“HEARING OUR NEEDS”

Exploring the emotional wellbeing and mental health needs of Black, Asian and Minority Ethnic (B.A.M.E.) communities across Northern Ireland: 2020

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SUMMARY OF REPORT AND FINDINGS

THIS PROJECT WAS PROUDLY SUPPORTED BY AWARDS FOR ALL NI

COMMUNITY FUND

CANS

QUEEN'S UNIVERSITY BELFAST

what is CANS?

With a vision to improve and enhance the lives of **Black, Asian and Minority Ethnic individuals and communities**, Counselling All Nations Services (CANS) are a charity actively providing mental health interventions to those in need within Belfast and the Greater Belfast area. The aim of the charity is to provide high quality culturally appropriate and accessible counselling through which individuals discuss their issues with bi-lingual counsellors of a wide range of cultural backgrounds from African and Polish, to Chinese and Arabic. **Counselling All Nations Services (CANS)** was originally established and recognised by HMRC as a charity on the 8th Sep 2013 Ref: NI00177 and on the 1st Sep 2014 recognised by the Charity Commission for Northern Ireland, charity no **NIC 100444** in response to a clearly identified need for culturally-specific counselling for people from black, Asian and minority ethnic (BAME) communities residing in Northern Ireland.

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counsellingallnations.org

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PLEASE SEE FULL REPORT PUBLISHED BY CANS FOR A MORE COMPREHENSIVE OVERVIEW OF THE REPORT FINDINGS

foreword by Prof. Siobhan O'Neill

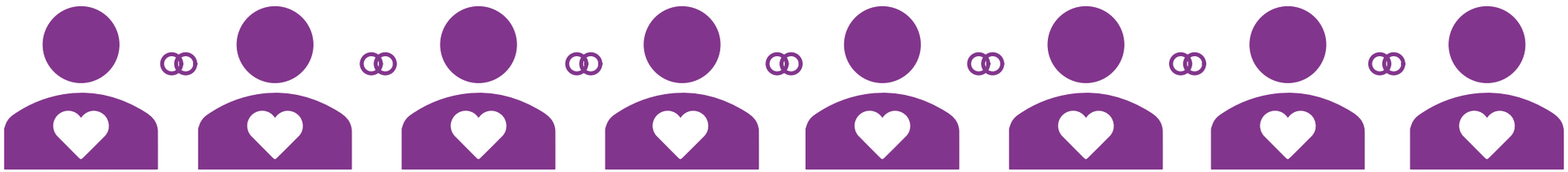
As the Interim Mental Health Champion for Northern Ireland and a Professor of Mental Health Sciences, it gives me great pleasure to introduce the **'Hearing Our Needs'** report prepared by the **Counselling all Nations Services (CANS)** in collaboration with **Queen's University Belfast**. This report is of particular interest to me as a trauma researcher, and I have long been concerned about the mental health needs of Black, Asian and Minority Ethnic (**BAME**) communities in Northern Ireland.

I am keen to promote evidence-based services and services and the Hearing Our Needs project initiated by CANS is an important resource in this regard. It describes the mental health challenges faced by those within BAME communities and identifies the mental health and emotional wellbeing needs that need to be addressed. There is a clear need to ensure that this population, who continue to experience discrimination, racism and inequality, have access to the same mental health services and support as the rest of the population.

I commend CANS for the outstanding work that they do to provide culturally appropriate and accessible mental health interventions. The Hearing Our Needs project further demonstrates how CANS is at the forefront of making sure everyone's voice is heard regardless of race, religion or creed.

I would like to thank CANS, and each and every person who participated in the Hearing Our Needs project. Your voices, experience and expertise have already changed the lives of individuals and families, and I look forward to working closely with you all as we move forward together in a more diverse and inclusive Northern Ireland.

