

UNDERSTANDING ENGAGEMENT

With mental health services of young people and their families from the Afro-Caribbean communities in the London Boroughs of Greenwich and Bexley



Act for Change

Abstract

Understanding engagement and non-engagement in terms of the lived experiences of people within the Afro-Caribbean communities identified five main barriers around the referral process and access to services, intergenerational issues and historical trauma, the knowledge and/information available and representation and choice within services.

Act for Change

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SEL Research Report

Introduction

The purpose of this research is to build on previous engagement and data about inequalities experienced across South East London (SEL) to ensure that the NHS SEL is reaching ethnic minority communities and becomes able to develop engaging conversations with such communities to make a difference in the ways that care is delivered. SEL are developing our strategy for working with people and communities and is committed to working differently with local people and communities to develop trust and partnerships to support our work. SEL wishes to inform its engagement strategy and develop, build and strengthen relationships with communities experiencing health inequalities through an Integrated Care System (ICS) where they will partner up with other organisations on the local level and deliver services that are more tailored to the needs of particular groups.

Act for Change has partnered with NHS South East London (SEL) to gather information about engagement with mental health services - focussing, in our case, on the Afro-Caribbean community within Bexley and Greenwich. We were commissioned to help SEL understand the following issues of the people they work with:

1. How do individual circumstances affect the day to day lives and health and wellbeing
2. What barriers are faced in accessing health and care
3. What we can do to reduce those barriers
4. How we build relationships and earn trust within communities
5. Understanding how we need to work differently to support communities to share their views with us

In addition to this, our findings will construct knowledge that helps shape and advance solutions to the challenges facing young people within mental health services.

Research Methodology

A mixed-method approach was conducted consisting of an online self-report survey. A Deep Democracy Forum (DDF) was undertaken at the Marriott Hotel in Bexley on 26.04.2022. An online Focus Group was conducted on 12.05.22 using Zoom Video Conferencing.

Online Survey

Participants

The representative group comprised 25 participants (N=25) from the Afro Caribbean ethnicity young people (19 males, 6 females) who reside in the London Borough of Bexley (Bexley and Greenwich Housing Associations, Bexley Social Services) completed the survey. The participants' age groups comprised 10-13, 14-19 and 20-23. Participants were mainly recruited through the Act For Change database of the families who currently and previously used its services. The participants were asked to complete the online survey using email, SMS text, and WhatsApp, which contained a link to the online survey.

Our findings highlighted that most young people believed they had to consider other people's feelings more than what they say to them. Regarding the young people's responses to their access to mental health support from their local services, there was no clear indication of any problematic experiences. This may be because the young people who completed the survey did not report accessing mental health services.

Measures

The self-report questionnaire consisted of 25 items of mainly four components. Sample items included "I feel people would prefer I was not in the room", "I have to consider what I say to others more than what they say to me", and "I feel uncomfortable because of who I am". Participants were asked to rate their agreement with statements describing their experiences accessing Mental Health support. Ratings were made on a 4 pointed scale ("never, sometimes, mostly, always").

Procedure and Data analysis

Survey monkey produced the data digitally for the survey. Participants were provided with a link to the online survey. Upon clicking on the link, participants were required to indicate their consent by clicking on yes in the consent box before being directed to the main body of the questionnaire. Participants were also instructed to provide demographic information about their age, gender, ethnicity, sexual orientation and mental health status.

Results

The data from the survey analysis showed that 1 in 4 participants reported experiencing mental health issues. Of the participants who reported experiencing mental health issues, 75% reported experiencing depression and 25% reported experiencing depression. The data also showed that no participants reported accessing mental health support from local services and showed a greater preference for seeking support from their friends and family. In addition, the participants between the ages of 15-23 reported experiencing mental health issues. None of the young people aged 10-14 reported experiencing any mental health issues. There was no difference in the gender of young people who reported experiencing mental health issues.

The findings suggest that young people are less likely to access their local mental health services support. The data analysis also found no clear indication the young people experienced any challenges when accessing support from their local mental health services. This finding aligns with representative group responses, given they all reported accessing support from their local mental health services.

However, the findings indicated that most young people feel they need to consider their feelings more than people. This suggests there is a likely discomfort with how others perceive them when thinking about accessing support for their mental health.

Focus Group

Research Question

The proposed research by Act for Change was commissioned by South East London (SEL) NHS Trust to examine the lived experiences of young people from the Afro-Caribbean community in accessing mental health services in the London Boroughs of Bexley and Greenwich.

Main research question:

- ❖ Describe how young people from the Afro-Caribbean community view their local mental health services

Subquestions:

- ❖ What can improve their engagement
- ❖ How can the local mental health service make their experience better

Methodology

This was an exploratory study using Thematic Analysis (TA) as the qualitative data analysis method, with a data collection component in 2 semi-structured interviews. The research investigated how diversity in engagement impacted young people from the Afro-Caribbean community accessing their local mental health services in the London Boroughs of Bexley and Greenwich.

Analysis of data

The evaluation was analysed using Thematic Analysis (TA), which is compatible with both the essentialist and realist method that reports participants' experiences, meaning, and reality (Braun and Clarke, 2006). TA is best suited for the study as it provides theoretical freedom and flexibility for the researcher to gain a rich and detailed account of the data collected (Willig, 2013). Focus group were digitally audio-recorded and transcribed verbatim. This process ensured that the data was accurately interpreted and that all pauses, stutters, and laughter were added to the transcripts. All the transcripts were read before making notes about the first impressions of the data. The transcripts were re-read repeatedly with all relevant words, phrases, and sentences labelled as part of exploring the codes in the data. The emergent themes

were identified, resulting in the study's findings. approach in making recommendations based on the outcome of the evaluation

Participants were recruited from the public and mental health services, education with young people over the age of 16 and their families/carers who are currently or were previously supported by Act for Change. The intention was to elicit their collective experiences of the community with mental health support services. Eight of the participants were recruited to take part in the focus groups, consisting of parents, social workers, local business owners, pastors and counsellors. It is helpful to note that in the focus group, only 2 participants attended on 26.04.2022 and 6 attended the Deep Democracy Forum, which was virtual using Zoom Video Conferencing. The Outcome notes were added to the data compiled and coded to help inform the outcome of the research findings.

Themes

Themes	Sample Language
<i>Referral v. Seeking</i>	<p><i>“I don't think they seek it out as as a supportive measure more so that they're signposted by other agency”</i></p> <p><i>“I think people I think young people see it more as you know, not a punishment, but you know, they see that they're, they're signposted to the services because of something”</i></p> <p><i>“So how have they been given access to this service? Not because they've sought it out, they'd been able to identify that they might need help and support, but because somebody else in authority in an authority position has has decided for them, you know, because of their behavior, or their presentation or you know, because of you know exactly yeah, so they've been that's the reason why they've been given access to that service.”</i></p> <p><i>“I think what I think a couple of standout things for me tonight was that reactive, proactive and signposting, you know, having a flow chart that says, you know, this is what you can access, and this is who you can access to with so much more diverse information for people to access.”</i></p>
<i>Intergenerational Differences</i>	<p><i>“And I think in terms of my cultural upbringing, I know that not necessarily me now as a parent, because I know we're trying to break that cycle but but certainly when I was growing up, it was more of a keep it in the family kind of thing.”</i></p> <p><i>“We support our own in our community as opposed to going for the professional help.”</i></p>

