

BAME Wellbeing

March 2018 - February 2020
with an extension until March 2021

A BAB-funded project led by Oasis-Talk



Bristol Ageing Better (BAB) is a partnership of organisations working to reduce social isolation and loneliness among older people and help them to live fulfilling lives. It is funded by the National Lottery Community Fund as part of the national Ageing Better: Fulfilling Lives programme.

This report provides an overview of the BAME Wellbeing project led by Oasis-Talk. In line with BAB's 'test and learn' approach, this report will highlight key points of learning and recommendations which may be useful for other projects and services both within Bristol and nationally.

Background to the project

Pilot project: November 2016 – July 2017

Oasis-Talk's pilot project **explored experiences of, and barriers to, accessing mental health services within BAME communities** in Bristol, focusing in particular on people aged 50+. Building on these insights, Oasis-Talk then **co-designed possible ways to overcome these barriers in each community**, taking into account factors such as language, religion and culture.

They consulted with 116 people; all of these individuals were aged over 50 and half were over 70 years old. Two thirds of these individuals reported having a disability.

This pilot project demonstrated the need for:

- ▶ **Genuine partnerships** with existing BAME groups, beyond short-term consultations for information.
- ▶ **Adequate funding for these partnerships** to reflect each partner's input of time and resources.
- ▶ **Co-design** of any planned services.
- ▶ Awareness of **differences between BAME communities**.
- ▶ Awareness of mental health **stigma**.
- ▶ **Flexibility**: Hearing and acting upon a community's specific wellbeing needs.

The insights, strong relationships and co-designed ideas that were generated during this pilot project **informed the model of project delivery** from March 2018 onwards.

Project Overview

Project delivery: March 2018 – February 2020

In line with the findings from the pilot project, delivery from March 2018 – February 2020 involved **group-based wellbeing courses for people aged 50+ from BAME communities**. The wellbeing topics and content were **co-designed** with BAME community groups to ensure they were culturally appropriate, relevant and specifically tailored to each community.

This involved a **formal partnership with 8 BAME groups**: Bristol Black Carers, Sudanese Men, Somali Resource Centre, Bristol and Avon Chinese Women's Group, Golden Agers, Evergreens, Malcolm X Elders and Dhek Bhal. The project also reached other BAME communities through informal partnerships including: Polish, Middle Eastern Women, Bangladeshi, Nepali, other Asian groups and Ghanaian.

Wellbeing courses were held **in places and at times that each group already met** on a regular basis. Each wellbeing topic involved between 1 - 4 sessions, lasting for approximately 1 hour per session. The most commonly requested topics were **sleep management, living with long-term health conditions, anxiety, relaxation, and bereavement**. When required, courses were delivered with interpreters.

At the end of the first year, a number of individuals from the BAME groups expressed interested in delivering courses themselves, in their own language. In response, Oasis-Talk **co-designed and delivered an accredited course of training** to 13 volunteer Wellbeing Facilitators from the South Asian, Chinese, Somali, Bangladeshi, Middle Eastern and Afro-Caribbean communities. This focused on **developing their skills to facilitate wellbeing discussions within their own communities**, in their own languages, and to be able to signpost others to the most appropriate kinds of support available.

Delivery during Covid-19: February 2020 – March 2021

Project underspend enabled BAB to extend the funding for this project until March 2021.

This project has seen an **increase in demand during the Covid-19 pandemic**, partly due to the disproportionate number of deaths being experienced by BAME communities as a result of the virus.

Since March 2020 the project has focused on **providing mentorship and support for the group leaders and newly-trained Wellbeing Facilitators**. The previous training was the first step of support for the Wellbeing Facilitators but mentorship and supervision are needed in order to gain confidence in using these new skills. Furthermore, the project experienced a

growing demand for more Wellbeing Facilitators to be trained and ran an additional course online during January – March 2021.

The BAME partners also **recognised that younger members of their communities were in need of similar mental health support**. Oasis-Talk secured separate funding to deliver wellbeing courses and Wellbeing Facilitator training to younger people from BAME communities in November to December 2020.

Beyond March 2021

With the news that Oasis-Talk is closing from April 2021, the partnership agreed for Nilaari to be the legacy partner for this BAME Wellbeing project. **From March 2021, Nilaari will chair the partnership and work with each partner to decide the direction of the project.**



Participants

Between March 2018 and February 2020, the project delivered **72 wellbeing sessions**, across **15 BAME groups**.

