



Wales Ethnicity Research Collaboration
Cydwethrediad Ymchwil Ethnigrwydd Cymru

A Review of the Joint Initiative Funding Scheme (JIFS)

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Welcome

The Wales Equality and Diversity in Health and Social Care Research and Support Service (WEDHS) is a programme funded by the Welsh Assembly Government's National Institute of Social Care and Health Research (NISCHR). This publication focuses on one of its' key initiatives: the WEDHS Joint Initiative Funding Scheme (JIFS).

Documentation submitted by the 27 grant awardees between June 2007 and December 2009 will be analysed and key themes presented. The key themes that emerged from this review include the fact that Community and Voluntary Organisations (CVOs) have the capacity to make effective health and social being interventions, that CVOs utilise a range of effective, flexible and practical recruitment and engagement strategies of use to university-based researchers, and lastly, that future Schemes should include information exchange opportunities, timely pay-outs, and greater involvement with applicants throughout the process.

The small grant scheme has allowed WEDHS partners and staff to work with small BME community groups, and with larger equalities agencies and statutory bodies, to foster and promote ways of improving the health and social well-being of people from a BME background. The grant scheme has been successful, and has, amongst other things, enabled us to begin to explore how particular groups seek to make improvements to their health, and which engagement models and techniques the grant holders are using to foster participation and engagement.

We hope you find the Review informative .

1. Introduction

- 1.1 Research on the health of minoritised groups¹ has gone through a number of phases: (1) interest in the unusual ('exotic') diseases affecting, to a disproportionate extent, minoritised population groups, (2) the impact of culture on their health, behaviour, and health outcomes, and (3) the comparing of patterns of diseases with those of the majority white populations. More recently, there has been interest in (4) ethnicity and the social determinants of health and (5) how best to adapt health care policy, research and services to meet the needs of a diverse population. Despite this growing body of research, there remain major areas in which knowledge about the health of minoritised groups in Britain is either substantially lacking or fragmentary (Modood *et al.* 1997, Aspinall & Jacobson, 2004, Johnson *et al.*, 2004, Nazroo, 2008). What remains clear is that inequality persists in levels of health, of health outcomes, of access to health care provision, and in quality of care experiences by minoritised groups in Britain.
- 1.2 Although equality and human rights have risen up the political and policy agenda over the past ten year in Wales (Chaney, 2009), until recently, there has been limited attention paid to issues of ethnicity and health, and

¹ In the UK, the terms 'minority ethnic' or 'ethnic minorities' are most often used to refer to all minority groups of the population not indigenous to the UK that hold cultural traditions and values derived, at least in part, from countries of their or their ancestors' origin. The term 'black' is often used not to differentiate black minority groups from other minority ethnic groups, but rather to ensure that the continuing impact of the legacy of racism remains highlighted and is made problematic. In Wales, the term Black and Minority Ethnic (BME) is most often seen as a shorthand phrase to describe groups who are the main focus of the Race Relations Amendment Act. The focus of this paper is on minority ethnic groups as identified in the 2001 national census for England and Wales and includes any individuals and groups likely to self-identify in any of the categories (and sub-categories) listed other than 'White British'. While we recognise the wide spread use of 'black and minority ethnic' (BME) people, populations and groups, the authors note that research has shown that the terminology used to describe different ethnic groups—not least those that have been racialised, marginalised and/or oppressed—is fraught with difficulties. In this paper, 'minoritised' groups – a term that indicates that the 'minority' status is something that has been 'put on' these groups will be also used. In so doing, we are aware that other variables (i.e., socio-economic, environmental and genetic) all play a part in the articulation of such minoritisation.

of research relating to ethnic inequalities in health and in health outcomes. (Saltus *et al.* 2005, Williams *et al.* 2006). One step towards addressing this deficit was the establishment in 2005, of the Wales Equality and Diversity in Health and Social Care Research and Support Service (WEDHS) comprised of a group of academics, community development activists and researchers based in three regional hubs in Wales committed to carrying out, and supporting, high quality health and social research. The development of research support services, reviews on public sector race equality performance, the development of research standards and the promotion of best practice guidance in this subject area, as well a research portfolio development programme rooted in regional and national research priorities are some activities being undertaken by this group in a bid to begin to shape health improvements within the context of ongoing persistent and deeply embedded societal inequalities. This paper focuses on one key initiative: the WEDHS Joint Initiative Funding Scheme (JIFS).

