

# Conversations with Ethnically Diverse Communities in Arun and Chichester

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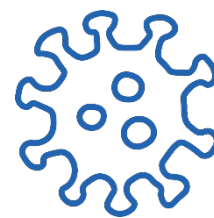


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## 1. Introduction

The COVID-19 pandemic brought attention to many hidden needs. Existing needs and vulnerabilities were exacerbated for some people and new needs were identified. Without a doubt the pandemic preyed on many pre-existing economic and social vulnerabilities affecting local communities, families, and individuals.



There was early recognition that ethnically minority groups in the UK were disproportionately affected. Negative experiences are commonly reported by many people within ethnically diverse communities and some social determinants of health have historically prevented fair opportunities for economic, physical, and emotional health.

Social determinants of health are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes. This project was to better understand the impact for ethnically diverse communities living within Arun and Chichester and to hear from people's lived experience.

Through this project we have looked holistically at ethnically diverse communities' experience of living and working in Arun and Chichester. People shared the importance of making connections through networks, within their workplace, schools, through local community voluntary, charities sector and faith groups, as this helps people to feel part of their local communities. This also helps with knowledge of services and access to services for appropriate support when needed. Local groups and networks also help to integrate people and communities as to how they are viewed and treated.



First celebrating Diversity  
Event in Chichester

The primary purpose of the main report is to share the insight Voluntary Action Arun and Chichester (VAAC) have gathered through conversations with ethnically diverse communities living in Arun and Chichester since October 2020. The aim of the project was to:

- Raise awareness of the lived experiences of ethnically diverse communities living and working in Arun and Chichester - their priorities, challenges, issues, and concerns.



- Share information about emerging initiatives that positively respond to the identified needs of ethnically diverse people.
- Offer recommendations to reduce barriers to improve access into services, based on these communities' shared experience.
- Actively work in partnership with others to improve pathways and appropriateness of access into services and overall service provision across the voluntary, community and social enterprise sector for ethnically diverse communities.

Information was captured through conversations (face to face, virtually and by telephone) with organisations led by people from ethnically diverse backgrounds, local faith leaders and people living within the community, statutory services and organisations who actively engage with ethnically diverse communities in Arun and Chichester.

It is important to add that this is a broad summary of the identified needs as informed by ethnically diverse communities in Arun and Chichester. Whilst there are common issues of concern, it is noted that people from ethnically diverse communities are not a homogenous group and as such not all communities have the same concerns or experiences. This means that responses to challenges also need to be carefully considered.

### **1.1. Context:**

VAAC research undertaken during the initial stages of the COVID-19 pandemic looked at how organisations supported ethnically diverse communities in Arun and Chichester and how ethnically diverse led organisations managed through this period.

Nationally, it emerged that ethnically diverse communities had been disproportionately affected by the pandemic in terms of rates of infection, mortality, and economic impact.

On an international level, the death of George Floyd in the US gave the impetus to the Black Lives Matter Movement which raised awareness of racism globally. In Chichester, a Black Lives Matter march was attended by 1,500 people from Chichester and surrounding areas.

In October 2020, VAAC set up an action research project engaging with ethnically diverse communities in Arun and Chichester. The aim was to increase initiatives led by and for ethnically diverse communities.

The [Joint Strategic Needs Assessment](#)<sup>1</sup> (2019) highlights that more people from ethnically diverse backgrounds are living in West Sussex. The increase has especially been amongst younger age groups. Most of this increase was in Crawley, and along the Coastal areas in Bognor Regis, Littlehampton, and Worthing.

VAAC membership in October 2020 showed that 5 out of 435 voluntary (just over 1%) and community organisations were led by Black, European and ethnically diverse people. Clearly this percentage is out of step with the average percentage for these communities against the population of West Sussex.

We began by speaking to our membership and with those who work with ethnically diverse communities – not necessarily members, including the Gypsy and Traveller Community, to understand what the challenges and needs in running their organisations and activities were. We also wanted to learn if these organisations were aware of how VAAC could support and if applicable, what prevented them from joining.

Alongside this work our knowledge increased of the different communities in the Arun and Chichester area, including key health and wellbeing concerns. VAAC also worked in partnership, and actively collaborated across the voluntary, community and charity sector, to share information to help improve pathways into health and wellbeing services.

We asked our membership about the diversity of trustee boards and accessibility of volunteering opportunities, as well as looking at how accessible VAAC was and how to be more inclusive to a wider range of groups. As part of this staff have undertaken initial diversity training.

What we have learnt is that [it takes time to build trusted relationships](#) with ethnically diverse communities and therefore our engagement is ongoing. However, through targeted engagement of a survey, face to



First Celebrating Diversity  
Event in Chichester

<sup>1</sup> <https://jsna.westsussex.gov.uk/assets/core/west-sussex-jsna-summary-2019.pdf>

face meetings and focus groups we believe we have increased our understanding of some of the priorities for ethnically diverse communities living and working in Arun and Chichester. By continuing our conversations with these communities, and asking for feedback on this report, we will be able to check and build on this understanding.

The COVID-19 pandemic has also strengthened and developed the ways that communities come together informally to support each other. This is a significant shift in traditional community life that extends beyond formally organised voluntary groups and organisations. This presents opportunities for new ways of extending engagement and conversations into communities and synergising with other organisations, whilst also meaning that we need to be more flexible in our approaches to support community cohesion.

It is encouraging that this project has inspired new initiatives to fill identified gaps and meet specific needs. Our Theory of Change sets out our approach and this work is on-going. (Appendix 1).

This work has been funded by the Sussex Community Foundation and the Local Community Neighbourhood Network, as well as Arun District Council which funded the survey and a targeted piece of work relating to community access to information on staying well and safe during the COVID-19 pandemic.

Our aim is to share the findings on key themes from the conversations completed so far. Suggested ideas have been made to help increase meaningful engagement to address some of the issues and concerns raised.



First meeting of the Together group (Representatives from four organisations)





**Thank you** to each person and organisation who gave their time to talk to VAAC, sharing experience, information and making introductions to others to support this piece of research and ongoing work.

## 2. Approach and Methodology

This report is predominately qualitative, and any quantitative statistics have been shared by other organisations or are from official sources. It has been difficult to access data on the take up of services by ethnically diverse communities because:

- the data has not been consistently collected
- organisations have not been willing to data due to data sharing constraints.
- data not being available at the time of request.

This report cannot claim to be representative of all the different ethnically diverse communities across Arun and Chichester. What it does provide, is the themes from conversational qualitative feedback. Despite this, there are many similarities between this report, regional and national studies, and reports, with similar key themes occurring across them. It should also be acknowledged that these findings may well have shifted or worsened due to the cost-of-living crisis.

### 2.1 Topic literature review

To avoid duplication and consultation fatigue, a basic topic literature review was conducted prior to embarking on further research through lived experience conversations.

### 2.2 Conversations

At the heart of this work are the conversations and relationship building with ethnically diverse people, faith groups and organisations who collaborate with people and communities from diverse groups. From October 2020 until the start of January 2022 over forty-five in-depth conversations have been completed. What has been supportive is how

these conversations have led to new connections being formed with other organisations, sharing of information, and new initiatives.

Conversations have occurred with

- **Existing membership of VAAC:**

This includes conversations with existing members from ethnically diverse communities and organisations who provide specific activities and respond to identified needs.

- **Places of worship:**

Places of worship provide an important meeting space and source of support for people from ethnically diverse communities. Small groups of churches and a mosque were part of this work.

- **Statutory organisations:**

This spanned different Council departments across [West Sussex County Council](#), [Chichester District Council](#), and [Arun District Council](#). We engaged with Sussex Police, [Sussex Health and Care Partnership](#), and [Sussex Community Foundation](#).

- **Focus groups:**

We hosted four focus groups attended by nineteen (19) people who shared their experiences of living and working in Arun and Chichester, and key areas of concern. These focus groups included: Arabic speaking women, an open access group (promoted widely including through flyers in shops, local newspaper, and Facebook), Lithuanian and Black African.

- **Key informant interviews:**

Eighteen (18) informant interviews and in-depth conversations.



Celebrating Diversity  
event in Littlehampton.



In addition to these conversations:



A **survey** was completed by fifty-seven (57) people who came from a wide range of ethnically diverse backgrounds, including African, Asian, Middle Eastern and East European. A broad summary of this data can be found in Appendix 2.

The survey covered:

- Community mapping (how people felt about living in the local area, accessing services and core concerns)
- Pathways to support
- COVID 19 resilience
- Pathways to information.

The survey was translated into fourteen (14) languages and tested by different organisations and people from ethnically diverse backgrounds before being circulated more widely. The languages chosen for translation were based on request or from a connection to a specific community network where there was a willingness to share the survey amongst trusted contacts. Eight of the fourteen languages translated were used. The following six languages translated were not used: Hindi, Gujarati, Tingrinya, Dari, Tagalog, and Mandarin.

The survey was promoted through different local networks and specific contacts, the local newspaper, and on different websites and newsletters. Unsurprisingly, the most successful participation came through contacts who were willing to encourage people to complete the survey with their own networks.

### 2.3 Participating in strategic meetings and forums

Where possible, and appropriate, VAAC participated in strategic networks, meetings, and events – such as the monthly Community Voluntary Sector Ethnically Diverse Engagement Forum run by Sussex Health and Care Partnership. [Diversity Resources International](#) ran a

series of thematic sessions, such as mental health and education, which discussed access and participation by people from diverse communities.

Diversity Resources International also hosted a West Sussex Forum looking at access to healthcare services.

The VAAC team also participated in closed group meetings.

### 3. Living and working in Arun and Chichester

Ninety-four (94) people contributed to this report through conversations, focus groups, and completion of the survey.

