

Annual Report

The Trust for Developing Communities
The Hangleton & Knoll Project
Sussex Interpreting Services

March 2019



Introduction

The Trust for Developing Communities (TDC) is one of several community organisations commissioned by Brighton and Hove Clinical Commissioning Group (B&H CCG) and Brighton and Hove City Council (BHCC) in order to consult with diverse communities of identity within the city on topics relating to their experience of health and wellbeing services.

At TDC, we work alongside volunteers to deliver community development work, community engagement, developmental youth work, research and training across our neighbourhood bases and through citywide activities and programmes.

We work with Black and Minority Ethnic (BME) communities across the city. Our BME work project aims to enable BME communities to play a greater role in improving their own health and wellbeing. We build on our existing relationships with BME groups; develop partnerships with new groups and organisations; ensure representation from the BME communities and create points of contact for the services for the health services and other community and voluntary sector organisations.

In the work commissioned by BHCC & B&H CCG, TDC engages with BME groups and communities to consult them on a range of health-related topics. TDC works with the citywide BME population. We undertake consultation on matters identified by BHCC commissioner. In addition to specific topic issues we also seek to identify issues seen as pertinent to BME communities.

We engage widely with BME communities Brighton and Hove, including working with community groups across the city and engaging individuals through attendance at local events and approaches in public and community places and spaces. Through our engagement work, we enable the most marginalised service users to articulate their needs to public and voluntary sector service providers.

We went as far as reaching out to over 70 different BME community groups across the city and engaging individuals through attendance at local events and approaches in public and community places and spaces. Through our engagement work, we enable the most marginalised service users to articulate their needs to public and voluntary sector service providers.

Through our engagement and consultation work, we empower members of the BME communities, disseminate information about health services and signpost them to relevant service providers.

The Hangleton and Knoll Project (HKP) in partnership with TDC delivers BME Engagement Work, supporting activities, focus groups and consultation.

HKP delivers work in the neighbourhood of Hangleton and Knoll.

HKP have worked with the Hangleton and Knoll Multi Cultural Women's Group, an ESOL Group and supported a newly formed Bollywood Dance Group.

HKP works with predominately Bengali and Arabic Women.

Sussex Interpreting Services (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 Community Interpreters, Advocates, Community Navigators and Volunteers have unique access and insight to migrant communities in the city especially those with little or no English (approximately 6000 households) and were able to bring a wider perspective to the consultation work undertaken in partnership with TDC.

