

Summary:

The ‘Our Voice Counts’ Project was commissioned to ensure the voices of the BAME population at Newton Lodge were heard and everyone was given equitable opportunity to be involved.

‘Our Voice Counts’ followed on from other Inequalities projects in West Yorkshire that highlighted a need to raise awareness of the BAME population experience.

Experiences of service users from a BAME background at Newton Lodge were gathered via a series of face-to-face meetings using guided questions and appreciative enquiry in conversation.

Views of staff were also collected around the experiences of the BAME population, including any good practice.

Data was also collated and compared to local demographic information.

Themes and trends were identified as follows:

1. Feeling Safe
2. Staff Relationships
3. Religious & Cultural Need
4. Religious & Cultural Knowledge
5. Food
6. Family
7. The Men’s Pathway
8. The Women’s Pathway

The report then used these headers to share the narrative of the Service Users and Staff themselves through direct quotes.

Service Users= Blue Staff= Green

Suggestions and recommendations from the themes/trends and Service Users themselves are made within this document to improve the experience of those from a BAME background whilst as at Newton Lodge

Suggestions= Purple (ideas or examples of how change could be implemented)

Recommendations= Purple (strongly proposed courses of action to improve experience)

Overall, this project has given assurance that involvement processes are in place for all and that the staff team are supporting individuals to have their voice heard. There is a continual drive to improve quality of experience for those from a BAME background.

This has however only been a snapshot in time, and recommendations have been made to ensure process for continual check in, as Service User and Staff populations constantly change and more can always be done.

Context:

The SWYFT Equality & Involvement Team commissioned the Yorkshire and Humber Involvement Team to explore the experiences of those from a Black Asian and Minority Ethnic (BAME) background around meaningful involvement and barriers to involvement.

The hypothesis was that those from a BAME background at Newton Lodge traditionally do not get involved within the service.

The project was designed to further the findings of Discovery Interviews [1] that took place in February 2022 across the Forensic Pathway at SWYFT where experiences of those detained under the Mental Health Act 1983 (amended 2007) were captured through a story telling approach to improve services and processes.

The Project would also follow up the NICHE Report [2] that was finalised in November 2020, an investigation into the inequalities of the Adult Forensic Services within the West Yorkshire Provider Collaborative. The report highlighted that men from a BAME background were overrepresented in the West Yorkshire secure population. Recommendations were made to raise awareness of the experiences of BAME individuals in Mental Health Services and ensure service users are facilitated to have a voice.

The Project would be a short-term piece of work to explore the experience of those from a BAME background at Newton Lodge within the context of Involvement. The project would be a local snapshot in time. The Project would not replicate other wider research and evidence that has been conducted to explore inequalities faced by the BAME population in Mental Health, but acknowledges these findings, statistics and implications from reports such as 'Improving the experiences and outcomes for Black men in secure care services' (NHSE 2017) [3] and the impact they have on personal experiences.

Strengths of the Yorkshire and Humber Involvement Leads conducting the project were noted as:

- 15+ years of involvement and facilitation strategy
- Newton Lodge regularly promoting and attending Yorkshire and Humber Network events
- Well established relationships with Newton Lodge
- Familiarity with the environment

Acknowledged limitations included:

- The Involvement Leads conducting the interviews were white British females and service users may have preferred a choice in who they shared their experience with.
- The ongoing covid restrictions in place for safety of all and impact of covid on staff support and access to the ward areas.
- Time limitation of 3 months for the project, including limited time at Newton Lodge in person

Methodology:

The focus of the project would be to gather experiences of service users from a BAME background and highlight themes and trends and make recommendations to Newton Lodge to build on established good involvement practice and/or make changes.

We wanted to capture the staff perspective on the service user experience, offering a different viewpoint from those delivering on care.

We did not speak to staff about their own experiences of being from a BAME background working within Newton Lodge, as it was outside the parameters of our primary task. We had assurance that multiple opportunities are available to staff to discuss their experiences and needs.

We will highlight at this point the importance of staff experience and the direct impact it has on a service user experience from a relational and quality perspective. Staff involvement and authentic working self can have large impact on role modelling and recovery for service users. It is therefore important to consider the experiences of the BAME staff population, alongside the service user experience.

