

Benefits and Barriers

A consultation series on the key issues informing the AIM Project

Held at PRIAE, 31-32 Park Row, Leeds. LS1 5JD
8th March 2006

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Park Crescent Conference Centre, International Students House, 1
Park crescent, Regents Park, London. W1B 1SH
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'We would like to do more joint working but because we are constantly scrabbling around for bits of money we are often in direct competition with each other and this creates division between us'

Introduction

PRIAE's AIM (Ageing Actively in Minority Communities) Project is nearing the end of its first year. The project designed to increase participation in physical and mental activity of BME elders in order to increase independence recognises the vital role of community and voluntary organisations in the delivery of services to BME elders. As such a series of consultations were held with the voluntary sector (who have acted as advisory group for year 1) were held to discuss the findings from year one and what practical support PRIAE can provide to these organisations with in order for them to sustain and widen delivery of activity sessions to BME elders.

The attendees consisted of managers, planners, development workers and service users in the voluntary sector (see Appendix A for a full list of participants). They were identified through year one fieldwork conducted to identify motives and barriers to physical activity of BME elders. Before attending the consultations attendees were asked to consider the following questions:

- ❖ What will help you to provide more physical or mental activity sessions (we acknowledge that funding is a major concern and will discuss this in details but are there any other issues)?
- ❖ How can PRIAE help you to achieve this?
- ❖ Would you like to do more health promotion work and if so how can PRIAE help you?
- ❖ What if anything do you expect from mainstream providers (health, social care and leisure services) on this issue? - Can we help you to link up with local health and other strategic frameworks and plans?
- ❖ Is there an information problem, what are the best ways of providing information?
- ❖ PRIAE is planning to hold some events as part of the project, what would you like to see included in these events?
- ❖ The AIM project intends to develop a culturally specific physical activity programme, what would you like to see included in this programme?

The consultations were held in London and Yorkshire, as these were the sights the project has concentrated on (see Appendix B for the programmes). The sections that

follow summarise the contributions from the group discussion that took place in each location around the themes of the consultation exercise.

'A little bit of knowledge can be a dangerous thing. Statutory providers think that if they've met one person from a particular faith they know everything there is to know about that faith'

Consultation 1 - Yorkshire

The group were asked to consider each question and try to draw some conclusions and perhaps recommendations

What will help you to provide more physical or mental activity sessions (we acknowledge that funding is a major concern and will discuss this in details but are there any other issues)?

The group felt strongly that policy needed to change from the top in order for them to deliver successful activity interventions and that policy changes needed to take into account the following:

- There needs to be more emphasis on quality and less on numbers particularly in the beginning in order to create successful infrastructures.
- The group felt there should be more appreciation of the knowledge that is inherent within community organisations and recognition from policy makers and strategic authorities of the expertise within these organisations.
- BME age organisations felt that professionals were often unwilling to learn from the voluntary and community organisations.
- Statutory providers don't recognise the complexities and differences within faiths and cultures and that culture and faith are two very different issues.
- They felt there wasn't enough profiling of the good practice within their organisations and not just at crisis times.
- Chasing funding creates division between groups who should be working together.
- Organisations felt that there should be sustainable and ring fenced funding for physical activity interventions and that this should come from public health. This would allow them to concentrate on effective service delivery rather than constantly focusing on sourcing funding.
- Voluntary organisations are already stretched and don't have the capacity to be contacting statutory organisations for information on policy and funding. The onus should be on organisations such as the PCTs to contact the voluntary and community organisations as they have the resources and capacity to do so.
- There needs to be focused research on BME elders and physical activity needs in order for community organisations to secure funding.
- Transport was a key issue for all groups and a major barrier to providing services and to joint working with other community groups.
- Organisations wanted support from the top in order to focus on delivery

How can PRIAE help you to achieve this?

- PRIAE can coordinate our views on policy changes and help keep groups up to date on issues affecting physical activity.
- PRIAE can produce a report which will back up the need for BME age organisations to provide culturally appropriate services.
- PRIAE can produce a policy document informing groups on policy and a joint response to that policy on behalf of the BME age organisations
- More positive profiling of their organisations and activity programmes

'We are busy trying to keep afloat and don't have the time to keep up to date with policy developments etc'

Would you like to do more health promotion work and if so how can PRIAE help you?