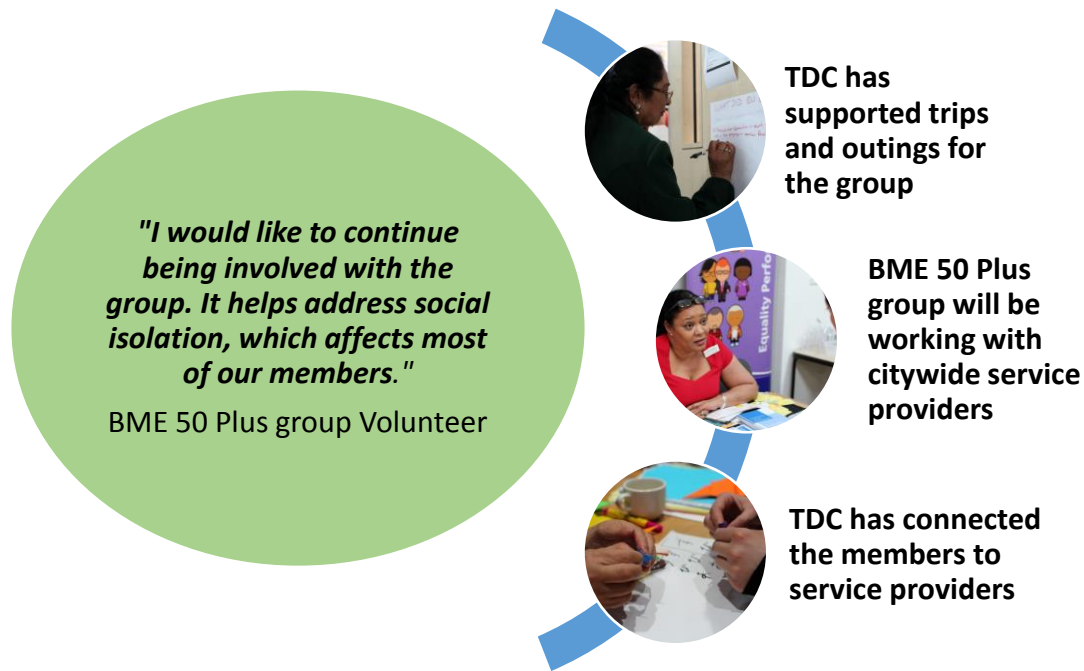


Overview of the engagement work you have done in the year

TDC

We have engaged 340 BME people over the year through community consultations, group work, and community engagement.

- We delivered a focus group for the CCG with the BME community around their experiences of Dementia services, Online GP and Volunteering.
- We worked with local service providers and arranged them to visit local BME groups to help them reach out to the community.
- Our work has been citywide and served neighbourhoods like- Hangleton and Knoll, Moulsecoomb.
- TDC has attended community groups, network meetings, Council Forums. This has widened our contacts with BME community members and services across the city.
- Some of the groups/meetings we attend are Racial Harassment Forum, Community Buildings Network, Refugee Forum, Race Reference Group, Coffee and Croissants HUB meetings, Social Prescribing Network, Brighton and Hove Emergency Food Network, International Women's Network, Multicultural Coffee Morning, Bilingual Families Group, BMECP 50 plus, Consultation respondents and community groups represent approximately 35 BME participants.
- Conducting BHCC Employment, undertaking analysis and report writing
- Presenting the findings of the Employment Consultation.
- Conducting Brighton & Hove Urban Design Framework.
- Supporting the RHF in defining financial and fundraising priorities.
- Analysing data and drafting the RHF Consultation report.
- Supporting the recruitment process and practices of RHF (Volunteer Project).
- Contributing to the RHF Volunteer Training Programme.
- Supporting the engagement of the BMECP 50+ IN City wide initiatives (e.g. Older Persons Week).
- Supporting BMECP 50+ initiatives (e.g. Trip/outings, Christmas, activities).
- Supporting setting up and registration of new Eritrean Community Group.
- Planning and setting up Ambassadors Project with Community representatives and BHCC officers.
- Contributing to other BME focused initiatives of commissioners and partners.
- Support the recruitment of personnel for new BME/Refugee & Migrant funded position.



HKP

We have engaged 224 BME people over the year through delivering the following consultations, activities, training, IAG and events in Hangleton and Knoll

- We worked with TDC on the BHCC Employment consultation by conducting 6 in depth questionnaires with BME women around their experience of employment and volunteering
- We delivered a focus group for the CCG with 10 BME Women around their experiences of Dementia services
- We delivered 4 conversational English Courses over the year in partnership with the multi-cultural women's group as an engagement activity which 32 women attended.
- We developed a partnership with the WEA to deliver accredited entry level 3 ESOL which 8 women are currently attending
- We worked with RISE to co deliver a workshop themed on healthy relationships which attracted new women to the group
- We worked with Rethink to deliver two workshops around suicide prevention, this again engaged new women to the group
- We worked with the women's group to organise two celebration events over the year with specific invites to community members and services to celebrate working together and the achievements of the group
- We are developing a new relationship with the Egyptian Coptic Association and plan to engage them in the consultation work we are doing in the future.

