IMPROVING HEALTH AND WELLBEING FOR BAME GROUPS ON THE WIRRAL

RESEARCH & INNOVATION TOOLKIT

REVEALING REALITY

# Everyone deserves to have a fulfilling life and feel good on the Wirral
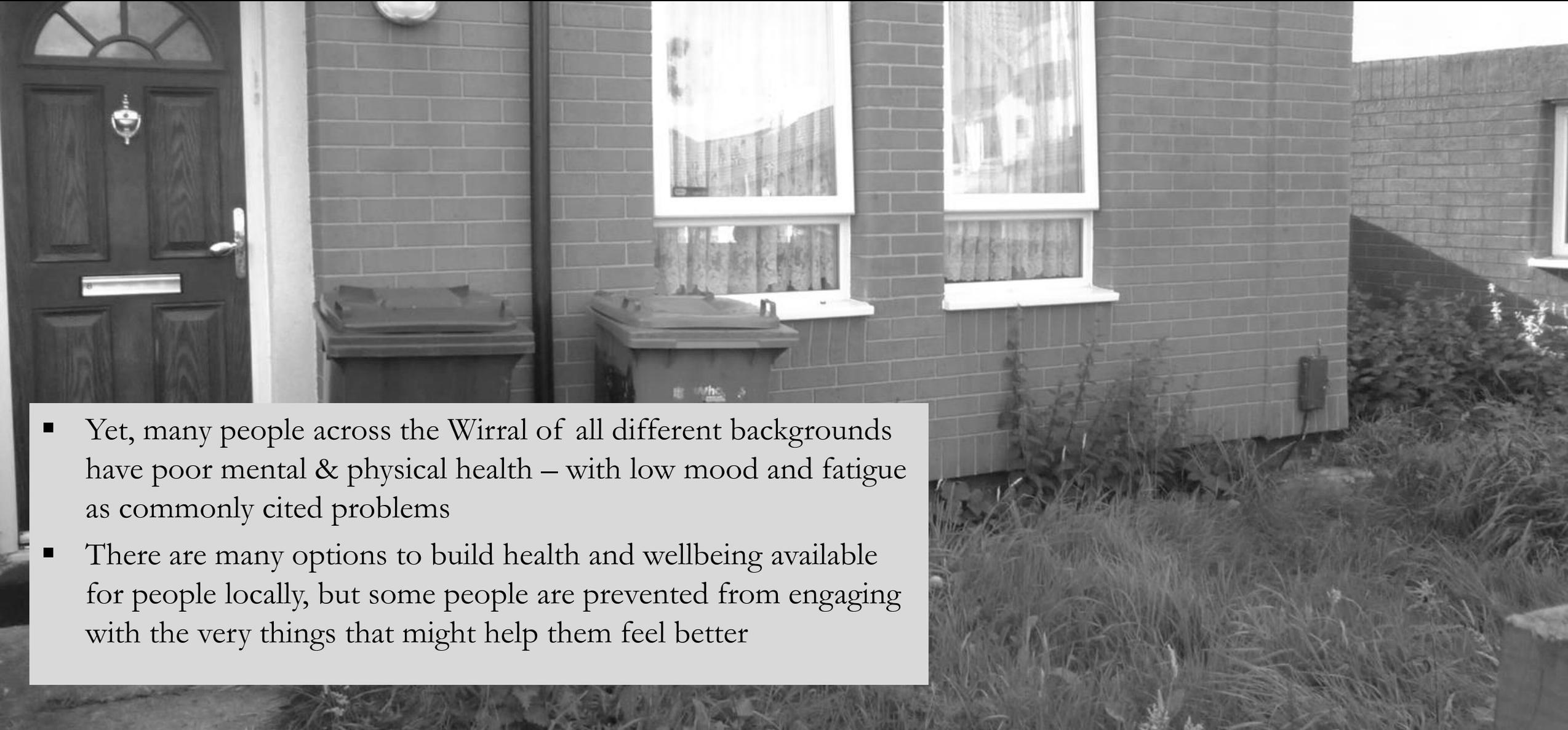
- Yet, many people across the Wirral of all different backgrounds have poor mental & physical health – with low mood and fatigue as commonly cited problems

- There are many options to build health and wellbeing available for people locally, but some people are prevented from engaging with the very things that might help them feel better

