

A voice for all?

BAME people and Severe Multiple Disadvantage in Nottingham: An evaluation of the work of AWAAZ.



Grant Everitt and Karan Kaur (Opportunity Nottingham)

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About this report

AWAAZ are a Nottingham based charity providing support for BAME people, mainly relating to mental health.

This report started out as a short investigation into the work AWAAZ deliver as part of the Opportunity Nottingham project. Evidence from the investigation was to be used to inform the Opportunity Nottingham Partnership Board about the contribution AWAAZ has made to the project. Opportunity Nottingham is funded by the National Lottery Community Fund, and is one of 12 projects in the UK funded under the Fulfilling Lives Programme (Supporting People with Multiple Needs) banner.

However, during the investigation it became clear, that bigger questions could not be ignored about why BAME people - particularly from certain communities - were under-represented on the Fulfilling Lives Programme. It was then necessary to ask the question, "*how can this under representation be overcome?*" This is reflected in the report title: **A Voice for All?** It is taken from the word AWAAZ itself, which means 'voice' in the three main South Asian languages.

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1. Introduction

The challenges faced by people with Severe Multiple Disadvantage (SMD) from BAME communities have been recognised by the Opportunity Nottingham project. One way that this has been addressed is through the commissioning of AWAAZ, a culturally specific service which provides multiple needs support for BAME people.

AWAAZ is a Nottingham based charity, whose primary role has been to provide mental health support for BAME people. Since their beginning in 1994, AWAAZ have put considerable effort into providing information about mental health, building trust and developing a positive reputation amongst BAME communities, as well as informing Commissioners and partner agencies about BAME mental health issues.

AWAAZ have been running the Opportunity Nottingham funded multiple needs service since July 2015. An evaluation of the service took place in the summer of 2018, with the following key questions asked:

- What is the prevalence of severe multiple deprivation amongst BAME people and is AWAAZ successfully helping to address this?
- What are the additional barriers that people facing SMD from BAME backgrounds face because of their ethnicity; and have AWAAZ succeeded in reaching people and supporting them to overcome these barriers? If so, how?

In considering SMD it is important to note there are significant variations between the experiences of different BAME groups. This evaluation considers people from South Asian communities and Black African and Caribbean communities separately, because these are the two largest BAME groups in Nottingham. It does not cover separately in any detail; gypsy and traveller communities, people with mixed ethnicity (or dual heritage) and white (non-British) Europeans. Further investigative work about the experiences of these groups could add significantly to the outcomes of the Fulfilling Lives Programme.



2. About Opportunity Nottingham

Opportunity Nottingham began work in July 2014 as one of 12 local projects commissioned to deliver the National Lottery Community Fund national programme, ‘Fulfilling Lives: Supporting People with Multiple Needs’. Over the four years in which it has been operating, Opportunity Nottingham has sought to transform both the lives of people locked into the multiple needs cycle, and the system that has failed to liberate them. Specifically, it has sought to:

- empower people with multiple and complex needs, supporting and enabling them to take control of their lives

“ Opportunity Nottingham has sought to transform both the lives of people locked into the multiple needs cycle, and the system that has failed to liberate them. ”



- change frontline services and make them more effective by listening to what service users want and need – making services better coordinated and integrated, more person-centred, responsive and realistic in relation to targets and timescales
- deliver change at strategic and commissioning level by working with strategic leaders and using the learning, outcomes and impacts of the project to change the system’s ‘DNA’.

The core service provided to individuals facing SMD by Opportunity Nottingham, is via the Main Delivery Team (MDT). This consists of Personal Development Coordinators (PDCs). PDCs provide a very high level of support, which is tailored to each Beneficiary, and involves working with specialist services and partner agencies around the four project criteria of homelessness, offending, mental ill health and substance misuse.