	<p><i>“But I think I think younger people now are becoming more socially aware.”</i></p> <p><i>“At home, you know that maybe even if the young generation wants to reach out but then they are meeting opposition from their older generations at home.”</i></p>
<p><i>Danger</i></p>	<p><i>“So stigma is one thing but this is also danger. Right? It can be dangerous if we go and reach out to the services and I hear you the services need to hear this too.”</i></p> <p><i>“That belief system that social workers will take my children away.</i></p> <p><i>“I guess sadly that’s when there’s a reactive situation with social services having to get involved . Yeah, is it too dangerous?”</i></p> <p><i>“Is this a platform to be heard or am I going to be cautious because I’m in trouble? Is it too dangerous?””</i></p>
<p><i>Information/Knowledge</i></p>	<p><i>“I just believe that there is more that we need to be asked to do with them, giving them awareness, educating them because I believe knowledge is power. So if you don't have knowledge, there's a limit of how far you can go.”</i></p> <p><i>“And I think we're it's kind of like a catch 22 position at the young people are in a minute because I think ease of access to information and social media and things like that is has been quite damaging for young people's mental health. But I think it's also really good opportunity for them to have access to information.”</i></p>
<p><i>Representation/Access/ Choice</i></p>	<p><i>“And you know, maybe they'd be more comfortable being signposted to black therapists.”</i></p> <p><i>“I have clients who sometimes seek specifically therapists from Slovakia, not only for language reasons, but for some shared experience that they do not have to explain necessarily or the way they want to feel.”</i></p> <p><i>“So I think there is a bit of an identity thing with things that person will identify with me easier they'll understand me they know where I'm coming from, where our cultures are so interlinked, closely you know, linked be African, West Indian Jamaican you know, from the Caribbean, wherever, whichever, but I think sometimes that could play a role”</i></p> <p><i>“I think we have diverse counselors from different backgrounds, from different cultural heritage from different walks of life so that they understand the issues that these young people are bringing so they can identify with.”</i></p> <p><i>“I as a white woman, I can also educate myself and I can work also with myself so that I am able to understand different experiences and people coming from different backgrounds.”</i></p> <p><i>“I think choice is important and I wonder if young people know that there are choices.”</i></p> <p><i>“If they, if they can choose and they can get to engage with, you know, somebody of their choice, or the services, you know,</i></p>

	<p><i>of their choice. I think they'll be more forthcoming and they probably it maybe just feel more relaxed and easy to engage, you know?"</i></p> <p><i>"Where does Christianity fit within it, you know, because I think that's really important in terms of that being part of choice."</i></p>
Referral Process	<p><i>"The mean a little bit all over the place, sort of, you know, parent just wants a bit of help, then there is no some there's no clear cut or there's no process, there's nothing to follow. They just reach out some reach out to the doctor then. There's no the lines of no no channel to follow through on because the GP can't do anything or the GPS. doesn't it's not able to refer them. So they go to somewhere else and somewhere else and before you know it, the lines get all muddled and it's all complicated. So, if you're trying to get the help in the meantime, children are left without the support that they need. And this can go on for as long as you know. Then by the time it probably gets to a point, it's far gone, even further gone."</i></p> <p><i>"So even if you do seek out support for your young people, young person you've got they've got a year long waiting time before they can even be seen, unless they you know unless they meet the threshold and I think that's the other thing is if you can't afford to pay privately, and you're reliant on the free service that's provided by the NHS, unfortunately, that comes with criteria."</i></p>

Discussion / Reflections

Our SEL commissioners have given a very short **time** for this project (less than 2 months from being allocated the project to submitting the final report). Given that Easter fell in the middle of the project, this was not conducive to build relationships for people to commit to participating in an open forum. For a proper preparation for a Deep Democracy Open Forum, we would have some individual conversations first to get an idea of what will be present at the Forum. The short time scale already creates limitations to participate as people will have had other commitments even if they wanted to participate. This reflects the challenge around the dance of engagement services have and the short time before they need to close the case.

The perception of time pressure creates a **hotspot** for those people who we ask to engage with us, on two levels:

- The questions which we were specifically asked to put to participants were outcome based. That is, we were asked to put to participants particular, direct questions to which direct answers were being sought, rather than being open ended, discovery-oriented questions about how people locally understood mental health problems and concerns.
- The expectation that they do the work for us around explaining their non-engagement is itself problematic. By asking directly, it expects marginalised groups to do the work

of explaining to us (AFC, NHS holders of keys to access services) and amplifies the power dynamics that already plays out implicitly. This has an impact in terms of engagement. *Are they appreciated for engaging? Are they appreciated for not engaging? Can their non-engagement be understood as empowerment?*

Before we look at non-engagement, let's examine, briefly, the nature of mental health services from a **systemic perspective** as this will help us understand what is being communicated through non-engagement. Psychotherapy is part of a whole package of medicalised systems and services that target individuals. Person-centred approaches which do not also make room for a contextual and cultural-centred perspective, inadvertently participate in perpetuating stigma by placing accountability on the individual. In that respect, it is inherently limited when we are dealing with communities for whom community-centred accounts are strongly valued.

An important aim of mental health services is to change people's sense of themselves or altering behaviours. When as professionals we assume that the way we see things is the way other people see things, the assumptions we make as professionals risk **invalidating** the experience of our service users from ethnic minority backgrounds.

Validation is an essential part of improving mental health. The individual must remain the expert of their own experience. But people who face racism, especially in its more subtle forms, are very vulnerable to having their experiences invalidated. Training people to not trust their accurate perceptions leaves them ill-prepared to manage the world and strip them of their ability to react to threat or danger. In this respect, non-engagement is a communication signal.

It was suggested that were we to offer people vouchers as a token of appreciation we might have had more participation in focus group conversations. Our view is that this might be the easy option for us. Instead, we might need to better frame the invitation in ways that are coherent with the individual's cultural reference. We have to become more culturally-informed, otherwise the dissonance is alienating and identifies them as having a 'pathology'. A more valued appreciation would be closer to framing and validating their experience with the system to date.

We met the same engagement issues, even though we are not part of the NHS. From a processwork and systemic perspective, this was expected, because a pattern that exists in a society repeats itself in smaller groups as it also does in an individual. We (AFC, NHS) are not outside the system, we are part of the dynamic.

The question is: *how to interpret it, how to understand what is behind that?*

From the research undertaken, we would like to share some thoughts about each of four main barriers to engagement that emerged in our research.

1. Referral Process & seeking access to services: *Do people have a choice?*
2. Intergenerational issues
3. Sense of danger
4. Information / knowledge
5. Representation within services

On each of these barriers to engagement, we offer our reflections on the missing information which might be contributing to people's non-engagement and so also contribute towards making their voices heard.

1. Referral Process and seeking Access

The question of how a person is referred for counselling is one of the determinant factors for engagement. Where people are being referred by social services or family wellbeing services and not on their own initiative, engagement with mental health services is low.

This can be understood both in terms of the developmental and trauma lens.

The young people Act for Change work with are at a developmental stage when questions around ones' own identity are most important. The developmental task of their biological age is to figure out 'who you are', 'where you belong' and 'what you're supposed to do'.

Young people in adolescence are empowered by being given decision-making power over themselves. By way of example, when a young person was told 'you are the boss' being given control over what is being discussed in the sessions, this young person became empowered, and so also engaged.

When we take away the young person's sense of autonomy, we amplify the stressors being experienced. As we will be exploring below, this is amplified in Ethnic minority young people where often there are additional stressors which can often lead to Trauma.

2. Intergenerational considerations: *safety, privacy and individual vs collective*

There are three overarching barriers to engagement which pertain not only to the Afro-Caribbean communities, but to most young people and their families of an ethnic minority background.

- Young people may have bought into the assumption that healthy is autonomous. Independent. Separate from your family. But framing the whole 'problem' as belonging to the individual places the young person in conflict with their family.

