The resilience of people in community-facing organisations: what's the role of funders?

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LONDON
FUNDERS

1. Summary

Community-facing organisations have been reporting back to funders that increased pressure, complexity and demand is leading to concerns about the resilience of their staff and volunteers. These concerns cut across funding themes. London Funders has been exploring how funders can work both individually and collectively to ensure paid staff and volunteers working in community-facing organisations can build their resilience. We hope that this discussion paper will lead to:

a. Shared understanding of the challenges to the resilience of the civil society workforce;

b. Commitment to change in individual funder practices;

c. Collaborative action by funders.

By *community-facing organisations*, we mean organisations with direct interactions with members of the public who are using their services. By *workforce*, we mean paid staff and volunteers at all levels. And by *resilience*, we mean a set of resources and skills that enable people to both cope and to adapt, to learn from experience, *"to be optimistic and to ask for help when they need it"*.

Because there is a gap in literature, data and frameworks relating to resilience, this paper uses mental health as a proxy in some sections.

The increased pressure on the workforce in community facing organisations comes from the complexity and depth of the issues presented by those seeking help, often as result of reduced access to statutory services. Pressure can be placed based, in the case of a significant local incident. Pressures also result from organisational issues, often caused by reducing funding, including disinvestment in learning and development, lack of management capacity, and the changing structure of the workforce to include more volunteers and fewer paid staff. And finally, there are the personal pressures of living in London and working in a community organisation.

Community-facing organisations working with people who are expected to present with complex and multiple issues are likely to have qualified or trained staff with appropriate structures and systems in place to support their workforce. Civil society organisations that aren't focused on people with complex and multiple issues,

but now more frequently come into contact with them, may not have the same professionalised staff team or support structures in place.

Increased demand and complexity, feeling out of your depth or that you can't respond appropriately to people who are in distress, can result in anxiety and depression, burnout, and even secondary trauma. Data shows that these are on the increase in both civil society organisations and the public sector resulting in higher levels of absenteeism, but also in presenteeism (working whilst ill) and leavism (working whilst on holiday).

There is an emerging focus on mental health, and on supporting good mental health at work which is supported by common understanding, new frameworks and resources. If we go beyond good mental health to our wider definition of resilience, there is less agreement on the concepts and fewer resources in place. The third element we consider is how we might challenge the context that creates the increased pressure on community-facing organisations.

This discussion paper provides a range of case studies from community-facing organisations, infrastructure and specialist organisations. There is also an overview of what funders are already doing to tackle these issues.

We propose a shared goal for funders, Trustees, managers and workers: *Community facing organisations in which staff and volunteers are resilient*. There are a series of building blocks for moving towards this goal which include firstly, ensuring organisations have good HR practice to support mental health, secondly, enabling organisations to build resilience through being reflective and adaptable, and thirdly, challenging the context by investing in organisations seeking to influence policy and practice.

We set out a series of recommendations for funders under each of these building blocks. These include:

Supporting good mental health:

- Include in your guidance an explicit statement that you will cover costs associated with the mental health of staff and volunteers;
- Ensure full cost recovery includes learning and development for all staff and clinical/external supervision where needed;
- Consider a joint purchase a significant intervention e.g. putting mental health first aiders in place for the entire sector in London.

Building resilience

- Pilot a grant programme to understand what organisations would choose to do to increase staff resilience and understand what works;

- Joint investment in peer to peer support, bringing grantees together to share challenges and solutions;
- Add resilience to the funder plus offer, supporting grantees to develop whole organisation strategies to support the workforce.

Challenging the context

- Consider how your funding equips community-facing organisations to research and campaign for changes in policy that will reduce the complexity of the issues those that use their services are facing.

Community-facing organisations have been reporting back to funders their concerns about the resilience of their staff and volunteers. Increased pressures on the civil society workforce result from additional complexity and demand from the people they support, in an environment in which access to public services has reduced and resources are scarce.

These concerns cut across funding themes including organisations working with people of all ages and communities in a variety of roles and settings. We have particularly heard about children and young people's services, advice services and multi-activity community centres.

London Funders has been exploring how funders can work both individually and collectively to ensure paid staff and volunteers working in community-facing organisations have access to the support they need in order to continue to deliver outcomes for London's communities. This discussion paper draws on roundtables with our members, desk research and interviews with grant-makers, infrastructure bodies and community-facing organisations.

We hope that this discussion paper will lead to:

a. Shared understanding of the challenges to the resilience of the civil society workforce;

b. Commitment to change in individual funder practices;

c. Collaborative action by funders.

This paper focuses on the resilience of the workforce in community-facing organisations.

By *community-facing organisations*, we mean organisations with direct interactions with members of the public who are using their services.