More information can be found at www.opportunitynottingham.co.uk



3. Severe Multiple Disadvantage, BAME people and service provision

People facing SMD are generally considered to experience homelessness, substance misuse, mental ill-health and offending ‘in a cumulative and mutually reinforcing bind from which they struggle to escape’. This definition is commonly used by the Making Every Adult Matter (MEAM) Coalition, and the Fulfilling Lives Programme.

These ‘multiple’ needs or disadvantages are mainly a manifestation of economic and social marginalisation and also childhood trauma (Bramley et al., 2015). As is highlighted in the following

pages, these background factors can manifest themselves differently in BAME people, so that other disadvantages which aren't generally included in the common definition of SMD, are more prominent. Examples include; language barriers, social and community isolation, facing sexual and domestic violence and discrimination. In short SMD may look different for BAME people. In this evaluation, the difference was found to be most acute in relation to Asian women. This diversity of disadvantage manifestation, is something that needs to be taken into account by policy makers, funders and service providers if services for people facing SMD are to be fully inclusive.



4. About AWAAZ

AWAAZ is a Nottingham based charity, whose primary role has been to provide mental health support for people from BAME communities. The organisation was founded in 1994, and has been a charity since 2011. The word “AWAAZ” means voice in the three main South Asian languages. Over the years AWAAZ have put considerable effort into providing information about mental health, building trust and developing a positive reputation amongst BAME communities, as well as informing Commissioners and partner agencies about BAME mental health issues. AWAAZ now provide care services and work on several contracts, one of which is the multiple needs service they have provided for Opportunity Nottingham since 2015. This service is required to use the common definition of SMD as its basis for eligibility.

More information about AWAAZ can be found at www.awaaznottingham.org.uk

“ Severe Multiple Disadvantage may look different for BAME people. ”



5. Methodology used for this report

This evaluation was conducted by the in-house Opportunity Nottingham Evaluation and Learning Team. To inform their understanding of how a culturally specific service might work for people facing SMD from BAME backgrounds, the following research methods were used:

- 1) Analysis of AWAAZ monitoring data.
This data is used to monitor information recorded for the Opportunity Nottingham contract and also learning purposes. It includes demographic information, needs (mental health, homelessness, offending and substance misuse) and outcomes.
- 2) Semi-structured interviews with four AWAAZ Beneficiaries.
- 3) Semi-structured interviews with staff: three AWAAZ staff, and three Opportunity Nottingham staff
- 4) Shadowing staff at AWAAZ. A member of the Opportunity Nottingham Evaluation Team shadowed staff over a two day period.



6. The prevalence of Severe Multiple Disadvantage in BAME communities

There is limited national data about BAME people and multiple needs. This isn't an issue confined to BAME people, rather it is because data tends to be gathered around how needs are conceptualised as single issues and so policy, commissioning and research tend to follow this. Only sometimes is secondary information collected about other disadvantages. Subsequently policy, commissioning and research tend to follow this single issue focus.

This single issue data is useful to a point especially in relation to each specific disadvantage, and so does provide some insight about the experiences of BAME people. So for instance, it is known that people from some BAME communities have higher use of certain mental health services

(Mental Health Foundation, 2018), have more contact with criminal justice services (The Lammy Review, 2017), and have higher prevalence of homelessness than people who are White British (Ministry of Housing Communities and Local Government, 2018). By contrast substance misuse tends to be lower overall amongst BAME people, although it does differ by ethnicity (UK Drug Policy Commission, 2010; Hurcombe, Bayley and Goodman, 2010).

“ People from some BAME communities have higher use of certain mental health services. ”

So, although single issue data is useful it only provides limited insight into the prevalence of SMD. There are however, two sources of data specifically about SMD, which include demographic data about ethnicity. The first is the 'Hard Edges' report (Bramley et al., 2015). This is the principal statistical study into SMD conducted in

England. The Hard Edges report found that of the population in England with the following three co-occurring disadvantages - offending, homelessness and substance misuse; 15% are from BAME groups. This is broadly similar to the proportion of BAME people comprised of the whole working age population (see Table 1). However, within this data there are some differences between ethnic groups. Black African and Caribbean people are over-represented in the SMD group and Asian people are under-represented; comprising only 4% of people facing SMD, but 8.2% of the working age population.