- Psychotherapy is premised on self-referential talk as a primary activity. This is itself a cultural preference for how to engage in healing activity.
- Religious domain vs credentialed mental health professional services.

We need to be more curious and inquire how history influences their perception of mental health services

The struggles of young people are seen as their personal problems or family problems (lack of parenting). When a proactive Mum was trying to safeguard her children by being honest and open and was made to feel the problem was her fault, her problem and that she needed to discipline the children, she felt judged and concluded that *“I know that they are not here to help me”*. Often, when we don't ask ourselves how mental health also reflects the wider contextual system, we miss the information contained in the cultural and historical context and passed on from one generation to the next.

When we look at symptoms rather than context - if we do not consider the health inequalities, we might mistake a trauma response for a disorder. This can lead to a higher rate of misdiagnosis of clients from an ethnic minority background resulting in growing distrust and can often explain the lack of engagement.

Ethnic minority status, particularly race, has its own impact separate from other types of stressors which is often cumulative across several generations and this can lead to trauma. An aspect of trauma can sometimes be to respond with a survival mechanism - withdrawal. 'There needs to be a recognition of (the traumatic moment) young person has been through'

At other times, or for others, non-engagement might be a conscious decision and a communication signal.

Problem vs Context

People do not engage because they are afraid of cultural barriers. Families from an ethnic minority background are exposed to cultural risks that go beyond what we typically think of as harms in medical care or service delivery when we don't acknowledge the cultural practices and traditions that may have been lost and the perception that mental health services have played a part in that loss of history and custom.

Making sense of the context (rather than diagnosing and pathologising)

Different circumstances and social conditions contribute to traumatic stress and we have to be attentive to not find pathology in their sometimes unexpected response to a trigger

activating whatever trauma they had experienced in their life. Racial trauma is the most obvious one that we can be certain everybody in this group of Afro Caribbean people experienced in some way (in their individual way) and there might and probably will be other traumas and stressors at play that we need to be on the lookout for.

'if you don't acknowledge what we are managing then it can just look like there is something off about us'. This has also been written about by many in the trauma field of study, such as 'Trauma decontextualised will look like personality' (Resmaa Menakem)

It is to be noted that exposure to health inequalities does not equate to pathology. There is also an incredible resilience, creativity, strengths coming together in communal support and healing. Communities have found ways to participate in collective healing. It is important to acknowledge the trauma but also the resilience of these communities. Faith communities are able to play an important part in strengthening the resilience of these communities.

3. Sense of Danger

In our research, the reticence of the older generation to approach social services came out strongly with a sense of danger, and the risk of the children being taken away. The language around engagement is very easily polarised into 'us' and 'them': Professionals and service users (How can we support *them*? Why are '*they*' not engaging? etc.). This polarising language feeds beliefs and wounds of historical and current day racism and discrimination which people may be carrying and which can affect every area of their lives, including their engagement with mental health services.

One way of looking at engagement is from a perspective of power. The NHS (government, system) has a lot of power. When a behaviour is not approved by the one perceived to hold the power, that is a barrier to engagement. People feel judged, discriminated against, overpowered by the system - and they are not engaging with it.

Someone from a marginalized group who has experienced structural discrimination over generations - has the power of saying No (= not engaging). If the non-engagement is only judged as something wrong - it only exacerbates the problem, and the non-engagement escalates.

The power dynamics in the relationship between professional and service user is not often sufficiently acknowledged: the service user often agrees formally, but then is not willing to engage with the service referred to. Direct refusal would likely show them in a bad light from the perspective of the referring social worker. There is a fear that they might be viewed and

so judged as 'uncooperative'. Even 'low engagement' bears a judgement in it (felt judgement, it is 'wrong' not to engage).

One way to reduce the power dynamic and be more discovery-oriented is to go back to the people who said yes and did not show up – thank them for agreeing to come and find out what got in the way that they did not come.

Another way of looking at it is from a perspective of accountability. People do not have a good experience with the system - the system needs to take accountability for that. Trying to do better without taking accountability does not adequately redress the power imbalance. Something is missing.

4. Information / knowledge

Where young people and parents receive their information from also creates a disconnect between parents and their young people that contributes to non-engagement. In particular, the use by young people of social media to gain knowledge and the sense that this information is not always accurate or reliable. This raises the question of ways in which we might raise awareness and provide accurate psycho-education which might increase the likelihood of engagement.

5. Representation within services

Representation of Afro-Caribbean professionals within mental health services and having the ability of choosing a therapist with one's own ethnic background was an important factor in engagement as reported by young people and their parents. It is desirable, so as not to inadvertently strengthen any internalised power dynamic, that Afro-Caribbean service users be offered Afro-Caribbean therapists wherever possible. AFC has a highly diverse therapist base for this very reason.

Recommendations

We have compiled a short list of recommendations drawn out of this piece of research and our recent experience through which we might begin to rethink what health might look like on the 'outside'. To start this off, examining our own assumptions that can show up in mental health services will help us to really see the tension experienced inside the client:

1. **Referral Process & seeking access to services.** To do a hierarchical task analysis to look at the process of a YP seeking support from the beginning to the end of the process. How do they call, what do they access including time constraints and resources within that local community. As part of this hierarchical task analysis we need to articulate community as well as individual level outcomes. This will provide a better sense of where the access issues lie. This is one way to overcome the stigma of going to therapy (as if something is wrong with you).
2. **Intergenerational concerns**
 - **Community based healing** - To shift from solely healing individuals to also healing communities and introduce community based healing practices such as Deep Democracy will enable us to co-create solutions based on local community know-how and resources. The resources are in the people - we need to help them articulate and express those resources.
 - **Culturally informed trauma interventions:** We tend to have an individualistic approach as if there is no real connection to anything else. Greater information not only to young people but also to the older generation to take account of the intergenerational relationship is needed. It is crucial that as practitioners we understand the histories and cultures of people from ethnic minority backgrounds. If we are to be culturally-informed, we need to take account of an aspect of collectivism, of holding perspectives and empathy, of reciprocal obligation and reciprocal responsibility and care that is not centred only in a European, cultural framework.
4. **Sense of danger:** Fear of Social Services (or other institution having power behind it). To start dismantling the barrier to engagement that is mistrust of mental health services we (the professionals) need to be willing to talk and explore our own experiences of racism and how we are positioned in that racial hierarchy. This is firstly a training issue.
3. **Information / knowledge:** An element of social prescribing that provides psycho-education and outlines where to get reliable information, how to join a community-based healing group might be designed and assessed. As we gain more knowledge

about the different communities, we will be better able to fine tune and target the manner in which we communicate.

4. **Representation within services:** We need to shift the ways we think about therapy:
 - Choice: Reducing the current high reliance on CBT in favour of a multitude of different services. In addition, seeing *only* one person at a time does not address the challenges that people face. We also need to show up in collective spaces and develop conversational ways of thinking that increase opportunities for horizontal relationships and lessen the impact of power dynamics of within the therapeutic space. We can ask people to show up without a pathology being a prerequisite. No threshold required. Community-based healing does not require a diagnosis.
 - The expectation is that everyone is going to talk. At AFC we engage not only in talk, but in art and other modalities. The biggest difference is made not just through talking but through participation, witnessing and listening, meeting a different adult, forming a different relationship, trying out relating in new ways, etc. Being interconnected, held and welcomed as part of something and most importantly getting to choose how and how much to participate.
 - Representation: having the ability of choosing a therapist with one's own ethnic background was an important factor in engagement. Afro- Caribbean service users to have Afro-Caribbean therapists wherever possible (this can be done as AFC has a highly diverse therapist base).

