

# Black Thrive

## IMPACT REPORT



**2021 - 2022**



*"the cost of liberty is less  
than the price of repression"*

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# 01

## Introduction

Black Thrive exists to address the inequalities that negatively impact the mental health and wellbeing of Black people. We started in Lambeth in 2016, primarily in response to the recommendations of Lambeth Black Health and Wellbeing Commission following the death in police custody of Sean Rigg, a Black musician who at the time was experiencing challenges with his mental health and died as a result of the use of excessive force.

Black Thrive Global was registered as a community interest company in 2020 and took on legal responsibility for Black Thrive Lambeth on 1 April 2021.

Drawing on the concept of Collective Impact, the updated framework by Tamarack Institute and The Water of Systems Change published by FSG, we operate as a “backbone” organisation to enable statutory and community organisations to achieve systems change for the benefit of Black communities.

We recognise that our work is long term and the direct benefits of it may not be evident for several years, so we frame what we do as preparing the “soil” and sowing “seeds” to achieve long term systemic change across four themes.

#### FOOTNOTE:

Black Thrive is a philosophy, a mission, and an approach. It is also a legal entity – Black Thrive Global. The use of Black Thrive or “we” in this report refers to Black Thrive Global and Black Thrive Facilitation Teams in Lambeth, Haringey, and Birmingham (and partners).



### Strategic Learning & Mental Models

Enabling continuous learning among actors in the system

Bringing fresh perspectives to existing evidence and creating new evidence

Changing assumptions and narratives

### Power & Decision-Making

Building confidence and a sense of agency among individuals and communities with lived experience.

Giving communities actual power to make and influence decisions

### Policies, Practices, & Resources Flows

Changing policies and practices.

Changing funding criteria and what is funded (Resources include money, time, assets etc.)

### Relationship & Connections

Making new connections between systems and building coalitions

Improving the quality of relationships between system actors

Improving relationships between systems and residents

We work in depth in Lambeth, Haringey and Birmingham and spread our learning to facilitate change across the UK through our partnership with Place Matters.

The core principle at the heart of our mission is that Black communities should be at the forefront of reimagining, redefining, and co-creating a society in which they thrive. Our mission is being achieved through two overarching objectives:

## 01 Building a Black Thrive Research Institute

## 02 Embedding race equity in systems change

We have made good progress towards achieving these objectives and are grateful to all the members of the Black community, partners, funders, and supporters that have been, and continue to be, with us on our journey

## Challenges

We have had some challenges over the past 15 months. A significant one was that some of the organisations that claim to be committed to anti-racism are evasive and resistant to genuinely transferring power to communities and implementing the changes that will eliminate the inequalities that negatively impact the mental health and wellbeing of Black communities.

The Covid-19 pandemic had a negative impact on some of our community engagement and relationship building ambitions. Furthermore, a lot of individuals from Black communities are tired of being consulted and extracted from. Their experiences have been that they do not generally receive feedback after they have been consulted or involved in research and do not see change happening as a result of their input. Although, there are many Black people that engage with Black Thrive, it is likely that we are not reaching the people that have lost faith. Loss of hope is itself a barrier to systems change and we are therefore considering how best to address it.

We had 5 employees and 5 temporary workers/consultants in April 2021, and at the end of June 2022 we had 29 employees and 8 temporary workers/consultants. Ironically, despite this significant growth, our capacity has been stretched due to taking on additional projects while building our infrastructure. We are in the process of reviewing our strategy and tactics, prioritising where we invest our efforts and improving our communications.



## Highlights

The Black Lives Matter movement was founded in 2013 but with little traction in the UK until the murder of George Floyd in Minneapolis on 25 May 2020, which created a more conducive environment for confronting the historic injustices faced by Black communities.

Over the 15 months from April 2021 to June 2022, we created and launched a refreshed Black Thrive brand on digital channels and raised over £2m to support the work that is set out in this impact report.

Our most significant funding success was being awarded £5 million over 10 years from the National Lottery Community Fund Growing Great Ideas programme. This has enabled us to set up the Thriving Futures Collective to deepen our work in Lambeth and extend it to Haringey and Birmingham.

Our other significant grant funders have been Impact on Urban Health, Lankelly Chase Foundation and BBC Children in Need. We are also very grateful to Starface World that was the first organisation to provide us



with unrestricted funding and have continued to pay us every month a proportion of the income from sales of their rainbow hydro stars as part of their commitment to protecting and uplifting Black lives and LGBTQ+ lives.

We set up the Black Thrive Research Institute in April 2021 and although we currently have a small team of just three people, we have already shown that a Black-led organisation can do high-quality research and its existence alone is a critique of the systemic marginalisation of Black voices and Black experiences in research.

The funding we have received has enabled us to trial innovative approaches to addressing employment of Black people with long term health conditions and start new strands of work – working with Black-led community organisations to lead on solutions; amplifying the voices of children, young people, and families; and piloting a Culturally Appropriate Peer Support and Advocacy Service for people with mental health challenges.

Our social media engagement has increased by almost 65%, meaning, that for those who are being shown our content, they are much more likely to engage with it than they were a year ago.

Our mission to change the odds stacked against Black people is not easy to fulfil and we will continue to have challenges. But we are optimistic that in the long term, we and other fellow travellers and allies will secure the change that is so desperately needed to enable Black communities to thrive.



# Directors of Black Thrive Global

**Jacqui** Dyer



**Lela** Kogbara



**David** Weaver



## FYI

If you need to know what acronyms stand for check out our Acronyms appendix at the end of this report.





# Directors of Black Thrive Birmingham, Black Thrive Lambeth, & Black Thrive Haringey

**Sandra** Griffiths



**Natalie** Creary



**Lynette** Charles



*(The) Black Thrive facilitation team is recognised in the system as source of information, support, intellectual input, and expertise. It was felt that this is positive, but that the broader Partnership should be developing, so that a broader range of systems actors are looked to in this way.*

Sheffield Hallam  
University Evaluation Report 2022



# 02

## The Soil and Seeds Of Systems Change

Across all our strands of work, we have been preparing the soil and sowing the seeds for systems change. This section provides a summary of where we have got to, with more details provided in other sections of this report.



## Our role as a backbone organisation has been to:

- Develop and guide the vision and strategy for collaborative work by providing thought leadership and building an understanding of the nature and root causes of unequal access, experience, and outcomes for Black people;
- Facilitate the inner journey of change of key system actors, including the discovery and letting go of their own mental models and cultural/emotional biases, required for them to be open to fundamentally new ways of doing things;
- Mobilise and align resources to deliver the ambitions and strategy of Black Thrive;
- Make connections and build relationships between system actors, community organisations and with Black individuals;
- Commission and work alongside partners to undertake research and evaluation through the lens of Black lived experience.
- Recruit and facilitate Black people with lived experience to develop their leadership in influencing systems and identifying solutions;
- Monitor progress, report to funders and disseminate learning.