By *workforce*, we mean paid staff and volunteers at all levels. We note that those coming into contact with people with more complex problems are not just those in one to one advice, support or counselling roles, but also receptionists, managers and Chief Executives, and, in smaller organisations, Trustees as well.

By *resilience*, we are going beyond concepts of good mental health to mean a set of resources and skills that enable people to both cope and to adapt:

"Resilient people have strong resources and skills to manage stress and conflict as well as a good support network to help them deal with the pressures of work... Resilient people are also flexible, adapt to new and different situations, learn from experience, are optimistic and ask for help when they need it".

(Workplace Mental Health Research Group, Australia 2015)

There is a gap in literature, data and frameworks relating to resilience, and this paper therefore uses good mental health as a proxy in some sections.

By good mental health, we use the definition used in Thriving at Work which defines good mental health as:

"A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community."

(World Health Organisation 2014)

We note that resilience is a contested term. We recognise that it is not enough to build people's ability to cope and to adapt with increasing complexity and demand, but that we must also address the systemic issues that shape the environment in which they are working.

4. The issues

The drivers for the increased pressure on the workforce in community facing organisations begin with the wider impacts of austerity on both individuals and on civil society organisations.

The complexity and depth of the issues presented by those seeking help from community-facing organisations is increasing, as people become more distressed and desperate. Welfare reforms have led to increases in homelessness and destitution. Families struggle to feed their children, with two thirds of children in poverty now in working families. The demand for support and the volume of work has also increased significantly, with people tending to spend longer with the community organisations that are supporting them. This is often the result of a reduced access to statutory services, either because thresholds for support are higher or because services no longer exist, for people who would previously have been supported through that route.

Pressures can also be place based, for example, resulting from a serious incident in a neighbourhood that requires an increased response from local organisations.

For many community-facing organisations, funding remains precarious which increases the sense of instability for the workforce. The structure of the workforce has also changed: an example is the youth sector, where previously 75% of the team would have been paid staff with 25% volunteers, but where these proportions have switched to the exact opposite.

Scarce resources can also result in a lack of space for thinking strategically meaning organisations struggle to get onto the front foot. There has been disinvestment in training and development of the workforce and in management posts as a result of the reduction of funding. This disinvestment may also result from perceived external pressures on the sector to minimise overheads. However, at the same time, concerns about safeguarding and, more recently, harassment and bullying, increase the requirement for people working in high pressure community facing organisations to have skilled and effective management and continuous training and development. Capacity from civil society infrastructure organisations who provide community facing organisations with training and expertise has also been stripped out.

Increased competition for funding, and some types of contract such as payment by results, can lead to organisational pressure to deliver more or pre-specified outputs, meaning that community-facing workers have less autonomy or control over how they engage with people with complex needs with whom it may take longer to deliver a fundable output or outcome. This also puts pressure on the relationships between managers, workers and those they support.

And finally, there are a set of personal pressures on individuals working in community-facing organisations in London that include rising housing costs, which are a significant stress factor for those on short term, low paid and insecure contracts. IPPR's report The Charity Workforce in Post Brexit Britain[1] identifies that around half of EU charity workers are London-based, and around 145 of charity workers in London are EU nationals, compared to the national average of 4% – these people will be experiencing high levels of uncertainty.

The diagram below shows how three different types of pressures combine.

| Beneficiaries	Organisational	Personal
• More complex and deeper needs • In distress • Isolated • Poor mental health • Less able to access support • Less able to navigate system • Closer to the edge • Place-based incidents	• Unstable funding • No time for strategy • Changing structure of workforce • Lack of management capacity • Overheads under pressure • Disinvestment in training • Lack of control or autonomy for frontline workers • Relationships under pressure	• Stigma - not wanting to ask for help • Low pay • Insecure contracts • Cost of London housing • Brexit-related uncertainty (for EU Nationals)

It is worth noting that IVAR's recent Duty of Care[2] report concludes that *"organisations have been able to keep going thanks to the determination of their people"*, and Third Sector's Charity Pulse survey[3] in 2017 concluded that, notwithstanding increased workloads, *"morale among voluntary sector workers has reached its highest level since 2008"*. So whilst this discussion paper is prompted by concerns about resilience, we should also recognise and celebrate the strength and resilience that already exists in community-facing organisations working in extremely challenging environments.