Siobhan O'Neill
Interim Mental Health Champion



executive summary

Hearing Our Needs is a project initiated in 2019 to further understand the mental health and emotional wellbeing needs of Black, Asian and Minority Ethnic (BAME) communities in Northern Ireland. Comprising of seven workshops held in **Dungannon, Derry-Londonderry, Coleraine, Belfast, Bangor, Enniskillen, and Newry** - the research team invited participants from a range of backgrounds including emergency services, counsellors, community leaders, academics, union representatives, politicians and others to join the conversation. The workshops were structured by three key questions: **"Are we getting [BAME Mental Health Needs] right?"**; **"How are we getting [BAME mental health needs] right?"** and an invitation for participants to voice **recommendations for moving forward.**

Participants raised issues embracing inadequate training, skilled worker retention, sustainable funding, accessibility to healing (including self-referral), cultural competence issues, communication barriers between organisations, regulation, efficient signposting, urban and rural differences in BAME mental health needs, data access and sharing, and co-design of strategic documents relevant to BAME Mental Health in Northern Ireland.

12 recommendations were deduced by the research team targeting empowered decision-making, enhanced and culturally sensitive training, greater government and council involvement, safe and community-managed spaces, sustainable and committed 'ring-fenced' funding, the provision of mental health champions, and the generation of a single regulatory body to instruct and distribute resources. Additionally, **two surveys** were conducted – one addressing the workshops, and the other asking respondents about their mental health and experiences with accessing support in Northern Ireland. Respondents of the latter listed ailments affecting them such as Depression, Anxiety, Stress, Suicidal Thoughts, PTSD, Addiction, Loneliness, and work and relationship issues. The survey acquired data on ethnicity, age, employment, residence, what they felt mental wellbeing meant, and whether or not they have experienced hate crime. **42%** have experienced forms of hate crime. We ask that local government bodies, mental health services, community leaders, and the plethora of organisations actively supporting minorities in Northern Ireland to use the report to produce local-specific research trajectories and nurture collaborative relationships in order to better understand what they can do to empower **BAME communities** – not just in Northern Ireland, but wherever applicable to the readership.

research team

The undersigned finalised this report on 3rd November 2020

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defining ‘culture’ and ‘mental health’

For Buddhist philosopher Daisaku Ikeda “*Our Dialogues must heed the voices of the suffering; they must replace despair with hope*” (2008). Today in Northern Ireland, we are living within a **paradigm of increased mental health awareness** and actively addressing the importance of mental health towards contributing to the prosperity of society, the workplace, and quality of life. Prevalent stigmas and feelings of shame around talking about mental health are being directly addressed in many ways. The recognition of the many stakeholders and voices debating mental health, its challenges, policy reform and governance is essential to the ecosystem providing life-changing services. Recent political crises related to the Black Lives Matter movement and the global impact of COVID-19 Coronavirus pandemic on Black, Asian and Minority Ethnic (BAME) populations have explicitly presented to us the bifurcation of racial issues and disproportionate societal inequalities between groups, but also the fragility of our health system in accommodating the needs of diverse populations.

In accordance with the **World Health Organisation**, good mental health is defined as “a state of wellbeing in which the individual realises [their] own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to [their] community” (2004). But how does **culture** enter the narrative? Culture for some researchers is defined as a determinant of one’s reality and the tangible and intangible ways which one holds in common with others. Culture can be shared patterns of belief and behaviours that people carry with them every day and across the world. How one embodies and expresses their culture throughout life is significant to their identity - but in the context of mental health interventions it can leave them misunderstood and voiceless. It can be highly influential on their response to mental illness and entering pathways to healing. Thus, a cultural lens on mental health and policy reform must recognise the diverse needs and differential responses of these communities. Moreover, this may be made more complex when considered alongside **intersectional components** such as class, sex, gender, sexuality, disability, education, race, ethnicity, hierarchies amongst or between groups, conflict, and the accessibility to mental health services and empathy of those in mediation. Even the safety of the treatment room and the presence of a translator can create further complications and the need for additional accommodations to be made.

