

SBMEN Healthy Steps Project Review - 2017/18

On behalf of 'SBMEN'

Sentient Business Development



Overview

The Sunderland BME Network Healthy Steps Project was an 18-month project that aimed to inform, encourage and support members of the BME Community of East Sunderland to:

- **Increase Access to Information and Services** - Understand and correctly access public and statutory resources and facilities
- **Reduce Health Inequalities** - Improve health, personal wellbeing and mental health in BME women in the East Sunderland by addressing
- **Encourage participation in non-BME Community Hubs** - Create and deliver opportunities to integrate people in the East Area of Sunderland by signposting BME people into community life.
- **Raise awareness of different cultures** - Support non-ethnic communities and organisations to better understand the BME East Area Community.

Initially intended to be delivered by 4 outreach staff the BME Management Committee made an early decision to ensure that as many of the Networks diverse communities could be supported through the programme. To this end 5 outreach staff were engaged to maximise the project's reach and impact.



Healthy Steps Outreach Team (left to right):
Julia Aleksandra Wysocka, Rachidy Bikaya, Delta Mokoko,
Rufsana Begum, Rehana Sultana



This decision provided:

- A culturally diverse outreach team with a broad range of experience that reached across the majority of BME communities living within the East Area of Sunderland.
- Support for drop-in sessions, events, cross-cultural activities and outreach support in the community.
- Opportunities for Health Providers to better engage with BME Community.
- Multi-cultural events spread over the project's lifetime, supporting further integration and understanding across communities
- Improved training and opportunities for community, staff and volunteers.
- Reduced Health Inequalities in the City.

The project was funded and supported by Sunderland City Council East Area Committee and Sunderland CCG. The Network's Directors and members would like to thank and recognise their support.

Project Outcomes

Project targets, outcome figures and adjusted outcomes are listed below along with guidance given to the team in measuring each outcome (see attached spreadsheet for guidance).

Output Code and description (see insert)	Project Targets	Actual	Adjusted (*)
People accessing information	560	1945	1509
People accessing services	183	777	569
Reducing health inequalities			
Healthy Steps Sessions held	80	115	115
Women benefiting from healthy steps	280	855	649
Younger Children benefiting from healthy steps	170	375	297
Men benefiting from health steps	110	562	437
People attending Healthy Steps Sessions			
Participation in non BME community hubs	560	1250	937
People signposted into community provision	122	651	651
People supported into community provision	61	172	133
Raise awareness of Culture			
Cultural Events held	9	17	17
Attendees	450	671	555
Training Sessions delivered	7	36	36
Attendees	110	396	292
Workshops held	6	7	7
Attendees	72	139	99
Cross Cutting			
Volunteers involved and trained	80	278	165
Hours 'worked'	199.5	612	460
Volunteers Signed up to the e-learning lounge	115	62	62
Partnership meetings attended	30	87	87

Numbers initially reported to the Area Committee at the end of the project needed to be adjusted. This initial issue stemmed from a corrupted returns document being sent to the Network Chair on the 5th April 2019. This was not identified by the Project Coordinator prior to returning of the project figures to the East Area Committee.

In addition, the project team was not aware that the East Area Committee anticipated that the numbers of members engaged would be 'unique'. Given the traditionally large numbers of events and activities held this would have been a significant logistical effort as a member of the community attending an event, receiving support, attending a workshop or acting as a volunteer.

As a result, and at the request of the East Area Committee representative, an effort has been made to calculate the 'uniqueness' of the figures. The adjusted figure is therefore based on a sliding percentage scale starting at 0% for the first quarter and 30% for the last quarter of the project.

Even allowing for this adjustment it is evident that the network exceeded the targets, particularly regarding those attending events. For example, during the lifetime of the project, the Network held 17 multi-cultural events several of which had attendances that well exceed 100. It is therefore our opinion that the figures are accurate.

Numbers of People Accessing Information and Services

The Network has a strong track record of bringing together members of both BME and Non BME Communities and these events and activities have been a key point of the project's delivery.

