National research report identifying existing services and gaps in provision for ethnic minority communities in Scotland

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SUMMARY

i. PKAVS Minority Communities Hub commissioned this research to improve the knowledge and understanding of the experiences of minority-ethnic communities in Scotland, as identified by service providers working with these groups. Mixed methods were used to gather information from and about services. An electronic survey was completed by 246 participants; emerging findings from these responses were discussed at four regional workshops to gather additional qualitative evidence.

ii. The research identified that a diverse range of minority-ethnic communities access support in Scotland. Most services currently working with minority-ethnic communities support people from a multitude of ethnic backgrounds; minority groups typically form a small part of the overall service user profile. The type of work carried out by services varies and many aspects of activity are interlinked, for example employability services aligned with language and literacy support. Much of the work carried out with minority-ethnic groups is delivered within the boundaries of an individual local authority area; as a result there are differences in service availability depending on the area in question. Participants identified limited provision of specific support for minority-ethnic communities based in rural areas.

iii. One of the unique aspects of activity to support minority-ethnic communities is the sheer range of activity and organisations working to improve outcomes, which spans sectors. This presents opportunities and potential challenges in terms of service coordination, approaches to engage communities, resource allocation and referral pathways. There are organisational and sector-based differences in terms of experience and knowledge of work within specific communities, posing implications for service design including reach among communities, accessibility, training needs and resource requirements.

iv. There have been significant changes in the needs and profile of Scotland’s minority-ethnic communities; major themes include diversification across communities, increased ages of new migrants as well as changes within the social and educational profile of new migrant groups in Scotland. In common with general population changes, there have also been changes within family structures. In reflecting on recent change some participants focused on the dispersal of communities of asylum seekers and refugees due to changes in housing provision.
v. Changes to welfare reforms were highlighted as having a significant impact on recent migrants, particularly in relation to mental health and wellbeing. Across responses there was frequent mention of minority-ethnic communities living in poverty and navigating complex challenges on multiple fronts. Many participants suggested that the humanitarian crisis has contributed to a rise in the presence of asylum seekers and refugees; the numbers are expected to increase as the conflict in Syria endures.

vi. Different support needs were linked to emergent and established communities of minority-ethnic groups. For example some participants suggested that seasonal workers were now more likely to remain in Scotland on a longer term or permanent basis and that employment progress, language skills development and integration challenges are key issues for this group. There was debate about the needs of more established minority-ethnic communities; some took the view that these groups require less support; others provided a different perspective, describing ‘life cycle’ challenges, relating to early years, school progression, employment and older age or issues such as racism or discrimination. It was recognised that communities’ requirements may change over time; for example as networks become stronger needs maybe identified at a community level, as opposed to individual or family basis.

vii. Changes within the landscape of support provision were identified, with many suggesting that austerity measures and budget constraints had contributed to service constraints/closures, causing increases in demand for any remaining services. Some felt this had had a particularly detrimental impact on services working with small minority-ethnic populations. Others highlighted improved approaches among services as a result of learning about effective practice. A small number noted the increased take up of services and support by some communities and suggested that new approaches, successful outcomes and word of mouth referrals were resulting in greater engagement by some of the minority-ethnic communities most in need of support.

viii. Structural issues with existing service provision were identified. Many participants mentioned room for improvement in terms of service capacity and approach. Participants frequently commented on the scattered landscape for support and suggested there was a lack of strategy and coordinated activity. Many highlighted that the funding arrangements, particularly for third sector organisations, limits efforts to establish presence among communities. It was suggested that improved approaches to mainstream service delivery are being ‘missed out’ in work with minority-ethnic communities - contributing to unequal outcomes - and there were frequent comments about gaps in the availability of culturally sensitive care. Several
suggested that a lack of male staff and volunteers in ‘caring professions’ across public and third sector organisations contributes to difficulties in engaging male service users in support. Some said that despite the priority status given to matters of equality and inclusivity by the Scottish Government, they were of the opinion that this is not yet embedded at the local authority or service level.

ix. Several issues with service design were identified, such as opening hours as a barrier for people who work an extensive number of hours each week, lack of capacity to deliver outreach series for those who work or live in remote areas, the need for greater ethnic diversity among staff within the public sector and limited forums for minority-ethnic communities to provide feedback about service provision or contribute to design and planning stages. Numerous issues with the accessibility, availability and quality of support were identified across the spectrum of interpretation and translation, employment, mental and physical health, community engagement, community safety, ESOL provision and housing services.

x. Challenges experienced by individuals and communities include fears, low trust and lack of knowledge about support. These were highlighted as key barriers to seeking help or sharing relevant information with services. Cultural issues within some minority-ethnic communities were also noted as barriers to accessing support – examples included stigma, aversions to asking for help and judgmental attitudes. Several suggested that financial matters linked to lack of welfare support and increased benefits sanctions affecting potential service users’ ability to engage with support as they seek to address immediate needs in relation to food and fuel poverty. The impact of no recourse to public funds was also raised as a problem for the most vulnerable. Many observed literacy issues among low skilled migrants, and relatively high birth rates among some minority-ethnic communities were also mentioned as a potential issue in that people with young children and babies may have to source childcare in order to access services.

xi. Descriptions of good practice in the provision of support and services for minority-ethnic communities in Scotland frequently included greater representation in the workforce, more involvement from service users in design and planning processes, building on skills and organisational strengths, effective communication and referral strategies, the use of events to reach communities and facilitate social inclusion, working in partnership with other organisations, work to change attitudes within communities and new developments which have the potential to contribute improvements to service design and delivery.
1 - Introduction

1.1 PKAVS Minority Communities Hub\(^1\) (formerly known as MEAD) is a third sector organisation that supports people from minority ethnic, religious and cultural backgrounds (henceforth described as ‘minority-ethnic’ groups\(^2\)) across Perth and Kinross. They aim to improve outcomes for individuals and communities by promoting access to employment, education, finance, health and opportunities for community engagement. Services include information, advice and referrals, interpretation and translation support, outreach surgeries and English as a Second Language (ESOL) classes.

1.2 During work to design, fund and deliver services, staff at the Minority Communities Hub identified a lack of up-to-date information about the needs of Scotland’s changing minority-ethnic population. To address this gap in the evidence base, research consultancy The Lines Between was commissioned to undertake research that would contribute to an improved knowledge and understanding of the experiences of minority-ethnic communities. The study was also recognised as an opportunity to identify and highlight effective practice by organisations working to improve outcomes for minority-ethnic groups.

1.3 The research was managed by the Minority Communities Hub and supported by representatives from several statutory and voluntary sector organisations including Angus Council, Black and Ethnic Minority Infrastructure in Scotland (BEMIS), the Council of Ethnic Minority Voluntary Sector Organisations (CEMVO), the Child Poverty Action Group Scotland (CPAG Scotland), the Convention of Scottish Local Authorities (COSLA), Perth and Kinross Council, Minority Ethnic Carers of People Project (MECOPP), the Scottish Government, the Scottish Public Health Observatory and the West of Scotland Racial Equality Council (WSREC), who came together to form a National Research Steering Group. Resources for this study were obtained from the Big Lottery’s Great Ideas Fund.

1.4 The key research tasks were to:

\(^1\) The Minority Communities Hub is the new name for the service formerly known as MEAD. For more information see: https://www.pkavs.org.uk/en/our-services/minority-communities-hub

\(^2\) Many terms are used to describe people from minority ethnic, religious and cultural backgrounds. Our preference is to adhere to race equality guidance; we use the term ‘minority-ethnic’ instead of ‘ethnic minority’ or ‘BME’. See: http://universities-scotland.ac.uk/raceequalitytoolkit/terminology.htm for discussion.
- Develop, host and issue an online survey for completion by organisations working with minority-ethnic communities across Scotland, exploring issues such as health and wellbeing, community safety, employability, community engagement, housing and ESOL provision.
- Facilitate workshops in different parts of Scotland among organisations working with minority-ethnic communities.
- Collate and analyse data from the online survey and workshops and produce a final research report with conclusions and recommendations.

1.5 This report presents the study findings and provides insights into the service delivery gaps, challenges and barriers identified by organisations that currently work with minority-ethnic communities. Eight case studies highlight effective approaches to meeting the needs of Scotland’s minority-ethnic population; they also provide examples of the operating context in which conclusions and recommendations should be considered.

**Report Structure**

1.6 This report contains six sections:

- Chapter two covers existing services for minority-ethnic communities.
- Chapter three explores changes in the needs of minority-ethnic communities.
- Chapter four sets out the gaps in support for minority-ethnic communities.
- Chapter five describes effective practice and presents eight case studies of work currently being delivered to support minority-ethnic communities.
- Chapter six contains our recommendations.
- Appendix 1 describes the research context and methodology
- Appendix 2 provides a breakdown of data by local authority area.
- Appendix 3 includes summary reports from each of the four workshops (Aberdeen, Edinburgh, Glasgow and Perth).
- Appendix 4 contains the survey questions distributed to organisations across Scotland.
2 - Existing services for minority-ethnic communities

One of the unique aspects of activity to support minority-ethnic communities is the broad range of organisations that work in this field, which spans sectors and includes input from religious institutions. This network of support presents unique opportunities and potential challenges in terms of engagement with communities and referral pathways between partners, it also points to organisational and sector-based differences in the experience and knowledge of work within specific communities. The breakdown of service use by minority-ethnic group is of particular interest when considered relation to reach among communities, accessibility, training needs and resource requirements.

2.1 This chapter provides an overview of the services that currently support minority-ethnic communities in Scotland. The findings are based on analysis of data gathered from participant’s survey responses. We highlight that results broken down by local authority area are available in the appendices contained at the end of this report.

Service reach

2.2 Much of the work carried out with minority-ethnic groups is delivered within the boundaries of a particular local authority area; there may be differences in service availability depending on the area in question. There is much less provision of specific support for minority-ethnic communities based in rural areas.
2.3 Most (141 of 195) survey responses included details about area of operational coverage. One-fifth (21%, n=30) work on a national basis; almost two-thirds (62%, n=87) work within one local authority area. The remaining 17% (n=24) work on a broader scale; for example, six services work across two areas, seven services deliver within three local authority areas and one service delivers across thirteen local authorities.

2.4 Much of the support currently provided for minority-ethnic communities is delivered in urban areas such as large cities. A minority of survey respondents who answered the question (8%, n=11) said they ‘mainly’ work in rural areas (settlements of less than 3,000); a third work ‘equally’ across rural and urban areas and the remainder (53%, n=73) work ‘mainly’ in urban areas.

Which services are working with minority-ethnic communities?

2.5 Just over half (53%, n=80) of the survey responses were provided by people working in third sector organisations; more than a fifth of responses (22%, n = 33) came from staff in the public sector, a similar proportion (21%, n= 32) were submitted by representatives of faith organisations (mainly Christian churches) and 5% described their sector as ‘other’ (some of these responses included private sector representatives).
Core service users

2.6 Most services (77%, n=102) currently working with minority-ethnic communities support people from a multitude of minority-ethnic backgrounds who form part of the overall service user profile. On the other end of the spectrum, almost one fifth of the organisations (19%, n=25) that provided information about their core service users work specifically with minority-ethnic communities; the vast majority of ethnic-minority specific services (92%, n=23) are provided by third sector organisations.
2.7 We asked services about the number of individuals from minority-ethnic background supported by their organisation each year (new referrals); this showed that in many cases services work with small numbers of people from minority-ethnic communities. Just over half of the 109 organisations (52%, n=57) that answered this question support less than 100 people from minority-ethnic communities per year; a quarter (27%, n=29) support between 101-1000 individuals from EM backgrounds; 6% work with 1001 new referrals or more.
Participants were also asked to indicate which minority-ethnic communities their organisation works with. The results show that a diverse range of communities access support in Scotland. For example, over two thirds (69%) of organisations work with at least one Asian Pakistani client; just under half (43%) of organisations support at least one person from the White Gypsy/Traveller community. Excluding groups classified as ‘White Scottish/other British or Irish’, service reach by ethnicity is as follows:

Table 2.1: Ethnic minority communities worked with

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Reached (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Pakistani</td>
<td>69%</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>63%</td>
</tr>
<tr>
<td>African Scottish or British</td>
<td>60%</td>
</tr>
<tr>
<td>Asian Chinese</td>
<td>58%</td>
</tr>
<tr>
<td>White Polish</td>
<td>58%</td>
</tr>
<tr>
<td>Asian Bangladeshi</td>
<td>54%</td>
</tr>
<tr>
<td>Other ethnic group - Arab</td>
<td>51%</td>
</tr>
<tr>
<td>Caribbean Scottish or British</td>
<td>48%</td>
</tr>
<tr>
<td>Caribbean or Black Scottish or British</td>
<td>46%</td>
</tr>
<tr>
<td>White Gypsy/Traveller</td>
<td>43%</td>
</tr>
<tr>
<td>White other</td>
<td>29%</td>
</tr>
<tr>
<td>Caribbean or black other</td>
<td>26%</td>
</tr>
<tr>
<td>Asian other</td>
<td>23%</td>
</tr>
<tr>
<td>Other ethnic group other</td>
<td>15%</td>
</tr>
<tr>
<td>African other</td>
<td>13%</td>
</tr>
<tr>
<td>Caribbean or Black other African</td>
<td>9%</td>
</tr>
</tbody>
</table>
Types of service provision

2.9 The survey asked respondents to indicate the type of work carried out by their service to support minority-ethnic communities from a selection of eight categories, defined as follows:

- Health and wellbeing (broken down by physical health and mental health)
- Community safety (including anti-social behaviour, fear of crime and perceived safety concerns as well as hate crime and scams)
- Employability (including volunteering, access to employment support and navigating the jobs market)
- Community engagement (for example, local consultations, multicultural events and celebrations)
- Housing (including home ownership and access to emergency, temporary or permanent housing provided by housing associations, local authorities or private landlords)
- ESOL provision (such as classes for beginners, women-only, specific community groups, employment focused)
- Interpretation and translation services.

2.10 Participants ticked an average of 2.8 types of activity per organisation, showing the multifaceted nature of work underway to support minority-ethnic communities in Scotland. Ranked in terms of frequency of response, the graph below demonstrates that over half the organisations working with minority-ethnic groups deliver services related to community engagement; just under one fifth deliver activity related to ESOL provision.
Types of Service Delivered by Participant Organisations

- Community Engagement
- Mental Health and Wellbeing
- Physical Health and Wellbeing
- Community Safety
- Employability
- Translation and Interpreting
- Housing
- ESOL Provision
- None Answered

n = 136
3 - Changes in the needs and profile of minority-ethnic communities in Scotland

Scotland’s minority-ethnic population has undergone significant change within the last decade; a broader range of minority-ethnic communities now call Scotland home, having moved for reasons including education, family, employment opportunities or to flee war, persecution and conflict. The needs of these various groups differ; those taking their first steps at building a new life in Scotland face different challenges to families with established networks of support. This fast pace of change, in a context of austerity, rising racial tensions, policy change and new approaches to delivering public and third sector services, has created a fluid landscape. This presents challenges in terms of understanding changes within the population profile and planning, resourcing and coordinating services that meet the needs of those living in evolving circumstances.

3.1 This chapter provides an overview of changes in the needs and profile of minority-ethnic communities in Scotland, as identified by services that currently support minority-ethnic groups. The findings are based on analysis of the qualitative survey responses and discussions in the four regional workshops.

