Birmingham Changing Futures Together Evaluation

Under-represented groups research findings

COMMUNITY FUND

Birmingham Changing Futures Together

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Contents

1. Introduction

This report presents findings from research about people that were under-represented on the Birmingham Changing Futures programme, reasons why certain groups did not know about or engage with the programme and how provision for people experiencing multiple disadvantage can be made as inclusive and accessible as possible. This research was completed between August and November 2021.

There were four main research questions this work sought to address:

1. What groups are experiencing multiple disadvantage but not engaging with support services in Birmingham?
2. What are the barriers preventing such groups from working with services that can help them to address their needs? How do these vary across different characteristics?
3. Would anything make such groups more likely to access and remain engaged in services?
4. At present, what organisations and/or individuals do such groups have contact with and trust? Who would be best placed to raise awareness of support options and encourage take up?

About Birmingham Changing Futures Together

Birmingham Changing Futures Together (BCFT) is one of twelve Fulfilling Lives: Supporting People with Multiple Needs sites funded by The National Lottery Community Fund. The BCFT programme aims to improve the lives of people experiencing multiple disadvantage, across Birmingham. BCFT defines multiple disadvantage as people experiencing two or more of the following: homelessness, problematic substance use, risk of offending and mental ill health. Importantly, the programme focuses on service and system change, aiming to ensure that models and approaches pioneered during the project become mainstream.

Revolving Doors Agency has led the local evaluation of the Birmingham Changing Futures Together programme since 2018.

Methodology

This was a small-scale research project. In total we conducted 15 one-to-one interviews with staff either working on different initiatives to improve engagement with Black and ethnic minority communities and faith groups or representing organisations that successfully engage the different communities that were under-represented on the BCFT programme, to learn more about this.

We also spoke to 20 men and women from such communities to explore their experiences of local services, what helped them to access and continue to receive support, and what changes they would like to see in the future. This data was collected through a focus group, which occasionally broke into smaller group discussions about specific experiences.

2. What the data tell us about multiple disadvantage in Birmingham

Research by Lankelly Chase Foundation placed Birmingham as having the 18th highest prevalence of severe and multiple disadvantage out of more than 300 local authorities in England.[1] Based on the same research, Birmingham's Director of Public Health has estimated that in Birmingham around 7,100 people meet the criteria of at least one severe multiple disadvantage and a mental health issue, and overall, just over 19,700 people have experience of at least one of the following: homelessness, mental ill health, substance use and contact with the criminal justice system.[2]

Data collected during an inpatient visit for 2018/19 shows that there were 6,845 admissions of Birmingham residents with multiple complex needs (classified as two or more of mental ill health, homelessness or substance use) – which equates to 1.7% of general admissions.[3] The rate has been mostly static over the last 10 years. However, this recording relies on information being shared or relevant to the hospital admission.

Between April and June 2021, of the 1,198 households assessed to be statutory homeless in Birmingham, 37% were considered to have support needs – including a history of mental health problems and at risk or have experienced domestic abuse.[4]

Of the 1,185 Birmingham cases managed by the National Probation Service, 36% had mental health issues and/or were designated mentally disordered offenders.[5] In addition, 9 per cent of offenders were recorded as having No Fixed Abode.[6]

The most recent local authority data showed that in Birmingham they were 3186 people accessing alcohol treatment services within the city and 6,709 people accessing drug treatment services within the city. [7] 55% were referred into treatment through the Criminal Justice System. Drugs and alcohol are the leading cause of death for people sleeping rough or staying in an emergency accommodation in the city.[8] Furthermore, only 64% of adults in contact with secondary mental health services lived in stable accommodation in 2018/19.[9]

Around 40% of individuals who entered treatment at a specialist drug use service were in receipt of treatment from mental health services for a reason other than substance use at the time of assessment. This rate is significantly higher than England, the West Midlands and the other core cities. This may reflect better recording in Birmingham as well as higher prevalence. Hence, data shows that there are many people in Birmingham with previous or current experience of multiple, interrelated needs who would have been eligible for the Birmingham Changing Futures Together programme.

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[1] Bramley G. and Fitzpatrick S. (2015), *Hard Edges: Mapping severe and multiple disadvantage,* Lankelly Chase Foundation
[2] Birmingham City Council (2020), *Complex Lives, Fulfilling Futures: Director of Public Health Annual Report 2019/20*
[3] *Ibid.*
[4] Department for Levelling Up, Housing and Local Communities (2021), *Official Statistics Release Statutory Homelessness, April to June (Q2) 2021: England*
[5] Birmingham City Council, *Complex Lives, Fulfilling Futures…*
[6] *Ibid.*
[7] Birmingham City Council, *Drug and alcohol treatment services*, https://www.birmingham.gov.uk/info/50120/public_health/1350/substance_misuse [Accessed October 2021]
[8] Office for National Statistics, *Deaths of homeless people (identified) by underlying cause of death, Birmingham, 2013 to 2018*
[9] NHS Digital. *Measures from the Adult and Social Care Outcomes Framework*

3. Who was under-represented on Birmingham Changing Futures Together?

Lead Worker Peer Mentor service

The Lead Worker Peer Mentor (LWPM) service ran from 2015 to 2019. It engaged and supported individuals experiencing three or more of the following – homelessness, mental health difficulties, substance use and offending. The model paired a professional with extensive knowledge of support services (Lead Worker) with someone who had personal, lived experience of multiple disadvantage (Peer Mentor) to provide intensive, flexible support which was not time limited.