265 participants provided information about their demographic characteristics:

- ▶ **Age:** ranged from 43 – 96 years, with a mean age of 70 years old.
- ▶ **Gender:** 61% female, 36% male, 3% no response.
- ▶ **Ethnicity:** 49% Black or Black British, 30% Asian or Asian British, 11% White or White British, 4% Arab, 0.4% other ethnicity, 0.4% mixed ethnicity, 5% no response or preferred not to say.
- ▶ **Religion:** 39% Christian, 38% Muslim, 5% no religion, 3% Buddhist, 2% other religion, 1% Sikh, 0.4% Hindu, 13% no response or preferred not to say.
- ▶ **Sexual orientation:** 81% heterosexual, 0.4% gay or lesbian, 0.4% bisexual, 18% no response or preferred not to say.
- ▶ **Disability:** 58% reported having a disability, 31% reported no disability, 11% no response or preferred not to say.
- ▶ **Living arrangements:** 34% lived alone, 29% lived with family, 25% lived with a spouse or partner, 0.8% had other living arrangements, 0.4% lived in residential care, 11% no response or preferred not to say.
- ▶ **Caring responsibilities:** 20% had caring responsibilities, 70% did not have caring responsibilities, 10% no response or preferred not to say.

124 of these individuals also completed a wellbeing questionnaire at the start of their involvement with the project and then again a few months later, forming a 'matched pair'.

At the start of project involvement, participants had:

- ▶ **Higher levels of loneliness than the UK average for older people** – a De Jong Gierveld scale mean score of 3.44 (“moderately lonely”) (compared to a mean score of 1.60 for people aged 63+ in the UK, TNS Omnibus 2016). 44% of participants scored as “intensely lonely”.
- ▶ **Lower levels of social contact with non-family members in the local area than the UK average for older people** – a score of 6.52 (compared to a mean score of 7.36 for people aged 63+ in the UK, TNS Omnibus 2016).
- ▶ **Lower levels of mental wellbeing than the UK average for older people** – a SWEMWBS scale mean score of 22.54 (compared to mean scores of between 25.20 – 26.40 for people aged 55+ in the UK, ONS 2015/16).
- ▶ **Poorer self-reported health than the UK average for older people** – an EQ-5D-3L index mean score of 0.61 (compared to mean scores of between 0.78 and 0.92 for people aged 55+ in the UK, Health Survey England 2012).

At follow-up approximately 3 months later, the project had a **statistically significant impact** (i.e. likely to be due to the project’s intervention) on **health using the EQVAS scale (p=0.001)**.

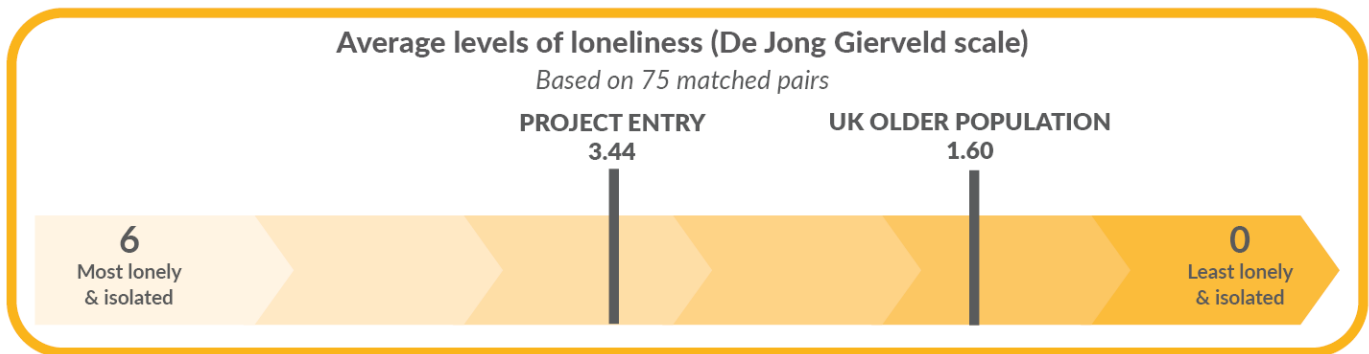
However **findings should always be interpreted with the sample size in mind** (between 75 and 124 matched pairs). More detail is provided on pages 6 - 8.