Demographic changes

3.2 A major theme across survey responses and workshop discussions were comments about increasing diversification across Scotland’s minority-ethnic communities in recent years. This includes:

- A rise in the presence of asylum seekers and refugees, particularly those from Syria.
- Increases in applications for asylum from single males.
- A more diverse Western European population as a result of economic crisis within EU member states, linked to increasing numbers of students and economic migrants from countries such as France, Greece, Portugal and Spain.
- A more diverse Eastern European population, linked to expansion of the EU membership, with increasing numbers of people from Romania, Bulgaria etc.
- New migrants within some established immigrant communities, for example due to family changes such as marriage or a requirement to be close to older parents to care for them or have their support for childcare purposes.
There are more minority-ethnic communities here than 10 years ago.

3.3 A small number of research participants suggested that, in common with general population changes, there have been increases in the numbers of single parent families within minority-ethnic communities. They highlighted that this was a particularly dramatic change in communities that traditionally revolve around family structures and make use of support from extended family networks.

I am noticing an alarming increase in the number of lone Muslim parents, an increased divorce and separation rate amongst community members

3.4 Some commented on increasing numbers of older new migrants.

[a change in ] the age profile of inward migration from Europe... noticeable [sic] people over 45.

3.5 Research participants also described changes within the social and educational profile of new migrant groups in Scotland. Some of those working with students and skilled workers suggested that new migrants have higher levels of English upon arrival in Scotland than those who presented five or more years ago; often attributing this to increased numbers of people from Western Europe. Conversely, services engaging with low skilled workers suggested that levels of spoken and written English were currently poorer than in previous years, reflecting the fact that those drawn to low skilled employment now come from countries with lower levels of education and literacy.

Many migrant workers have better English now than 5 or 6 years ago but their access to jobs according to qualifications obtained in their home countries is still VERY difficult.

3.6 Many of these respondents suggested that lower skilled workers - people with limited literacy and a lower educational background - can lack confidence and awareness in terms of identifying and accessing support services; on the other hand, it was suggested that those migrants with greater financial resources and a higher level of educational attainment were better at sourcing and utilising help.

Geographic changes

3.7 Some participants reflected on the dispersal of communities of asylum seekers and refugees due to
changes in housing provision. For example in Glasgow, the tower blocks frequently used to house recent asylum seekers were recently demolished, leading to a dispersal of these communities across a range of locations. In this case it was highlighted that the infrastructure for supporting minority-ethnic communities had built up in the locality where asylum seekers were formerly housed; causing access issues for families who had been moved to other locations.

3.8 In one rural area a research participant described new migrants accepting offers of ‘the least popular’ social housing allocations in country areas - without realising the implications in terms of remoteness, service accessibility and the cost implication of being ‘stuck’ in these areas in terms of transport and shopping.

“Rural needs are different for all groups not just ethnic minority [sic] because of housing and transport access and even cost of the services.

“Dispersal due to availability of housing has changed local populations.

Contextual changes

3.9 Several research participants commented on changes to welfare reforms as having a significant impact on recent migrants, particularly in relation to mental health and wellbeing. In these discussions, it was frequently highlighted that new migrants may not be familiar with benefits claimant processes nor be aware of, or feel entitled to, challenge decisions. For example one participant described a terminally ill client with 6 months left to live, being deemed ‘fit to work’ by the DWP, which had a severe impact on the wellbeing of his family.

3.10 Within the wider context of discussions about welfare reform and austerity it was often highlighted that minority-ethnic communities living in poverty are navigating complex challenges on multiple fronts. It may be difficult to address longer term needs – such as community engagement, ESOL progress, employability - if time is dominated by addressing immediate issues such as sourcing food, clothing, housing and heating.

“I get the sense that with any issue of social inequality it’s always going to be stratified but at the bottom of any stratification will be a BME community.

3.11 Many participants suggested that the humanitarian crisis in Syria, where an estimated 12m people
have been displaced (4m fleeing abroad\(^3\)) has contributed to a rise in the presence of asylum seekers and refugees; they typically cited an expectation that the numbers of people from this group were expected to increase as the conflict in Syria endures.

3.12 In discussions about context there was repeated mention of negative media coverage concerning immigration. Several organisations highlighted this as an impediment to social cohesion, safety and integration; describing resistance from local ‘White Scottish populations’ – particularly in relation to emergent migrant groups - such as Roma communities. During the workshop discussions a few participants described racism and stereotyping between minority-ethnic communities; one cited an example of aggression between neighbours in a social housing scheme, where cultural differences between families living in close proximity had exacerbated tensions.

*Increases in racism caused by hostile media and political climate. And then there is the austerity agenda, making it easy for locals to blame newcomers for the lack in resources, again caused by political decisions, rather than the new arrivals.*

3.13 On a positive note, some participants said they believed Scotland had become a more tolerant and welcome place for minority-ethnic communities in recent years. They attributed this to factors such as a sense of social justice, support for asylum seekers fleeing conflict, and recognition of the economic and social benefits brought by many immigrant communities.

**Changes in demand for support by service users**

**Emergent communities**

3.14 Some participants commented on changing activity among new migrant groups; suggesting that seasonal workers were now more likely to settle and remain in Scotland on a longer term or permanent basis.

*In our area, which is largely rural, there has been an increase in the number of people from across Europe mostly, but not exclusively, Eastern Europe, choosing to settle in the area. Previously we were more likely to be seeing seasonal workers.*

\(^3\) http://www.economist.com/blogs/economist-explains/2015/06/economist-explains-6
3.15 Many mentioned particular needs in terms of health services; specifically increasing demand for mental health support, particularly for asylum seekers and refugees.

**Established communities**

3.16 Within survey responses and workshop discussions some participants suggested that ‘previous emergent communities’ have become established and require less support. This view was challenged by others who said that generalisations could not be made and/or who posited a different perspective.

3.17 In some of these discussions, participants alluded to ‘life cycle’ challenges, for example, families struggling to support young people in their school progression, parents lacking knowledge about social norms for teenagers, contributing to an over or under protectiveness and causing tensions within families, concerns about lack of employment opportunities for those of a working age, or social isolation and lack of knowledge about issues such as day care and pensions among older age groups.

3.18 Others suggested that as people within minority-ethnic communities become more established their confidence grows; use of specialist support decreases as they become familiar with life in Scotland. They may be able to go directly to mainstream sources of support rather than requiring advocacy, interpretation or other services aimed at people who lack the knowledge and skills to access support to which they are entitled.

3.19 Several suggested that they were aware of increases in the number of women from minority-ethnic communities seeking support for domestic abuse; there were different views about the reasons for this. Some concluded this could be indicative of successful campaigns to advertise support within communities that had previously not accessed help; others expressed uncertainty about the reasons for increasing presentation.

3.20 A few participants suggested that as communities become established, their support needs change; for example, as networks within specific religions or minority-ethnic communities become stronger they may identify needs at a community level, as opposed to individual or family basis. Examples include the wish to find or create community spaces where people can gather to celebrate cultural festivals or religious events.
Groups are much more active and I believe in some areas their voice is being heard.

Supply side changes in the support available for minority-ethnic communities

3.21 A small number of participants highlighted that people from countries that lack large healthcare systems often engage in behaviours that are out of step with healthy living guidance. This was attributed to cultural differences and a lack of familiarity with the public health messages that have been widely promoted in Scotland in recent years. Examples of behavioural variations that can contribute to differences in health outcomes include unsafe sex, poor diet, lack of physical activity and smoking.

Especially...high levels of smoking and very poor understanding of the health implications.

3.22 Some services focused on changes within the landscape of support provision in recent years. They often suggested that austerity measures and budget constraints had contributed to service constraints and closures, causing increases in demand for any services that endured. A few felt this had had a particularly detrimental impact on services working with small minority-ethnic populations (typically those in rural areas).

The broader economic climate means its easier to squeeze and start picking away at services... local authorities and government institutions may be still fulfilling their statutory obligations but it’s the non statutory stuff that often enables people to access the statutory stuff. So if you cut your translation services, it’s fine that you provide free healthcare and education, but people don’t know about it, know how to access it.

3.23 Others highlighted changed approaches among services as a result of learning about effective practice:

Services are developing an improved understanding of issues and solutions, and a greater recognition of the nuances of needs among ethnic minorities.

3.24 A minority reflected on increased take up of services and support by some communities, suggesting that new approaches, successful outcomes and word of mouth referrals were resulting in greater engagement by some of the minority-ethnic communities most in need of support.
One organisation described shifting their work from the direct delivery of support to a focus on policy, campaigning and communications. They explained this was a result of two developments; funding changes and adjustments in the profile of service users over the years; older recent migrants being replaced by younger members of established communities.

Other themes in relation to change

A minority of survey participants said they had not observed any changes in the needs or profile of minority-ethnic communities in Scotland. We shared this notion as a discussion point at the workshops; most participants suggested it did not chime with their views and there was a consensus that the needs and profile of minority ethnic has changed in recent years. When reflecting on why some survey participants might feel there was little change, some suggested that perhaps this view stemmed from organisations who work with one community group, or those for whom ethnic minorities make up a very small proportion of service users.
4 - Gaps in support for minority-ethnic communities

The findings about gaps in support offer much for policy makers, funders and service providers to reflect upon; the evidence presents a picture of a fractured landscape in which the provision of support is inconsistent, differs in quality and capacity and of variable impact. Issues of reach among potential service users and beneficiaries are made more complicated by the interplay of challenges affecting individuals, communities and services.

4.1 This chapter provides an overview of gaps in support for minority-ethnic communities in Scotland, as identified by services that currently support minority-ethnic groups. The findings are based on analysis of the survey responses and discussions in the four regional workshops. Data from the survey

4.2 We highlight that, due to the opt-in nature of the research study, data from the survey is not to be interpreted as statistically significant; but does suggest lines for further enquiry. The survey asked respondents to highlight any gaps or unmet support needs for minority-ethnic communities within the area(s) covered by their organisation. An average of three types of gaps in local service provision were identified per response and gaps were identified in every local authority and by those who work on a national scale. The data reveals some interesting overlaps between gaps identified and existing service provision. For example, mental health and wellbeing services were the second most commonly identified gap, despite being ranked second in the list of current service provision; suggesting that additional support of this nature is required. Another key gap is the availability of translation and interpretation support; identified by almost two fifths (39%) of respondents. In their comments many participants provided detail about gaps they had identified, or mentioned room for improvement in the quality of services.
Consideration of gaps in support from the perspective of staff within different sectors is interesting given that faith, public and third sector organisations lead on different issues and may have varying levels of ‘closeness’ to the challenges faced by minority-ethnic groups, depending on the basis of their interactions with individuals and communities. Their feedback may reflect the insights gained through a different style of service provision; many third sector organisations tackle multiple issues, resulting in greater insight into the range of support needs experienced.

### Table 4.2 gaps in service provision – a comparison of gaps identified by staff in different sectors

*For example 46% of third sector participants identified gaps in local translation and interpretation services. In contrast, staff in public sector organisations were more likely to highlight gaps in physical and mental health services.*

<table>
<thead>
<tr>
<th>Faith (n=32)</th>
<th>Public sector (n=33)</th>
<th>Third sector (n=80)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. None/not applicable (63%)</td>
<td>1. Physical health &amp; wellbeing (42%) Mental health &amp; wellbeing (42%)</td>
<td>1. Translation &amp; interpreting (45%)</td>
</tr>
<tr>
<td>2. Employability (19%) Translation and interpreting (19%)</td>
<td>2. Translation &amp; interpreting (32%)</td>
<td>2. Employability (45%)</td>
</tr>
<tr>
<td>3. Community engagement (13%)</td>
<td>3. None/not applicable (27%)</td>
<td>3. Community engagement (43%)</td>
</tr>
<tr>
<td>4. Physical health &amp; wellbeing (9%) Mental health &amp; wellbeing (9%) Community safety (9%) Housing (9%)</td>
<td>3. Community safety (21%) Community engagement (21%) Employability (21%)</td>
<td>4. Mental health &amp; wellbeing (40%)</td>
</tr>
<tr>
<td>5. ESOL provision (6%)</td>
<td>4. Housing (15%)</td>
<td>5. None/not applicable (31%)</td>
</tr>
<tr>
<td></td>
<td>5. ESOL provision (12%)</td>
<td>5. Community safety (30%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. ESOL provision (28%) Physical health &amp; wellbeing (28%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Housing (26%)</td>
</tr>
</tbody>
</table>
Gaps: findings from the qualitative data

Cross-cutting themes

4.4 We begin with a discussion of the cross-cutting themes described in relation to gaps, or barriers which prevent people from accessing support, followed by a breakdown of service-specific gaps or issues identified by research participants.

Service-side issues

4.5 There were mixed perspectives about the availability of services; with some debate among participants about whether more services to address the needs of minority-ethnic communities are needed. In some cases, people suggested that the existing services are sufficient in terms of their range and numbers, but that accessibility issues prevent uptake among people who could potentially benefit from support.

4.6 Many participants made general observations that services for vulnerable and marginalized groups, which some minority-ethnic communities fall into, have experienced extensive cuts in recent years as a result of the austerity agenda. Staff in some of the organisations working directly in communities described reduced in capacity as a result of funding cuts and suggested that recent changes had contributed to a scattered landscape for support and lack capacity to coordinate activity. In the context of these discussions some suggested that austerity has disproportionately affected women and children from poorer minority-ethnic backgrounds as the needs of minority groups given a lower priority when mainstream services are faced with budget cuts.

“Not enough is done to support and encourage access to mainstream services; meanwhile, targeted or specialist services have all but disappeared.

Funding issues

4.7 Linked to budget constraints, some highlighted that the funding arrangements for third sector organisations limit services’ ability to establish a presence among communities. A common theme in discussions was the power of word-of-mouth referrals and recommendations – some participants suggested that short-term funding cycles did not suit the nature of the activity being delivered. For example, developing relationships with community leaders can be a lengthy process
and must be handled with sensitivity. They also noted the cyclical nature of support with new migrants; clients might move on once initial needs have been met - and be replaced by a new group of service users. Developing trust, assessing and responding to the needs of new service users, many of whom may require language support, can take time.

‘With very marginalised communities and individuals, it can take a long time to build up trust, we’re constantly in this funding cycle of one year or two year funding- it is disheartening for staff and individuals in communities who must feel like they are in a hamster wheel’

4.8 There were also comments about the challenges of responding to funders’ preferences. Some participants suggested that their organisation had lost funding to another ‘flavour of the month’ service that replicated the work they were currently delivering; others described difficulties of sustaining long-term work during short-term funding gaps. A few commented on the negative consequences of delays in funding announcements, for example staff in one project did not know if they would still be delivering the service in less than a month’s time and had already started to prepare their service users for disengagement.

I think it makes it much harder for whoever comes next, because individuals have invested, built up relationships of trust, situations may have improved in the short term but if a project ceases to exist, whoever comes along next offering to assist or help, people are less willing to engage ... trust is absolutely paramount.

4.9 Some suggested that aspects of the issues described above could be addressed by diversification within the sector, for example by branching out into social enterprise activity.

There needs to be more learning from the social enterprise sector because becoming more self sustaining is very important, there are however some things that are always going to need core funding.

Inequality resulting from slower implementation of improved approaches

4.10 Many mentioned improved approaches to service delivery being ‘missed out’ in work with minority-ethnic communities. Some suggested that public sector staff lack skills or confidence when working with people from different cultures, and that this affects service provision, for example causing a reluctance to probe issues or engage in home visits, for fear of exhibiting a lack of understanding or causing offence. They felt this had the potential to hinder the delivery of
preventative and proactive interventions.

4.11 Others observed a move towards person and community centered models of support in a range of policy areas such as health, community development and education, but felt that public services struggle to facilitate this type of engagement with communities who do not have English as a first language. They suggested that as a consequence, these groups are not engaged in the approaches that are increasingly understood to have the most impact in terms of contributing to improved outcomes and reducing inequalities.

