



# Acacia Family Support

## BME Community Awareness Raising Project

### SHORT REPORT

#### 1. Partnership development/project design

This 3 month project was developed in response to discussions and feedback between Adderley Children's' Centre staff and Acacia, we identified a need to provide an additional level of engagement service in a bid to attract more local women to our service in a culturally sensitive and non-threatening way. The local community is primarily South Asian with the largest proportion being Pakistani, followed by Indian and Bangladeshi. BME women experience postnatal depression just as non BME women do however, they remain under represented in demographic data for perinatal mental health services. There are many reasons for this; lack of understanding of PND, stigma, cultural and language barriers etc. The project aims to address some of these barriers, to raise awareness of PND, and provide improved access to services for this client group. It has two main streams of intervention. The first is to provide culturally appropriate informal weekly drop in sessions, with interpreter support and crèche. These sessions are for local minority ethnic mothers and focus on increasing participation in Acacia services by forming and developing relationships of trust. They are supported by the Family Support Workers.

The second stream focussed on the delivery of two separate community promotional events to raise awareness of both PND and Acacia, accompanied by the development of culturally relevant promotional resources.

#### Drop in sessions

The weekly drop-in sessions were very successful and this part of the project concluded at the end of April. The sessions were delivered alongside our usual program at Adderley Children's Centre. We were able to utilize an adjoining room with soft furnishings. The drop in was staffed by Acacia and Children's Centre staff and volunteer interpreters. Although only a small handful of mums accessed the drop in service all of them demonstrated significant, and in the case of 2 or them, dramatic improvement in their mental health. It has been very time intensive to provide this service, but the outcomes have been remarkable. In collaboration with the Family Support Workers 28 new mums in the area have been given one to one education and promotion regarding PND and Acacia. Five mums regularly accessed the drop-in service. Four of the mums have gone on to access our mainstream Acacia service. We were successful in recruiting four local mums as interpreters. The outcomes have been far reaching not only for the mums themselves but for other females in their families. Whilst there has been clear improvement in PND symptoms, four of the women have gone on to join different groups and become active participants, 3 mums are now meeting in the week and taking their children out to play together when formerly the mums were

too withdrawn to venture out of the house and socialize with others. Two young daughters from one mum have now joined a local girls group. This was previously unheard of for this family and girls were not allowed out of the house.

### Community Promotional Events

We held 2 family fun days on Thursday 13<sup>th</sup> of April and Wednesday 25<sup>th</sup> of October 2017, at Adderley Children's Centre. We took local advice and provided all the things that we knew would attract local mums and their families including kids activities, food, helium balloons, mendhi, massage etc. The timing of the events was set to coincide with school holidays to make them more attractive events to 'get the kids out of the house'. The events were very well attended. We distributed approximately 160 leaflets and booklets including 12 dads resource booklets. 62 mums were spoken to regarding PND. Four south Asian men attended the first event and all were spoken to and given the men's Acacia PND resource booklet. The events received overwhelmingly positive feedback.

### Culturally appropriate resources.

Whilst we have developed a resource pack containing multi lingual leaflets and culturally appropriate advice booklets, feedback/input from the community led us to explore other alternative mediums to printed leaflets as these are not favoured by this client group for a variety of reasons. For the first family fun day we invested in the concept of storytelling to relay the messages we wanted to impart. We provided the usual printed balloons and leaflets/booklets, but we also commissioned a local story teller to write a story highlighting PND and Acacia, and told from the child's perspective. This story was then delivered by the story teller in small groups to most of the family's attending the Family Fun Day. These groups were made up of children, siblings, mums, dads, aunties and grandparents. We felt this approach was much more relevant to communicate the information and also provided an opportunity to relay the messages to a wider audience and not just the mums – providing a multi-generational pathway for the message.

## **2. Specific activity/Outcomes**

### Key Deliverables - Demonstrated increase in the number of mothers from minority ethnic communities (at least 40) engaging with Acacia's support and information services.

The project has produced a significant increase in the number of BME mums engaging with our services, both directly and indirectly through raising awareness and engaging with their wider family and community. The target of 40 was dramatically exceeded.

The drop-in service has engaged with a total of seven mums, five of whom have received help with PND symptoms. Two of those mums went on into our mainstream Acacia program.