Loneliness: De Jong Gierveld scale (based on 75 matched pairs)

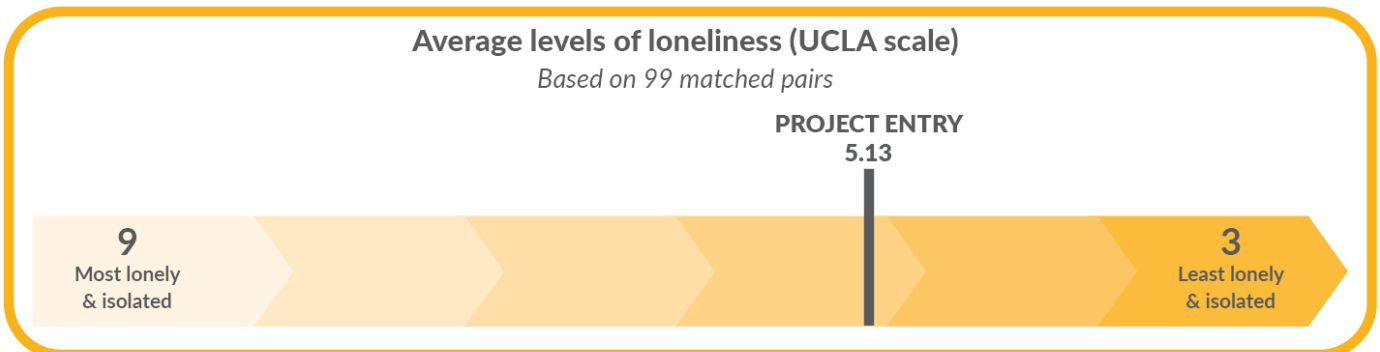
At the start of their involvement in the project, **participants' mean score was 3.44, which is categorised as “moderately lonely”**. 36% scored as “not lonely”, 20% scored as “moderately lonely” and 44% scored as “intensely lonely”.

As a comparison, the average score for people aged 63+ in the UK is 1.60 (TNS Omnibus, 2016).



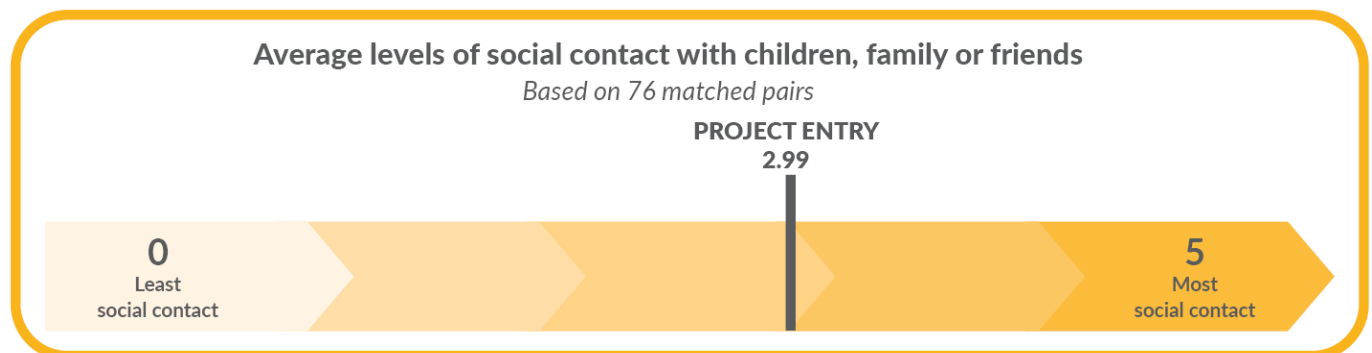
Loneliness: UCLA scale (based on 99 matched pairs)

At the start of their involvement in the project, **participants' mean score was 5.13, which suggests moderate levels of loneliness**.



Social contact with children, family and friends (based on 76 matched pairs)

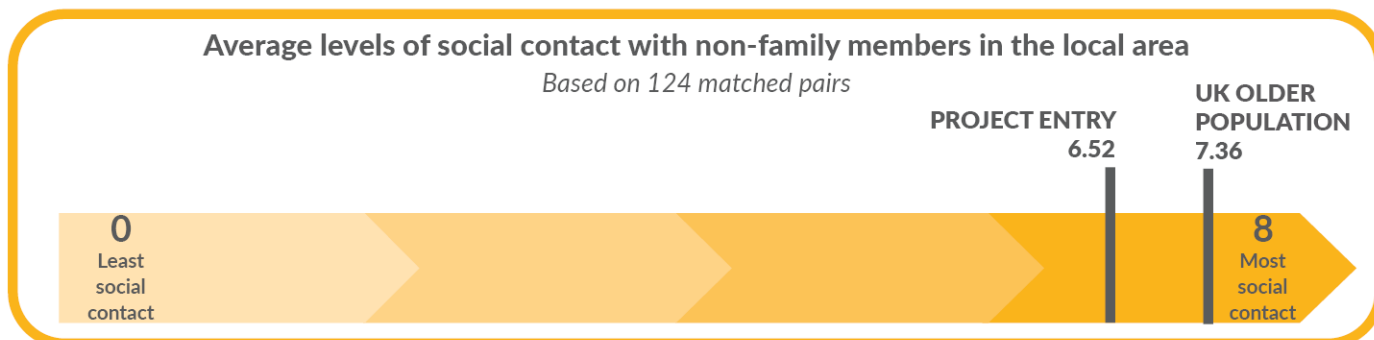
At the start of their involvement with the project, participants' mean score was 2.99, which indicates **moderate levels of social contact with children, family and friends**.