The following data is taken from LWPM clients and gives us an indication of who accessed Birmingham Changing Futures Together services. As outlined below, it could be interpreted that individuals who are Black, Asian and mixed race were under-represented on the service, alongside younger and older people.

Overall, 48% of LWPM clients were White men, and between 2015-2019, 70% of LWPM clients were men and 30% were women. The proportion of female LWPM clients was higher than the proportion of women among those living with multiple disadvantage across England in 2010 (22%), but slightly lower than the proportion of women accessing Fulfilling Lives services nationwide in 2016 (33%). In June 2020, there were 1.1 million residents in Birmingham, of which 49.5% were male and 50.5% were female.

Most clients were White, with the percentage averaging 79% on a quarterly basis and remaining above 72% throughout the programme period. The proportion of LWPM service users of Black (8%), mixed (7%), and Asian (5%) ethnicity was higher than the that reported across the national Fulfilling Lives programme. However, the 2011 census showed that 42.1% of the Birmingham's population are made up of Black and ethnic minority groups, compared to 15% England.

The population of Birmingham is predominately aged under 45 years old (72%).[10] Although 18–24-year-olds are estimated to make up a quarter of all people experiencing multiple disadvantage in England[11], only 11% of Lead Work Peer Mentor programme clients were in this age group.

The majority of LWPM clients (approximately two-thirds) were aged between 25 and 44 when first engaging with the service. There were no LWPM clients who engaged while aged 65 or over.

During the four-and-a-half years of LWPM's operation, 43% of clients for whom there was data recorded having a disability or long-term health problem. This was similar to the proportion within the broader population of people living with multiple disadvantage across England, of whom an estimated 45% had a disability in 2010.[12]

Navigator service

The No Wrong Door (NWD) Navigator service worked with people 18+ with at least two of the complex needs who wanted support with certain issues but had trouble accessing and engaging with

[10] Office for National Statistics (2018), *Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2017*
[11] Based on national survey data for people with needs relating to homelessness, substance abuse and offending: Bramley and Fitzpatrick, *Hard Edges: Mapping severe and multiple disadvantage*
[12] *Ibid.*

services. NWD Navigators provided access and engagement support as well as on-the-day stewardship. They worked with clients for between 8-10 weeks.

79% of navigator clients were men and 21% were women. The average age of clients being supported by navigators was 41 years and four months. Table 1 below shows a breakdown of clients across different age groups. As can be seen, the most common age group of clients was between 35 and 44.

It was highlighted that there is an existing pathway for young people and young adults in the city who at risk of experiencing homelessness. Therefore, it was felt that it was not necessarily that BCFT was not reaching younger people, but that there was alternative good quality provision in place, through the Positive Pathway approach that was first developed by St Basil's, and the multi-agency Youth Hub. This hub is the single referral point for access to all commissioned accommodation and support services for young people in Birmingham. St Basil's role on the BCFT Core Group also meant that learning could be shared about working with this group with other organisations and stakeholders.

The ethnicity of nearly half of navigator clients was unknown (44%). Out of those clients where this was recorded, most were White British (37%). Less than 10% were recorded as being Asian or Black.

Table 1: Ages of navigator clients

Age	No. of Clients	% of Clients
18-24	31	9%
25-34	67	20%
35-44	124	37%
45-54	72	21%
55-64	31	9%
64+	11	3%

Table 2: Ethnicity of navigator clients

Ethnicity	No. of clients	% of clients
Asian or Asian British	13	4%
Black or Black British	19	5%
Mixed race	16	4%
White British	135	37%
White Irish	7	2%
White - other	9	2%
Other ethnic group	5	1%
Unknown	160	44%

Therefore, future provision should take efforts to better record ethnicity data (alongside other information on protected characteristics) to be able to better understand who is and is not being engaged in provision.

4. Individual barriers preventing people from engaging with services

To begin, the research identified several factors that made it more difficult for individuals to access and remain in contact with the necessary support services.

For example, the location of an organisation could put people off from getting help from that service, and there were different reasons for this. Firstly, those on low-incomes and/or struggling with money could not afford to travel to access services.

"You're telling them that you're broke, but they're telling you to get from say Edgbaston to Sutton Coldfield, how are you supposed to do that? They're telling you something that isn't realistic." (Local resident)

"if you're working with a young person who has complex needs and you say to them, okay this support is available but it's here. That 'here' could be a million miles for them. So, if it's not local to them or you're not providing transport or you're not providing support to attend there… then it may as well not exist." (Staff member)

Another reason was that some individuals wanted to avoid being in certain locations of the city, because they were 'criminally known' or because they wanted to avoid negative influences. This was a particular issue for young adults that were gang affiliated as some areas are not considered neutral.

"There's no need for people to go into Birmingham city centre, there tends to be a bit of a nervousness about travelling so far...." (Staff member)

"All the different [drug and alcohol organisations] went under one umbrella, which is stupid because it's in the middle of town, everyone from all of Birmingham, all the drug dealers were going to one place. You had to sit outside there all day." (Local resident)

This reflects previous BCFT research where clients explained that going to certain buildings and being in the city centre more generally could be a "trigger" for using drugs because they sometimes saw other drug users that they knew, or because being in particular buildings made them think about using.[13]

However, staff also explained that there are people who can and will travel to access good quality support, especially if they are from more rural areas of the West Midlands with less options and/or if they are socially isolated, and/or if they are told about an option by someone they trust and respect.