However, the **Jarvis Law** on the planning of mental health services in urban areas presents the observation that if the correct services and assistance are readily accessible to a community, it will be utilised. Nevertheless, we must ask the question, are we getting mental health actions right for Northern Ireland with increasing diversification of population and communities, and if so, how are we getting it right for the benefit of those communities?

7 workshops, 3 questions, 4 themes

Between May and September 2019, the research team conducted 7 workshops in **Dungannon, Derry-Londonderry, Coleraine, Belfast, Bangor, Enniskillen and Newry.** The objective was to engage service providers (and service users where possible) on the challenges of addressing BAME mental health within Northern Ireland and their individual constituencies that they face in their work and daily lives. The workshops were enthusiastically attended by members of local organisations and charities, Community Interest Groups, political bodies, members of relevant Health Trusts, the Public Health Authority, emergency service workers, and private practitioners.

Three key questions were presented to each group: **"Are we getting it right?"** and **"How are we getting it right?"** in order to make attendees think critically about themselves and discuss best practice/policies. Following this, participants were asked to make **recommendations** for moving forward and overcoming challenges. From these workshops, the research team identified 4 key research themes: **Building Capacity, Securing Service Provision, Place Matters, and Co-production and Networking.**

The voluntary contributions of all attendees were highly informative, underpinned with a wealth of experience, and rich in detail. They addressed an extensive range of issues, challenges, barriers, and factors faced by both service users and active service providers for Northern Ireland's BAME communities.

Building Capacity

This research theme engaged with attendee contributions related to communication issues between organisations, crisis intervention, public compassion and education; Factors contributing to the stigmatisation of BAME mental health, self-help awareness and practices; Effective first points of contact for BAME communities, the professional-client relationship, translators, resource provisions for BAME workers; Approaching the concept of cultural competency, language and cultural barriers; and available research and distributable literature. This section stresses the over-pressurised and overstretched Northern Ireland Health System.

Securing Service Provision

'Securing Service Provision' examined contributions from attendees relevant to sustainable funding streams for service providers, Brexit and service adaptations, resilience, parliamentary and local government barriers for legislation reforms, political and economic priorities, reformed cultural and mental health strategies, and datasets.