Our literature review looked at previous studies in 2006 to 2020, and sadly the insight from the more recent engagement confirms that many of the issues and challenges reported in these previous studies remain the same or have worsened since the pandemic and leaving the European Union. Some people told us **they feel they are seen and treated differently because of their race and background.**



A range of issues were identified such as access to services, employment, housing, learning, and speaking the English language, discrimination (for example access to services and experiences of abuse when using public transport or on the street), and lack of trust. These issues do have impact on people's health and well-being and their ability to thrive, feel settled and be an active member of their local community.

#### 3.1 Living in Arun and Chichester

The survey was completed by fifty-seven (57) people. Respondents were asked to describe their experience of the neighbourhood they live in.

- 32% (n18) reported a feeling of strong community spirit but not feeling a part of it.
- 26% (n15) felt there was not much community spirit.
- 14% (n8) felt there is a strong community spirit, and that they felt part of it
- 9% (n5) stated they only felt connected with other community members who spoke the same language.

- 68% (n27 out of 39 responses) reported that were not involved in any local activity.

People's experiences of living and working in Arun and Chichester were mixed, from having a positive experience, enjoying the area where they live and feeling very settled, to other feeling very vulnerable and isolated. Highlighting that those with children and families feel more settled than single people.

“

‘I know my neighbours. They are supportive and welcoming of any culture. (Interview)

“

‘People want to know you in a different way, and you don't have a sense of belonging.’ Interview

“

‘We need to build a collective pride in where we live, actively supporting and championing local regeneration.’ Focus group

There were multiple factors influencing how respondents felt part of the local area. This included housing, employment, schools and education, police, connections to and with others, participating in activities, use of local spaces (e.g., local parks), access to everyday services such as their GP, local shops, and businesses, and belonging to and feeling part of a local place of worship or interest group.

“

‘The continued reference to “BAME Communities,” makes an assumption that West Sussex has organised BAME Communities, yet the majority are individuals living or embedded within the wider community’ Interview.

“

‘For some people after a year still no-one spoke (neighbours) but slightly improving. Some people found neighbours are good and do care about getting to know you.’ Focus group.

Film event marking Lithuanian  
Independence Day





As would be expected, participants of the focus groups and individual conversations were mostly attended by people who felt settled and enjoyed living in Arun and Chichester.

However, a few people felt **unwelcome**, or did not feel part of the local community or connected into the local area or didn't know where to access services or help. It is important to acknowledge this reach but to recognise the limitation of the findings from a small number of people.

In the focus groups n19 responses to the questions 'what things people valued most about where they live', included: **being accepted, the freedom to be themselves, and the diversity of the community.**

“

'During lockdown I felt less isolated, it was a chance to meet neighbours, support one another, children were playing outside. Through talking we changed perceptions.' Focus group.

“

'It can be hard to make connections with the wider community. If you are not working, there are no opportunities to meet people. Families are desperate to integrate and are looking for any opportunities to integrate with the wider community.' Interview.

“

'People who speak with us have problems. Many people feel unsafe. They feel lonely. Those who come to work and who are single have a poor life quality. They often live in shared houses with unfriendly neighbours. Single women in shared houses don't feel safe.' Focus group.

“

'More neighbourliness' is needed to help people feel settled in their area but 'if you don't know the way of doing things you will not access that. When people feel settled, they do approach them for help.' Interview.

“

'In the first years I felt pushed away and I was stuck in my bubble. I couldn't be bothered with negativity. If people don't want to communicate there are people who do. My view changed as well as others. It opened up my personal perceptions. It works both ways. I was proactive.' Interview.

“

‘Women from across the Middle East are sociable, but they are at home, and they haven’t got family. Women do not have as much support as men.’ ‘Solidarity and support have been sought from online women’s group and with their friends and family outside the local area.’ ‘COVID has led to increased feelings of isolation.’ Interview.

### 3.2 Working in Arun and Chichester

Employment was a significant concern for people with multiple factors impacting on their ability to access work such as: education, work history, communication, language skills, access to technology, and access to voluntary or work placements.

Responses to the survey.

- 27% (n14) were concerned about having enough money to support their family
- 24% (n12) were worried about losing their job
- 18% (n9) were concerned about getting a job.

There are numerous ethnically diverse led businesses in Arun and Chichester, primarily within food, hospitality, and retail.

People from ethnically diverse communities are also highly represented in the health and care services, hospitality, farming, agriculture, and manufacturing.

“

‘Most moved here with their husbands’ jobs (mainly medical). England opened visas for doctors.’ Focus group

“

‘I was an account manager in Egypt. There is no opportunity to get local experience.’ Focus group

“

‘I was a fully qualified psychologist and I have not been able to find a volunteer role in mental health.’ Focus group.

St Richards hospital, a larger employer shared their diversity figures for staffing as 32.48% (n1001) staff from ethnically origins, as of the 31 March 2021 shown in the table below.



Row Labels	Number of staff in Ethnically Origin (Grouped)	% Of staff in Ethnically Origin (Grouped)
Any Other Ethnically Group	90	2.92%
Asian Or Asian British	330	10.71%
Black Or Black British	54	1.75%
Chinese	17	0.55%
Mixed	43	1.40%
Undisclosed	180	5.84%
White (Non-British)	287	9.31%
White British	2081	67.52%
Grand Total	3082	100.00%

There are a number of big factories and farms in Chichester that employ people from Eastern European communities and those newly arrived in this country. Communication with staff at these factories was a key means of engaging people from Eastern European countries.

Poor working conditions were raised particularly at one factory and people did not feel able to speak up about this as they did not want to lose their job. This is an issue that requires further exploration.

“

‘There are some ethnically diverse communities who are working on zero-hour contracts and don’t feel safe. They have been on a zero-hour contract for five years and don’t know if they have work tomorrow. Prices are high for food and rent’ Interview.

“

‘Local people who lose their job or their hours are struggling. They live to buy food. They feel really unsafe and



unwelcome and that nobody cares about them. Zero-hour contracts are the biggest problem for minority groups.' Interview.

“

'In 'target factories' they make sure everything is done properly. If someone is in charge they put pressure, shouting and it is stressful. No one takes a good look. No one will say the truth.' Focus group.

“

'Someone from the agency brings people who are in high need of a job. Their experience is horrible. There is pressure on targets. They put them in agency accommodation taking money out of their salary. You don't want to see what the accommodation looks like. They stay 3-4 months, and they bring them back home. I don't know what happens to them. Why bring people instead of offering permanent contracts.' Interview.

“

'When you start a job in factory you start learning Polish. 10 years I was in factories. The most vulnerable are brought here. Their only safe space is the factories.' Interview

Other feedback about employment was related to difficulties in securing employment and work placements, changing sectors and being able to advance and develop further skills.

One challenge mentioned was the cost of childcare that stopped people taking up volunteering or employment opportunities.

“

'I cannot work because of cost of nursery. I stay at home with the children.' Focus group.

Other challenges

“

'Transport has become a difficult issue to get to work since COVID.' Interview.

“

'A lot of English people do not mind if you are a low skilled worker, but it becomes more difficult if you are becoming an expert or a specialist.' Interview.



“

‘I was doing sewing. I lost my job due to Coronavirus. My husband also now has no work. I have been doing voluntary work with the Red Cross. I am looking for a job working in a clothes shop and to be able to talk with customers.’ Focus group.

“

‘It is difficult to find a job because of your name. For two years I have been trying to find a job in a pharmacy.’ Focus group.

“

‘When we apply for jobs, employers ask for local experience which is a hindrance.’ Focus group.

“

‘Most BAME are not climbing up the ladder. We are on the front line, and we are the ones at risk.’ Interview.

“

‘It is difficult to progress in the hospital and there is no space to grow – you can’t get any further. There are not many opportunities, and it is not very integrated.’ Interview.

“

‘I was part of the Chichester Chamber of Commerce. I didn’t feel like I belonged there. I was the only BAME one there. It was difficult to be part of it. Maybe I could have someone with me to be fully part of it and enjoy it’. Interview.

#### **4. Housing and homelessness in the Arun and Chichester area**

Many people from ethnically diverse communities, who have been living in the area for over 15 years stated **they did not feel settled**. Feelings such as these, may well affect a person’s wider health and wellbeing.

There is high demand for affordable rental properties, and the increased cost of living is making accessing a home more challenging.

In Chichester it is estimated that 5% of rough sleepers are from Eastern European or of non-British background. In Arun it is higher, at around 10%. Exact figures were not available at the time of writing.

Stonepillow employs a specialist Eastern European worker due to increases in Eastern European people at risk of or are homeless. The worker has a regular caseload of around twenty people.

“ ‘It is difficult to pay rent for a flat or a room. The houses are not the best. There are alcohol and things like that. Living in this situation brings a lot of mental pressure with neighbours next door drinking and bringing men to share a bottle in the communal areas.’ Focus group.

“ ‘The flat is let out for others through fake landlord contracts and the contracts are not legal. People do not know.’ Focus group.

“ ‘I would like to live on my own, but I am not able to pay rent. I am single person, and I don’t take any benefits.’ Survey.

“ ‘I live in a shared house, and it’s difficult because people are moving in and out, using alcohol, and the house owner doesn’t care. There is one bath and one toilet for everybody. It is a nightmare.’ Survey.

“ ‘Finding a place to live is difficult. There are not many houses for a family of four and you are vetted first. You have to pay more to get a house.’ Interview.

“ ‘People don’t feel safe. A 40-year-old lady did not know how to upload documents to her housing association. There was no information, and she didn’t know where to go to ask questions and get advice.’ Interview.