"But people tend to travel for culturally competent services so if they feel that mainstream services don't meet their need, they will travel in… And sometimes they´ll travel in for things like coffee morning because there's nothing locally. It's not necessarily travelling to access specialist services." (Staff member)

"They will travel if there's a connection, so if one of my guys, they trust me, so if I say go to Shelter they'll do that via the confidence and respect for me, so I then have to broker the relationship, the conversation and so on, so they have to still be supported…" (Staff member)

Another issue raised, which has also been a theme of previous research was the problems caused by people not having certain documents that are required by some services to access support, such as photo ID.

[13] Revolving Doors Agency (2019*), Service User Perspective Peer Support Research*, Birmingham Changing Futures Together

"Because he's got no ID, he's got no recourse of public funds…… they gave him one [benefit] payment and then they stopped it…" (Staff member)

This reflects the nature of the client group, who are often leading chaotic lives, and can therefore not prioritise such things.

"This is when you've got young people and families who are just very chaotic, they don't sort stuff out…" (Staff member)

"If you're working with somebody who hasn't been getting up in the morning, getting themselves to school, can't manage themself, is staying up late at night, hasn't held down a job for some time, they're going to need that little bit of hand holding…" (Staff member)

Literacy was another issue raised. People in the focus group explained that they struggled with filling out the different forms required to apply for certain provision or sign up to services, and staff recognised that individuals they support can often not read or write.

"I suppose lack of qualifications is another thing…a lot of my young people can't read and write." (Staff member)

"You have to go round and try and find some service to help you with form filling because it's very complicated." (Local resident)

Such practical barriers are likely to be more common amongst refugee and migrant communities, as English is not their first language and because people who are not British nationals face greater obstacles to obtaining suitable documentation.

Cultural barriers

The research also identified cultural norms, that made it more difficult for people from certain communities to seek support when needed. For example, a few respondents referenced the Chinese community being particularly under-represented in services and difficult to engage, as they did not want to be seen as a burden.

"The Chinese community is predominantly known as a hidden community. It is very difficult to get the insight of what type of support is available to them. And I think it's down to their cultural behaviour…The last client that I spoke with was saying "We just don´t like to become a burden on other services." (Staff member)

Some interviewees also discussed the stigma around mental health issues in certain communities which could mean that people do not seek support because of feelings of shame and embarrassment. This suggestion reflects wider literature on the topic. For example, a systemic review found that mental illness stigma is higher among ethnic minorities[14] and a qualitative study in Southeast England found that negative perception of and social stigma against mental health prevented people from Black and minority ethnic communities accessing mental health provision.[15]

Therefore, it was felt that generic community provision was attractive because people could go to such places without others in the neighbourhood being aware that there is a 'problem'.

"There's such a taboo around mental health anyway in the Afro Caribbean and Asian communities, so you wouldn't want to be seen to be walking in there… I used to work in an advice centre in Sparkbrook and we used to get tons of Asian women and Black women coming in because it was a generic advice centre…. nobody

[14] Eylem et al. (2020), Stigma for common mental disorders in racial minorities and majorities a systematic review and meta-analysis, *BMC Public Health*, 20

[15] Memon et al. (2016), Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England, *BMJ Open*, 6

knew why you were there, and I think that's really key as well. If you're walking into Mind, the sign is over the door, mental health, so immediately they're going to go, oh no…" (Staff member)

Linked to this, where services were operating in close knit communities, there were instances of clients not sharing information about their needs because they were worried about a staff member, from their community, sharing that information with family members or friends.

"Particularly in certain groups, like South Asian Women, would be quite nervous about sharing their information if there were other people from their community around…they would say well I won't talk to her because she's from my community and I don't trust her, as professional as they would be, you know they didn't trust that they wouldn't share." (Staff member)

Therefore, wider efforts to address the stigma around mental ill health amongst Black, Asian other ethnic minority communities will be important in increasing access to mental health services for such individuals in Birmingham.

5. Good practice: partnership working

The research identified examples of partnership working between services working with young people and young adults and the Department for Work and Pensions and Youth Offending teams.

"We also work very closely with the youth offending service, so if young people have got appointments, particularly those that are gang affiliated and can't travel, they're able to do their appointments here because it's a safe space for them. And we have young people that live locally that do reparation at the centre as well, again because it's local." (Staff member)

"We work with a lot of 18–25-year-olds during the daytime to help with housing issues, do job searches, CV's, that kind of stuff. And that's done with, in conjunction with, Birmingham career service and Department for Work and Pensions." (Staff member)

"There's a worker that I work with at my local Jobcentre and we're working together really well because she does all the job stuff with the young person, and I do everything else and then we just keep each other in the loop. So, the other day a young person had a lot of mental health issues and her work coach is like, I'm not really sure what to do and I said, alright leave that with me." (Staff member)

Another example of good practice was the partnership working behind the Commission on Gangs and Youth Violence, which sought to better understand the increase in gang associated activities, use of weapons and incidents of serious violence. The recommendations for a public health and community-involved approach to serious crime and violence in Birmingham and the West Midlands stemmed from the experiences, approaches and projects involved with the issues as well as learning from individuals and organisations impacted.

"So, we have worked in partnership, we have looked at the pain and the history and the concern and the challenges, we've heard the voice of young people. We've then developed a sustainable, effective strategy, that's what, how we respond, there's no quick fixes to this." (Staff member)

There have been efforts in Handsworth to create a network of local organisations that can work together to avoid duplication, know where to signpost people and ensure there are no gaps in provision.