- We are supporting BME involvement in the Your Place Festival in partnership with Brighton festival and Hangleton Community Centre and into the BHCC cultural framework
- We delivered a focus group with the women's group around the CCG topic Online GP Consultations
- For our free CCG topic, based on a suggestion from the group we delivered a focus group on menstruation and menopause in partnership with a female GP and development worker at Benfield Valley Healthcare Hub
- We have continued to support the link between the MCWG and the HK Health Forum ensuring a rep from the group attends meetings to feed in and feedback to the group which enables BME voice in primary care services.
- Our Routes employment and IAG Projects have supported 16 BME people over the year, outcomes include –
- Female – supported through NLDC to get a job as a midday supervisor in a local primary school, has now joined the Our Place steering committee and will be delivering a ceramics workshop as part of the festival. She is looking to eventually find employment in the arts sector.
- Female – NLDC participant via The Women's Group and now joined ESOL classes
- Female – from The Women's Group 1:1 support completing a citizenship application form and been given details of HaKIT courses
- Female – referred from Possability people – 1:1 support with completing a job application.
- Female – referred to WEA for English writing classes
- Female – help with job applications
- Female – work experience with a refugee charity organising their petty cash systems
- Female – starting to put CV together and 1:1 support, contact with Benfield Surgery for volunteering opportunity
- Female – Our Place steering group



SIS

We worked in partnership with TDC on CCG and BHCC consultation topics by organising;

Focus Groups of SIS linguists to gain their professional and personal experience and insight into the issues affecting migrant communities and those with limited English, covering

- **Dementia: Attitudes and Understanding**

15 SIS linguists representing communities speaking 13 languages

- **Employment Issues**

8 SIS linguists representing communities speaking 12 languages

- **On-line Consultations with your GP / Practice**

8 SIS linguists representing communities speaking 10 languages

- **Volunteering**

14 SIS linguists representing communities speaking 17 languages

In-depth Interviews with 22 individuals from Farsi, Spanish, Portuguese, Chinese and Polish speaking backgrounds into attitudes and understanding of **Volunteering**

Digital Survey Promotion via e mail, website and Facebook to our pool of 190 SIS linguists, 43 language specific community groups, 22 language specific Facebook Community groups

- **Intersectionality: Race/Ethnicity and LGBTQ People**

In addition to partnership work with TDC, SIS has also delivered other consultation and research work

	<u>Topic</u>	<u>Organisation</u>
Focus Groups	Food Poverty	B&H Food Partnership
	Smoking Cessation	Albion in the Community
	Aging Well	BHCC Public Health
	A&E and Urgent Care	CCG
	Diabetes in South Asian Women	Brighton & Sussex Medical School
	Future of Healthcare	CCG
	Written Correspondence	Sussex Partnership NHS Trust
Digital Surveys	BGH redevelopment	SCT
	Use of the South Downs National Park	Changing Chalk
	Welcome to the UK leaflet	Sussex Community NHS Trust
	Hospital Discharge	Healthwatch
	Big Health and Care Conversation 2	CCG
	On-line Pharmacy Services	Heathwatch
Research	Neighbourhood Care Scheme	Impetus

SIS runs a social prescribing Drop-In fortnightly at the BMECP for individuals for come for help and support with their correspondence, making appointments, and linking with other services.

SIS has attended community groups, network meetings, Council Forums to widened our contacts with BME community members and services across the city including

<u>Event or Forum</u>	<u>Organisation</u>
ESOL Providers Network	Independent
Coffee and Croissant Networking	Community Works
City Volunteering Partnership	BHCC
Volunteer Coordinators Forum	Community Works
Emergency Food Network	Independent
City Wide Connect	Possability People
Social Prescribing Network	Community Works
Health and Social Care Network	Community Works
Racial Harrassment Forum	Independent
Refugee and Migrant Forum	BHCC
Health Promotion Network	BHCC
Refugee Week	Crossing Borders
Bilingual Family Groups	Children's Centres
Syrian Vulnerable People's Relocation Scheme Multiagency group	BHCC

SIS promoted volunteering opportunities for BME and migrants within the city

- Presentation on this topic at the Volunteer Coordinators Forum
- Promotion of the Racial Harrassment Volunteering Programme
- Support for TDC BME Volunteering event by translating promotional materials then distribution and promotion of materials
- Working with 30+ volunteer linguists

Working with and supporting the set up of Migrant English Support Hub (MESH)

Methodology

TDC

Through the range of activities, we have delivered we have used the following methods –