Although there are well-documented cultural variations in terms of disease prevalence, most of challenges BAME individuals face are similar to the general population

- There are some known health inequalities for BAME communities and cultural differences around health attitudes and behaviours
- Yet, many BAME individuals spoken to in this study faced wellbeing problems in line with the general population (particularly those who had lived in the Wirral for some time)
- Barriers to change were also similar to the indigenous population
    - However, for newcomers to the Wirral these barriers can be heightened – particularly by poor language
    - Barriers to change can also be compounded by lack of confidence among mainstream service providers to work with BAME groups – seeing these individuals as the responsibility of 'cultural specialists'
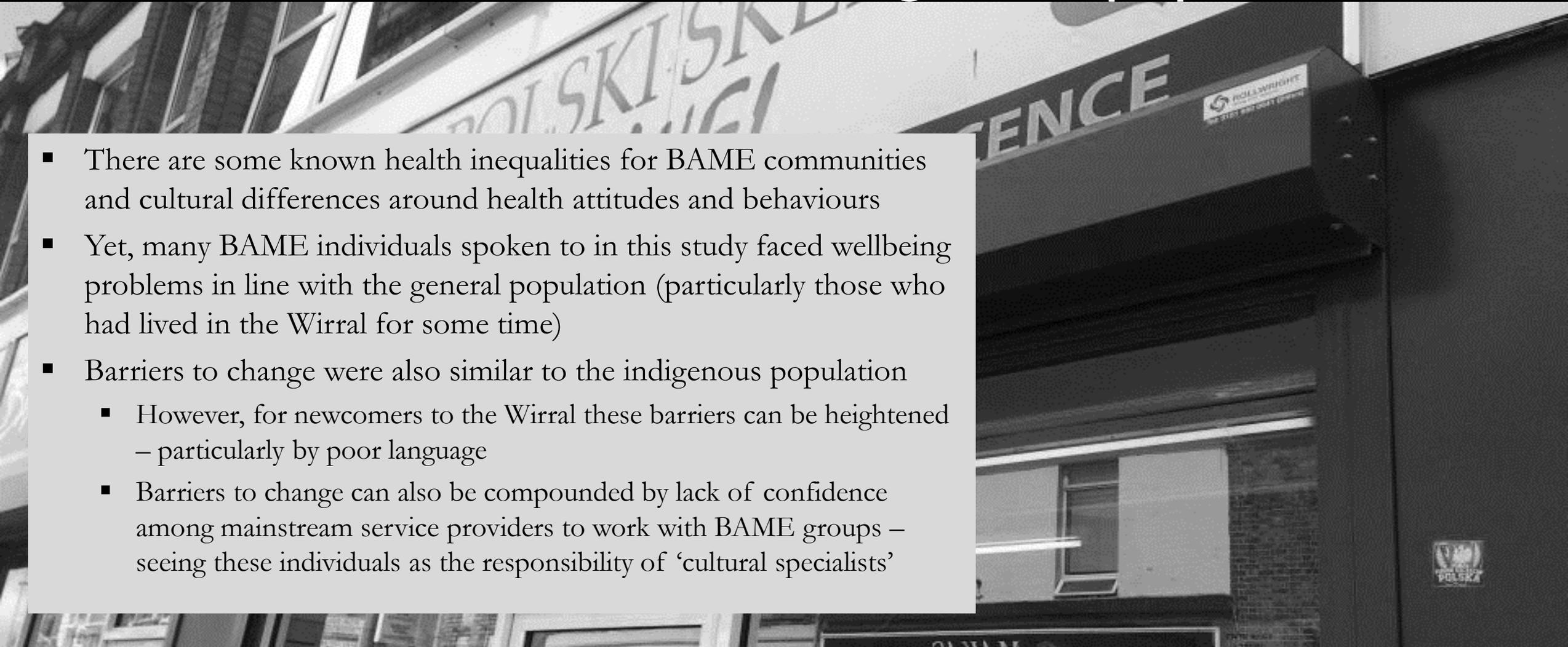
No one organisation can change wellbeing outcomes alone – it requires collaboration & system change

- Tackling entrenched problems like poor mental health and social isolation across all populations of the Wirral can seem like a complex task, however in reality small actions can make a big difference for people of every background