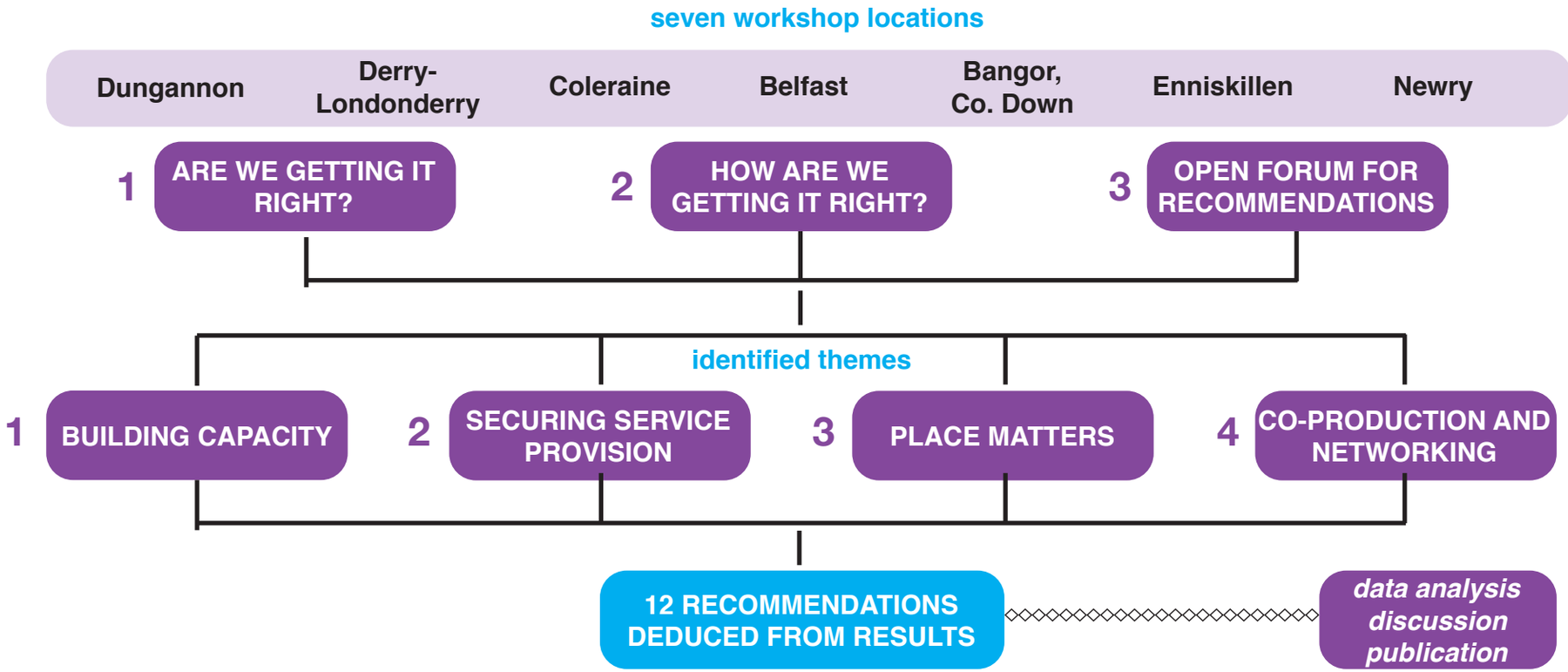
Place Matters

This research theme places heavy emphasis on local knowledge and the enhancement of local services available in Northern Ireland. This section also examines new emerging digital spaces that can be utilised for mental health interventions and accessing help as well as discussing recommendations related to devolved governance, local gatekeepers and mental health champions, perceptions of mental health and othering of BAME

communities. Anti-social behaviour and drug-alcohol abuse, making sense of local identity, BAME integrating into new spaces, and embracing diversity together are also discussed.

Co-Production and Networking

'Co-Production and Networking' speaks to the need to begin shared dialogues and narratives on BAME mental health needs and challenges. It discusses the creation of intercultural groups and forums, a centralised regulatory platform for service providers, effective communication and resource pooling, BAME inclusive production of legislation and strategies, revised training practices, self-referral systems, diverse stakeholder groups, and the development of safe spaces for expression and intervention.



1. building capacity:

To quote a participant attending the Newry workshop, capacity building starts with **"the need to educate ourselves about each other"**. Whilst a sense of empathy gives compassion to those affected by mental health issues, it assists towards removing stigmas on addressing mental health. Having an understanding of how diverse cultures and identities engage mental health helps focus our interventions and resources effectively, and therefore our capacity to improve one's life and wellbeing. This can also apply to the **interpreter-practitioner-client** relationship towards creating a safe, satisfactory and efficient treatment space where a client is understood. Capacity building is defined as **meeting the needs of networked stakeholders**, whereby a mental health system's development, efficiency, effectiveness, equitability and ability to be tailored to the needs of people with mental health problems is empowered. Capacity building strengthens asset delivery and enables services to do more for their respective communities. Moreover, the concept of capacity building is recognised as a key driver of UN global **Sustainable Development Goals** for 2030 (emphasis on SDG 3 referencing good health and wellbeing).

Each participant had an example of capacity building to contextualise how they approach mental health – from the Police Service of Northern Ireland employing mental health workers to join them at active crime scenes, to therapists employing different modes of engagements such as playing or dramatization. Organisations like South Tyrone Empowerment Partnership [STEP], The Confederation of Community Groups in Newry, and Building Communities Resource Centre (BCRC) in Ballymoney are actively engaging with a plethora of stakeholders and communities to understand what works best, and many organisations are linked via the PHA **Stronger Together Network** aspiring to build capacity of **BME focused interventions** through the sharing of information and new partnership opportunities.

