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| Period of Reporting | Period of Reporting; 2019-20 | Report Deadlines: Tuesday 14th April 2020 |
| Annual Report | | |
| Year of Commission | 2019-2020 | |
| Contact Name filling in form | Kaye Duerdoth | |
| Email /telephone | kayeduerdoth@trustdevcom.org.uk | |
| Name of the Partnership funded | BAME Engagement strand of Third Sector Commission | |
| Name of lead partner if a lead partnership | Trust for Developing Communities | |
| Names of other partners | Hangleton and Knoll Project (HKP) Sussex Interpreting Services (SIS) | |
| Is this a Joint and Severally Liable Partnership | No | |
| Names of Partners | n/a | |
| Project number (please check accompanying letter for this) | | |
| Staffing directly funded by the TSC (list post and proportion of total hours for each postholder) | TDC <ul style="list-style-type: none"> • Sayanti Banerjee Community Development Worker 12 hours per week • Terry Adams Community Development Worker 11 hours per week • Kaye Duerdoth Director 2 hours per week HKP | |

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| | <ul style="list-style-type: none"> • Claire Johnson CD Coordinator 11 hours per week • Jo Martindale CEO 2 hours per week <p>SIS</p> <ul style="list-style-type: none"> • Ben Williams Project Coordinator 0.5 hours per week • Vikki Gimson Quality Assurance Manager 1 hour per week • Self-Employed Sessional Linguists fees 2.5 hours per week |
| Total volunteer hours contributed during the reporting year to this project. Please include Trustee time based on proportion of project v. total organisational budget | <p>Trustee time approx. not included for TDC as incorporated into main TSIP reporting</p> <p>Volunteer Time –</p> <p>MBWG: 4 committee members 2hrs each month= 8hrs. 96hrs for the year. Plus 10hrs to include any extra work (AGM/visit to Resource Centre/other group work). 106 Hours</p> <p>TMG: 5 volunteers 3 hrs each for the 4 sessions in total. 60 Hours</p> <p>Chinese Elders: 6hrs for 2 volunteers in total each week= 12hrs. that makes it 144hrs for the year. I have added another 20hrs for attending AGM, taking members to events and appointments. 164 hours</p> <p>Oromo Group: 5 committee members 2hrs each week- 10hrs. 3 sessions per month= 30hrs. 360hrs for the year. The extra hours are included in this because they don't meet during school holidays or Ramadan 360 hours</p> <p>Sussex Syrian Group – 6 committee members, 15 hours per month – 1,080 hours</p> <p>Volunteer Maha- 168</p> <p>University Volunteers- 18</p> |

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| | <p>HKP – HKP Board 9 on board 2 hour each month = 14 hours per year. MCWG 20 on committee, meet 10 times a year, 2 hours per meeting = 200 hours per year</p> |
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| | <p>SIS – not applicable, professional insight was required for consultations</p> |
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| | <p>Total Volunteer Time = 2,170 hours</p> |
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BAME Engagement groups: Annual Report 2019-2020

| Area | Detail |
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| <p>1. Introduction: Organisation, scope of work, groups/communities you are working with (e.g. BAME, adults with learning disabilities, LGBT)</p> | <p>TDC is a charity tackling inequality in Brighton and Hove through community-led solutions. TDC has worked with people from BAME backgrounds and communities. The groups and organisations are mainly established with a background and track-record of providing support and services for people from BAME backgrounds in the City. The groups include</p> <ul style="list-style-type: none"> • Chinese Elders- Chinese speaking over 70s • Oromo Women's group- Refugee women with limited level of English • Tarner Multi-Cultural Group - multi-ethnic women living in Tarner area • Moulsecoomb Bangladeshi Women's Group- Bangladeshi women with limited English-speaking skills • Sussex Syrian Community Group - refugee community resettled in Brighton and Hove • BMEYPP – Young People's Project for BME community • Sussex Eritrean Community Group • Racial Harassment Forum • BMECP 50+ - community group for BME community over 50 • Mosaic – black and mixed parentage group • BMECP – Black and minority ethnic community partnership • Individual respondents <p>HKP are a community development charity based in the Hangleton and Knoll ward. A part of the community since 1983 they are a project working for the community with the community and managed by the community. HKP have worked with the</p> <ul style="list-style-type: none"> • Hangleton and Knoll Multi-Cultural women's group, • the Egyptian Coptic association • the older BAME Group <p>Work with this group is match funded through the Ageing Well Commission.</p> <p>SIS works with migrant communities across the city, enabling full access, for people with language needs, to publicly funded services in order to improve health, education and overall quality of life. SIS self-employed sessional linguists; community interpreters, advocates and navigators (138) and bilingual volunteers (35) have unique access and insight to migrant communities in the city especially those with little or no English (approximately 6000 households). SIS is engaged with 60+ community groups that represent the interests of migrant communities and individuals.</p> |