## Strategic Learning & Mental Models

There is no doubt that we have facilitated learning amongst actors in various systems and made some progress in changing some assumptions and narratives. But there is still a long way to go.

We have instigated or been invited to be part of various strategic boards and forums which have been spaces for continuous learning between ourselves, community members and statutory organisations (local authorities, NHS, and the police). Examples include the Black Thrive Partnership Boards in Lambeth and Haringey, Lambeth Children's Alliance Board and Employment and Skills Board, Haringey Community & Police Consultative Group and Birmingham and Lewisham African and Caribbean Health Inequalities Review Group. This has given us and community members insights into the key strategies and initiatives being pursued by the statutory sector and enabled statutory organisations to have better insights into the perspectives of Black communities.

The Black Thrive Research Institute and employment team have created and published new evidence relating to stop and search, and the employment of Black people with long term health conditions; and our teams working on children, young people and families, LGBTQ+ and adult mental health have brought fresh perspectives to existing evidence relating to those areas.

We have started codesigning a training programme with young people from the borough and the Police Service. The programme involves working with police officers to develop their understanding of the trauma associated with aspects of policing such as stop and search.

The Patient and Carer Race Equality Framework (PCREF) team at South London and Maudsley NHS Foundation Trust (SLaM) have adopted models and approaches used by the Black Thrive partnership and there is a recognition that Black Service users and organisations are better placed to design services that are culturally appropriate.

## Power & Decision-Making

Often Black people and organisations become pigeon-holed into roles which merely support the work of others rather than having true equality in the ability to define the questions, methodologies, and outputs of research and programmes. Our work aims to disrupt these dynamics both by putting ourselves in a position to determine who we work with and for what reason, and by pushing back against a perception that we have ownership over communities; or indeed that we can gatekeep or support 'engagement' and tokenistic forms of 'co-production' for White research institutions.

We have been influential in championing and reinforcing the importance of having Black communities, including service users and carers, in decision making roles.

- We convened and facilitated a Service User working group in Lambeth to develop a model of Culturally Appropriate Peer Support and Advocacy (CAPSA) which led to a pilot CAPSA service and empowered services users to have a voice in shifting power in the decision making around their care.
- Black communities are represented at all phases of the governance structure in SLaM's PCREF and increasingly play a key role in decision making. Service users and carers are more visible, vocal, and confident in challenging the status quo. Over time we are also seeing that their perspectives hold more weight and that staff leading the programme are increasingly advocating on behalf of communities when they liaise with senior leadership.
- The Black LGBTQ+ Working Group have been given the power to decide the themes of the community engagement programme funded by the Lambeth health system.
- Our employment working group enabled Black individuals with lived experience of having or caring for someone with a long-term health condition to make decisions about the distribution of a £300k grant fund.

## Policies, Practices & Resources Flows



Being at the table on a range of partnerships has meant that we have scrutinised policy documents (for example Lambeth's Children and Young People's needs assessment) prior to publication, which has led to changes in language and framing. The hope is that such work will educate and develop the cultural competencies of people within key organisations.

The learning from CAPSA is also going to inform the design of future commissioning for longer-term national pilots. Our LGBTQ+ work with SLaM explored how gender and identity is discussed in staff induction and training and is leading to a change in training policy whereby gender and sexuality will be compulsory topics for all new SLaM clinical staff.

We fed back on community listening exercises and the learning has helped to inform the delivery of PCREF in Lambeth and informed guidance developed by NHS England (NHSE) when the compulsory framework is rolled out across the country in 2023.

After our successful 2021 pilot programme of Emotional Emancipation Circles (EECs) led in partnership with the UK Association of Black Psychologists, the Greater London Authority (GLA), we created a unique approach collaborating with the community and South London & Maudsley Mental Health Trust (SLaM) to deliver local mental health peer support, which is an example of how a different system can improve access and outcomes in therapy.

Our employment project video and webinar on embedding lived experience in community grant-making were engaged with by several grant-making organisations, which we hope will lead to shifts in grant-making policies. Perhaps the most significant shift in resourcing policies that we have experienced is the fact that the National Lottery Community Fund and Lankelly Chase have funded us to deliver our mission, rather than run projects to deliver their own pre-determined outcomes; and Impact on Urban Health have committed to funding us as a backbone organisation.

## Relationship & Connections



We have been in contact with several hundred individuals and organisations over the past 15 months, for example, 53 LGBTQ+ organisations.

Our working groups, community cafés with parents, community advisory boards and events have created relationships between Black individuals and community organisations, always with a shared interest in the Black experience and sometimes with a shared intersectional interest such as employment, LGBTQ+ or disability. Connections have been made between community members and statutory systems but some of these are yet to be translated into ongoing partnerships.

Through our partnership with King's College London Centre for Society and Mental Health, we have increased our collaborations with researchers and with community organisations, including as part of the Health and Social Equity Collective. This has laid the foundations for work with the Maudsley Cultural Psychiatry group and projects relating to mental health and its intersections with issues such as employment and stop and search.

We have established a No Wrong Door Partnership to address the fragmentation of employment support in Lambeth so that there is a collaborative, coherent system, and human centred system to support residents who are Black and Disabled to find meaningful employment.

We believe that empathy and compassion are essential ingredients for building productive relationships and coalitions.



## Thriving Futures Collective

With funding from the National Lottery Community Fund and Lankelly Chase Foundation, in September 2021 we launched our Thriving Futures Collective which has expanded the work of Black Thrive Lambeth and launched Black Thrive in Haringey and Birmingham, with Mind in Haringey and Catalyst4Change as our partners.

The first year has been spent building the foundations for the work we will be doing over the next 10 years – recruiting staff, preparing project plans, putting in place finance and governance arrangements, communicating with key stakeholders and starting to make progress on our three strands of work.



# Black Communities Driving Change

We have started building a network of Black-led community organisations and leaders in Birmingham, Haringey, and Lambeth to articulate the changes in system conditions that will enable Black people to thrive and to start constructive challenge of systemic racism.

We launched our programme of CommUNITY Assemblies, which are intended to inform, consult, engage, and involve the full spectrum of Black individuals and communities across all our work and throughout our journey. Between September 2021 and June 2022 there were CommUNITY Assemblies in Lambeth, Haringey and Birmingham attended by over 400 people. In addition to launching Black Thrive in Haringey and Birmingham, we struck a balance between informing community members about our vision, giving them the opportunity to shape priorities and hold statutory organisations to account, and making space for positive mental health and healing through Black Joy.