- Focus Groups
- 1-1 interviews

- Surveys
- Outreach
- Personal invitation
- Social Media
- Email
- Attendance at Organisations' regular formal and informal sessions
- Attendance at relevant meetings, events and activities
- One-to one meeting with representatives different Organisations
- Presented consultation findings data/information at formal meetings

Challenges-

- Arranging focus groups and interviews with BME participants is challenging. We must rely on interpreters to attend the session. There is also an amount of consultation fatigue within the community. Paying for their participation, incentives and funding the group for an event often motivates the participants to join the consultations.
- Participants are also reluctant to talk about certain topics due to the stigma attached to it. For example- Dementia was a topic that was sensitive. There is still a lot of stigma attached to it and someone living with Dementia would find it difficult to talk about it. BME individuals (especially older people) do not want to highlight problems about NHS and healthcare system in England. They feel obliged to have the service 'free'. It is a cultural behaviour for some of the BME communities to acknowledge the available service from NHS. Some of the BME participants also believe in a form of hierarchy of power within the service providers (i.e. doctors, nurses, health visitors, community workers) and service users, hence they are reluctant to express their issues about services.

There is a low level of digital literacy within some sections of the BME population. Hence, social media, online questionnaires, etc. is not suitable. Face to face interviews work better with most of the BME participants. This requires more time allocation in the consultation stage but this way we can ensure we get valuable inputs from the community.



HKP

Through the range of activities, we have delivered we have used the following methods –

- Focus Groups
- 1-1 interviews
- Surveys
- Outreach
- Personal invitation
- Social Media
- Email
- 1-1 support via Routes/IAG

***“The CCG Consultations
make us feel valued and
gives us an opportunity
to present our views.”***

Chinese Elders member



SIS

Challenges-

- We are currently relying mainly on SIS linguists to “represent” their language communities in consultation rather than direct engagement.
- Direct consultation with people with language needs can be resource rich;
 - translation and interpreting costs
 - time required to build understanding of the concept of consultation and engagement
 - time required to build trust for individuals to share information on topics which may have a cultural stigma
- SIS service users often have priorities around securing housing, employment and financial stability. Involvement in consultation is an unwanted “distraction”. Incentivising participation may help.
- There can be some consultation fatigue for groups/individuals who are in a position to engage. A clearer focus on feedback and results/changes as a result of the consultation may help.

Demography

The nature of the consultation work we undertake does not easily allow for the detailed collection of monitoring data. However, the demographic profile of those engaged with is as follows

- Roughly equal 5:50: female vs male split
- Age range 25 – 65+
- From a Black, Asian or other minority ethnic background
- Roughly 50% whose first language is not English



Top 10 findings from across the engagement work

TDC (incorporating SIS)

Our key findings were –

1. Dementia is associated with something ‘abnormal’ and a lot of stigma is attached to it.
2. There is limited understanding about Dementia and there is no accurate information about the condition.
3. There is a lot of confusion about Dementia and Alzheimer.
4. The BME community do not understand the importance of living a ‘healthy’ life and how it can prevent a lot of illnesses.
5. BME older people are isolated due to language barriers, low self-confidence and mobility issues.
6. Financial difficulties prevent BME people from hiring carers.
7. Online GP services will enable older BME people to access healthcare services. They can ask their family members to interpret for them instead of hiring interpreters.
8. Some of the healthcare information cannot be translated to a different language. This is one of the main barriers that patients face when accessing primary healthcare services.
9. The online GP services will be useful for the less mobile/disabled patients saving them a trip to the GP.

10. BME patients often do not understand a prescription and feel lost due to language barriers.

Council Engagement –

The RHF Survey

Overall, the survey revealed prominent levels of experience amongst the respondents of hate crime. 61% of respondents said they, a family or someone they associate with had experience a hate crime incident. Most of these respondents had experience of more than 2 hate crime incidents. Nearly half 48% said the incident happen within the past year.

Employment Consultation

A selective approach may address concerns and ensure an equal service across the various cultural and ethnic groups in the city.