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| <p>2. Overview of the engagement work you have done in the year</p> <p>How many people have you engaged with?</p> <p>Overview of the work: subjects and areas you covered, location (i.e. was this in a particular location - neighbourhood or citywide?)</p> | <p>We estimate the partnership has engaged with 628 people.</p> <p>TDC's work has been both citywide and neighbourhood focused. Neighbourhoods include Moulsecoomb, Bevendean, Tarner, Central Brighton and East Brighton. HKP have delivered work in the Hangleton and Knoll neighbourhood with participants engaged from across the West of the city. SIS support the focus groups through their linguists in order to gain their professional and personal experience and insight into the issues affecting migrant communities and those with limited English.</p> <p>TDC and SIS delivered focus groups with community groups and interviews around</p> <ul style="list-style-type: none"> • Urgent Care June 2019 – 21 participants from the Chinese Elders group, 11 participants from the BMECP 50+ groups and 19 SIS linguists representing communities speaking 15 languages. • Multiple Long-term Health Conditions November 2019 – with the Moulsecoomb Bangladeshi Women's Group, Sussex Syrian Breakfast Club • Mental Health and Wellbeing Engagement March 2020 – with the Tarner Multi-cultural group, Syrian Breakfast Club, Moulsecoomb Bangladeshi Women's Group, Chinese Elders, Oromo Group and 12 SIS linguists representing communities speaking 10 languages • BAME Care Service Users Needs Assessment March 2020 – in-depth interviews held with 15 people • Community Event in East Brighton Sept 2019 – attended by local BAME community members and facilitated by TDC. SIS supported accessibility to people with language needs through translation and distribution of event fliers into four most relevant languages, bespoke invitations to SIS service users living in the area, provision of interpreters at the event and collation of translated information on the topics to be discussed. • BHCC Consumer Advocate Consultation – initial project planning and participants identified before the project was aborted at the Council's request. |
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| | <p>Community Development TSIP funding enabled TDC and SIS to work with individuals and communities including</p> <ul style="list-style-type: none"> • Farsi Speaking Elderly Group SIS and TDC supported an individual to set up a new social group, SIS provided a mechanism for contacting individuals to invite them to attend and TDC provided support, advice and meeting space. • B&H Network of International Women • Bilingual Family Groups • B&H Muslim Women's Group <p>TDC and SIS attended these group to help promote language, Community Roots and MESH services, distribute translated information on Health and Wellbeing and gain insight into the needs of service users.</p> <p>HKP have delivered the following work over the year –</p> <ul style="list-style-type: none"> • CCG Urgent Care Consultation • CCG Experience of Healthcare Consultation • CCG Experience of Mental Health Services • BHCC Experience of DV Services • 2 x ESOL Courses in partnership with WEA • 2 X Telling Our Stories Courses in partnership with RISE and New Writing South • 5 x outreach coffee mornings at Goldstone, West Hove and Hangleton schools • 1 X MCWG AGM and Celebration Event • 1 x MCWG End of year Celebration Event • 1 x BAME Older People Consultation • 1 x Bollywood Dancing pilot <p><u>Promotion</u> TSIP funding enabled SIS to promote digital surveys and community events to linguists and community members through our suite of 16 language specific Facebook pages, widening the opportunities for participation</p> <ul style="list-style-type: none"> • BHCC Homelessness Survey • BHCC Black and Minority Ethnic Workers Forum's Multicultural Festival |
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3. Methodology

What methods you have used?

e.g. online survey, focus groups, 1:1 interviews. Did at least 80% of participants in engagement activity agree that they were able and enabled to express their needs and opinions on what needs to change?