*"I didn't know that I needed quiet time for reflection until I came here."*

—— Joelle, 21

*"This event showed me that looking after my mental health can be fun."*

—— Jaden, 25

*"We had some difficult conversations, but it feels good to know that we're in this struggle together. The event (Trauma & Transformation) helped me have hope for the future."*

—— Maya

*"I loved having space to explore my creativity and be with others without any worries."*

—— Angela, 47

We started the process of setting up **Community Advisory Boards** in all three localities to share knowledge, develop advocacy and campaigning skills and get involved in data collection and knowledge production. These boards complement and feed into the Partnership Boards of statutory partners in the different localities. The Lambeth Black Thrive Partnership Board has been in existence since 2016 and a new Partnership Board was established in Haringey in 2022.

One of our aims is to develop and nurture Black community leadership. Catalyst4Change already had a Lived Experience Leadership programme and had contributed to the design and delivery of Maternity Engagement Action (MEA) Perinatal Parent Leaders Training Programme funded by Best Beginnings. MEA amplifies the experiences of Black women to understand why Black women are four times more likely to die during pregnancy, childbirth and in the postnatal period. From the CommUNITY Assembly in Birmingham, we identified MEA as a potential partner to develop our work (described below) on community-owned data.

# Knowledge Construction, Dissemination & Acquisition As Communal Processes

**For decades organisations that have the most significant impact on the lives of citizens have claimed that they use evidence to determine their policies and practices. Our literature reviews have found little research specifically looks at the Black experience on key issues and as a result, interventions grounded in existing knowledge are often misguided and fail to deliver positive outcomes for Black communities.**

We have started building the Black Thrive Research Institute, a key principle of which is equal collaboration that strikes at the heart of problematic and extractive research processes where co-production is tokenistic and “lived experience” is seen as incompatible with other kinds of knowledge and skill.

We spent the first six months of 2022 exploring how to make “community-owned data” a reality and identified two tracks to explore further with communities. The first involves the establishment of community ethics committees, community members in “data clubs” identifying the issues that matter to them, collecting their own data (some of which may never have been collected before) and deciding what to do with it. The second involves community members re-purposing system data for community benefit.

“Shared measurement systems encourage local organizations to align their efforts on shared outcomes, enable them to collectively track and evaluate their collective progress (or lack of) and offer organizations opportunities to benchmark their results against – and learn from – their peers. In some cases, the consistent use of shared measurement systems may even lead to improvements in the quality and credibility of the data and – eventually – reduce the overall costs of collecting and reporting data.”

**Tamarack Institute**



“It’s all about understanding the local community, Black Thrive informs that understanding.”

## Strong & Agile Backbones

We have started developing the infrastructure, tools, and skills to act as a backbone to any locality that wishes to establish a Black Thrive partnership. This includes providing thought leadership, building a shared understanding of the nature and root causes of unequal access, experience, and outcomes for Black people, facilitating the inner journey of change of key system actors, mobilising and aligning resources and building relationships between system actors and Black-led community organisations.



## Research Institute

The Black Thrive Research Institute is central to long-term change that sticks. Our aim is to publish, and support others to publish, evidence which takes a critical decolonial approach to race and anti-Black racism and to utilise participatory action research to make porous the boundaries between research, community activism and system change. Research at Black Thrive is focused on action and implementation in the real world. We have partnered with Kings College London's Centre for Society and Mental Health and Ratio (a social research organisation) to redress the systemic marginalisation of Black voices and experiences and to challenge the current knowledge production paradigm.



# New Insights

## Shared Measurement System

We tested some of the key concepts that underpin the Black Thrive Research Institute, namely, that making data available in accessible forms can empower communities, new evidence can be gathered by placing communities at the centre of data collection and new insights can be generated by applying a Black lens to existing data and “evidence”.



Black 16-64 year olds were 17.18% less likely than White 16-64 year olds to be in employment.



Black children were 9.15% less likely than White children to reach a Good Level of Development at age 5.



Black pupils were just as likely as White pupils to achieve at least Level 4 in GCSE Maths and English.



Black children were 341% (i.e. 4.41 times) more likely than White children to be looked after the local authority.



Black individuals were 559% (i.e. 6.59 times) more likely than White individuals to be stopped and searched by Police.



Black households were 676% (i.e. 7.76 times) more likely than White households to be statutorily homeless or at risk of becoming homeless.

We have published initial data for shared measurement systems for Lambeth, Birmingham and Haringey. (The displayed statistics are for those for Haringey.)

The Shared Measurement System work has so far provided insight into inequalities and shaped priorities in Lambeth, Haringey, and Birmingham. It has also highlighted how the severity of inequalities vary by locality – for example, the pattern of inequality in Birmingham is subtly different to that of Lambeth. These insights therefore have the potential to inform area-specific foci for change. It has also become clear from activities relating to the SMS (e.g., the Birmingham Community Assembly) that local knowledge has considerable potential to fill in the gaps left by systems data, which might be unlocked through qualitative enquiry.

## Stop & Search

Research into stop and search has previously relied heavily on Freedom of Information requests and data that is typically inaccessible to the public. We have developed an algorithm which enables us to download stop and search data from the Police API for every local authority (or ward) in Great Britain for any desired period in the preceding 3 years, which permits access to approximately 1.5 million stop records. This has enabled us to explore stop and search statistics in detail, including accounting for ethnicity, age and sex, and reasons for and outcomes of stops. It also enables us to explore the “efficacy” of stop and search in novel ways by, for example, comparing the geographic patterns of stops with the geographic patterns of crime. This work provides a useful resource for other researchers. In turn, increased research attention on stop and search may promote and fuel public conversations about the use of police powers and empower the young Black people who are particularly concerned about the effect on their mental health (see Children, Young People and Families below).

## Dominoes Clubs & Blood Pressure

High blood pressure (hypertension) is the single biggest risk factor for hospitalisation and death from heart conditions and though the highest prevalence of hypertension is found in Black people, they are less likely to have had a blood pressure check and to be treated to target. Previous research has indicated that offering blood pressure checks and advice in familiar and trusted environments can help promote blood pressure control. Dominoes is a popular game amongst older Caribbean people, and as familiar and trusted environments, Dominoes clubs may prove to be effective hubs for promoting blood pressure control. To determine this potential, we partnered with NHS England and Brixton Immortals Dominoes club on a project entitled The Domino Effect. This involved offering blood pressure checks and administering a short questionnaire at a three-day Dominoes tournament hosted by Brixton Immortals in Southwark and Lambeth. Around 70 people (out of an estimated 350, therefore around 20%) had their blood pressure checked, and 33 people also took part in the questionnaire. The findings indicated that 53% of those who participated had high blood pressure. Importantly, in one-fifth of the sample, hypertension was detected that may not otherwise have been detected in the absence of this intervention. We plan to follow-up with participants after 6 months to explore what impact the blood pressure checks had on their blood pressure control.