The pressures experienced by community-facing organisations may previously have been different across different types of service, but are now occurring across all:
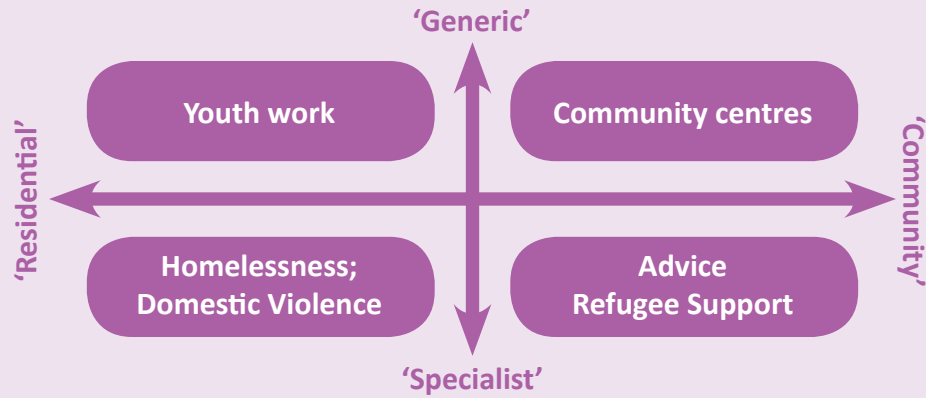
Community-facing organisations working in the lower left hand quadrant i.e. with people who are expected to present with complex and multiple issues, are more likely to have professional trained staff with structures and systems in place to support their workforce. For example, they are likely to provide clinical supervision for those in counselling roles. They may also use approaches such as trauma informed practice or aim to put in place psychologically informed environments. Civil society organisations that aren't focused on people with complex and multiple issues, but now more frequently come into contact with them, may not have the same professionalised staff team or support structures in place. If a psychologically informed environment is an appropriate approach in homelessness services, what is appropriate for the workforce in a community centre?

5. The impact

Increased demand and complexity, feeling out of your depth or that you can't respond appropriately to people who are in distress, can result in anxiety and depression, burnout, and even secondary trauma. The CIPD Absence Survey[4] reports on the change in the number of reported common mental health problems, such as anxiety and depression, among employees over the last 12 months. The data for 2016 is set out in the table at the foot of this page.

This is clearly a significant issue in the public sector as well as in civil society. The CIPD Management Survey also asks what organisations are doing about their workforce's mental health. This identified that the public sector is most likely to have employee mental health on the agenda of senior leaders. The 'non-profit' sector is less likely than either the public or private sector to have strategies in place.

In 2018, the CIPD Absence Survey identified that:

- *Absence:* over the last decade, average workplace absence has fallen, but the proportion of days lost due to poor mental health has risen;

- *Presenteeism:* the vast majority of respondents (86%) report they have observed people working when unwell in their organisation over the past 12 months;

- *Leavism:* a third of respondents identify that employees use allocated time off to work.

Note that these surveys don't specifically consider the civil society context (i.e. higher numbers of part time, short contract or volunteer staff). There appears to be a correlation between pay (lower salary, longer working hours) and burnout. This may be balanced in community-facing organisations by people's connection to the

Sector	Increase (%)	Decrease (%)	No change (%)
Private	32	8	60
Public	65	9	26
Non-profit	43	6	51
All respondents	41	8	52

mission and values of the organisations for which they work. However, *Facing Forward*[5] by the Lloyds Bank Foundation quotes from *The Happy Healthy Nonprofit*[6] which says that:

*"charity sector staff are particularly susceptible to burnout because of the combination of scarce resources, high need clients and **expectations of sacrificial behaviour**"*

Neither do the CIPD surveys consider the impact on the beneficiaries of the service. However, London Funder's members say that monitoring reports from grantees identify staff sickness as a barrier to delivering project outcomes.

The London Legal Support Trust (LLST) supports 34 Centres of Excellence, (a programme funded by and run in partnership with the City Bridge Trust) with core funding. In their annual returns to the LLST, the Centres identify their key risks. In 2018, 63% identified *"Loss of staff, difficulty in recruiting, and other staff related issues i.e. increased demand putting pressure on staff"* – the second highest risk after funding.

6. The changing policy and practice context

There is increasing focus on mental health, and on supporting good mental health at work.

Thriving at Work[7], an independent review of mental health and employees, co-chaired by Paul Farmer of Mind and published in 2017, identified that the cost to employers in the UK of poor mental health in the workforce is between £33 billion and £42 billion a year. Evaluations of workplace interventions to improve mental health show a return to business of between £1.50 and £9 for every £1 invested[8]. The most important recommendation is that all employers, regardless of size or industry, should adopt 6 '*mental health core standards*' that lay basic foundations for an approach to workplace mental health.

A new *'Right to be Safe'* in NCVO's Ethical Framework[9] states that:

"Charities should also be places where people's wellbeing and mental health are valued and promoted, so that anyone working in the charity or coming into contact with the charity is encouraged to value and invest in their own health and wellbeing"

Thriving at Work Core Standards:

- Produce, implement and communicate a mental health at work plan.
- Develop mental health awareness among employees.
- Encourage open conversations about mental health and the support available when employees are struggling.
- Provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development.
- Promote effective people management through line managers and supervisors.
- Routinely monitor employee mental health and wellbeing.

