

## REGIONAL ROUND-UP

### **BME Learning Disability Project**

*Charnwood*

**Background:** The project started at the Charnwood Racial Equality Council on January 2007. The project was set up for Learning Disabled People from Black and Minority Ethnic (BME) communities and carers of BME people across the Charnwood district.

It set concern to high level of need within the BME communities with low take-up of services. As identified that family members were making the real contribution to the care of a person with a learning disability and lacked confidence and trust in service provision which contributed to low take-up of services.

The overall aim of the project at the CREC was to improve take up of services by people from the Asian communities. To allow greater support for families who access few if any services to identify the type of support that would be most beneficial for them, then to secure that support from the most appropriate source.

Since 2007, this project has proven success and the link worker have long had a commitment to working together with all carers and services, to enable carers to continue to contribute in the support of the person with a learning disability at whatever level they are able to.

Ensuring people with learning disability and their families or carers get the best possible outcome from the assessment process and are aware of the full range of support options available to them, and are supported to get the best support possible from services. It anticipated that feedback from individuals and their families will improve and inform service development and planning.

**Identification & Challenges:** Link worker identified that many cultural, religious and social factors has affect the delivery of learning disability information. For example, some religions consider being 'disabled' to be a punishment for previous sins; women from some cultures may not feel able to talk about symptoms relating to them particularly if a man is present. Link worker identified that people felt service providers lacked cultural knowledge, and that they expected Asian disabled people to 'fit in' with existing provision.

Where 'Learning disability' is concerned, it may be considered that the barriers are not simply those of language, but of stigma and taboo, of gender sensitivities, religion and family traditions. Link worker recognise that English is the first language for some community members, particularly in the UK second-generation BME population and in younger age groups but that they still may have specific information needs.

Working with people from BME communities helped to develop awareness of the learning disability needs of BME communities. Raising awareness of those needs was not restricted to the local community but extended to health and social care professionals too.

**Future plans:** The link worker would like to draw on the work of a range of projects based all over the county and city. Beyond the barriers and look at the levels of disability information and support accessible to black and minority ethnic (BME) communities and describes the efforts being made to improve the situation. This should allow the community in the Charnwood district to receive more appropriate and the same services led by other regions.

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The link worker would like to reach out to more communities from the African/African Caribbean and Somali, Chinese and Polish communities. By gathering groups for Black, Chinese and Polish carers, it is more likely to open up people in a group of carers as they will understand issues people face from the different communities without feeling isolated.

The link worker is committed to increasing access to information on issues related to learning disability and support people from black and minority ethnic communities.

The link worker hopes to identify several ways in which services could improve:

- consulting Asian disabled people about their needs and priorities;
- peer support and social contact for Asian disabled people;
- practical assistance or aids to support disabled adults in their family roles (e.g. parenting);
- suitable housing and aids/adaptations that take account of people's preferences and religious or family obligations;
- services that are flexible, good quality and culturally competent;
- equal, transparent and non-discriminatory decision-making.

### **CONTACT**

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