Looking at different ethnic groups the data shows even greater differences compared to the national population than the Hard Edges report found. Most notably people from Asian groups make up only 2.9% of the Opportunity Nottingham Main Delivery Team Beneficiaries and 1.8% of Fulfilling Lives Programme Beneficiaries despite most, though not all, of the projects being in areas with large Asian populations. This under-representation of people from Asian communities would appear to justify Opportunity Nottingham’s decision to commission AWAAZ as a culturally specific service. The next section reviews how AWAAZ has performed in addressing this issue.

Table 1

	WORKING AGE POPULATION (%)	HARD EDGES REPORT (%)	FULLFILLING LIVES PROGRAMME (%)
1 White	85.6	85	88.5
2 Asia	8.1	4	1.8
3 Black	3.4	6	4.6
4 Mixed Ethnicity	1.8	3	4.4

Ethnicity of people facing SMD compared to the working age population; according to data from Hard Edges and the Fulfilling Lives Programme.



7. Who have AWAAZ worked with?

In Nottingham the Asian population is 15% of the total population, whilst Black African and Caribbean people comprise 7% (Office for National Statistics, 2011). Yet Asian people comprise only 4% of Opportunity Nottingham Beneficiaries. A key question therefore is “have AWAAZ succeeded in engaging people from BAME communities, particularly in relation to the under-representation of people from Asian Communities?”

Table 2 (below) shows the ethnicity of Beneficiaries AWAAZ has supported as part of their contract with Opportunity Nottingham. It shows that AWAAZ has been able to successfully reach people from BAME groups in Nottingham, including a significant number of people from Asian Communities. If the Beneficiaries who AWAAZ have engaged with are added to those who

Table 2

	NUMBER OF BENEFICIARIES	% OF AWAAZ BENEFICIARIES
Black: British, African, Caribbean	33	42%
Asian	26	33%
White Other	4	5%
Other	2	3%
Mixed Ethnicity/Dual Heritage	14	18%

Ethnicity of AWAAZ Opportunity Nottingham Beneficiaries (June 2015 to June 2018).

have engaged with the Opportunity Nottingham MDT, this brings the overall proportion of Beneficiaries from all BAME communities to 29% of all Opportunity Nottingham Beneficiaries.

To some extent this is a positive finding in relation to diversity and inclusivity, showing Opportunity Nottingham used the right approach

in commissioning a culturally specific element to its work. The demographic analysis could have ended there. However, when a breakdown of gender by ethnicity was carried out, a somewhat different story was revealed. It was observed that whilst overall 30% of AWAAZ Beneficiaries were women, only three (12%) of the Asian Beneficiaries were women (see Table 3). So it’s possible that

even a culturally specific service commissioned to work with people facing SMD as it is commonly defined, whilst reaching Asian men was not reaching Asian women.

Why might this be the case? There are barriers faced by people from BAME communities generally which are discussed in the next section and it would appear Asian women experience these acutely

Table 3

CHANGE PRIORITIES	MEN (%)	WOMEN (%)
Asian	84.0	16.0
Black: British, African, Caribbean	27.3	72.7
Gypsy Traveller	100.0	0.0
Mixed Ethnicity/Dual Heritage	38.5	61.5
Other	0.0	100.0
White British	80.0	20.0
White Other	25.0	75.0
All AWAAZ Opportunity Nottingham Contract	30.8	69.2

AWAAZ Opportunity Nottingham Beneficiaries Ethnicity and Gender

and possibly face additional issues too. Could it be however that there is also a degree of cultural bias in how SMD is defined? It is not that Asian women do not face SMD, but rather their disadvantages differ from the common definition of; offending, homelessness, substance misuse and mental health. There is also a connection to gender and SMD definitions.