Social contact with non-family members in the local area (based on 124 matched pairs)

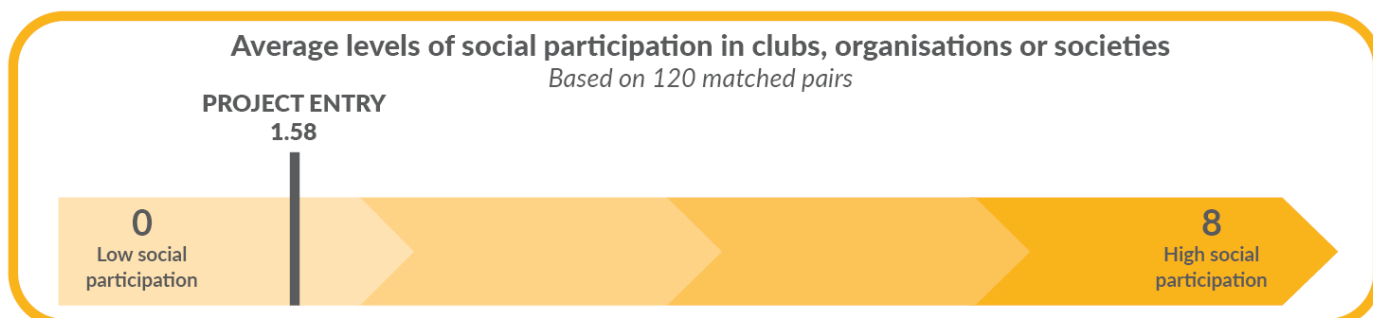
At the start of their involvement with the project, participants' mean score was 6.52, which indicates **relatively high levels of social contact with non-family members in the local area**.

As a comparison, the average score for people aged 63+ in the UK is 7.36 (TNS Omnibus, 2016).



Membership of clubs, organisations and societies (based on 120 matched pairs)

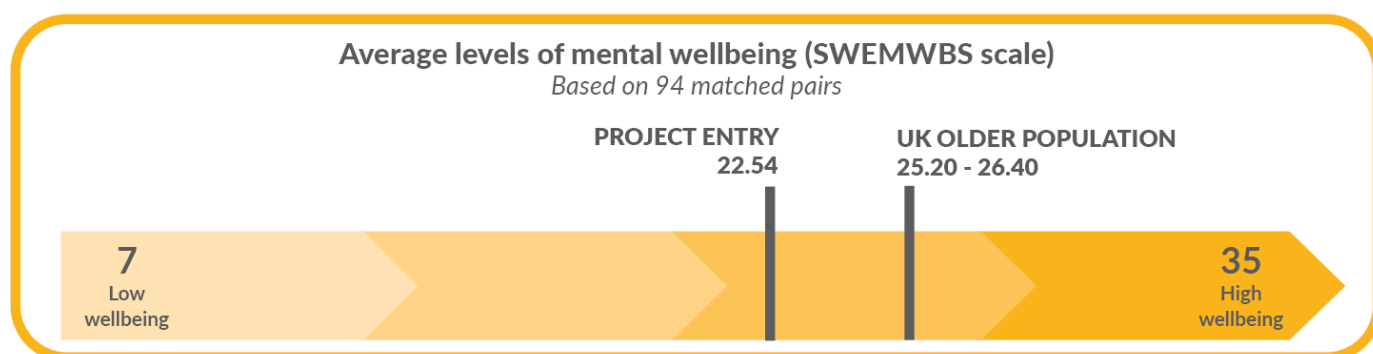
At the start of their involvement with the project, participants' mean score was 1.58, which indicates **low levels of membership in clubs, organisations and societies**.



Mental wellbeing: SWEMWBS scale (based on 94 matched pairs)

At the start of their involvement with the project, participants' mean score was 22.54, which sits near to the **middle of the scale for mental wellbeing**.