However, there are challenges to achieving those visions rooted in local geography and the economic and political spheres. Service Providers identified insufficient or inflexible funding, a lack of training, the failure to retain trained individuals (level 4 education and above) locally or incentivise bi-lingual persons to enter the healthcare sector, insufficient face-to-face consultations and limited referrals, effective signposting, and poor networking between community-level and the public sector as limiting factors towards improving capacity. There is the need to reaffirm **self-help** narratives and aftercare in supporting interventions. Current treatment cycles may last 6-12 sessions and long waiting lists to re-enter the system still exist. A myriad of potential pathways - from yoga and art, to sports and spiritual gathering - are also available and it is agreed that self-care plays a critical role in the management of chronic illness. We identify two lenses on building capacity: those belonging to the service providers in networking, training, and using resources; and to service users to ensure they are given the tools to build their own capacity to support themselves after treatment.

2. securing service provision:

Securing sustainable flexible funding was voiced by all participants. When the report was finalised, we were approaching the 31st January 2020 Brexit deadline – when the United Kingdom officially left the European Union. This created much anxiety for service users and service providers when considering the widespread economic and service disruptions, policy changes, migration and workforce barriers. Service provision finds itself at a crossroads between building capacity, place, and networking. It heavily relies on a suitable mix of these components to generate compatible funding and service delivery to tackle issues from the national scale to the community level. It is important to acknowledge that all these issues are not exclusively Brexit related, but a product of how Northern Ireland's governmental bodies and grassroots/community level BAME organisations are working against one another. Participants also elaborated on **parliamentary barriers** which prevent community organisations presenting new legislation and empowering narratives at higher political levels. Calls were made for greater collaborative efforts between the council, government bodies (i.e. Office of the First Minister and Deputy First Ministry/OFMDFM), and community service providers in preparing strategies, generating funding streams, and producing narratives on mental health that reach powerful political agendas.

The concept of **Data** stimulated debate amongst participants. In unanimous agreement – *information is power*. Free availability of data sets can become versatile cross-sector policy instruments empowering public, private and community-based organisations to become digitally capable and able to act on strategic decisions. Participants felt that the **communication, practice, knowledge (by extension - data), policy gaps, and competition** for limited funding and resources could be resolved through the formation of a regulatory intercultural panel to discuss concerns and new legislation.

3. place matters:

Akin to the **Jarvis law**, if no services exist then we are not combatting issues and challenges affecting their communities. **Place and the public** significantly influence BAME mental health interventions and wellbeing. Urban and rural areas present their own challenges signifying a heterogeneous geography which has detrimental impacts on minority groups. **Pull factors** such as family and friends, viable employment prospects, accessible resources such as the benefits and NHS system, affordable housing and tenancy rights, and generally a higher quality of life and stable livelihood will attract migrants of all backgrounds to a particular geography. A shift in their surrounds meets a shift in how they are perceived by locals - often with an intensified sense of '**othering**'. A plethora of organisations and unions are active in Northern Ireland, and often the first point of contact for mental health support is through a local GP. However, the inadequacy of some **GP Practices** to tackle BAME issues in more rural areas requires new effective methods to improve BAME mental health interventions within these areas. Participants also emphasised the need to improve public compassion, trust, and community cohesion, and introduce Local Champions to raise awareness of ethnic mental health concerns in their area. Interestingly, **digital platforms** and the internet adopts numerous roles for service providers and users. It may be a point of accessing services with confidence and privacy they might be denied elsewhere, or a way to contact family and friend networks in their country of origin. They can also be a sounding board for the local community or exacerbate tensions between groups.

4. co-production & networking:

The concepts of **co-design** and **co-production** amongst networked stakeholders is crucial towards the provision of services for the BAME communities in Northern Ireland, focused and dedicated funding streams, and more informed decision making. Calls for regulatory bodies, mental health champions, incentives, and more effective resource distribution were made in addition to enhanced connectivity and alignment, and strategic co-design. Participants working at the community level emphasised a communicative barrier between them and government agencies, despite the community agencies working within government guidelines. A key question for addressing this issue is *"what are other organisations doing?"* requires a definitive answer. **Networks remain divided and insular**.