## Transparency & Reproducibility

All our quantitative data and analysis is openly accessible to the public on [GitHub](#). We do this to ensure our work is transparent and available for constructive external feedback. We believe transparency is an essential component of our decolonial approach because it provides a platform to highlight where existing analyses involving race are inadequate and serve to perpetuate bias and discrimination. By challenging such analyses in an open, reproducible way, we encourage an unbiased public conversation about race-related data and insights.

## Public Engagement & Dissemination

Members of our team have participated in multiple public engagement events, academic talks, and dissemination activities. Below are some illustrative examples of our public engagement activities:



01

A webinar hosted by Place Matters where we presented to over 60 people from different organisations around the country on How Data Shapes our Understanding of Racial Justice.

02

A presentation at King's Department of Theology and Religious Studies on Race and Faith in Mental Health Service Provision, discussing how colonial perspectives to mental health can pathologise aspects of religious and spiritual experience and preclude appropriate treatment in mental health services.

03

Participation in the KCL Centre for Society and Mental Health Festival, presenting on Systems Change through Black-led Research, where we explored the inequalities that Black people face in academia and knowledge production.

04

A blog post entitled "The Police: What can we learn from their debate about institutional racism?"

## LGBTQ+

Lambeth has the highest LGBTQ+ population and the highest Black population of any local authority in the UK. Yet the voices of Black LGBTQ+ people are seldom heard in health-care discussions, despite the evidence that they often have worse mental health outcomes than their heterosexual counterparts.

Our LGBTQ+ strand of work is part of our commitment to ensure that we pay attention to the full spectrum of Black communities and seek to understand the ways in which identities intersect to shape experiences and outcomes for Black people. While there are signs that more organisations are doing work on some of the key issues, few seem to be taking a systems change approach to addressing Black LGBTQ+ mental health. We have therefore sought to fill this gap by:

- Supporting partner organisations to improve data collection and data quality relating to Black LGBTQ+ experiences and outcomes.
- Ensuring that Black LGBTQ+ people shape the priorities for system change in mental health and that their priorities are acted upon.
- Embedding LGBTQ+ inclusivity across Black Thrive's work and its workforce.

American organisations such as The Trevor Project and BEAM have developed credible research on the mental health needs of Black LGBTQ+ people and the interventions required. However, UK data and research on Black LGBTQ+ health and wellbeing is limited and seldom collected at a local level, which makes it difficult to understand exactly what the needs are and the implications for long-term health conditions. We aim to decolonise the evidence base by advocating for better data collection and by undertaking and/or supporting research that is community led and stands up to academic scrutiny. We have started collaborating to do this, for example as a member of the advisory group for the LAMQ Project, a study conducted by London Metropolitan University to identify the needs of Lambeth's LGBTQI+ communities.

We have established a Black LGBTQ+ community working group which has enabled Black LGBTQ+ people who live, work, and play in Lambeth or have a significant connection to the area, to feed into our work and provide a level of community accountability. The working group has decided the themes that are being explored and has expressed an interest in playing an active role in delivering improvements. The key issues that the working group has identified are homophobia within Lambeth's Black communities, homophobic hate crimes, unsatisfactory experiences in the mental health system leading to apprehension about sharing gender identity or sexual orientation with clinical staff for fear of discrimination and poor service. One of the suggestions for improvement was to equip staff with the appropriate language and skill set to support Black LGBTQ+ service users.

Organisations such as House of Rainbow and Andreena Leanne have consistently been working with Black LGBTQ+ communities but do not have any relationship with SLAM. We are seeking to change this and gave a talk to SLAM staff on 'Improving Black Queer Mental Health in Lambeth' and facilitated focus groups of Black LGBTQ+ people in Lambeth to feed into the Patient and PCREF. This has led to new perspectives to inform the SLAM's longer-term strategy and PCREF, which we hope will lead to better ongoing relationships between SLAM and the Black LGBTQ+ community sector.

Around 33% of respondents to a UK Black Pride survey report had experienced discrimination in LGBTQ+ spaces and 25% felt welcomed in their local LGBTQI+ spaces. Social isolation and loneliness are known contributors to the development of multiple long-term conditions in LGBTQ+ people across a life course. As an important foundation for our work, we have therefore hosted and/or collaborated (e.g., with Myatts' Fields on Pride in the Park) on events to create safe spaces, build connections and empower Black LGBTQ+ people. We held a Black Queer Joy event in March 2022 attended by over 60 people, who were diverse in age, gender identity and sexual orientation. There are very few Black LGBTQ+ events that are inter-generational and provide a space to develop quality connections and an opportunity to reduce social isolation and loneliness (two key factors in black queer mental ill health). Attendees reflected that:





*"The ability to connect with others in a safe relaxed environment was valuable."*

*"The theme of well-being brings the entire (Black LGBTQ+) spectrum and the centring of Black culture made the event feel unique."*

*"Loved the welcoming atmosphere, to connect and engage with other Black LGBTQ+ folk... socialise and enjoy activities that don't focus around our collective trauma."*



# Children, Young People & Families

Emerging research is showing that multiple stressors including racism, can lead to young people struggling with their mental health. It has been shown that without intervention or support, mental health conditions can have long-term impact on young people's life chances, including being on the child protection register, being excluded from school, having poor mental and physical health in adulthood and being unemployed. Data reviewed by Black Thrive suggest that children and young people from White and/or affluent families are more likely to receive support when they have issues compared with those from Black and/or poor families, who are more likely to end up on a punishment track through school exclusions, the criminal justice system and detention in mental health institutions.

Black Thrive aims to amplify the voices of Black children and young people and their families to ensure that:

- Services and systems are responsive to the needs of the community, and work for and with the community.
- Data collection is appropriate and sensitive, is culturally informed and reflects outcomes that are supported by the community.
- There is trust between the community and frontline services - schools, local authorities, mental health trusts and the police.
- Black communities have a good understanding of the systems that affect the lives of their children and are empowered to make choices and influence what happens.



Over the past year we have engaged directly with 219 young people and their parents through one-to-one interviews, Community Cafés, focus groups, workshops, and other events. The young people fed back that they mostly use Snapchat and so we have adopted that as our preferred mode of communication and have reached over 35,000 young people in Lambeth. We have got a good sense of their concerns, which has shaped our work priorities and which we have fed into professional forums such as Lambeth's Children's Alliance Board and Lambeth Made Safer Board.



*"It has helped to drive change internally at Lambeth Council."*

## Children In Need: Voice & Power

BBC Children in Need provides most of the funding for our work relating to children, young people, and families. The grant is targeted at children aged 8 to 13 years old and will secure evidence of how Black children and families in Lambeth experience mental health and the support available to them. Specific activities will include:

- Supporting children and their families to undertake research locally and to use the findings to lobby for change in service provision and to set priorities for a participatory fund.
- Engaging CYP in Lambeth Council's public health strategy to reduce violence in the community.
- Involving CYP in the development of Lambeth Council's trauma informed approach to children's services, with a racial justice lens
- Exploring creative group-based therapy to address CYP mental health concerns and to raise community awareness

Most of the work over the past year has involved gathering insights, building relationships and partnerships (e.g., with Lambeth Council Children's Services, Metropolitan Thames Valley Housing & Exceed Reading Stars) and designing the specific initiatives that are due to start from July 2022. We have also contributed to the Anna Freud Lambeth Link Programme discussions on how to improve support for mental health in Lambeth Schools, to ensure a joined-up approach.