There are a growing number of practical initatives for employers in relation to supporting good mental health at work. These include:

- *Mental Health at Work*[10] (curated by Mind and funded by The Royal Foundation as part of their Heads Together campaign) is an online resource pooling toolkits from business, charity and government.

- **Time to Change**[11] (co-funded by Comic Relief and the Department of Health, and also delivered by Mind) provides resources, research and campaigning materials to combat mental health discrimination and change how we act around mental health. This includes resources for employers.
- **Mental Health First Aid England**[12] campaigns for mental health first aiders to be required in organisations alongside physical first aiders through the *Where's your Head At* campaign, and offers practical training and online resources for organisations and individuals.

But, as set out at the beginning of this paper, our definition of resilience goes beyond having good mental health. It is also about the flexibility that the workforce has to adapt and respond to the people they are engaging with. Furthermore, it is about a working environment where staff and volunteers are encouraged to share and learn and are optimistic about their capacity to effect change.

Tavistock and Portman NHS Foundation Trust identifies that there are certain factors that protect a workplace from burnout – a sense of purpose, a sense of belonging, and a management style that finds *"a balance between clarity and presence, but also offer people autonomy to allow them to get on with what they need to get on with"*[13]

Debates about how to achieve resilience in civil society organisations are not new, but there are not the new policies or frameworks that we now see with mental health. The Charities Aid Foundation (CAF) is running a pilot programme to understand how small charities can be more resilient. Early findings[14] identify that, at an organisational level, what's needed is effective management, a focus on strategic planning and time to reflect in a complex environment. *"Resilience can mean doing less but doing these things better; yet often charities feel that to be more resilient they need to be doing more"*. CAF identifies that funders can support resilience in organisations through core costs grants, recognising that *"charities need space to engage with complex organisational development issues"*.

The third element to the policy and practice context is the increasing need and complexity of those seeking support. Much of this is a result of austerity policies which have reduced public sector budgets, increasing thresholds for access to statutory support at the same time as changes to welfare have made life far more precarious for many. Public and independent funders, on occasion, explicitly contest these policies, for example a joint London Councils/London Funders meeting held in January 2019 to develop a campaign for local authority budgets to be protected from further cuts in the 2019 Comprehensive Spending Review. Other funders, such as Lankelly Chase, focus on investing in systemic change approaches seeking to *"change the systems that perpetuate severe and multiple disadvantage"*.

7. Emerging responses

This section offers case studies of how community-facing organisations, infrastructure organisations and funders are already responding to concerns about the resilience of the workforce.

Community-facing organisations

In the context of community-facing organisations, it is important to note that:

- it is not just staff and volunteers in one-to-one roles who are affected. Often the person on the front desk is bearing the brunt of increased demand, sometimes the communications or fundraising person is immersed in individual stories of trauma;
- in small charities there can be "blur" around roles, with CEOs and Trustees often getting involved in operational activities, so the pressures affect everyone at all levels and in all roles of an organisation;
- with increasing focus on the involvement of people with lived experience at Trustee level and in delivery roles, what are the additional implications for their own resilience?

- very small organisations are often set up by people with personal experience of an issue – there can be high levels of burnout as people struggle to transition from volunteer led group to a registered charity with paid staff.

The first case study on the next page looks at the provision of specialist supervision to very small community-facing organisations.

Hackney CVS

Hackney has a high number of small, community-facing organisations. Hackney CVS employs a Safeguarding Lead for Adults and Children who provides advice, training and support across c1600 local organisations.

Children and young people with social care needs who no longer meet the threshold for higher care needs from Hackney Children's Services have turned to small local organisations for help. The Safeguarding Lead identified the need for specialist case supervision (in addition to their normal management supervision) for frontline workers in these organisations in order that they are able to respond appropriately.

With funding from the CCG, the Safeguarding Lead has piloted the provision of group clinical supervision for frontline workers. The pilot included workers from a number of organisations including a Saturday School, an estate-based youth team and a project working with gangs - the challenge to recruiting participants was that it required organisations to identify that they don't already do this well. Sessions were held over 10 weeks on a Saturday afternoon, and staff were paid to attend – very important in enabling them to take part. Those who did attend valued both the expert supervision and the exchange of knowledge and experience with peers. Managers of the frontline staff were also keen to benefit but identified that they would need one-to-one sessions.

The purpose of the pilot was to drive systemic change at a Local Authority level so that the costs of clinical supervision would be accepted in future applications. It is too early to tell if this has been achieved.
The case study below shows how one organisation has responded to the increased pressures on its community-facing staff.