Preparatory work was undertaken to gain a wider understanding of why the project was important to Newton Lodge, this involved talking to the Social Work team who had flagged some concerns.

We presented a project plan to the SWYFT Equality & Involvement Team who approved us to move forwards.

We advertised our project through posters sent to the wards, through attending the 'One Voice' meeting and Managers meeting to explain the process, our aims and how we would achieve them.

Service User Questions:

1. Tell us about your background? Were religion and culture important to you growing up?
2. Do you follow a religion or cultural practice now?
3. Are your needs met with this within Newton Lodge?
4. Can you share some positive examples of how this happens?
5. Could anything be improved? (Think big)
6. Is there a simple change that would make you happy?
7. Do you get involved on the ward? (How? If not, why not)
8. Could anything help you become more involved?

Or Please Tell us about your experience...

Staff Questions:

1. What is your view on the experience of service users at Newton Lodge from an ethnic minority background?
2. What improvements could be made? (Quick wins v Long Term Goals)
3. What good practice takes place at Newton Lodge around cultural and religious experience?
4. What support is offered to staff from a BAME background? And to support those from a BAME background?
5. Are there any barriers to change at Newton Lodge?

Or Please Tell us about your experience...

Our approach would be to interview service users and staff preferably face to face or over Microsoft Teams. We had a set of questions for service users and a separate set for staff to guide conversation, we were also happy to just listen and allow stories and experiences to flow, each interview would dictate its own course.

Ward visits were planned in advance via email by the Newton Lodge Team, who we thank for supporting us in our endeavour.

We visited Newton Lodge on 3 separate occasions, visiting 6 out of 7 wards and talked to 9 service users from a BAME background within this time, 2 female and 7 male.

Waterton was unsettled on our arranged visit date, and we were unable to talk to service users on this ward on this occasion.

Suggestion: For Newton Lodge staff to use the questions from this project to ensure Waterton's service users are offered a further opportunity to be involved in this process and have their experiences and views logged.

We also included into the report observations and conversations with 3 service users on the low secure service at Bretton Centre that were from a Quality Review undertaken by the West Yorkshire Commissioning Hub in June. These conversations were felt to be relevant to the aims, within the spirit of sharing across the Forensic BDU and undertaken by the Involvement Leads.

Suggestion: To repeat the Project fully across the Low Secure Service.

In total, 12 service user stories and experiences were heard and considered when looking for themes and making recommendations.

Key demographics disclosed through conversations as follows:

- 10 people were male, 2 female
- The age range was 24-55
- 4 people were Black, Black British, Caribbean or African
- 7 people were Asian, Asian British
- 1 person was Other
- 5 were practising Muslims
- 1 person identified as multi-Faith
- 2 people were not currently practising Faith (one brought up within Islam & the other Sikhism)
- 5 people did not discuss Religion
- 11 people spoke English as a primary language
- 1 person required the use of an interpreter
- All had complex and enduring mental illness
- All were detained under the Mental Health Act and undergoing hospital treatment in either medium or low secure services, with one person awaiting recall to prison following treatment

Nursing Teams were spoken to when we visited, we arranged for Teams calls with Ward Managers, and Staff Members who wished to talk to us and not on shift. We were able to talk to the Service Manager, Social Work Team Members, and Psychology Team Members within the time frame allocated.

18 staff members shared their views with us, 4 of whom were from a BAME background.

'It is important to have conversations and ask questions, variety is important too, we are not all the same'

Suggestion: For Newton Lodge staff to use the questions provided here to reflect on their experience and make comments to be logged as part of supervision, including commitments to learn more.

Suggestion: Consideration to be made to have a designated Involvement Lead and/or Equality Champion to ensure that the service user experience is constantly heard through a Newton Lodge Involvement Strategy.

Recommendation: For the Project to be repeated, to ensure that the BAME service voice is continually heard, and themes represent the current patient population.

Cloverleaf Advocacy were also approached on numerous occasions to support this project, but were unavailable to meet with us during the timeframe.