“ It is not that Asian women do not face SMD, but rather their disadvantages differ from the common definition of it. ”



8. Barriers faced by people from BAME communities

Barriers faced by people from BAME communities in relation to accessing multiple disadvantage services have previously been outlined within the Fulfilling Lives Programme (Robinson et al, 2017).

Fear. This relates to concerns about what might happen if a service is accessed. It is most prevalent in relation to mental health... “you will be sectioned and they will treat you badly.” Fear can be based on real negative experiences by an individual when accessing services which are then reported across community networks. Or fear can be based on lack of interaction with services - a kind of fear of the unknown.

Lack of cultural awareness. This is the view that services will not respond appropriately due to lack of knowledge about cultural behaviours or indeed a full understanding of cultural needs.

Stereotyping. A feeling of being judged on appearance and background, including clothing, hairstyle and volume of speech.

Poor use of language/terminology. Stereotyping can be heightened by use of inappropriate language, and remarks and judgement that may cause offence from poorly trained staff in agencies.

Lack of trust. The above can lead to a lack of trust in services and a belief that you will not be treated fairly or with respect.

Stigma about Severe Multiple Disadvantage. There is a fear of being shown to be facing SMD, and if this becomes apparent in the community then it could bring shame. There is also a view that multiple disadvantages are not therefore openly discussed within a community and this can lead to them not being fully identified. This can mean within BAME communities there are few, if any, role models individuals can look up to who have ‘recovered’ or ‘survived’ SMD.



9. Defining Severe Multiple Disadvantage and people AWAAZ are working with

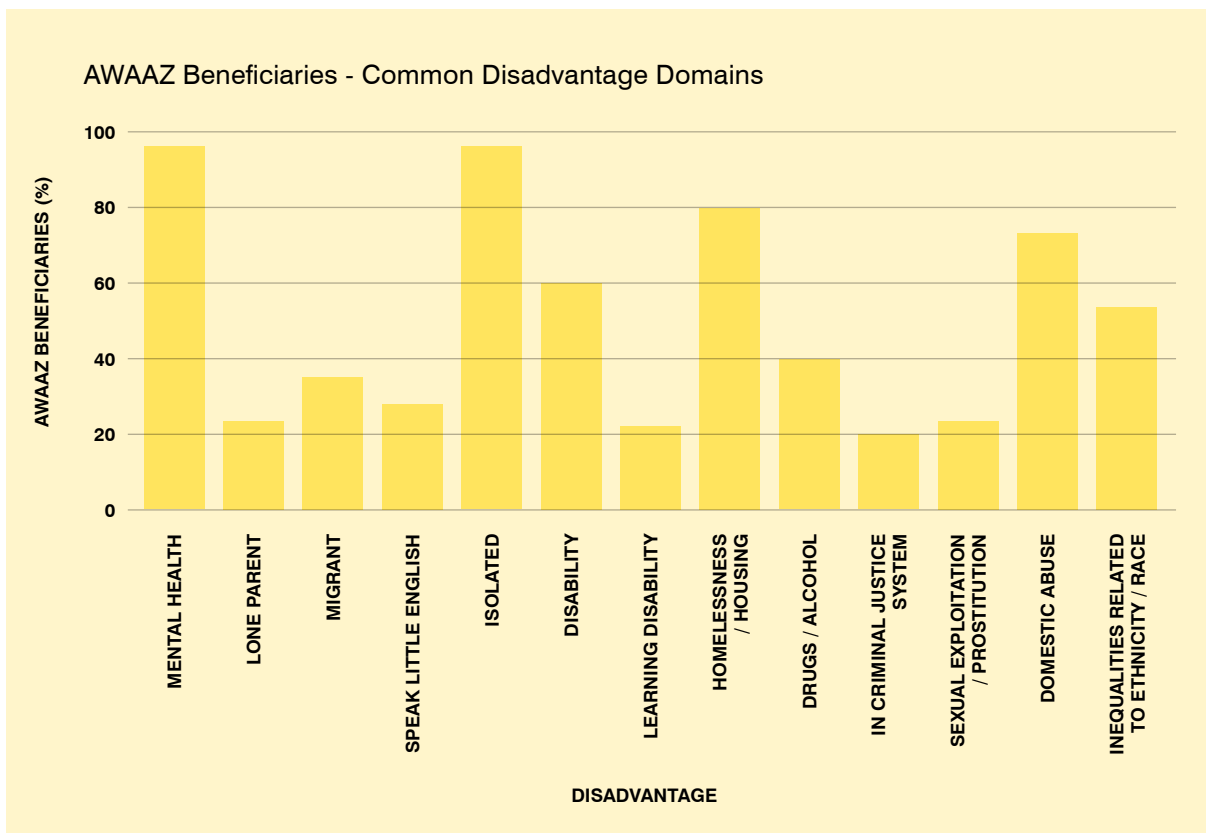
The AWAAZ evaluation found all of the barriers discussed in the previous section were faced by AWAAZ Beneficiaries. How AWAAZ overcame the barriers is considered in the next section. But, as this evaluation has demonstrated questions arise concerning the actual definition of Severe and Multiple Disadvantage (SMD) itself. That is; the domain used to define SMD determine who the cohort of people facing SMD are. So defining SMD as; offending, mental health, homelessness and substance misuse, could lead to under representation of certain groups. As outlined in Section Six, the principal study of data analysis about SMD is Hard Edges and the data in this report showed the number of people facing SMD contained only 20% women. This question of under representation of certain groups was addressed by the Hard Edges Commissioners themselves: Lankelly Chase,