CONCLUSION

Non-engagement does not necessarily mean young people are not wanting to seek support. To try and understand this non-engagement message better, a trauma-systemic informed approach is needed:

- To make visible and bring to awareness emotional and historical aspects that have historically been invisible; and
- To find ways of sharing those emotions in ways that restore dignity and humanity to the men and women whose senses of humanity have been damaged, undermined, misunderstood and misdirected will grow confidence and trust in the services being offered whether by the NHS, Social Services or charities operating in this area.
- To be attentive to the impact of the power dynamic between an institution (NHS, Social Services, Criminal Justice) and an individual. Here the principles around CSA (child sexual abuse) around Survivors of abuse are useful and can be lifted and applied to all. We are happy to share this with you upon request.

- Do people have a choice and agency?
- Are they appreciated for engaging?
- Can non-engagement be understood as a form of self-empowerment?

To engage is to regain one's voice. If we were able to go at a young person's pace rather than exerting pressure (to be able to close the case) the time pressure and the power dynamics embedded within our services would dissipate somewhat and enable young people and their families to regain their voices. To the extent that we want people to engage, we need also to let them know that 'they are the boss' determining their engagement.

An Integrated Care System, that breaks down the silos, through collaboration between the NHS the LA and the charity sector all looking at a common approach where there is easier access in terms of CYP and families; where there is representation through which young people might recognise themselves in their therapists (culturally similar background); where young people and their elders can agree in tandem to share their concerns without fear and anxiety; with choice as to the pathway they wish to take, be it through Social Services, Family Wellbeing, their Faith Community or CAMHS or other mental health services will go a long way towards breaking down the barriers to engagement.

As the learning is integrated with the ICS, we can feedback through Deep Democracy Forums in communities the difference that the input of the people closest to the issues has made on mental health services in their area. Both the NHS SEL but equally members of ethnic minority communities, have a desire to see proof of effective outcomes of such an approach.

Appendices

Appendix 1 About Deep Democracy Forums

Appendix 2 Transcript of the Forum held on the 5th May

Appendix 1 About Deep Democracy Forums

Deep Democracy Forums (DDF) an open large group, dialogic practice meant to bring people together (between 10-200) people to facilitate conversations and discuss complex issues so that we can better know ourselves as individuals and so that our institutions can also better know themselves - their power and their vulnerability.

The methodology invites us to engage in horizontal relationships as participant facilitators and participant researchers (as well as designated facilitators) to gain knowledge of the community and learn about our history and its lasting implications that may not already be known. Deep Democracy as a methodology, helps us improve the data sources upon which research is based.

Deep democracy cultivates community engagement and builds our knowledge and insights into the realities faced by the people we wish to engage.

It is a 5-step facilitative dialogue and each member of the group is there to participate as they are inclined to do.

1. **Welcoming** - Deep Democracy welcomes all voices and styles which includes the marginalised voices we find most disturbing
2. **Sorting** aspects of the issue to discuss
3. **Sharing** about the issues the roles and ghost roles (those who inform but are absent in the room) and more deeply about personal emotional experiences
Slowing down and inquiring more around hotspots Sharing experiences within the group - to support dialogue and bring space so that all experiences can be shared
4. **Sharing tools and resources** (internal or external) to overcome issues being discussed
5. **Closing** - What we plan to take away from the experience

Appendix 2 Transcript of the Forum held on the 5th May

Diversity and Engagemen Transcription /Thu, 5/12 11:09AM • 1:04:36

SUMMARY KEYWORDS people, feel, support, service, counseling, social services, access, black, work, seek, young, counselor, therapeutic relationship, terms, therapists, person, community, parents, choice, GP

00:00 So, I will okay all right. So, in terms of the focus group, our aim is to gain a better understanding of the community's view, which we all are part of the community. Yep. views and experiences engaging with health alone local services. Yeah. In relation to in particularly young people and how they kind of engaged in these type of services. Yeah. So it's just I will say there's about three, three questions. Yeah. As I said, My intention was to have some young people part of it as well. And then currently, we don't have any young person in the group as well. But as I said, we all can also kind of answer for more perspective. Yep. So the first question will be is to tell me how you feel about using local support services. So maybe I can reframe it in terms of can you tell me how do you think young people Yeah, feel about using the local support services?

01:51 Oh, by firstline. So I think from my perspective, and my experience of working with young people, over the years, I think, unfortunately, **young people especially in the BME communities find this service is a bit of burden. I don't think they seek it out as as a supportive measure** more so that they're signposted by other agency, so I don't from my experience, I haven't. And maybe just because of my social ethics even went for me when I was in school and and I think about my peer group because I grew up in such a diverse, all black community. **I think people I think young people see it more as you know, a punishment, but you know, they see that they're, they're signposted to the services because of something.** So it's, it's a replication of something. So you know, less of Let Me seek out support and more of, okay, I've got into trouble or, you know, somebody has noticed something about my behavior, or someone at school was noticed something about me that may need that where I might need additional support, and they've been pulling forward for that. And less about, I've been able to identify and seeking out themselves. And I think in terms of my cultural upbringing, I know that not necessarily me now as a parent, because I know we're trying to break that cycle but but certainly when I was growing up, it was more of a keep it in the family kind of thing. So especially with smaller, b&b families, if there's so much more, you know, you kind of keep it in house and less about making it known to other people because it's always about what does that then open us up to? So if we can deal with it in house then we will? Yeah.

03:46 Sort of as a last resort, yeah, exactly. Yeah. You pretend to Yes, within no culture, and **that is usually the case. Yes. As a last resort.**

03:58 Yeah. Especially for mental health, especially for mental health. I think in terms of, you know, even recognising that there's, there may be an issue with in terms of mental health in our community, and then seeking out the support. I think that that is something that I've, I've seen, you know, is very much No, we don't we, you know, **we support our own in our community as opposed to going for the professional help.**

04:28 And I remember when I was doing my diploma in counseling, and there was a black lady similar age to me, and she used to say, it really just made me laugh. **We don't chat about our business.** And it was very much what you were saying she didn't feel comfortable about chatting up with her business because it's all kept in house. Exactly. Yeah, really hear you there I love the way she said it as well without chat about business, buddy, but there is that real I don't know if that's a generational thing. But it's certainly we're both in our 50s something that she felt.

05:15 Yeah, and I think you're I think **it's definitely something that I noticed a lot in the older generation.** Especially when I was growing up. It was definitely something that we you know, nobody in my, you know, my oldest like my, **my aunts, uncles, mom's parents, grandparents, they would never have ever thought about seeking out additional support and if anything had ever happened, it was no order with ourselves.** And it is that your eyes, don't care about the

business. The family business stays in the family. We don't go anywhere. Else. But I think I think younger people now are becoming more socially aware. I mean, there's so much ease of in for ease of access information. I think it's more about letting them know that it's okay to seek out the support. Because I think a lot of it, I think has been very much stigmatised, to have a negative connotation to have a negative tone to seek out that support, where we need to talk about change the narrative, but I think that's kind of my view.

06:07 Good. Anybody else?

06:12 I just noticed that I had a strong reaction Sunday when you said well, does it open us up to? So stigma is one thing but this is also danger. Right? It can be dangerous if we go and reach out to the services and I hear you the services need to hear this too.

06:44 What I also kind of heard as well is that from the older generation you know, there's this there is big anxiety sharing information and particularly when it comes to mental health and do we feel like that could be a barrier for young people as well.

07:17 At home, you know that maybe even if the young generation wants to reach out but then they are meeting opposition from their older generations at home. And so in addition of something that they are already seeking help, or there's another conflict around this at home

07:41 rather blessing you know, what's your thoughts?