- 1.3 The key goals underpinning this Scheme were two-fold. Firstly, to foster interest, engender involvement and establish links between community and voluntary organisations (CVOs) and the WEDHS regional hubs based at the Universities of Glamorgan, Swansea and UWIC. Secondly, to identify and reflect on effective engagement strategies used by CVOs. Thus, rooted in the long-term goal of developing a community-based research agenda, underpinning the Scheme is a pre-occupation with community involvement and engagement.
- 1.4 In this paper, community-university engagement is conceptualised as the production of knowledge and its transmission from site to site (Barker, 2004, Low, 2008, Onyx, 2008). Aware of what Ansari et al (2002) state as the problematic inhibitory professional paradigms that can work to hinder the development of mutually beneficial, community-based interventions,

our pre-occupation is exploring how knowledge gleaned from the voluntary sector can be transferred and used to underpin cross-sector engagement models. What this paper offers is a critical reflection on a recently completed small grant scheme as a way to explore effective ways to connect university resources (funds, expertise and support) to local need and moreover, to highlight the potential benefits of such engagement in the development of community-based research methodology and practice. From the prospective of university-based researchers, our aim is to provide a narrative based on our engagement with CVOs who received small grant awards and in turn, their engagement with their constituent members in the delivery of their funded projects and activities.

- 1.5 The Scheme targeted value-driven non-governmental organisations that principally re-invest their surpluses to making improvements in the health and social welfare of minoritised groups in Wales. The BME voluntary sector has played for many decades an important role in addressing gaps in ‘mainstream’ or statutory service provision. The origins of many such CVOs are to be found in the large-scale migration from Africa, the Caribbean and the Asian Subcontinent in the 1950s and 1960s. Originally, these organisations provided basic support for immediate needs, such as accommodation and employment. This evolved to cover larger areas of service provision, and this sub-sector now provides marginalised minority ethnic groups with a wide range of health and social care/welfare services (McLeod et al, 2001, Chouhan and Lusane, 2004).

The aim of the Review

- 1.7 The purpose of this Review is to summarise the funded activities (Section 2), to review the completed post-project evaluation forms submitted by the

grant awardees (Section 3), and to identify engagement strategies undertaken by the CVOs (Section 4).

The Methodology

1.8 Between June 2007 and March 2009, there were four invitations for Wales-based CVOs to submit a short application that provided evidence for, as well as specific details on, their proposed activity, their target population group(s) and their funding requirements. In addition, all CVO applicants were required to submit a copy of their group's constitution and corresponding bank details. Information about the Scheme was disseminated to WEDHS stakeholders and members, and to key stakeholder groups, services and organizations and services. For this review, the application forms and evaluation forms (see Table 1) completed by the grant awardees, together with a short supplementary questionnaire on the monitoring and support offered by WEDHS staff between June 2007 and December 2009, were analysed. The awardees were made aware that their feedback and comments may be used in further research and publications.

2. The Successful Grant Applications

2.1 In total, fifty-five applications were submitted and twenty-eight grants issued, ranging between £240 and £500. Three of the grants went to WEDHS regional hubs to work on identified regional priorities. This review is based on 23 health and wellbeing projects conducted by CVOs in Wales, together with three projects led by WEDHS partners and staff (total number: 26).

Table 1 JIFS Grant Applications

	Unsuccessful applicants	Successful applicants
North Wales	6	3
SE Wales	17	17
West Wales	4	8
Total	27	28*

*Two grants were returned because of changing capacity issues faced by the awardees.