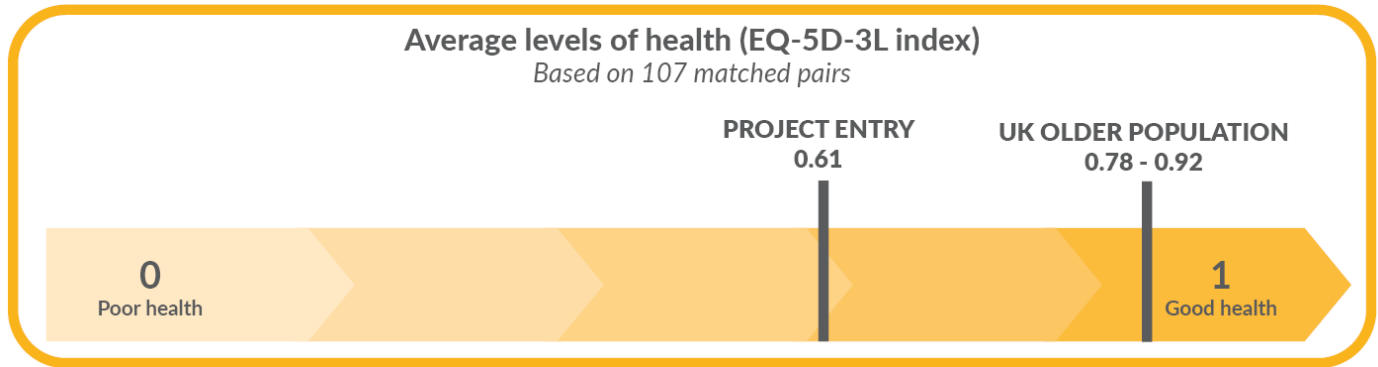
As a comparison, this score is **lower than the UK average**, which is 25.20 for people aged 55-64, 26.40 for people aged 65-74 and 25.90 for people aged 75 and over (ONS, 2015/2016).



Health: EQ-5D-3L index (based on 107 matched pairs)

At the start of their involvement with the project, participants' mean score was 0.61.

As a comparison, the UK average for people aged 55+ ranges between 0.78 and 0.92 (Health Survey England, 2012), **indicating that the project reached participants with slightly poorer health than average.**

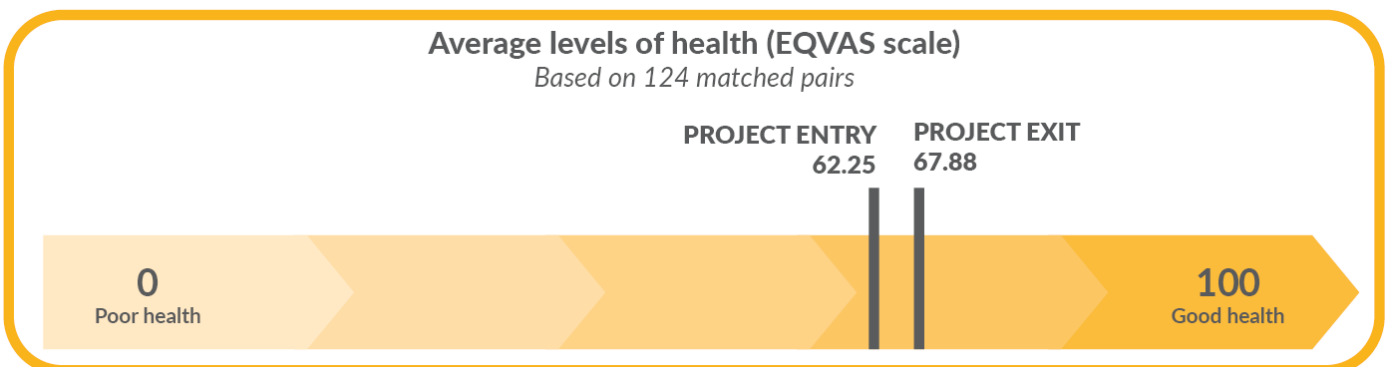


Health: EQVAS scale (based on 124 matched pairs)

At the start of their involvement with the project, participants' mean score was 62.25.

As a comparison, this score is **reasonably similar to the UK average** which is between 71 and 80 for people aged 55-84, and is between 60 and 70 for people aged 85+ (Health Survey England, 2012).

There was a statistically significant change (i.e. likely to be due to the project's intervention) in this score when the wellbeing questionnaire was completed a few months later. **The score rose to 67.88 with a p value of 0.001.**



Project Successes

Project model of preventative support in a group setting

Older people and BAME communities of all ages can experience high levels of stigma around mental health. This is reflected in the low number of referrals made to IAPT services in 2018/9 for BAME individuals (14%) and for people aged 65+ of any ethnicity (7%) (Baker, 2020). Traditional mental health services require an individual to first recognise that they need support, and then 'single themselves out' by accessing it, often by travelling to an external clinical setting.