## 5. Support

People shared how important it was for them to remain in contact with friends, family, places of worship, and to the areas that connect them to their culture, and which provide support. Respondents to the multiple response question stated they turned to friends 63% (n36) and family 49% (n28), for help and support.

People of good standing within a community are called upon to advocate and express the voice and opinions of others, who feel less able to do this for themselves or others.

“ English is not good and rely on friends and family for translation.



There are some community members who are the ‘go to’ person supporting others to access doctors, local authority, and the different government departments. Support for the completion of forms etc., tends to be from within the ethnically diverse community, but there may be a charge for this service.

“ ‘People are being charged to complete forms when they could be accessing free support with translation. They either do not know that the service is available for them, or they prefer to seek help from their own people.’ Interview.

Outside of the immediate networks of friends and family, respondents informed of other places that support included [Citizens Advice](#) 28% (n16), online information 26%(n15) and religious leaders 16% (n9).

## 5.1 Accessing services

Respondents informed they are interested in accessing services, such as.

- 61% (n35) Family and children’s activities
- 49% (n28) Fitness
- 49% (n28) Medical (doctors’ surgery/ medical centre)
- 48 % (n27) Language learning
- 46% (n26) Culture
- 40% (n23) Mental health
- 28% (n16) Activities for older people
- 21% (n12) Advice and information (such as access to benefits, debt advice, employment)
- 19% (n11) Arts
- 16% (n9) Other health (alternative therapies).

However, 49% (n28) of respondents stated they have had difficulty accessing local services, including GP-led services, mental health services, alternative therapy, women only fitness, outdoor spaces, and cultural activities.

“

‘Any service where I was required to speak English over telephone was a challenge.’ Survey

“

‘Difficulties accessing mental health and alternative therapy services.’ Survey

“

‘Unable to talk in person when my English skills were limited. It is harder to speak in a foreign language to someone over the telephone as you can’t use your body language.’ Survey

The Sussex Community Foundation 2020<sup>2</sup> consultation report highlighted that *‘there is insufficient knowledge across BAME communities around access to services. These groups are not even part of the conversation, there is a lack of interpreting services, lack of resources, people face not knowing what services are out there.’*

It is important to add that Sussex integrated care system has a programme of engagement around health inequalities and therefore this should be better understood now.

43% (n20) of responders stated they would recommend a particular organisation they had found useful, sighting the following as examples: [Sanctuary in Chichester](#), the local Church, Community Warden, Operacja Akcent Facebook page (Run by Sussex Police), [Age UK](#) Laburnum Centre, and District Town Hall.

Different organisations and departments within statutory agencies confirmed that some services do have low interest and attendance from ethnically diverse communities. They stated that they would like to know the reasons why and how best to increase attendance. Recently, some organisations/ departments have proactively been working to engage people by seeking outside expertise, increasing diversity in their staff and volunteers, providing staff training, creating working groups, and planning.

There have been targeted community workers employed in different areas with the aim of engaging to help improve accessibility of services. This is exemplified by.

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<sup>2</sup> Sussex Community Foundation, Consultation with Black, Asian and Minority Ethnically Community groups 2020

- The community workers for the Portuguese Community in Littlehampton since 2003.
- In Selsey since 2006, with funding support from VAAC. In 2008, funding was obtained for community workers speaking Polish, Russian and Ukrainian.

It is important to note, that these schemes although highly regarded have ended.

“

‘We should have a Lithuanian adviser with translation and special qualifications. People would feel safe knowing there is a place to knock on the door and ask questions. It used to be there but Russian and that was 5-6 years ago.’ Interview.

Currently, outreach workers are being employed by different organisations including:

- [Stonepillow](#), dedicated Eastern European Outreach worker
- [Mind West Sussex](#) Mental Health Community and Outreach Development Worker for the Polish and Ukrainian Community, which is being extended to community champions and outreach workers.
- [My Sisters House](#) specialist Eastern European Outreach worker.
- [Carers Support West Sussex](#) dedicated Carer Engagement Worker and have built strong relationships across a range of different communities supported by Bilingual Carers.
- [South Downs National Park](#) have targeted projects and seeks to increase the use of the park to support health & well-being by people from all communities.

Consultation and conversation are important ways to improve and shape provisions for ethnically diverse communities. However, feedback suggests [consultation fatigue](#), so there is a need to reflect and consider how best to engage with people. It is important that people see engagement in a positive light and not a tick box exercise.

“

‘I am fatigued at how people want to talk to me.’ Focus group.

- “ ‘The only time BAME/minority communities/Individuals are engaged or consulted is from a disease point of view.’ Interview.
- “ ‘We have already stated how we have felt in West Sussex’ Focus group.
- “ ‘People are wary of the system. People are not going to tell you. You need to start with their viewpoint and listen.’ Interview.
- “ ‘Services in West Sussex have no clue or knowledge of their BAME and minority communities, where they are, their needs, relationships and are therefore most likely viewed with suspicion.’ Interview.
- “ ‘Lack of representation. The BAME / minorities Voice is absent in the development and implementation of projects and initiatives, resulting in low uptake of services by impacted BAME, minority communities.’ Interview.

Several studies have highlighted the need to build cultural competence to help increase attendance of services. Szczepura suggests, *‘acknowledging faith-based beliefs and value systems etc. is critical and this includes the recognition of how cultural diversity can influence how the BAME population access healthcare services’*<sup>3</sup>.

The [West Sussex Needs Assessment](#) (2016)<sup>4</sup> emphasised the lack of culturally appropriate provision: *‘advice or support provided did not meet their cultural/religious/spiritual needs. They also felt that some health care providers have a poor understanding of their needs and lacked the cultural competency to manage their illness.’*

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<sup>3</sup> Access to health care for ethnically minority populations, A Szczepura

<sup>4</sup> Black, Asian and Minority Ethnically Communities Need Assessment 2016, West Sussex Public Health, and Social Research Unit



One interviewee spoke about their diabetes diagnosis.

“

‘That having someone who knew and understood their diet made a significant difference in effectively managing their condition.’

“

‘There is not enough ethnically diverse representation in service provision.’ Interview.

Focus Group attendees informed that barriers to accessing local services and activities included stigma, fear, prejudice, and discrimination.

“

‘People don’t have the courage to embrace who they are to fully connect into the environment.’ Focus Group.

Previous poor experiences and fear of prejudice in accessing a service are shared within a person’s network and community which influences how others perceive a service and can stop people from accessing it.

“

‘There is a lack of trust and confidence amongst some BAME groups in accessing statutory support. Specialist workers are more able to build trust.’ Interview.

Unfortunately, projects which focus on developing relationships are seen as short term.

“

‘They are finished and are gone. There was a project with the youth service after school and those participating really enjoyed it, but it was time limited and once it closed it damaged the relationship.’ Interview (Gypsy and Traveller Community)

Communication and language needs are often a <sup>5</sup>significant barrier in accessing services. We were told that when people try to use a service, they are frequently asked to bring a translator, often a friend or a family

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<sup>5</sup> <https://jsna.westsussex.gov.uk/assets/core/Black-Asian-and-Minority-Ethnicity-Communities-Needs-Assessment-2016.pdf>

member. It is not always easy to access translation services even when provided free of charge due to availability, costs or due to services not having any budget. We also know from listening to commissioners and service providers, that living with COVID-19 demand and workforce issues mean there is often no time or resources available to offer a personalised approach or appropriate information to plan for consultations.

The literature review identified that access to translating services and links to advocate workers are key to reducing health inequality.

“ ‘A lot of issues with accessibility are to do with the language barrier. There is a lack of interpreting, and they don’t always know where they will get an interpreter.’ Interview.

“ ‘The hospital does not have translation even if they said they had.’ Focus group.

“ ‘It can be difficult to get an interpreter. It is difficult when it is all online. When you get a translator, you get the wrong translator.’ Focus group.

“ ‘A women who had experienced domestic violence, I had to go and help her. The ambulance found me on the internet. They had a lack of language support. I rang her. She couldn’t write a statement. The violence was due to alcohol.’ Focus group.

“ ‘Special forms/ documents that we need to email. We need support to fill forms. Official documents for settled status. Others are paid money to do so. They wouldn’t use other services because they don’t speak English.’ Focus group.



We were told that many services are difficult to communicate with in person, by telephone, via technology because of the lack of translation service provision even when pre booked. The information supplied was not always easy to understand.

- “ ‘Those providing services are not explaining what they are doing or trying to do.’ Focus group.
- “ ‘I try to communicate with them. I tried to contact the council. There was quite a huge gap in what we expected. We did not understand the process.’ Interview.
- “ ‘A translator is not always useful as they don’t always know the system they are dealing with.’ Focus group.

Our survey explored how best to communicate with people.

- 81% (n46) survey respondents stated how they feel accessing technology.
- 60% (n34) stated they felt confident using digital technology.
- 37% (n21) of their community being comfortable using digital technology.

However, 28% (n16) agreed that some people within their community do not know how to use digital technology. 35% (n20) of respondents confirmed that some do not trust digital technology.

- “ ‘How can you reach people when not everyone has the internet’ Interview.

Services need to use a mixed methodology for engaging with ethnically diverse communities including face-to-face, WhatsApp, Facebook, and making contact through trusted people, organisations, and websites.

It is widely acknowledged that service design needs to allow for people who do not use technology and be adapted to include their preferred method of communication. This would ensure they are not missed and can actively participate in the planning and delivery of their care and treatment.

It is important that when improving access to consider, in the round, and not just translation services and information. Some of the simplistic

targeted messaging, intended to engage people (e.g., the language and terminology used) can exacerbated prejudice and a sense of being marginalised.