Aside from communication barriers, participants voiced a lack of appropriately trained personnel, lack of understanding particular cultures in some institutions, **competition** for resources, and the need for regulation through forming an intercultural group that embodies the principles and vision for their communities in Northern Ireland. This approach would responsibly develop flexible sustainable funding streams, minimise resource competition, and extend to all regions (both rural and urban) - capturing ideas of place, sustainability, cultural sensitivity, community experience and ensure all voices are being heard. Moreover, the creation of new dialogues also extends to **academia** and how research institutes approach the concept of BAME Mental Health, and by extension general wellbeing.

4 themes to 12 recommendations

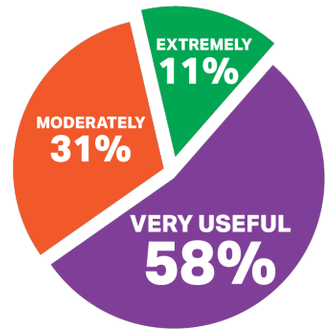
The research team presented **12 recommendations** deduced from the aforementioned 4 key research themes. The recommendations placed great emphasis on factors such as increased and empowered decision-making, greater flexibility of service and more training opportunities, highly networked stakeholders, the provision of key resources namely bi-lingual counsellors, better signposting and literature, and more flexible long-term and ring-fenced funding opportunities, and provisions for project work and collaboration. Without funding, without assistance, without guidance - invaluable grassroots organisations and service providers face **increasingly unsustainable pressures** and instability especially in the changing post-Brexit landscape.

This directly affects **the health and wellbeing of those employed and the communities under their care** through the loss of jobs and shared assets which to some might be the only help they receive.

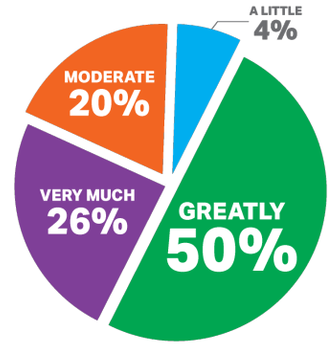
1. **Empower decision making and community action through greater public availability and diversification of current data sets and info packs**
2. **Cultural competency training and greater provision of educational resources on BAME mental health needs across all sectors**
3. **Empowerment of BAME services to provide Step Care 3 and 4 interventions to all clients**
4. **Wider stakeholder involvement and community participation within the development of strategic documents and policy assets which affect them**
5. **Better communication between community level organisations and government bodies towards effective action addressing BAME needs**
6. **Greater institutional involvement and the generation of committed ring-fenced funding and available resources for BAME communities**
7. **More bi-lingual and specifically trained counsellors. Incentivise people to train in all areas, closing the urban-rural divide**
8. **Greater investment into enhancing safe spaces and the empowerment of community level services**
9. **Sustainable, ring-fenced, and highly flexible funding options for addressing mental health needs in Northern Ireland communities**
10. **Curate and empower BAME mental health champions to promote good mental health and emotional wellbeing within their respective communities**
11. **Greater availability of materials signposting important services and self-care options in many languages**
12. **Generation of a support platform and single regulatory body for BAME support workers to utilise for many needs and guidance**

