Engaging ethnic minorities with multiple needs

Researched by: Sandra Morgan (NECG), Nadia Bennet (NECG), Fidelis Chebe (WY-FI), Rosalyn Ahkalu (NECG) & Mohammed Ramzan (WY-FI)

Written up by: Sarah Robinson (CFE Research)

Date: February 2017

This paper provides the findings from research undertaken by four peer researchers from the Nottingham, Manchester and West Yorkshire projects of the Big Lottery Fund's Fulfilling Lives: Supporting people with multiple needs programme. It also includes the views from BME members of the National Experts Citizen's Group (NECG).

Introduction

The NECG is a network of individuals who have lived experience of multiple and complex needs. Big Lottery Fund defines multiple needs as having experience of two or more of homelessness, substance misuse, mental ill health and reoffending. Individuals who attend the NECG come from one of the 12 projects funded by the Big Lottery Fund's Fulfilling Lives: Supporting people with multiple needs programme. The group meets quarterly and chooses what they want to focus on. The current focus of the group is '*how to engage the disengaged*'. Volunteers from the group chose to conduct peer research to understand how Fulfilling Lives projects were addressing equality and diversity specifically in regards to ethnic minorities.

In order to do this the peer researchers met with CFE Research and designed the scope and content of their topic guides. NECG leads at each project were asked to identify the individual in their local area who would be best placed to be interviewed. CFE Research brokered the introductions between the projects and the peer researchers to arrange suitable interview times. Interviews were undertaken by telephone using audio recorders to record the content of

the interview. Ten of the twelve projects agreed to participate in the research and undertook interviews with peer researchers during the months of November 2016 to January 2017. Interviews were transcribed and CFE Research supported peer researchers in a day-long analysis and reporting workshop. In addition, a larger group of NECG members worked together to identify why ethnic minorities (in their experience) were disengaged with services and how this could be overcome. This paper outlines the key findings from both the research and the member's lived experience.

Why don't BME groups engage with services?

Members of the NECG suggested a number of reasons why individuals from ethnic minorities with MCN do not engage with services. The core issues listed below come from the direct experiences of NECG members.

Please note: *that the majority of NECG members and the peer researchers have* ***not*** *been direct beneficiaries of the Fulfilling Lives (Multiple Needs) programme. The views expressed are based on experiences of a range of services outside of Fulfilling Lives and in different geographical locations.*

Fear is a commonly cited reason for not engaging with services. There are a number of fears that can be experienced, most of which revolve around a lack of understanding – either by the individual or the service. The NECG experts felt that services can sometimes lack an understanding of specific cultural behaviours. For example, individuals can be viewed as aggressive when they are expressing their views passionately. Clothing, hairstyles and volume of speech can lead to negative stereotypes. The group spoke about feeling their ethnicity or religion was pre-judged based on their appearance when trying to access services. They felt there were assumptions made about how an individual would behave based on these judgements.

From an individual perspective, they can fear what will happen to them if they access services, particularly mental health services. Experts spoke of how community members sometimes warn people to not go to a mental health service because 'you will be sectioned and they will treat you badly'. BME groups often have strong community ties and networks so if someone has a negative experience, word of mouth acts as a powerful agent to ensure the community is aware. These negative experiences can create a **lack of trust** in services and a belief that they will not be treated fairly or with respect. The peer researchers termed this as 'racial neglect'.

Those with strong community ties may be more likely to trust members of their own community when seeking support, advice and help. However, there issues within communities can also act as a barrier; the most significant being the **stigma** around multiple needs. The level of stigma is considered to be so high that there is fear that a religious leader or trusted

confidante may tell their family or the wider community which would bring **shame.** Due to the stigma, and shame associated with multiple needs in some communities, there is considered to be a lack of awareness and knowledge to accurately identify when someone has a need, particularly in regards to mental ill health.

The NECG members also felt there was **a lack of safe spaces to discuss issues and recovery pathways** and say what you think you need without feeling judged. This is also an issue for those who are already on their own recovery journeys who would like a safe space to talk about the problems affecting BME people with multiple needs. Cumulatively, the whole impact of stigma and shame means there are **few, if any, role models** individuals can look up to who have 'recovered' or 'survived' multiple needs.