2.2 The competition for the grants was very high. Applications that were rejected at phase one of the selection process were due to lack of information or incomplete application forms, lack of requisite accompanying documentation, late submissions and applications that were beyond the Scheme's remit. All remaining applications were distributed to the WEDHS regional hubs

Sources of Evidence

Grant application forms

- Name of group/ organization & contact details
- Summary of project/activity
- Start and end date
- Promotion and dissemination strategy
- How the event will be evaluated
- Targeted BME population groups
- Evidence that the proposed activity/project is timely and necessary
- Budget
- Terms & conditions, as well as list of accompanying documentation that should be included in the application (a copy of the group's constitution or a Statement of Purpose, and a copy of a recent bank statement)

Evaluation forms

- Name of group and contact details
- Summary of event (including dates, venues, number of participants)
- Engagement and dissemination strategies used
- Challenges and successes
- Grant holder's perception of the impact the activity had on participants
- The monitoring and support provided by WEDHS Chairs and staff, and suggestions how to deliver future Schemes.

where the activity was to take place and were reviewed and scored by WEDHS regional Chairs and staff. The final lists were collated at Central Office and grants issued according to those who scored the highest.² All successful applicants met with regional representatives at the start of the grant period; regional events were organized a few times a year to allow the awardees to spotlight their work either within a university setting or in a community-based setting.

2.3 The majority of JIFS awardees (n= 17) were based in SE Wales (Cardiff, Newport and Blackwood), with seven grants awarded to CVOs based in west Wales (Swansea, Port Talbot, Llanelli, Carmarthen) and two in north Wales (Bangor and Conwy). The WEDHS research hub based at Swansea University received two grants and the North Wales Race Equality Network (NWREN), the WEDHS north Wales partner, received one grant. As Table 2 below highlights, the majority of the successful grant applications were from small community groups (faith-based, single sex and those working with children and young people),

Table 2 JIFS Awardees	
Organisation /Group	Grants
Local community groups	
Cultural associations	4
Faith-based groups	1
Women's groups	1
Voluntary organisations – Local	
Displaced people (asylum seekers and refugees)	1
Housing	1
Disabilities and chronic illness	1
Mental health	1
Voluntary organisations – Regional	
Environment	1
Women's Organisation	1
voluntary organisations - National or UK	
Environment (submitted on behalf of a local cultural community group)	1
Children and Families	2
Faith-based	1
Older People	1
Mental health	2
Community First Organisations (1 submission submitted on behalf of a small women's only group linked to a Community First Programme)	3
Social enterprise	1
WEDHS partners	3
Total	26

² Funds were available from Central Office to fund an additional number of applications that had a focus on mental health, hence boosting projects in this area, whilst allowing JIFS funds to be granted to high scoring applicants.

associations (cultural and social) and local, regional or national health and social voluntary organisations (covering housing, immigration, race equality & antiracism, mental health, older people, (trans)gender and sexuality, environmental issues, disability and social cohesion). Also included was one social enterprise, as well as submissions received from branches of the Welsh Assembly Government's national initiative aimed at regenerating Wales' most deprived communities, Communities First.

2.4 The Scheme's target groups were ethnic minority population groups living in Wales, and all applicants detailed the population groups they intended to work with. Four successful applicants detailed that they would work with all minority ethnic population groups, with the remaining applicants seeking to target specific minority ethnic population groups, or minoritised population groups living with a specific health or social concern (real or potential). These groups included older people and the issue of mental health, young children (including a group of boys and girls recovering from traumatic experiences), the experiences and health concerns of gay, bi-sexual and transgendered people, female Muslim carers, and groups of men and women under immigration restrictions, including refugee mothers and Polish mothers who were new residents with young children.