Recommendation: For the Project to be repeated and include the views of a wider Newton Lodge staff team including Pastoral Care & Advocacy.

Recommendation: For the Project to be repeated and Carer Views to be included.

Data was also collected from the ward managers in the format of a pre-prepared excel spreadsheet that asked for anonymous key demographic information from all BAME service users, whether they had spoken to us or not. The data allowed us to look at the population of NL as a whole and build on the context given.

6 of the 7 wards returned their data within the timeframe. **The calculations are based on the data received only and could change with the final ward information.**

The data showed us that from the Newton Lodge population, 30% of service users are from a BAME background. This is above the West Yorkshire BAME population of 19.6% [4] and double the Yorkshire & Humber BAME population of 14.2% [5], again identifying an over-representation of BAME population within secure services. This further validates the need to ensure those from the BAME population have their voice count.

45% of the Newton Lodge BAME population stated they were Atheist, 55% practised religion. Of those practising religion 36% were Christian, 55% were Muslim and 9% were Sikh.

15% of the Newton Lodge BAME population had a preferred language that was not English.

80% of the Newton Lodge BAME population have a length of stay above 1 year. With 20% above 5 years.

On the women's pathway, 27% of the population are from a BAME background. All women from a BAME background identify as Black, Black British, Caribbean or African.

If we look at women only from West Yorkshire at Newton Lodge, (taking out those placed out of area), then 13% of the women's population are from a BAME background, 7 times the local Black, Black British, Caribbean or African population of 1.8% [4].

'The local area doesn't reflect my needs- Wakefield has one shop that sells Black hair products'

On the men's pathway, 31% of the population are from a BAME background. The men from a BAME background identify as Asian/ Asian British (25%), Black, Black British, Caribbean or African population (69%) and other (6%).

If we look at men from West Yorkshire only, then 23% of the population are from a BAME background, again higher than the local average [4].

Interview Themes:

1. Feeling Safe

All the service users we spoke to stated they felt safe, that their needs were met and were confident to speak up if they wanted to raise a concern. There were no feelings of racism or discrimination amongst those we spoke to.

'I feel respected by staff, there is no issue with race here'

'I feel safe'

'I know how to escalate issues, I feel safe in hospital,

'I feel my voice is heard and my needs are met, I got to cook and that was good'

'It's not racist here'

'I don't feel I am treated different because I am Pakistani'

'I would be happy to speak up if things needed changing, but I am happy'

'I used to feel safer in seclusion, no one would bother me. I moved here because I wasn't eating in my last place, they encouraged me here, I'm doing well now'

'I feel all my needs are met, I feel safe and supported'

One service user discussed a worry of not following Islam like others on ward do, as there is a cultural expectation and some peer pressure. They also discussed fear of discharge into the community and the impact of not knowing where they belong- they felt safe in hospital.

'I don't feel like I fit in with the Asian community anymore and I don't fit in white British community- this includes at Newton Lodge, and for when I go back to the community'

Suggestion: Whilst in hospital and when people are unwell, religion may not be a priority, offering peer support or opportunities to speak to people further on their journey may be helpful.

Suggestion: Transition planning takes into account service users who do not want to return to their local area of origin for religious and cultural reasons.

Staff were confident that the ward environments were safe for all.

'My role is to support and keep safe'

'Staff are confident to keep the environment safe, we try to keep it neutral'

'We create a safe environment so people can raise issues, and people know we do something about it'

'Staff are motivated and willing to reinforce a positive and open culture. Staff will challenge and not accept a racist environment'

2. Staff relationships

Service users spoke highly of the relationships they held with staff and were confident to approach them if they had concerns to raise or recommendations to make.

'There are no problems on the ward, I feel safe, I have good staff relationships'

'If I had a problem, I would speak to ward staff or advocacy'

'The staff support me and want what is best for me'

'Staff are friendly, there is a good atmosphere on the ward, the ward environment is nice, I feel safe'

'I feel respected by staff, there is no issue with race here'

'Relationships with staff are important, they have known me a long time here'

'Staff support me to follow religion and cultural practices'

'I feel my voice is heard and my needs are met'

Of the staff we spoke to, all were determined to deliver the best care possible and learn and grow, striving for excellence.