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The ClementJames Centre

The ClementJames Centre (CJC) is a multi-activity community centre in north Kensington, offering education, employment and wellbeing support. Staff are young, passionate and dedicated, but don't have specialist training in dealing with trauma and complex issues. People receiving support build strong and trusting relationships and seeing the charity as a 'safe space', sometimes disclose or reveal a complex trauma. This has become more common as referral routes into statutory services have reduced.

Following the suicide of a service user, CJC raised funds for a Staff Support Worker – a qualified psychotherapist who works one day a week offering a mix of individual and group sessions to staff doing one-to-one work and (on a less regular basis) to the wider staff team, helping them to draw the boundaries between work and home, put coping strategies in place, and develop their personal resilience. The Staff Support Worker is also able to raise issues with the Management Team when needed meaning that managers can address wider issues such as how projects are designed, ensuring staff have autonomy and flexibility over their work.

The Staff Support Worker joined the team one month before the Grenfell Tower Fire (CJC was one of the local organisations at the heart of the community response) and immediately proved invaluable. Despite the extreme context, there was still some resistance among staff about asking for help. Two years later, it has become a normal part of the culture of the organisation to access her support.

CJC also has a Safeguarding Manager who supports staff with complex cases and provides monthly supervision.

For both Hackney CVS and CJC, the funding is short term. However, workers need to know that the support is consistent, reliable and sustainable. Could these types of post be commissioned directly by funders and shared between a number of different organisations?

Both case studies identify that people are reluctant to ask for help – what can funders do to make this culturally acceptable across civil society? The Royal Foundation's *Heads Together*[15] campaign to reduce the stigma of mental health is relevant here.

Neither case study demonstrates clearly how organisations develop resilience although the activities of the Staff Support Worker at CJC go beyond providing mental health support and into developing resilience as, through her work, managers are able to respond to worker concerns about service design.

Infrastructure organisations

Qualifications and professionalism in many sectors have been steadily eroded as a result of funding cuts. Infrastructure organisations, both regional and national, have a crucial role to play here with deep understanding of the challenges and needs of a sector, ability to convene organisations to share learning and to draw on expertise most relevant for that sector.

Many funders don't currently fund infrastructure. Could funders engage at a strategic level with the infrastructure organisations that support the work they like to fund?

The case studies on the next pages illustrate how infrastructure organisations are responding to the issues raised by the sector.

Litigant in Person Network

Following changes to Legal Aid in 2012, there has been an increase in the number of vulnerable litigants in person presenting at court. The LIP Network is a project of The Litigant in Person Support Strategy (LIPSS), a national partnership working together to improve the experience of people facing the legal process alone. The LIP Network connects over 400 members from across the access to justice sector, providing an online platform where members share resources, connect and engage.

Network members identified the challenges of supporting staff and volunteers who are now in daily contact with litigants in person with complex legal problems, many of whom also have poor mental health. In partnership with a consultant psychiatrist, a professor of social policy research, and a lawyer, the LIP Network developed a one-day training workshop attended by the advice sector, senior managers, academics, court staff and members of the judiciary.

The workshop approach drew on the real experiences of participants to explore and share how best to respond to people who are distressed by the circumstances in which they find themselves. The workshop also enabled participants to understand more about mental illness, what support is available, and how to maintain appropriate boundaries.

The workshop has been delivered in London, Manchester and Newcastle. Materials are accessible to all members, and the LIP Network are exploring the possibility of producing a short film on key learning. Evaluation showed that participants valued the safe space to share challenges and understand that they are not alone.

There is potential to tailor resources for specific groups. For example, university pro bono clinics have expressed particular concern of monitoring the wellbeing of ad-hoc student volunteers working with distressed clients.

The consultant psychiatrist running the workshop reflected that high quality supervision is critical to enabling people who aren't necessarily qualified or experienced to deliver good support.

Supervision is defined as: *"A supportive relationship of known frequency (i.e. regular meetings) in which you can bring problems and challenges and not just reflect on them but also learn from your supervisor about how to deal with them"*.

National Youth Agency: Youth Work Academy

The National Youth Agency (NYA) champions, professionalises and enables high quality youth work. Specialist provision for young people now has a higher threshold, meaning young people with complex issues are more likely to engage with generic youth provision. More work in this sector is now delivered by volunteers, and the local authority structures which previously would have ensured the continuing professional development of the third sector youth workforce no longer exist.

In response to this, the NYA has launched the Academy. This will:

- Provide up to date and fit for purpose qualifications for the sector
- Develop expert practice, e.g. increasing knowledge about the complex issues faced by young people and how best to support their mental health
- Support strong leadership and management in the sector including models of supervision that can be applied in organisations and how to support workforce well-being.