07:50 Thank you for giving me such an opportunity to speak. But I will just briefly because I'm at work as well. I think it has to do with based on the nature of the job that I do. Youth that comes around here sometimes RBI calls, and I could be able to tell from my observation towards them that some of them are going through some of our mental torture. It could be based on what they are expressing their home. Visit. Father, mother, maybe Agnes understanding sometimes one person might show that aggression on the child and it's normal to speak. And in looking at that, from that it will be a cultural thing. You know, you will see each other come from let me use a word. I'm an African and come from the belief where I come from, most of us beliefs are based on whatever you're going through, is we only stick to ourselves and nobody else outside and that will really affect a lot of youth and young one. And secondly, do students come from imagine a child who come from another planet and not part of this world. There are two system evolved as a system their way from another system whereby is missing as well. So sometimes that as well affect them really from adding, making sense of I would say, I just believe that there is more that we need to be asked to do with them, giving them awareness and educating them because I believe knowledge is power. So if you don't have knowledge, there's a limit of how far you can go. Thank you so much.

09:41 Thank you. It's good. Anybody else wanted to kind of add

09:53 Yeah, I think just interested like, carry on from what? What was just sort of like disgusting, like, knowledge is power. I think you're I think you're absolutely correct. I think that you know, it is a generational thing. That very much I've seen that is very much based on culture and cultural teachings. And I think we're it's kind of like a catch 22 position at the young people are in a minute because I think ease of access to information and social media and things like that is has been quite damaging for young people's mental health. But I think it's also really good opportunity for them to have access to information. And I think that there's been a big drive in terms of, you know, like celebrities be making it Okay, almost, and I think positively trying to use their influence to openly talk about their struggles with mental health, which can have a positive influence on young people. But I think that there's still so much stigma around, you know, even admitting, especially for young boys to admit everything in my experience. The young girls that I've worked with have been much more open in talking about their thoughts, their feelings than the young boys have been, I think they really struggle to open up and speak about it. So I think that the access to information can be really, really good because this opening up or a lack of, you know, opening people up to really positive information about seeking help and guidance and support, but I think that's also something that's causing a lot of a lot of damage because they there's so much negative information available to them online. I think you're right, I think it's more about breaking that sort of like generational pattern, where I've saw that our elders were teaching one thing in the home. I mean, I grew up with it. You don't talk about family business outside of the home who have mental health really wasn't like, what is mental health? Like, was it even a thing if not, according to my old and, you know, the

older generation of my family was, a lot of that comes from you know, they, you know, they weren't born in the UK, they came over to the UK so, you know, back home, those things. They just weren't a thing mental health, autism. ADHD, all those kinds of things that young people might be experiencing or that you know, my generation would have been experiencing it was keep it Hush. So I think we've got quite a big responsibility now to break that cultural pattern.

12:16 Sorry, I lost you guys. My Wi Fi died.

12:19 So okay.

12:21 And I'm curious if I miss anything around social media, because I follow on Instagram, a lot of black therapists and I'm seeing much more visibility around MMA. But I wonder that's an Instagram platform, which young people necessarily access it for that purpose. Okay.

12:47 So what what are some of the posts that you see in particular to you know, say to these professionals from from from from the ethnic minority, what what, what are some of the posts have you seen or read

13:05 more like seen ones that are as as Sophie sorry, what's your name? Eddie? Seven. B. Yes. Yeah, well, just signposting and saying it's okay to ask for help, you know, and and we talked about signposting. I wonder how many black therapists are accessible. And if we look at social services and things, you know, what I read on those posts is very much you know, this black therapists out there, access them.

13:54 So do you go on, Laurie?

13:58 No, it's just, you know, it's just another form of disability. And you know, maybe maybe they'd be more comfortable being signposted to black therapists. Because, yeah, I just think, you know, rightly or wrongly, that that's, that's the connection. I mean, I've worked with two young black girls I've worked with them for two years. So we've built up a good therapeutic relationship. And one came in recently, and she said to Ryan, do you think this is racist? And I said, Well, tell me about it. And she said, Well, four of us were sitting in class and we were all misbehaving. But she said, the teacher only pulled me out and said, you know, sort of pointing out what what trouble she was causing, and she felt really hurt because for her, that was because she was black. I digress slightly, but you know, that that's, that's how young black people feel. Certainly the two young people I work with.

15:10 I think that's really important. And it's a really good segue in to the to the next kind of question, really, because, you know, the do some of the young people in our community from the ethnic minority community, any community do they? Does does they engagement? Or is engagement impacted given in terms of the way that they're seen by others? Does does that play a role in terms of accessing support?

15:54 I think it does.

16:00 What's important here with this question, is also about choice and representation so I'm from Slovakia. I have clients who sometimes seek specifically therapists from Slovakia, not only for language reasons, but for some shared experience that they do not have to explain necessarily or the way they want to feel. And I know this is this goes back to resources. Right? But maybe if young people young person hasn't had the had the choice. They want to work. With somebody like you or does it matter at this point? It might not. And it might.

16:57 Absolutely, I think choice is important and I wonder if young people know that there are choices.

17:08 I think for some they'll always be active. Well, they will be the case of if they from the if they were for example black. They will choose or they will gravitate more they'll feel more comfortable with black therapists or though a black social worker, a black doctor, you know, whoever it is they're gonna connect with. And I think it's just from sometimes it's from the perspective that they just think that person is from the same sort of background as me or the identity identify. So I think there is a bit of an identity thing with things that person will identify with me easier they'll understand me they know where I'm coming from, where our cultures are so interlinked, closely you know, linked be African, West Indian Jamaican you know, from the Caribbean, wherever, whichever, but I think sometimes that could play a role

18:09 Yeah, I think choice is really important in this

18:15 disease, because I think they'll they'll get more out of the service as well. If they, if they can choose and they can get to engage with, you know, somebody of their choice, or the services, you know, of their choice. I think they'll be more forthcoming and they probably it maybe just feel more relaxed and easy to engage, you know? That something doesn't work. Right.

18:44 So do you feel that there's a lack of choice currently, for for particular, say for example, young people from the Afro Caribbean community, you know, what's your thoughts, you know, 19:01 because lots out the way as I said, I'm following a lot of black therapists in southeast London. London, is whether or not young people are aware of them. So I wonder if there's a bit of an education around, you know, Instagram and actually you do have choice because we know that's how young people engage now they engage through social media Yeah, I think it's more about disability and how they access that disability.

19:41 I don't know if i i can see something we don't want to spoken. When you mentioned the green policy on on the internet. I know that I think they are looking for love somewhere. And you know, when you're looking for love somewhere, you can go to a land to get what you want, you know, they're looking for that they could be able to see I'm not looking at what you said or the view of the picture you're trying to punch through. The word you say is that in sometimes this case, sometimes I just imagined myself, I mean young person and when to say anything wrong in my mind, or maybe what I've seen or what I'm going through in school and all that. It could be additional words you just want information about the classroom of any teacher that kind of fitting you do I mean to differentiate you from from other people saying that Oh, because you're black installation is your role to be singled out or if you for example, invite someone to kind of stick to that kind of advice and then come a column teacher will remember the content already seen there is no one to really look into that. It says a person who is coming to college or to show love that a child is looking for but that can be able to spread these words down to a personal question. You know, people come to this place everyone who comes white come black home first and our customer when somebody opens the door. I'm here to render services. I mean, I mean, but as you pointed out, especially about doing that, I'll be able to keep my service team so you appreciate what I'm saying to you in the past all my things I'm learning from him. So I believe now whatever after just you're not carrying on them as a social worker in a positive way to help other life coach or whatever I can do. To turn on their feet again or to encourage them. So first of all, allow your stress common use and for that to be able to speak to them. And they will not tell you man, we just don't think anyone has done what I'm saying. Yeah, yeah. Hello.