"She's part of our Handsworth provision group as well to try and link us all in. So what we're trying to do is prevent duplication of work and see where the gaps are so we can make sure that those gaps are filled. Or if we can't, we can signpost another organisation." (Staff member)

In addition, to find out about the local area and provide an opportunity to network with local organisations. This is something that they are trying to replicate in other areas of the city including Ladywood, Aston and Newtown.

"We had Stafford Children's Trust, children's society who often are sitting behind a desk and maybe hear about these areas talked about in meetings and things like that and don't visually see them. So, we met in Handsworth, and I took them around all the hotspot areas where kids hang out, where stuffs going on but then also show them the positives of the area as well which was really good. And introduce them to some local organisations that I work with." (Staff member)

Hence, joint working is important in preventing people from falling through the gaps between services and increasing understanding of specific issue or local area, so that people who have been previously under-represented in services can be supported appropriately.

6. Good practice: outreach, flexibility and welcoming environments/staff

The benefits of outreach approaches

Outreach approaches were regularly suggested to reach people and overcome some of the individual barriers. This was felt to help people know that there were services that proactively wanted to help them, which helped to build trust.

"You have to actively go out and promote that service and explain it to them. And even then, you might not get a chance for them to trust you, but at least you have taken the first positive step." (Staff member)

"I used to do outreach, and when I started volunteering here, I'd tell people about it. Outreach is important." (Local resident)

"Around the sector there was good awareness of it [BCFT] I'm not sure how that translated down to the actual recipient on the ground…I know it was No Wrong Door but was it clear where you went? I'm not sure I would've picked that up if I was just a woman on the street, would I have known where to go…You need active outreach, you need to be actively out…" (Staff member)

Importance of staff approach and the environment

It was also recognised that many organisations responded quickly during the pandemic to change their delivery model and ensure that people could still receive support remotely. This reflects wider learning about the impact Covid-19 had on the way services and systems operate. For example, the Everyone In scheme resulted in local partners working together to house rough sleepers in Birmingham, quickly.

"There's been a lot of services that have just very quickly been able to change the way that they've delivered. So, a lot have been able to do online stuff or telephone calls or text messages, which have been absolutely brilliant…for them to be able to have something has been better than nothing." (Staff member)

People who took part in the research highlighted the benefits of services being flexible, in recognition of the chaotic lives that the people they were supporting were leading. This included not just 'giving up' when someone did not turn up to an appointment.

We also asked residents what good quality support looked like. A key theme in their response was respectful and friendly staff, who understand your needs so provide suitable support and are evidently going above and beyond to support you.

"I came here – she [staff member] looked like an angel to me, here people get help, if you're hungry you get fed, if you've got no money, they give you a little change so you can survive, but the other organisations that I pass through [aren't like that]." (Local resident)

"Sometimes they are late to seeing their family to help me out…" (Local resident)

Having a comfortable environment and informal approach was also felt to work well to encourage engagement and create positive experiences.

"Everyone's sitting and chilling, you can do colouring and everyone's just chatty. And you walk in, oh hi, can I help you? How you doing? Their approach as people come in is brilliant… I've took young people there and they've said as soon as I come through the door I just feel at ease, straight away. And it's that kind of approach for organisations that's needed." (Staff member)

7. Raising awareness of support options

Many of the services and residents that we spoke to as part of this research highlighted the benefits of word of mouth, in raising awareness of provision.

"To be honest with you, majority of the time it's been word of mouth for us because of the service that we have provided to others and then they´ve kind of spread and then spread and spread." (Staff member)

"You're better off listening to word of mouth. If someone has had a good experience, and it's made a difference, tell them about it." (Local resident)

This word of mouth usually came from trusted sources, including family and friends.

"When we see clients or any service they go to, the very first thing they say, "my friend said that's what you did for him or her". That is extremely, extremely common. So, they tend to follow each other footsteps quite a bit when it comes to friends and family." (Staff member)

"It was through my daughter she used to come up here with her kids for the kids club and then I volunteered and now I'm staff." (Local resident)

People in the focus group explained that word of mouth was important because it enabled people to find out about services from others who spoke in a way that they could understand.

"We tell them in our language, street talk, what they can understand." (Local resident)

Another thing highlighted by many organisations was that there is limited capacity to meet demand, which meant that they did not to focus too much on advertising as they would be unable to support a noticeable increase in referrals and/or clients walking through the door.

"We rarely, we rarely do advertise our projects. Because there so specific and we often haven´t got the capacity to deal with it all." (Staff member)

"There's always going to be more need out there than we can meet, so we don't want to advertise too much because we'd just be overwhelmed, and we're already overwhelmed, so it is a catch 22. Obviously, you want to get it out to the right people, who can commission services, but you don't want to get it out to everybody who's just going to refer and not give you any money." (Staff member)

However, this creates a further barrier, as not proactively raising awareness of provision means that only individuals who know about services will be able to access them, and those who are under-represented will be more likely to continue to miss out.

Social media was considered a useful tool in quickly raising awareness of provision, and videos were seen to be an accessible way to describe a service that overcame literacy barriers.

"Not everybody reads...A lot of people tend to watch rather than read nowadays in my opinion…And then we have to kind of move with that. I think if we are able to put resources on social media, it will be very, very helpful. Of course, inevitably, you will reach somebody, and somebody will pass it onto someone else. And you know, through WhatsApp, through other means, it's very easy to spread…" (Staff member)

Although most services had active social media accounts and tried to raise awareness of support options and activities on these, it was acknowledged that not all clients have access to IT equipment and the internet.