In June, two Community Cafés were held at KataKata, a Black-owned restaurant which undertakes social projects and was funded by our employment workstream to support employability for young people with additional needs. The Café provided a safe space for open discussion with parents about concerns for their children. They engaged in peer-to-peer support, offering each other advice and sharing contacts for services that may be of help. Though unintended, this peer support element was significant for the parents, and will influence future Community Café designs.

*"As a parent ...I feel this project is amazing for the Black community."*

*"My favourite part was being able to express my views and knowing I am helping my community."*

Focus groups have been run in schools to discuss young people's perceptions around mental health and wellbeing, and the support available. The young people said that they felt listened to and some of them have registered for the Young Researcher's Programme.





## Stop and Search

Research from King's College London, Centre for Society and Mental Health and discussions with young people have highlighted the traumatic impact of stop and search, often resulting in paranoia and hypervigilance beyond those that are the subjects or witnesses of these interactions. Despite this, Black young people generally support stop and search as a police tactic and their concerns relate to unfair targeting. In addition to this, the insights gained from this project have been integral in influencing the Lambeth Youth Justice Partnership Board into making stop and search a priority.

Stop and search was also the topic of one of our CommUNITY events in June, with panellists including young people, police officers, youth workers, a psychologist and a researcher. This was well attended and suggested a strong interest in addressing the concerns of young people. That said, the disproportionate targeting of young Black people in stop and search (and its predecessor 'sus law') has been a concern in England for over 50 years and there is little evidence to suggest that the police are willing to change. At the ideas workshops young people said that police lack knowledge of Lambeth culture and do not see them as humans. They decided that they would create a video to speak directly to the police.

## Becoming a Man (BAM)

The BAM programme model is a school-based group counseling program from the USA which guides young men to learn, internalize and practice social cognitive skills that enable them to make a positive contribution to their school and community. Black Thrive has mainly focused on supporting the adaptation of the model to Lambeth's context. All counsellors highlighted the impact of racism on the lives of the young people, both experienced at school and more widely. However, there is no content that directly addresses this, as well as culture and class, within the BAM curriculum, despite being intrinsic to the way that young men navigate the world. The Mental Health Foundation and US leadership team recognise that this is important for the cultural adaptation of the programme and conversations about how to embed this are ongoing.

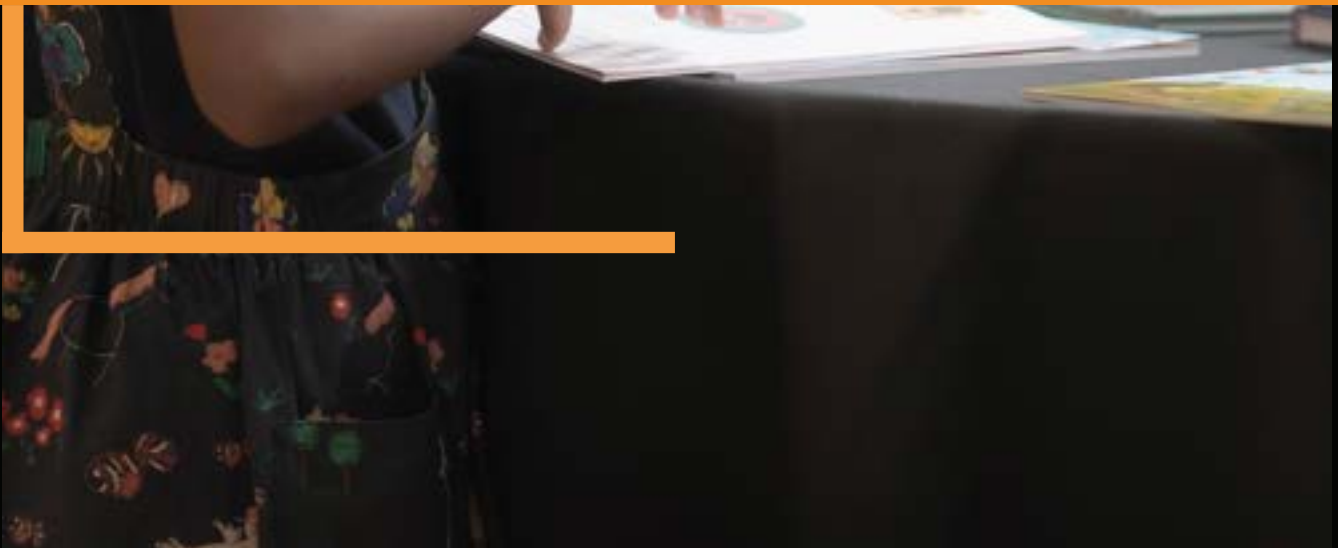
The BAM programme is funded by the Youth Endowment Fund. As part of the evaluation of their wider programme they are using the Self Report Delinquency Scale (SRDS) as a tool to understand if the interventions they fund are reducing the levels of violence that affect young people. However, in the context of the BAM programme it was felt that the tool was not appropriate and its use risked being stigmatising and not aligned with our focus on anti-racist practice. Concerned by the potential negative consequences for young people's self-image we worked with the evaluators to consult with young people about the use of the tool and to identify other approaches to evaluate the programme. Black Thrive is now working with the BAM team to explore these alternative options.







*"To get the senior leaders around the table is a real success."*



# Employment

Poverty is identified as a key driver of most negative outcomes for people - in education, social care, health, homelessness, and crime. Unemployment and low wages contribute to the reasons why people experience poverty. Due to structural barriers, Black people are more likely to be unemployed and when employed are more likely to be in low paid and insecure jobs.

Since March 2020 Impact on Urban Health has funded Black Thrive's employment project to improve systems to increase meaningful employment amongst Black residents in Lambeth. This was based on evidence (prior to the Covid-19 pandemic) that as well as having poorer employment outcomes, Black people disproportionately bear the burden of long-term health conditions (LTCs), with a negative reinforcing and amplifying effect between employment and LTCs. The aim of our employment work has been to break the cycle – increase employment to prevent progression from one-to-many LTCs and to support recovery (particularly from mental ill health).

We have sought to effect systems change through four themes of work.

## Research and Evaluation

Research and evaluation have been the underpinning foundation for our employment work. The Social Innovation Partnership (TSIP) were our main partners in community research, Tom Pollard and Kings College London led research on the employment system for patients of SLaM and Kings College Centre for Society and Mental Health did the analysis of data from employment support providers in Lambeth. McPin Foundation carried out the developmental evaluation which enabled us to incrementally learn and adapt and Sheffield Hallam University are in the process of completing a summative evaluation.