4.12 Linked to the point about skills and confidence highlighted above, some participants commented on gaps in the availability of culturally sensitive care, for example male staff involved in care for women might not be considered culturally appropriate; in some communities face-to-face engagement is especially important, others may struggle to provide the documentation needed by service providers.

4.13 There was some mention about attitudes and assumptions among staff as barriers to service access. For example, one person related a story of healthcare provider being reluctant to use Language Line, feeling that this was a ‘drain’ on resources for delivery of health care. Another described a perception that public sector staff within a local agency viewed arranging interpretation support as a ‘hassle’ that they attempted to avert by signposting service users to a local third sector organisation, staffed by people with appropriate language skills, even though the organisation in question was not funded to provide interpretation support.

“For the Gypsy/Traveller community, registration process at GP practices is a barrier as are some staff attitudes.”

4.14 Several participants suggested that a lack of male staff and volunteers in ‘caring professions’ across public and third sector organisations contributes to difficulties in engaging male service users in support. Some made observations that men tend to have different preferences for engaging in support, for example, finding group meetings less appealing and being drawn towards approaches which revolve around activities.

4.15 A few people argued that third sector organisations need to be more strategic and employ their resources to better effect, for example assessing the time implications of partnering with large
‘mainstream’ organisations before agreeing to work in partnership. They suggested a framework for reviewing activity could include ‘is it relevant to our work?’ ‘Is it worthwhile?’ ‘Will our input be valued and lead to change?’

4.16 Some indicated that ‘territorialism’ or competition between service delivery organisations is an obstacle to referrals and other partnership work.

Service design

4.17 Issues with service design were also highlighted by a small number of participants, for example:

- Opening hours were suggested as a barrier for people who work an extensive number of hours each week - to save money, send funds to family members in their country of origin or due to exploitation by employers – or for those who work in rural areas.

- Lack of capacity to deliver outreach services. A few participants suggested this was a key issue in that more vocal and connected individuals may seek out and receive support but quieter, less confident people go ‘under the radar’; those with the strongest support needs being the least likely to seek and receive help.

- The need for greater ethnic diversity among staff within the public sector. It was felt this would make a difference in terms of service user experience, understanding and engagement of communities with public sector providers and greater understanding of cultures and diverse barriers to accessing services.

- Lack of forums for minority-ethnic communities to provide feedback about service provision or contribute to design and planning stages.

Community-side issues

4.18 A lack of trust among potential service users was highlighted as a barrier to their seeking help in the first place or sharing relevant information with services. For example, some suggested that fears linked to immigration status could act as a barrier to service access; if people are overstaying a visa they may be reluctant to engage with services; preferring to maintain a low profile. Similarly, those
waiting for a ruling concerning their refugee status they may be reluctant to appear ‘burdensome’ under the impression that this might in some way negatively affect the outcome of their application.

“Immigration is the biggest problem. They are threatened by the Home Office and they are scared to access any government services. They consider councils and the Citizen Advice Bureau threatening.”

4.19 Limited knowledge about rights, responsibilities and services were also frequently mentioned as barriers to seeking help or advice or issues that contribute to challenges experienced by minority-ethnic communities. Examples of knowledge gaps include awareness of the right to an interpreter and the process and requirements for receiving working family credits. Some highlighted gaps in awareness of responsibilities, for example reporting changes of circumstances if receiving benefits, laws surrounding driving licenses and duties regarding children’s education.

4.20 Several suggested that financial matters linked to lack of welfare support and increased benefits sanctions affecting potential service users’ ability to engage with support as they seek to address immediate needs in relation to food and fuel poverty. This can take time and leave no resources for transport or engagement in longer-term support for example to tackle isolation, improve language skills or seek employment. Within these discussions, the impact of no recourse to public funds was also raised as problem for the most vulnerable groups. Those without appropriate status are unable to access support; for example Women’s Aid services are funded by housing benefit; vulnerable women without recourse to public funds are not eligible to access their support.

4.21 Many made observations about literacy issues among low skilled migrants suggesting that this caused issues in terms of engaging with services across the support spectrum due to an inability to find out about support, access information and complete basic forms.

4.22 Relatively high birth rates among some minority-ethnic communities was also mentioned as a potential issue in that people with young children and babies may have to source childcare in order to access services; those without extended networks of support may struggle to source or pay for this if it is not offered by providers.

“For those with young children and babies crèche support in the same building as the classes for study or in immediate vicinity of school or nursery for collection of children. Family friendly times of services to fit above.”
While lack of culturally appropriate support was noted as a service-side issue, many identified cultural issues within some minority-ethnic communities as barriers to accessing support – examples included stigma looking for help beyond the traditional family unit/community, a cultural aversion to asking for help, judgmental attitudes about the causes of disabilities or substance misuse. In these cases, it was suggested that people may not see the relevance of public or third sector services, or recognise problems as issues that could be resolved.

Stigma and discrimination was also raised as a barrier which contributes to social isolation and discourages people from accessing help:

> Some people feel they are stigmatised and are criticised for receiving benefits; they feel like they’re not treated as humans and some, particularly Muslim women, feel that people stare at them.

**Interpretation and translation**

Several respondents highlighted issues in relation to language, specifically interpretation and translation services. It is worth noting that while language was frequently commented upon, participants often emphasised that this might not be the most significant challenge faced by minority-ethnic communities. Some suggested that services over-emphasise and ‘hide behind’ language barriers because it puts the onus on individuals and minimises service side issues, for example limited resources, poor service design, out-dated approaches, resistant staff attitudes and low levels of skills.

Key themes in the comments about access barriers and gaps in interpretation and language support include:

- Underutilisation of interpretation services by public sector organisations, in some cases due to lack of awareness of availability, or misplaced concerns that use of interpreters would ‘eat away’ at budgets. Some participants shared accounts of children being used to facilitate interpretation, suggesting that service providers viewed this as ‘an easy option’. It was also highlighted that use of family members including children for translation support is problematic in terms of appropriateness and service user confidentiality.

> Organisations like the NHS are reluctant to provide interpretation if they are able to get away with using a family member, however inappropriate.
Some suggested that existing interpretation services are ‘patchy’ – for example one person believed there was only one Bangladeshi interpreter available in Edinburgh. Linked to the issue of availability, many relayed service users’ concerns and lack confidence when using interpreters due to issues of trust; for example, fearing that interpreters might ‘gossip’ within the community.

Use of interpreters in small communities of ethnic minorities can be difficult. Service users can have concerns re: confidentiality when using interpreters (particularly in mental health).

An over-reliance by public sector staff on bi-lingual volunteers and workers from voluntary sector organisations for interpretation support was identified by many participants. Some attributed this to a lack of planning, or the requirement to respond to immediate needs – for example in situations where emergency services had been called. It was noted that the individuals and/or their organisations providing this bi-lingual service at short notice often receive little or no recompense or funding for their valuable input.

Budgets for interpretation and translation services were frequently identified as an issue by third sector organisations. They suggested that applications for interpretation funding often fail despite its value. During these discussions participants frequently suggested that funders should take greater note of the importance of interpretation as integral to effective service delivery.

Low levels of literacy were described as a factor contributing to issues and challenges faced by some minority-ethnic communities. For example, participants described problems for some service users completing forms or attending appointments, caused by difficulties in reading and understanding information. On this theme, several suggested that public sector partners ‘over rely’ on leaflets and written engagement and information tools and questioned the effectiveness of these approaches, which often fail to reach the most vulnerable people because of literacy issues.

We get no referrals from leaflets, it’s always personal.

A few participants described printed material as ‘expensive’ and harder to update than online publications.
Some participants suggested that much of the information shared by service users is lost in the interpretation process; that interpreters focused on conveying the basic summary of a person’s response, rather than detail about needs and issues described. In these discussions support was shown for the development of more holistic interpretation services that incorporate an understanding of support service’s aims and capacity to address a range of issues.

Linked to increasing diversification of Scotland’s minority-ethnic communities described in Chapter Three, several participants mentioned a dramatic increase in the variety of languages spoken and suggested this would putting a strain on interpretation and translation services which may be struggling to respond to rising levels of demand.

"[we need] translation for the new influx of migrants like Arabic and Pashtu."

Employability

4.27 Employability support was the second most common service gap identified in survey responses; participants frequently emphasised the importance of employment as a route out of poverty and its value in terms of social inclusion, improved language skills, social mobility and wellbeing. In comments about employment related gaps and barriers, several issues were identified:

- Discrimination affecting employment prospects.

"Employment access more difficult for those who are visibly different e.g. black."

- Limited recognition of the relevance of qualifications and work experience gained overseas causing difficulties for skilled migrant works to find jobs that match these skill levels.

- Difficulties for those wishing to move from seasonal work to permanent positions, often due to being based in rural areas.

- Challenges in terms of vetting workers from abroad whose employment necessitates a PVG certificate or reference checks.

- Gaps in ESOL provision as an impediment to employment progression; for example limited availability of advanced classes and a paucity of provision within rural areas.
- Vulnerability of recent migrants to exploitation resulting from a lack of knowledge about employment rights or, in some cases, an inability to find legal work due to visa issues.

4.28 A few participants highlighted an employment barrier they perceived as unique to some minority-ethnic communities; lack of recognition that their voluntary activity might count as relevant work experience. They explained that although many of the people they support are very active within their community, for example involved in charity work or providing food and care for vulnerable friends, neighbours or family members, there are different cultural perspectives on volunteering which stop people mentioning this activity on their CVs. Their explanations included:

- People who view the provision of help and support to others as an active expression of their religious faith and would not feel comfortable including this experience on a CV, considering it 'boastful'.
- Those who come from cultures where only paid work counts as work experience.
- Community members who lack confidence and feel that taking on a role that was formally described as a ‘volunteer’ position would require them to have skills they might lack, for example high levels of literacy and spoken English.

4.29 In relation to overcoming the barriers described above, service staff said they often had to work hard to convince people from minority-ethnic communities that their volunteering experience could be of value to potential employers and help them find work. Some suggested also needed to consider the sensitivities around describing voluntary activity when encouraging people to share information by word of mouth, engage in peer support or other community-based activity.

"Particularly with the Pakistani and Sikh community, you’re supposed to help others and it’s a religious aspect for them...they don’t think of that as volunteering, that’s their expectation, something they are supposed to do...it’s not seen as a favourable thing or something to boast about."

"There is a lot of volunteering but as soon as you say it’s volunteering then they just don’t want to take it on board. Its also a lack of confidence and a lot of family members we were working with felt that if they have that title then they have to be word perfect, they’ve got to be able to deliver and then there’s an expectation from us on them and they are wary of that commitment."

Mental health and wellbeing
Just over one third (35%) of respondents identified local gaps in mental health services that address these needs, or barriers which prevent minority-ethnic communities accessing existing services. In their comments the following issues were raised:

- Participants frequently highlighted the need for mental health support among refugees and asylum seekers fleeing conflict zones. They also highlighted the low levels of wellbeing in communities that experience issues such as uncertainty regarding leave to remain in the UK, social exclusion, poverty, stigma and difficulties in securing employment.

- Many identified gaps in culturally appropriate counselling and mental health support services; one or two posited that this results in inequalities across communities. For example it was suggested that minority-ethnic communities were less likely to benefit from preventative approaches designed to address mental health issues in the early stages, before they escalate.

- Linguistic barriers were also understood by many respondents to exacerbate issues in accessing mental healthcare, for example one described the difficulties of delivering counselling – by its nature an intense and personal experience - if a third party interpretation service was needed to facilitate the exchange.

- A common theme across responses was that some communities’ attitudes to mental health act as a barrier to treatment. For example, one participant said that the groups they work with do not recognise mental health as a ‘health’ issue, preventing engagement with statutory support services. During these discussions, some suggested that people might prefer to seek their own solutions, for example turning to religious/faith healers within their communities. One participant suggested that lack of engagement with mental health providers could be seen as a reflection of failings on the part of services which could do more to engage communities, for example by adopting more accessible approaches and communicating the value and nature of the support provided.

- New social challenges for minority-ethnic communities were highlighted as contributing to an increase in potential need for mental health and wellbeing support. Examples included
marital breakdowns, social isolation, discrimination, or different experiences across generations.

*Children...split between two different cultures is one of the toughest issues we are dealing with.*

- A few suggested there is a lack of professionals with sufficient understanding of the cultural issues facing some minority-ethnic groups, for example forced marriage or female genital mutilation.

**Community engagement**

4.31 While the majority of organisations indicated their work plays some role in community engagement, comments about the nature of this activity differed across workshops and survey responses. This may be indicative of varied interpretations about the meaning of community engagement – despite the survey guidance, which explained community engagement in terms of activities such as local consultations, multicultural events and celebrations. There is clearly scope for further probing to find out what people consider relevant when approaching this issue.

4.32 Service-side issues in relation to community engagement identified by research participants include:

- Limited consultation with minority-ethnic communities.
- Housing availability affecting dispersal of communities and limiting potential for engagement and integration.

*In north Edinburgh, where I work, there is a higher proportion of people from Poland than in the city as a whole (cheap housing probably accounts for that). There are no services which employ Polish workers. The local Roman Catholic primary school is overwhelmingly Polish and I don’t think we’re considering what implications that may have for community cohesion and good community integration.*

- A lack of funding for community development and training.
- Lack of understanding about cultural norms.

*Lack of use of community groups in co-production and service delivery...Short-termism rather than sustainable funding... Lack of focus on community resilience and alliance building.*
Training leaders from ethnic minority groups is the key to encourage greater participation.

4.33 There was some debate about community-side barriers to engagement with services with some participants describing reluctance among particular groups to engage in support. For example, a representative from a health charity said that that some of their target service users gave ‘cultural excuses’ as reasons for not participating in health improvement activities; however when alternatives – such as female only gym classes were identified, these participants ‘came up with’ another reason not to attend. They felt that this was really an expression of a reluctance to make meaningful lifestyle changes and start exercising, as opposed to a cultural barrier.

4.34 However others who commented on this issue said they believed some services were quick to ‘blame’ community members for not accessing support instead of viewing lack of engagement as a reflection of failure on the part of services to make their work accessible.

“Putting on ESOL classes that are mixed at certain prayer times at the opposite end of the city from your BME population, it doesn’t take a genius to work out why nobody’s turning up... and then they say they’re not attending so they don’t want it when actually its because we have not enabled them to.

4.35 Community side issues identified by research participants include:

- Some identified reluctance to engage from minority-ethnic communities, attributing this to a range of causes including fear, lack of understanding or a wish within some families to preserve their cultural roots.

“Lack of confidence or self esteem. Language barriers. Fear of violence or intimidation.

“I think, again from limited experience here, that the grandparents deter integration.

“There is an increase in visits 'home'.

“Fear among young people of being branded 'extremist' if they express opinions.

“Mistrust of UK counter terror policy and 'snoopers' charter.
4.36 Just under a third of survey respondents (28%) identified gaps or access barriers in relation to physical health and wellbeing support services. In terms of service-side challenges, language barriers were often highlighted as a key issue, as the examples below illustrate:

- A few healthcare staff described encounters with individuals who, due to language barriers, had confusion about their treatment instructions and were not taking medicine as a result. One person suggested that they had heard healthcare providers express the view that interpretation services could only be used for ‘key events’ such as an outpatient appointment.

> Interpreters may only be used for key events such as an consultant outpatient appointments but not for other tasks, resulting in poor understanding for the service user.

- Linked to the point above, another participant suggest that while interpretation is often made available at the point of diagnosis, there can be gaps in follow up once a medical condition has been identified. For example people diagnosed with a chronic condition may have questions after they have absorbed the news - but feel their ‘case is closed’ or not know there are opportunities to go back to their specialist. They may fail to engage with additional support options such as peer-based support due to lack of awareness, language or literacy barriers.