"For our client group probably, social media and that, might not be as receptive because everybody hasn´t got access to IT and gadgets when it comes to those things." (Staff member)

Digital barriers were raised many times in the focus group with residents, who explained that many people do not have access to devices and the internet to be able to find out information, complete referral forms, apply for Universal Credit and manage this. People we spoke to highlighted that even if individuals could access a computer or were given a phone, they would not necessarily know how to use this. The disadvantage they have faced has meant that they are unfamiliar with technology and online processes.

"Some people can't access it online; they can't use a computer. Some people don't have the internet." (Local resident)

"If you're homeless for nine years, where are you going to find a mobile phone?! How are you going to learn how to use the internet? You need help with everything" (Local resident)

Other options people in the focus group suggested to let people know about local provision included reaching parents through schools and advertising in local libraries. It was also recommended to have a free phone next to notice boards, so that people with experience of multiple disadvantage could contact services there and then.

"Use a notice board with the other services that are available, and a free phone to be able to contact them." (Local resident)

The benefits of having information translated was also discussed, for some services this was particularly important because many of their clients first language was not English.

"I think the other way it can be done is having material that translated into different languages… about ninety five percent of our clients, English is not their first language." (Staff member)

However, as services began seeing more diverse communities, they sometimes struggled to source suitable translators

"We're getting quite a lot of Romanian women now which is an issue, we haven't got the language, we haven't got the interpreters, and it's such a difficult group to get interpreters for, isn't it? 'Cos if they're Roma Romanians, your educated Romanians tend to be the ones who are going to be interpreters and they're a totally different community…" (Staff member)

Another theme of this research was the importance of representation – in staff teams and marketing materials. Respondents felt that it was important that staff working with people with experience of multiple disadvantage reflected the communities they served. A reason given for this was that people need relatable role models.

"The other thing I think is quite important is how things look. In terms of getting people to access services, do they look inclusive? If they've got posters up….one way that you can make your leaflets look very inclusive, which is a very basic thing to do, is to add a rainbow flag to it. It's not a major expense. It might just be an emblem on the back that people will recognise and think, okay that service is for me to." (Staff member)

To summarise, the research has shown that individuals who are under-represented in services would benefit from provision being advertised in a range of places, not just online, and the importance of translation and the images used.

8. Service barriers

The No Wrong Door approach sought to create coordinated multi-agency support for individuals experiencing multiple disadvantage. However, factors including limited knowledge of wider provision amongst statutory services, long waiting lists, eligibility criteria and limited cultural competency amongst staff were considered barriers in preventing those from under-represented groups engaging with the available support.

Although there was largely felt to be good awareness of the Birmingham Changing Futures Together programme amongst delivery staff, it was questioned whether people eligible for the support would have known where to go to access this. Residents who took part in the research expressed frustration with services that they were aware of, such as Jobcentre Plus and the council, being unhelpful or hard to contact, which meant that they struggled to find out about wider voluntary, community sector provision.

"The Jobcentre don't tell you what is available." (Local resident)

"The services in the council are not helpful at all. Either they don't answer the phone, or there is a limited service…you're on the phone for an hour and you get cut off." (Local resident)

Likewise, supported accommodation providers were often criticised for not providing the level of assistance required.

"With supported accommodation they should support you, but I've been in some and they don't support you with anything. No one comes out." (Local resident)

Furthermore, it was highlighted that although mainstream services are working with clients with a range of support needs, they cannot always address the specific issues that clients present, as it requires specialist knowledge and experience. This leads to people being signposted or referred to other organisations, but not always taking up this support.

"If your specialism is helping somebody with housing, and then the woman starts saying, well actually this and this and this is going on for me, they don't know how to handle all that. So, they either brush it off, or they say oh right, we'll have to refer you here, there and everywhere for that. And then the woman feels pushed from pillar to post, you know, and she's not going to turn up to where she's been signposted to…" (Staff member)

Respondents highted that people fall through the gaps between services because they are reluctant to be referred and/or signposted between services and wait longer to get the help that they need because they want support 'there and then'.

"As soon as you turn up at that place, and you are not the right organisation, you're just a signposting and nobody wants to be signposted, really. If you're doing an assessment with somebody and building relationships with somebody and sharing your heart, and whatever's going on, you don't then just want to be shoved to somebody else." (Staff member)

"From my experience over like past twenty years, one thing clients do not want is that to be told there is a different service that you can go to. It almost feels like, they're being, passed around from one place to another, because they´re in the situation so many times and then nothing come of it." (Staff member)

Long waiting lists and limited support options due to the Covid-19 lockdowns had also exacerbated problems and meant that the people we spoke to were struggling to access the support they needed.

"I'm suffering severe stress and I'm very fidgety since this lockdown. Being isolated for two years." (Local resident)

"I've had mental health support from jail, but now I'm out because of Covid I had to wait over a year, my appointment is in January – that's 18 months…I got more help [with mental health] in prison." (Local resident)

The issue of dual diagnosis has come up multiple times in the evaluation of Birmingham Changing Futures Together as well as the national Fulfilling Lives programme evaluation. In feedback collected as part of the Dame Carol Black independent review of drugs, the National Experts Citizens Group, the programme lived experience group, explained that the term 'dual diagnosis' can be problematic because the 'split' into two issues creates problems and prevents people getting the support they require.[16] People experiencing multiple support needs and not being eligible for services came up again in this research, and a interviewee explained that people are self-medicating because they are not getting the professional support required.