21:54 Yeah. And that's really interesting because it it makes us think about well, through the lens of the young people who now makes the decision to access support and to make that step to to get some help, you know, how do you think the field in terms of engaging within that service wants to make that step? You know, what, what is it like? For them? I mean, considering the rain, you talked about the teacher, and being different and not having choices. You also talked about it as well as you know, so not having that then how then does that impact on opening, opening up and developing that therapeutic relationship with the support that

22:59 I'm not you know, I did, I was telling my black friends about it, and she said to me, oh, it's really cool that she said that to you being white because that would have taken a lot. But just based on what Brother bliss said, it is about love. It's about that therapeutic relationship and she was able to trust me.

23:23 Yeah, yeah. Yeah. And

23:25 it comes down to trust.

23:27 Yeah. And then when you look at those experiences, how do you think that helps are enabled or disabled, disabled engagement when they've made that decision to access support, you know, how does that impact the therapeutic relationship? Between that young person and the, that particular person delivering that particular service?

24:08 I think for me, I think it's, you know, I see this as the beginning of her journey. of counseling, and it instills trust. It says, well, actually, there are good people out there and there are people that want to listen. So then give them trust to maybe not immediately access those

services, but if they've had a good experience, they can access them in the future. And I think is it's all down to to positive experiences and choices. And when they are working with a white therapist, it doesn't matter. I mean, of course, they're you know, we all know about the white supremacy and I, you know, I sometimes used to the word over relates because my parents came over in the 60s and they saw the signs, no blacks, no Irish, no dogs, so I used to say to my black friends, so know how you feel and they go okay, lady, Yeah, but you're white. So let's just get with the program. And it's just having that awareness. I'm relating but for me being Why not over relating. I'm

25:31 busy I think it's complex. I also think it's not just about trust, I think the representation also matters, right? And yes, there are black therapist and if you look at statistics, there's the field of therapy is still overwhelmingly white, disproportionately. So that is a barrier potentially. Yes, we just said it before. And I think an act for change. We have such a diverse team. We might forget that this is not standard. Even us even we do not offer that choice to people. Because it just not possible to manage and resources at this point, right. Not everybody can have a choice. of who they are working with. And it's a reality. But once you get in a room with somebody and you're building the trust, that's a lot of work before them as we know. And so let's not forget that engagement. And when I'm also thinking it's like, intersecting of different services. So I'm working with a boy a young man who was attacked physically on the street, in front of the school. And he said to constantly about the guy who attacked him is still out there. He can still appear on the street and he does. So whatever we can do in counseling is kind of canceled out by the save the situation outside. Or a young girl who's in school. treated in a certain way and she feels bad girl. Oh, I want to change the subject. Why can't I tend to subject when my white peers could change the subject? And then she said to counseling to in school? Is she going to trust that it or is she going to feel it? As punishment?

27:52 I own experiences trust me. She's being heard she's got platform to be heard.

28:02 Yeah. Is she does she feel it that way? In that school, right when she goes to the council, is this a platform to be heard? Or am I going to be cautious because I'm in trouble. Is it too dangerous?

28:18 I think I think you know, I don't think you're ever done in the VA situations. The ones who gave example of what you can do is give them that space and also understand, you know about the outside world and what it means to them. But I think it's definitely a safe place. To give them those skills, because we're not going to change the outside world. Not Yeah, slowly, but not Yeah.

28:56 And you know, this is a crucial thing, Lauren and you're pointing out right. So as why people might consider something so is not felt by our clients, whether they're young people. And so So I think that's what I'm trying to say them understand that how, how they might feel.

29:27 I think, you know, when kind of I think what you've touched on is really kind of kind of what I was trying to say at the beginning is how young people from black and ethnic minority groups hadn't had access to the services. So it's more like you said, she spoke out she tries to change subject, the white nothing happened with the white student, but the black student was sent for therapy. So for her it's seen as a punishment. Because she's been it's been it's been based on her behavior. And I think that's kind of what I was trying to say. So how have they been given access to this service? Not because they've sought it out, they'd been able to identify that they might need help and support, but because somebody else in authority in an authority position has has decided for them, you know, because of their behavior or their presentation or you know, because of you know exactly yeah, so they've been that's the reason why they've been given access to that service. And I think that also, the other thing about that is, is how much time do they have in that service? Often I found that when with the people I've worked with, you know, because we're so restricted with, you know, our resources if it's time limited, not everybody unfortunately has, you know, the access to a therapeutic service for a year to be able to slowly build that trust with a factor with the therapist is six weeks or eight weeks, and wait, how do they then get to the chance to overcome that this is a punishment and less about me needing any help and support so I think, yeah, I think kind of could homed in on the kind of thing that I was trying to say at the beginning. I think you're right.

31:01 This particular young person wasn't sent to therapy as a result of that. This particularly young person was already in therapy and she felt comfortable and confident enough to bring it to therapy. So she wasn't, you know, put there because of that. She just shared it because of the relationship we have. But like you just said it's because it's a long established relationship.

31:29 Yeah.

31:31 I think it's really interesting what you use, you said savvy, you know, is, you know, and although it didn't happen in that particular case, in terms of how the therapy started, you know, we're looking through the lens of a child may be struggling to manage their emotions in school. And then your dad said, Okay, you have to go and get this sort of support. Yeah, you see it as a punishment, and then that impacts your engagement with that person because that already means that you already put up barriers or something wrong, so you'll have to go out and and get this therapy as a punishment and you know, as adults are sometimes as professionals, we don't necessarily see it from that perspective. So I think it's really important that we, we, we are able to kind of see and understand these experiences of these young people show them that their own lenses now it would be like for them I think is really important. But also what about families that are known to social services? You know, how eager will they be to ask for support for their young people. You know, what will be the impact of accessing support from social services as well? What tends to happen when you make a phone call to social services and you say, well, I need some help with my son or my daughter, the teenager you know, they're struggling. I'm struggling, can you help me? You know how are they received? What what happens next? what's likely to happen?

34:05 Well, then you opened up to Children's Social Care involvement on you and so then you're looking at things like child need plan or child protection. And things like that. And I think that there's a big stigma on on having a social worker as well and what that means in terms of your ability to parent and protect your children. So I think seeking out support with social services, I think is something that not a lot of parents would do for willingly and as opposed to being referred to the service. I think that, you know, in my experience I've been yes, there's been a handful of parents that have sought support themselves, but actually the majority is parents that have been referred by other agencies. Because of that, because of the stigma of having social services involvement and what that means in terms of your ability to manage your children or give your children that just Am I making sense? Yeah, yeah, yeah. Go on.

35:06 Yeah, no, let's just saying you're basically opening up yourself to sort of your ability to parenting extended parents and look after your children and control your children, you know, yeah. Yeah.

35:21 That belief system that social workers will take my children away. Sometimes, people might not be aware of different approaches or programs that social worker can use. It's not immediately going to have children being taken away.

35:43 Yes, there's fear attached

35:47 to general consensus that social services get involved and lose your children. So I think a lot of people so from perspectives that have been gathered, you know, again, out there talking to people, there's two sides to the coin, there are those who, and maybe fewer, and, you know, you would like to think that we'll reach out and ask for help, again, because they think this is where it's going to end up. And then they think of how that's gonna look, you know, and, and they think it doesn't, and then you have the ones who are referred. And then they think IRA, it's, again, the same thing when social services will get involved, but then they think it's useless, because that's all that's gonna happen. They're not going to put any actual need. Only opening up themselves for is the children being taken away. And sometimes for some, for some people that feel it's the last thing they want. They don't want to lose their children. But I think once you open that door, you know, it's very likely.