- The groups were all keen to do more health promotion work but felt the onus should also be not only on them to access this but the PCTs should take a more proactive role in offering these services

What if anything do you expect from mainstream providers (health, social care and leisure services) on this issue? - Can we help you to link up with local health and other strategic frameworks and plans?

- Some groups needed more capacity building in order to provide services and build infrastructures.
- It was felt that often there were incompetent staff in key posts at strategic level who don't have an understanding of the issues faced by BME elders and BME age organisations.
- Professionals are often unwilling to learn about culturally appropriate services often feeling that they knew all they need to or having preconceived ideas - Information is often built on stereotypes and needs to be more appropriate an example of this is that some statutory providers visit Muslim elders in their own homes. Often the men and women will sit separately particularly if there are strangers in the house but the service providers see this as the men oppressing the women and will insist that everyone sits together. This only serves to further the views of the community that the service providers don't understand their culture and faith and furthers the argument to not access mainstream services.
- Statutory bodies need to work in partnership with the voluntary sector and include more local representatives who understand their local community. It was felt that all too often the representatives at strategic level were just tokenistic and although strategic planning boards often included ethnic minorities this didn't necessarily mean that they represented their communities.
- The groups wanted more acknowledgements of their skills and professionalism. These groups understand their sector better than any statutory bodies.

- It was felt that mentoring was an affective way of building capacity of both organisations and of service users and there needed to be more support for these schemes
- Groups felt that the mainstream needed to be much more transparent and inform the voluntary sector on current developments such as current initiatives for physical activity interventions and how and where money is being spent. It was felt strongly that there should be more accountability within the mainstream.

‘We want to cater for more elders and elders from different faiths’

Is there an information problem, what are the best ways of providing information?

- The groups felt unaware of many initiatives that were happening locally and felt more onus should be put on the mainstream to contact them directly
- The groups felt that more networking and sharing of good practice between themselves was a good idea but often felt unable to do this as they were competing for small pots of money.
- Voluntary organisations often feel alienated from large mainstream organisations including large national and international charities. They felt that large organisations could be arrogant in the belief that they were the specialists and didn’t value the cultural and religious expertise within BME age organisations. There should be more joint working and information from larger organisations directly to the grass roots organisations
- All organisations were keen to expand their range of services and the numbers they catered for if funding allowed this but felt strongly there should be more signposting of activities available to BME elders in places such as GP surgeries.

PRIAE is planning to hold some events as part of the project, what would you like to see included in these events?

- All groups welcomed an opportunity to showcase their work and were keen that statutory organisations, funders and policy makers should be invited along for them to see for themselves the work of the sector.
- Would like the opportunity to network with each other.
- Would like to include taster sessions of activities

The AIM project intends to develop a culturally specific physical activity programme, what would you like to see included in this programme?

- The groups felt that a friendly competition amongst community organisations would be a good idea as part of the culturally specific activity programme and a national karam board competition was suggested. Another competition suggested was a kite flying competition. This would involve each organisation encouraging their members to make a kite representing their culture and then an event where members come together to fly their kites.

The Way Forward:

The group felt strongly that there was a lot of expertise within the room and they would like to continue to meet and form a lobbying group in order to influence policy on physical and mental activity interventions for BME elders. The group would like to continue meeting and invite policy makers along to the meetings. The group are happy to meet on a rotational basis at their respective organisations which will allow the organisations to network and share good practice as well as to share the cost of hosting future meetings

Consultation 2 - London

'A lot of people in the mainstream are unaware of what is needed and what we deliver. It would be good if they had an opportunity to see the voluntary sector and what do'

The group were again asked to consider each question and try to draw some conclusions and perhaps recommendations. Much of what was said in Yorkshire was echoed in London and therefore will not be repeated.

What will help you to provide more physical or mental activity sessions (we acknowledge that funding is a major concern and will discuss this in details but are there any other issues)?