"I am absolutely sick to death of hearing they don't meet the threshold, particularly around mental health services…" (Staff member)

"You've got young people that are smoking or drinking and then the service will go, well I can't assess them because they're under the influence. Which I understand, but then what are you going to do to work with that young person then who is clearly self-medicating, so what are you going to do, is that just the answer? Well, I can't assess them. So, then what?" (Staff member)

Formally referring clients to a service (for example by booking a meeting), was considered more effective than just signposting them. It was also considered helpful for clients to be told about a new service by a staff member that they had an existing relationship with and providing an example of how that service has helped someone else to show how this can support them more effectively. In addition, focus group respondents wanted to be told about their different options and how this could help, to make an informed decision.

"No one sits there and shows you, this is A, this is B, this is C and so on." (Local resident)

Nonetheless, not all environments were considered suitable for women and trans people, and it was hard for staff to know what clients could expect with drop-in services.

"It's quite a threatening environment full of middle-aged white men. With a lot of issues, with addiction and homelessness, so it's not a safe place for women to go, so why would you?" (Staff member)

"The provision of safety. So, a women only space, that's so important." (Staff member)

Where people had been previously let down by services, this created a distrust, and meant that people were less like to engage with certain organisations again in the future or listen to their suggestions.

"I don't trust them [national charity] at all…they say one thing, but they're waving their hand over here doing something else…" (Local resident)

"It does matter [who tells you about services]. Some people are part of the problem, they wont get you help." (Local resident)

Staff turnover was sometimes seen as a reason for this distrust, and this was seen to be less common at smaller organisations where there was felt to be more consistency which enabled the development of relationships between staff and people accessing support.

[16] https://www.voicesofstoke.org.uk/2021/11/04/necg-update-dame-carol-blacks-independent-review-of-drugs/

"I think with a smaller organisation there's consistency, they know who's going to be there…you know their story. Maybe not always but you know them. There's that trust and that kind of relationship…" (Staff member)

Another reason why staff interviewed felt that people did not trust organisations was a lack of cultural competency amongst staff. This meant that there was a limited awareness of individual circumstances and that behaviours can be misconceived as negative.

"The reason why they don't [have trust] is because there's not a track record of them dealing with them appropriately…. So, cultural competence is the capacity for any organisation to understand the cultural conflict, not just racial… but I live in, the poverty I live in an unemployment situation and being able to reflect on are we equipped to deal with all of that…" (Staff member)

"Sometimes I see my young people on the street, and I think, you look like you're having a fight, but they're just talking, They're just loud, a bit excitable. But how that might appear to others that aren't used to working with young people or understanding their behaviour or haven't got that cultural competency, it's going to be perceived as something really negative." (Staff member)

Similarly, focus group participants felt that professionals they had encountered often lacked understanding and 'judged' them.

"There's no empathy" (Local resident)

Data collection and data sharing

Furthermore. partnership working was felt to be limited by data-sharing issues, and examples were given of where client information could not be shared with another organisation supporting them because there were not formal processes in place to enable this, in line with legal requirements. Hence, it was suggested that data-sharing agreements need to be in place from the beginning of a programme so that clients can be supported effectively by multiple services.

"Partnership working, it's a way forward. But with a better mechanism in place to share information between one another because there are so many obstacles in the way, when those projects are formed. You find yourself stuck in the middle of the project, saying, I can´t give you that because the organisation is not allowed, I can´t give you that because of GDPR." (Staff member)

However, some residents we spoke to were suspicious about organisations collecting their personal information, they did not think this was for their benefit.

"They don't take our information to help us they take our information to track us." (Local resident)

Although collecting data on equality and diversity is a legal requirement for many organisations, a lack of monitoring was also considered to be an issue. It was felt that services were not collecting consistent data on different protected characteristics, which made it more difficult for organisations to understand who they were and were not working with, and shape engagement and delivery accordingly.

"Are they monitoring for sexual orientation, gender identity and are they doing this standardly? Like they do for other equalities and characteristics, they should be...If they're introducing monitoring…. are they training their staff to ask those questions effectively and appropriately? Or are they just giving people a piece of paper, and everybody says, I prefer not to say." (Staff member)

9. Good practice: continuous staff training

Continuous staff training, at all levels of an organisation, was considered key to address some of the issues outlined in this report and making services more accessible to, and suitable for, previously under-represented groups. Examples of topics where training was felt to be required included in immigration rights, trauma informed practice, improving knowledge and understanding of LGBT issues and diversity and inclusion training. Respondents explained that this needs to be ongoing to reflect changing circumstances and staff turnover.

"I think a level of training across frontline service providers is really important. And I don´t just mean, let's do an hour on the equality act, most of us know what the equality act says, it's more of around actually how do we support people, what are the issues, what are the underlying issues, because if you want to support people effectively you need to be able to work with their underlying issues not just what presents." (Staff member)

A reason for this was because it was agreed that staff needed to feel confident to ask people different things, using the right language, and to address issues if they arise, for example by knowing what clients are entitled to and what their options are.

"So how do we empower staff to be able to standardly say, when they´re doing an initial assessment, like they ask somebody what their ethnicity is, like they ask them what age range they fall in, to ask about their sexual orientation. Most LGBT people, certainly when we´ve done any work around health, have said they would rather be asked." (Staff member)

"I would say in today's day and age, when it comes to immigration, I think that should become a curriculum for many organisations. Proclaiming like Health and Safety for example. Like first aiders, that should be a massive training for you to have a better understanding." (Staff member)

Training was considered important to improve cultural competency of organisations so that there was an approach to supporting different communities that acknowledged individual's demography and cultural history.