Training will range from one day courses to accredited qualifications to bespoke programmes in partnership with local authorities. The NYA connects to and draws on expertise and learning from across the UK.

Specialist organisations

There are specialist mental health organisations able to offer practical expertise and support to community facing organisations and also campaigning for wider systemic change.

Mind

Mind is the leading mental health charity in England and Wales, providing advice and support to empower anyone experiencing a mental health problem. Mind provides direct support as well as campaigning to improve services, raise awareness and promote understanding. *"We won't give up until everyone experiencing a mental health problem gets support and respect"*.

As part of our Mind's *'Building on Change'* strategy, they plan to support 1 million employees to have good mental health at work, providing advice and support to employers to help them create mentally healthy workplaces. Support is offered through funded programmes with a specific audience or subject focus (*Blue Light, Time to Change Employers* along with the recently launched *Mental Health at Work gateway* as part of the *Heads Together* programme with the Royal Foundation). Mind also offer paid-for training and consultancy and the *Workplace Wellbeing Index* which is a benchmark for employers of best policy and practice.

The funded programmes offer free support to employers, though this is usually limited (e.g. employers currently get 1 year of free guidance through the Time to Change Employers programme).

There is not currently a funded programme that focuses on the Charity sector as an employer, but the recently launched *Toolkit for Mental Health for Small Workplaces* developed in partnership with the Federation for Small Businesses will include much of relevance.

Mental Health First Aid England

Mental Health First Aid *"is a training program that teaches members of the public how to help a person developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis. Like traditional first aid, Mental Health First Aid does not teach people to treat or diagnose mental health. Instead, the training teaches people how to offer initial support until appropriate professional help is received or until the crisis resolves"*[16].

Mental Health First Aid was developed in Australia in 2000. In 2009, MHFA England was established to provide MFFA training for individuals (offered through three courses: on awareness, as champions and as First Aiders) along with support for organisations to develop holistic and embedded well-being strategies. Since then MHFA England has trained 370,000 individuals and aims to reach one in ten of the population in England. The organisation has grown by 59% in the last year, in response to rapidly increasing demand.

So far, much of this demand has been from the business sector, but has included public sector organisations and larger charities. Mind are an accredited deliverer of the MHFA courses, and local Minds will deliver local courses which reach some smaller community-facing organisations.

MHFA England is also a lead player in the *Where's Your Head At* campaign which has succeeded in persuading the Health and Safety Executive to issue enhanced guidance to employers to include mental health in safety assessments, and is calling for mental health to be explicitly included in the First Aid regulations.

8. What funders are doing

We have already heard about funders who are making good mental health a core priority, for example:

- **The Royal Foundation**, with support from the Julia and Hans Rausing Trust and others leads the *Heads Together* campaign to tackle the stigma around mental health, and funds *Mental Health at Work* (curated by Mind), an online resource on supporting good mental health in the workplace, pooling toolkits from business, charity and government.
- **Comic Relief** is co-funding, with the Department of Health, *Time to Change*, which provides resources, research and campaigning materials to combat mental health discrimination and change how we act around mental health.

A number of funders are now asking specific questions during the application process about how the mental health of staff and volunteers is supported. For example:

- **The Berkeley Foundation** focuses on young people and communities. The application process includes a specific question: *"How will you support the mental health of your frontline staff during this project?"*. A 'good' response might include ensuring appropriate training for the service being delivered, specialist training in vicarious trauma support and compassion fatigue, regular clinical supervision, the offer of external counselling and access to independent Employee Assistance Programmes.
- **Lloyds Bank Foundation** makes grants to charities that are supporting people experiencing complex social issues. Regional grant managers spend time on the ground in their patch getting to know grantees. Because grantees are working in fields such as domestic violence, sexual exploitation and homelessness, grant managers expect to see good management practice with reflective practice and clinical supervision in place for counselling or one-to-one staff, and ask for evidence of regular supervision, appraisals and training.
- Grant managers at **Henry Smith Charity** have portfolios of grantees working on particular issues, so develop expertise and knowledge of what good

looks like in those services. In a mental health project this would include an appropriate staff to service user ratio, a sensible case load with well-defined case management process, and a culture that encourages staff to raise concerns. Grantees delivering health and social care services are expected to have access to (in-house or external) clinical supervision. Applicants are offered the opportunity to reallocate their project budget with increased investment in supervision if needed (although not an increased budget overall).

Funders are also considering what they might offer through funder plus programmes.

For example, the **Lloyds Bank Foundation** currently offer access to legal support on HR issues and change management support through their Enhance programme and will expand this to offer training on supporting staff wellbeing and mental health.