'Staff teams are passionate and want to meet individualised care needs'

'I like to think we give choice and that we are pro-active about celebrating faith and difference on this ward'

'I am a positive and motivated person; I will always respond to the voice of service users and staff'

'All disciplines are working with people to ensure their cultural needs are met'

Staff also spoke to family regularly to help them learn about the individual they are caring for and included them and their views in care planning.

'Sometimes it is a learning curve, service users have to explain to me, or I speak to family to best support the individual with their religious and cultural needs'

Some concerns were raised around physical health and the availability of staff support, especially in relation to accessing the gym.

'Staff are hard worked and busy, there are not enough to support us'

‘Access to the Gym is limited, I want to go but staff are not trained in the gym, staff used to be able to take us but can’t anymore’

‘Not enough Gym staff trained, now extra layers to get to the Gym’

Suggestion: Increase the number of staff Gym trained to support equal access to physical health opportunities, establishing good habits whilst in hospital, to a population that are evidenced to have higher health risks. [6]

Some service users also discussed wanting to see a more diverse workforce and having role models within the service championing cultural needs.

‘I would like to see a more diverse workforce’

‘There is only one nurse from a Black background on this ward’

‘There should be more understanding of cultures and staff role models’

‘There is a good staff mix including diversity on this ward, not necessarily across the site’

Suggestion: Service user and staff roles as ‘champions of culture.’

3. Religious and Cultural Needs

Service users discussed having access to religious artefacts and pastoral services.

‘Everything I need to pray is offered’

‘I practice as a Muslim, I pray in my room, I have everything I need to do so’

‘I am supported to pray, the Imam comes on a Friday, I can have a prayer mat when I want’

‘I feel I see the Imam enough’

It was mentioned that the Imam visiting had been impacted by covid restrictions and an alternative had not been found.

‘Imam usually comes for Friday Prayer, but I haven’t seen him for a couple of months’

‘We are addressing a short fall in needs being met such as Friday Prayers during covid, trying to overcome barriers and risk assessment to make them happen’

Staff were confident that options were available to meet all religious and cultural needs, and that the Imam had gone above and beyond to support service users at Newton Lodge.

‘We have choices of meals including Halal options, Friday Prayers, Imam visits, Prayer Equipment’

‘The Iman has made phone calls to seclusion’

‘We use translators and change language on all documents needed’

It was felt by service users that more could be done to understand the wider implications of faith and mental health and the complexity of the two intertwined.

'I struggle with paranoid beliefs related to my experience and religion'

This is explored further in 'Sharing Voices, Bradford 2022 [7] where it states, 'There are many conflicted and confused views that individuals had to cope with, and this would add distress, burden, feelings of guilt and shame.' The Psychology team at Newton Lodge reinforced that religion is a protective factor for many and important to support, even when people are struggling with beliefs.

'Religious guidance is always sought to support people, to give the right context'

Service users also felt that it was difficult to stay motivated sometimes and upkeep religious practice in hospital.

'I don't pray much, but I still believe'

'I grew up with Islam and still practice, or try, the medication makes me tired'

'I find it difficult to motivate myself here, it was easier to practice in prison, there was more of a brotherhood and the prison environment was more flexible too'

'Medications have helped me, but they stop me concentrating for long, I like to read religious texts and history, but I find them too long and intense now'

Suggestion: Look at what happens within prison in terms of religious and cultural need and see if any areas of good practice are transferable (an example given was of a Ramadan Treat Box for breaking fast with sweet dates.)

Suggestion: Use of Technology to help with call to prayer and other connections to culture and religion, including audiobooks.

'One service user we work with is not currently practising his religion, but does change his mind, and we always support him when he does'

Some service users felt that more could be done to promote inclusivity and choice around culture.

'Black products should be available in the shop at Newton Lodge, so people can shop for themselves and have a choice, white staff don't always know what to buy on your behalf'

Recommendation: Stock Take the shop and ensure products are suitable for all and that choices are available for the BAME population.