- There is a real need for diverse stakeholders and organisations to develop a coordinated approach to improving outcomes for people from all backgrounds – helping them overcome barriers to good health and wellbeing
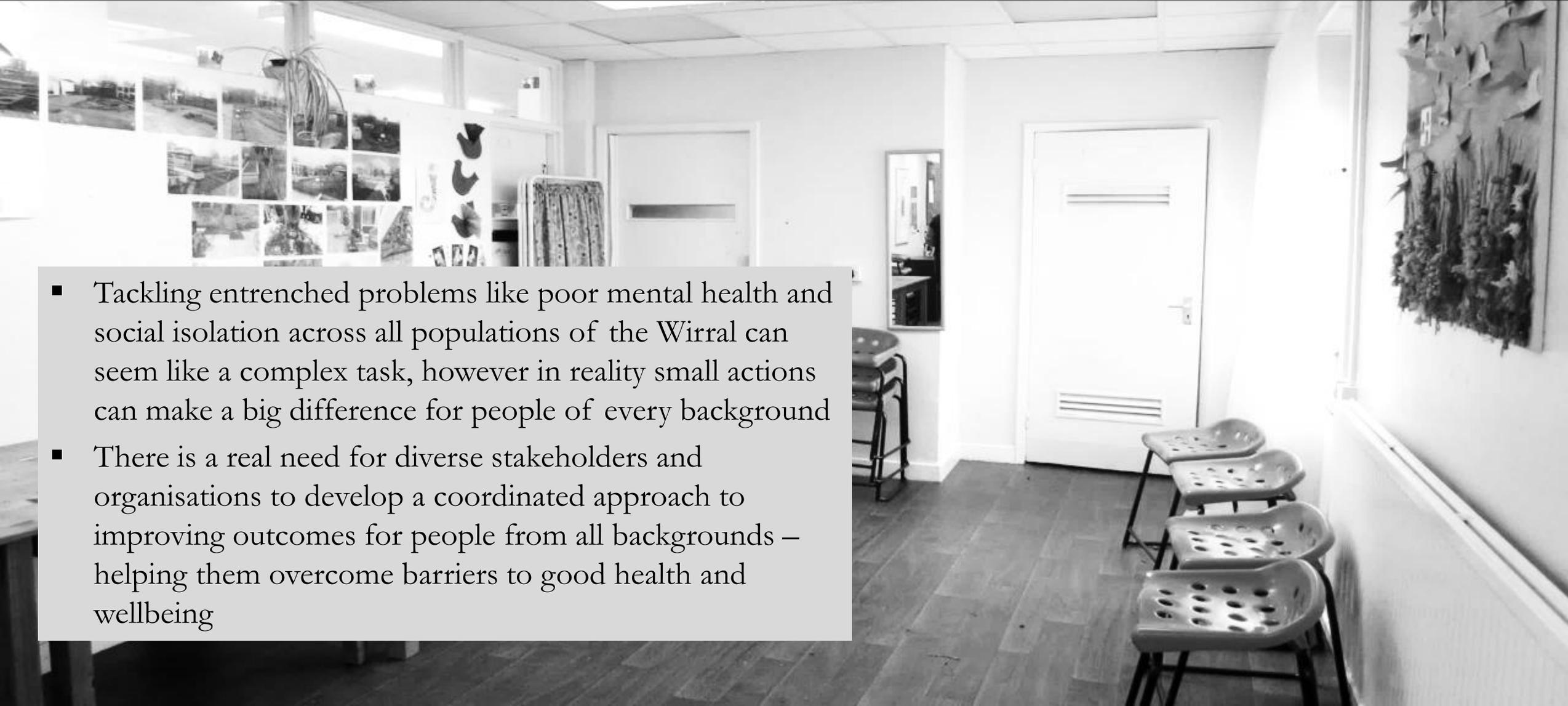
This toolkit is based on findings from insight work, both exploring health and wellbeing across the Wirral and including a deep dive into BAME communities specifically