We achieved some tangible changes in data collection and analysis. We supported Lambeth Council to analyse its employment data and provided a framework for setting ethnicity targets for its employment programmes. We also supported Vocational Rehabilitation Association to conduct an equality survey of its members and the Occupational Therapy team at SLaM have now added ethnicity to their recording of vocational status and aspirations for patients.

We have published a number of research outputs, including a systematic literature review and a rapid review of the employment support for Black people with long term health conditions, alongside a study of employment support providers in Lambeth.

The new research we produced highlights the opportunities and challenges relating to delivering employment support for Black and Disabled Lambeth residents. We hope that it will contribute to shifting the narrative to one that recognises that employment and health are linked, and that employment is a universal right and a social responsibility.



## Deploying Lived Experience

Much of our research has been informed by lived experience and involved training 13 Black people as community and peer researchers (of whom at least 7 were also Disabled), four of whom were also trained as evaluators.

We also established a lived experience employment working group of Black community members who either had long term health conditions or cared for someone who did. Working group members made the decisions about the distribution of a £300,000 grant pot (see below).

The deployment of lived experience brought many benefits, including different perspectives on what the priorities should be, the criteria for allocating funds, the processes that should be used and which initiatives should be funded. It also brought challenges.

*"Doing this project, I didn't realise how close I would get towards my family history and re-traumatisation of the material that I was dealing with...My own vicarious trauma. I was really re-triggered."*

*"The research team and Black Thrive's team realised that working in a racialised space brought with it a huge 'emotional load'. Community peer researchers, for example, with lived experience of racism and mental ill health, were at risk emotionally due to the burden of hearing sensitive stories and or reliving their own difficult pasts."*

We addressed the challenge of working from a lived experience perspective by making extra efforts to be compassionate in our interactions and by introducing a wellbeing fund of up to £1,000 per person involved in the employment project to purchase holistic support to help manage their wellbeing.

*"The wellbeing fund is fantastic...it's the unspoken hug, it feels like a hug. I feel like I'm in a safe space. I feel like they are considerate of my needs."*





## Distributing £300,000 As Grants to Community Organisations

The employment working group had a grant pot of £300,000 which was provided by Impact on Urban Health; the Walcot Foundation also provided grant administration support pro bono. £240,000 was distributed to 13 projects, the majority of whom were Black and/or Disabled led. They in turn worked with over 100 Black people with long-term conditions to support them with their employment journeys. The working group also distributed a further £60,000 worth of capacity building grant for 10 projects supporting them to remain sustainable after the grants came to an end.

The aim was to test whether a different approach to funding employment support would yield better results for Black people with long term health conditions. The grantees also had access to the wellbeing fund. The specific outcomes from these projects are currently being evaluated and we hope that the learning will be used to inform different approaches to funding employment support, including deploying lived experience.

*"From the funding we were able to hire people from the exact community that we are supporting, so that in itself is like wow this is the first time that we've been able to like pay everybody who looks like the people that they are serving, so from that standpoint just absolutely phenomenal...literally working side by side with peers and people who look like they will have very similar lived experience to family members."*

## Influencing the Wider Employment and Grant Systems

The aim of our employment project was ultimately to improve systems. We have used the research to start influencing commissioners and decision-makers through meetings, blogs, and videos. Over 500 people have been engaged either directly through online webinars and in-person events, Lambeth's CommUNITY Assembly, and direct participation in working groups or research. Similarly, indirect engagement routes include reading/watching project material (videos, blogs) or participating in one of the 13 grantee projects that the working group funded.

Our grant-making webinar was attended by over 180 people, many of whom were from national grant-making organisations, and the video recording watched by over 250 people. Our employment project video has been watched over 480 times and our related communications campaign resulted in increased followers, subscribers, and interactions across all our social channels.

Although there are over 130 known organisations providing employment support in Lambeth, there is currently no coherent system of employment support for residents. If residents find the right support that suits them, it is by luck or accident rather than by design. We realised that this was a significant barrier to systems change and successfully bid for an initial grant of £25,000 from City Bridge Trust's Cornerstone Fund to set up our No Wrong Door Partnership to address this issue for Black Disabled people. We have subsequently received a second grant of £298,200 from City Bridge Trust to take the work forward, creating a human-centred collaborative system of employment support, alongside people with lived experience; this will be the core of our work in the coming years.



# 08

## Adult Mental Health



There is long-established evidence that due to structural barriers, Black people have poorer access, experience, and outcomes in mental health services than White people – less likely to receive early help, four times more likely to be detained under the Mental Health Act, etc. Black people are 20% less likely to access talking therapies and when they do, their mental health needs are likely to be more acute and they experience lower levels of recovery when compared to other ethnic groups.

Despite these poor outcomes, statutory services rarely create opportunities to meaningfully engage communities in coproduction and codesign of services, there are insufficient culturally appropriate mental health services, and the system does not support a positive environment which sees recovery as possible for Black service users.

Our work on adult mental health is funded by the Living Well Network Alliance (including South London and Maudsley), Department for Health and Social Care and supported by Lambeth Together.

The aims of our work on adult mental health are:

- To deliver a model of co-production which can be applied to creating and delivering services that provide peer support to members of the Black community with mental health needs.
- To acknowledge and address the inherent challenges of racism for Black communities within traditional mental health services and to offer individuals from Black communities support to help improve their access, experience and outcomes in line with the Patient and Carer Race Equality Programme (PCREF).
- To develop a network of local groups, services, organisations, and individuals within the community that the CAPSA team can assist service users in accessing in order to support their physical and mental wellbeing.

## Culturally Appropriately Peer Support Advocacy (CAPSA)

A Service User Working Group (SUWG) was established to work closely with the local community to ensure that the service designed was firmly centred on the lived experience of the community it seeks to engage and serve. Two initial community engagement events were held to support the design process and to gain a clear understanding of service user needs and wants from the CAPSA offer. Work to co-design the peer support advocacy roles and training requirements was finalised, with the SUWG having oversight and input into the role descriptions and recruitment process and person specifications for the proposed roles.



*"I've learnt that this process hasn't been tokenistic. I haven't been used as a Black service user only, but I've used my Blackness and I've used my lived experience to give an input, which was really good. I've never done that before."*  
Service User Consultant

- CAPSA Service User Working Group Member

*"This feels different" referring to the quality (e.g., trust) of the relationships that had developed between staff, service users' carers and the wider community. It also reflected their perception that there was a genuine opportunity for services to improve in the future.*

- CAPSA Service User Working Group Member

We have recruited a diverse and talented team of four Peer Support Workers (PSWs) and four Peer Advocates (PAs) through using innovative co-designed and purposeful recruitment activities. A Project Officer is also in post to support and coordinate the team's activities. The CAPSA service launched in March 2022 and inpatient ward delivery has been successful overall. We have delivered presentations to different services within SLaM and other organisations such as Mosaic Clubhouse at the Advocacy Leaders Network sharing our approach to delivering Culturally Appropriate Advocacy.