2.5 The Scheme allowed the applicants the freedom to develop their projects as they saw fit, with the only proviso being that the projects were organised for residents in Wales, and that they were underpinned by an evidence of need. Of the 26 projects under review, 8 included in their applications the findings of published research, 8 grant applications drew on well established priorities relating to health issues that affect, to a disproportionately extent, minoritised groups in the UK that had been

linked to previous local needs assessments conducted by CVOs themselves, and 8 CVOs evidenced the need for their particular activities on direct consultation and feedback from their members. A combination of evidential material was used by the remaining two applicants.

Activities funded by Scheme

2.6 The activities funded by the Scheme included those with a focus on learning disabilities (n = 1), the promotion and engendering of good mental health (n = 8), cardiovascular disease (including stroke and high blood pressure (n = 3), food and nutrition (n = 2), and also physical health and active living (n = 6). Other applicants focused on raising awareness of kidney disease, and blood and organ donation. Funds were also used to support a participatory project for new mothers to learn about weaning, to launch a specialist counseling service, and to help support a children's week-end school dedicated to raising self-esteem and developing practical life skills. Also targeted were the health information and support needs of specific minoritised population groups and the ethnic diversity training needs of nurses. As well as grants that focused on physical activities and on raising awareness and knowledge transfer work, a third area of focus was that of research and consultation, with funding dedicated to the hosting of focus group meetings in the broad field of mental health and access to mental health services for older minority ethnic groups (See Appendix 1 for a summary of the funded activities).

3. *A review of the post-project evaluations*

- 3.1 Evaluation forms were issued to all successful grant applicants; we received 26 completed evaluations (100% response rate).
- 3.3 The funded activities took place in church, community and local authority halls and centres, as well as in CVO's offices and sites. In one case, the programme of activities took place at a gypsy traveller campsite. The majority of funded activities took place within six months of the date that the funding was released, with a small number of activities (N = 2) completed within nine months.
- 3.4 In all cases, the activities outlined in the original grant applications were carried out, and thus the deliverables stated in the original applications were met. In some cases, however, changes made to the delivery of the proposed activities. This was due to a number of reasons, including the changing capacity within CVOs, further dialogue and consultation with CVOs constituents on what they wanted, and difficulties in securing venues, presenters, or buy in from key stakeholder groups. Thus, the deliverables stated in the original applications were met
- 3.5 Of the 26 completed evaluations, 24 addressed the question on the successes and challenges of note faced in the delivery of the activities. There were more successes than challenges identified. The challenges included the length of time to plan and deliver to budget, the length of time getting the funds, and inclement weather that led to low turnout. Key successes included getting people to attend, raising awareness of, and engagement with, services provided either by CVOs or services provided by 'mainstream' statutory organisations. The improved knowledge of

service users and their needs, and the improved engagement between service providers and service users were also noted successes.

- 3.6 Of the 26 completed evaluations, 23 addressed the question on the perception of the overall impact of the funded activity; two broad themes emerged from the data. Empowerment, the first theme, includes heightened self confidence. Sixteen grant awardees reported that they perceived that people who had participated in their activity had gained the confidence needed to access mainstream services. In one project carried out in the mental health sector, the organiser stated that “for one service user it was fantastic to see her so relaxed and enjoying herself, in fact she asked if we could do this trip on a regular basis!” Comments made by mothers involved in a weaning project included “having the opportunity to work creatively in an environment that welcomes parents and children’ and another stated she had ‘a nice time”. The second theme to emerge was that of raised awareness and knowledge. Seven awardees noted the positive impact of gaining awareness of, and information from, local service providers and of the positive impact of the knowledge and information exchanges underpinning the workshops, seminars and small research projects. The third theme was that of measuring the funded activities, with awardees commenting on the difficulty of measuring the impact in the short-term, or indeed in the context of short-term inventions. It was felt that there was need for a much more sustained and ongoing programme of work in order to evidence meaningful impact.