The initiative must be an additional or supplementary initiative and not one that will reduce the need for existing employment & skills services.

Raising awareness = important stage in the employment process.

If other key barriers that are seen to still exist, how much difference will this make = should also consider how other barriers might be addressed; otherwise this could be only a partially effective initiative

Key finding Brighton & Hove Urban Design Framework

Young people had an inherent sense of what they felt was there neighbourhood and what they felt made it so. For many they had feelings of belonging and ownership of their neighbourhood, that provided safety and comfort. Some could not envisage living anywhere else in the city, even the areas they considered 'better' or 'posh'. They were glad they had been asked to take part in the survey.

Non-specific Community engagement found

BME community acknowledge Brighton & Hove is a good place to live. However, efforts to engage more with BME communities can be improved. Council Officers more culturally aware/sensitive (e.g. language barriers_

Levels of ethnic/racial intolerance are becoming more noticeable



*"I feel safe to speak about
mental health and that I
won't be gossiped about,
mental health is so
important and I'm glad we
have a space to talk about
it"*

HKP group member



HKP

Our key findings were -

1. Through evaluating our conversational English courses, we found that the women wanted to progress into volunteering and paid employment and that to do this they needed to progress with their English, as a result they requested local accessible accredited courses. Many women also wanted to progress into volunteering and employment and our routes employment project

provided a way to engage with the women and provided them with the 1-1 support they needed to do this.

2. From the Dementia services consultation, we found that there was a need for increased services and support for carers of those with Dementia, and that there was a stigma around Dementia within BME communities as a “Mental Health Issue”
3. From the Menopause and Menstruation free topic we found that there was an appetite from the group to develop a local BME women’s health event to include information on menopause, health checks, breast cancer and diabetes.
4. Through exploring Mental Health and suicide prevention through workshops in partnership with Rethink we found that the women opened up around contributing factors to mental health including domestic violence
5. Through the consultation work and engagement activities the group have developed a deeper understanding of the importance of being healthy both physically and mentally, through the Shape up exercise group we set up we have targeted promotion to BME Women who have identified a health condition that would benefit from increased physical activity, these include Diabetes, High blood pressure, high cholesterol and those with knee and back problems.

Top Ten Recommendations

TDC ((incorporating SIS)

From the findings above below are the recommendations –

Generic:

- Raise awareness about Dementia.
- Encourage Commissioners to visit BME groups. This makes the community members feel more valued and listened to.
- Encourage more partnership work within service providers.
- Train carers and make them aware about BME cultural identities.
- Web literacy within the BME communities.
- Address the problem of social isolation within the BME community. Facilitate groups/classes/workshops/trainings/trips/lunch clubs for the BME community.

- Volunteering to be introduced as a concept highlighting its benefits. Most BME communities are culturally unaware of volunteering and do not understand its benefits.
- Reading the reports and sharing knowledge drawn from the recommendations- B&HCC BME Employment Consultation Report, Brighton & Hove Urban Design Framework, Racial Harassment Forum Consultation. Survey
- Ensure that language barriers are considered in the delivery of all services with resources allocated for interpreting and translation.

Specific:

- Set up training and volunteering days for BME community groups.
- Work in partnership with organisations signposting them to specific BME groups to recruit volunteers.
- Set up a close partnership working with GPs, Dementia services and BME community groups. This will encourage more dialogue about Dementia and raise awareness about the services available.
- Social isolation is a long-standing problem within the BME communities. Facilitate services for the BME community members to give them an opportunity to socialise with communities of interest.

TDC has promoted local services to the BME groups. We have invited Council staff and Commissioners to meet the BME members.



HKP

From the findings above below are the recommendations –

1. Explore a partnership with the WEA to deliver local accredited ESOL
2. Feedback to the CCG as part of the Dementia services consultation
3. Explore developing a women's health event in partnership with Benfield Valley Healthcare Hub
4. Explore a partnership with RISE to deliver sessions and training around domestic violence.
5. Target promotion of weekly circuit exercise classes to BME Women with long term health conditions.