Deep dive into **health related worklessness**

Deep dive into **BAME communities**

Broad examination of the issues of **health and wellbeing** across a wide range of groups
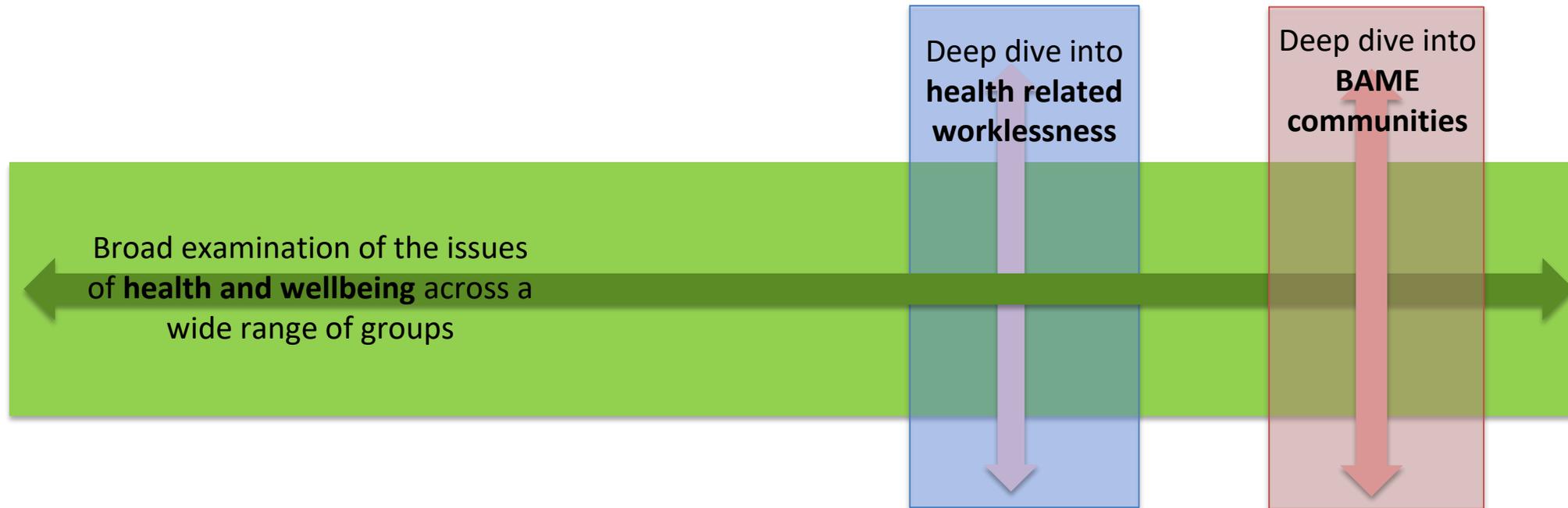
For more detail please see the appendix

Over a 2 year period, a small team of researchers have spoken with over 300 people from across the borough, particularly exploring a few neighbourhoods. This included over 80 BAME residents (with a skew towards Birkenhead)