- Although provisions are in place for interpretation services in health settings, in practice this can be difficult to organise. For example, when referring patients from one service to another, an interpreter may be needed to facilitate the new assessment. Although Language Line is used in many health settings, staff frequently suggested that the time delay of using interpretation ate into the time allocated for engaging with their patients.

- A healthcare practitioner working in a rural setting said the time delay in terms of identifying and making arrangements for an interpreter with appropriate language skills was a significant block in the referral process; they had capacity to support patients at an early stage, but needed to wait to see the patient until the interpreter was available.

- One person from a substance misuse service expressed concern for the safety of
interpreters when tackling alcohol or drug use and suggested that in practice there is very limited support for those who have limited English speaking skills.

- Some alluded to the importance of health care professionals who can speak other languages – for example one third sector provider described the difficulties and embarrassment some of the older service users identified about engaging with their GP on personal issues. Conversely, others described awareness of GP practices that appointed bi-lingual staff members to support the large number of patients known to speak a particular language, resulting in a significant increase in service use among those community groups.

- Some identified a lack of physical activity among young people from minority-ethnic communities as a contributing to poor health outcomes, attributing this in some cases to cultural norms or being housed in areas that people feel unsafe to let their children run about it.

Lack of free or reduced cost access to physical activity.

4.37 Budget constraints were often commented on as a factor limiting the capacity to engage communities that health services struggle to reach, despite the effectiveness of word of mouth and home visits in this respect. During discussions about outreach gaps some successes were shared, such as a Hepatitis awareness and treatment project that had limited uptake until link-workers made a concerted effort to approach communities, capitalising on events, engaging with students at universities and through churches visits. This approach successfully engaged many people who were subsequently treated. Another described a similar approach, using link workers to engage in outreach around end of life care. The work was described as a ‘phenomenal success’, which sparked more work in this area.

4.38 As mentioned in Chapter Three, a few participants highlighted behaviours among some groups that are out of step with healthy living guidance. They attributed this to cultural differences and lack of exposure to public health campaigns, citing different behaviours related to safe sex, diet, physical activity and smoking. Some suggested that lack of knowledge about Scotland’s health care system contributed to some migrants preferring to return to their country of origin for medical and dental treatment; they felt that until this is addressed some communities would have a limited history of service use.
Community safety

4.39 Much of the qualitative commentary and discussion about community safety revolved around the vulnerability of visible ethnic minorities, with particular reference to fears about increases in hate crimes. Themes in these discussions frequently included mention of negative media coverage around immigration and rising levels of Islamaphobia.

4.40 There were several responses from staff who support families with experiences of abuse. They frequently mentioned the difficulties of reaching people at risk of violence in the home. Several mentioned that, due to visa restrictions, women and their children in great need of support and protection, for example fleeing domestic abuse and other abuse such as honour crimes, have no recourse to public funds. On this theme, some of the staff working with victims of domestic abuse suggested that different cultural understandings of marital roles and issues such as stigma and shame can lead to a lack of reporting.

4.41 A lack of knowledge about rights, routes for reporting hate crime and a fear of appearing ‘burdensome’ were also highlighted as contributory factors that discourage minority-ethnic communities from reporting issues related to crime and violence.

ESOL provision and housing

4.42 Just over one fifth (22%) of respondents identified issues with ESOL provision and housing services, summarised below:

**ESOL**

- Several participants were critical of reductions in mainstream ESOL classes and highlighted the removal of linked employability and learning pathways, for example where ESOL provision was tied in with part of a college course.
- Some identified inflexibility in provision restricting attendance, for example those who work in the evening. One participant suggested that an hour a week is not sufficient and needs ‘topping up’ for example through conversation cafes.
- There were comments about the limited availability of post-elementary ESOL classes to facilitate progression with language development. In cases where people are able to pursue this learning privately, the cost of further education ESOL courses can lead to prioritisation of language learning within families for those who are most likely to find work.
Housing is so expensive that there is not much left in family budgets for wives/partners to access.

- It was suggested that some ESOL learners had been told that they are not entitled to interpretation support due to their participation in English classes.
- The costs of transport and childcare were also described as factors that limit the take up of ESOL provision.

Housing

- Shortages in social housing making it difficult to move people who are at risk in their accommodation, for example, families who are experiencing hate crime.

Women (and children) fleeing domestic abuse and other forms of gender based violence have some very specific needs in terms of secure housing and safety.

There are gaps in the specialist provision of housing to address the needs of BME older people.

some highlighted welfare and housing allocation policies that they felt to be discriminatory and/or harmful, resulting in social isolation or poor quality of life.

In some communities where large groups...from one ethnic group can create 'micro-communities', and this may be linked to Local Authority Housing policy where people are housed in 'clusters'

EEA nationals - new legislation relating to welfare benefits [means] no housing benefit and people finding themselves homeless and being placed in temp accommodation which they have no way of paying for unless they find employment. Rent arrears and eviction are a huge concern.

[differences in] Housing for Eastern European immigrants. Poor housing available for some groups e.g Roma [whereas] good quality Housing Association provision now available for Polish and other accession peoples.
5 - Effective practice

As can be expected, the effective approaches identified by research participants often reflect attempts to address the gaps and barriers described in the previous chapter. They typically include local approaches developed in response to the self-identified needs of community members and often involve partnership across one or more service to further the reach and impact of support. Common features of effective services are those that have credibility within communities, maximise opportunities to engage and listen to the people they wish to support. Involving service users in planning and design, underpinning projects by research and development work, influencing decision makers and developing long term approaches were all identified at factors that create lasting, meaningful change.

5.1 This chapter describes good practice in the provision of support and services for minority-ethnic communities in Scotland, as identified by organisations that currently work with these groups. The findings are based on analysis of the qualitative survey responses and discussions in the four regional workshops. As can be expected, many of the approaches set out in this chapter reflect attempts to address the barriers described in Chapter 4.

Greater representation in the workforce

5.2 A common theme across responses is the importance of recruiting staff and volunteers from local minority-ethnic populations. Participants cited a drive for greater representation of ethnic minorities at all levels; both at service delivery (including staff with appropriate language skills) and at executive level (power and decision making). Efforts included:

- Encouraging dual language volunteering.
- The use of staff, sessional workers and volunteers from the communities services seek to engage, as effective mediators/interpreters and way to develop trust among groups who may be reluctant with a service.
- Increasing use of bilingual link workers to provide culturally competent, person-centred bridges for work with minority-ethnic communities.

5.3 In discussions about representation, some participants highlighted issues with attempts to recruit from specific communities, including the need to be mindful of equality and diversity legislation and confidentiality issues within small communities. For example one person suggested that while it
might be helpful to employ someone from a specific culture or linguistic background in some cases; it might be counterproductive to have someone ‘too local’; they felt it could be more effective to find people with the necessary skills who live outwith the local area.

5.4 In addition to achieving greater reach among target service user groups, people frequently suggested that engaging with communities through the creation of volunteer opportunities provided additional benefits experiences including empowerment through gaining new skills and confidence, tackling social isolation and positive implications for employability.

Greater involvement with service users in design and planning processes

5.5 Another key theme in qualitative responses was the importance of establishing routes to gather feedback and involve potential users in service design. Several staff from local agencies and services described their efforts to consult minority-ethnic communities with the aim of making their services more accessible.

5.6 For example, one participant described a local regeneration project, which had planned to achieve engagement with children through activities such as football. However, during the planning stages they discussed these ideas with the children, who said they more were keen to learn about things that their parents couldn’t help them with, for example to learn how to ride a bike. They also wanted to discuss issues such as politics, gender and the referendum. The project design was changed as a result.

5.7 It was also highlighted that some communities may not be used to consultation processes and may be reluctant to engage or suspicious of the process. Linked to the comments around greater representation in the workforce, a suggested solution to this lack of engagement is to recruit sessional workers from the community whose knowledge and language skills can be utilised to create buy-in and trust.

5.8 Many participants said that their consultation with service users consistently suggested a need to move away from generalized activity across minority-ethnic communities towards targeted work to engage specific communities or groups within the local area. One described this as:
Developing tailored workshops and events catered to the needs of specific communities rather than generic “BME” events.

Examples of tailored activity include:

- ‘Myth busting’ within minority-ethnic groups to improve perceptions of the local area more broadly.
- Highlighting local resources for specific communities, for example Aberdeen’s Polish Alcoholics Anonymous group and a Polish language domestic violence helpline.
- Taking information to people, for example via roadshows across local organisations that employ large numbers of workers from minority-ethnic communities, or community projects hosting surgeries for statutory agencies.
- Engaging with grassroots groups organising multicultural activities; participants gave example of local Muslim, Polish and Philippine groups taking steps to address support needs in terms of celebrating cultural events and providing access to services.
- Provision of physical health support for asylum seekers – providing trainers, balls, indoor sports facilities – in recognition of the challenges of engaging women in activities they may not have tried before – and considering specific barriers for some Muslim women in terms of sports participation.
- Family based approaches for example a volunteer run homework club that works with parents to help engage them in education.
- Developing relaxed, comfortable settings for people to voice their opinions, especially women from communities in which they have not been encouraged to have or give opinions before.
- Running a joint EAL/ESOL course to give flexibility to students.
- Providing a crèche as part of a service.
- Offering flexible drop in services for communities who are not familiar with appointment systems.
- Being persistent – for example following up if people do not engage with referrals, attend events or classes - and sometimes working creatively in partnership with community members to reach vulnerable clients.

5.9 Others emphasised the need to take a holistic view of the issues facing service users, for example:
• Ensuring basic needs are met before any specialist work can be undertaken.
• Focusing on employment as a route to facilitate integration and tackle language barriers.
• Liaison with specific cultural organisations to assist with re-housing and getting people back into work.

5.10 While there was much support for tailored approaches, many emphasised that this should not be considered the sole focus of activity. They highlighted that if the ultimate aim of a service is to support integration and social inclusion, community-specific activities should form part of the early stages of an overall strategy, which also features activities to encourage exchange across communities. For example one service described a long-running initiative to train volunteers who could talk to primary and secondary students about being Muslim – this cross-community initiative aimed to tackle issues such as hate crime and draw on peoples’ stories to stimulate connections.

5.11 Some participants highlighted their efforts to reflect relevant research and statistics in service design. In addition to drawing on existing evidence, many said they seek to create opportunities to gather new data, for example to find out more about the profile of a community in their service area.

Skills and organisational/sector strengths

5.12 Many described efforts within their service to build skills and make best use of the organisational resources at their disposal, for example:

• Some third sector organisations described a view that their sector was ‘better’ at utilising social media as an engagement tool, explaining that they face fewer technology restrictions than staff in public sector organisations; and therefore have more experience.
• Staff participation in cultural competency training, which included information about the health service contexts that migrants are coming from and thus the expectations they have.
• Efforts to improve processes around cascading specialised knowledge and understanding of working with minority groups, suggesting this helps to encourage engagement and improve the quality of the service.
• Some of the organisations that run community events described their attempts to capitalise on these social opportunities, for example by inviting staff from other agencies or services along to speak to attendees.
5.13 Broad ranging efforts to develop effective communication and referral strategies were recounted by research participants; many described the need to use various combined approaches to engage different communities, ages, language abilities and genders:

- Most agreed that word of mouth is a key source of referral for many services and said they encouraged people to ‘spread the word’ among peers wherever possible and appropriate.
- Use of social media including Facebook, texts and Whatsapp for contacting service users, especially younger age groups to remind them of appointments. However it was highlighted that this is less reliable in rural areas due to patchy availability of phone reception and broadband. It was suggested that the some communication tools are more effective than others depending on the community, an individual’s resources and their cultural attitudes and access to devices- social media is an effective form of communication with some groups; less effective with others.
- Many organisations refer services users across organisations in an attempt to provide holistic support.
- Some described attempts to make information more accessible, developing websites and other material in a range of languages.
- A few organisations said they had developed more visual forms of communication, including illustrations and comics, to overcome literacy barriers.

Events

5.14 Most commented on the value of creating events and spaces to support intra-community and multicultural community building and there was frequent mention of events as ways to engage communities. Key points made about maximising the effectiveness of events included:

- The importance of considering momentum and legacy when developing events – not viewing them as activities which take place in isolation. This might include
  - Hosting community-specific events to engage key groups, leading towards opportunities for cross-community social integration and celebration.
  - Using events and opportunities for formal and informal information sharing: host organisation staff or staff from other agencies piggy-back onto these events to deliver messages about services or information.
Acknowledging the value of multicultural community building activities and events to promote equal and mutual understanding of different groups of people. For example, participants recounted community events that showcase the culture (food/music) of a particular nationality in the area as having positive impacts on social inclusion.

- Ensuring that events reflect cultural norms and expectations; for example providing food, or acknowledging that people may arrive later than expected. Consider the motivation of target attendees - do people wish to be entertained/learn/meet people/have activities for their children?
- Advertising events - promote who will be in attendance as people may be more likely to attend if community leaders or others with widely recognized credentials or a high profile will be there.
- Viewing the scope for events to facilitate informal exchange, for example settled communities imparting helpful information to newer arrivals.

**Partnership activity**

5.15 Many mentioned the value of partnership activity both within and across sectors. This was frequently mentioned as a means for referral and information sharing between voluntary and statutory organisations as an effective means of enabling communities to access a range of services.

5.16 In these discussions it was often suggested that the foundations of any partnership are crucial to its success, and must be based upon reciprocal learning and respect. Some expressed a fear that organisations working directly with minority-ethnic communities can be ‘taken for granted’, meeting the immediate needs of their partners who may not ‘give back’ or take steps to address gaps in their own service model.

**Changing attitudes**
5.17 While much of the activity described was of a practical nature – i.e. finding solutions to specific problems - some participants suggested that their work had a broader objective to change attitudes within communities. Examples included:

- Activity to improve knowledge of mental health issues; to encourage communities to be more open to discussion about the reasons for poor mental health and approaches to treatment.
- Highlighting opportunities for integrated use of local services, to improve a sense of belonging and remove division in communities.
- Work with schools to keep young people from White Scottish backgrounds engaged and informed about the experiences of minority-ethnic communities, help integration and provide forums for socialising and forming positive relationships across groups.
- Attempts to bring issues of representation into the mainstream and challenge perceptions, for example the ‘I speak for myself’ campaign to change perceptions of Muslim women.

New developments

5.18 Several participants referred to activity that they described to as ‘new’ ‘exciting’ or ‘in progress’, some highlighted forthcoming work that was planned but not yet started. In these discussions participants suggested that the developments might inform changed approaches to engage minority-ethnic communities and improve outcomes. For example:

- There were comments about the growth in the social enterprise sector being of potential value to minority-ethnic communities with high levels of entrepreneurialism. Examples of ways to support this activity included sharing information about grants available, office space etc.
- There was discussion around the potential benefits of working with consulates, including reach among communities, funding and high profile activity.
- Some said they were encouraging moves towards peer-based support, for example:
  - Women coming forward to tell their ‘stories of survival’, to empower others.
  - One person suggested that new migrants might benefit from a 1:1 relationship with a caseworker or buddy to support their integration. They felt this could be provided by statutory or third sector providers who speak their language. The aim would be to help them navigate the systems, rights and responsibilities of living in a new country.
  - Buddying up new refugees in the area with people who can speak the same
The establishment of ‘chat cafes’ as effective spaces for informal learning and integration.

- A few participants relayed their intention to make better use of integration networks.
- Increasing use of sessional/link workers was frequently described as valuable.
- The value of community leaders who can help facilitate reach among specific groups was mentioned. For example, one organisation described its work with pastors to engage communities on health issues, suggesting they can encourage engagement with treatments and address specific concerns such as religious and cultural responses to illness.
- The ‘no recourse to public funds panel’ in the city of Edinburgh was cited as a positive response to find ways to support of women and children affected by domestic abuse without recourse to public funds.
- A few participants talked about their ‘roadshows’ of rural employers, working in partnership with a range of public and third sector organisations to broaden the reach of their work beyond urban areas.