Oasis-Talk's project model was successful in providing low-level preventative wellbeing support in a non-clinical environment. It delivered the wellbeing courses **at times and in places where each specific community already met** regularly. This **removed some of the barriers** commonly experienced when appointments are held in external, clinical settings.

This group-based support enabled individuals to receive wellbeing information and realise they are not alone in their experiences, **without having to single themselves out or directly ask for help in the way that the current service models require.**

It also enabled them to build up a rapport with the therapist and talk through their worries about what would happen if they access other mental health services. **Some participants then went on to access one-to-one counselling as a result.**

Training wellbeing facilitators from BAME communities

The project **co-designed and delivered an accredited training course** to 13 volunteer Wellbeing Facilitators from the South Asian, Chinese, Somali, Bangladeshi, Middle Eastern and Afro-Caribbean communities. This **developed their skills to facilitate wellbeing discussions within their own communities**, in their own languages, and their ability to signpost others to further support if needed.

This was not initially part of the project model, but was **suggested by a number of previous participants who reported finding the project so beneficial** that they wanted to lead sessions within their own communities. By being accredited, the volunteers were **empowered to take these skills into a wider range of settings** in the future if they wished.

Demand for this course persisted during the Covid-19 pandemic. The course was **adapted to an online format** and was highly popular.

Formal partnership with BAME groups and organisations

Unlike many service providers who simply consult with BAME community groups, this project worked **innovatively to develop formal, paid partnerships** with 8 local BAME community organisations.

At the end of the first year the project **reached out to additional new partners from an even wider spread of BAME communities**, which they had not anticipated doing at the beginning of the project. This shows the **appetite for community-based wellbeing services**.

Each partner felt involved in the partnership which encouraged them to commit on all levels of the project, helping it to run more smoothly. The project **needed to be aware of the cultural considerations for each partner**, for example cultural and religious holidays, and to build flexibility into the project model to account for these different needs and preferences.

The entire **project model is scalable and can be replicated in other locations and age groups** due to having a foundation of core content that is then tailored to local communities through co-design and co-delivery.

Feedback from participants and demand for the project

Participants provided **positive feedback** about the sessions and were **engaged with the content, asking questions and raising personal examples** about their wellbeing. Most tried the wellbeing exercises at home and **reported positive benefits** in the following session, particularly around anxiety and relaxation.

As the project developed, the BAME groups **requested to have more wellbeing sessions, with extra content on different topics**. As the word spread, more people wanted to access this support. Some groups also requested a repeat of certain topics due to memory difficulties amongst their members.

A big achievement of the partnership is that it **brought BAME communities together who wouldn't necessarily interact**. The training course for Wellbeing Facilitators particularly helped the volunteers to reflect on the differences and similarities within each culture in regards to mental health and wellbeing.

Sustainability of the project

Sustainability was a **crucial element of the project** from beginning to end.

When Oasis-Talk embarked on the initial pilot, the **potential participants explained feeling fed up with statutory organisations frequently asking them for information** about their communities during consultations, taking up sometimes large amounts of their time, goodwill and energy for this process while appearing to give nothing back in return. They reported that consultations sometimes led to new projects funded for 2-3 years but then the funding would stop and **participants would not have the means to continue what had been started**.

Hearing this at the start, Oasis-Talk realised they had to approach the pilot and the subsequent BAME Wellbeing project with a view to **sustainability and giving something back to the groups**.

In the pilot, **this took the form of Oasis-Talk making a contribution to the venue hire where the groups met**, as this was an immediate need for the groups to be able to continue.

In the BAME Wellbeing project, **this took the form of building a genuine partnership** based on the relationships formed through the pilot. To ensure this genuine partnership, they established **formal partnership agreements** (more detail above). **Each partner organisation received payment to be part of the project** so that they could **spend the time co-designing and co-producing** the wellbeing sessions offered to their groups. By working through quarterly partnership meetings, the project was able to **develop and adapt together**. Sustainability was also a focus of the second year of the project through the **training of BAME Wellbeing Facilitators** (more detail above).

The BAME Wellbeing partnership have **continued the approach to sustainability by working with a BAME-led Talking Therapies organisation, Nilaari**, to continue to expand and support the work of the trained BAME Wellbeing Facilitators.

Co-design with people aged 50+

People aged 50+ have **consistently been involved in co-designing the project** throughout the funded period, beyond the initial period of co-design as part of the pilot project and the early stages of project delivery.

Each BAME partner organisation is consulted regularly and they attend **quarterly partnership meetings** to decide the plan for the next quarter. **Feedback is also gained directly from participants** during wellbeing sessions, by both the therapists and the Project Coordinator.

