



Skills for CHC Chairs

Unit 5: Working with other
organisations

HOW TO
USE THIS
UNIT

You will need:

- * the CHC Members' Handbook
- * pen and paper

You should set aside half an hour to an hour to work through this unit. [If it takes you more or less than that, it doesn't matter, as long as you feel you've given enough thought to the ideas].

Much of the unit, like the role of the Chair, is about complex situations, which do not have simple yes/no answers. Reflecting on these situations, and deciding how you would behave, is the most important part of the learning.

CONTENTS

1. Working in partnership
2. Which organisations?
3. Maintaining contact

READ

Community networks
pages 14 - 15 in your Handbook

NOW
LIST

the community or voluntary
organisations that your CHC
works with, either regularly
or on one-off projects

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

GO
OVER

your list, and decide which you work
most effectively with. Mark these
with a *

This is for your own use: to set the context for this unit, and
to get you thinking about ways of working in the community.

SOME
VIEWS

from a range of voluntary and
community organisations

"We've always worked closely with the CHC. We use them as an information resource, and they pick up on our users' day-to-day experience of services. We even ran a joint campaign last year."

[manager, drug outreach project]

"We never have anything to do with them. I suppose I've always thought of them as men in suits. It does make me angry if I think about it, they've got all this clout, but they don't use it. I don't think they're much into users getting organised."

[member, disability group]

"I was suspicious when they rang & said they wanted to consult us. You get so many people who take up your time and ask questions and you never hear again. But they did support us when we were complaining about hospital discharge procedures, and since then I've had more time for them."

[co-ordinator, African elders group]

"We've always had a rep on the CHC, and I think he reports back after most meetings, but to be honest I can't say it's made much difference. I'm sure we do have concerns in common, but sometimes it feels more like competition than co-operation."

[advice centre manager]

And from some CHC Chairs, guidelines about working constructively with other organisations:

"You're not doing them a favour, you're just working the way you're meant to. They have a lot of experience and information that you need in order to function properly. You have to work out between you how both you and they can benefit."

"You need to find out about their set-up and respect that. You can't expect a community group that operates from someone's front room to have systems and procedures like a social services department."

"You have to be prepared to listen. You can't just go in with your agenda and a set of questions. This is a dialogue, you need to hear what they want to say, whether or not it fits with your plan. That's how you learn."

"You can't expect people to know what the CHC is and how it works: you have to tell them. Sometimes you get quite inappropriate or unrealistic requests, but that's not because people are stupid, it's because they don't know what the CHC's boundaries are."

2. Which organisations?

CASE STUDY

Cecile Grant and Alex Mutasa have taken over as Chair and Chief Officer of Bellingham CHC, at about the same time. Cecile has been a member for three years. Alex has come from managing a Health Education project in another inner-city area.

Cecile and Alex agree that the CHC has lost direction and energy. Bellingham is an area with severe health-care needs, and poor provision. The CHC seems to be silent, and isolated from the community.

As a first step, they organise a review day for the CHC. They hope to end up with a plan for extending the CHC's contacts with local organisations. They're aware that few members have had to think in this way before. Some have wider experience in the organisations that nominated them; but most live and work in the same, limited section of the community. Cecile thinks some members will feel quite defensive about this exercise, and she's anxious not to alienate them.

How should Cecile and Alex plan the review day?

NOTE DOWN

- * your thoughts about the planning process they could work through
- * any sources of advice or help they might use, before or after the

day.

[Concentrate on the issue of contact with local groups. You don't have to come up with a complete plan for the day].

ONE
APPROACH

1. Get members to compile a list of all the organisations they have links with already [either individually, or through the CHC]
2. Consider which sections of the community have a voice [at least in principle] through these links, and which don't. [For this they might need information about the make-up of the area, from the council or the CRO].
3. Decide on priorities - eg the poorest estates, particular ethnic groups, elderly people in residential care.
4. Make a plan for contacting organisations. They may not know what community groups there are, but the Community Relations Office or the Council of Voluntary Service should have lists.
5. Decide how the work is going to happen: eg in small teams, or members working on their own.

AND SOME
HINTS:

1. If some members are already defensive, it's wise to acknowledge what they know already, and build on it.

2. They may need to emphasise the principle of people speaking for themselves, rather than having mainstream organisations speaking for them.

You may have come up with a quite different strategy in this exercise. If so, compare the two, and see whether you're using similar principles.