The CAPSA team are currently providing one-to-one support to 19 allocated clients and are providing drop-in sessions across five wards in Lambeth Hospital on a weekly basis. These sessions also offer group advocacy support. Links have been made with the Lambeth Flow Lead and CLaSS (Community Living and Support Services) to facilitate CAPSA integration with existing services at SLaM.

The CAPSA team have developed additional quality of life ward sessions (afro care hair session, music appreciation, karaoke, gardening, and grounding with music session), and some of the teams are in the process of working with the Occupational Therapist from a particular ward to create an exercise/movement-based activity and culturally appropriate health eating plans.

During the initial months, the CAPSA team have successfully supported service users and carers to reduce the length of stay of some service users and advocated for less restrictive measures such as enabling people to leave the ward for social activities. Specific examples of the CAPSA team success is that 3 individuals were provided with advocacy by their CAPSA workers on issues pertinent to them that they believed was being ignored or dismissed by ward staff. This has resulted in one service users' discharge, one attaining leave and another released on extended leave. In addition, five service users who were not eligible for CAPSA have been signposted to independent mental health advisors and advocated on their behalf about their thoughts on the ward (e.g., not knowing primary care nurse, not having an interpreter for sessions, not knowing who is working on the ward from day to day)

We are now starting to develop our Trusted Partnership network and Community Engagement approach, to enable CAPSA to more effectively tap into the resources and opportunities offered by the voluntary and community sector to further enhance our service offer.



*"I don't want to get out of the wards. I want to get well."*

*– Inpatient Service User*

*"Having spoken to Black people who understand my position, I feel safe and able to think about readiness to engage with services to get to 'well'"*

*– CAPSA Service User*

*"My cultural background may have certain beliefs that are not understood. These experiences need to be validated and understood as part of the services provided. This should not be swept under the carpet"*

*- CAPSA Service User*





## CAPSA Extension

Funding from the Department of Health and Social Care (DHSC) enabled an extension of the CAPSA model into community settings to build advocacy within Black communities, thereby addressing the lack of representation of Black people in advocacy roles, and to include group advocacy. We are also testing the concept of accessing support from the comfort of a "living room", providing one to one and group-based advocacy, learning/development opportunities and social prescribing offers. We worked with two interior designers to convert two office spaces to look like a living room and the spaces have been a useful resource to deliver the CAPSA service.

The CAPSA team were interested in exploring whether group-based advocacy could be an effective mechanism to engage and empower service users within inpatient settings. The concept of group advocacy took a while for staff and service users to comprehend. The team soon realised that a formal model of holding a discussion around a table group was unlikely to work. Based upon feedback from service users, the team experimented with the sessions and themed them around topics that service users would find fun. These included music appreciation sessions and afro haircare. The team delivered 14 individual and group advocacy sessions (8 with a music theme) on the wards and engaged people aged between 18 and 65.

Through this pilot, the team found that they had higher levels of engagement from men in ward settings. It is not clear why this occurred, and the pilot had not been running long enough to be able to draw any conclusions. However, this may be due to the patient population for Black men being higher than other groups.

The team experienced several challenges in delivering advocacy in wards. Some issues common to individual and group advocacy. For example, Covid outbreaks prevented the team from entering wards, staffing shortages in wards disrupted the continuity of the service. Temporary (bank) staff working in wards are often unfamiliar with the service some have not been invested because they were employed in the short term.

## Delivering Culturally Appropriate Care (DCAC)

This project works in collaboration with SLaM to redevelop their working models and ways of working to focus on making it culturally appropriate and embedded within services. The engagement and co-design phases involved conducting 5 focus groups which were attended by over 50 members of SLaM staff and 6 carers to get feedback on the inpatient care process model. There has also been some feedback from service users on inpatient wards. Themes from the focus groups have been analysed and presented to various stakeholders including SLaM staff and Senior Leadership.

## Emotional Emancipation Circles (EECs)

Research from SLaM demonstrated that Black residents in Lambeth are less likely to enter NHS Lambeth Talking Therapies than their White counterparts, yet more likely to enter community support services addressing and acknowledging diverse experiences.

The UK Association for Black Psychologists supports our EEC programme. This programme supports Lambeth's Black community by offering eight structured sessions of culturally centred peer support which focuses on healing from the impact of anti-Black racism. The sessions provide an opportunity for participants to build self-worth, connect and support each other by sharing stories and learn wellness skills.

Participants also have an opportunity to train as an EEC facilitator where they can be trained to lead their own sessions in the community.

The flexibility of the programme allows EECs to be shaped for specific groups from our Black communities. For example, families after trauma, older people, Black employee groups, or simply offering an added outlet to support Black residents to improve mental health, empowerment, and wellbeing. In 2022 SLaM worked with us to deliver three EEC programmes for SLaM employees and trained eight facilitators to deliver EECs.



As natural opportunity for community collaboration, it was agreed that facilitators from the local community could co-deliver with SLaM to provide EECs offering beneficial outcomes for all involved.

Our pilot programme supporting 19 Lambeth residents was positively reviewed by researchers from Sheffield Hallam University and, with strong feedback from participants, Black Thrive is partnering with Lambeth Together and working with SLaM and community EEC facilitators to deliver six further EECs programmes in Autumn/Winter 2022.

The unique approach of collaborative EEC delivery demonstrates that there are alternatives to the current system of therapeutic support that can improve access and outcomes for Black communities, support signposting to other Lambeth services, improve connections, and build much needed trust in mental health support services.

## Influencing The Wider Mental Health System

We have been gathering evidence to help shape policy and practice around mental health provision at local and national level.

We are leading on engaging and embedding the voices of Black communities in the development of the PCREF in Lambeth. The PCREF team at SLaM have adopted models and approaches used by Black Thrive. For example, using the Water of Systems Change model and developmental evaluation as a means to monitor change in reducing inequalities across access, experience, and outcomes. The programme has also built-in regular time for reflection for all parties to share successes but also to provide honest feedback and constructive critique. The listening exercises and the learning from implementing the framework has helped to inform the delivery of PCREF in Lambeth. Our aim is to ensure that the PCREF embeds a race equity/ antiracist lens in its programming and to inform the Living Well Network Alliance workforce strategy and their approach to developing and nurturing the cultural capability of the workforce.

We are aware that the intersection between race, faith, and mental health needs further exploration; and as part of our commitment to ensure that we pay attention the full spectrum of Black communities we have extended our PCREF work with SLaM to start building relationships with faith communities in Southwark. The intention is that this will increase understanding and ultimately enable SLaM and the wider mental health system to provide appropriate care and support to people of different faiths.