Feedback from the CVOs on perception of the application process, the support provided by WEDHS staff members and partners, and suggestions on how to deliver future schemes

- 3.7 Due to the fact that only 15 CVOs responded to this last question but only 11 responses were directly related to WEDHS role as funder, a short questionnaire on the support and monitoring of the Scheme by WEDHS staff was designed and distributed. The questionnaire covered the following key areas: (i) completion of application and evaluation forms; (ii) the process and timeliness of securing the funds, (iii) support received from WEDHS staff, (iv) future engagement prospects with WEDHS and lastly, (v) suggestions on in the delivery of future funding schemes. The data from 10 responses were analysed. From the 11 responses that relate specifically to the above areas taken from the evaluation forms each awardees was asked to complete, as well as from the 10 responses taken from the short questionnaire that was subsequently distributed, a number of summary points can be made. Firstly, the majority of respondents stated that the Scheme had not been adequately published and promoted. Secondly, there was an overwhelming view that the background information provided was sufficient and that the completion of the necessary forms was easy and appropriately matched to the level of funded being offered. Of those who completed the questionnaire, two found the application very easy to complete, seven found it easy and one found the application somewhat difficult. All within this group (100%) found the evaluation form easy to complete.

'the application asked for relevant information and was not too time-consuming'

3.8 Thirdly, CVOs indicated that they found WEDHS staff to be helpful or very helpful, with no respondents indicating that they found WEDHS staff to be unhelpful or very unhelpful. All the respondents indicated that they would welcome future engagement. One organisation had this to say: “I would look forward to and welcome future engagement as previous experience has been extremely positive!”

‘I really liked WEDHS’ approach; they had a friendly and direct attitude and had no problems contacting fund recipients directly’

3.9 A fourth important point that can be drawn from the data was the varying impact that the releasing of the funds had on CVOs. Although the majority felt that the process was straight forward with little impact on their proposed activities, other indicated that the process had been too lengthy and had impacted negatively on their proposed activity. The last key point to make is rooted in the level and extent of engagement the CVOs felt should be developed with the university-based staff. The respondents were in favour overwhelmingly to greater support in the development of

“The grant would have benefitted many more ethnic minority women had it been approved a little earlier.”

applications, closer working ties with WEDHS staff (e.g. site visits, invitations to activities, more frequent correspondences), the opportunity to make presentations about grant-funded activities and the opportunity to meet with other awardees. Some respondents provided additional comments. One of the respondents mentioned the fact that “Many BME community groups are managed by people who do not have English as their first language and who are relatively new to Wales/Britain. I believe they would

benefit from help with filling in the form and explaining face to face what the scheme is intending to achieve. It is also important, I feel, to explain the importance of keeping receipts and a record of what is being achieved with the grant. To see the outcomes of previous projects would be a good way of understanding what is expected". Another respondent said it would be a good idea to "seek direct feedback from the service users who benefited from the award-in our case, children and families from BME communities in Cardiff".

4. Recruitment and Engagement strategies

- 4.1 Achieving the target number of participants is one way to measure the success of an event or programme of activity. Although the target audiences detailed in the original grant applications remained unchanged, it is clear that there were differences in the number of actual participants; 11 reached their target number, while 7 exceeded their target number and 9 CVOs reported low turn outs. Approximately 1074 people part in activities and events funded under the scheme.
- 4.2 A wide range of recruitment materials were produced, including posters, leaflets, radio announcements, emails and letters of invitation, and in some cases visits were made to key local sites (e.g., GP surgeries, sports clubs and community halls) to foster interest, leave information and encourage recruitment. Moreover, the CVOs used a variety of formal and informal ways to engage their target audiences. These methods were linked to their aims of the projects, the histories of the CVOs and the presence of established contacts, members or clients already engaged with the CVO.