5.19 In discussions about new developments, some described changes to funding and resourcing that were having positive impacts on service delivery. This includes:

- Flexible funding that allows for stronger partnership working to address gaps and increase service access. For example it was mentioned that organisations not funded to work with specific groups or in areas could use networks already developed by other partners.
- Some suggested that a focus on facilitating peer support make services less vulnerable within a sporadic funding environment and is a more effective approach to grassroots engagement.
- Some funders are beginning to require provisions and considerations of impact upon minority-ethnic communities (E.g. Climate Challenge funding). One participant described this as a positive step that has already been useful for encouraging partnerships and sharing knowledge.
- One person described a push from funders towards communities creating self-sustaining systems of learning and support, without having to rely on external sources.
- Some said that a small number of funders are recognising that projects need more time to prepare and develop funding applications. For example one suggested that while partnerships are encouraged and can be effective in terms or providing holistic support and
reaching across communities, the process of finding suitable partners and developing agreements takes time; they said that they particularly valued funders who were aware of these constraints.

- As an alternative means of securing funding and resources, it was suggested there is scope to encourage bigger public sector agencies for example, Skills Development Scotland to engage in partnership work; and hold them accountable if they do not. Staff in Women’s Aid highlighted that they are able to access the NHS interpretation telephone support line for their service users; other representatives from third sector organisations stated an intention to explore whether or not they could establish similar arrangements to access that resource.
What is the Gathered Together Project, who is it funded by and who does it support?

Gathered Together is a pilot project delivered by BEMIS – a national ethnic minorities led umbrella body supporting the development of the Ethnic Minorities Voluntary Sector and the communities this sector represents – in partnership with the Scottish Parent Teacher Council (SPTC). It aims to support parents from ethnic and cultural minorities to become more involved in their children’s education and school communities.

Project funding comes from the Scottish Government’s Third Sector Early Intervention Fund. Since 2013 it has grown from a small pilot scheme operating across six areas to a national resource that offers tools and approaches for schools across Scotland. The Project also has a presence in Europe as a result of BEMIS’s involvement in the Networking European Citizenship Education (NECE) initiative.

Issues addressed
SPTC observed that many parent councils struggled to represent and include ethnic minority parents who were new to the Scottish education system. BEMIS were keen to explore the issue and initiated a survey of SPTC members; this established that roughly three quarters of parent councils did not have representation of parents from ethnic minority communities. This gap in participation was of concern given that key guidance documents and policies - including the Guidance on Scottish Schools (Parental Involvement) Act 2006, Scottish Government’s Early Years Framework and the UN Convention on the Rights of the Child - highlight the value of parents’ and carers’ involvement in education.

The solution
The activities of this collaborative project include the delivery of workshops and training for schools and parent councils to facilitate the inclusion of ethnic minority parents and awareness raising for parents on the various ways they can be involved. The core staff, based at BEMIS, include a co-ordinator, two development workers and a training officer who are responsible for direct engagement with parent councils, schools, local authorities, parents and community groups. Their work is supported by an active steering group which includes SPTC, General Teaching Council Scotland (GTCS), the Education Institute for Scotland (EIS) and variety of policy, voluntary and education sector organisations.

How has BEMIS addressed the unmet needs of ethnic minority families?
Through Gathered Together, BEMIS aimed to work with ethnic minority parents to identify factors they felt restricted their engagement with...
children’s education. This research identified two key barriers to participation; challenges experienced by parents and capacity issues within schools.

**Parents**
On the parent side, families who are new to Scotland are often deterred from establishing involvement with schools because of:

A lack of information, or awareness, of how they could become involved and a lack of confidence that they could become involved and how they could help their children’s learning.

To address the issues highlighted by parents, the Project teamed up with partner organisations, such as Skills Development Scotland and English as a second language (EAL) services, to develop resources and provide information about the Scottish Education System and knowledge about what it can deliver for their children’s lives.

Really useful for us to highlight the gaps and areas where parents really don’t have much knowledge, particularly things around the secondary school education system, parents seemed very confused... And also, that helps us highlight that ethnic minority parents often have very high expectations of what will happen for their children and they know about university, maybe they know about college but they don’t know about all the other supports that are available and they find it quite confusing. If you’ve come from a different country where often either you do well in your exams and you go to university or you don’t do well and you go and get a job... in Scotland there’s so many different choices.

**Schools**
Regarding schools, Gathered Together identified the need to elevate the low levels of awareness of provisions, such as the funding to fulfil the schools’ duty to provide translators. Other school related barriers include a lack of capacity, experience, skills and resources to engage and represent a diverse range of parents.

As one staff member explained:

We were only expecting a two year, short project [but the initial work identified that we needed to find out] where the gaps actually are and who and where the support is needed. It’s certainly not just with parents...it’s been with teachers, with schools and with local authorities... finding ways to actually develop resources and bring interventions to them. The legacy was always that people would be in a better position to take the work forward themselves rather than being an organisation that met that need.

Highlighting that translation and interpretation isn’t always being provided in schools, or parents aren’t always aware of their right to ask for an interpreter... somewhere the message is getting lost and schools need to know they can ask for it and it won’t impact on their budget, it’s not a negative thing for them it’s not going to cut their resources and also that parents don’t feel guilty about asking for resources because that was something parents were always quite ashamed of or felt they were asking too much or needing too much support.

A recent survey, conducted two years into the Project’s implementation, suggested there had been a substantial increase in ethnic minority parent involvement in parent councils – up to 45% and higher in areas where Gathered Together has been working.

**Challenges**
Engaging community groups has proved to be a challenge for the Project. The work of many of these groups meant that representatives have struggled with capacity or do not see the wider relevance of improving parent-school engagement. This year the Project hopes to improve community groups’ capacity to support parents:

One of our development workers is concentrating very much on how we can leave some kind of a legacy and skilled people that work in community groups directly with parents, so they’ve got a basic knowledge and understanding.

Another issue raised by Project staff is the placing of equality and diversity training during initial
teacher training. There is a lack of consistency within the training establishments which needs to be addressed to create a high standard of awareness and practice, that can then be enhanced during a teacher’s career. Some training around parental involvement and diversity and equalities is optional.

For it to be optional suggests that it’s not important…probably the students that do take it would be naturally inclined to do it, to have those kinds of values

Staff also suggested that greater awareness of diverse outcomes across ethnic minority communities might help schools to prioritise engagement with families and communities whose children struggle most as a result of lack of parental or carer participation:

Some schools are very focussed on attainment and visible outcomes so if many [ethnic minority] children are getting good grades, why look further into it…? That can sometimes be a problem

The future
BEMIS are keen to encourage a broader debate about attainment and ability, highlighting the benefits of classrooms with diverse language skills and the importance of bilingualism to children’s futures. The Project endeavours:

To get teachers to start celebrating languages, diversity and see it as an asset…there’s an issue with teachers seeing a child who doesn’t speak good English as a problem…without celebrating what a gift it is to be able to speak two languages.
The DIWC was founded in 1969 to address the needs of isolated migrant women whose families had moved to Dundee to seek work within the jute mills and key employers in Scotland’s textile industry.

Today, the Centre continues to support local women from minority ethnic backgrounds. Their main aim is to engage, educate and empower women living in Dundee. Their work aims to engage with the most socially isolated women to reduce isolation, build confidence, increase self-esteem, tackle mental health issues and develop communities. Also to educate and ensure that these women can access quality services that empower them to meet their personal goals.

The main strands of the DIWC’s work include adult learning classes for women from minority ethnic communities. Their programme ranges from delivering informal social classes/groups to supporting their members through formal qualifications and onto employment.

Informal Learning

Many of the women who access support from the DIWC initially join for social reasons, looking to make friends and build networks. They may have arrived in the UK recently or have experienced long-term isolation. Staff at the Centre suggest that inclusive sessions revolving around home-based activities such as cooking, crafts, cycling and sewing are particularly beneficial for those who are not yet ready for formal learning. Classes are accessed by women from a range of ethnic minorities; one current cooking group has capacity for up to ten members and includes recent migrants from Thailand, Bulgaria, Kazakhstan, and those from more settled communities such as Pakistan. Group members take turns to teach each other, demonstrating how to make dishes they know well. This slowly builds vocabulary, conversational English and general confidence.

Other elements of DIWC’s informal learning programme include events celebrating different cultural festivals and skills development opportunities (language/IT) as part of the progression to studying for qualifications.
Formal Qualifications
The Centre supports women to study towards qualifications including the European Computer Driving License (ECDL), English for Speakers of Other Languages, the National Progression Award Childcare and the Volunteer Skills Award. Recent graduates from the ECDL computer literacy qualification have gained the confidence to progress to further education courses such as studying Accountancy, or have chosen to get involved in volunteering as ECDL champions at the centre.

Employability support
Recognising the need to support women into employment through placements and modern apprenticeships, the DIWC ran a Women into Sustainable Employment (WiSE) pilot project in partnership with The Bridges Programme in Glasgow and City of Glasgow College. One staff member reflected on the unique value of support offered by the DIWC:

I think for people the most important thing about the centre is it provides a social space for women who wouldn’t have been able to have anything else apart from this or going to the shops or dropping the kids off at nursery. They don’t have a family network or friendship network, coming to the centre they do have that, they develop that network up...Secondary to that is the employability aspect, or, moving into further education, or building their skills volunteering.

Rise and Shine: Social Enterprise Crèche

The crèche is essential ... a lot of women who attend the events and courses would not be able to come without [it]. – DIWC staff member

The Centre view their Rise and Shine crèche as a key resource to help those with childcare responsibilities attend classes. It is also recognised as a place for women to develop their confidence and employability through studying for childcare certificates, volunteering and working in the crèche. As one staff member observed:

That’s a really great progression route ... women who used to come to the centre to use the service are now helping us deliver that support.’

Women moving through this progression are celebrated as strong role models for others:

Women see other women from their community working which may be a taboo subject in their family but it opens up that conversation...it could lead to jobs outside the centre like afterschool clubs, support work in crèches and nurseries.

Rise and Shine mobile crèche is a social enterprise. It provides crèche services for other service providers
around Scotland, for example with Dundee City Council’s Adult Learning Centre English classes alongside corporate and private functions. The mobile crèche provides opportunities to long term unemployed women; ten of the current crèche staff had not previously worked in the UK. Profits from Rise & Shine mobile crèche account for nearly 15% of DIWC’s annual income this year.

The Organisation

The DIWC continue to negotiate the challenges of limited funding and capacity. To maximise their resources, the Centre works in partnership and networks with many other organisations operating in the area. Examples include their collaborative partnerships with Dundee and Angus College to deliver SQA qualifications and drawing on the expertise of Amina Muslim Women’s Resource Centre to provide issue specific training.

One staff member described the advantages of having a culturally diverse team at the centre, from an additional interpretation resource to building a knowledge base around different traditions and cultures:

"Having a diverse team is important to learn and understand all the nuances from different cultures and religions- sometimes we stereotype without realising it."
Working with communities to build capacity among carers and families

MECOPP use community development approaches to support carers and those being cared for within the Gypsy/Traveller community. Their work also involves partnership activity with statutory and voluntary agencies to develop their capacity to respond more appropriately to the needs of this community.

The need for this work was originally identified in the Scottish Government publication Caring Together: The Carers Strategy for Scotland 2010 – 2015. Staff describe the project as an opportunity to develop an improved understanding about the nature, pattern and extent of informal caring within the Gypsy/Traveller community in Scotland.

The project is now in the fourth year of delivery; this was preceded by a year of action research within communities to identify needs and appropriate approaches to the delivery of support. Outreach support is currently delivered across three rural and urban localities: Edinburgh & the Lothians, Perth & Kinross and Argyll.

Changing perceptions of what ‘being a carer’ means

A principal feature of the project is its advocacy outreach service. This is delivered in person at the places where Gypsy/Traveller communities live, whether on a site, at a camp or in social or private housing. Support can cover a range of issues from facilitating access to services, welfare rights, discrimination and legal advice. During scoping work it emerged that most Gypsy/Travellers engaged in caring activity did not self-identify as ‘carers’; looking after ageing, unwell or disabled family members or friends was simply considered a community norm; the responsibility did not come with a specific title.

Tackling the challenges

Many of the issues that people face, particularly those living on sites, are around fairly basic services that other people in communities can take for granted—access to repairs, adaptations, health services—there are still people we work with who struggle to access GPs.

Project staff gave examples of the challenges their service users face. For example, a wheelchair user could not access the amenity unit on the council-run site because of steps at the entrance. When the individual...
asked about the possibility of improving access arrangements, they were told by a council representative that there was no need as the individual lived with a partner and the family could help. In another case:

"Somebody who was on long-term medication who wanted to go travelling and their consultant asked for a letter to prove that they were a Gypsy/Traveller… again I would question whether a Chinese person or a South Asian person would be asked to effectively prove their ethnicity. I don’t think they would’.

In addition the project team extend the reach of their work far beyond the direct delivery of support to activities at Scottish Parliament and Scottish Government levels which seek to influence the broader strategic context and result in policy and legislative changes:

"The main focus is on supporting those Gypsy/Travellers who are caring or being cared for. However...this often requires more broad advocacy work...the levels of prejudice and discrimination towards the Gypsy/Traveller community are still extreme compared to other communities, it has almost become an acceptable form of racism.

Training and awareness raising – delivered by people from Gypsy/Traveller communities

To address the lack of knowledge and recognition about Gypsy/Travellers as a minority ethnic community, MECOPP run awareness raising training sessions, led by community members.

"There’s a dual purpose...one is confidence-building and empowerment within the community, the other one is obviously improving knowledge amongst service providers: the training sessions have been run with MSPs, with council workers, health workers all over the country.

Using creative tools to challenge attitudes

The team have a strong track record of using creativity as a means for voices to be heard.

"We use the creative arts a lot, whether that’s

photography, drama, DVD film, exhibitions, books, lots of different ways of enabling individuals to put across their own viewpoints and experiences.

One example includes the Moving Minds exhibition that has been displayed throughout Scotland and now in book form. This involved over 40 Gypsy/Travellers of different ages, genders and locality profiles telling their story about the issues they have faced, using poetry, photography and painting.

The hope is that those reading the story will identify with the person rather than the label and see the similarities that many of us face in our lives, not just the differences.

A series of cartoons, Two Sides of the Same Story, also highlights some of the attitudes that exist among service providers and contrasts these with the perspectives of Gypsy/Travellers. This book was a response to MECOPP's research into the take-up of Self-Directed Support (SDS) among Gypsy/Travellers, and uncovered a number of assumptions, which often acted as barriers to those who might benefit from SDS.

The creative platforms described above have been well received with high levels of engagement, rooted in word of mouth endorsements within the community. For example, participants then persuading other family members to get involved:

That kind of recommendation is worth its weight in gold, particularly when you are working with communities who are marginalized or who have been discriminated against.

Staff suggest that while it can sometimes be challenging to measure meaningful impacts in the short term, progress can be seen in some areas. For example some local authorities have adopted Gypsy/Traveller strategies and action plans. Another measure of the success and credibility of this project is the increasing involvement of the community in the work that is being carried out:

That’s all down to building trust- it’s a slow process and people can get disillusioned if nothing changes.