Nationally, we are seeking to shape NHS England's (NHSE) future roll out of the PCREF framework and inform the guidance developed by NHSE when the compulsory framework is rolled out across the country in 2023. We are also working with the Mental Health team within the Department of Health and Social Care to centre the voices of Black communities in the development of policies that inform the implementation of the Mental Health Act reforms and Central Governments Mental Health Strategy.

Based on the listening exercise that we did, DHSC were struck by some of the feedback from Black community members, including that they did not feel safe to share their religious beliefs as this could and is used against them, and that people seeking asylum or whose immigration status may be uncertain were not at the forefront of their policies. This listening exercise has helped to shift mental models regarding the underlying causes of the inequities that Black people experience within the mental health systems, but more specifically in relation to detention.

*"The engagement exercise provided an invaluable insight into the experiences and reflections of people from Black and mixed-race communities on the Mental Health Act reforms, and we aim to continue building on this exercise with further engagement throughout the reform programme." - Department of Health & Social Care (Mental Health Act Reforms Team)*

The DHSC have requested for Black Thrive to continue to work with them and communities to help stretch their policy recommendations which aim to increase accountability and to centre the voices of communities. This work has not only helped to shape the consultation but has also informed the next phase of work the DHSC will commission in the development of culturally appropriate advocacy models and the new Mental

Health Strategy. Their work with us has become an exemplar and the team at DHSC are building on this to develop mechanisms that will enable them to engage with lived experience experts in the longer term.

SLaM and the Department for Health and Social Care have been explicit in their intention to develop meaningful relationships with Black-led organisations and to remove the barriers they face in securing contracts to help guide work that affects the lives of Black communities.



## Learning and Sharing

Black Thrive is committed to being a learning organisation. We are developing our skills in a range of areas such as how to facilitate change in systems that are resistant to change. We recognise that we are not exempt from racist assumptions which have surrounded us all our lives.

The Research Institute has supported co-learning within the Black Thrive Team in a number of ways such as presentations on understanding statistics and its pitfalls, and setting up a regular a journal club, enabling co-learning and critical engagement with

contested perspectives on topics such as race equity, sexual orientation, neurodiversity, and systems change.



We do not currently have the resources to engage in deep work beyond our current three localities and so we use our partnerships (such as with Place Matters) to learn with others, to share our learning and to stimulate others to embark on journeys of change that align with the Black Thrive vision.

# Accounts Summary 2021/22

Below is a draft summary of the accounts for the financial year end. The audited accounts for the financial year ending 30 June 2022 will be included once audited at the end of October.

Income	Previous Year	Current Year
	30 June 2021	30 June 2022
<b>RESTRICTED</b>	£22,480	£1,581,900
<b>UNRESTRICTED</b>	£188,280	£420,980
	<b>£210,760</b>	<b>£2,002,880</b>
<b>Expenditure</b>		
<b>STAFF SALARIES, NI &amp; PENSIONS</b>	£50,260	£532,150
<b>PROGRAMME DIRECT COSTS</b>	£112,790	£701,100
<b>SUPPORT COSTS</b>	£40,950	£168,730
	<b>£204,000</b>	<b>£1,401,980</b>
<b>BALANCE</b>	<b>£6,760</b>	<b>£600,900</b>





*"Most challenging and  
rewarding partnership I've  
ever been involved in."*





# Our Funders, Supporters and Partners

## Funders & Pro Bono Support

BBC Children in Need  
City Bridge Trust  
Freddie's Flowers  
Google Deep Mind  
Impact on Urban Health  
Kings College London Centre for Society  
and Mental Health  
Kearney  
Lambeth Council  
Lankelly Chase  
Mental Health Allies (12 organisations)  
Mind - Heads Together  
National Lottery Community Fund  
Shearman and Sterling LLP

## Partners

AKOU  
Andrea Wright  
Anna Freud Centre  
Black Out UK  
Black Trans Foundation  
Brixton Immortals Dominoes Club  
Catalyst4Change  
Commissioning Support Unit  
Dark Matters Lab  
DemSoc  
Department of Health and Social Care  
Disability Advice Service Lambeth (dasl)  
Dope Black  
Exceed Reading Stars

## Funders & Pro Bono Support

Sophia Webster  
Starface World  
Walcot Foundation



## Partners

First Steps Trust  
Greater London Authority  
Healthy London Partnership  
High Trees  
Juvenis  
Lambeth Carers Hub  
Lambeth Links  
Lambeth Metropolitan Police  
Lambeth Together (including Living Well Network Alliance)  
London LGBTQ+ Community Centre  
London Metropolitan University  
Maudsley Cultural Psychiatry Group  
Marcus Lipton Community Enterprise  
McPin Foundation  
Metropolitan Thames Valley Housing  
Mind in Haringey  
Mosaic Clubhouse  
Myatts' Fields Park Project  
NHS England and Improvement  
NHS North East London  
Partisan  
Ratio  
Renaissi  
Sheffield Hallam University  
Social Finance  
South London and Maudsley NHS Foundation Trust  
Ten Years Time  
The Social Innovation Partnership (TSIP)  
The Ubele Initiative  
UNJUST  
UK Association of Black Psychologists (UKABPsi)  
Vocation Matters  
Vocational Rehabilitation Association  
Voice for Change  
York MCN

## Acronyms



<b>BAM</b>	Becoming a Man
<b>CAPSA</b>	Culturally Appropriate Peer Support and Advocacy
<b>CLaSS</b>	Community Living and Support Services
<b>Covid</b>	Coronavirus disease
<b>CSMH</b>	Centre for Society and Mental Health (at Kings College London)
<b>CYP</b>	Children and Young People
<b>DHSC</b>	Department of Health and Social Care
<b>EECs</b>	Emotional Emancipation Circles
<b>GLA</b>	Greater London Authority
<b>KCL</b>	Kings College London
<b>LGBTQ+</b>	Lesbian, gay, bisexual, transgender, queer/questioning (one's sexual or gender identity), intersex, and asexual/ aromantic/ agender
<b>LTCs</b>	Long term physical and mental health conditions
<b>MEA</b>	Maternity Engagement Action
<b>NHSE</b>	National Health Service–NHS England and Improvement
<b>PCREF</b>	Patient and Carer Race Equality Framework
<b>PAs</b>	Peer advocates
<b>PSWs</b>	Peer support workers
<b>SLaM</b>	South London and Maudsley NHS Foundation Trust
<b>SMS</b>	Shared measurement system
<b>SRDS</b>	Self Report Delinquency Scale
<b>SUWG</b>	Service User Working Group
<b>TSIP</b>	The Social Innovation Partnership
<b>YEF</b>	Youth Endowment Fund