WIRRAL WEST

- West Kirby
- Upton
- Woodchurch

WIRRAL SOUTH

- Heswall
- Eastham
- New Ferry
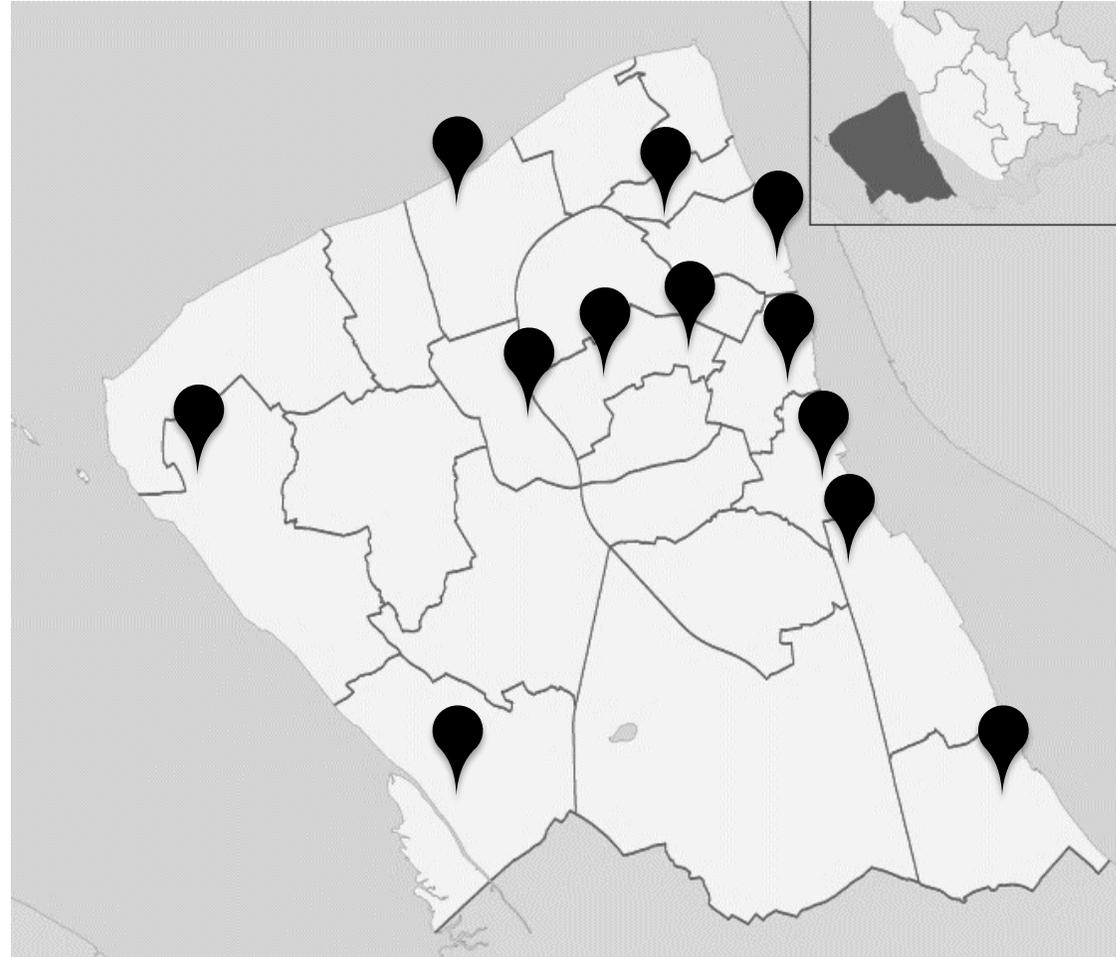
WALLASEY

- Liscard
- Seacombe
- Leasowe

BIRKENHEAD

- The North End
- Beechwood
- Birkenhead Central
- Rock Ferry

80+ BAME residents were engaged across the work from many different backgrounds

ETHNICITIES

Algerian	Polish
Caribbean	Roma
Chinese	Romanian
Bengali	Sudanese
Greek-Cypriot	Syrian
Indian	Thai
Irish	Turkish
Irish-traveller	Turkish-Cypriot
Mixed race	Venezuelan
Namibian	Yemeni
Nigerian	Zimbabwean

TIME IN UK:
2 months – decades / entire life

AGES:
7 – 85

REGIONS:
All 4 constituency areas, with a skew towards Birkenhead

Stakeholders and experts engaged as part of the BAME work

20+ STAKEHOLDER PERSPECTIVES (TO DATE)

- Housing
- JCP / DWP
- Police
- Translators / interpreters
- Aids and adaptations
- Schools
- Mental health
- Diabetes provision
- Age UK

- Involve NW
- Wirral Multicultural Organisation
- Irish Community Care
- Shah Jalal Mosque
- Romanian Church, Bebington
- Cultural Diversity Network
- Merseyside Polonia
- Tomorrow's Women
- Wirral Change
- Refugee Action
- Refugee support network
- Turkish Community Centre

Many long-term BAME residents and the indigenous population in the Wirral struggled with negative feelings and pessimism for the future - particularly those who felt their options had narrowed (e.g. through unemployment or illness). This sometimes led to a sense of hopelessness for themselves, their families and their neighbourhood.

BAME variations: Yet, most newcomers to the UK (e.g. new migrants) saw the UK as a place of opportunity, prosperity and hopefulness and were looking to take proactive steps to turn over a new leaf.

Across the Wirral there is a need to maintain and grow **HOPEFULNESS** & for **POSITIVITY** to become a driving force

Sometimes people felt that the gap between where they are and where they want to be was too big - and felt unable to make any positive difference to their lives. In both BAME and mainstream organisations, binary measurements of attendance / contact points could prevent service providers from trying to 'graduate' attendees

BAME variations:
- Newer economic migrants, who had chosen to start again, tended to be more optimistic about progress and resilient in the face of setbacks
- However some new migrants could not see the immediate incentive for engaging in healthy behaviours – choosing to prioritise other factors
  - A sense of fatalism caused by the widespread prevalence of conditions (e.g. diabetes in South Asian communities), alongside some health stigma (e.g. mental and sexual health) sometimes resulted in delayed preventative actions being taken