'Controlled items need to reflect cultural need, like items for Black skin & hair, that are needed are contraband'

'I didn't get a welcome pack or banned items list, I brought in some things that weren't allowed like moisturiser, the rationale wasn't clear to me'

Recommendation: Include service users in development and review of local procedures, especially those from a BAME background, to ensure all religious and cultural needs are considered and explanation offered for any restrictions.

4. Religious and Cultural Knowledge

Service users were concerned that media and societal views impacted what people understood about Islam and education for staff and peers was needed to support different thinking.

‘Those that are aware of Islam often have the wrong end of the stick’

‘It’s not taught in schools about different histories’

‘The Media only shows negative side of Islam’

‘Politics and media don’t help’

‘We acknowledge that some people may have fixed beliefs that won’t be changed by a stay in hospital, we offer support to all and continue educational conversations’

‘Pastoral services and accessibility to these services is done well, staff are culturally aware via mandatory training and individualise care and drive individual care plans.’

[The Cultural Calendar] ‘Created some challenging and healthy conversations’

Both service users and staff expressed the opinion that more could be done to raise awareness about culture and religion within Newton Lodge.

‘If people in Newton Lodge knew more about history of my background and social and cultural norms, I would feel more comfortable’

‘I am Bangladeshi, not Pakistani, there are differences’

‘Religious difference was a big part of me going to prison and ending up here, I don’t think staff understand that’

‘Staff should know more about religion’

‘Religion is very personal and individual’

‘BAME staff and BAME service user together sharing experiences would be great’

‘Religious and Cultural Awareness training would be useful’

‘I would like to be more knowledgeable e.g., so I can support Ramadan when working nights’

‘An e-learning package to use when needed would be useful, so when the population changes, we can refresh knowledge’

‘More social events would be great to get everyone to join in and be aware of other cultures- we are celebrating Eid as part of the Calendar’

Recommendation: Service user and staff working collaboratively on a training package that can be delivered to staff on Religion and Cultural Awareness, including lived experiences and examples.

Good practice around celebrations had been observed and discussed by service users and staff teams, preparations for Eid were taking place at the time of interviews.

Eid al-Adha was chosen by one ward as part of the cultural calendar series for 2022.

'I have helped plan and develop Eid celebrations at Newton Lodge'

'We get a choice in what we celebrate'

'There has been a lot of research about culture to help us celebrate Eid'

'We are having a Halal BBQ on Monday, followed by a trip to the cottage, its good for health and wellbeing and quality of life'

Some felt that the celebrations should have been happening already...

'We are celebrating Eid for the first time; I would like to celebrate more often. It shouldn't have had to be asked for, it should be recognised'

'We don't celebrate other cultures like we do Christmas'

Recommendation: Eid and other significant religious and cultural dates are continually celebrated and embedded into Newton Lodge practice.

'The calendar was a bit rigid to begin with, with dates more important than philosophy'

'We need everyday differences, not just calendar dates to be celebrated'

5. Food

Food was a large part of celebrating for people and a constant theme throughout conversations with service users with the feeling that again, more could be done. It was acknowledged as a meaningful and important way of bringing people together.

'I didn't follow Ramadan as you can't eat late at night, food is cooked outside the hospital'

'Meals have been ordered previously for Ramadan; they have a scanned barcode that works in our microwave- they are very basic'

'We have on occasion had special agreement to work round local [security] procedures and have home cooked food brought it'

'I would like to celebrate my culture more; I would love to teach others how to cook. I would make Caribbean food for all the service users and staff'

'ICP is still restricting cooking which is a big part of celebrating'

Suggestion: Group sessions on food and cooking that celebrate culture e.g., tasting menus from around the world, Newton Lodge cookbook with service user recipes.

Food in general was also discussed as disappointing.

'You get plenty of food here, but there is no variety, the quality is low- it is all frozen'

'I don't follow the Halal menu; the option is there though'

'My diet is met with the Halal option, but it is curry for everything, I would like to have the vegetarian option sometimes too, especially for lunch'

'The Halal menu is good if you like curry'

'Food is not great; I order from the specialist menu then don't eat it'

'There are no facilities on ward to cook'

'I would like more fresh food and to be able to cook'

'The Halal food is really bad, it is not freshly cooked, it is frozen and reheated. There is no choice or variety, and it is bland. There is nothing like home cooked food'

'The food is not very appetizing; I have put on weight in hospital, and it is concerning'

'There are lots of issues overall with the quality and quantity of Halal meals'

Suggestion: Service user involvement with creating menus.