Throughout the projects life the Healthy Steps' team utilised a 'sweet and sour' approach to initially attract members of the community to first of all engage in the project events which, would in turn then lead to opportunities for training, healthy activities, group sessions and volunteering

These events and activities included, but were not limited to:



Project Launch at One Voice Awards (Nov 2017)



Families Event (June 2018)



Black History Month Event (Oct 2018)



Supporting Sunderland University Students Union at 'Battle of the Bands' (Oct 2018)

Advice and guidance on Healthy Eating during 'Refugee Week' and at 'Keep Active Event' in August 2018

While the Healthy Steps project had as part of its aims the desire to support hard to reach women within the BME Community it was successful in engaging with both men and young people.

Regular drop-in sessions were held for Women within the BME Community, involving both BME and non BME people were arranged and attended at Sunderland Bangladesh International Centre and other locations around the East Area.

Healthy Steps Team members of the BME Community attending International Women's Day (May 2018)



Ladies from the Healthy Steps Team attending Women's Day Event at the Sikh Temple

These sessions, while ostensibly social, allowed the outreach team to gain the confidence of attendees and start to discuss and address some of the issues that were leading to isolation and to support and signpost individuals to appropriate Health Information and Care.

The groups attended regular 'weight watching' and fitness sessions in association with Live Life Well. Members of the Healthy Steps Team also took part in and 2 completed the level 2 Health Champions Qualification – Julie Wysocka and Rufsana Begum.

While the project was not aimed at Young people, the team quickly recognised that attracting families to events and sessions was key to successful engagement with the broadest cross section of the community.

As a result, 'Healthy Skips' was created by the team.

Young people were invited to take part in a skipping competition and offered fresh fruit and healthy food. This not only engaged young people from across the BME Community but also provided the

time and space for parents, male and female, were asked to sign to confirm that their children could take part in the activity which, in turn, allowed members of the team to engage with their parents

Reducing Health Inequalities in the BME Community



Attending Health Events at Bede College and Essence Service

A key driver for the support and development of the Healthy Steps Project was the reduction of “frequent flyers” to the Cities A&E department of BME people. What swiftly became apparent was that there was no actual evidence available to support the statement and, therefore, any impact the team would have on reducing the frequency would be as anecdotal as the initial statement.

The team therefore carried out a series of surveys with BME people to try and establish whether it was the case that Sunderland A&E was the first port of call in the community.

Healthy Steps – Partnership and Collaboration

Significant to the success of the Healthy Steps Project was the recognition, ability and willingness of organisations and bodies, both BME and non BME, throughout the City who were eager and willing to work together with a clear shared goal of reducing barriers to integration and sharing learning and experience. The list below represents, in all likelihood, only a fraction of the groups that worked with the Healthy Steps Team over the lifetime of the programme. Ensuring that members of the BME Community were signposted to the right support at the right time was a key drivers for the project and the Sunderland BME Network and the Healthy Steps Team would like to thank all of those listed below:

- *Live Life Well*
- *Sunderland CAB*
- *New City Medical Centre*
- *Gentoo*
- *Wearside Women in Need*
- *Sunderland Counselling Services*

- *Sunderland Mind*



English Language Training with new Volunteers at SBIC



Live Life Well and Washington Mind at Healthy Steps World Health Day Event

- *Stroke Association*
- *ICOS*
- *Sans Street Community Centre*
- *Raiche Carter Centre*
- *FODI*
- *Sunderland Bangladeshi International Centre*
- *Burn Park Church*
- *Northumbria Police*
- *African Caribbean Society (Sunderland University)*
- *Foundation of Light*
- *Sunderland Sikh Association*
- *Southern & Central Engagement Team*
- *Community Pharmacy Team*
- *Young Asian Voices*
- *Islamic Education Centre*

- *Sangini*
- *Tyne and Wear FRS*
- *Essence Service*
- *Sunderland People First*
- *Active Sunderland*
- *Sunderland College*



Healthy Steps Team at Refugee Week event

- *Training in Care Ltd*
- *Umoja Africa*
- *African Societal Artistique*
- *Washington Mind*
- *VCAS*
- *Sunderland Together*
- *The Looking Glass*
- *North East Ambulance Services*
- *Thornhill Academy*
- *Sunderland recovery college*
- *Memory Protection Service*
- *Donnison School*
- *New City Medical Centre*

- *The Care People (CIC)*
- *Wearside Women in Need*
- *Cancer Awareness*
- *Stroke Association*
- *Age UK*
- *Living History North East*
- *Sunderland University*
- *Sunderland College*



Attending Healthy Steps Sessions & Reducing Health Inequalities

Signposting Flyer for members of the BME Community



The previous section listed some of the organisations that the project collaborated with to ensure that members of the community had access to the best advice possible around the health of themselves and their families.