People need to feel that **CHANGE IS ACHIEVABLE** and that even small steps can be positive achievements – as well as constantly striving to **PROGRESS** and improve

Many people we met (both BAME and white British) felt lonely, had limited social networks and were sometimes over-reliant on professionals to meet their social needs…

BAME variations:
These are acute problems for newer BAME arrivals who often had significant language barriers – and sometimes described feeling like outsiders and struggled to integrate with the local population. Many individuals- including some more long-standing residents - were comfortable socialising as part of specific and homogenous ethnic networks and were unwilling to explore further afield

Across the Wirral, we need to help individuals develop **CONFIDENCE** & make the most of opportunities to build positive **SOCIAL CONNECTIONS** within their neighbourhood

Many individuals described a lack of available, appealing or appropriate support - and were sometimes wary of 'services' that came across as interfering and judgmental…

BAME variations:
- Some BAME individuals (particularly those accessing BAME specific services) believed that mainstream service providers discriminated. Meanwhile, some mainstream service providers lacked confidence to work with BAME groups (and saw this as the preserve of specialists)
- Other BAME individuals (particularly more settled and integrated residents) felt that BAME specific services individuals did not represent their own interests, and instead reinforced narratives of difference
- New arrivals to the UK tended to rely on family and friends rather than services – sometimes leading to vulnerability

Inspiring people to make the changes they want in their lives requires support that connects at personal level (promoting **INDEPENDENCE** & putting the goals and ambitions of **INDIVIDUALS FIRST**)

Some people need more specialist acute support at certain points of their life – but all can benefit from encouragement & reminders to improve their wellbeing

Universal experience
Everyone needs a little bit of encouragement every now and again

Minor and/or transitory health and wellbeing challenges, controlled primarily through self-management
e.g. overweight individual taking steps to overcome their health challenges; person with low level type 2 diabetes taking medication as prescribed and primarily self-managing

Support needs: Holistic health and wellbeing encouragement

Ongoing challenge
Concerted effort to get out a rut and back on track

Some ongoing and (perhaps) increasing health and wellbeing challenges
e.g. individual experiencing mental health decline; segregated individual on the Wirral with limited social network

Support needs: Support which transitions people and enables them to self-manage

Acute challenge
Supporting those most in need

Acute health and wellbeing 'crisis'
e.g. new migrant with traumatic arrival story; individual at point of mental health breakdown

Support needs: Intensive, hands-on, specific support

The majority of our BAME sample were facing experiences and challenges similar to the indigenous population on the Wirral. There are a small minority of residents (both BAME and white British) who are in need of immediate, intensive support. This includes new migrants with a traumatic arrival, and those facing health crises

Universal experience
Everyone needs a little bit of encouragement every now and again

Example case study:
SAMI (38)
- Lives with his white British girlfriend
- 2 x children from a marriage with his ex-wife
- Runs his own construction company
- Range of diverse friends from different nationalities
- Supports new Turkish migrants to the Wirral with housing / employment and paperwork

Ongoing challenge
Concerted effort to get out a rut and back on track

Example case study:
SASHA (32)
- Lives alone
- Lived in the Wirral since she was a young woman (married a British man)
- Suffers from ongoing mental health challenges
- Limited social network and social isolation
- Accessing a mainstream organisation for vulnerable women

Acute challenge
Supporting those most in need

Example case study:
WEI (34)
- Husband and daughter (3)
- New to the Wirral (moved a few months ago)
- Asylum seeker – with no access to employment as her status is under question
- Ongoing legal needs and support from a community organisation
- Poor English language

Challenge: Many long-term residents struggled with negative feelings and pessimism for the future - particularly those who felt their options had narrowed (e.g. unemployed or unwell). This sometimes led to a sense of hopelessness

Opportunity: Across the Wirral there is a need to maintain the hopefulness of new migrants and grow enthusiasm where it is lacking. Positivity and pride should become a driving force.