Please use this section to highlight any problems you have had – e.g. with reaching particular communities/groups, technological, etc

We used a series of methodologies depending on the respondent and the nature of the consultation. They include

- One-to-one interviews with specifically recruited respondents
- Group discussions with specifically recruited respondents
- Attendance at regular group meetings
- Attendance at events in which members of the consultation target groups will be present
- One -to – one meeting with representatives from BAME led organisations
- Online including email and social media
- Outreach at schools, events and networks

We found online surveying and telephone interviewing to be less effective in consultations than face to face discussions.

Our approach is to

- facilitate open and frank discussion
- assure participants that contributions are used exclusively for the purpose described.
- Offer confidentiality and anonymity of respondents' identities

Challenges

Language barriers

- The biggest challenge has been engaging directly with community members with low levels of English to gain their views and opinions rather than using our linguists or interpreters as a conduit.
For example: - reaching out to the individual Chinese Elders is challenging due to the language barrier. Most of the members have little or no understanding of English. The only connection with the members to the services is through interpreters. In the absence of interpreters (example- COVID 19 crisis) it becomes increasingly difficult to connect with the community.

Consultation fatigue

- There is consultation fatigue amongst many BAME communities. This is compounded by the perception that despite the routine and regular consultations BAME communities are asked to engage with, there is seldom any obvious direct or indirect outcome from their past involvement. Some believe their contributions are not being received 'seriously'. A clearer focus on feedback and results/changes as a result of the consultation may help.

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| | <p>Culturally taboo topics</p> <ul style="list-style-type: none"> There has been reluctance to openly discuss some subject areas, particularly around mental health and domestic violence. In response we diversified our methodology to ensure residents could participate in a way which felt comfortable for them. E.g. the consultation we did around domestic violence was all 1-1 conversations rather than a large focus group discussion <p>Competing priorities</p> <ul style="list-style-type: none"> There is a mismatch between the engagement topics and the concerns of BAME community members. Most have priorities around securing housing, employment and financial stability. Involvement in consultation is often an unwanted “distraction”. We have offered incentivisation such as food and refreshments to help overcome this. <p>Diversity of engagement</p> <ul style="list-style-type: none"> The availability of a wide range of community members can be challenging. It is most frequently those not in employment or education who are most likely to be able to respond to consultations due to time constraints. |
| <p>4. Demographic Use this section to tell us the cumulative details of who you have engaged with across all the work:</p> <ul style="list-style-type: none"> Numbers of people E & D breakdown- age, ethnicity, etc Breakdown specific to your groups (e.g. for LGBT- how many L,G,B and T; for disabled people- type of disability; for BME types of BME people Where the respondents are geographically Any other relevant characteristics | <p>The consultation work is exclusively qualitative in nature. However, as a rough guide the demographics are as follows</p> <ol style="list-style-type: none"> All are from a BAME background. TDC engagement is approximately 12% Bangladeshi, 2% Indian, 26% Chinese, 40% African, 5% Iranian and 15% Syrian. This here we have extended our engagement to include four new groups; the Sussex Syrian Group, the Oromo group, the Iranian Elders and the Turner Multicultural Group. There is a slight majority of females Age range is typically between 20 – 70+ Over half have English as a second language Respondents are Citywide <p>HKP engagement work has been delivered with predominately Arabic and Bengali Women with the addition in year two of the Egyptian Coptic Association, a mixed group of men, women and young people which diversified the demographics.</p> <p>We have engaged with 628 people in 2019/20 compared to 564 in 2018/19 demonstrating an 11% increase in the number of people engaged with.</p> |