“

‘People are limited with access to services (Chichester). ... there is more BAME population and services in Brighton and Portsmouth.’ Interview.

“

‘I don’t what there is locally. I have lived here for four years, and I have just discovered the Citizens Advice Bureau.’ Focus group.

“

‘Locally - knowing where to signpost. We signpost to other areas’ Interview.

Immigration and residency status stops people coming forward to access support. Since Brexit, the legal changes related to Eastern European communities and their status have created additional barriers for people. As many have no recourse to public funds it can affect their eligibility to access services.

“

‘Increasingly people are being threatened with deportation.’ Interview.

## 6. Perceptions, misperceptions, and trust

Perception involves the individual way a person sees the world. According to the Concise Oxford Dictionary<sup>6</sup> ‘*action by which the mind refers its sensations to external objects as cause.*’

In our conversations we learnt how perceptions and misperceptions of people from ethnically diverse backgrounds impacts how people are treated when trying to access services, work and to feel more settled in an area.

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<sup>6</sup> The Concise Oxford Dictionary, 7<sup>th</sup> edition 1981



“ ‘Perception and language are a critical issue and is the biggest barrier. Support and education are needed. Knowing and being open to different ways of doing things. Media from a community perspective could be more positive as an example. Interview.

“ ‘The current perceptions of BAME/Minority Communities are that services do not view ‘them’ as part of the wider citizenry but groups to be looked after, safeguarded, or protected. This is creating a sense of us and them.’ Interview.

Several people shared their experiences of discrimination a result of misunderstanding, knowledge, and awareness of the diversity of communities. Several people felt they were perceived as non- local, even though they have lived in the area for a number of years; because they speak a different language and/or have come from a different area or country.

“ ‘Brexit, being European is still a minority. People are losing friends and vulnerable people are struggling with these new rules.’ Interview.

“ ‘We want to create a culture change in communities as people do make assumptions. Peoples experience is different between East and West Sussex, there is less diversity in West Sussex. Wearing a Hijab is not a problem in Brighton, it was difficult in Chichester at first but not anymore.’ Focus group.

The attendees of the focus groups and interviews frequently suggested that there is a need to challenge perceptions and stereotypes.

“ ‘If there is a car theft it must be the Romanians. If it is a burglary, it must be the Polish. What people think is so often just wrong. It is completely the opposite. I make some locals embarrassed of their opinions.’ Interview.



“

‘We need a workshop on how-to live-in England for foreigners including looking for jobs.’ Focus group.

“

‘There is a huge mistrust of the police when a crime has been perpetrated in your street you are all classed together. This is a subtle hate crime.’ Interview.

“

‘When there is an encampment there is a perception that crime has or will increase on a housing estate.’ Interview - Gypsy and Traveller Community.

“

‘Things we don’t know frighten us - it is in our nature ... We can put information on the radio and in the media.’ Interview.

“

‘We need opportunities for people to feel comfortable and educate groups about what life is like for each other to help people to understand.’ Interview.

“

‘Building cohesion – not rising hate and fear of the other.’ Interview.

“

‘We need conversations in schools about the benefits of a diverse community.’ Interview.

“

‘English people – stop being afraid and listen.’ Focus group.

One person suggested that perceptions could be changed ‘through open days, opportunities for people to come and talk to each other and share food.’



Celebrating Diversity event in Littlehampton

## 6.1 Racial discrimination

Racial discrimination was a key concern for those participating in the interviews, focus groups and the survey.

- 25% (n13) of survey respondents stated that this was one of the issues that they are most concerned about.

### The Sussex Black, Asian and Minority Ethnically (BAME) Population Needs Review by the Sussex Health and Social Care Partnership, 2020

<sup>7</sup>identified that '*BAME communities in West Sussex experience a range of discrimination including hate crime, subtle discrimination – particularly from public facing workers and discrimination within the workplace.*'

“ ‘I have been a priest for three years and the subtle discrimination is bad. You feel undermined.’ Interview.

“ ‘In Bognor I think people are so fed up with Eastern Europeans. They are more wary if they congregate. The low skilled workers don’t live in Chichester. I live in Fishbourne now and it feels more open. I have not had bad experiences.’ Interview.

“ ‘After Brexit I felt unwelcome. After 12 years of living in this country people are asked if they belong here. People sold their houses and moved back.’ Interview.

“ ‘The cultural diversity in Chichester is not recognised. Since Brexit and increased migration there has been an increase in racism. The workers who are here are not seen as a viable resource and are not integrated into the culture. As soon as it is suggested that you need to provide something for Muslims there is a local outrage.’ Interview.

“ ‘When Brexit happened there was a change in how people were being treated. How I am treated by English is like a Level 2. There has been a large number of Romanian people

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<sup>7</sup> The Sussex Black, Asian and Minority Ethnically (BAME) Population Needs Review by the Sussex Health and Social Care Partnership, 2020

which has changed the perspective towards Polish people.’ Interview.

“

‘In 2015 people became more hostile. I was so upset. I got comments that I should be speaking English in public. I felt judged.’ Interview.

Newly arrived communities such as refugees informed, they ‘feel judged by the local community. There was a family in Littlehampton who was very isolated. They were subject to street abuse.’ Interview.

Many people stated they connect to their local community online groups to find out what is happening in their local area. However, some are hesitant to post on these groups.

“

‘I wouldn’t choose to post anything. People pick up on that. I am conscious I have a foreign name. If I need to ask a question, I will find another channel to ask.’ Interview.

“

‘Social media has no filter so feeds racism and aggression.’ Focus group.

## 6.2. Police Community Engagement

Data for domestic abuse and stop and search was not available to the team at the time of writing. An opportunity arose to talk with the Diversity Inclusion Manager for Sussex Police and officers responsible for neighbourhood policing in Arun and Chichester. This conversation explored community engagement, local needs, and issues such as Hate Crime.

In 2021, West Sussex incidents for hate crime increased by 9.7%, which is higher than Brighton and Hove. In Arun there was a 47.7% rise from the previous year (107/158), the highest across Sussex. Chichester incidents increased to 11.8% (68/76). Clearly, interrogation of this data is needed to fully understand these increase and findings shared widely with those supporting. (Information from Police recorded crime statistics database)

On the ground, we participated in two days active outreach to support vulnerable Eastern Europeans to access appropriate services and engage with the Police lead for Operation Akcent Facebook page. It is suggested that this is an effective, well-used platform for engaging and sharing information to the Polish Community.

We continue to work in partnership with [Sussex Prisoners Families](#) on the impact of the criminal justice system for families.

## 7. Health and wellbeing services (GP-led services, counselling, health management)

GP-led services are seen as a priority for access into healthcare, and 49% (n28) of survey respondents identified this as a priority area. However, people's experience of accessing services was difficult. It was interesting that some of the people spoken with, attributed not being able to access service due to discrimination, demand pressures that GP surgeries are facing, and changes made to how people can access services as a response to the pandemic.

“

‘Places like the GP feel untouchable.’ Interview.

“

‘Doctors avoid patients’ and are ‘overloaded with patients.’ Survey.

“

‘You don’t get access to a GP if you don’t speak English. It is like you are a level 2 person. It is common.’ Interview.

“

‘Not being looked at in the same way as someone else. I had to find another way to seek help. Needing to fight for it and being confident in doing that and standing my ground. If you do not feel part of the community, you retreat.’ Interview.

“

‘I was registered at a GP. My paperwork accidentally got lost. It was right on the desk in front of me. I had a feeling they don’t want anything to do with us. It was really unpleasant for us. We weren’t rude or swearing. They didn’t want to talk with us, and it made a delay when we were expecting our first baby.’ Interview.





“ ‘Once I needed to get an appointment. I called 18 times and got no answer. When a call went through it was dropped. I then went into the GP, and I was told I had to call.’ Interview.

“ ‘At 8am I went to the GP, said I have to work and asked for an appointment. I didn’t get the appointment. The receptionist was then talking about me to the other receptionist about “the rude person.” I was irritated and disappointed.’ Interview.

“ ‘If I call and ask for an appointment, the receptionist says “another foreigner calling” ... You can see why people feel they are discriminated against.’ Interview.

The move to online appointments and fewer face-to-face appointments during the pandemic has made it more difficult for many people to access GP-led services.

“ ‘For some people using the online system has made it easier to get appointments and not feel judged based on their accent or non-British surname. I write it English; it is easy to use...my experience has been very positive.’ Interview

“ ‘I have had back problems for two years. I have two little daughters I can’t pick them up. They don’t offer referrals.’ Interview

When people do access their GP practice, they reported not feeling listened to.

“ ‘When our baby was born, we refused the jab for immunisations. They kept sending letters, pushing us, and setting appointments. I told them multiple times.’ Interview.

## Case Study

One interviewee described their experience of getting care for their daughter:

“

‘Over 4 months we went to see the GP 9 times, and 3 times we called an ambulance for our daughter who was 4 years old. On the 9<sup>th</sup> visit my wife went to visit the GP, she stated that she would not leave until they would agree to do blood tests.

We took her to the hospital in Chichester for tests around 4pm. At 8pm we were contacted and told to come in with our daughter and to bring some pyjamas for her. She was diagnosed with Leukaemia. Treatment began straight away.

Before diagnosis we knew something was wrong when our daughter would walk on a straight road and still fall over. She became tired all the time. She needed to use the little one’s pushchair when we were out. She started to have loads of bruises all over her body. You would just touch her, and bruises would appear.

We were told she looked normal, and nothing was wrong even when she fell asleep in the GPs surgery. We felt that they were not listening to what we were saying or had the knowledge to diagnose the symptoms.

Some suggestions of how to improve interactions, included, maintaining a balance of access for both online and face-to-face appointments for activities and services.