UNIVERSAL EXPERIENCE
- Helping people see failures and challenge as progress
- Building community pride

PRITI (21)
Priti is struggling to get a job locally. However she is still optimistic about her prospects. Rather than giving up, she has started volunteering for a mainly white British organisation to build her skills and network and address stereotype and stigma head-on

ONGOING CHALLENGE
- Building up self-esteem
- Helping people feel optimistic about the future

SASHA (32)
Sasha has gone from one abusive relationship to another. Her self-esteem is at rock bottom and her adult children pay her rent making her reliant on them and her Libyan boyfriend. She complains about her life in the UK and struggles to see any positives. She wishes she had the courage to leave her boyfriend

"I used to dance and sing – but he's knocked it out of me."

ACUTE CHALLENGE
- Having optimism that people can recover from a crisis

TOM (47)
Tom is an Irish traveller who has recently divorced his wife and lost contact with his children. He suffers from mental illness and has struggled to hold down a job. He volunteers 'when he feels like it' at a Church. He doesn't expect to get a real job again (and he has been placed in the ESA support group with no access to a jobs advisor).

"Who would hire me?"

Challenge: Sometimes people (particularly longer term and indigenous residents) felt that the gap between where they were and where they wanted to be was too big – not helped by services incentivised to over-emphasise the needs of attendees. New arrivals tended to show more resilience in the face of setbacks. Across the board health was deprioritised (not helped by some cases of stigma and genetic fatalism)

Opportunity: People feel that change and progress is achievable and that even small steps can be positive achievements. Improving health is seen as attainable, unexceptional and as a priority by all

UNIVERSAL EXPERIENCE
- Pushing people outside of comfort zones
- Rewarding progress and challenge
- Myth busting around health

CHRONIC CHALLENGE
- Helping people transition from services increasing independence
- Enabling people to self-manage health problems

ACUTE CHALLENGE
- Having post-crisis graduation plans for people in crisis – not just short term reactive approaches
- Building peoples' coping mechanisms

NADIA (10)
Nadia runs 10k runs at school and recently won a medal by running faster than some of her schoolmates. However she is likely to give up running when she leaves school – just like her sister.

"I ran un around the garden because I didn't want to be seen on the streets but it was so exhausting – I just gave up." – Nadia's sister

VANIDA (52)
Vanida moved to the Wirral several years ago. Since she moved her she has been very dependent on her husband and increasingly a community organisation. Vanida knows she ought to visit a sexual health clinic but is struggling to pluck up the courage to book an appointment without support

"I'm worried that they won't take me seriously. They patronise me and think I don't know anything"

WEI (34)
Wei is an asylum seeker whose status has been under review for many years – and in the meantime hasn't been able to work and is reliant on state handouts. Wei is very reliant on a community organisation for support, translation and advice.

"I'd go to them for everything. I don't know what I'd do without them."

Challenge: Many people we met (both BAME and white British) felt lonely, had limited social networks and were sometimes over-reliant on professionals to meet their social needs. Newer arrivals were particularly disadvantaged by poor language skills and low social capital.

Opportunity: Across the Wirral, we need to help individuals develop confidence and make the most of opportunities to build positive social connections within their neighbourhood - where necessary addressing language barriers as a priority, and practicing integration not segregation at community organisations

UNIVERSAL EXPERIENCE

- Encouraging people to expand and diversify their social networks

ONGOING CHALLENGE

- Encouraging people to make and build strong social networks
- Encouraging long-term friendships outside of services

ACUTE CHALLENGE

- Creating opportunities for people to meet and socialise with others
- Addressing language barriers to enable conversations as a priority

SANJAY (50)

Sanjay has one friend who he would like to start playing badminton with. 2 years ago, they agreed they would start and Sanjay bought a racquet. However, his friend hasn't yet. Sanjay doesn't know of anyone else he would like to play badminton with – there are a group of Bengali men who play locally but Sanjay does not get on with them.

XIM (45)

Xim spent her first years in the UK without many friends – as she was wary of her language ability. She has tried a community organisation – but found most people were from a completely different class and background. These days she has made some friends through Ramblers, but they aren't particularly close.

KAJA (45)

Kaja's social network is very small. She currently only speaks to her mother and sister (both Polish) – as well as a community group which is all in polish, aimed at new Polish arrivals. She doesn't think she needs to talk to any people just yet – she has all her needs met OK. This caused issues when she broke her ankle and had no support network at hospital

'I would like to meet more people but I don't speak good English yet.'