36:59 Yeah, that's really interesting, Marlon, because, you know, how do young people access support you know, what's the process? For two, particularly, if you're talking about people in our local communities, you know, how do they access support, you know, do you have to go to your GP? Do you go to your school you know, you know, how does that process link into social services, you know,

37:39 is there a connection and then therefore, then does that then create barriers for families? Non engagement are not necessarily wanting to to seek support.

38:03 Well, I think I'm speaking from experience and from feedback that have had a tough game, you know, we can people learn stuff. There's, there's different perspectives. Because you know, you have you have the family or the mother who wants the help, you know, who is eager to get some support, not from the perspective where she wants anyone to come in and manage or to take children because she doesn't want that at all. She wants to keep rolling for children, but she's just saying look, because of what we're going through, or because of what children have been exposed to. I would like some support, you know, they've been either abused by dad or some other person in the family or stuff and they just want some help or the turnout, you know, being a bit what's the word I'm looking for? The mean a little bit all over the place, sort of, you know, parent just wants a bit of help, then there is no some there's no clear cut or there's no process, there's nothing to follow. They just reach out some reach out to the doctor then. There's no the lines of no no channel to follow through on because the GP can't do anything or the GPS. doesn't it's not able to refer them. So they go to somewhere else and somewhere else and before you know it, the lines get all muddled and it's all complicated. So, if you're trying to get the help in the meantime, children are left without the support that they need. And this can go on for as long as you know. Then by the time it probably gets to a point, it's far gone, even further gone. Maybe it should have been you know,

40:06 so when we also look at it from from terms of the processing set that happens you know, how do we how do these families seek support, you know, some people can afford it, you know, so you can go and pay for services. Yeah, which are private. And some have to access from the NHS. So what's the process of accessing services via NHS? And what does that consist of? My next

40:44 I think maybe, I don't know if there's a lack of a clear cut channel, sort of a channel of you know, thing, but from what you gather, sometimes it's all down to the GP that you've got. How, you know, how well they are prepared. To be bothered sometimes, or just, you know, it's just about accountability and responsibility and who's willing to make that first step who's willing to hear you out and help you? You know?

41:21 The issue is this is the things like not having access to the service. So I know for example, with CAHMS, sometimes the waiting list is a year long. So even if you do seek out support for your young people, young person you've got they've got a year long waiting time before they can even be seen, unless they you know unless they meet the threshold and I think that's the other thing is if you can't afford to pay privately, and you're reliant on the free service that's provided by the NHS, unfortunately, that comes with criteria. So do you meet the criteria for immediate access? If not, unfortunately, you've got a really long waiting. Yes. And I think that that exacerbates so much of the difficult I mean, the difficulties and the experiences that young people are having, you know, if I if I'm saying I need help, or my or as a parent, I'm trying to seek help for my child, but then I'm having to wait a year to try and get that support. What you know, what does that feel like in you know, if you feel hopeless, well, I can't do anything. I can't afford to pay for a private service. This is the only thing that I have. And you know, there's nothing I can do.

42:25 And the young people I know that accessing cams, they're waiting like you say for a long time I think the lock latest I heard is probably about two years. Yes. So then they can't access it, unless they literally are about to throw themselves in front of the train. They just get referred back to the GP again, so we don't meet the criteria and how it works. For us. The parent tends to go to the GP. The GP then goes and says, Oh, access school counseling, and the school counseling and there's a waitlist about a year. So it's like where do these young people go? It's just shocking. It's not fit for purpose to set

43:17 sail boats. It's not the way it works the way it is, you know?

43:24 I go to the GP than you're told to go somewhere else, then I'm waiting for mental health team to call me and then they talk to you and then you're waiting again. And you know, you're sorted out yourself by the time or you'll just get worse.

43:43 And then on subbies earlier thing about being reactive and proactive. Because you've you've got system that's not fit for purpose. You know, the family needs the support. And before you know, I guess sadly that's when there's a reactive situation was social services having to get involved? Yeah. Yeah, and it feels like punishment, not

44:08 support. Exactly. Yeah, yeah.

44:15 I think the the, I think the million dollar question is how can we create meaningful change in terms of service if we were in charge of running the services what what can we do well, what would we put in place that will enable engagement in particularly to our diverse community of young people?

44:49 I think we should have diverse counselors from different backgrounds, from different cultural heritage from different walks of life so that they understand the issues that these young people are bringing so they can identify with, like I give an example, if a child comes in and talk about his dad had married so many wives. Some people we would understand that some people might not understand that, because you know, in the Muslim culture that is permitted. So I think it's also for them to be able to connect with the counselor via by ethnicity, about the issue so that they don't feel judged as well. So I feel that one of the ways we can really reach them and have a diverse number of counselors speak different languages so that they can they make that connection instantly. And they don't feel judged. Because I know, I noticed somebody was having a counselor and they just didn't feel that connection with that person. Because the things that the person was saying, and I'm not saying that happens to every counselor, but the person just didn't understand what they were bringing, because it had to do culture issue. So I think that's number one that we should look at diversity within ourselves as well as counselors. as well so that we can have a broad we can be able to, you know, reach as many as we can.

46:40 And I know once with Brother blessing where where Christianity or religion comes into all that.

46:53 That's a good, that's a good question. That that is a really good question. And that is a huge topic as well. Because I know some people they want to they want to speak to a Christian counselor, or they wanted to speak to a Muslim counselor, because they feel that they won't be judged like I know. I know. Part of my country is part part of my country. The lower part our Christian Allah, upper north of Nigeria are Muslims. So if a man comes down and says, Oh, I'm gonna marry the third wife. I understand where he's coming from. Or he comes to a counseling center telling me that is that he has number 50 children. I understand where he's coming from. I know that that's his lifestyle. He will say house for wives. And having Afghanistan, I understand where he's coming from. And you won't feel judged in that manner. And I'm not saying that a white person, a white counselor can't be the same as as that but sometimes you want to talk to your own or you feel comfortable. So that's another factor as well.

48:05 We talked about that choice earlier. You know, having that choice of who they connect with. Yes.

48:13 And also if you're going to speak to a Christian counselor and the personal and the the the clients talk about the Bible. Nobody is not going to be to a counselor that doesn't know anything about the Bible and feels who I don't know where you're coming from, and it's going over that person's head, done this and so is that choice we should be able to give people so that at least they can make that form decision, and they will feel comfortable in that therapeutic relationship. And in that therapeutic space is really, really important.

48:45 Good, good. Rubber blessing Did you want it to

48:49 carry something for I love what boots, boots, people said once you say this wonderful, great Dr. Kristen Holmes today that actually actually there's someone very close to him and I feel like that I will just look into it and just encourage him you know, definition I'll have fun in increasing home whereby Republic put data mobile have initial Italian Republic that goes as a matter of somebody else. For the data go off. Well marry somebody else has gone out of the means of the Bible. Established foreplay. So even if a character comes back another situation, it wouldn't be we wouldn't you know, these are the knowledge we have and the wisdom to know is where the problem is coming from. And without saying that so the way you do and as a Christian I'm looking for the word to use. If we say cancelo. Now, if we want to give an advice, we have to put a law as well. The law is going to have a law or the law, look at the law and look at the Bible view of what we are talking about. And most of these families, some cases, the Christian counselor might not be able to look at some of them and be able to look at looking at the law and looking at the way to handle it is only a one particular path of knowledge. You know the Bhagavad Gita which you just read already, is really just address certain issues. At work, so immense importance or whatever are the problems of a choice, right or who they want to counsel them. Yep, 50:44 would like to add to that is that I'm a Christian and I tell my clients if you bring the Bible into the session, I can go there with you but I will not bring it in myself. So I always make sure that is is client LED. So as a Christian counselor, they, you know, you want a Christian counselor and that's fine, but I will not bring in the Bible first. If you want to bring it in, then it's fine by me. Then I'll go there with you. It doesn't

51:11 Why have you because even if somebody comes to you as easy as this problem before, then I will be looking at it okay, what is your understanding of the person I'm speaking to? So if a person believes in the Bible, let go from it, as you say, I will contradict the Bible. If you read it very well. It most of the things will be seen within the Bible, right that if you have to understand the word the word of God, I think that stuff that's easy to use.