Practical reasons why BME groups may not engage with services revolve around knowledge and poverty. Individuals **may not be aware of available services** and those who are may not be able to access them. Access can be difficult for BME groups for the reasons listed above, but also because an individual may have **no recourse to public funds,** or find it **difficult to travel to services** if they are not located nearby. .

The final cited issue was **poor use of language/terminology.** Experts provided examples of staff in services using words and phrases that they find offensive for example, 'coloured'.

BME engagement on the Fulfilling Lives: Supporting people with multiple needs programme

The peer researchers felt that the number of BME beneficiaries on the Fulfilling Lives programme was low. So, how many BME beneficiaries are engaged on the programme?

The table below illustrates the percentage of BME beneficiaries in each project area as at the end of 2016. It compares the percentage against the total BME adult population[1] based on the Census 2011. As the table illustrates, half the funded projects are working with a proportion of BME beneficiaries roughly in line with the local population (less than 5 percentage points difference). Bristol is working with a greater proportion of BME beneficiaries than the population in their local area. However, it is the project areas with the largest BME populations who are working with lower proportions of BME beneficiaries than the wider population. It is experts from these areas who are most likely to express concern over the low proportions of

---

[1] For this illustration BME population has been calculated as any ethnicity which is **not** White British (English, Northern Irish, Scottish & Welsh).

BME beneficiaries on their local project and who wanted to conduct the peer research and focus the NECG activity on improving the engagement of BME groups.

	BME beneficiaries (%)	BME Population (Aged18+): Census 2011 (%)	Percentage Point Difference
Birmingham	29.4%	42.1%	-12.7%
Blackpool	3.1%	6.0%	-2.9%
Brighton, Eastbourne & Hastings	12.7%	16.0%	-3.3%
Bristol	30.8%	19.8%	11.0%
Camden & Islington	46.2%	52.3%	-6.1%
Lambeth, Lewisham & Southwark	32.6%	56.7%	-24.1%
Liverpool	10.9%	14.5%	-3.6%
Manchester	20.0%	37.3%	-17.3%
Newcastle & Gateshead	8.5%	12.1%	-3.6%
Nottingham	19.0%	31.7%	-12.7%
Stoke on Trent	10.0%	11.7%	-1.7%
West Yorkshire	17.8%	18.7%	-0.9%

The peer researchers felt that one reason for the low numbers was because projects rely on referrals to their service from existing services. The peer researchers believe that many referral organisations do not work with large numbers of BME individuals (for the reasons described above) and as a result few are referred into the programme. In addition, experts mentioned that some BME specific services do not want to refer to clients into Fulfilling Lives because they do not trust that the mainstream services will meet their needs.

When interviewing staff from the projects, the peer researchers found that although each project has an equality and diversity plan[2] in place, most projects did not have ethnically diverse workforces or volunteer bases. For example, when questioned, some services said that they had a diverse workforce because they employ women. For the peer researchers, the focus of their research was ethnic diversity and therefore the lack of BME staff was considered an issue and one they consider contributes to the lack of engagement by potential BME beneficiaries. In addition, NECG members commented on the low number of BME individuals in the experts' groups at both the national level and in local partnerships. Consequently, they

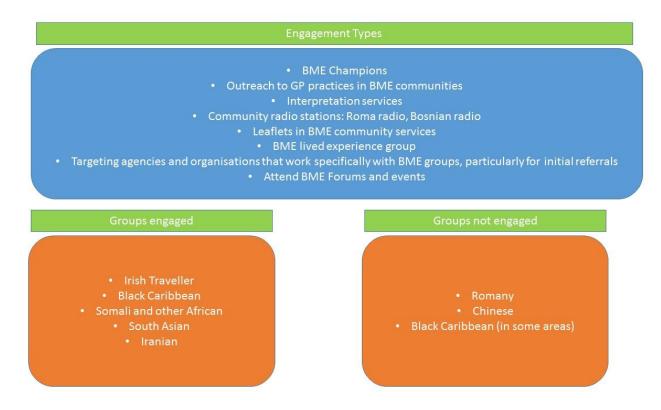[2] These are a requirement by the funder – The Big Lottery Fund.

feel this impacts on engagement as there are insufficient peers and role models for potential beneficiaries.