Recommendation: Vegetarian options to be offered to those on the Halal menu to increase choice.

6. Family

Family was discussed throughout conversations as an important factor in keeping connections with the outside world and the BAME community. We were also shown photographs and keepsakes from family and told stories of empowerment, encouragement, and hope.

'Community is important to me; I would like to go back to London to be near my family'

'My family send me packages with 3 months supply of skin and hair products, not everyone has that help, without my family I would struggle to take care of myself'

The biggest ask that came through was for more time with family and friends.

'I get a home visit to see my husband once a week, I would like to go more. He is White, we have lived through racism and people trying to separate us. The rest of my family are from London, visits are only 45 minutes long, it's not worth them travelling, I get to phone them though.'

'I would have liked to share Eid celebrations with my family, it is a time to be together'

'Visits are only 40 minutes long, it is not enough time, my family travel from Birmingham, it is a long way'

Recommendation: Review visiting procedure to ensure connection to the BAME community is not lost, especially around celebrations and culturally significant dates.

7. The Men's Pathway

There was a noticeable sense of gratitude from the Men's pathway and not wanting to complain.

'You don't bite the hand that feeds you'

'I get given £20 a week here'

'I am grateful that I am fed and given a bed'

This was also reflected in involvement process and opportunities.

'I go to community meetings, but I prefer to keep to myself'

'If I had a problem I would speak to staff or advocacy'

'I attend community meetings but don't give too many options, I'm easy going'

'I could raise a concern with staff if I needed to or ask if I wanted anything'

The men we spoke to at Newton Lodge did know about community meetings, One Voice, the Yorkshire & Humber Network, Advocacy and how to raise a concern, which was all reassuring. Some said they would like to be involved further.

'I didn't get the chance to be a rep at One Voice, but I would have liked to'

'I'd like to be involved in the Network on the screen'

Staff also felt that involvement processes and opportunities were plentiful and confident that people had their voice heard.

'We have fortnightly community meetings led by one nurse with really good attendance'

'We have advocates on ward who are very good'

'We create a safe environment so people can raise issues, and people know we do something about it'

'We keep an eye on attendance and if people are missing, their primary nurse will check in with them, we have good working relationships'

'There is a good involvement culture on this ward'

'We want the whole population to have a voice, we encourage participation, individuals will experience things differently and we need to give creative ways to capture it'

Service users felt there were enough opportunities to be involved and did not want, at this time, a specific BAME group to support their needs.

'BAME groups exclude, I want to promote inclusivity'

'In the community we promote integration and working together, it should be the same here'

Suggestions: When asking for feedback or suggestions, frame questions in a way that are not complaint forward e.g., this or that and that community meetings are focussed on problem solving together

Suggestions: Repeat this process of checking in and offer alternative & creative ways for people to have their voice heard.

8. The Women's Pathway

The Women we talked to felt like they weren't listened to, and their opinions didn't matter, there was a sense of breakdown in involvement processes.

'I don't feel my voice is heard, I have made complaints and have no response'

'I feel marginalised, like my existence doesn't matter'

Those on the Women's pathway also felt that cultural norms were not always understood, and behaviour was compared only to what people know themselves and their own expectations.

'I feel like my stay is longer due to misunderstanding my culture, there is an ignorance'

'I feel like I am treated differently because I am Black'

'Gestures are cultural, not aggressive or violent'

'They think I'm loud'

We were told of a new 'Trauma Informed Approach' that is being rolled out across the service, including training for all staff where BAME experiences are included, with examples of ways to support people that are inclusive and specific. The Framework this is based upon will use up to date research and literature from BAME communities. The training hopes to inform these experiences.

'I am proud to work in a service that is taking on a whole systems approach, there are lots of initiatives happening.'