Moving into the sphere of resilience, **The City Bridge Trust** are planning to pilot what works best for community facing organisations through a new *'Responding to the Resilience Risk'* pilot programme that will launch in May 2019.

Collaborate's recent report *Exploring the new world: Practical insights for funding, commissioning and managing in complexity*[17] proposes a more relational approach between funders and grantees that enables them to work in a way that is human, prioritises learning and takes a systems approach.
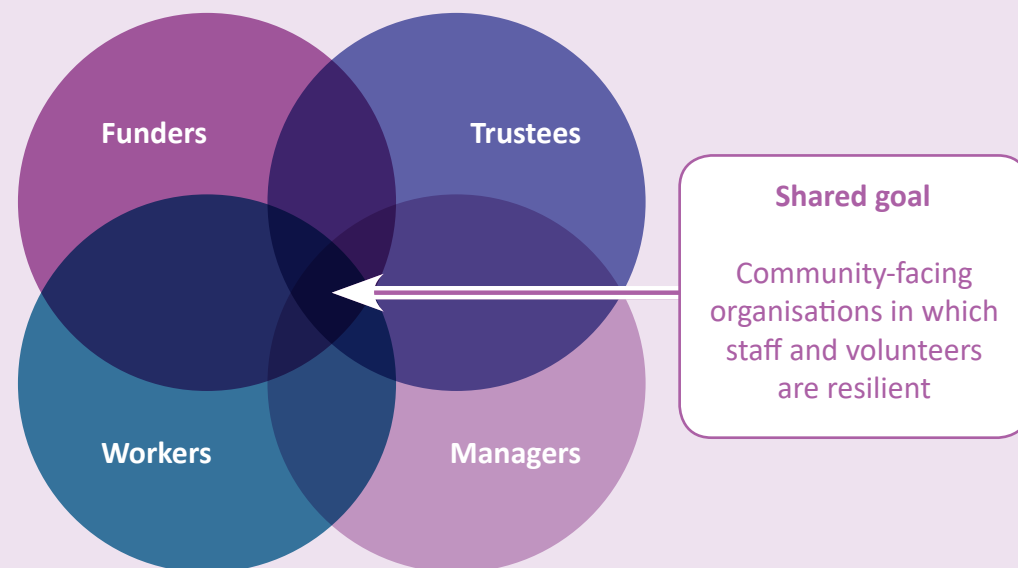
"Managers talk about 'liberating' workers from attempts to proceduralise what happens in good human relationships, and instead focus on the capabilities and contexts which help enable these relationships. For funders and commissioners, being human means creating trust with and between the organisations they fund. Trust is what enables funders and commissioners to let go of the idea that they must be in control of the support that is provided using their resource"

In terms of challenging the context in which community-facing organisations are operating, the Early Action Neighbourhood Fund set up by the Early Action Funders Alliance is relevant here. Early action prevents problems from occurring, rather than dealing with the consequences of those problems. The EANF aims to *"reduce future demand for public services by providing innovative models of*

intensive preventative support right now" and is piloting three significant five-year interventions in advice and children's work, led by local civil society organisations in partnership with public sector partners.

And finally, a number of funders have an explicit focus on supporting policy and campaigning work. The **John Ellerman Foundation** has recently launched a Social Action funding programme, supporting small national organisations to *"improve systems and institutions through policy, advocacy and campaigning"* and doing so by *"actively involving those with personal experience of the issue tackled"*.

The diagram below draws on the ACAS Framework for positive mental health at work[18] to propose a shared goal for funders and grantees.

Funders   **Trustees**

Workers   **Managers**

Shared goal

Community-facing organisations in which staff and volunteers are resilient

The shared goal is community-facing organisations in which staff and volunteers are resilient. This requires:

- **Funders** to provide appropriate support including core grants, flexible funding and investment in learning & development (including management skills) and additional support as required;
- **Trustees** to commit to the resilience of their workforce, creating organisations with the space and capacity to design effective and adaptable services;
- **Managers** who provide effective supervision and create learning environments;
- **Workers** (at all levels) who are able to respond to changing needs, adapt and learn with the people they support, are self-aware and ask for help when they need it.

The outcome of a resilient workforce is positive outcomes with and for the people that they support.

The diagram below shows the building blocks for moving towards our ambition.

Good mental health	Building resilience	Challenging the context
• Good HR practice • Appropriate policy framework • Investment in management skills • Investment in training and development • Regular supervision and appraisal • Clinical supervision when required • Strong relationships • Healthy workplace culture and behaviours • Employee Assistance Programme	• Reflective group practice • Enabling agency for workers and those they support • Ability to respond and adapt • Ability to take risk and reflect • Continuous learning • Services co-designed with relationships at their heart • Strong peer networks and resources	Investment in community organisations seeking to challenge the context through: • piloting earlier interventions to prevent need arising • research • policy influencing • campaigning • supporting the people they work with to tell their own stories

The following section sets out recommendations and actions for the funder's role in achieving the ambition of community facing organisations in which staff and volunteers are supported and resilient.