Over the period of the programme over 1200 people attended events, adjusted to 937 for 'unique'. These sessions combined both events and learning sessions as indicated by some of the images shown previously.

To confirm that these activities were both addressing the needs of the community, Team members carried out as many consultations as possible with those attending

The information below represents a cross section of 100 consultations taken during the period of the Healthy Steps Project. It underlines some of the issues experienced by some BME people and also suggests that the perception that BME people use the A&E Department of the local Hospital as their “first port of call” is not as significant as many believe.

We asked those attending Healthy Steps Sessions to respond to key issues impacting the BME Community to both recognise the impact of the project and inform future provision. These included:

“How easy it is for you to access services and support in Sunderland”:

	Strongly Disagree	Disagree	Neither Agree / Disagree	Agree	Agree Strongly
<i>I know how to access the services and support I need in Sunderland.</i>	15%	21%	22%	29%	13%
<i>I know where to find information on Volunteering in Sunderland.</i>	18%	28%	23%	16%	15%
<i>I find it easy to get information and advice on Mental Health issues in Sunderland.</i>	20%	30%	14%	22%	13%
<i>I do not have any issues or problems living in Sunderland</i>	8%	11%	30%	32%	18%
<i>If needed, I would find it easy to get legal advice in Sunderland</i>	19%	23%	23%	23%	11%
<i>I think Sunderland is a safe place to live</i>	9%	14%	34%	31%	13%
<i>If I have a problem in my life I have someone to turn to for help</i>	8%	16%	23%	34%	19%
<i>I do more than 30 mins exercise in a week</i>	17%	16%	16%	36%	14%
<i>I know people who don't have enough to support themselves and families</i>	20%	20%	21%	27%	13%
<i>If my family or myself are unwell I usually go to the A&E at the Hospital</i>	27%	17%	17%	30%	10%

Only **44%** of respondents agreed with the statement that Sunderland was a safe place to live while just **50%** agreed with the statement “I do not have any issues/problems living in Sunderland”. This indicates a slight improvement on similar consultations carried out in 2016/7 which indicated that **68%** of BME people responding felt that they suffered discrimination at least once a month and **35%** felt threatened over the same period.

However, the BME Communities position in the City remains as one where members and their families are just as likely to feel unsafe as safe going about their daily activities, more so in very many cases than their non BME Neighbours

“What public service and facilities do you use and how often you use them”

	Less thn once/mth	1 or 2 per mths	1 or 2 /fnight	1 or 2 /week	Everyday
<i>University/School/College</i>	65%	2%	5%	6%	22%
<i>NHS (inc Hospital, Doctor Dentist etc)</i>	69%	16%	7%	7%	1%
<i>Library/Museum</i>	68%	13%	5%	4%	8%
<i>Police/Fire Services</i>	92%	5%	2%	1%	1%
<i>Sports Facilities</i>	64%	8%	14%	7%	6%
<i>Refugee Services</i>	89%	2%	2%	4%	3%
<i>City Centre – including the Bridges</i>	5%	6%	17%	47%	24%
<i>Parks/Gardens/Beach</i>	13%	21%	28%	28%	11%
<i>Community & Youth centres</i>	68%	9%	10%	7%	7%
<i>Churches</i>	82%	5%	3%	7%	3%
<i>A&E</i>	88%	9%	2%	2%	1%
<i>Drop in Centre</i>	86%	6%	3%	3%	2%
<i>Local Doctor</i>	61%	24%	8%	5%	1%
<i>Pharmacy</i>	58%	22%	8%	8%	4%

47% of respondents stated that they used the City Centre either once or twice a week, **24%** stating that they used the centre everyday. As we will see later, this is despite the frequency of racist comments or actions levelled at them. Similarly, **67%** of respondents stated that they used the Cities Parks, Gardens and Seasons more than once a fortnight.

While the project was initially driven by a view that members of the BME community are ‘frequent flyers’ at A&E however **88%** of respondents suggested that they attended less than once or twice a month.