'We want to be a culturally appropriate and sensitive service'

'We want to make service user experience of the BAME population high quality'

Suggestion: Monitor outcomes for the BAME population using the Trauma Informed Approach and Framework.

The women would like to see a collaborative training package that is put together by service users and staff from a BAME background. They would also like to be part of a BAME group to help their voice be heard and support their culture & identity.

'I would welcome a group run by BAME staff with BAME service users'

Suggestion: Collaborative BAME group on the Women's Pathway to support involvement & training.

Final thoughts:

This project used a story telling approach to compliment previous Discovery Interviews and allow service users and staff to share their experiences, this has been emulated in write up.

Data has confirmed that the BAME population is over-represented in Newton Lodge currently.

This project has been a snapshot in time only, the service user and staff population are dynamic, and experiences change, to ensure high quality experience, this process would need to be continual.

Suggestions and recommendations have been made throughout this document to support quality improvements and the experience of the BAME population, these meet the needs of those people that we have spoken to, a wider audience could be approached for further comment.

This project has given assurance that involvement processes are in place for all and that the staff team are supporting service users to have their voice heard.

The engagement with the interviews has shown us that people from a BAME background are willing to get involved and tested the original hypothesis. Multiple, creative opportunities and alternative to complaints need to be offered.

This project acknowledges the recommendations from the Niche Report raising awareness of experience of BAME individuals and assuring those on the Male Pathway have a voice.

There are differences highlighted in how the women view BAME opportunities at Newton Lodge, with an emphasis on the up-and-coming training to support experiences moving forwards.

Involvement Strategy alongside creative roles such as involvement co-ordinator, culture champions, BAME group leaders, could continually assure that peoples voices are heard, driving quality experience and reduce inequalities.

Newton Lodge is a micro-community and will always need to reflect the wider community, there is a need to be aware of societal impacts on the inpatient population.

Newton Lodge staff team are willing to change culture, learn, grow and repeat.

Newton Lodge has a passion for involvement and a drive to be the best they can be.

Suggestion: Pause and reflect on the good work that you are already doing.

Whilst at Newton Lodge we observed the following good practice:

- Eid Preparations
- Holiday Preparations for the coast
- Service users involved in the 'Big Get Together' task
- One Voice
- Trauma Informed Approach Presentation
- Cultural Calendar
- [The RESPECT Project \(see image\)](#)
- Pastoral services and Imam visits (including working with those in seclusion)
- Staff adapting to make things happen for service users:
 - Funeral arrangements within 48 hours working with the MoJ for a Muslim funeral
 - Allowing home cooked Food to be brought in for special occasions
 - Staff who are able to communicate in multiple languages to support day to day living of service users



Thank you to all service users, staff, MDT & Managers for supporting this project and continuing to strive for quality & making sure 'Our Voice Counts.'

OVC Project undertaken by Jo Harris and Charlotte Byrne- Yorkshire and Humber Involvement Leads

With special thanks to:





Stacey Hayton- Clinical Service Manager and Key Newton Lodge Contact for the OVC Project

Sue Threadgold Deputy Director of Forensics and L/D Care Group and OVC Project Sponsor

Aboobaker Bhana- Equality and Engagement Manager and OVC Project Lead

APPENDIX

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4. [BAME Population Intelligence Pack \(wypartnership.co.uk\)](http://wypartnership.co.uk)
5. [Population of Yorkshire 2021/2022 – UK Population Data](#)
6. <https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england>
7. Sharing Voices, Bradford. 'Culturally Competent Suicide Prevention in South Asian Communities (2022)

Sharing Voices Culturally Competent :

SERVICE USER RECOMMENDATIONS:

Large Print Quran	Choice of BAME toiletries/ products in the NL shop	Hairdresser for all hair types	Vegetarian option open to those who are on the Halal menu
Staff and service user roles e.g., Culture Champions	Increase visiting time's for those who travel long distance	Moisturiser provided & dispensed with medication	Alternative for BAME abuse posters, they single people out, need inclusivity
Collaborative Training Packages on BAME experience	BAME group on Women's Pathway	All Religious Holidays celebrated every year	More staff gym trained