Examples include:

- ▶ Deciding what **wellbeing topics** they would like for their group, along with **how interactive** each session is and the **venues and times** for these.
- ▶ Some groups **requested more in-depth sessions** on certain topics in order to gain further insight, and **suggested additional topics** that they would find beneficial, in particular around bereavement.
- ▶ **The idea of having volunteer Wellbeing Facilitators** who could deliver courses to their own communities, along with the **co-design of this training course**.
- ▶ **Requesting handout resources** at the end of each session as a reminder of the content covered. These were made available in large print and in different languages based on feedback from participants.
- ▶ Participants wished to hold a project-wide celebration event at the end of the first and second years. They were **actively involved in delivering presentations/speeches and other activities** such as singing and storytelling about their psychological wellbeing. Over 100 participants attended these events.

Participants felt comfortable to share their ideas and suggestions for the project, which may be a result of meeting within a familiar non-clinical environment as well as having developed a rapport with the therapist over time.

Project Challenges

Different preferences within one group

Group-based support always presents the challenge of **having a variety of different needs and preferences within one session**. The age bracket of 50+ is very broad and the project experienced how **individuals' age, health and gender affected their preferences for topic content, session pace and explanation style**. It is important to recognise these differences and adapt the model when needed.

Similarly, although there were many advantages of delivering the wellbeing sessions in places and at times where each group already met on a regular basis, one disadvantage was that **some members of the group did not want to participate in the wellbeing sessions and wanted to socialise instead**. In order to cater for these different preferences, **some of the groups had to be split into two**, with one group participating in the wellbeing session and the other group having their usual social interaction. After a while, however, the project found that some of the members who didn't want to attend the wellbeing sessions at the beginning, then later started to join in and actively participate.

Support and mentorship for volunteer Wellbeing Facilitators

The training was very successful, however it was only the first step in building up the skills and confidence of these Wellbeing Facilitators. It is **important to provide comprehensive support and ongoing mentorship** in order for them to feel confident in this role, and therefore **maximise the impact they are able to have** within their own communities.

Staff capacity

It was a large partnership and the Project Coordinator worked 3 days per week, which made it **challenging to spend the appropriate amount of time working with each partner and giving them the right level of support**. While the partnership overall worked well, there were still some challenging situations that arose and if the Project Coordinator had been full-time they could have potentially spent more time carefully managing those situations.

The project recommends keeping the large partnership but **having a full-time Project Coordinator** instead as the work is very demanding and requires a larger staff capacity.

Clear expectations with partners

Oasis-Talk had a detailed Memorandum of Understanding (MOU) with each partner at the start of the project, however there were still some **differing expectations during the first year**, for example regarding the notice needed to cancel a wellbeing session. This was addressed through having an MOU in the second year which had an even higher level of detail.

In a large partnership such as this, **the project would recommend having very detailed MOUs with each partner** even when there seems to be a clear understanding, as it **ensures everyone has the same understanding of their responsibilities**. In addition to the written document, it may help to also **discuss the MOU verbally** as some partners may not fully read the details within the written version.

Oasis-Talk also needed to **manage partners' expectations about what they could offer as the lead partner**, in order to ensure they were being **fair to all partners and offering them all the same level of support**. For example, some partners wished for additional support with bid writing, however Oasis-Talk did not have the capacity to offer this to all partners and therefore could not provide this support.

Similarly, there was **variation in the extent to which the group leaders had briefed their group members** about the wellbeing sessions in advance. Some groups were very well briefed, however others had less knowledge about what to expect and the background to the project. It is important to **make sure that group leaders pass on the relevant information to the people who are going to attend**.

Logistical challenges

There were some logistical challenges when **timetabling wellbeing sessions around each partner's preferences**, and then **finding therapists and interpreters who could fulfil these preferences** alongside their other work commitments.

When an interpreter was needed, it worked well to have a **longer session to allow time for the interpretation** (for example spreading a 1 hour session across 2 hours), while also being mindful of the group's other plans and commitments.

Evaluation questionnaires

The project managed to achieve a **high rate of return** for BAB's evaluation questionnaires; however this **required a large amount of time from the Project Coordinator**, who often provided one-to-one support for participants in completing these.

Participants provided feedback that the questionnaires were too long and many of the questions were felt to be intrusive. **The Project Coordinator helped to respond to these concerns and answer participant queries**, which led to BAB redesigning the information leaflet in a format that was clearer, simpler and more visual.

Communication during Covid-19

It was **not possible to hold partnership meetings online during the Covid-19 pandemic** due to digital exclusion within a number of BAME partner organisations. Similarly, **email communication was not very successful** as many group members and group leaders were busy responding to the demands of the pandemic and did not have time pick up emails.