- 4.3 In the cases where the participants were already known to the CVOs (i.e., as current members or members of associations, societies and community groups with established links with the CVO) efforts were made to link proposed activities to existing programmes to foster cross-over, with participants and members involved in one programme then moving over to become involved in the new proposed programme. In such cases, the recruitment and engagement strategies were personalised and selective and very often included verbal invitations and encouragement. In the cases where a CVO was seeking to establish new contacts or attract a new target audience, the recruitment and engagement strategy included information exchange via established voluntary sector organisations in the regional area, with the established presence of a larger CVO working to help foster interest and engagement.
- 4.4 A number of points can be made regarding the engagement strategies used by the CVOs. The first is that the CVOs showed a heightened and effective sensitivity regarding how best to tackle potentially contentious issues, and how to creatively foster interest and engagement. For example, events that were potentially sensitive (i.e., blood and organ donation) were marketed as generalist health information days, with a range of other health information stands and specialist advice on offer, alongside information and awareness raising sessions on blood and organ donation.
- 4.5 Second, the importance of adding familial or community 'value' underpinned many of the engagement strategies. CVOs draw on engagement strategies that make family and community life central. Thus, health information messages, or the conducting of health changing opportunities were presented as a family activity, or presented within the context of bettering 'the community'. For example, the aim of one project

was to introduce mothers and their children to toddler-friendly exercise opportunities in Cardiff, and to promote their confidence in accessing these opportunities. Another project offered a programme of cultural outings and physical activities to families, albeit with a focus on children. In addition, a number of information days were organised by cultural associations to raise awareness of health concerns that impact disproportionately on their members.

- 4.6 Third, engagement for this sub-sector is most often rooted in finding practical and flexible solutions that foster participation and trust. This includes embedding flexibility into the design of programmes that allows some revision by the participants, the inclusion of appropriate incentives to foster participation, using informal, work-of-mouth and ‘grape-vine’ networks to transfer information across and between groups, and working with other CVOs, with community leaders and representatives, and with key members of statutory organisations – all of whom can add credibility to the proposed activities. Of equal importance are the efforts to incentivize the targeted groups. For the CVOs conducting a series of events, rather than a one-off event, efforts were made to build into their proposed activities incentives to ensure that the interest of the participants was sustained. This included revisiting and at times making changes to the proposed activity after further consultation with the participants and adding their own funds to cover unexpected costs (e.g., having to hire a mini bus rather than taking public transportation due to the number of mothers with children in prams).

5. Summary Points

- 5.1 A key principle underpinning the work done by WEDHS is community engagement for we believe that this is essential if we are to develop and deliver a programme of research which reflects the priorities, needs and views of service users, carers, patients and the public in Wales. Moreover, there is a need to lay the ground work; ongoing engagement and outreach work must, therefore, be underpinned by community development theory and practice. JIFS provided such a foundation and thus the respondents views on how best to deliver future programmes are very important. Recommendations that have been made include: wider promotion of small grant schemes, a greater level of support made available applicants, less delay in awarding funds, more sustained contact and involvement with the awardees by Scheme managers including the hosting of knowledge exchange events and Scheme dissemination events.
- 5.4 Second, although successful, this Scheme can only be seen as a pre-engagement strategy developed to foster interest and promote initial engagement. JIFS has allowed us to give specific attention to, and make a substantial contribution to, BME community development and engagement. The small grant scheme has allowed WEDHS partners and staff to work with small BME community groups, and with larger equalities agencies and statutory bodies, to foster and promote ways of improving the health and social well-being of people from a BME background. The grant scheme has been successful, and has, amongst other things, enabled us to begin to explore how particular groups seek to make improvements to their health, and which engagement models and techniques the grant holders are using to foster participation. It has also

raised the profile of WEDHS and encouraged groups to continue their areas of activity. Links have been established with key organisations, and the activities conducted under JIFS have also fostered research collaborations.