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| <p>5. Top 10 findings from across the engagement work</p> <p>What did you find?</p> <p>Please include quotes, case studies etc- these really help to underline the issues raised.</p> | <p>BAME community members do not make high demands on services</p> <ul style="list-style-type: none"> • Many people from BAME backgrounds need assurance that that BHCC listens to and understands their concerns • Realistic expectations are difficult because awareness of service obligations and comparisons are often low amongst BAME communities. • For example, care service users do not make high demands especially those that are more recent to the UK and Brighton. For some, family support is, if not more important than BHCC care services <p>Navigating statutory services is difficult for some BAME community members</p> <ul style="list-style-type: none"> • BAME community members often lack a working understanding of the statutory UK systems including healthcare, benefits, education, mental health services. • Some people in BAME communities are anxious about contacting BHCC services because they fear their needs will be misunderstood or they will be unable to explain their needs to satisfaction of BHCC Customer Services • For example, the education system in the UK is often unfamiliar for the BAME community. BAME community members aspire to upskill themselves to get into skilled jobs. However, there are a lot of barriers (new system, language skills, financial difficulty) that prevents them from accessing the education system. <p>Digital exclusion is a barrier to engagement</p> <ul style="list-style-type: none"> • Lack of digital inclusion often makes it difficult for BAME community members to navigate the system and access services. <p>Housing is a major concern for BAME community members</p> <ul style="list-style-type: none"> • Housing is an ongoing issue that affects a large section of the BAME population. There are limited options, particularly when a family or individual newly arrives in the city. This results in getting private rented accommodation that is expensive and causes additional financial strain for families and individuals. • The resolution for the housing needs are time consuming and multiple agencies are involved in some cases. TDC community workers offer support with onward referrals, informing them about the waiting lists and collaborating with other service providers to identify short term resolutions. <p>Growing awareness of mental health support amongst BAME communities</p> <ul style="list-style-type: none"> • The BAME community is increasingly accessing local community and voluntary sector mental health services although stigma still exists within some communities. Wider interaction with local community groups, training courses, networks has opened opportunities for discussion around mental health and wellbeing. TDC links with service providers (MIND, RISE, Rethink, Age UK |
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B&H) to promote their services within the BAME communities. The Syrian Breakfast Club Committee is keen to set up a surgery focussing on mental health for their members.

- Focus group discussions found that younger BAME people are encouraged to speak up and get the support they need for mental health issues whilst for older people mental health is rarely discussed. Focus groups were a useful place for older people to learn about approaches to mental health by others in their community.

Community-led self-help support is increasing

- BAME communities are constituting community groups and aiming to tackle the communities' needs. More and more groups are identifying the potential of accessing local funds and tackling their issues through support from the community. There are a lot of skills and expertise within the community groups that are being utilised with support from community engagement workers.

The Multi-Cultural Women's Group Case Study

The group identified the need to run health related activities in the evening as well during the daytime. This made them accessible for working people and resulted in a popular evening Bollywood Dance class pilot. Group members made the connection between being physically active and mental well-being.

Better engagement with local services through community groups

- The scope for engagement with local services is widening as newly formed community groups are encouraging locally organised activities. Communities organise surgeries and drop-ins from local service providers that are useful for the needs of its members. This has resulted in better engagement with local services and clearer pathways to accessing services generally.

The Oromo Group Case Study

The Oromo Group (resettled Ethiopian refugees) have been running regular meetings, socials, events, picnics for several years in Brighton. Recently the Oromo women expressed an interest of constituting a group for themselves. The group will be a space for the women and children to engage in activities that interest them and connect to key service providers. The committee (formed of five Oromo women) are keen to manage their group work, get relevant skills and training (managing finances, minute taking, organising events) thereby supporting the needs of local Oromo women. The group has reached out to the Oromo women to identify activities and services the women would like to engage in. The group is also setting up their own bank account and will be applying for local funds to start their group.