“ Defining SMD as; offending, mental health, homelessness and substance misuse, could lead to under representation of certain groups. ”

in relation to women. They commissioned researchers from DMSS Research and Heriot Watt University to investigate the question: are men more likely to face multiple disadvantage than women, or does SMD look different for women? This subsequent report is titled *Women and Girls facing Severe and Multiple Disadvantage* (Bramley et al, 2016). The researchers found that different conceptualisations of SMD using different domain criteria could be more relevant to women, for instance: women who are sexually exploited/involved in prostitution; women subjected to domestic violence and abuse; women who have lost their children to the care system (Bramley et al., 2016).

The question stemming from this in the context of the work of AWAAZ was therefore, “if the approach developed in *Women and Girls facing Severe and Multiple Disadvantage* is applied to BAME people, what does SMD look like?” Analysis was therefore conducted of a systematic sample of 50 of all AWAAZ Beneficiaries using some of the domains considered in *Women and Girls facing Severe and Multiple Disadvantage*. Figure 1 (below) shows the results of this.

Figure 1



AWAAZ Beneficiaries – Domains of Disadvantage

Figure 1, quite clearly shows that AWAAZ Beneficiaries do face SMD, including issues such as inequalities relating to ethnicity and isolation. This profile of disadvantage though, is rather different to the common definition which consists of offending, mental health, substance misuse and homelessness. It is important to recognise this when developing SMD services, otherwise BAME people’s disadvantages may be overlooked. It is important to note that Asian women comprised 42% of the sample (21 people), and this goes some way to supporting the assertions made in the *Women and Girls Facing Severe and Multiple Disadvantage* report, that the mainstream SMD definition also overlooks the disadvantages faced by women to a notable extent.



“AWAAZ has to work across many communities, Nottingham City has a very diverse population...”



10. Overcoming the barriers - AWAAZ's working model

Engaging communities

Gaining support from BAME communities has been central to underpinning AWAAZ's work. This can be a lengthy process because communities may not be initially receptive to being open about the issues AWAAZ work on, such as mental health or substance misuse.

To overcome this AWAAZ has developed links over a long period of time with community groups. AWAAZ has been established for over 20 years in Nottingham, and during this time they have worked with BAME communities to build rapport and raise awareness, mainly about mental health but other issues too, such as homelessness and substance misuse. AWAAZ also work on issues which may resonate in certain communities. An example of this is the work AWAAZ has done in the community regarding the disease diabetes. This has helped AWAAZ to capture an audience and build rapport within the community, so that people feel comfortable opening up to them about issues which may carry more stigma such as mental ill health.