Instead, Oasis-Talk found that **one-to-one phone calls were the most successful method of communicating with the partnership during the pandemic**. This was appreciated by partners and opened up the avenue for communication and support. Group leaders, in particular, were responding to high levels of bereavement and complex emotional responses to Covid-19 within their communities. **The Project Coordinator offered mentoring** for these group leaders via the phone, and **signposted them to other forms of wellbeing and therapeutic support** available.



Recommendations

The insights gained from this project demonstrate the need to:

- 1 Address holistic wellbeing topics** (e.g. sleep, anxiety) in local BAME communities. This is even more important now due to the mental health impacts of Covid-19.
- 2 Provide lower-level preventative wellbeing support** in an informal group setting, outside of clinical environments.
- 3 Have genuine long-term partnerships** with existing local BAME groups, accompanied by adequate funding, rather than short-term consultations.
- 4 Tailor support to specific communities**, recognising the differences between BAME communities.
- 5 Co-design and co-deliver services** in order for content to be relevant and culturally appropriate.
- 6 Provide comprehensive support and mentorship** for the newly-trained Wellbeing Facilitators, in order to have longer-term impact by building confidence in using these new skills and maintaining momentum.



Case Study: Golden Agers

Golden Agers, a social club for the over fifties who identify with Caribbean Island culture, are a partner within the BAME Wellbeing project. We visited the Golden Agers to hear how the sessions had helped them.

Gloria is a woman in her eighties who volunteers for a variety of organisations across Bristol and is involved in her local church. She is also the chair of the Golden Agers, a role that she describes as being “the person who pushes the group.” When Gloria heard about the free wellbeing sessions Oasis-Talk were offering, she discussed them with the group to see if they were interested and then got in touch with Oasis-Talk to book the sessions.

Gloria had recently lost her husband when the sessions began and was feeling more “anxious and thoughtful” than she usually would. Although Gloria had the support of her church, she found the sessions the most helpful in dealing with her anxiety because she felt she could discuss her emotions with the group. The sessions have helped Gloria to feel calmer and given her a space where she can talk.

Gloria found the sessions “interesting and useful” and said they were “good for them [the members] as well as being good for me.” From her position as chair of the Golden Agers, Gloria also observed that some of the members, who she felt needed the sessions the most, were the least likely to engage with them, but “that’s just people.” However, Gloria also invited some non-members who were able to benefit from the sessions – she even sent a few of the handouts all the way to support a friend in Birmingham!

Madge has been a member of the Golden Agers since 2002 and heard about the wellbeing sessions through Gloria. She also found the session covering anxiety the most useful and felt that the sessions were well delivered and easy to understand. “I learnt that you shouldn’t bother too much about the things that are out of your control... I think it’s good to talk, to hear other viewpoints especially if other people are struggling like you are. I think these classes are good for older people. We need to learn these skills so we don’t get over-bothered, we need to be relaxed and accept that we don’t have to do all of the things all of the time.”

Case Study: Dhek Bhal

Dhek Bhal is a charity founded by volunteers to help people from the south Asian community living in Bristol. We visited their Men's Group and Women's Group to hear their experiences of the wellbeing sessions.

Members from the club picked the wellbeing topics they were most interested in, such as diabetes, stress and anxiety, how to live with long-term health conditions and more. They have identified that in the future they would like to do some group work on coping with bereavement and loss.

A participant's story: Shamim

"My support worker suggested that I attend the group at Dhek Bhal. The first time I visited, I felt nervous but then you get used to it; I just started having conversations with the other ladies and now I love coming here, they are all my friends.

I took part in the taster session for the well-being group and found it very helpful so I began to attend these sessions too. I am able to engage more with the workshops because they are held in the regular groups with language support from a translator. It has helped me to understand depression and mental health issues more and given me advice on how to look after myself."

A participant's story: Krishna

"I used to volunteer at Dhek Bhal myself and then when I got older I became a client. I came full circle!

I started to feel depressed about three years ago after experiencing some family problems. I was very anxious a lot of the time but the ladies at Dhek Bhal helped me because we talk to each other about our problems.

I joined the well-being group, which helped a lot. I tried the breathing and relaxation exercises and I found those helpful in controlling my anxiety. The therapist and translator explained things to us in easy to understand ways – if it had just been in English I would have missed things. I have used the things they have taught me, like the panic exercises, in my day-to-day life."

The Men's Group echoed what many of the women said; they had found practical uses for the breathing exercises and felt more informed about how to look after their health.

Bristol Ageing Better
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Further BAB learning resources can be found at:
<https://bristolageingbetter.org.uk/learning-and-evaluation-hub/>