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| | <p>Unreported domestic violence in the BAME Communities</p> <ul style="list-style-type: none"> • Our engagement work around domestic violence resulted in significant findings including a disclosure of historic domestic violence in a previous marriage, female and male perspective, and detailed information around how religion relates to experiences. In response to the historic DV disclosure and the need for a space to talk safely about experiences HKP partnered with RISE and New Writing South to run Telling our Stories Courses – a way for women to share their stories through creative writing • <i>‘I am from a Hindu Tamil family, who lacks reality. I missed all the opportunities to take my life forward but married to a husband who takes orders from his family, I was seen as a livestock.’</i> • <i>‘Some women are not allowed to be aware –they are only allowed out to go to Church and stay indoors all day. A lot of thinking about domestic abuse is taboo. No-one wants to talk about it.’</i> <p>Engagement barriers for women with school age children</p> <ul style="list-style-type: none"> • Language is a huge barrier for some women who have low confidence in speaking English or limited skills. • For women with pre-school age children, crèche provision alongside the activity was an important attendance factor. • Time of day - women with younger children are not so keen to go out in the evenings to activities due to family commitments. • Time - many younger women lead very busy lives juggling childcare, school runs and part time work as money is tight. Drop-ins are important. |
| <p>6. Top Ten Recommendations</p> <p>Please pull out key recommendations linked to the changes in the City Council, CCG, or other public service, and also any that may be recommendations that may support self help/empowerment process or collaborative working between</p> | <p>Organisational development support for BAME community groups</p> <ul style="list-style-type: none"> • An audit of BAME organisation type and capacity, to assess the extent to which existing groups are effective and what needs exist for organisational development support • Encourage more BAME community groups to flourish and act as self-help, peer support and the conduit between service providers and community members • Develop culturally sensitive services such as around domestic violence that can link in with these community groups. <p>Publicise BAME community consultation findings</p> <ul style="list-style-type: none"> • A simple public -facing response to consultation undertaken in the previous twelve months would help create a greater sense that respondent’s contributions have been heard. |

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| <p>statutory, voluntary and community sector and residents.</p> <p>It would be useful to split these between generic (e.g. “the bins are not emptied”) and community/group specific (e.g. that a leaflet is put together in easy read for people with learning disabilities)</p> <p>Please do not include recommendations that are clearly not feasible, or which are requests for funding (e.g. “we need a new hospital in Portslade” or “we recommend the CCG/Local Authority invests more in our excellent service”)</p> | <ul style="list-style-type: none"> • Summarising the findings and discussing them with the BAME communities would lead to new insights, actions and collaborative approaches. • A desk-review of recent BHCC and CCG focused consultation to identify common areas and assess what actions have been undertaken in response to findings and recommendations <p>Clear information about what BAME community members can expect from services</p> <ul style="list-style-type: none"> • Service charters and where to go if needs are not being met would be helpful <p>Increased social prescribing for BAME community members to navigate services</p> <ul style="list-style-type: none"> • This would help ensure the BAME community were accessing the services they need. It could build on the three-year pilot with Together Co, TDC, SIS, LGBT Switchboard and Friends, Families and Travellers. This pilot has found that BAME clients tend to have more complex issues that need more support to resolve. <p>Bespoke digital support for BAME communities to access services</p> <ul style="list-style-type: none"> • This could include equipment, training and ongoing support. <p>More BAME service providers</p> <ul style="list-style-type: none"> • More service providers from the same backgrounds as BAME community members would make it easier to access the services, especially if they were bi-lingual. • <i>‘I think the Council should encourage consultants, counsellors and therapists from the same culture. I suggest the Council offers the Priest to go on a Psychology course or offers them help to refer sufferers to Psychologists.’</i> Domestic violence focus group participant <p>GP appointments more easily available and longer for BAME community members</p> <p>BAME community members often struggle to get appointments with their GP. The main issues for this are:</p> <ul style="list-style-type: none"> • Not being able to arrange an interpreter to get a same day appointment. • Lack of confidence/unfamiliarity of the process and being unwell are all a deterrent to call in. • Time to get an appointment. <p>Patients with English as a second language need more than 10 mins for an appointment. It is difficult to communicate and put across all relevant information to the GP in the time available.</p> |
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| | <p>Build on the growing awareness of the importance of mental health amongst the BAME communities</p> <ul style="list-style-type: none"> • Provide easy access to mental health counselling. There is not enough mental health support available and BAME community members find it difficult to access. Could it be provided for free at the GP surgery? • Link in with community groups and Community Roots to offer support, self-help techniques and access to expertise when needed. <p>Simpler correspondence from hospitals</p> <ul style="list-style-type: none"> • BAME patients sometimes find the hospital letters wordy and complex. Even if someone has a basic understanding of English, too much information on the letters become confusing. This results in missing appointments whilst waiting for an interpreter or community worker. <p>A dedicated service support for people with English as a second language</p> <ul style="list-style-type: none"> • A Universal Credit helpline/helpdesk and housing support are the priorities • Online Universal Credit applications and one generic helpdesk at the Job Centre is not always suited to the needs of the BAME applicants. There is some stigma around accessing the benefits system. Lack of digital inclusion and unfamiliarity with the systems are additional barriers to applying for Universal Credit. • Dedicated housing support would enable BAME community members to navigate the housing system and find secure affordable housing that suits their needs. Without this BAME community members struggle financially, are overcrowded and live with housing insecurity. |
| <p>7. Recommendations and updates on what has happened with the recommendations</p> <p>Please update here any details of how the recommendations have been taken forward. Did your organisation/CCG/BHCC other public body/other</p> | <p>Build on the growing awareness of the importance of mental health amongst the BAME communities</p> <p>TDC consulted local Community Interpreters and community groups to understand the awareness of mental health and uptake of mental health services within the BAME community. The first consultation was carried out in 2016 followed by a second in 2020. The changes found over the four years are:</p> <ul style="list-style-type: none"> • A change in terminology has encouraged more conversation around mental health. Mental health is often also referred to as 'health and wellbeing' making it a more acceptable phrase. • Community groups are being supported to invite local service providers to talk about the importance of mental health and wellbeing. • Linking in and participation in local events has contributed to reducing stigma attached to mental health. • A number of BAME community groups now understand the concept of confidentiality. This gives them confidence to access services without the fear of being identified in the community. |