- The groups require evidence based data and focused reports in order to back up their applications for funding
- Need to identify and highlight the barriers to physical activity of BME elders.
- Need to identify and design appropriate forms of physical activity for male members of the community.
- Need information relating to adaptation of activities to take into account culture and faith
- Provide information to older people produced by older people that is appropriate and not patronising.
- Policy makers to recognise the number of years of expertise within the BME age org sector
- Grass roots organisations want a direct route to policy makers
- The group felt that peer education was very effective in persuading elders to take up physical activity and were keen to learn more about successful models
- Fully utilise local amenities and facilities within organisations. EG if an organisation only uses its premises 2 days per week then there should be an opportunity for other groups to utilise the facilities
- The groups recognised that the mainstream funders were experiencing huge deficits and realised they could not rely on them for funding so needed to explore alternatives.
- The groups would like to tap into more training of volunteers in order to sustain their activity sessions.

- The group felt the mainstream could learn a lot from the voluntary sectors experience i.e. commitment, sustainability, understanding your sector and there is a need to professionalise the sector.

How can PRIAE help you to achieve this?

- Collate evidence based data that is available
- Produce a report which includes the cost of prevention as opposed to the cost of the cure - EG cost of physical activity sessions x 3 per week (recommended number of sessions per week by the DH) as opposed to the cost of residential / nursing care or hospitalisation
- Recommend more peer education
- Showcase best practice models and simple demonstrative information with examples of groups already providing this

'In Newham some of the swimming pools provide women only sessions but have a male life guard, this is inappropriate for many of the cultures and faiths within Newham'

Would you like to do more health promotion work and if so how can PRIAE help you?

- All organisations wanted do more health promotion work. Dr Mistri who is a health promotion officer for COI (Confederation of Indian Organisations) offered to go and give talks to the organisations present.
- Need more information around why exercise is important and advice on appropriate forms of activity for older people such as resistance exercises to assist falls prevention
- Promote and identify examples of exercise information products translated into community languages

What if anything do you expect from mainstream providers (health, social care and leisure services) on this issue? - Can we help you to link up with local health and other strategic frameworks and plans?

- The groups wanted mainstream providers to provide opportunities for partnership working and keep the groups informed
- The groups wanted transparency from the mainstream - where is the funding being spent?
- Leisure departments should work in partnership with the organisations to provide opportunities for the groups to access the local facilities but there must be an understanding of the cultural and religious needs of the different groups accessing the services.
- Expect an understanding of cultural issues or a desire to learn.
- Mainstream providers should aim to train and equip community workers
- Mainstream should train male and female members of the community to promote and lead physical activity sessions.

Is there an information problem, what are the best ways of providing information?

- Email newsletter is a good resource but not all groups have access to email, it would be good to produce a hard copy.

- Local authorities need to keep their information up to date for community organisations to access

PRIAE is planning to hold some events as part of the project, what would you like to see included in these events?

- Would like to have a series of funding workshops to include the following:
 - ✓ Funding applications
 - ✓ Raising own funds
 - ✓ Joint working
 - ✓ Sponsorships
- Receive information on liability and insurance for activities
- Policy makers and ministers to attend events to get good press coverage.
- Produce a DVD outlining accessible resources for the community.

The AIM project intends to develop a culturally specific physical activity programme, what would you like to see included in this programme?

- Free training information for community members
- Information advising on future developments, funding information and guidance.

'We need to work together and promote PRIAE's work and reports. I use PRIAE's MEC report as evidence based data when applying to the council'

The Way Forward: The group were also keen on contributing to policy and would like to meet again. They were keen on a series of information events in particular around the issues of funding.

Participants

Consultation 1

Mr Shahid Mayet
 Ms Robina Mir
 Ms Abida Khatoon
 Mr Roger Mitchell
 Mr Vikrant Bhatia
 Ms Swapna McNeil
 Mr Siraj Uddin

Leeds

Millen Day Centre
 Hamara Healthy Living Centre
 Shantona Women's Centre
 United Caribbean Association
 Amrit Day Centre
 Association of Blind Asians
 Calderdale Dill (Heart) Project

Consultation 2

Dame Betty Asafue Adjaye
 Dr Harshad Mistri
 Mr Reuben Hyacinth
 Ms Pauline Klein
 Ms Norma Seale McConey
 Ms Kathy O'Brien

London

Mission Dine Club
 Confederation of Indian Organisations
 Taylor Road Day Centre
 Pepper Pot Day Centre
 Pepper Pot Day Centre
 'Recycled Teenagers' Project (Carl Campbell Dance Company)
 'Smiling More Often' Project

Ms Shabana Quadir