AWAAZ has to work across many communities. Nottingham City has a very diverse population and it is therefore difficult to represent all communities within AWAAZ's workforce. For this approach to be successful, the Assertive Outreach Workers (AOW) take it upon themselves to learn about different cultures, so that they can be sensitive to relevant issues, and also understand how these issues might impact on engagement with an individual. The diversity of the staff at AWAAZ helps develop inclusivity across the whole project. Each worker is able to utilise their experiences and ethnic background and share learning amongst the team on a regular basis.

The work AWAAZ does plays an important part in system change through *improving awareness and understanding of multiple needs*; reflecting a key priority in Opportunity Nottingham's System Change Plan.

Language and not!... using the term Multiple Complex Needs

The AWAAZ Team are very aware of the barriers that individuals face within the communities they work in. For example, there can be stigma surrounding issues with mental ill-health within some sections of BAME communities. The word 'depression' however has become acceptable in some instances. Therefore, AWAAZ may use this term rather than mental health so that the individual is more likely to talk about their mental health. However, there is also recognition that some individuals may be confused by what is asked, therefore the worker will ask questions such as "what type of medication are you on?", or "other than your GP do you have another doctor and where are they based?" This allows AWAAZ to receive a fuller picture of an individual's actual needs, and is something that may have been missed, unless a worker is aware of barriers around discussing mental ill health and how to address this.

“ There can be stigma surrounding issues with mental health within some sections of BAME communities. ”

AWAAZ consider the term *multiple and complex needs* as unhelpful when trying to engage with people. Through interviewing AWAAZ staff, Beneficiaries and a community supporter, it was confirmed that the term can create a barrier as it is not used and not understood in BAME communities. This could in turn, create alienation from the issues AWAAZ are concerned with. An Assertive Outreach Worker from AWAAZ viewed the term multiple needs as "euro-centric" and something that could hinder or obscure meaningful understanding for communities. This worker went on to state that "when networking or engaging with Beneficiaries, I provide clear information as to what this collectively means."

A holistic and strength based approach to Severe Multiple Disadvantage

“ AWAAZ do not base their assessment principally on defined category needs. ”

In mainstream commissioning and service delivery, services are primarily based around single disadvantages for example, mental ill-health, substance misuse, homelessness or offending. Consequently, an agency can tend to see a set of care needs first and the person second. By contrast when considering an individual and how they might best work with that person AWAAZ do not base their assessment principally on these defined category needs. Instead, they give primacy to the 'whole person', and so consider their wider health and wellbeing, and let the person lead on the issues concerning them. Whilst it is a method by which mental health and housing needs will be addressed, it also can lead to greater emphasis on physical health

issues (acknowledging the link between mental and physical health). This approach resonates with strength or asset based approaches. Such approaches are gaining ground more widely across all agencies who work with people who are facing SMD, but may be particularly relevant for people from BAME communities.

Example of AWAAZ strength based support planning. Case Study - Elspeth (White/Afro Caribbean Women, Late 30's)

The initial plan of work related to a step-by-step engagement process with Elspeth on a regular basis, to provide a safe environment where culturally specific issues could be addressed. The plan also included, getting to know Elspeth as an individual, her background, the community she socialises in, and to understand the trauma she has experienced.

Strengths:

- Attends Sex Workers Project on a regular basis.
- Will engage with Probation on a regular basis at a safe venue.
- Self-help. Has started to follow up and attend health/GP appointments. Will ask for help particularly if she does not understand information.
- Is able to identify some needs, and acknowledges she needs support although she does not always accept it.
- Often polite, cheerful, amicable to others and helpful.
- Will participate in debates with others about interests such as music.
- Self-presentation has improved.
- Enjoys artistic activities.
- Will participate in discussion around culture, food, hair care, religion, discrimination.