But there is still a very long way to go and many Gypsy/Travellers continue to face significant inequalities and prejudice on a daily basis.
Chinikum at Home was established in 2014 as a pilot service run by Diabetes Scotland to work with South Asian families; a community known to be more likely to develop Diabetes at younger age than the national average. Rates of Type 1 and 2 Diabetes are rising and present significant challenges for the NHS; in last 12 years the number of people with Diabetes in Scotland has doubled.\(^4\)

\textit{If you are from a South Asian background you are 6 times more likely to develop type 2 diabetes and at younger age - the risk is increased over the age of 25 rather than 40 in the White European community.}’

- Project staff member

The project initially worked with fifteen families in Glasgow; the first phase was positively evaluated by the University of Stirling\(^5\) and there are plans to extend the work across Scotland. The aim is to improve outcomes for families living with diabetes by preventing deterioration, complications, increasing overall fitness and encouraging healthy lifestyle management. A key feature of activity is to encourage self-management of the condition, working with the whole family to achieve change. Key topics include diet, physical activity, emotional wellbeing, and understanding the condition and staff aim to deliver:


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Case Study: Diabetes Scotland - Chinikum at Home Project
The right advice to the right people at the right time to delay or prevent progressing diabetes, leading to complications, disability or early death...the benefits for the individual and health service as a whole are significant’ - Project staff member

Consultation with affected communities in the project development process

South Asian families make decisions together

A holistic process of project design incorporated consultation with over 1000 community members, groups and health service providers. This activity identified the importance of securing buy-in from the female head of the household who tends to be the key decision maker, setting the agenda on important issues such as health care, diet and physical activity.

The service is delivered at home over a period of six to eight weeks in which staff work with families to agree gradual and achievable goals that will help them manage their condition. Staff suggested that the benefits of this approach are that it (i) is more responsive to the individuals needs, circumstances and preferences (ii) provides time for people to understand, reflect and explore key messages about health improvements in a safe space and (iii) is delivered in the participants’ preferred language. In contrast, a GP has only ten minutes to try and cover the same issues; this often restricts the discussion to a focus on medication and prevents exploration of wider considerations, for example lifestyle changes or tackling the underlying reasons for unhealthy eating.

A community-tailored approach

Managing diabetes requires lifestyle modifications such as changes to diet and physical activity. Staff explained that tailoring advice specifically to South Asian diets helps people engage with and apply learning. During their consultation activity the project team received feedback that advice from mainstream dieticians was not effective and resolved to provide targeted, practical guidance. This included the development of visual tools to explain portion sizes and measurements (for example, reflecting preferences about using hands as measurement tools for ingredients, rather than scales), and relating advice to meals that South Asian families are more likely to cook.

South Asians commented that the advice from dieticians was irrelevant – they would talk about completely different kinds of food and measurements, for example, “how to cook a pie”. The Chinikum project team talks about things they eat- chapattis, parathas, curries, rice, portion control...

This tailored approach includes a consideration of participants’ lifestyles, for example taking account of different working patterns – some of those at most risk of diabetes work in shifts or during anti-social hours that limited options for healthy eating. There are also sensitivities around exercise such as respecting dress codes and interaction between genders during exercise. In one example, the Project supported a couple who had both been diagnosed with Diabetes. They were encouraged to take regular walks in the park beside their house and given pedometers to measure change from their previous sedentary lifestyle. The element of competition between the husband and wife - who challenged each other to surpass their daily number of steps - was a helpful motivator and the couple suggested that participation in the project had been fun and positive for their relationship and their health.

Challenges identified by project staff

Staff commented on the challenges of attempting to tackle embedded cultural attitudes to weight. For example, it was explained that fuller figures can be considered a sign of wealth and success in some countries of
origin. They also noted the stigma associated with lifelong health conditions and suggested that some families might be reluctant to engage with support about health matters for fear it might become well known and affect the marriage prospects of children within the family. Staff suggested that their education sessions highlight positive message about living well with the condition, noting that successful management means that 80% of complications can be avoided.

It was also highlighted that cultural events and celebrations such as weddings can be particularly challenging for people living with Diabetes; staff recognized that there is a need to move beyond individual approaches to tackling wider community norms, for example influencing caterers so that trends are changed and that healthier food options become more commonplace at large community and cultural events.

**Project strength: harnessing the power of community infrastructure**

_The benefit of working with South Asian community is the community infrastructure and importance of word of mouth. All the people we’ve reached directly have communicated the messages widely; with the indirect benefit in reducing stigma and discrimination around living with diabetes._ - _Project staff member_

Staff suggested that targeted interventions are often viewed as expensive in terms of the number of individual clients engaged with. However they suggested that the impact of their work is significant, both in terms of (i) preventing the need for future spend on Diabetes related complications and (ii) the impact of the work extending widely across communities. They explained that there is a good infrastructure for sharing information and word of mouth recommendations among South Asian communities and suggested that their work with family members had already extended to relatives and friends both in Glasgow and countries of origin. For example, one client had an extensive network of contacts among the local community as a result of her employment as a seamstress; she actively shared information about healthy eating with her clients and staff estimated she had passed health improvement information to around 500 people over a 12 week period. In another instance, staff recounted a family setting up a phone call with relatives in their country of origin immediately after the session, to share lessons about managing diabetes with loved ones who did not have the same access to healthcare advice. Some of the participants attend Islamic womens’ groups and described routinely imparting new knowledge to their peers.

_If I know something I’ll explain to my family about diabetes, my neighbour, my friends, since I seen [Diabetes Scotland], I phone my neighbor and explain it all to them…’_ - _Chinikum project participant_

Through their work with families staff suggested they had learned about challenges and facilitators to engaging communities. In the early stages they encountered several ‘excuses’ about reasons for not adapting their exercise behaviour – they now anticipate reservations people might have about changing their lifestyles and offer a range of culturally appropriate solutions. Staff countered the notion that South Asian communities are ‘hard to reach’ with the suggestion that some services are inflexible and do not consider the experiences, needs and cultural background of communities they need to engage. They feel their successful approach, built on extensive consultation, has the potential to influence the design of a range of services and policy developments.
Opportunities for multicultural exchange
North Edinburgh Timebank was started in 2012 and is funded through the City of Edinburgh Council’s Health Inequalities Standing Group.

Staff explained that the Timebank model is based on self-help and reciprocity; providing opportunities for people who are keen to get involved and participate in their community. Their services are open to everyone and not specifically targeted at minority-ethnic communities. However many of North Edinburgh Timebank’s activities - including the Timebank choir, knitting group and a chat café - are used by people who have English as an additional language and/or who want to opportunities to socialise in a new community.

Creating spaces for informal interaction
A key feature of North Edinburgh Timebank’s programme is their community-based chat café, a run in partnership with Living in Harmony, part of the Pilton Community Health Project. These partners supply a venue, cooking equipment (attendees are invited to prepare food to share with others) and a high quality free crèche.

It seeks to bring together local women of whatever background in an informal setting to share food, help practice their English and form friendships.

While the café is available to mothers and fathers staff highlighted that most of the attendees are female. The presence of the crèche has helped to attract mothers from minority ethnic communities. Staff described this group of women as: *doubly isolated in the community. They’ve just had a baby and they don’t have a support network around them.*

Each week approximately twelve parents attend the informal chat café for food and conversation. This helps to reduce isolation, provide support and opportunities for social engagement and to help address the their unmet needs.

Staff take a hands-off approach to guiding discussion and focus on facilitating matters such as planning activities and events and responding to requests for information for example, inviting presentations from parent councils in schools, and other external speakers.

**Increasing awareness of opportunities for social interaction.**

The cafe is advertised in a range of languages, including Polish to reflect the high number of migrants from Poland within the local area. Promotional material targets people who have...
recently moved to the area, people who would like to learn more English and those who are not new to the area and would like to get out the house more. Other efforts to raise awareness include the use of sessional workers to promote the project in local venues such as libraries; local health visitors have also been instrumental in referring people to the group. Word of mouth has been crucial in establishing credibility among the local community networks including schools and churches.

**Developing community capital**
Staff highlight the importance of engaging with community members and providing opportunities for community leaders to emerge

> It’s about listening to what people want and not assuming... [there are] problems with not trusting the communities you’re working with.

Project staff talked about the need to address the uphill struggle experienced by minority ethnic community in entering and progressing in the workplace, which they understood as a result of discrimination and services not serving these communities effectively:

> We still struggle in areas like this, a result of budget cuts where people don’t have access to expertise and support so that they can have a voice and develop some notion of a collective voice... people need access to support, training, expertise to identify for themselves what they need to do.

Staff suggested that investment in community development and infrastructure is one of the most effective ways to create sustainable change.

> We don’t need loads of funding, I don’t think the answer to everything is to give £50k... there’s more and more research looking at community capital as opposed to social capital, about looking at the importance of developing social networks. This doesn’t take a lot of money, it takes a lot of time from community workers to work with people to do that... to be able to follow when you have nascent grassroots community led projects to have a bit of funding so it’s somebody’s responsibility to take it forward.
Responding to a changing population profile

“We connect the services and people together and facilitate the relationship between them.”

Established in 2010 as a multi-agency initiative supporting minority-ethnic and migrant communities, the PKAVS Minority Communities Hub aims to enable minority-ethnic communities residing or working in Perth & Kinross to access local services and play an active role in their community.

Working in partnership with statutory and voluntary sector organisations, they deliver tailored services for individuals from minority-ethnic communities who now make up over 10% of the population in Perth and Kinross. Services include information, advice and referral support on employment, education, finance and health issues, including interpreting and translation, rural outreach surgeries, ESOL classes, work clubs, culture activities and more.

The hub as mediator, creating lasting change

“A big part of what we do [is] communicating between the communities and the council, NHS, Police and so forth, facilitating those relationships, and how the services are carried out so that they meet the needs of the minority communities too.”

The team has strived to build credibility and trust among local service providers and communities. Part of this includes their ability to engage with communities in ways that are language and culturally appropriate.

“The foundation for everything we do is really the trust that we have from the local minority communities. They trust us, they come to us for help and they also tell us what they think in a way that they wouldn’t engage with other services.”

Staff at the Hub take a long-term view of the impact they aim to achieve, working with local services to influence and assist them in making lasting change to improve accessibility and on the other side helping minority-ethnic communities understand what services are available and how to engage with them.

“Our connections with Community Planning and Statutory sector; the Council and NHS, those are really important in terms of being able to make a difference to minority communities, because without that we would be giving a lot of help to the communities but it would be much more difficult to influence the services and join up the loop... it’s about the legacy and actually changing things.”
Delivering services in partnership to improve the quality of support

The Hub works closely in partnership with other organisations, often delivering surgeries with language support. Examples include one-to-one assistance in relation to accessing housing, debt, health, mental health, finance and welfare services. A work club has also been established to help individuals to overcome employability barriers and progress in the workplace.

Opportunities for integration through social and information sharing events

Hub activity includes a focus on facilitating integration between communities, from providing free English classes to running multicultural events aimed at showing minority-ethnic cultures in a positive light. Celebrations such as Chinese New Year, Diwali, Eid Al Adha, and multicultural ceilidhs often have more than 200 people from different ethnic groups in attendance. A rural outreach worker helps to deliver support in more rural areas outside Perth.

Another element of integration and awareness activity includes a community lunch club programme, run monthly with the three largest communities in Perth and Kinross: Eastern Europeans (mainly Polish), Chinese and South Asians (mainly Indian and Pakistani). The lunches are social opportunities that provide a forum for information sharing. Food is provided at each event and the Hub arrange for guest speakers from services such as the council, NHS or voluntary sector. These presentations are supported by interpreters and any slides or handouts are translated in advance.

It’s a way for the services that are not well understood by the community to get in front of the community to explain who they are and what they do.

Support for Carers

The team seek to address linguistic and cultural barriers which prevent carers from minority-ethnic backgrounds from accessing support and respite, as one staff member observed:

In the South Asian community, looking after your elderly parents is very much your duty so they are reluctant to ask for help with that, though if they were to ask for help...services would struggle to provide culturally appropriate support’.

Focus on over 50s - research and responses

One of the Hub’s workstreams is funded by the Integrated Care Fund and focuses on developing the availability, suitability and reach of services available to minority-ethnic populations over the age of 50. This work is guided by the findings of an extensive research project that explored the experiences of older people accessing services in Perth & Kinross. The research uncovered a significant lack of awareness of services among
elderly people in minority-ethnic communities. It also highlighted that most of the locally available services are targeted at older members of the White Scottish community and would struggle to accommodate people from minority-ethnic communities. As one staff member explained:

If you were to bring in, lets say a 75 year old Chinese lady into [the daycare] it would be a very uncomfortable experience for her because she doesn’t speak English, the food that’s available is not the food she would want to eat, she can’t communicate... there’s no appropriate provision.

One legacy from the research was the creation of a walking group for older men from minority-ethnic communities. This is a group of eight older men who meet twice a month for a walk, which helps to address issues of isolation, loneliness and significant health needs. Staff noted they have found it more challenging to engage with men across all communities and are particularly encouraged by their success with this group.

Innovative media for communicating

The Minority Communities Hub’s research with over 50s highlighted that minority-ethnic populations know little about Self Directed Support (SDS), among many other policy changes, as all the promotion is in written English. In response, staff are now producing information about SDS in other languages and also mediums that this target group are more likely to access.

In some communities like the Chinese community, a lot of the older folk don’t read or write, and a significant proportion of the elderly South Asian community don’t read and write in any language; it’s not a question of translating a leaflet into Chinese, Punjabi or Urdu, because they can’t read that either. We’re looking at things like short videos that explain some of these services so people can get the information that they need.
‘A welcoming park and a democratic space’

The Project – using community spaces to facilitate integration

Saughton Park is run by The City of Edinburgh Council’s Parks and Greenspace Department and is an example of how community spaces can be used to facilitate social integration. The first two years have constituted the development phase of the project, with rigorous public consultation that has engaged communities in discussions about the park and how they would like to see it develop.

This development work has been effective; in January 2016 the project was granted a total of £5.4m (£3.8m from the Heritage Lottery Fund) to execute a master plan that includes creating a café as the focal point for community life in the park, a bandstand and a bothy for volunteers. These plans build on the park’s rich history; formerly the site of the great Scottish National Exhibition in 1908 it is now home to an award winning skateboard park constructed in 2010.

Development work and consultation

Public consultation to develop the plan for the park engaged over a hundred local stakeholders and organisations including community councils, special interest groups and charities working with local people.

The area around the park has a higher than national average ethnic minority population and efforts were made to include representatives from local minority ethnic communities in consultation workshops and events. Project staff were also keen to understand how different communities might use the space.

A Friends of Saughton Park group was formed in early 2014 and was instrumental in grassroots consultation, for example conducting a visitor observation social study, noting who was using the park and how; every hour between 7am and 7pm across a week. This exercise helped form insights into the profile, including ethnicity, of park users and their activity. It was discovered, for instance, that a group of Chinese pensioners use a discrete area of the gardens for practicing Tai Chi twice a week; large groups use the formal garden space for annual feasts to mark the end of Ramadan.

We don’t know who they are, where they came from, its just a bunch of folk turning up to celebrate the end of Ramadan, going round the park sharing their food with folk, it’s great.

The project is keen to respond to how people want to use the space and help build on and support this organic activity.
Partnership Working

Staff from the project value partnership activity and volunteers as a way to access support, advice and broaden its reach; for example working with organisations that support vulnerable people in the area, to encourage them to see the value and potential of the space. During the development period, which had limited funding, this approach helped stretch the team’s small budget to cover scores of events which attracted hundreds of people and which brought new audiences into the park.

A tiny budget has made me work the partnership thing really effectively, like working with Health All Round, doing stuff with National Play Day, working with an amalgamation of local churches running a big event called ‘the Tent’

Examples of work specifically aimed at ethnic minority communities include work with Health All Round to host a Welcome Group for people who are new to the country, familiarising them with the local area, giving guided tours of the park and introducing them to ways of getting involved. The annual Green Welly Project targets isolated groups within the community and includes a six week programme for children and families about growing and eating plants; it has had many attendees from local Indian, Polish and other ethnic minority communities.