It's easy for a CHC to maintain regular, undemanding links with a few like-minded organisations. These may provide a basis for good collaborative work; but they aren't enough. As Chair you need to make sure that the CHC's networking is part of an overall plan [as in this case study].

IF YOUR
CHC

hasn't got a system of annual reviews, find out more about them from your Chief Officer, or from other Chairs.

3. Maintaining contact

CASE
STUDY
cont.

Six months later, Bellingham CHC has learned a great deal about its constituency. Members have made contact with twenty organisations, including tenants associations, a carers' group, several disability groups, a Pentecostal church and a mosque. They have also renewed contact with the larger organisations, like the CAB and the Red Cross. They meet to review progress and decide what to do next. Some organisations have wanted specific issues raised. Some have a general interest in health and are already working effectively with the health service. CHC members reported meeting many impressive and articulate people, who were keen to work with them.

Members are anxious not to waste all this work and enthusiasm. How can they stay in contact?

LIST

the options the CHC has, for working with these organisations.

- 1.
- 2.
- 3.
- 4.
- 5.

COMPARE

your ideas with ours

1. Network: meet regularly on an informal basis to swap experiences and ideas
2. Involve them in consultations
3. Work together on campaigns or research projects
4. Review together: look at the areas of interest you have in common, and plan so that you don't duplicate.
5. Encourage people to put themselves forward as possible voluntary sector- or council-nominated members of the CHC
6. Co-opt them onto relevant sub-committees
7. Have CHC representatives on their committees
8. Set up arrangements for mutual referral of individual clients

You may have thought of more. The principle is to find the right method with each organisation. Some of the people you meet may become invaluable CHC members: others may prefer more informal systems.

A
DILEMMA

K.A. [Kingsway Action] is a campaigning organisation, set up by users of mental health services. It now has a membership of about thirty. When it started, six years ago, the Chief Officer of the CHC wrote offering support; but there was no reply, and there's been no contact since.

As part of this year's plan, the CHC decide to try again with the group. Two members, Joan Thorn and Rashid Mohamed, make contact with K.A. and arrange a meeting. When they arrive at the group's premises, there's no-one there. They wait half an hour, then go. When they get through by phone later, the co-ordinator apologises, and says he had to deal with an emergency. They fix another date.

The meeting eventually takes place, with five people from K.A., plus Joan and Rashid. They sit through a diatribe about the sins of the CHC: that it's never taken any interest, that it shares the patronising attitudes of mental health professionals, has no mental health survivors as members, etc. Rashid tries to be conciliating, but to no effect. Joan becomes more and more angry, and restrains herself from walking out. When they manage to outline the CHC's current concerns, the co-ordinator says grudgingly that K.A. 'might be willing to help you out.'

Rashid and Joan report back on this to the CHC. Other members are indignant on their behalf, and want no more contact with K.A. Joan agrees; Rashid says he's not sure. As Chair, you're aware that K.A. is one of the few active disability organisations in the area, and that it is effective.

What do you recommend?

NOTE

your thoughts on the situation

OUR IDEAS

1. It's clear that the K.A. people weren't being constructive. Maybe it's worth thinking why that might be. They may feel that the CHC has a lot of power. They clearly see it as part of the system that they want to change. They may see themselves as more radical and effective, and want to prove it. It's important not to get drawn into power games like this.
2. Users of mental health services are often angry with those institutions. Given some past and present policies and treatment, this is understandable. It may help CHC members to see that the hostility isn't targeted mainly at the CHC.
3. At one level K.A. is quite right: the CHC has ignored them. Are they also right that there are no mental health users as members? It's a reasonable point, and it might help to acknowledge that. Could the CHC co-opt one or two members of K.A.?
4. It's worth considering whether Joan and Rashid in any way triggered the hostility: by seeming patronising, for instance. This wouldn't justify K.A.'s response, but it might explain it.

5. There is a chink here: the co-ordinator's final comment. That could mean that there was something that did interest them. A more focussed meeting, looking at specific areas of common concern, might move things on.

6. One way to defuse the anger is to be useful. K.A. members may need advocacy help, for instance.

5. As Chair, if you're recommending continuing, you may need to help members find ways of dealing with this kind of anger. You can acknowledge the difficulty, and encourage them to listen to the ideas K.A. puts forward, rather than reacting to the tone. You can also make sure they have a chance to off-load their frustration after any difficult meetings.

You may have more ideas, about the causes or the solutions. What's important is not to be put off if organisations aren't immediately welcoming. Most contact with community organisations is much more constructive than this!

Unit 8, Equal opportunities, has more ideas about links with the community.