"You need to know they have a history. There is an intergenerational impact of racism…if you are going to deal with anybody who are of colour, whether they are from the Caribbean or, you have got to understand and do some of your historical work." (Staff member)

"Now if you don't understand that pain that I've been through and you're just coming to help me to do stuff, then you are denying some of the trauma, the polarisation…" (Staff member)

Similarly, it was felt that staff training would create more consistency in quality of support received across organisations.

"Sometimes people have good experiences too. Sometimes it depends on the worker. And that's my concern, it's about, how do we mainstream something? It shouldn´t be that you have a good experience if the worker happens to be gay. It should be that all the staff work appropriately. Similarly with race. it shouldn´t only be black workers who can work effectively with black people. So, I think it's about getting a certain level of training for everyone so that people feel they have the knowledge and skills to work effectively." (Staff member)

One reason it was felt that individuals had been let down, was that staff were not always clear on different processes and what they were entitled to. This was felt to be a particular issue for migrant, refugee and asylum seeker communities, and a Dutch migrant that participated in the focus group explained that he had been going round in 'circles' trying to get support. It had taken nine years for his benefit application to be approved.

"So, the refugees, asylum seekers, migrants, have become extremely disadvantaged in an unequal, or non-equal society, whereby the provisions of the services, even though they should have access to, they can´t have access to because, none of them understand it. The ones who are providing them they haven´t got a clue, they´ve not been trained on it." (Staff member)

"For nine years I've been going up and down, there's no free lawyers, if you're a European here you're walking in the wilderness for years, round in circles… If you fall in a big hole you're going to stay in there. You can't get out of it. Luckily, I have friends, I'll get help. What about the other one's? They'll get no food, no Christmas this year…" (Local resident)

Throughout the research, we came across numerous examples of training being delivered across different local areas in topics such as anti-racism, disability awareness, autism awareness, and working with trans people. There had also been partnership working with Women's Aid and Refugee and Migrant Centre to enable staff to support migrant and refugee women affected by domestic violence.

"Our staff have recently had anti-racism training and disability awareness training, and autism awareness because they may be very, very familiar with LGBTQ issues but what happens when your service user´s black and autistic? So, we think in terms of intersectionality that they needed more in-depth training in some of those areas." (Staff member)

"We are working constantly with Women's Aid. We're running presentations and training for them, when it comes to dealing with victims of domestic violence and to make sure, they reassure their women that come through their doors, there is help available. It's not the end of the world. One should not be living under one roof and being abused, because they think that they will be sent back home…" (Staff member)

"We also deliver a range of training, consultation, to mainstream providers. So, we have a project that we´ve called the Trans Inclusion Project which includes… free training and policy support to the health and social care sector including the third sector in the city…." (Staff member)

Lastly, it was felt that senior-management buy-in was necessary for organisations to become more inclusive, as too often you have particular staff pushing an agenda, but progress stalls when they leave.

"If you get senior management buy-in it will work, if not, you will have a few staff pushing the agenda and then when they go, it changes. So, you need people at the top, they might not do all of the work, but you need the people at the top to recognise it's an issue and recognise that they need to make some changes to be more inclusive." (Staff member)

10. System barriers

Wider, systematic issues were also considered to be stopping people from accessing provision when needed. For example, the political context was discussed. Interviewees working with refugees and migrants emphasised the 'hostile environment' created by the current government, which has meant that people are afraid of negative consequences of accessing services and asking for support.

"And it is a fear basically… that has been put into them with those [police and asylum] systems. It's not very welcoming. I don´t feel like we´re creating a sanctuary anymore." (Staff member)

Birmingham is ranked the 7th most deprived local authority in England and 41 per cent of its neighbourhoods in the 10 per cent most deprived areas of the country.[17] Focus group respondents and staff members discussed the impact of austerity and reductions in spending on public services, which has meant that there are less support options and community spaces available than a decade ago, and that organisations were increasingly competing for funding, which contradicted partnership working approaches.

"They're cutting back more and more on the services and we're suffering." (Local resident)

"There's not many [drug and alcohol services] in the community" "They've closed down" (Local resident)

"Generic youth clubs and safe spaces disappeared overnight." (Staff member)

Fear of having their children removed by social services also meant that parents were reluctant to let professionals know that they were struggling.

"Especially issues with children, and safeguarding, you know, they're so terrified of statutory services taking their kids away and things, why would you tell your probation officer that you are actually struggling with your children. You wouldn't." (Staff member)

Commissioning processes

Several problems were also raised with current commissioning processes, as this was felt to create resourcing pressures for grassroots organisations and exacerbate diversity and equality issues. For example, smaller, third sector organisations were frustrated that local authorities and the probation service were relying on charities to support people on their caseloads, but not providing the necessary funding for this.

"A lot of statutory organisations They see the word 'voluntary sector' and they think that we're free. They don't have to think, well, who's covering my salary?" (Staff member)

Several respondents also highlighted the dominance of large national charities and private companies in winning contracts to deliver provision in Birmingham (and other cities). This has meant that organisations that have successfully engaged different communities are either not involved in programmes that they would be well placed to support or have a minor role rather than being an equal partner.