We believe that the work of the Healthy Step's team has played a significant part in the City in ensuring that the community has a better understanding and access to health. There is no doubt that Health inequalities in the City, for both young and old, do continue. It is vital that Health workers in the City continue to support the BME community.

Finally, we asked how often you have had experience of the following issues:

"Thinking about living in Sunderland, how often have you had experience of the following things?"

	Never	Less than 1/week	Often, every mth	Freq, every week	Every day
<i>Language/Communication difficulties</i>	47%	17%	13%	7%	15%
<i>Difficulty in accessing support/services</i>	33%	20%	24%	9%	13%
<i>Racial Discrimination</i>	37%	30%	22%	7%	3%
<i>Feeling threatened</i>	53%	20%	15%	10%	2%
<i>Family issues</i>	65%	20%	4%	6%	6%
<i>Housing issues</i>	67%	15%	5%	7%	6%
<i>Health issues inc mental health, diabetes HIV etc</i>	73%	9%	4%	4%	10%
<i>Financial Issues</i>	53%	20%	11%	6%	9%
<i>Access to Health Activities</i>	68%	8%	10%	1%	13%

We asked two questions around matters of Equality – Discrimination and feeling threatened **63%** told us that they experienced Race Discrimination and **47%** expressed the view that they had felt threatened. Relating back to matters of Health inequalities, **68%** of respondents reported that they never accessed Healthy Activities.

53% responded indicated that they had never experienced financial issues. However, when we asked respondents to agree or disagree with the statement – "I know people who don't have enough to support themselves and families" only **40%** disagreed with the comment.

We also asked respondents to agree or disagree with the comment "If my family or myself are unwell I usually go to the A&E at the Hospital" **40%** agreed or agreed strongly.

The combination of these answers simply goes to underline the need for the BME Community to be supported in order to ensure that deprivation within the community is addressed to ensure that they have the opportunity to fully contribute to a vibrant and proactive community in the City.

Case Studies

The team members worked closely with many members of the community across all ages and genders. Their support was vital in some cases in supporting and ensuring access to local health resources, housing and benefits and, in one case, engaging their local MP to ensure that the couple received access to appropriate fresh foods from local retailers.

Listed below is a cross section of some of the case studies prepared by the team during and at the close of the project:

Case Study A

After my focus group with the ladies in the local area speaking about how we could improve our health I decided to set up a 'Eat wise drop a size' group at the Bangla centre delivered by Live Life Well as a lot of the local women didn't have the knowledge about healthy eating and nutrition.

There was one lady in particular who normally wouldn't come to any groups but after a lot of persuasion and by us accommodating her cultural needs she decided to come. Some of the reasons she found this course beneficial is because she felt she was overweight and didn't know why she could not lose weight. From week one she found the course extremely interesting and very informative. She was very enthusiastic in taking notes, asking questions and asking for handouts. She completed the full course and took a lot of information on board in changing her lifestyle.

After the course had ended, she was very enthusiastic about implementing everything she had learnt at the course and very thankful to us for having such a beneficial course running at the centre. She also wanted us to start other courses and keep her involved. One of the exercise activities that I arranged for the ladies who came to this course was a walking group to encourage them to exercise and that particular lady was very happy that I was building her confidence in going out. The feedback I have from her is that she regularly exercises and she has cut down on her sugar intake which was hindering her weight loss.

Case Study B

A middle-aged gentleman approached me after an event in which we were promoting health and wellbeing and he explained to me due to his financial situation being in a mess it was affecting his mental health. Due to his language barrier he didn't understand what was going on and didn't know how to seek help. Firstly, I set an appointment time for him to come so I could look at his financial situation and find ways he could get help.

After looking at his financial record one of the problems I noticed was he was paying for two broadband subscriptions when asked why he said he had already cancelled one. I helped him phone the provider and cancelled one of the subscriptions. Another problem was the arrears on his mortgage. I arranged a meeting with his mortgage provider to which I accompanied him so we could explain his financial difficulties. I helped him to go through an expenses and expenditure form and successfully came to a financial arrangement with the mortgage provider. I advised him to make an appointment with the Citizens Advice Bureau in Sunderland to check his benefits entitlement and get debt advice.

The gentleman shared his feelings of being depressed so I advised him to make an appointment with his GP. I also signposted him to mental health charities.