“

‘GPs should use careful, easy language.’ Interview.

“

‘Posters should be put up about how to talk to the receptionist and how the receptionist should talk to patients. It should be two way. There should be details of where to complain.’ Interview.

## 7.1 Other health services

Feedback from the focus groups and interviews on accessing other health services was equally as difficult and limits on service provision.

“ ‘Access to counselling services is very difficult. There are few Polish speakers. Lots of my friends have depression.’ Interview.

“ ‘There are not enough mental health services offering accessible support for ethnically diverse communities.’ Interview.

“ ‘There is a lack of trauma counselling. Sanctuary, a Chichester based organisation working with refugees, has one independently supervised counsellor providing counselling to the most traumatised.’ Interview.

“ ‘Migrants have a specific need for trauma support which means they are less likely to engage in the local community.’ Interview.

“ ‘Drug and alcohol rehabilitation support should be made accessible in different languages.’ Interview.

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### Case Study

One women shared that she had a miscarriage. She stated that things were not explained clearly and that she and her husband was offered no support to help them deal with their loss. There was poor follow up after the miscarriage and her partner was particularly affected. This is an issue within her community and not often talked about. Interview

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## 7.2 Fitness

49% (n28) of survey responses indicated that [access to fitness classes](#) was a high priority. This was raised as a priority in the Arabic speaking women's focus group. Barriers to access to fitness classes included higher modesty concerns, lack of culturally appropriate and gendered physical activity services. This need was expressed across different age groups within the Muslim, Arabic and Asian populations.

## 7.3. COVID-19 pandemic

Just over half of survey respondents (49%, n25), stated that COVID-19 was their primary concern. It has been well communicated and evidenced that the pandemic had a higher impact on ethnic diverse communities.

Our conversations confirmed that people worked very hard to protect themselves and their families from catching COVID 19 and that the virus remains an ongoing concern.

It is important to add, that there are many who are not able to work at home and have to use public transport to get to work, and many work in factories where it was difficult to implement social distancing measures.

## 8. Isolation and loneliness

The words 'isolation' and 'loneliness' are used interchangeably by many people, but isolation can lead to loneliness, and for some, loneliness may intensify isolation.

A suggested definition for loneliness as suggested by <sup>8</sup>Benson et al., (2021), 'As the unpleasant experience that occurs when a person's network of social relations is deficient in some important way. [...] It can affect all ages.'

From the focus group women stated they felt particularly impacted as they had responsibilities of childcare, and many could not afford this.

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<sup>8</sup> Benson T, Seers H, Webb N, et al. Development of social contact and loneliness measures with validation in social prescribing. *BMJ Open Quality* 2021;10: e001306. doi:10.1136/bmjopen-2020-001306

People also stated that the pandemic created a greater sense of isolation.

“

‘I am isolated. I used to be sociable. I am a bit alone now as most of my friends are married. It is difficult to make friends with English people because of culture.’ Focus group.

“

‘I feel in a prison. I can’t get out. I spend 8 hours on my own and I don’t have the English to communicate. I can’t make friends. Focus group.

“

‘If you speak English, you have the opportunity to reduce discrimination and loneliness.’ Focus group.

“

‘I have moved from London, and I am in the Black minority. I feel lonely.’ Focus group.

“

‘My daughter is veiled. In the playground no one comes near her.’ Focus group.

“

‘Many people are depressed, lonely and scared. They are finding ways to survive. It was really bad. We are looking at each other from a distance. How are we going to overcome this?’ Interview.

“

‘I met someone from Nigeria whose wife is white. I met them in the street, and they asked if we could meet for dinner as they were feeling isolated as there isn’t anyone from his background. They started culture kitchen to share different foods and celebrate diversity. I met another mum from Nigeria, and she asked if she knew someone local where her daughter could have her hair done.’ Interview.

“

‘People are isolated as there are not a lot of ethnically diverse people who have some kind of connection.’ Interview



## 9. English language

A key concern for people was to develop their English language skills. There is a desire across communities to have access to affordable English language classes and opportunities to practise language skills. This includes through more conversational and less formal language classes, opportunities to volunteer, increase employment as well as meeting others.



Celebrating Diversity  
Event in Littlehampton

Sussex Health and Social Care Partnership<sup>9</sup> (2020) report suggested that investing in better English language comprehension in migrant communities improves integration, appropriate use of services, better communication, economic activity, and supports effective community campaigns.

“

‘To be more independent. Language is a barrier. People are getting stuck. There is a lack of qualified language teachers. People need full time language education and some kind of voluntary and paid work.’ Interview

[Aspire Sussex](https://aspireSussex.org.uk/)<sup>10</sup> leads in the planning, promotion, and delivery of formal adult education across West Sussex and operate in many community spaces. They reported that they have had their largest commitment from speakers of other languages classes, figures for 2021 were not available.

Accessing a course can be a challenging:

“

‘There is no free English course.’ Focus group

“

‘No English courses available.’ Focus group

<sup>9</sup> The Sussex Black, Asian and Minority Ethnically (BAME) Population Needs Review by the Sussex Health and Social Care Partnership, 2020

<sup>10</sup> <https://aspireSussex.org.uk/>

For those working in the factories it can be difficult to access language classes due to the shift pattern. One local factory is actively providing English classes for its workers outside of work hours.

“

‘For those fighting survival, the first priority is to get a job and a place to sleep. They don’t have time, energy, or money to learn to English. It is around 3-5 years in where people are in place to begin learning English. Interview.

It was expressed that if you are working in the factories, you are more likely to learn the language of the people you are mostly surrounded by and that becomes your community. Different nationalities work in the factories, and it is more likely that people would become fluent in an Eastern European language rather than in English.

“

‘Providing lessons and opportunities for people to be surrounded by people who speak English makes learning the language easy and effortless.’ Interview

“

‘Opportunities to build language is important for older people. There is a reliance on their children to translate for them and attend appointments. It can be difficult for people to use the interpreting support for different organisations. Interview

“

‘English speaking Arabic people would have a better understanding to teach new Arabic people when they arrive. A key worker and social worker might be better if that person is not English.’ Focus group

## 9.1 Children’s Education

The second highest concern listed by survey responders was children’s education 37% (n19).

“

‘Children need to be accepted at school like everyone else, despite culture and religion.’ Focus group

“

‘Teenagers on their own that can’t speak English feel they have to cope.’ Interview

“

‘A workshop should be provided for mums in schools.’ Focus group.

In one focus group it was reported that some schools provide language outreach for parents. There was limited data regarding how children from ethnically diverse communities are performing at school.

Further exploration and conversations on this subject should be part of next steps.

## 9.2 Family and children's activities

61% (n35) survey respondents were interested in accessing families and children's activities. This was also raised in the focus groups. It was generally felt that more provision was needed across Arun and Chichester areas.

“

‘People are trying to cope with the school holidays. Lots of people don’t have the support network. Mixing children and getting them out is important’ Interview

“

‘The issues that we have in families are not unique. The barrier is English. Families are desperate to integrate with the wider community.’ Interview

## 9.3 Cultural activities

It is important for people’s identity, and to feel part of the community, to be able to access cultural activities. 46% (n26) of survey respondents expressed an interest in accessing cultural activities.

It is important to note, that there are several small groups that provide language classes for children and arrange different cultural celebrations throughout the year.



First Celebrating Diversity  
Event in Chichester

“

‘To connect adults, we orientated to families to keep the language. Our identity and heritage are important. We do quite a few cultural celebrations through the year.’ Interview

The 2015 [Young foundation](#) report<sup>11</sup> highlighted that many involved in cultural or religious groups [felt reduced isolation and a sense of belonging](#). Focus group attendees shared how they wanted to introduce and share their culture with the wider community which could help integration, knowledge, and acceptance.

## 9.4 Faith Groups

We were informed that belonging to faith groups is important for people’s health and wellbeing and managing in times of crisis. These are a places where people often seek support, guidance, and solitude. Conversations with faith leaders, at the start of this project, helped lead to wider engagement and connections. Survey responders reported that they belonged to a faith group with 46% (n26) state Christian and 37%(n21) stated Muslim.

The Young Foundation<sup>12</sup> report states that *‘it is felt that if religious and community leaders could be more effectively engaged, they would be influential in changing attitudes.’*

There are several faith groups working closely with ethnically diverse communities and providing community outreach and activities, for the homeless, children’s activities, spaces for people to meet to help reduce isolation and an opportunity to talk about the issues that matter most to them.

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<sup>11</sup> BAME Needs Assessment, Findings from the community engagement, Young Foundation (Victoria Boelman, Radhika Bynon, Charlotte Heales, and Anna Davis), 2015

<sup>12</sup> <https://www.youngfoundation.org/our-work/publications/bame-needs-assessment-west-sussex-community-engagement/>

## 10. VAAC

We have referred to access to other services, so is, important to capture what groups feel about the services that VAAC provides. There is an annual members survey, but we also specifically spoke with groups led by ethnically diverse communities.

Over the past year, VAAC has learnt more about engaging with diverse communities from different voluntary sector organisations and are better able to understand what makes people comfortable using a service or seeking support. Our learning includes, that informal services with active outreach are effective, as well as taking the time to build relationships and trust. Once trust is built people are more likely to be comfortable being referred onto other services.



Focus group

Other issues relating to VAAC include access to volunteering placements and increasing diversity - staff and trustee board. In the last year VAAC have provided facilitated training provided by a consultant on how to [diversify our trustee board](#), with seventeen attendees. Hosted a Volunteer Coordinators Network meeting focussing on diversity and planning further discussions and training.