"I think you want the closest to the people and the grassroots organisations and I think that that's one of the problems with commissioning these days… it's all about the bigger players all the time. You know, so we're losing a lot of these small grassroots organisations who people do trust." (Staff member)

[17] Birmingham City Council (2019), *Deprivation in Birmingham: Analysis of the 2019 Indices of Deprivation*

"I think with a lot of these private companies coming in and being those primes and treating the small organisations very poorly. It is quite tokenistic isn't it. Giving them crumbs at the bottom, that's broken a lot of trust, hasn't it?" (Staff member)

A reason for this is the limited capacity of small grassroots organisations to work on funding bids and establish frameworks that would enable them to be considered viable delivery partners (e.g., governance structures, policies and procedures).

"They're not going to commission a hundred small organisations who need loads of support, you're not going to do that, because you haven't got the capacity to do it. So, I do understand why it's happened, but I think the hoops that you have to jump through now, they're too big. The amount of policies that you have to have, the amount of things you've got to have in place before you can even qualify, it just cuts people out completely doesn't it?" (Staff member)

"Somebody somewhere has to make a sacrifice… has to think outside the box, for that change to come about. We can give you a case study, we can give you documentation to show you that we've done the work, but we can't provide you XYZ, are you still going to fund what we're doing? Someone needs to make that decision because otherwise we're just going to continue to have the same problems. There needs to be an understanding that when you're working with people with complex needs and multiple issues, they've got complex needs and multiple issues." (Staff member)

Two examples of capacity building support being delivered in Birmingham were identified in the research. Firstly, the Your Life Matters Partnership is a collaboration of seven Black and ethnic minority led organisations that aim to reduce youth violence in Birmingham. The consortium's vision is to receive high-level funding from a range of commissioners, be robust enough to manage significant resources and have a solid accountability framework through its governance and evaluation processes.

BVSC provides support when and where needed and works in partnership with the consortium to identify and access funding opportunities that will support their work. BVSC funding has also contributed to support a Project Administrator for the partnership and the delivery of a motivation programme called Bounce Back for Black and ethnic minority led social enterprises impacted by the pandemic. The partnership has recently been successful in becoming an Inclusion Partner supporting the New Covid Relief Fund created by the Consortium of Funders and are currently looking at other opportunities.

In addition, the West Midlands Combined Authority have a programme of work to support faith and community groups that are working with individuals who either are or at risk of rough sleeping. This includes helping them to develop their support offer for this group, offering free training and sharing good practice.

Continued efforts to support capacity building amongst smaller community organisations will be important in creating suitable spaces for people experiencing multiple disadvantage to access support and ensuring that provision meets the needs of those it seeks to serve.

11. Summary

This report has outlined findings from research that sought to explore who was under-represented on the Birmingham Changing Futures Together programme, whether there were any reasons why particular groups do not engage in provision and what can be done going forward to ensure that services are as accessible and inclusive as possible

It has been possible to identify barriers, at an individual, service and system level that make it more difficult for people with experience of multiple disadvantage to get the support they need.

Some of these are more general issues, which have been identified numerous times throughout the BCFT evaluation as preventing people experiencing multiple disadvantage from getting the support they need. This includes:

- The location of provision being in the city centre rather than in local community locations that are familiar, easy and low cost or free to get to.
- Previous negative experiences of services, which creates distrust and anxiety about accessing further support.
- High demand on voluntary community sector organisations, which means that there is limited capacity to support everyone to the level required.
- Digital barriers - people do not have access to the necessary technology, or cannot use this appropriately, to find information and sign up to services.
- The lack of information sharing from statutory services about voluntary sector provision.

The research has also uncovered some specific obstacles that create further challenges for individuals who are under-represented in services.

For example, there was felt to be **limited cultural competency amongst staff** working with people experiencing multiple disadvantage, which means that there is inadequate understanding of how factors including race, gender, sexuality, culture and beliefs interact and affect people's lives. This can create misconceptions and means that staff cannot or do not always discuss such subjects and therefore account for them when communicating with people and developing support plans.

Furthermore**, commissioning processes** were considered to regularly favour large national charities at the expense of smaller community organisations that have the relationships with under-represented communities.

There was also felt to be a **limited number of women only spaces and provision** available through large national charities and more mainstream services, which therefore made services unsuitable for some people.

However, there it has also been possible to identify good practice and learning from different organisations in Birmingham, about what works well to engage under-represented groups in provision, such as:

- Continuous staff training, on issues such as diversity and inclusion, and supporting immigrants and refugees effectively.
- Partnership working between different organisations to share expertise and ensure that services can meet people's specific needs.

- Flexible provision that gives individuals choice over the support received and recognises that people experiencing multiple disadvantage lead chaotic lives and may forget appointments or need to rearrange at last minute.
- Support to help small community organisations with capacity building so that they can benefit from funding opportunities and create links with relevant local networks and organisations. Both BVSC and West Midlands Combined Authority have led work on this.

Going forward the following steps would therefore be beneficial to engage more under-represented communities in services for people experiencing multiple disadvantage:

1. Offering a range of training courses for staff at all levels, throughout delivery period so that staff feel confident and equipped to deal with a diverse range of people, and to increase the likelihood of such individuals having a positive experience.

2. Capacity building for local community organisations so that they feel confident to apply for funding and be part of large-scale programmes in the future.

3. Co-designing new programmes with people from the communities being targeted and the organisations that are currently working with them so that provision builds on existing good practice and meets the needs of the individuals it seeks to serve.

4. Designing and implementing structured outreach approaches to identify and engage under-represented groups throughout the city.


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