Case Study C:

Thanks to healthy steps I was able to help out a couple (the male is from Italy and the female is from Poland: both have lived in Sunderland for 2-3 years) the couple did not speak any English, they both work in an Italian restaurant where they speak in Italian and they have been quite excluded from the society.

They came to ICOS for help in January 2018 because they have been experiencing some health problems including eczema and difficulty breathing (she was never registered with the doctor in the UK before and has been living here for three years, she always went to A&E when she had a health problem). Her recent health issues have been caused by damp in their flat and a leaking roof. The issues with their flat sounded very serious to me and I decided to support them further.

I have asked the couple to show me the state of their flat (which was privately rented from a Landlord). The couple showed me pictures and videos of the flat and I knew it was in a very bad state, there was a hole in the roof, it was leaking, the other bedroom was damp and mouldy, and the place was not safe to live in. I contacted their landlord on a few occasions and asked for repairs to be made, my requests have been ignored. I also contacted the council and explained the situation, someone from the council got in touch with me on the same day and went to visit the flat. After the visit, they rang me back and I've been told that the flat was dangerous to live in, not only there have been health hazards but also fire hazards in the flat. I got advised that the couple should move out on the same day, I went to the council with the couple to see if they could get any temporary accommodation. Unfortunately, the council could not provide them accommodation and it has been Easter bank holiday weekend so they got told they could stay over in their flat till Tuesday when council re-opens but the condition was for them to stay on the living room floor and they weren't allowed to go upstairs in any of the bedrooms. The following week we registered the couple with Bernicia Group and they managed to get a lovely flat.

Once they moved into their new flat I helped them to get floors and furniture from the council as the couple could not afford new items. Then, I registered them for the doctors near their new flat so that they could get help with her health problems caused by the damp in their old flat.

The couple have been very grateful for my help as they now feel safe in their flat and their health issues have improved. The process of support lasted from January 2018 till May 2018 but now the couple feels confident enough to carry on with their lives and their physical and mental health has improved as they did not have to worry about the issues with their housing and they got help from the doctors with their health issues such as eczema and breathing problems which was caused by damp environment.

Case Study D:

I have helped out an individual who came into the UK two years ago, he's English language skills are poor and he does not have many close friends that could support him in Sunderland.

The individual's employment ended in April 2018 because his company could not afford to pay him SSP (Statutory Sick Pay) any longer, he came to healthy steps for support because he didn't know what he could do next. I have contacted his employers and explained that he did not receive his

holiday pay, they agreed to pay him the money for holiday pay but there was not much that could have been done about his SSP. I referred the individual to the welfare rights service and attended the appointment with him, he had been given advice on what he could do next.

I have supported the individual to apply for ESA (Employment and Support Allowance) and registered him for Gentoo housing as he lived with a friend, we decided it would be best for the individual to have his own place as he's awaiting operation for his back and if he got his own place, he could also apply for housing benefit which could help his financial inclusion.

After many complications with ESA he finally managed to get his benefit and he received his own Gentoo flat in Sunderland, he feels a lot happier now having his own place and his situation has improved.

Along the way, I also supported him with making doctor's appointments and consultations at the hospital for his operation, as well as getting him a translator for his appointments.

I am continuously supporting the individual with his issues. And our next steps will be applying for a doctor near his new flat and finding out a date for his surgery so that he could get better and go back to work. The individual has been very pleased with the support he has received from Healthy Steps and ICOS. The individual now feels more independent having his own flat and feels more confident attending some of his appointments and making telephone calls on his own.

Case Study E:

I have supported a female, mother of two living in Sunderland North, her English was good however, and she needed support and advice about her health, discrimination at work and financial inclusion.

We had our first appointment back in January, she wanted to get some advice about SSP (Statutory Sick Pay) . She was on a zero hour contract and her agency told her they would not pay it. I have gotten some advice for her from ACAS (Advisory, Conciliation and Arbitration Service) and Citizen advice, all organisations I have spoken to, told us there was no reason why she shouldn't be paid SSP from her employers. I have written some letters for her and sent them off (to the HMRC and Employers- Zenith People). We had no reply from anyone.