Challenge: Many individuals described a lack of available, appealing or appropriate support, and some new arrivals were embarrassed to access formal services. Often people were wary of 'services' that came across as interfering and judgmental – and some service providers felt ill-equipped to work with BAME groups

Opportunity: Inspiring people to make the changes they want in their lives requires support that connects at personal level (promoting independence & putting the goals and ambitions of individuals first). Meanwhile service providers feel upskilled to work with people of all different backgrounds to boost confidence in the system

UNIVERSAL EXPERIENCE
- Improving navigation of the system
- Boosting confidence and abilities of mainstream providers to appeal to a wide range people and abilities

ONGOING CHALLENGE
- Encouraging participation in services that incentivise progress and catalyse self-management
- Boosting confidence in the system

ACUTE CHALLENGE
- Enabling people to access intensive specialist services at the right time

HASHIM(45)
Hashim would like to have more of a say on decision making in his local area – however as a shop owner he finds it difficult to attend meetings happening during opening hours. He would like to find a way to contribute that fits with his lifestyle

BOUSHRA (31)
Boushra recently moved to the Wirral from Syria to marry her husband. They go to a local community organisation where they have made friends and also seek support with translation, and advice / support in understanding systems and services locally. Originally they used an advisor a lot, but now are trying to self-manage

'It doesn't matter if you speak the language – if you don't know the rules you are lost'

BELLE (47)
Belle moved from the UK after being trafficked in her home country two decades ago. She still has flashbacks and suffers from depression and suicidal thoughts. Two years ago she first had contact with a community organisation. She has finally told a professional about her experiences, which has helped with her mood and mental health.

1 HOPEFULNESS

- People are hopeful about their own future – responding proactively to set-backs and challenges
- Outside spaces are appealing and inspiring for people to use and live in

PERSONAL PROGRESSION

2

- People feel they have permission to live their life to the full, pursue hobbies and activities and improve their wellbeing, no matter what circumstances they are in
- People feel better able to take control of their health, wellbeing and life, through a greater sense of responsibility and clarity around health and wellbeing messaging
  - People feel inspired to learn, develop and progress – and services try to promote independence
    - Individuals see health as a priority and hold accurate beliefs

- People feel able to make friends in inclusive and friendly spaces, services and neighbourhoods – even (perhaps especially) newcomers

- People (of all backgrounds) have opportunities to mix with diverse groups of people and are exposed to different ideas and interests

- Harmful social norms are challenged – and service providers have the confidence to challenge (both relevant to their specialism and around health broadly)

- For new migrants, language barriers are addressed as a priority

3 SOCIAL CONNECTION

- People have the confidence to ask for help without concerns about discrimination, labelling, judgement or embarrassment
- People in with poor health are able to access support earlier rather than being left to decline – and no vulnerable group is left without support
- Asylum seekers and those facing extreme need are given thorough support
- Courses and services are transforming people and promoting self-management – acting as catalysts rather than maintaining the status quo
- Greater sense of control and empowerment to access services and make decisions around health and wellbeing – including increased knowledge about and confidence in the system
- Service providers feel skilled to work with cohorts of all backgrounds

EFFECTIVE SUPPORT

4

There are a range of small steps that could happen to improve health and wellbeing of all groups in the Wirral - not just commissioning new services

CAMPAIGNING, MESSAGING AND NARRATIVES

ALL

e.g.,
- Positive chairing of meetings
- Simplifying health messaging

BAME

- Myth-busting around health stigma and genetic fatalism
- Avoid labels that increase sense of difference (BAME vs non-BAME)

PARTNERSHIP / COLLABORATION

e.g.,
- Community events
- Brokering between services, stakeholders and touchpoints

- BAME services to link up with mainstream groups
- Open cultural events

KPIS AND MEASUREMENT

e.g.,
- Clear graduation pathways
- Social mixing as a KPI
- Services (of all types) accurately define cohorts they serve

- Investigate and measure claims of institutional discrimination

TRAINING OF PROVIDERS

ALL

e.g.,
- Up-skilling professionals around mental health problems
- Training around harmful social norms

BAME

- Increasing cultural understanding to boost confidence

INFRASTRUCTURE

e.g.,
- Develop signposting infrastructure
- Provide spaces for connection – events, social media groups, forums

- Shared spaces (not just BAME / single ethnic group spaces)

COMMISSIONING

e.g.,
- Pilot befriending services
- Fund wraparound, holistic support for specialist, high need cases

- Language services to enable friendships as a priority
- Intensive specialist support and available for new asylum seekers

Appendix: Stories