating ethnic origin data

"A project never fails. This is because both success and failure provide important lessons for all concerned."
DEMONSTRATION OF THE IMPACT (CHANGE) THE PROJECT HAS HAD ON “HEALTH INEQUALITIES”

53 referrals since the project began.
Majority of these (36) are boys.
39 of these are in the 5-13 age group,
9 are under 5,
5 are aged 14 or over.

Referrals have come from:
- health: 23
- social services: 17
- schools: 1
- youth offending team: 2
- voluntary sector: 1
- self referrals: 9

The majority of referrals are for:
- behaviour: 30%
- relating to school: 10%
- family relationship difficulties: 10%
- child abuse: 10%
- identity issues: 9%
- emotional difficulties: 7%
- aggression: 3%
- self esteem: 3%
- developmental difficulties: 4%
- post traumatic difficulties: 1%
- self harm: 1%
- depression: 1%
- bereavement: 2%
- anxiety: 2%
- physical health difficulties: 3%

(These don’t add up to 100% as there are referrals with multiple difficulties).

1. The project has increased uptake of Clinical Psychology services by the African and African-Caribbean communities. This is demonstrated by most referrals to the project being families who have never accessed services before; by the increase in the percentage of referrals from black minority ethnic communities to the Clinical Psychology service as a whole; and steady rate of referrals to the project.

Prior to the setting up of the African Caribbean Family Support Project, 6 percent of referrals to Clinical Psychology were of black children and adolescents (Black Caribbean, Black African, Black other). Since the project was set up 13 percent of referrals are for children and adolescents from these groups. The comparable figure for Asian families (who have not been targeted by any initiative) are 8 percent prior to the project, and 5 percent now.

DEMONSTRATION OF THE IMPACT (CHANGE) THE PROJECT HAS HAD ON “HEALTH IMPROVEMENT”

Increasing access to services contributes to health improvement. African Caribbean and African families have not accessed services in the past in the same way as the white majority, yet we know that levels of distress are no lower in these communities than in the white community. Reducing psychological distress has impacts on a range of issues relating to health improvement, such as social exclusion, anti-social behaviour etc.

We have shown that we have made a substantial increase in the proportion of African and African Caribbean families accessing Clinical Psychology services (from 6 percent to 13 percent). We have also shown that we have helped the families that we have seen to reach some degree of resolution of their difficulties.

“A project never fails. This is because both success and failure provide important lessons for all concerned.”
Mainstreaming

RECOMMENDATIONS FOR MAINSTREAM ORGANISATIONS ABOUT HOW THEY PROVIDE THEIR SERVICES

1. To be open to the idea that different kinds of services are needed for different client groups. One size does not fit all for minority ethnic groups and communities who do not access mainstream services.

2. That services for minority ethnic groups should not be based on short term funding. Minority ethnic communities are sensitive to the fact that they are often the target of new funding but this funding is very rarely long term. This raises issues of credibility of services and risks lack of engagement from minority ethnic communities in the future.

3. To be open to the views of the minority ethnic community in commissioning and organising services, and being open to different ways of working.

Learning

THE REASONS WHY WE THINK THE PROJECT IS SUCCESSFUL

1. It is the only service of its kind available locally, i.e. specifically designed to meet the needs of children and adolescents from the African and African-Caribbean communities.

2. The project provides a culturally sensitive service. Although it could be argued that all services should be culturally sensitive, this is sadly not the case, and there are many advantages to offering a service targeted for the needs of a particular client group, such as accessibility and appropriateness of services.

3. The project provides a service which is accessible to families in terms of being based in Radford, being based in a non-health building, and is open to referrals from families and community groups.

4. The project has expended a great deal of energy in finding out what else was offered for this client group from the voluntary sector, and providing information to our clients about these services. This has given the project added credibility in the black community.

IMPLICATIONS FOR THE TARGET POPULATION GROUP IF THE PROJECT DID NOT CONTINUE AFTER HAZ FUNDING

1. There would no longer be a service to meet the needs of African and African-Caribbean children and young people in Nottingham. These communities did not access services before, and there is no reason to expect that they will suddenly start to do so now.

2. Valuable expertise in working with this client group would be lost.

3. The project would be unable to continue without securing substantive funding, and having short term funding would not enable credibility to be established. This has knock-on effects for setting up similar services in the future.

PROJECT CONTACT DETAILS

Dr Katie Hunt
Clinical Psychologist
Community Child and Adolescent Clinical Psychology Service
The Children’s Centre
City Hospital Campus
Hucknall Rd,
Nottingham
Tel: 0115 962 7658

DARA COPPEL, NOTTINGHAM HAZ MANAGER, NOTTINGHAM CITY PRIMARY CARE TRUST,
LINDEN HOUSE, 261 BEECHDALE ROAD, ASPLEY, NOTTINGHAM NG8 3EY
email: dara.coppel@nottinghamcity-pct.nhs.uk