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| <p>VCS take forward anything as a result of this year's work or your last years recommendations?</p> | <p>SIS is participating in a series of meetings with interested statutory and VCS organisation on the topic of mental health provision for refugees and asylum seekers.</p> <p>Organisational development support for BAME community groups The Racial Harassment Forum has seen its profile increase in the past twelve months and engage with a wider number of other relevant services. However, its attempt to win a Third Sector contract failed. This caused upset and accusation of BHCC as being 'out of touch'. BHCC Collaboration funding has since been secured to support the Forum. Race and ethnicity matters remain sensitive. Therefore, difficult decisions reflecting race and ethnicity continue to need to be dealt with in ways to avoid heightening sensitivities.</p> <p>TDC and HKP continue to support BAME community groups and TDC is working with Community Works BAMER representatives to develop a BAMER network to bring these groups together. Community groups help to tackle social isolation and encourages more partnership work within service providers (18-19 Recommendations)</p> <p>Refugee and Migrant Forum SIS is very involved in the forum particularly during the COVID crisis and lockdown when there have been weekly meetings to ensure the needs of this group are being met especially with regards to food availability.</p> <p>Target promotion of weekly circuit exercise classes to BAME women with long term health conditions (18-19 Recommendation) Five BAME women from the Multi-Cultural Women's Group with long term health conditions are now regularly attending Shape up circuit exercise group twice a week.</p> <p>Explore a partnership with RISE to deliver sessions and training around domestic violence (18-19 Recommendation) New Telling our Stories courses developed in partnership with RISE to enable BAME people to use creative writing to share their experiences. SIS has worked with RISE to develop meaningful translations of their key promotional messages in the form of a poster now available in six languages and promoted through the SIS website and FB pages.</p> <p>BAME Reference Group for 2020-23 The proposed activities for 2020-23 TSC of developing a reference group made up of SIS service users and representatives from key BAME groups supported by TDC and HKP will help address many of the recommendations including</p> <ul style="list-style-type: none"> • developing a broader, collective voice for those with English as a second language with the opportunity to explore a dedicated service support for people with English as a second language • a mechanism to publicise BAME community consultation findings |
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| | <ul style="list-style-type: none"> • be an opportunity for commissioners to meet with BAME community members (18-19 Recommendation) <p>We are looking at options for doing this remotely using conference technology and interpreters to bring language groups together.</p> <p>Increased social prescribing for BAME community members to navigate services TDC and SIS are both offering social prescribing support for BAME community members through a partnership with Together Co. TDC is also offering social prescribing around mental health through the Community Roots partnership and for migrants with English language needs as part of MESH (Migrant ESOL Support Hub)</p> <p>Set up training and volunteering days for BAME community groups (18-19 Recommendation) TDC and HKP are developing a training course for BAME community groups around managing well-being and mental health. This is funded by the Community Roots project.</p> <p>Bespoke digital support for BAME communities to access services The new Community Learning offer through the Third Sector Commission will include digital support for BAME communities.</p> |
| <p>8. Please indicate any changes you have identified for the people that you have engaged with as a result of this funding during the period of funding</p> <p>This should relate to the outcomes that you identified in your application form</p> | <p>1. Increased number of BAME-led community groups and associated activities BAME community groups are more sustainable and are providing peer-support and activities. These activities are identified by the groups we support and many fill gaps that aren't met by services such as accessible exercise classes for BAME women and mental health support drop ins by the Syrian group. Community workers are supporting groups to make funding applications, identify needs within the community and create or access relevant activities. The engagement work enabled us to bring groups together such as the MCWG and Egyptian Coptic Association who now participate in each other's activities.</p> <p>2. Community representatives and champions are pioneering ways of breaking stigma This is particularly related to mental health, domestic abuse and accessing benefits. This helps to link communities with local services and the support they need. Opportunities to discuss these topics in facilitated focus groups has helped to break down some of the stigma. For example, HKP have identified a DV Community Champion who has led on engagement work and fed into consultations.</p> <p>3. More access to partnership courses and activities with service providers</p> |