Since the start of this project, four new organisations led by ethnically diverse people have joined VAAC. Support is being provided around governance, policies and procedures and accessing funding.

Currently, we are working with a group of people who are keen to work on specific initiatives. Currently looking at how we can better promote our services and increase access for different groups, particularly those which are less formally set up.

“

‘One group reported that although they were members of VAAC they were seeking CVS support in Crawley as they felt there was a better understanding of the cultural aspirations of the group, and they had a dedicated person working with them. Some of the people that we spoke with did not know the full range of support that they could access from VAAC, and one group thought that we were the Council.’



## 11. Conclusion

As expressed in the Sussex Health and Social Care Partnership Needs<sup>13</sup> review *'Fostering a culture of inclusion is not an idealistic idea it is a necessity that we should be striving for – recognising and proactively addressing inequalities.'* Through this report we have aimed to share as many voices as possible.

Increasingly in service delivery, particularly in health, we hear of the importance of using people's lived experience and the co-design of services to address inequalities and increase accessibility into services. In partnership, diverse groups need to **create a vision of what good looks like for them.**

One question from the focus groups was **how we tackle the issues together as a community, particularly at a time when social cohesion feels fragmented?**

### 11.1 Recommendations

Based on the feedback received through these conversations we are advocating the following recommendations for organisations who are looking to make their services more accessible:

- Investment in specific and appropriate training for staff and volunteers working within ethnically diverse communities, to ensure there are less misunderstandings.
- Communication is key to engagement and needs to be in simple language. Also, when engaging with local people **take time to listen, learn and explain.**
- Ensure that staff and volunteers are aware of those who express difficulties with English and who can provide interpreting services and support. It is important to add that the **individual has the right to confidentiality**, so a family or friend may not be the best person to provide interpreting services.

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<sup>13</sup> Sussex Black, Asian and Minority Ethnically (BAME) Population Needs Review, Sussex Health, and Social Care Partnership, 2020

- The importance of meeting people face-to-face, hearing their lived experiences and using local community spaces for meetings.
- Ensure that all information and signage is in the more commonly spoken languages.
- Ensure that there are locally available language classes, delivered at a time that suit the local community.
- Actively work in partnership with others to improve pathways into services and overall service provision for ethnically diverse communities.
- Extending volunteering opportunities to support access to conversational English.

## 1.2 Areas for further work and next steps

There are issues that need more in-depth conversations. Specific priority areas that need to be moved forward in partnership include:

- Exploring identified safety, support and engagement needs for farm and factory workers - this includes access to appropriate advice and information.
- Targeted relationship building and engagement with the Gypsy/Roma and Traveller Community looking at wellbeing, health, and stigma towards the community. It should be noted there is learning from outreach investments made in Crawley.
- Aligning with the [Sussex Health and Care Partnership 'Working with Communities and People' Strategy](#) to have conversations at a Primary Care Network level (approximately 50,000 registered patients). As this will support proactive and appropriate ways to increase accessibility into services including social prescribing that works towards improving longer term health outcomes.
- The sharing of information of local organisations working with ethnically diverse communities for referrals.
- Working within an Integrated Care system to explore asset-based community approaches that support people's active engagement in their holistic health and wellbeing, building resilience and improving longer-term health outcomes.
- To further [explore the barriers](#) for members from diverse communities to [access volunteering opportunities](#) and to work with

organisations, to actively create accessible opportunities for voluntary and paid work within voluntary, community and social enterprise organisations.

- Exploring participation and engagement in education for ethnically diverse communities.
- Continuing conversations across the different ethnically diverse communities in Arun and Chichester, to explore further opportunities for collaboration.

The work reported here, provides a good foundation and platform to delve deeper into the issues raised. There is a need to widen the conversations to people who were unable to engage at this time. Key ongoing steps to promote and take forward include:

- Support for safe conversation spaces, where ethnically diverse people are really listened to.
- Improve the availability and sharing of data to better inform understanding, identify gaps, and unmet needs. This is hoped will counter stereotypes, misconceptions, and prejudice.
- Offer networking and information sharing with groups that are led by ethnically diverse people and by groups who have specific targeted services.
- Actively promote opportunities to join board and forums to increase diversity and support organisations to make these an inclusive space.
- Develop collaborative approaches with the voluntary and community social enterprise with the inclusion of faith groups and partners (Local Council, NHS, and Police) with the aim of co-design, co-development, co-delivery, and reflection. It is important to share the learning so that provision is in sync with the needs and aspirations of minority communities.



First Celebrating Diversity  
Event in Chichester

These interviews and focus groups have supported VAAC to better support and co-develop initiatives with other groups and individuals.

Further conversations are needed to improve knowledge sharing and access to services and activities from our wide range of partners.

**The Together Project:** Four community leaders across a range of backgrounds have formed the Together partnership under the umbrella of the Transformation Centre. Their aims are to celebrate Diversity in Arun and Chichester, to create a space for people from ethnically diverse communities to talk on issues that matter to them, to support integration and to access goods and services which are hard to access in the local area.

Through monthly events rotating between Chichester and Littlehampton, funded by the Sussex Community Foundation. The first event took place in March 2022 in Chichester with thirty-two people attending. Feedback included:

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‘I really appreciate that because of VAAC, we got an opportunity to meet new people. It is a great way to start to introduce each other to other minority people. Also represent our cultural festivals, food and discussion about different topics which include different activities improving health, mental health, children’s activities. Connect with people from heart to heart. Thanks again.’ Event attendee



Conversation

“

‘Thank you. It is refreshing to be in a room with people who look like me.’ Event attendee

**Working with Connecting Cultures:** A new emerging group, seeking to support ethnically diverse families in Chichester. Working with [Everyone Active](#) (contracted by Chichester District Council) to look at health and fitness classes for women and their families. Connecting Cultures with VAAC is seeking funding to move this work forward to provide support for women - information and signposting and conversational language classes.

### **Working with Chichester Jamia Centre to progress plans for a mosque (place of worship) and community centre in Chichester:**

Approx. 400 men are regularly worshipping in a rented space run by the Chichester Jamia Centre, a registered charity. There is not enough space to currently include women in worship. Arabic classes are provided at weekends for children. Bringing together people from Chichester and the wider Chichester District. People use the mosque from a wide range of nationalities and backgrounds including Britain, Afghanistan, Bangladesh, Pakistan, India, Pakistan, and Morocco.

### **Support for Ethnically Minority Families who have a family member in prison:**

In partnership with Sussex Prisoners Families<sup>14</sup>, Bridging Change, Diverse Resources International and VAAC are combining their strengths and expertise to work directly with families who have a family member in the criminal justice system. Working with families, wider community, and key stakeholders to tackle related issues that prevent people from gaining the support they need. As families of prisoners, particularly mothers, experience trauma, loss, poor physical and mental health, increased financial and housing problems occur as a result of their loved-one's imprisonment. VAAC are currently trying to secure funds to take this work forward.

**Eastern European Support:** VAAC are talking with Aspire, Local Authority, Grandads Front Room, Lithuanian Community of the South Coast, and the Shore Church looking at different ways to support vulnerable Eastern Europeans. This includes targeted events, referrals to appropriate services and access to language classes.

**Bognor Community:** A group of people exploring ways to build community cohesion and address negative perceptions of ethnically diverse communities.

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<sup>14</sup> <https://www.sussexprisonersfamilies.org.uk/>



## 12. Acknowledgements

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- Julie Hoggatt, Economic Regeneration Officer, Arun Council
- Jurgita Balkiene
- Galya Kostova
- Andzejus Ageicikas
- Shalufa Begum/ Emma Hughes Connecting Cultures
- Miranda Cormell, Shore Church
- Hilda Chehore UKSWA
- Gintarė Ulevičiūtė, Lithuanian Community of the South Coast
- Lukasz Kowalski, Sussex Police (Operation Akcent)
- Mark Eyre/ Dermot Torney, Sussex Police
- Gemma Driver, Sanctuary
- Tobias Condron, Stonepillow
- Kevin Richmond/ Adrian Barrott, Sussex Community Foundation
- Adeelah Khan, Carers Support West Sussex
- Grandads Front Room
- Vikki Gimson, Sussex Interpreting Service
- Jacek Pokropek/ Fr Chris Bergin, Our Lady of Sorrows Catholic Church
- Revd Naison Hove, United Church (Littlehampton, Rustington and Worthing)

- Gulu Sibanda, Locality Lead, Partnerships and Communities Team, West Sussex County Council
- Stephanie Mooney who has led the project is funded through the Local Community Neighbourhood Network.

Those who were willing to be interviewed or completed a survey or participated in a focus group.

**healthwatch**  
West Sussex

Thank you for the support of Healthwatch West Sussex especially Cheryl Berry Community Partnership Lead who supported and edited this report. Cara Horne Communications Lead who designed the report.