Events and activities

There’s no agenda or outcomes to be fulfilled for these events other than to test things out, but they definitely create a space for integration.

A diverse programme of pilot events and activities has attracted a range of communities within the area; for example, a recent Christmas event there were roughly as many people classified as ‘White, Scottish’ as those from minority ethnic communities.

The main thing is that people get word that these things are happening, that it’s a safe thing to come to, that it’s civilised, and that everybody will be treated well, and that it will be fun.

The park is also used by people of all ages; the Winter Garden conservatory is home to ad hoc tea dances for elderly care homes from around the city. Staff hope to attract more volunteers from ethnic minority communities to get involved in the gardening, events organising and promotion programme.

If you want to work with Ethnic minorities, the best people to organise that would be the ethnic minorities themselves. That makes the thing much more viable.

Impact

The project has found it hard to measure impacts on distinct groups however consider the park’s benefits for the wider community to be evident.

In terms of integration, I think the park’s got a great role to play because parks are great levellers... People are much more likely to talk to each other in the park.

If you get a range of people from different cultures and ethnic backgrounds it’s a great catalyst for that kind of stuff.
Amina operates from centres in Glasgow and Dundee. It was established by a group of Muslim women in Glasgow in 1997 to deliver person-centred support, aiming to empower Muslim and minority ethnic women to participate fully in all aspects of society without fear of discrimination or inequality, working towards the following outcomes:

- More Muslim women experience improved health and well-being, feel safer in their relationships and reach their potential
- Increased community cohesion with Muslim women more involved in society overall.

Funded by grants, trusts and the Scottish government, Amina works across Scotland with individuals, communities, mainstream agencies, government bodies and policy makers. It seeks to promote understanding of the issues faced by Muslim women and the barriers that prevent them accessing services and participating in society. It provides culturally sensitive facilities for Islamic advice, counselling, support, personal development and training, and support for women who are isolated from society or experiencing abuse. All of the services are supported by volunteers, without whom the organisation would not function.

Activity to promote understanding and awareness across and within communities
The Centre’s outreach work includes a programme of school visits; creating a space to engage young people in constructive, myth-busting discussion about Islam and the experience of being a Muslim woman in Scotland. They also run targeted grassroots work with vulnerable young Muslims; for example those at risk of violence, exploitation, grooming or radicalisation. This work has reached over 2200 school pupils in the last year.

A key focus of Amina’s activity is work to address the negative health and wellbeing effects of social isolation. For example their Building Bridges project attempts to prevent isolation through intergenerational cross-community work, a Befriending programme of activities and events does similar work with Muslim women aged over 50 and the Mellow Bumps project supports Muslim women who are pregnant. This often involves empowering and drawing on the expertise of a body of volunteers drawn from the local minority ethnic community:

Yes you are this intelligent, well qualified, able human being, and for whatever reason your circumstances have taken that away from you, its about being able to get that back.

One of our volunteers was previously a dentist in Iraq and was able to deliver a talk to the group about diabetes... she said it made her feel like a doctor again.

Amina also respond to emergent needs within the community and have committed to supporting Syrian women and their families.

Dedicated helpline for women from minority ethnic communities
Amina operate a national multilingual telephone helpline, funded by the Scottish Government, which offers a confidential listening ear for women from ethnic minority communities. It provides access to an Amina...
(female Islamic scholar) and trained staff and volunteers who can respond to a range of questions; from women looking for Islamic advice to those in need of practical information on housing rights and health services. The Violence Against Women project also informs and supports the work of the helpline, offering direct support to victims of violence and engaging men and women in workshops and training to identify what constitutes violence and abusive power relationships. Staff gave examples of using arts and theatre to produce creative resources, for example, radio plays that have enjoyed wide reach across communities.

Work to alleviate fuel poverty
Amina’s ‘Save Energy, Saves Money’ is a Climate Challenge funded project in the Greater Glasgow area that aims to tackle fuel poverty through education; training people on ways to save energy. Community events and home visits are conducted in appropriate languages; the project has engaged hundreds of families.

An employability project developed and delivered by Amina takes a responsive approach to helping isolated women overcome barriers to finding work. This six to eight week course aims to build self-confidence and help participants to identify and build on their skills. Women are assisted to develop CVs and complete job applications when they are ready, often requiring support to get to this point, such as English conversation classes with trained CELTA teachers and 1-1 support for clients. The project runs events such as speed mentoring attended by female BME mentors working in the public and private sectors including business leaders, police officers and teachers. They also highlight the opportunity for self-employment.

Amina’s reach within minority ethnic communities
The women feel safe and trust the work that we do. You could provide exactly the same thing in the local council and nobody would go, we know that happens

Staff estimate that Amina has engaged around 5,000 women from minority ethnic backgrounds in Scotland in the past year. While the intensity of the support delivered to individuals ranges from intense to light touch, staff highlight that by engaging with women their reach extends further; to client’s families and wider communities. The cumulative effect of this experience puts Amina in a strong position to advocate for and on behalf of communities; they have a conduit role in informing and influencing how mainstream services deliver culturally appropriate support for ethnic minority women.

We work with clients to make positive changes and work with mainstream services to make sure their support is accessible to these women

Staff suggest that working in partnership has helped to inform and improve the delivery of services by other organisations:

The reality is they don’t feel safe going into those environments, so they won’t, they would rather not benefit from the service provided, [however] if we are attached to it, then they know they are welcome and that they will be understood.
6 – Recommendations

6.1 The study findings set out in this report highlight the breadth of support for minority-ethnic communities in Scotland, identify the challenges described by service providers and show areas where new approaches are worthy of consideration.

6.2 Our recommendations represent the researchers’ response to the study findings. They have been grouped around the following themes:

- Addressing structural issues through improvements to leadership, strategy and funding.
- Responding to the changing profile of Scotland’s minority-ethnic communities.
- Building on good practice.

**Theme: Addressing structural issues through improvements to leadership, strategy and funding**

**Recommendation 1**: The Scottish Government should consider establishing a national steering group involving the broad range of organisations that represent and deliver support for minority-ethnic communities. This group would act as a reference point for networking, informing and planning services. Suggested activities for this forum include:

- The development of recommendations regarding a national strategy in relation to responding to the changing profile of needs within Scotland’s minority-ethnic communities.

- Producing regular reports on changes within minority-ethnic populations, reflecting the most recent publications and data sets. These reports could cover specific topics of interest; for example the experiences of new migrants versus established communities, community safety, employment, health and wellbeing needs or barriers to accessing support.

- In recognition of the feedback about the importance of employment as a means to address many of the issues facing new migrants, including language skills, poverty and social isolation, for this steering group to champion the development of a career-review service specifically for new migrants and identify resources to fund such a service. The long-term aim would be to increase the provision of support to assist career planning and progression; preventing unemployment in the longer-term and encouraging career pathways that lead to positive outcomes. This might also involve leading a mapping exercise to identify potential career options for new migrants and transferable skills/qualifications from countries of
Promote a shared language of appropriate terminology for discussing issues related to minority-ethnic communities. This to include further exploration of descriptors and ideas identified as points of confusion and different interpretation during the research; including ‘community engagement’ ‘hard to reach’ and ‘settled or established communities’.

To urge the Scottish Government to adopt approaches that maximise the impact of existing tools and policies to promote equality. For example, equality impact assessments could be introduced at the start rather than end of any design process, so that equality impacts are considered during the development of any new projects, policies or activity commissioned by the Scottish Government.

Follow up on lines of enquiry identified in the research; including

- Reasons for recent increases in the uptake of domestic violence services among minority-ethnic communities.
- The impact of service inaccessibility for those without recourse for public funds.
- Addressing the challenges of engaging with community leaders and gatekeepers.
- Different cultural responses to volunteering activity.

Lobby for funding, support and resources to achieve implementation of the recommendations described below.

**Recommendation 2:** For funders to prioritise the allocation of resources, so that:

- Longer-term funds are available for community-based activity that requires a prolonged timescale to achieve change.

- Projects are provided with the resources and timeframe necessary to gather outcome-focused evidence about the value and impact of services supporting minority-ethnic communities, as opposed to output-focused reporting on factors such as the number of service users.

- There are resources available for partnership activity, networking and communication of approaches that lead to demonstrable positive outcomes for minority-ethnic communities.
The activity of those services that receive funding reflects the diversity within Scotland’s minority-ethnic communities. Such variations include different needs according to age, ethnicity, religion, culture, gender and location.

**Theme: Responding to the changing profile of Scotland’s minority-ethnic communities**

**Recommendation 3:** For public sector organisations to invest in approaches to maximise awareness of existing support and resources among their staff. This to include a particular focus on promoting the delivery of culturally appropriate and sensitive services and raising awareness among staff of the interpretation and translation support that already exists for minority-ethnic communities.

**Recommendation 4:** For public and third sector services to prioritise the development of ways to engage with minority-ethnic communities at points at which they are readily reachable; particularly when in contact with public services at key transition points. For example, there are opportunities for engagement when families join doctors’ surgeries, engage with welfare services, enrol in ESOL classes or the point at which children start school.

**Recommendation 5:** For all organisations working with minority-ethnic communities to support word of mouth referrals by creating and sharing community-specific examples of service impact so that potential users and referral partners can understand the nature of the support available and the value of the services on offer. This could include the development of new resources, informed by consultation with services users, or by actively encouraging service users to ‘spread the word’ among peers or refer others who they think might benefit from support.

**Theme: Building on good practice**

**Recommendation 6:** For those involved in service design to reflect upon and share the learning points identified in this report, incorporating key features of established good practice in service redevelopment or new service design.

**Recommendation 7:** For organisations that work with minority-ethnic communities to prioritise participation in events designed to promote learning and networking.

**Recommendation 8:** For organisations involved in the funding, training and commissioning of interpretation services to adopt more holistic approach, recognising interpretation as a pivotal tool in identifying and communicating information that can be used by support services to understand and address their clients’ issues.
Appendix 1 – Study context, methodology and research challenges

1.7 Our short literature review on the needs of Scotland’s minority-ethnic population identified various issues, which can broadly be described as (i) factors affecting individuals and communities and (ii) structural issues i.e. those related to services.

Study context

1.8 This study takes place within the context of a national focus on equalities and recent significant transitions in the planning and delivery of public services in Scotland, most notably a shift towards the third sector playing a closer role in the design and delivery of services. In this climate of rising demand and reduced resources, as outlined in Fiscal Affairs Scotland’s *Long-term Scottish budget projections (2014)*, the challenge for the public sector is to ‘deliver more, with less’. The following are some key features of the recent policy and legislative landscape that services operate within:

- **The Christie Commission** on the Future Delivery of Public Services concluded in 2011 that radical reform around the design and delivery of services was required to bring about successful change, including closer partnership working, more effective planning and embedding community participation.  

- In their 2012 ‘**Statement of Ambition**’ the Scottish Government and local government representatives set out a continuing commitment to Community Planning Partnerships (CPPs) and Single Outcome Agreements as the key strategic building blocks to achieve public sector reform. Effective partnership working underpinned wider reform initiatives such as integrating health and adult social care and establishing single police and fire services. These developments aimed to achieve long-term goals of reducing the spend associated with mitigating the impact of negative outcomes; towards a more preventative approach.

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7 [http://www.gov.scot/About/Review/publicservicescommission](http://www.gov.scot/About/Review/publicservicescommission)

Subsequently, the Scottish Government and COSLA issued a Joint ‘Statement of Agreement’ on community planning and resourcing in 2013. The agreement puts the onus on CPPs to use their resources to improve local outcomes and tackle inequalities within communities.

The Public Bodies (Joint Working) (Scotland) Act 2013 initiated a programme of service reform involving the integration of health and social care, designed to facilitate the merger of adult health and social care services formerly delivered separately by health boards and local authorities. The Children and Young People (Scotland) Act 2014 enshrines elements of the Getting It Right For Every Child (GIRFEC) approach in law, ensuring there is a single planning approach for children who need additional support from services, providing a single point of contact for every child and providing a holistic understanding of wellbeing.

Provisions within the Community Empowerment (Scotland) Act 2015 are intended to help empower community bodies through the ownership of land and buildings, and strengthen their voices in decisions and development of services.

Of particular relevance to the context of this research is the work of the Scottish Migrant and Ethnic Health Research Strategy (SMEHRS) group; a multi-disciplinary and multi-agency group reporting to the Scottish Government, established in 2010 in response to the Health in our Multi-ethnic Scotland - Future Research Priorities 2009 report. The group’s strategy aims to encourage and promote high quality research that will help to improve the health and wellbeing of all ethnic groups living in Scotland.

1.9 While there are clear moves towards meeting the needs of Scotland’s diverse communities, issues of representation and leadership are significant within an evolving landscape; the data paints a discouraging picture. For example, only 1.5% of the Scottish Parliament’s 129 MSPs are from minority-ethnic communities; well below the 4% in Scotland who identify as belonging to a minority-ethnic group. There are similar issues with diversity at a senior management level, for instance, a UK Business in the Community report shows that in 2014, minority-ethnic individuals account for one in 10 employees yet only one in 16 of top management positions and one in 13 management positions.

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10. http://www.gov.scot/Topics/People/Young-People/gettingitright
Some of the most recent national data sets published by The Scottish Government include the Scottish Surveys Core Questions 2013. This sets out responses to questions in the Scottish Crime and Justice Survey, the Scottish Health Survey and the Scottish Household Survey. The data provides a quantitative framework for understanding differences in the experiences of minority-ethnic groups compared to White, Scottish communities by pooling information on the composition, characteristics and attitudes of Scottish households and adults across a number of topic areas including equality characteristics, housing, employment and perceptions of health and crime, enabling detailed analysis by Local Authority, urban-rural classification and Scottish Index of Multiple Deprivation.

We describe some of the findings that have a bearing on the themes covered in this study, below:

- In the statistics describing perceptions of the local crime rate, Scottish Government highlighted that ‘no significant differences were found when the results were examined broken down by a range of other variables, including: ethnicity, economic activity, country of birth, sexual orientation or religion.’ This contrasts with some of the qualitative findings set out in Chapter 4 of our report, which highlighted increased perceptions of racially motivated hate crimes and also the likelihood that these crimes are not reported due to issues such as (i) limited knowledge that these could be considered crimes or (ii) lack of trust in the channels for reporting and a desire to not get involved with the police. As an example, this contrast highlights the importance of qualitative research in interrogating and providing context around these big quantitative data sets.

- The data from the core health questions show little significant differences in variation between ethnic groups however, the breakdown for self-assessed general health shows various minority-ethnic groups consistently rating their health as Good/Very Good more than the ‘White: Scottish’ group. In 2013, three quarters (75%) of adults in Scotland assessed their health in general as either 'good' or 'very good'; within this the minority-ethnic breakdowns had much higher levels self-assessed general health, ‘White: Polish’ (92%), ‘White: Other’ (92%), Asian (82%) and ‘All other ethnic groups’ (87%). Once again, these figures form an interesting background to the discussions around specific health needs that emerged through the qualitative findings in this research.

Several academic studies have sought/are seeking to examine the needs of specific minority-ethnic
groups or communities within certain localities, including:

- **SSAMIS Social Support and Migration in Scotland**: an on-going ESRC-funded collaboration between the University of Glasgow and the University of Swansea (2013-2017) researching *Experiences of Social Security and Prospects for Long Term Settlement in Scotland amongst Migrants from Central Eastern Europe and Former Soviet Union.* One strand of the research asks what kinds of social support (statutory services, third sector organisations, informal networks) East European migrants access and how they use them. The detailed qualitative research is with East European migrants, employers, service providers, migrant associations, and policy makers in small towns and villages in Angus and Aberdeenshire and in the cities of Glasgow and Aberdeen.