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| | Such as around domestic violence and well-being. For the first time through engagement we have been able to ensure BAME male voice in DV and mental health consultations. |
| 9. Appendices Please add the list of reports that you have done in the last financial year. If the reports are publicly available e.g. on your website, please indicate where they can be found. If you mention them in the report, you can therefore indicate that people can look for further details here. | <ul style="list-style-type: none"> • BAME Urgent Care Engagement (June 2019) • Health Impact Evaluation (July 2019) • BAME Multiple Long-term Health Conditions Engagement (November 2019) • Domestic and Sexual Violence Survey Report (November 2019) • BAME Mental Health and Wellbeing Engagement (March 2020) • BAME Care Service Users Needs Assessment (April 2020) <p>These reports have been submitted directly to the CCG or BHCC. The aren't available publicly because of the sensitive nature of the content and the difficulty in maintaining anonymity for the groups engaged. They are attached with this monitoring.</p> |

| Outcomes | Performance Indicator | Targets set in Grant Agreement for 2019-20 | Number of outputs achieved for 2019-2020 | Please describe the impact of the funding on the client group you work with |
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| People from BME communities are supported and empowered to | BME people are empowered to articulate their needs through being | Evidence that engagement and research is inclusive | See demographic details above | BAME people are more aware of the availability of services relating to the topics and know ways to access them. They have more |

| Outcomes | Performance Indicator | Targets set in Grant Agreement for 2019-20 | Number of outputs achieved for 2019-2020 | Please describe the impact of the funding on the client group you work with |
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| articulate their needs, and influence and improve local services | <p>informed about health and social issues, structures and planning processes via a range of suitable methods (e.g. info events, newsletters, social media, community calendars, emails, etc)</p> <p>People participate in topic-based consultations via a range of suitable methods (focus, groups, social media, online surveys, one to one interviews, etc)</p> <p>Feedback on engagement</p> | <p>Summary of feedback and actionable recommendations in each theme are fed back to the CCG & BHCC and other relevant partners on each theme</p> <p>Evidence of numbers/ demographic of those responding</p> <p>Evidence of solution-based approaches from the community or from the organisations reported</p> <p>Annual report</p> | <p>Reports produced for CCG and BHCC – attached</p> <p>See reports produced</p> <p>See description in reports and in summary above</p> <p>Completed. April 2020 report above.</p> | confidence about articulating their needs and getting information through discussions at facilitated focus groups, 121 interviews and bespoke on and offline written material. |