### 13. Footnote Links

<b>1</b>	<p>Mahmood F, Acharya D, Kumar K, et al. Impact of COVID-19 pandemic on ethnically minority communities: a qualitative study on the perspectives of ethnically minority community leaders.</p> <p>BMJ Open 2021;11: e050584. doi:10.1136/ bmjopen-2021-050584</p>
<b>2</b>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html">https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html</a></p>
<b>3</b>	<p>Census 2011, Chichester District Analysis, Corporate Information Team</p> <p><a href="https://www.chichester.gov.uk/media/19419/Census-2011-report---March-2013/pdf/2011_Census_Report_Chichester_District_v2.pdf">https://www.chichester.gov.uk/media/19419/Census-2011-report---March-2013/pdf/2011_Census_Report_Chichester_District_v2.pdf</a></p>
<b>4</b>	<p><a href="https://jsna.westsussex.gov.uk/assets/core/west-sussex-jsna-summary-2019.pdf">https://jsna.westsussex.gov.uk/assets/core/west-sussex-jsna-summary-2019.pdf</a></p>
<b>7&amp;8</b>	<p>Black, Asian and Minority Ethnically Communities Need Assessment 2016, West Sussex Public Health, and Social Research Unit</p> <p><a href="https://jsna.westsussex.gov.uk/assets/core/Black-Asian-and-Minority-Ethnically-Communit-es-Needs-Assessment-2016.pdf">https://jsna.westsussex.gov.uk/assets/core/Black-Asian-and-Minority-Ethnically-Communit-es-Needs-Assessment-2016.pdf</a></p>
<b>5</b>	<p>Sussex Community Foundation, Consultation with Black, Asian and Minority Ethnically Community groups 2020.</p> <p><a href="https://sussexgiving.org.uk/">https://sussexgiving.org.uk/</a></p>
<b>6</b>	<p>Access to health care for ethnically minority populations, A Szczepura</p> <p><a href="https://pmj.bmj.com/content/81/953/141">https://pmj.bmj.com/content/81/953/141</a></p>
<b>9</b>	<p>The Concise Oxford Dictionary, 7<sup>th</sup> edition 1981</p>
<b>10 &amp; 12 &amp; 16</b>	<p>The Sussex Black, Asian and Minority Ethnically (BAME) Population Needs Review by the Sussex Health and Social Care Partnership, 2020</p> <p><a href="https://learnliveuk.com/wp-content/uploads/2021/09/BAME-Needs-Assessment.pdf">https://learnliveuk.com/wp-content/uploads/2021/09/BAME-Needs-Assessment.pdf</a></p>



<b>11</b>	Benson T, Seers H, Webb N, et al. Development of social contact and loneliness measures with validation in social prescribing. BMJ Open Quality 2021;10: e001306. doi:10.1136/bmjopen-2020-001306
<b>13</b>	Aspire Sussex <a href="https://aspire Sussex.org.uk/">https://aspire Sussex.org.uk/</a>
<b>14 &amp; 15</b>	BAME Needs Assessment, Findings from the community engagement, Young Foundation (Victoria Boelman, Radhika Bynon, Charlotte Heales, and Anna Davis), 2015 <a href="https://www.youngfoundation.org/our-work/publications/bame-needs-assessment-west-sussex-community-engagement/">https://www.youngfoundation.org/our-work/publications/bame-needs-assessment-west-sussex-community-engagement/</a>
<b>17</b>	Sussex Prisoners <a href="https://www.sussexprisonersfamilies.org.uk/">https://www.sussexprisonersfamilies.org.uk/</a>

## Appendix 1. Theory of Change

Theory of Change			
Inputs	Outputs	Outcomes	Impact
Facilitating conversations with groups and people from ethnically diverse communities	Community engagement with their issues of importance	Social Cohesion	Address local inequalities which enable individuals and families to thrive contributing to vibrant local and healthy communities
Sharing information	Service providers and stakeholders have reliable information about ethnically diverse communities (concerns, priorities, interests, strengths, opportunities)	Organisations and Service providers adopt new attitudes and practices which improves accessibility, engagement and take up of services from underrepresented groups	
Training, mentoring and support for emerging project ideas and organisations	New local activities and groups are established	Increased activities and support addressing locally identified priorities	
Facilitate connections, networking and collaboration opportunities between communities, organisations, service providers and stakeholders	Increased partnership working and sharing of resources, expertise, and information	Improved engagement and access to activities and services for underrepresented groups responding to identified needs and priorities	



## Appendix 2: Engaging Black, Minority, Ethnically and Refugee Communities in Arun and Chichester survey responses

The survey was live from October 2020 until December 2021 for people living in Arun and Chichester.

The survey was available in 14 languages English, Polish, Lithuanian, Bengali, Mandarin, Portuguese, Arabic, Bulgarian, Tigrinya, Farsi, Tagalog, Hindi, Gujarati and Russian. Languages were added when requests were made. In total 57 responses were received.

### 1. Area people where people live:

- 31 (54%) people responded from the Chichester area
- 18 (32%) people responded from the Arun area
- 8 (14%) people preferred not to say where they were living

### 2. Gender:

- 29 (51%) were women who responded to the questionnaire
- 22 (39%) were men who responded to the questionnaire
- 6 (11%) people preferred not to say what their gender was

### 3. Age:

- 29 (51%) respondents were aged between 25-44
- 19 (33%) respondents were aged between 45-64
- 3 (5%) were aged over 65
- 6 (11%) people preferred not to say how old they were

### 4. Ethnicity:

- 16 (28%) respondents expressed that their ethnicity is white other
- 16 (28%) respondents expressed that their ethnicity is Asian/ Asian British
- 8 (14%) respondents expressed that their ethnicity is Black/ African/ Caribbean
- 2 (4%) respondents were expressed that they were from a white English background
- 1 (3%) respondent expressed that they were from another background
- 9 (16%) people preferred not to say

- 5 (8%) Other

Ethnically backgrounds expressed as white other include Polish, Lithuanian and Russian.

#### 5. Nationality:

Nationalities that were expressed ranged from British/English, Polish, Lithuanian, Portuguese, Syrian, Egyptian, Asian British, British Bengali, Rwandan, Black British

#### 6. Languages spoken at home:

From the responses the languages spoken at home ranged from: English, Polish, Bengali, Russian, Shona, Bemba, Zulu, Kinyarwanda, Arabic, Lithuanian, Portuguese

#### 7. What languages do you regularly use for speaking:

From the responses the languages regularly used are English, Bengali, Russian, Polish, French, Lingala, Likouala, Arabic French, Arabic, Spanish, German, Swahili, Pidgin English

#### 8. What languages do you use for reading and writing:

From the responses the languages that people use for reading and writing are English, Arabic, Polish, Lithuanian, Russian, French, German, Kinyarwanda, Portuguese and Bengali

#### 9. What is your religion or belief:

- 26 (46%) respondents said that they were Christian
- 21 (37%) respondents said that they were Muslim
- 9 (16%) people preferred not to say their religion or belief
- 1(1%) not stated

#### 10. Which of the following best describes your experience of the neighbourhood where you live:

- 18 (32%) people stated that it looks like there is a strong community spirit, but I don't feel part of it
- 15 (26%) people stated that there is not much community spirit
- 8 (14%) people stated that there is a strong community spirit and I feel part of it

- 5 (9%) people stated that they only feel connected with other community members who speak my language
- 4 (7%) people stated that they didn't know
- 6 (11%) people preferred not to say
- 1 (1%) person shared their difficult experience of living in a shared house

#### 11. What local activities are you involved in?

39 out of 57 people responded to this question. The activities expressed included:

- Doing no activity 25 (64%)
- Attending church or faith group 3 (8%)
- Sport 3 (8%)
- Using a Community Centre 2 (5%)
- Road Committee (Residents group on the street where they live) 1 (3%)
- English lessons 1 (3%)
- Children's activities 1 (3%)
- Work 1 (3%)
- 2 (6%) Other

#### 12. Which of the following are you most concerned about (maximum of 3 options)

- 51 out of the 57 people completed this multi-question, concerns listed in priority order.
- 25 (49%) COVID -19
- 19 (37%) My Children's education
- 14 (27%) Having enough money to support my family
- 13 (25%) Racial discrimination
- 12 (24%) Have lost or are worried about losing a loved one.
- 12 (24%) Losing my job
- 10 (20%) Loneliness
- 9 (18%) Other health issues (for me or my family)
- 9 (18%) Getting a job
- 8 (16%) Opportunities for young people
- 4 (8%) The social problems in my neighbourhood

- 2 (4%) Something not on the list
  - Loss of real community to communications platforms such as Facebook, WhatsApp etc.
  - I would like to live on my own, but I am not able to pay rent. I am single person, and I don't take any benefits.
- 1 (2%) Prefer not to say

13. What services are you most interested in accessing locally (multi-answer question) Listed in frequency order.

- 35 (61%) Family and children's activities
- 28 (49%) Fitness
- 28 (49%) Medical (e.g., doctors' surgery/ medical centre)
- 27 (48%) Language learning
- 26 (46%) Culture
- 23 (40%) Mental Health
- 16 (28%) Activities and support for older people
- 12 (21%) Advice and information (such as access to benefits, debt advice, employment)
- 11 (19%) Arts
- 9 (16%) Other health (alternative therapies)
- 7 (14%) people preferred not to answer
- 1 (2%) Other (please specify)
  - Walk in the woods

14. Have you ever had difficulty accessing any of the services locally?

- 28 (49%) Yes
- 17 (30%) No
- 12 (21%) Prefer not to say

14.a. 23 responders stated 'yes' and gave additional information about which services were difficult to access.