51:39 Yeah, because I've because you have to be very careful because number one, they're coming to see a counselor. And also we don't want to use the Bible to bash it over their head. So I always like my clients to bring it in first. If you want to talk about the Bible, that's fine, but if you don't bring it up, I won't go there. And I feel that for them because I feel a lot of Christian have been bashed and buttered. They go to church, the head of the pastor was bashing over their head and things like that. And I don't want to do the same thing to my clients. I've always have that rule of rule with me personally. That's how I do if it's Christian clients. I always make sure that it is client land.

52:21 Sorry, I'm present in the past for all of us. There's a part of the Bible that says as well that evil character can father your actual should not make your child to lose the faith. Your actions do not make you to make your child be discouraged. So that and that action as the father or the mother, the Bible is telling you that my wins you will have not my actually said nothing. So if the data are the mama filled in giving the child the way the scripts just say then it becomes a problem. Your families, even most of the things that I'm going to show can walk out but I'm just looking at the knowledge I have these instructions in something. Most of the things that you guys are missing, I believe so now the social care worker to become the situation like that. The first thing is to find out where the problem is coming from, or the problem and that could be a background it could be anything could be when you look on the stock or the product delivery problem. And most of these funds, it was an efficient care, but they're not

looking at the top of the problem also looking at the background, where the force is coming from just looking at the study the incident so you can apply them for the child when that child is pretending to just need a home. To look at as well.

53:47 Yeah. Yeah, yeah. Yeah. And I think, as you guys said, it's the choice you know, it's choice and I was really good. For and I've got a blessing that you brought in, in terms of, you know, the when kind of asked the question about, you know, where does Christianity fit within it, you know, because I think that's really important in terms of that being part of choice. And what followed was an unbranded lesson was saying is that still choice is either you bring it up, you know, you being a Christian, and the person wants to engage, engage as opposed to just engaging without it. Being led by by the client. So I think that's really interesting, a bit mindful of the time because it's now 10 paths. So I just wanted to just, just quickly go around to everyone just to get a sense of what would they do different? What in mean, if you were in a position of change, in that, what if you were an agent of change to the current kind of approach used? What would you do?

55:13 So I would say if I was the Prime Minister of England, I will make sure that they're counseling. All the schools in the whole of the UK counselors are there. They probably do. That. I'll make sure that constantly accessible to everybody. Okay, because I think that would really help and make sure that there's a lot of diverse you know, counselors as well.

55:41 Good, good. I will vote for you.

55:51 But I need to add I don't have any dress inputs. Okay, all right.

56:00 I think what I think a couple of standout things for me tonight was that **reactive, proactive and signposting**, you know, having a flow chart that says, you know, this is what you can access, and this is who you can access to with so **much more diverse information for people to access**. Savvy.

56:31 I think I'm, I think I also would have easier access to the services. I think one of the things I was really importantly touched on was, **was the difference between being able to pay for their service and having the service quickly and working through the sort of process to get service you're having to use the the, you know, the access through like NHS for example and the way how long it takes for you to be able to do anything like that and almost feeling punished. Had by that process. I think one of the things that I would change is definitely information removing the stigma and easeir access to services**

57:10in this lesson

57:15I think everyone after you go to one I want to say one from the African aspect to it which takes you to **be able to get information you need a Secondly, less time to put the message out everywhere**. We put on the stand that being a social welfare worker, you for the best for the families, for the best for the community, and it's for the best for the nation in general. And lastly, I am praying as a pastor to live on the preacher and pray that our people begin to have the understanding of the word of God. You know, the word of God itself. Everything in Scotland, I look at it very confining right there. You just wait on that. Just get it from a standard and use it. That's all I can say accomplished. Thank you.

58:06 comes to mind rather blessing when you say that hope having

58:11 Yeah, thank you

58:14 know so I just wanted to add **reeducation. We educating people, a lot a lot of public awareness about counseling because people have got a wrong idea notion about it** is like when I have a problem and things like that. So I think a lot of awareness about counseling, how can I help people? Um, because in some cultures, they believe

that they need to keep their problems to themselves, they don't open up and that's why they they're going through some issues. So I think a lot of awareness and rehabilitation about counseling will do that. So

58:47 good. Good morning. Yeah,

58:49 I was thinking, re-educating people and trying to get the stigma out of it. Because you know, when we were young, and growing up, it was shrink. And when people you know, and it was to do it it was madness. You were crazy or mentally deranged. If it was seen assuring you know, things were bad. So you know, it's about I would I would try to re educate people get information out there make it commonplace make it easy to access, you know, without and as much as you can get the information out and get the dogmas detached as much as you can then make it a cool as cool as you know, as you can so people see it as something good and not, not negative. And bad, you know.

59:42 Thank you, Emma.

59:46 Yes. I would like to add it to like educating people about canceling. I think also sometimes people have bad experience with counselors depends on counseling training. So that needs to be part of the information I would think how to find somebody who's trained appropriately for what people are looking for. Anybody can call themselves a counselor. So people are not always informed about this. I was thinking also, we were talking about choice and people have been people being able to access counsel that are from similar backgrounds. But I would like to also bring in like my, a different kind of diversity or inner diversity like I as a white woman, I can also educate myself and I can work also with myself so that I am able to understand different experiences and people coming from different backgrounds. And then I'm not surprised or or I know where I am with certain issues, right? Because I think that's our aim not to kind of feminine people in the boxes to being able to share our experiences. That's what I was thinking if that makes sense.

1:01:23 Yes. It does. And one

1:01:27 question and this is maybe for a different form, but also in connection with our plans in actual change to adding different programs to counseling community programs, with young people. engage more ideally not with counselors, but with people from their community who would be running some programs for young people, which can also have a therapeutic effect, but it won't be it will be a form of support and then those leaders would be supported. By article change. Would that be a pathway? Yeah, yeah. That's,

1:02:11 I think that's really interesting because I know read a blessing that I know savvy well, and they both change agents. You know, and, and maybe that's something that we can can speak about. Kind of later in terms of, I mean, what whatever was touching on was talking about being kind of community elders, you know, this community eldership program that we are, we are embarking on, you know, the whole emphasis is that, that our community raises, help support and raises our children and being part of that community eldership in your community, where you can create the change that we were just talking about, you know, all of these, you haven't that opportunity to put these different things in place. I'm not to go for that if I might be able to get you to be Prime Minister. We can try.

1:03:23 But in terms of creating change within our communities, being part of that process and being a leader in terms of using our skills, you know, our counseling, social work, or kind of understanding of Christianity and being a Christian, you know, being a barber, you know, I can't stop saying the mall off discussions that we have, you know, about life, you know, comes to in in the in the chair. So, as I said, we all

have the potential to be these change agents for our community. And, and, and I hope that we can kind of have a different format that was said, to to really kind of talk a bit more about that, which I would invite yourself, study and I'm Brother, brother. Blessing. Yes. We're gonna do that. Okay. You guys come in, and it's really interesting.