| Outcomes | Performance Indicator | Targets set in Grant Agreement for 2019-20 | Number of outputs achieved for 2019-2020 | Please describe the impact of the funding on the client group you work with |
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| | experience collected and analysed. | <p>April 2018</p> <p>April 2019</p> <p>April 2020</p> <p>Evidence of at least 40 BME groups representing over 20 identities (at least 150 individuals) reached and taken and actively participated in engagement activities by end Y3</p> <p>Evidence of the recruitment of Community Champions</p> <p>6 reports delivered to BHCC/CCG per year, (4 CCG dependent on CCG resources; 2 BHCC), in line with agreed themes,</p> | <p>628 people engaged with</p> <p>Community representatives and champions are pioneering ways of breaking stigma This is particularly related to mental health, domestic abuse and accessing benefits.</p> <p>Achieved, see list above and attached.</p> | |

| Outcomes | Performance Indicator | Targets set in Grant Agreement for 2019-20 | Number of outputs achieved for 2019-2020 | Please describe the impact of the funding on the client group you work with |
|---|---|---|--|---|
| | | <p>with a summary of feedback and actionable recommendations in each report</p> <p>Evidence of numbers of those responding including number of new participants per year (10% increase of new participants per year</p> <p>Target of 80% of participants in engagement activity agree that they were able and enabled to express their needs and opinions on what needs to change</p> | <p>11% increase 18/19-19/20</p> <p>Achieved</p> | |
| BHCC and BHCCG are better informed about the diversity of BME communities (including intersectional | The partner organisations consult with communities and stakeholders to develop a shared equalities monitoring | An equalities monitoring framework will be produced by the partnership in Year 1 and used on an ongoing basis. | <p>See demographic detail above</p> <p>Shared equalities monitoring framework removed as a target.</p> | The views and experiences of the different BAME groups and communities we have consulted have been summarised for BHCC and BHCCG. |

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|---|---|--|---|---|
| <p>identities) and the needs of these communities</p> <p>BHCC and BHCCG can design more accessible, appropriate and supportive services</p> | <p>framework that can reflect the internal diversity and intersectionality within BME communities</p> <p>Written reports give actionable recommendations on what needs to change and how</p> <p>Stakeholder feedback on engagement experience collected</p> | <p>The partnership will then set diversity targets in years 2 & 3 to engage with underrepresented groups</p> <p>Produce written reports on each consultation that has engaged BME people, including actionable recommendations</p> <p>Community briefings feeding back on actions – two per year</p> <p>Target of 80% of statutory stakeholders, e.g. BHCC & NHS teams, agree that the engagement process increased their knowledge of communities and their needs and helped them</p> | <p>Achieved</p> <p>Achieved – feedback happens with each group as they are consulted.</p> | <p>BAME communities are more able to access services through partnerships developed between groups and service providers. For example around mental health and domestic violence.</p> |

| Outcomes | Performance Indicator | Targets set in Grant Agreement for 2019-20 | Number of outputs achieved for 2019-2020 | Please describe the impact of the funding on the client group you work with |
|---|---|--|---|---|
| | | design more accessible, appropriate services | Target removed | |
| BME Communities are supported to come together to achieve positive change, identifying viable solutions and supporting the co-production of activities and services | <p>People come together around identified topics/activities arising from community engagement to discuss recommendations, develop solutions and co-design community-led services</p> <p>Community members and community groups influence service delivery across the city, including developing new services and assets within the community sector</p> | <p>Evidence of co-production mechanisms which bring together community members and statutory commissioners or CVS providers i.e. joint working groups, to develop solutions to meet identified need</p> <p>Annual Report showing evidence of the impact of BME involved in service delivery, developing new services and co producing activities within the community sector</p> | <p>See annual report above</p> <p>See annual report above</p> | BAME community members are able to influence services through self-help and peer support, developing their own activities and connecting more with service providers. |