Health and Medical

- 9 (39%) Stated medical services including GP.
  - Additional feedback– doctors avoid patients, overloaded with patients

- Single individuals identified difficulties accessing mental health and alternative therapy services.
- 3 (13%) Fitness
- 4 (17%) Women's only fitness
- 3 (13%) Outdoor spaces
- 4 (17%) Women, children, and family Spaces
- 3 (13%) Cultural activities
- 1 (4%) Social activities

#### 14b. What made it difficult to access these services:

- 15 responses to this multi-answer question.
- 7 (47%) responses were around communication and language:
  - I always need to take somebody with me for translation as I don't speak English
  - Any service where I was required to speak English over telephone was a challenge
  - Poor English language
  - Unable to talk in person when my English skills were limited. It is harder to speak in a foreign language to someone over the telephone as you can't use your body language
  - Phone calls not working in every situation
  - No face-to-face meeting
- 5 (33%) No appropriate service or activity was available.
- 2 (13%) responded about accessing a GP service:
  - Doctors avoid patients
  - Overloaded with patients
- 2 (23%) responded stating discrimination
- 2 (23%) responded with lack of knowledge about what is available locally
  - Not sure there are any in my area
  - I don't know any places near me

#### 15. Who do you turn to for help and support (multi-answer question)

- 36 (63%) Friends



- 28 (49%) Family
- 16 (28%) Citizen Advice Bureau
- 15 (26%) Online information
- 9 (16%) Religious Leaders
- 8 (14%) Online community
- 7 (12%) Work colleagues
- 5 (9%) Community organization
- 5 (9%) West Sussex County Council
- 4 (7%) District or Town Council
- 3 (5%) Other
  - Community Warden
  - Voluntary Female Police Officers
  - Didn't ask for any help
  - No one

**16. Is there a particular organization that you have found really useful and would recommend to others:**

46 responses to this question.

- No 26 (46%)
- Yes (35%)

**Organisations that were recommended included:**

- Sanctuary in Chichester
- Church
- Community Warden in East Witterings
- Operacja Akcent – (a Facebook page for the Polish Community run by the Police)
- Age UK Laburnum Centre
- District Town Hall

**17. How often do members of your community (ethnically/nationality/language or religious) ask you for practical help (e.g., to look after their children support an older person, run an errand)?**

- 25 (44%) were asked rarely
- 10 (18%) were asked once a week
- 10 (18%) people did not answer or preferred not to say
- 2 (4%) were asked every day

- 2 (4%) were asked once or twice a month

(Note: The survey was completed at different times through the year. So, the response is linked to the point in time.)

#### 18. I have had COVID-19

- 61 (54%) stated that they did not have COVID-19
- 16 (28%) people did not answer or preferred not to say
- 6 (11%) stated that they had COVID-19

#### 19. I feel well-informed about government regulations for socializing during this COVID-19 lockdown?

- 35 (61%) of people agreed a lot
- 7 (12%) of people agreed a little
- 9 (16%) of people did not answer or preferred not to say
- 4 (7%) of people didn't agree much
- 2 (4%) don't agree at all

#### 20. I feel well-informed about how to avoid catching or spreading COVID-19

- 40 (70%) of people agreed a lot
- 8 (14%) of people did not answer or preferred not to say
- 5 (9%) of people agreed a little
- 2 (4%) of people didn't agree at all
- 1 (2%) person didn't agree much

#### 21. I feel well-informed about when I should get tested for COVID-19

- 34 (60%) of people agreed a lot
- 9 (16%) of people did not answer or preferred not to say
- 8 (14%) of people agreed a little
- 3 (5%) of people didn't agree much
- 2 (4%) of people didn't agree at all

#### 22. I know where to go to get tested for COVID-19

- 31 (54%) agreed a lot
- 12 (21%) agreed a little
- 9 (16%) of people did not answer or preferred not to say
- 3 (5%) of people didn't agree at all

- 2 (4%) don't agree much

23. I know how to access financial support for COVID-19 related loss of income

- 17 (30%) of people did not answer or preferred not to say
- 16 (28%) of people didn't agree at all
- 11 (19%) of people didn't agree much
- 3 (5%) of people agreed a little

24. If you were offered the COVID-19 Vaccine would you take it

- 41 (72%) of people said yes
- 9 (16%) of people did not answer or preferred not to say
- 4 (7%) of people said no
- 2 (4%) of people didn't know
- 1 (2%) person needed more information about it

25.a. I have access to digital technology

- 46 (81%) of people agreed a lot
- 9 (16%) of people did not answer or preferred not to say
- 1 (2%) person agreed a little
- 1 (2%) person didn't know

b. I am comfortable with using digital technology

- 34 (60%) of people agreed a lot
- 10 (18%) of people agreed a little
- 9 (16%) of people did not answer or preferred not to say
- 4 (7%) of people didn't agree much

c. Most of my community are comfortable using digital technology

- 21 (37%) of people agreed a lot
- 16 (28%) of people agreed a little
- 9 (16%) of people did not answer or preferred not to say
- 8 (14%) of people didn't agree much
- 1 (2%) person didn't know
- 1 (2%) person didn't agree at all

d. Some of my community do not know how to use digital technology?

- 16 (28%) of people agreed a lot
- 12 (21%) of people didn't agree much
- 12 (21%) of people didn't answer or prefer not to say
- 11 (19%) of people agreed a little
- 5 (9%) of people didn't know
- 2 (4%) of people didn't agree at all

e. Some sections of my community do not trust digital technology?

- 20 (35%) Agreed a little
- 12 (21%) of people didn't answer or prefer not to say
- 10 (18%) of people didn't know
- 7 (12%) of people agreed a lot
- 5 (9%) of people don't agree much
- 3 (5%) of people don't agree at all

f. Some of my community do not have access to digital technology

- 15 (26%) of people agreed a little
- 13 (23%) of people don't agree much
- 12 (21%) of people didn't answer or prefer not to say
- 11 (19%) of people didn't know
- 5 (9%) of people don't agree at all
- 1 (2%) of people agreed a lot

g. Digital technology has helped me feel more connected with people in my local neighbourhood?

- 18 (32%) of people agreed a little
- 15 (26%) of people agreed a lot
- 10 (18%) of people didn't answer or prefer not to say
- 8 (14%) of people don't agree much
- 4 (7%) of people don't agree at all
- 1 (2%) person didn't know

h. I have access to digital technology, but I still feel isolated from other people in my neighbourhood?

- 21 (37%) agree a little

- 15 (27%) agree a lot
- 11 (19%) of people didn't answer or prefer to not to say
- 4 (7%) of people don't agree much
- 4 (7%) of people didn't agree at all
- 2 (4%) of people don't know

**26. Which sources are you most likely to use to get information or advice about staying healthy? (Choose up to 3 that you use most)?**

- 35 (61%) people get information from internet search (e.g., Google)
- 22 (39%) people get information from Facebook
- 20 (35%) people get information from WhatsApp
- 14 (25%) people use TV programmes
- 13 (22%) People get information from directly from friends (face to face or by telephone, Zoom, facetime etc.)
- 8 (14%) people get information directly from official person (face to face or by telephone, Zoom or facetime)
- 8 (14%) people didn't answer or prefer not to say
- 6 (11%) Other social media
- 5 (9%) send email to a published helpline email address
- 5 (9%) Websites
- 4 (7%) Printed media e.g., newspapers
- 4 (7%) Call an advice line on mobile or telephone
- 3 (5%) Radio programmes

**27. Which device are you most likely to use to access the above sources**

- 40 (70%) Mobile phone (touchscreen)
- 8 (14%) people didn't answer or prefer not to say
- 4 (7%) laptop/ home computer
- 3 (5%) Tablet/ iPad
- 2 (4%) TV

**28. Have you ever had difficulty getting information from any of the above sources?**

- 38 (67%) said no
- 13 (23%) people didn't answer or prefer not to say



- 6 (11%) said yes

If yes, which sources were difficult to access:

- Medical
- Right, correct information
- Call and advice line

What made it difficult for you to access

- Long waiting time
- Mixed information
- Language barrier and lack of personal contact and trust

### 29. How often do other community members ask you for advice or information?

- 21 (37%) people expressed rarely
- 11 (19%) people didn't answer or prefer not to say
- 9 (16%) expressed once a week
- 6 (11%) Never
- 5 (9%) Once or twice a month
- 5 (9%) Every day

### 30. What method are you most likely to use to share advice or information with others?

- 24 (42%) people are most likely to share information using WhatsApp or similar e.g., Messenger, Signal, Skype messages
- 13 (23%) people are most likely to speak to friends face to face to share information
- 8 (14%) people didn't answer or prefer not to say
- 6 (6%) people would share information via Facebook
- 1 (2%) person would share information through other social media

### 31. What options for connecting with other people in your area would you prefer to use if they were on offer? (More than one option available)

- 31 (54%) people would prefer to use a social club
- 21 (21%) would prefer to use a women's group
- 17 (30%) would prefer to be part of a friendship groups
- 13 (23%) would prefer to be part of a men's group
- 10 (18%) would prefer to be part of an English conversational practice group

- 9 (16%) would prefer to be part of a Facebook group
- 8 (14%) people didn't answer or prefer not to say
- 3 (5%) people stated other which included:
  - Church group
  - Where people could get answers to questions about any help, advice, health, benefits, forms and etc.
  - Community events projects

32. How would like local government, healthcare, and other community services providers to communicate with you about issues that affect you and your ethnically/ nationality/ language or religious community?

- 38 (67%) would like to receive information in writing (by letter, email, SMS)
- 18 (32%) would like to have a conversation at an event specifically for members of my ethnically/ nationality/ language or religious community
- 11 (19%) would like to have a conversation at a public meeting in their neighbourhood
- 10 (18%) didn't answer or preferred not to say
- 10 (18%) would like to receive information on issues through media announcements on radio or TV
- 10 (18%) would like a conversations in a social media group
- 10 (18%) would like to talk to a representative of my ethnically/ nationality/ language or a religious community
- 1(2%) would like to have listener questions on a radio phone in show
- 1 (2%) stated other
  - I don't need to talk

33. Would you be interested in a follow up conversation or being part of a focus group discussion:

- 23 (40%) said yes
- 23 (40%) said No

**VAAC wants to see a thriving, inclusive and strong VCSE sector that supports, inspires and empowers individuals and communities throughout Arun and Chichester.**

**We provide support and development services to the VCSE sector to bring about sustained and positive changes to individuals and communities throughout Arun and Chichester.**

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### **Voluntary Action Arun and Chichester**

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