Recommendations & Suggestions Table

Recommendation	Newton Lodge Thoughts	RAG
For the Project to be repeated, to ensure that the BAME service user voice is continually heard, and themes represent the current patient population. Include the views of a wider Newton Lodge staff team including Pastoral Care & Advocacy and Carer Views.		
Stock Take the shop and ensure products are suitable for all and that choices are available to the BAME population.		
Service user and staff working collaboratively on a training package that can be delivered to staff on Religion and Cultural Awareness, including lived experiences and examples.		
Eid and other significant religious and cultural dates are continually celebrated and embedded.		
Include service users in development and review of local procedures, especially those from a BAME background to ensure all religious and cultural needs are considered and explanation offered for any restrictions.		
Vegetarian options to be offered to those on the Halal menu to increase choice.		
Review visiting procedure to ensure connection to the BAME community is not lost, especially around celebrations and culturally significant dates.		
Ensure that 'Our Voice Counts' by celebrating and sharing good practice.		
Suggestion	Newton Lodge Thoughts	RAG
<i>Newton Lodge staff to use the questions from this project to ensure Waterton's service users are offered a further opportunity to be involved in this process and have their experiences and views logged</i>		
<i>To repeat the Project fully across the Low Secure Service</i>		
<i>For Newton Lodge staff to use the questions provided here to reflect on their experience and make comments to be logged as part of supervision, including commitments to learn more.</i>		
<i>Consideration to be made to have a designated Involvement Lead and/or Equality Champion to ensure that the service user experience is constantly heard through a Newton Lodge Involvement Strategy.</i>		
<i>Whilst in hospital and when people are unwell, religion may not be a priority, offering peer support or opportunities to speak to people further on their journey may be helpful.</i>		
<i>Transition planning takes into account service users who do not want to return to their local area of origin for religious and cultural reasons.</i>		
<i>Increase the number of staff Gym trained to support equal access to physical health opportunities, establishing good habits whilst in hospital, to a population that are evidenced to have higher health risks</i>		
<i>Service user and staff roles as 'champions of culture.'</i>		
<i>Look at what happens within prison in terms of religious and cultural need and see if any areas of good practice are transferable (an example given was of a Ramadan Treat Box for breaking fast with sweet dates.)</i>		
<i>Use of Technology to help with call to prayer and other connections to culture and religion, including audiobooks.</i>		
<i>Group sessions on food and cooking that celebrate culture e.g., tasting menus from around the world, Newton Lodge cookbook with service user recipes.</i>		
<i>Service user involvement with creating menus.</i>		
<i>When asking for feedback or suggestions, frame questions in a way that are not complaint forward e.g., this or that. Community meetings are focussed on problem solving together.</i>		
<i>Repeat this process of checking in and offer alternative & creative ways for people to have their voice heard.</i>		
<i>Monitor outcomes for the BAME population using the Trauma Informed Approach and Framework.</i>		
<i>Collaborative BAME group on the Women's Pathway to support involvement & training.</i>		
<i>Pause and reflect on the good work that you are already doing.</i>		

Where to find/ share good practice:

Around the Network:

Newsam Centre- Who am I? Game [Who Am I? – Yorkshire And Humber Involvement Network](#) [This game is based on guess who but using Black icons from history]

Wathwood – OT Led group, Culture club. [This covers all different cultures which allows us to focus on underrepresented areas for discussion and awareness. We have covered Somali, West Indian, Polish and LGBTQ communities]

Waterloo Manor- Around the World Recovery College Group [Each week a country is chosen from the map to explore, including quiz, fun facts and food tasters]

The National Service User Awards:

Each year there is a category dedicated to breaking down barriers [2021 Nominees and Winners - National Service User Awards \(nsua.org\)](#)

Locally:

[The Great Get Together](#) #Moreincommon

[Sharing Voices - a community mental health organisation.](#) Bradford

Nationally:

[Black Asian and Minority Ethnic \(BAME\) mental health \(rethink.org\)](#)

Report Written by the Yorkshire and Humber Network October 2022

[Yorkshire And Humber Involvement Network – Welcome](#)