Several projects did acknowledge that they could do better with engaging BME beneficiaries. When questioned about the low numbers of BME beneficiaries, projects gave the following reasons:

— *Not having enough capacity (staff, budget)*

— *Not knowing how to actively engage individuals from BME groups*

— *Having numerous priorities to meet at the same time*

— *Reliance on referral/partner agencies to identify and refer people from BME groups*

— *Low BME populations in their local area.*

How are Fulfilling Lives projects engaging BME groups?

Engagement with BME beneficiaries has occurred in a number of different ways across projects and different areas have successfully engaged different groups. The figure below illustrates the types of engagement activities applied across the programme and the groups that areas said they were able to engage and not able to engage.

Engagement Types

- BME Champions
- Outreach to GP practices in BME communities
- Interpretation services
- Community radio stations: Roma radio, Bosnian radio
- Leaflets in BME community services
- BME lived experience group
- Targeting agencies and organisations that work specifically with BME groups, particularly for initial referrals
- Attend BME Forums and events

Groups engaged

- Irish Traveller
- Black Caribbean
- Somali and other African
- South Asian
- Iranian

Groups not engaged

- Romany
- Chinese
- Black Caribbean (in some areas)

As the figure shows, there are a variety of engagement approaches. The types of groups projects engage with successfully vary by area and the engagement is often contingent on having a positive relationship with the local community.

The peer researchers identified some good examples of how projects are engaging BME groups (other projects may be doing similar things too). These are provided below.

Providing BME champions to raise awareness and overcome stigma. The West Yorkshire Finding Independence (WY_FI) project employs a BME engagement worker, as well as BME community champions and service champions; the former is a fixed-term post that was built into the original business plan for the project and the latter two are volunteer positions for individuals with lived experience. The BME community champions raise awareness of WY_FI and multiple needs; they take a pledge on what they want to focus on and are supported to deliver this as part of their personal development plan. The champions work in their local communities to raise awareness of multiple needs to break down the stigma. As a member of their community, and by virtue of having lived experience, they provide a role model pathway into services. They provide potential beneficiaries with an individual who they can relate to, who understands their cultural and religious identity as well as their multiple needs. An example of work that one champion was particularly proud of was the increase in enquiries to the project following an interview they conducted with the BBC for a local news story.

Working in a culturally aware manner. Opportunity Nottingham has a culturally specific delivery partner that their project works with – AWAAZ[3]. This partner specialises in working with BME communities and provides a specific outreach worker to the project as well as running cultural competency training. AWAAZ's cultural competency training is different to cultural awareness training. Cultural awareness focuses predominately on tangible things you can see or hear such as clothing, food, symbols, language etc. It is about identifying the symbolic and, as the peer researchers state, the superficial. Cultural competency focuses more on things that cannot be seen. It is designed to help staff understand identity and how that impacts on engagement and access to services. It is because of this focus that peer researchers feel this is more appropriate than cultural awareness training. For example, the training talk about the need to build trust with communities and the best way to do this is to understand their identity. For Muslim communities it is important to dress appropriately and address the right people in the right way if there is to be a successful partnership brokered.

---

[3] http://www.awaaznottingham.org.uk/

Focused Outreach. Most Fulfilling Lives projects undertake outreach to engage beneficiaries; however the difference with a culturally specific outreach worker is *where* they will conduct their work. In Liverpool, outreach workers visit religious buildings, community centres and cultural events to engage beneficiaries; they also go to GP surgeries in wards with high densities of BME groups. The project has also successfully engaged an Imam who will be assisting them in community engagement.

Providing positive peers. In Manchester, one the expert citizen's set up a BME lived experience panel. The hope is to develop people of from BME group to act as positive role models to others and ensure that the views and opinions of BME communities are considered in the work undertaken by the local project.

Key lessons learned about engagement by funded projects

Peer researchers asked project staff what were the key lessons they had learned about engaging BME communities. All interviewees agreed that it is vitally important to engage and work with the communities from which an individual is from in order to obtain trust and secure positive engagement. Due to this, it has been detrimental to further engagement if a key community contact no longer works with the project – it can be difficult to recruit adequate numbers of representatives to sustain community engagement.