Once the individual started trusting me more and realised I am there to help and listen she opened up to me and told me how she was discriminated at work, there have been numerous incidents where it was classed as both: racial discrimination (other employers being rude to her and bullying her because she is Polish) and health discrimination (she suffers from heart disease and her employers did not let her take medication at work on numerous occasions). She told me that she had to stay off work and go on the medical certificate because she could not handle being discriminated anymore, she got really bad mental health problems triggered by discrimination at work and she didn't know where to ask for support.

I have given the individual a lot of advice on her mental health and asked her if she would like me to refer her to any organisation or counselling service, her English is very good so she managed to do that herself through a doctor a while ago. However, I referred her to the welfare rights service in Sunderland and council and attended the appointment with her, they have given her individual support with her discrimination at work and wrote an appeal for her to receive her SSP. We are now waiting for a decision but in the meantime I offered to give her support with an application for ESA, she decided she doesn't want to pursue that and instead she would slowly like to get back into work, she has also asked me for advice if she should apply for a part-time job in Subway, I told her that I thought it was a great idea if she feels well enough to do it. The individual accepted the job offer and

is now happier, she feels that she will not have to carry on being on a medical certificate and she is now well enough to go out in the community and meet new people.

Case Study F

The Healthy Steps Outreach worker supported an aged couple from Africa living in the East End of Sunderland. With French as their first language, the couple suffer increasingly complex Health issues including Dementia. These issues are exacerbated, at least in part, to access to healthy food.

The Outreach worker provided intense support for the couple over several months including arranging appointments at Housing, GP, Hospital and Carer Centre while also signposting and engaging appropriate agencies.



Julie Elliot MP and Rachidy Bikaya

The outreach worker facilitated a meeting with local MP – Julie Elliot who instigated an action plan to support the couple going forward. Without Healthy Steps intervention this couple would have suffered increased hardship.

Case Study G

An Asian Family struggling with coming to terms with the onset of dementia in the Mother and Father of the family. As with many families there was, initially, a failure to recognise the changes in behaviour followed by a reluctance to accept the changes and an inability to identify appropriate support.

The Healthy Steps outreach team member facilitated doctors' appointments and appointments for both parents and family to both come to terms with and changes to the whole family.

What we did well, what we can do better

Engagement:

In taking the decision to engage more outreach workers than was initially intended, the BME Board took a bold and positive step that in the vast majority of cases paid dividends. The extra outreach worker was engaged because of the Network “embedding” the outreach workers within several BME organisations. Only one member of staff was employed directly by the BME Network.

The outreach team were all experienced in the community and therefore engagement with those needing support was easily brought up to speed. The launch event, which was held at the Bangladesh International Centre, was a huge success. Using key events throughout the year and collaborating with partners in the City both ensure that staff were able to readily meet with and support larger numbers of people than had been expected and far exceeded the targets set out prior to the launch of the project.

The outreach team’s enthusiasm for the project and the community was a significant “plus” and allowed the team to easily engage with many organisations in the City

Project Administration and Management

The board chose to give the BME’s Administrator additional hours to manage the financial and operational returns to the committee and a consultant to act as a coordinator for the project while daily management of the outreach workers was dissolved to the organisations to which they had been embedded.

Unfortunately, the Administrator went on long-term sick leave towards the end of the project leaving both operational and financial issues unaddressed. Significantly, the administrator had failed to accurately record the initial “float” of £5k kindly provided by the area committee prior to the project launch. This was not identified until the consultant stepped in to provide additional unpaid support. This resulted in a £5k overspend on the project. This should have been identified much sooner and reported to the board by the BME Treasurer for remedial action to be taken.

The administrator had gone on extended sick leave and had not kept the Treasurer and Chair fully advised of passwords and financial return issues – this despite the Chair having requested information. This impacted upon the time allotted to the consultant who failed to identify that the final quarter spreadsheet had been returned to the BME for completion by the Council with incorrect data. This should have been identified by the consultant but was not which resulted in the returns being overstated and requiring correction.

These issues would have been mitigated had the Administrator received regular supervision which would have allowed the Treasurer and board to be better informed of the financial position of the project.

The Project Coordinator experienced some issues in receiving timely returns from some of the outreach team. This might have been improved had the outreach staff been employed directly by the project without being embedded and had been under the direction of a project Manager who would in turn have reported to the board on all matters of the Project – financial and operational.