- **The Scottish Health and Ethnicity Linkage Study (SHELS)** aims to examine the relationship or link between a person’s ethnic group and a number of important health issues affecting the Scottish population. Led by the University of Edinburgh in collaboration with NHS Information Services Division, (ISD) which collects and stores health and healthcare data on behalf of NHS Scotland and National Records of Scotland, (NRS) which collects and stores the Scottish Census data. SHELS has published number of important findings including for example, how Pakistani men living in Scotland have a significantly higher risk of heart attack and increased risk of admission to hospital with asthma compared to White Scottish men. Another finding is that White Scottish mothers are less likely to breast feed their babies than mothers from all the other populations in Scotland.  

- **The Equality and Human Rights Commission** recently published their five-yearly statutory report on equality and human rights progress in England, Scotland and Wales: *Is Britain Fairer? The State of Equality and Human Rights 2015.* A Scottish distillation is anticipated in early 2016. The report probes the following areas: education; standard of living; productive and valued activities; health; life; physical security; legal security; individual, family and social life; identity, expression and self-respect; and participation, influence and voice. It illuminates various dynamics of inequality affecting different minority-ethnic communities in Britain, for example the data around work, income and the economy highlights:

  - ‘women and people from some ethnic minorities remained less likely to be in both executive and non-executive directorships’
  - ‘unemployment rates were significantly higher for ethnic minorities; Pakistani/Bangladeshi women were less than half as likely to be employed compared with average

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18 [http://www.gla.ac.uk/research/az/gramnet/research/ssamis/](http://www.gla.ac.uk/research/az/gramnet/research/ssamis/)
female employment rates; Muslims experienced the highest unemployment rates, lowest employment rates and lowest (and decreasing) hourly pay rates over the period’. 21

- ‘poverty rates were higher for children in households headed by someone from an ethnic minority’. 21

- Another recent EHRC report of particular relevance to this research is a fact-finding study exploring the experiences of migrant workers in the fish and food processing industries in the North-East and Central Scotland. 22

- The Glasgow Refugee, Asylum and Migration Network (GRAMNet), funded by The University of Glasgow, brings together researchers and practitioners, NGOs and policy makers working with migrants, refugees and asylum seekers in Scotland. 23 The research network encourages interdisciplinary research on refugees, migration and asylum and promotes capacity building and knowledge exchange between researchers and practitioners in the field.

- A European Integration Funded Migration Matters Scotland project was run by COSLA Strategic Migration Partnership (CSMP) from December 2013 through to June 2015. 24 It aimed to both support migrants to participate in the formulation and implementation of policies that affect them while also reinforcing governmental capacity and the ability of partners to implement and evaluate strategies and policies for migrants in Scotland.

- Evidencing the Social and Cultural Benefits and Costs of Migration in Scotland was published in 2012 to provide more insight into the everyday impacts of migration on communities and neighbourhoods and issues of community cohesion and integration. 25 COSLA Strategic Migration Partnership, Glasgow Refugee Asylum and Migration Network and the Centre for Russian, Central and East European Studies carried out the research to explore the extent to which the more localised sociocultural impacts of migration could be demonstrated and mapped to inform policy discourse at different levels.

- Go Well, a collaborative partnership between the Glasgow Centre for Population Health and the University of Glasgow’s Department of Urban Studies and the MRC/CSO Social and Public Health Sciences Unit published a paper on Migrant Social Integration in Glasgow’s Deprived

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23 http://www.gla.ac.uk/research/az/gramnet/resources/
24 http://www.migrationscotland.org.uk/migration-matters-scotland/project-background
25 http://www.gla.ac.uk/media/media_271231_en.pdf
The research explores the effects of time and place upon the social integration of migrants in Glasgow, and found that ‘Levels of reported social integration were lower for migrants than for British-born citizens living in the same areas. Levels of trust and reliance, and rates of social contact were up to two times higher among British-born citizens as for migrants’.

- A recent policy paper on The Ethnicisation of Need (2015) by Dr Taulant Guma from the University of Glasgow discusses the role that ethnicity has played in the provision of support and services for post-accession Czech-and-Slovak-speaking migrants in Glasgow. The project explores how these migrants create strategies for resilience and negotiating emergent challenges; building security for themselves and their families by drawing on relationships and resources in and beyond Glasgow.

### 1.13 Insights from third sector organisations

that work with communities are also valuable. For example:

- PKAVS Minority Community Hub, as a front-line information and advice service, are in a strong position to gather insights into their clients’ needs. For example their 2013 report unpacks how issues may vary from one minority-ethnic community to another; migrant workers may be reluctant to report exploitation due to fear of losing their jobs. Their work emphasises the importance of being sensitive and responsive to specific needs - avoiding a generalist approach - while delivering support that addresses barriers affecting a range of groups, such as access to education, employment, financial wellbeing, physical and mental health and community participation.

- **REACH Community Health Project** have also contributed research considering the specific and diverse healthcare needs of the minority-ethnic community living in Glasgow, for example their mapping exercise of Third Sector Food and Health Initiatives identified a wide range of food-related work taking place within minority-ethnic communities and also substantial unmet needs. Other research by REACH highlights the need for greater support in engaging with health services; identifying that language barriers and cultural differences and expectations, cause difficulties in understanding and feeling confident in using the UK healthcare system. Their work to explore experiences of accessing NHS 24 services

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27 [http://www.gla.ac.uk/media/media_427566_en.pdf](http://www.gla.ac.uk/media/media_427566_en.pdf)


30 [http://www.reachhealth.org.uk/Asylum%20Seekers%20%26%20Refugee%20Research%20-June%20%202008%20-%201.pdf](http://www.reachhealth.org.uk/Asylum%20Seekers%20%26%20Refugee%20Research%20-June%20%202008%20-%201.pdf)

identified challenges in relation to engagement, ranging from a lack of knowledge about or trust in the service, to avoiding the expense of phoning from a mobile phone, without access to a landline.

- **BEMIS**, a national umbrella organisation supporting the development of the Ethnic Minorities Voluntary Sector in Scotland, have also contributed to research into gaps and barriers to support for minority-ethnic communities. For example, their mapping exercise in partnership with Community Food and Health (Scotland) considered the support available from community and voluntary organisations for parents/carers across minority-ethnic communities in relation to maternal and infant nutrition.\(^{32}\) The study also explores experiences of women from four different communities (African, Czech, Polish and Roma) in seeking and receiving support in the area of infant and maternal nutrition.

- Grassroots charity **roshni**, aims to promote the safety of children, young people and adults within minority-ethnic communities in Scotland. Their recent discussion paper highlights the need for organisations to work together more effectively to tackle Child Sexual Exploitation and Radicalisation.\(^{33}\) Their other research in this area includes explorations into *Perceptions of Child Abuse in Scotland’s Minority-Ethnic Communities*,\(^{34}\) and *Minority-ethnic Children & Young People’s Views on Children’s Rights in Scotland*.\(^{35}\)

- The Scotland-based **Refugee Women’s Strategy Group** aims to represent the views of refugee and asylum seeking women in order to influence the policy and practices that affect their quality of life. Their 2011 report, *The Struggle to Contribute*, identifies key barriers encountered by refugee women in accessing employment, including: lack of information about a range of employment issues including services available, racism and discrimination, childcare, lack of specific and appropriate services for refugees, lack of employability preparation before being granted refugee status, training, recognition of qualifications, benefits issues, language barriers, impact of the asylum process, education and lack of knowledge of the system.

**Methodology**

1.14 A mixed-methods approach was adopted to meet the study requirements. This comprised:

- Electronic survey
- Workshops

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Each element of the methodology is set out in more detail below; we also describe the challenges that have some bearing on the research and final report.

**Survey**

1.16 The survey questions (shown in Appendix 3) were developed and piloted by the researchers, with input from the Minority Communities Hub and the National Research Steering Group (NRSG). Participants were asked to answer a range of qualitative questions, structured around the key research themes; the survey also asked services for details of their delivery models and types of work with minority-ethnic communities. At the end of the survey respondents were invited to express interest if they wished to participate in a case study.

To achieve a high number of responses the researchers developed a research engagement strategy to encourage cascading of the survey through a range of networks. As a first step, the survey was distributed via email – using MailChimp - to 797 organisations known to the Minority Communities Hub and members of the National Research Steering Group. Recipients were encouraged to distribute the link within their own networks through a #ethnicminorityscot Twitter campaign and received regular reminders about the survey closing date. Other attempts to promote awareness of the survey included the delivery of short presentations at relevant events such as NHS Health Scotland’s conference on Migrant and Ethnic Health Research, Amina MWRC’s Conference on Understanding and Tackling Islamophobia and BEMIS Gathered Together’s Community Action Learning Set for community organisations working with minority-ethnic families. The research was also promoted in relevant newsletters; for example, the BEMIS MEMO weekly publication. We received 221 responses to the full survey.
In addition to the efforts described above, the team recruited a social researcher with appropriate language skills to increase engagement by communities with low levels of English literacy. This researcher also contacted several mosques in Edinburgh to raise awareness of the research among this important community reference group; until this point there had been few responses from mosques. The researcher arranged face-to-face meetings with mosque representatives to answer questions about the research and complete the questionnaire through a face to face interview.

Towards the end of the research period, a shorter questionnaire was devised to encourage participation from potential participants with busy workloads. This shorter questionnaire focused on the three key themes that generated most discussion in the longer survey; (i) changes in the needs and profile of minority-ethnic communities, (ii) gaps in service provision or barriers to
access and (iii) examples of effective practice. The shorter survey did not ask participants for details about their service and other indicators included in the fuller questionnaire. We received 25 responses to the shorter survey; these have been incorporated into qualitative data analysis.

1.19 Across both the full length and shortened surveys, a total of 246 responses were achieved.

Workshops

1.20 Our workshop series provided an opportunity to present and discuss emerging themes from qualitative responses to the national survey. This regional approach enabled us to share first stage thematic analysis with services and organisations familiar with the challenges of supporting local minority-ethnic communities. They provided a space to probe responses to initial findings, gather examples of work in practice, explore specific issues in more detail and assess whether or not the emerging themes resonated with attendees.

1.21 The central discussion themes are set out below:

- Are there particular gaps in the support available; or barriers that prevent or discourage minority-ethnic groups from accessing existing services?
- Have you noticed any changes in the needs of the minority-ethnic groups in Scotland, in recent years?
- Have you noticed variation in the needs of specific groups for example by age, gender, ethnicity or locality?
- Can you share any examples of effective practice in addressing the needs of minority-ethnic communities?
1.22 Group discussions were captured using the KETSO action research tool kit. For each theme, we asked attendees:

- Do these emerging findings resonate with your own views?
- Is there anything missing – would you like to add any other comments?
- Any there any surprises among the emerging themes that have been identified?
- Can you share any examples to add to those already identified?

1.23 There were 60 registered attendees across the four workshops (22 Edinburgh, 28 Glasgow, 9 Aberdeen, 11 Perth). A written summary of the discussions was produced after each event (attached as Appendix 2).

Case studies

1.24 Eight participants were chosen from 79 organisations that expressed interested in taking part in a case study. This sample enabled the researcher to find out more about the contextual factors - both at a national and local level - that affect organisations working in Scotland’s communities and also provided scope to consider the unmet needs of various minority-ethnic groups from several
perspectives. The final selection aimed to be diverse, encompassing factors such as:

- Type of service provided (community engagement/mental health and wellbeing/physical health and wellbeing/ESOL provision/employability/interpretation and translation/housing/community safety)
- Sector (third, public, faith, other)
- Rural/urban provision
- Size of organisation (working with fewer than 100 or more than 10,000 per year)
- Delivery area (within one locality/local authority area/across several local authority areas or national coverage)
- Those working with specific minority-ethnic communities/ across all communities
- Those working with specific age groups
- Those working in partnership with other organisations

1.25 During the selection process we also considered potential participant’s qualitative survey responses with a view to including those who described particular service delivery challenges, diverse needs or interesting practices.

1.26 The studies are based upon information gathered during interviews with staff and a review of additional material produced by each organisation, for example websites, reports, tools or publications.

Analysis

1.27 We began the data assessment by reviewing all survey returns to identify duplicate responses that might distort calculations in terms of total count, percentage calculations and cross counts of responses arranged by various categories. Of the 221 responses submitted to the full survey, 29 were identified as multiple returns i.e. more than one staff member from the same organisation had received and completed the survey. In this case one response per organisation was used for analysis purposes; to ensure consistency in this selection process, the first response received from organisations with multiple returns was taken as the representative response to be used. The numeric analysis is therefore based on data obtained from 192 survey responses.

1.28 Appendix 1 contains the full breakdown of data by local authority; key findings are shown as infographics within the main body of the report. Commentary on statistics has been incorporated within the report to provide additional context for qualitative findings.
We highlight that all 221 responses to the full survey and the 25 responses to the shorter survey (246 returns) were reviewed during the qualitative analysis. A thematic approach was adopted which involved an initial review of the entirety of information gathered; identification of key themes; grouping, narrowing and apportioning qualitative data under themed headings; and the selection of quotes that typified responses within each category.

Research challenges

The broad and far-reaching nature of the study presents challenges in terms of interpretation of data gathered and reporting on findings; the research team were acutely aware of the diversity within Scotland’s minority-ethnic communities and recognised the inherent dangers of drawing generalised conclusions. Our reporting style reflects this; the findings have been couched in terms of perspectives provided by those who participated in the study, with examples. While there has been no breakdown by ethnicity, where possible distinctions have been made to reflect where participants have specified they are commenting on the needs of emergent (recent) migrants vs. established (settled) communities.

Our findings are not to be interpreted as statistically significant, rather as indicative of views expressed by those who shared their thoughts and experiences with the researchers. From the outset, it was recognised that this study presented a unique opportunity to consult widely across the array of organisations working with minority-ethnic communities, moving beyond sector or community specific approaches. The intention is for the report to form a national reference point, identifying majority and minority themes in the responses from those who participated. It may be that those who work with minority-ethnic communities on a day to day basis find few surprises in this report because they already recognise many of the issues identified; a key intended outcome from the study was to produce a report that could provide a coherent, cross sector voice, showing the weight behind the observations and issues that services encounter regularly.

During analysis and reporting the researchers identified a lack of cohesion in the terminology and language used by participants to describe the communities they work with, for example some referred to ‘BME’ groups, others to ‘ethnic minorities’, others to ‘minority-ethnic’ groups. As explained in Chapter One, we took our guidance from the race equality took kit produced by Universities Scotland. On this theme it is also worth highlight that, despite the guidance note issued with the survey, in comments about features of service delivery we identified a lack of cohesion, for example notions of ‘community engagement’ differed depending on the individual. This suggests that across the sector there are differences in understanding and interpretation of activity and language; signifying the lack
of a shared frame of reference for some services working with minority-ethnic communities.

1.33 This research was very much reliant on input from organisations whose participation in the study was voluntary; we are grateful to all who took part. As mentioned in section 1.17, input from many of the faith organisations that provide support for minority-ethnic communities was limited, despite our efforts to engage community leaders from a range of faiths. In our view this presents a participation gap and we took steps to find out why faith leaders were reluctant to take part with. As can be expected, most of those who declined to participate would not engage in conversation about the reasons for their reluctance; some expressed an intention to complete the survey but did not do so, despite repeated contact. Those that did provide an explanation gave various reasons including lack of interest, not seeing the research as relevant to their work, being too busy or - despite assurances about research ethics, confidentiality and data protection – lack of trust that the information gathered in the research would be used for the purposes that had been explained or that their comments would be interpreted and reported fairly. One person said they considered the research tokenistic and unlikely to lead to change.