At the start of the programme projects actively networked with agencies and partners to raise awareness of the programme. With hindsight, it was felt that further thought and attention should have been given to engaging organisations 'not on the radar' or in the mainstream to ensure that diversity was embedded from the outset.

For those that have engaged well with BME communities, it has been important to note that some have found that those communities do not refer to 'multiple and complex needs' or use the same terms as mainstream services. For example, mental health is more likely to be referred to as emotional wellbeing or dealing with emotions. Each community is likely to refer to multiple needs in a different way and part of the reason for not using the same terms as services do is due to the stigma associated with it. Understanding the phrases and terms used to describe multiple and complex needs is considered important in engaging BME communities.

When considering how to raise awareness of multiple needs in communities how can you teach a community to recognise chaos? Sometimes there are no visible signs to the community so what tools and language could be used to identify the issue(s)? Equally, what tools and language, if used, would disengage an individual? One project has addressed the language barrier issues by working with local student volunteers as translators.

What individuals with lived experience would like to see occur

Reflecting on the research and their personal experiences the expert citizens and peer researchers had a number of suggestions of how services should engage BME groups.

1. Ensure ethnic diversity is pervasive across the organisation from board members to volunteers. BME experts by experience and peer mentors could be key to engaging new beneficiaries. To address the lack of representation of BME staff, experts suggest advertising opportunities in BME communities, especially targeting volunteering and job fairs in these locations.
2. All staff and volunteers should receive training on equality and diversity so everyone is aware of what it is and how it relates to their role. Whilst the expert citizens' focus was on ethnic diversity they felt that not everyone is aware of what diversity (in the round) includes and how organisations should adopt it.
3. Cultural competency training would provide greater insight and understanding into BME groups to help sustain engagement and build trust with beneficiaries.
4. Outreach needs to be conducted within BME communities not just on the streets or via existing services.
5. A campaign raising awareness of multiple needs and services available for BME communities should be conducted. Experts have said that social media has helped to begin to address this and reduce stigma amongst younger generations. Another suggestion was to run an event in the community, related to entertainment (food being a core suggestion) and use it as an avenue to raise awareness and empower speakers from within the community to talk about the issue.
6. In order to further address stigma within communities consider terminology changes – for example, instead of saying 'mental health' use phrases such as 'emotional wellbeing', 'managing emotions' etc.
7. Provide access to interpreters and promote services in different languages.
8. As services review or reconfigure their spending/operational plans they could consider taking a specialist view on engagement with BME and disengaged communities. Someone within the service with a specific portfolio to address this rather than it being left open for all to do it (as experts feel this inevitably leads to no-one doing it). By employing a specialist worker it was felt there would be greater focus, commitment and resources allocated towards achieving the set targets. If a service/organisation does not operate in a high density BME area the post could cover engagement with other minority and disengaged communities.
9. The experts felt that any approach to engaging disengaged communities must take a long term view. Short term posts and targets were not considered to provide enough time to embed partnerships and systems which consequently would not allow them to maximise the potential of the investment made. Further, it was felt that quick fixes/short term roles would not engender trust with mainstream initiatives and could be more damaging than if no engagement had been made at all.

Conclusions

There are ultimately three types of barriers which stop BME groups engaging with services:

1. Barriers inherent in communities e.g. stigma, shame, lack of knowledge/awareness

2. Institutionalised barriers in services e.g. current approaches that do not understand and reflect BME identities and as a result fail to garner trust
3. Practical barriers e.g. knowledge of services, no recourse to public funds and poverty.

These barriers can be tackled and reduced by forming positive relationships/partnerships with the BME communities. Creating a pathway for beneficiaries from community based assets to mainstream services is viewed, by those with lived experience, to be the key to engagement. A community based asset might be a BME champion, an outreach worker or a member of the community with training and awareness of multiple needs and the services available. They provide an individual with someone they can relate to and identify with from an area of trust – be it shared language, religion or culture. Trust, being the ultimate requirement for successful engagement, as explored in other Fulfilling Lives publications:

http://mcnevaluation.co.uk/wpfb-file/fulfilling-lives-multiple-needs-evaluation-annual-report-2016-pdf/

http://mcnevaluation.co.uk/wpfb-file/the-role-of-specialist-womens-workers-sep-case-study-pdf/