Recommendations and updates on what have happened with the recommendations

TDC

1. TDC, with support from SIS, hosted the first volunteering fair in Brighton and Hove for BME communities. It was a great opportunity for BME people and employers to learn about volunteering and relevant opportunities. The event also allowed BME people to voice their need around volunteering and the barriers towards volunteering.
2. TDC has organised Dementia awareness raising workshops in BME community groups.
3. TDC and SIS organised a mini event on Social Prescribing inviting service providers and BME community leaders to share their thoughts and ideas about accessing services in Brighton and Hove. Several barriers that community organisations come across when working with BME clients were highlighted. The BME community leaders also got an opportunity to learn about various services out there. They provided valuable feedback about specific challenges that BME communities face and how service providers could address them.

4. Plans are being developed by BHCC and TDC to undertake initiatives to deliver sessions and brokerage opportunities between community representatives and employers' representatives.
5. Finding from the Urban Design Framework are being considered in development plans.
6. RHF has secured additional funding to implement some of the recommendations of the survey report.
7. TDC has secured funding through the Ageing Well commission to support the group to develop and to work with citywide providers. BMECP 50+ Group will now be working with city wide providers to enhance their offer.



HKP

1. HKP have developed a partnership with the WEA to deliver a local Entry level 3 ESOL Course which 8 women are attending. This partnership required intensive support to carry out assessments with over 20 women to identify the most suitable entry level, for those who were not ready for accredited courses we continue to deliver regular 5-week conversational

courses. Our routes project has supported 9 BME people into training, volunteering and paid employment over the year.

2. We submitted feedback to the CCG around the Dementia Services consultation, although the group felt services for carers could be improved none of the women were caring for someone with Dementia, so this topic was not a priority for the group to take forward any specific actions.
3. We are currently exploring a women's health event with the group and Benfield Valley Healthcare Hub
4. With RISE we developed two interactive sessions with the group to open up conversations around domestic violence, we have also worked with RISE to ensure the Ask Me DV Training initiative was accessible by holding it locally at the community centre.
5. Since the Shape up exercise group set up there are five BME Women with long term health conditions attending twice a week.

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

TDC

There has been significant increase in the confidence, skills, volunteering, employment, understanding of Council structures and Universal Credit processes. Housing, Employment and Social Benefits are the three main areas that the BME communities struggle with. For any of the three problems they feel lost and struggle to get their questions answered.

TDC often becomes the first point of contact due to the skill and network of the workers within the BME team. At TDC we work with various BME community groups, visit places of worship, and attend forums and network meetings. This enables us to reach out to the wider BME populations and identify service providers who could support the BME community members.

The worker engaged with BME people and communities and supported them towards wider interaction with Council departments and services. The worker has been bringing together key community members at regular meetings around identified topics arising from community engagement to discuss recommendations, develop solutions and co-design services. The worker regularly visits the community

groups to engage with the members and build better links within the community. The BME groups are invited to relevant community and voluntary and public sector partner's events and meetings, to facilitate cross sector discussion, which can lead to meaningful change.

Groups who have engaged with consultation processes have stated the welcome the opportunity to contribute their views and opinions to decision makers. The BME residents engaged with, now feel an increased sense of connectivity to Brighton & Hove because of their involvement. Positive perceptions of Brighton & Hove are reinforced and/or enhanced.



HKP

There has been significant increase in the confidence, skills, volunteering and employment of women in the group since the start of the commission, the synergy of funding with CD, Engagement, Psychosocial and Routes has enabled the development of the group and individuals to thrive. Due to the engagement topic work the conversations around health in general have developed and resulted in the development of local health focused activities in addition to developing new partnerships with RISE, WEA and Rethink, around mental health which was a term we were unable to use with the group at the start of the commission. For women wanting to volunteer and get back into paid employment our routes project has supported individuals with placements at local schools, volunteering with charities, support into formal learning including ESOL, and 1-1 support with CV's, Job applications and applying for citizenship.

"We talked about exercise and how important it is, I was so pleased to go to Shape Up, it meets all our needs as there are different levels, I was able to challenge myself"



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