10. Recommendations for funders

This section offers a three step approach:

• Supporting good mental health
• Building a resilient workforce
• Challenging the context in which we are working.

The first is simplest as there is a headwind on mental health and our recommendations are able to draw on a range of useful resources and frameworks are already in place. We identified at the beginning of the paper that there is a gap in our understanding of and resources for resilience, so the recommendations are about exploring, piloting and learning together. The third step is long term but is crucial if we are to address the causes as well as the consequences of these issues.

Before this, we're proposing three principles for funders in relation to achieving the goal of community facing organisations in which staff and volunteers are resilient.

Understand: *that people delivering the work we fund (may) need support too, and that investment in their resilience should be acknowledged in our funding programmes.*

Consider: *what are the additional implications for workforce support of services being designed or delivered by people with lived experience?*

Recognise: *what good looks like, working with specialist infrastructure organisations to establish good practice or professional qualifications in the type of work that you fund.*

The next pages highlight actions and recommendations for funders, individually and collectively, and outlines what London Funders will do to support this work.

Supporting good mental health	Recommendations for funders	What London Funders will do
	Use the 'Thriving at Work' core standards to guide funder understanding on what a 'thriving' organisation looks like	Continue to collect and share good practice by individual funders
	Include in your guidance an explicit statement that you will cover costs associated with mental health of staff and volunteers	
	Ask questions during assessment about how staff and volunteers are supported and offer advice/ additional budget if required	Provide practical support for joint initiatives and collaborations.
	Ensure full cost recovery includes learning and development for all staff and clinical or external supervision where needed	
	Encourage applications from sector infrastructure organisations who can provide sector appropriate training and support	Is there an appetite for a kitemark i.e. 'mental health aware' funder?
	Commission a civil society sector specific 'toolkit on mental health at work' from Mind	
	Encourage corporates who commission training or support for their own staff on good mental health to extend that to the civil society organisations that they fund	
	Consider joint purchase of a significant intervention putting mental health first aiders in place for the entire sector and making this a condition of funding. Organisations could be accredited so that funders can see who has taken part	

Building resilience	Develop a shared understanding of workforce resilience with civil society organisations, understanding how this overlaps with mental health and safeguarding	Track funder action and learning, reconvening as necessary to share and support further development
	Pilot a grant programme to understand what organisations would choose to do to increase staff resilience and understand what works	
	Offer core funding grants and embed flexibility in how project grants are spent to allow grantees to deliver responsive services	
	Joint investment in peer to peer support, bringing grantees together to share challenges and solutions – bearing in mind that both one-off events and on-going peer learning networks are valuable. Consider who is invited to take part i.e. community-facing staff as well as CEOs	
	Include resilience in the funder plus offer, supporting grantees to develop whole organisation strategies to support the workforce	
Challenging the context	Explore with grantees models of delivery that reduce the pressure on community-facing organisations. If people with complex and multiple problems are now arriving in every service seeking help, one service alone is unlikely to be able to provide what is needed – consider collaboration, co-location, whether the money can follow the person?	Promote and connect to relevant initiatives e.g. Collaborate Learning Network, Early Action Funders Alliance
	Consider how your funding equips community-facing organisations to research and campaign for changes in policy that will reduce the complexity of the issues those that use their services are facing	
	Join joint funding initiatives that think about systemic change in how society prevents complex problems arising and deals with them when they do	

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our purpose:

We're here to strengthen civil society and create a better London, through enabling funders from all sectors to be effective. We're focused on collaboration – convening funders to connect, contribute and cooperate together, to help people across London's communities to live better lives.

convene

We create the space for productive conversations and collaborations.
Our aim is to use the space we create for cross-sector dialogue as a vehicle for: sharing information, approaches and ideas; developing a shared understanding of need; collaboration; and trust-building.

contribute

We shape policies that affect Londoners through our informed voice.
Our aim is to play a constructive role in policy development and to ensure that the combined intelligence, experience and views of our members are represented to strengthen civil society in London.

connect

We bring people and organisations together with the ideas and tools they need to be effective.
Our aim is to develop and showcase practical ways for doing things differently and in such a way as to strengthen civil society and create a better London.

cooperate

We enable funders to work together to tackle the issues facing London.
Our aim is to strengthen practice, increase the impact of assets and resources through aligning these effectively across funders, and create the mechanisms that enable collaboration to work.

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