- 5.5 Third, the importance of appropriate recruitment and information messages, the building up of trust as a precursor to mobilizing and working with groups of people, the forging of relationships across sectors and the approaches to engagement that focus on leaders, local priorities and spaces of importance to the targeted population groups are some of the strategies used by CVOS to recruit and engage people that can be adopted by academics seeking to engage in community research and community-based scholarly activities.
- 5.6 Lastly, from the review is it clear that CVOs have the capacity to make timely and effective health and social wellbeing interventions that are framed within the local context; often times linked to wider programmes of work and designed using a range of recruitment and involvement strategies. Moreover, in seeking interventions for older people, younger people, new residents who are from BME backgrounds, the CVOs' work is rooted in an understanding of the number of axes of social differentiation in which ethnicity and 'race' intersect and operate including gender, socioeconomic position, age, religion, area and community. With a strong focus on anti-racism, and on the promotion of race equality, the interventions planned by the CVOs spotlight a strong understanding of the multidimensionality of social identity, the marked social variations in the chances of living a healthy life and the importance of addressing the cumulative toll of 'dimensions of disadvantage' (Graham & Kelly, 2004, 2). This understanding must be reflected in future Schemes and the criteria underpinning them.

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APPENDIX 1 Summary of funded activities	
Taff Housing Association	Health information days and the production of a booklet on healthy recipes for gypsy travellers
African Community Centre, Swansea	A conference to raise awareness of kidney health in Asian and African Caribbean adults
Islamic Social Services	Launch of new organisation providing faith-based counselling
City Temple, Eritrean Group	Funding for a small group to attend a conference organised to bring together refugees or asylum seekers in the UK, to discuss key health and wellbeing issues
Women Stepping Out	Contribution to a series of events to raise the self esteem and good mental health of young African-Caribbean children and young people
Black Environment Network	Dragon dance classes for Chinese 50+ in Gwynedd as part of maintaining control of their physical and mental health
Age Concern Swansea	Two-day event to raise awareness of the dangers of high blood pressure, to provide advice and information on healthy living, and to provide free blood pressure checks, with advice from the district nurse
AWETU all-Wales BME Mental Health Group (2)	A programme of outdoor activities to raise self-esteem and combat isolationism, and one workshop entitled 'Pathways to Recovery':
Progressive Women in Wales	An event to raise awareness of blood and organ donation within the BME community in Neath Port Talbot
Cardiff and the Vale Mental Health Development Group	Consultation exercise to explore the mental health needs of older people from BME backgrounds
Communities First BME Team	Consultation exercises to encourage more BME people to make more frequent use of the mental health services provided in Newport
West Wales hub (2)	The production of health information resources for the migrant Polish community in Carmarthenshire (in partnership with the Polish community), and the production of a ethnic diversity

	training DVD for nurses
BikeAbility	Cycle training and rides for young female carers from the Muslim community In Swansea
MAYREAU	Workshops on topics linked to health and social wellbeing as a way in which to bring people together to support each other, to learn new skills and to build confidence.
Women's Only Group	To provide an opportunity for women to exercise regularly through dance in a social environment, to improve their physical and mental well-being, and to learn new skills.
Displaced People in Action (DPIA)	Site visits to introduce mothers to toddler-friendly exercise opportunities in Cardiff, and to promote their confidence in accessing these opportunities.
Barnardos	A programme to enhance self-confidence and self-esteem, by enabling young people to have rewarding and positive experiences that they can cherish and focus on.
Access for BME Children and Young People with Disabilities and Chronic Illnesses (ABCD)	An information day for parents, carers and professionals involved with children and young people with learning disabilities, or chronic illness.
Barnardos	A programme of locally based sporting, leisure and health activities, and events for children and their families
RCMA Social Enterprise	A day to promote healthy eating through food demonstrations
Ethnic Minority Communities Team, Communities First	Video booth to capture the views of mental health service users.
Swansea Female Aquatics Club c/o Minority Ethnic Women's Network	Swimming classes as a form of exercise that will increase the level of physical activity in their daily lives.
Arabic Society for Culture	A one day workshop on the prevention of cardiovascular diseases
NWREN & Stonewall Cymru	To create an opportunity for people of BME backgrounds who identify as lesbian, gay or bisexual to share and reflect on their lives and their health concerns