Family and community

AWAAZ will often (with an individual's permission) work with the family of a Beneficiary as well as the Beneficiary themselves. This can enable the family to better understand the issues the person faces and so help to support them. One question which they ask the individual is "do you want family members involved with your support?" There is always emphasis on support networks - which often will be the family and community - which in turn can aid recovery.

Overcoming racial inequalities through creating a safe space and building trust

BAME people experience frequent racism. This takes many forms but one form of racism that is particularly relevant to people from BAME communities in relation to services they may encounter is the concept of 'institutional racism'. This term was defined by Sir William Macpherson in the Lawrence Report (Macpherson 1999) as: *The collective failure of an organization to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behavior which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people*

Certainly both staff and Beneficiaries interviewed at AWAAZ have experience of this form of prejudice. They consider AWAAZ's ability to not only understand that this form of discrimination is wrong, but also what it *feels like* to be a victim of it, as extremely insightful. To provide an antidote to this, AWAAZ focuses on provision of a safe space where Beneficiaries know staff will understand issues relating to their ethnicity, and allow time for trust to be built. An AWAAZ worker who was interviewed stated that "AWAAZ understand the voices of those who have experienced institutional racism, health inequality and oppression. It understands the impact of marginalisation, stigma and barriers, people facing SMD experience. AWAAZ therefore provides a safe trusting environment where Beneficiaries feel accepted; not judged or criticised."



11. Cases studies: Lenny and Zara

Lenny

Lenny is a 45 year old Afro-Caribbean male. AWAAZ first encountered Lenny following a period of homelessness and mental ill health, which culminated in him being sectioned (S2, Mental Health Act 1983) and admitted to a mental health secure unit.

Lenny had expressed the belief that he has been racially stereotyped in mainstream services. Whether true or not, this has made it hard for Lenny to engage. However, AWAAZ provided something different, so when he spoke to the worker from AWAAZ at an outreach session they run at the secure unit, a vital connection was made. This related to the culturally specific nature of the service they were able to offer, and which involves emotional support and talking therapies as well. Lenny is often misunderstood due to the use of patois and the passion that he expresses whilst speaking. AWAAZ understood this and developed a rapport with Lenny. He felt he could express his culture and religion to them without any judgement.

“ AWAAZ gives Lenny a platform where he feels comfortable to share his experiences of services and society in general. ”

Upon leaving the mental health unit, Lenny has been visiting AWAAZ very regularly. He finds their ‘door is always open’ policy very helpful. For instance he values being able to go there and just sit in silence if he wishes. This is in contrast to his experiences with mainstream services where he would only be encouraged to attend if he had an appointment about a specific matter. Whenever there is an issue, Lenny feels as though he can share letters he has received with AWAAZ and they can help him with his situation, something which he does not feel able to do with mainstream services. When multi-disciplinary meetings are held regarding Lenny, it is significant that he will only feel able to attend these if they are held at AWAAZ, as he does not feel safe in other environments and can feel persecuted.

AWAAZ gives Lenny a platform where he feels comfortable to share his experiences of services and society in general. Empowering Lenny to share his experiences has made him feel as though the people that he is working with care about his wellbeing.

Zara

Zara is a middle aged woman from an Asian community. She has several mental health conditions including diagnosis of personality disorder, bipolar disorder, psychosis and anxiety. She also has a number of physical health conditions. She misuses alcohol and amphetamines which is to a large degree a coping strategy, related to her long history of homelessness and abusive and violent relationships.

In the past she has been unable to turn to her community for help. Partly due to the issues she faces being seen as “shameful” by some people within her community. In addition to this, Zara had decided she did not want to follow her community’s faith, and she was subject to some ostracism and subsequently she felt very isolated. This isolation has extended to her having no contact with her children and a lack of wider kinship support system.

Zara did not feel able to turn to services for support. At the time AWAAZ first met Zara, she was sofa surfing, but she did not see herself as homeless or as someone who could ask for help and

support. She still felt the legacy of 'shame' that contact with services brings, as well distrust of being 'judged' by services. So she was not engaging with any homelessness sector agencies, or indeed any other support services.