The community events were well attended by local BME residents and we engaged with a total of 167 family members. 67 Mums    93 Children    7 Dads

**Total new engagements with local BME mums since beginning of project is 75 (target 40)**

In the first quarter following the project delivery Acacia saw a dramatic increase of over 100% in the number of South Asian referrals in the North and East of Birmingham. This increase continued through at the same rate in the following quarter. These ethnic groups make up the vast majority of the community we are targeting. We had thought about breaking these statistics down further into localities but in view of the feedback we have received throughout this project we are aware that this is likely to be misleading i.e. The way that most Pakistani and South Asian communities are structured their internal relationships and communication networks are often spread across fairly large geographical areas.

As a baseline I have included data in the first table from the first quarter of 2017. This data was fairly typical of our usual demographic/ethnic proportions prior to this project. The second and third tables contain data from the following 2 quarters.

As you can see the number of Pakistani referrals continued to rise proportionally during the second quarter to nearly 25% of our total number of referrals.

**Ethnicity of New Referrals (North and East), Jan – March 2017  
(prior to project commencement)**

<b>Any other Asian Background</b>	<b>1</b>	<b>1.5%</b>
<b>Any other Mixed background</b>	3	4%
<b>Asian or Asian British: Indian</b>	2	3.5%
<b>Asian or Asian British: Pakistani</b>	6	8%
<b>Black or Black British: African</b>	4	5%
<b>Black or Black British: Caribbean</b>	1	1.5%
<b>Mixed: White &amp; Asian</b>	1	1.5%
<b>Other Ethnic group</b>	4	5%
<b>White British</b>	49	65%
<b>unknown</b>	4	5%

**Ethnicity of New Referrals (North and East), April– June 2017  
(1<sup>st</sup> quarter following project delivery)**

<b>Arab</b>	<b>1</b>	<b>2%</b>
<b>Any other Mixed background</b>	1	2%
<b>Asian or Asian British: Bangladeshi</b>	1	2%
<b>Asian or Asian British: Indian</b>	5	8%
<b>Asian or Asian British: Pakistani</b>	9	14%
<b>Black or Black British: African</b>	3	5%
<b>Black or Black British: Caribbean</b>	1	2%
<b>Other Ethnic group</b>	3	5%
<b>White British</b>	31	51%
<b>unknown</b>	6	9%

**Ethnicity of New Referrals (North and East), July – Sept 2017  
(2nd quarter following project delivery)**

<b>Any other Asian Background</b>		
<b>Any other Mixed background</b>	1	2%
<b>Any other white background</b>	1	2%
<b>Asian or Asian British: Bangladeshi</b>	1	2%
<b>Asian or Asian British: Pakistani</b>	12	24%
<b>Black or Black British: African</b>	2	4%
<b>Black or Black British: Caribbean</b>	1	2%
<b>Other Ethnic group</b>	1	2%
<b>White British</b>	24	48%
<b>White Irish</b>	2	4%
<b>Unknown</b>	4	8%

Partnership Benefits

The project has produced clear benefits for the partnership, having demonstrated tangible and measurable improved mental health outcomes for BME women accessing the drop in. This part of the project alone provides very good SROI. It has benefited mums and families in the wider community by raising awareness of PND and the stigma attached, promoting our free service, and therefore reducing barriers to accessing help. Early intervention is key to reducing the burden and cost of mental illness on the NHS.

This project has also been invaluable in helping us to develop a much closer partnership with Adderley Children’s Centre. This relationship is vital to the development of effective strategies to adequately meet the unique needs of the local BME community. Acacia has been approached by another Children’s Centre who are interested in working more closely in a similar way.

A Focus group was facilitated with our client group and the findings of this group have been fed into the Five Year Forward View/STP BUMP perinatal work stream which is informing the regional midwifery strategy and has helped to shape the new perinatal mental health pathway for Birmingham and Solihull.

**3. NHS England Input**

The project has proven very effective in engaging BME mums in the Adderley CC community. It is fair to assume that it will be equally effective in other similar communities across Birmingham. This is a time limited pilot and this kind of work is very time intensive and therefore is costly. However, the results speak for themselves. If we are going to make any significant impact on perinatal mental health amongst this kind of community, we will require additional and sustained investment in this kind of approach.