Because of AWAAZ's identity and non-judgemental approach, Zara did not feel the same sense

of stigma she had previously felt with services and - although at first reluctant - she was willing to speak to one of their workers. A first step was AWAAZ offering her emotional and cultural support through their women's group. This was a critical development, as for the first time Zara realised that other people within her community suffered from similar issues.

Gaining Zara's trust was crucial. This was achieved by open communication, incremental relationship building and cultural understanding. Once achieved, her AWAAZ worker was able to support Zara to address her substance misuse, as well as engage with health services. This helped Zara to gain trust in

services more widely and so access further support which focused on addressing the violence and abuse she has suffered. From this she gained a belief that it was possible to be safe and ultimately this led her to access a women's' refuge service away from Nottingham.

“ This was achieved by open communication, incremental relationship building and cultural understanding. ”

“ AWAAZ's strength based approach is successful as a method of working with people from BAME communities. ”



12. Conclusions

Severe Multiple Disadvantage looks different for BAME people

Whilst the Opportunity Nottingham partnership has rightly recognised the need for a culturally specific service, it is apparent from this evaluation that on its own this is not sufficient to fully engage *all* BAME people. A key finding from this evaluation, is that how SMD is defined, impacts on who is considered to be facing SMD. SMD stems mainly from economic and social marginalisation and also childhood trauma (Bramley et al, 2015). The most common definition of SMD is a combination of two or more of the following characteristics: mental health, offending, substance misuse and homelessness. In people of White British origin, particularly men, the combination of marginalisation and trauma from which SMD stems, manifests itself predominantly in terms of these characteristics. In BAME people however, due to factors relating to identity, culture and institutional racial discrimination, SMD manifests differently. There could therefore be cultural bias in how SMD is commonly defined. This evaluation shows this may negatively impact Asian women in particular, possibly compounded by a gender bias in how SMD is commonly defined (Bramley et al 2016)

In short, SMD looks different for BAME people, particularly when drilling down into different communities and also considering gender. For Asian women especially, SMD may be less likely for instance to include offending and homelessness, but more likely to include for example, language barriers, isolation from the community and family and racial discrimination. This is something that should be taken into account by policy makers, funders and providers, when considering services for people experiencing SMD; if such services are to be fully inclusive. This could be achieved by ensuring that mainstream services are culturally responsive and that where possible culturally specific services are also available.

A culturally specific approach does work

The evaluation of AWAAZ found that through their culturally specific approach they play a key role in engaging people from BAME communities and then subsequently successfully working with them. In terms of engagement, AWAAZ's role in providing a culturally specific service is most pertinent in relation to Asian people. They comprise 33% of AWAAZ's multiple needs caseload compared to only 2.9% for that of the Opportunity Nottingham Main Delivery Team.

As has been discussed in relation to working with Asian women facing SMD however, AWAAZ has been less successful. It is welcome therefore that steps are being taken to enable AWAAZ to work with a more flexible definition of severe multiple disadvantage in order to meet their Opportunity Nottingham contract requirements.

Part of a culturally specific approach is also a strength based approach

AWAAZ's strength based approach is successful as a method of working with people from BAME communities. Their focus on creating a safe space where Beneficiaries know issues relating to their ethnicity will be understood is a key part of this approach. Giving primacy to aspirations and concerns first and seeing a whole person, rather than seeing a set of 'needs to be met' is a model of working that is gaining traction across all services working with people who are facing SMD. For people from BAME communities however, it is particularly relevant given the additional barriers they face and how wellbeing is perceived.

Raising awareness of Severe Multiple Disadvantage in BAME communities is also key

Finally improving awareness and understanding of SMD is a key component of *system change*, and AWAAZ are playing an important role in doing this in BAME communities.

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“ Giving primacy to aspirations and concerns first and seeing a whole person, rather than seeing a set of ‘needs to be met’ is a model of working that is gaining traction across all services working with people who are facing SMD. ”



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