workshop feedback

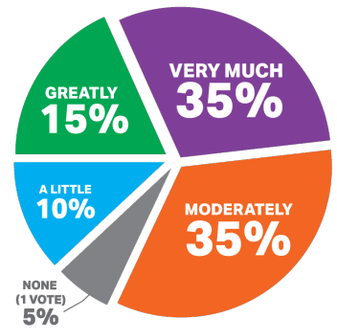
After each workshop, participants were emailed a survey which contained **9 questions** (see appendices of full report) addressing usefulness, enjoyment, potential to stimulate conversation around BAME mental health needs, professional networking opportunities, and general improvements. **50 surveys were returned**. We found that 58% of participants found the workshop very useful, and a further 11% finding it extremely useful. Likewise, similar values were recorded on the workshops' capacity to stimulate conversation around BAME communities, mental health needs and available resources. A significant statistic of 10% found the workshops stimulated little conversation around resources and a further 5% found no conversation occurred. However, this was echoed greatly throughout the research themes and subsequent recommendations. The research team were pleased that 90% gained networking opportunities and 96% would recommend the workshop to a friend or colleague. Participants enjoyed the informal approach to groups and themes; the opportunity to discuss issues at length and be heard; exploring concepts of wellbeing in BAME communities; sharing experiences with like-minded individuals; hearing different perspectives on topics like culture and self-care; learning about the other organisations; and the quality of the discussion initiated by, and the insightfulness of, the research team member presiding over each table. On the contrary, participants felt that some others were not being heard due to dominant voices and time restrictions; that future workshops should involve more service users, more representatives from BAME communities and non-Caucasian practitioners; and a formal structure. A challenge which was stressed was improvements in **attracting BAME service users** to these workshops where the language barrier, work commitments, or feelings of vulnerability and insecurity may discourage them from attending and discussing their experiences.



WORKSHOP USEFULNESS



WORKSHOP STIMULATED CONVERSATION AROUND B.A.M.E COMMUNITIES



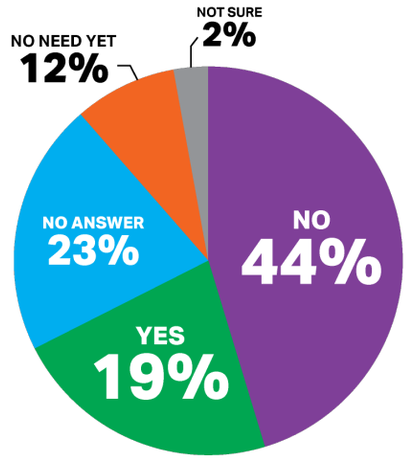
WORKSHOP STIMULATED CONVERSATION AROUND AVAILABLE RESOURCES

NETWORKING OPPORTUNITIES

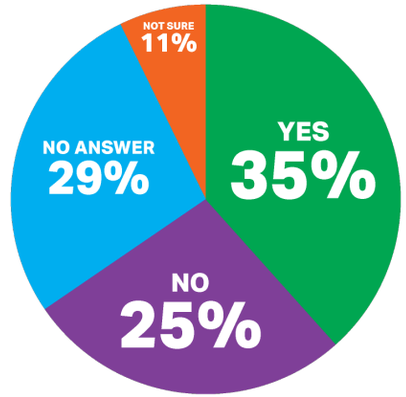
RECOMMEND WORKSHOP TO OTHER CHARITIES AND ORGANISATIONS

BAME mental health survey

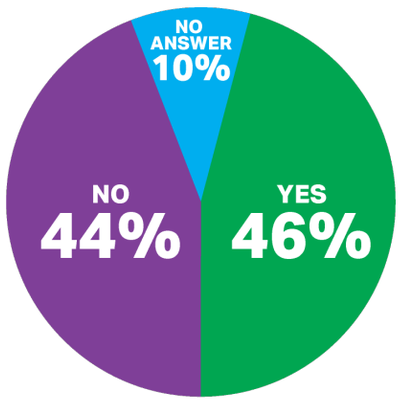
To address the **lack of service users** attending workshops, the 31-question survey recorded general demographic information, registration to a Northern Ireland GP, relationship status and dependents, diagnosed (or inferred) and historic mental health ailments, encounters with hate crime in Northern Ireland, and whether the individual previously sought professional help. It also asks whether the individual had difficulty accessing help in Northern Ireland and who would they generally talk to about mental health. **45 surveys** were returned in full to CANS. The survey collected responses from a diverse range of nationalities including Polish, Chinese, Iraqi Arabian, Nigerian, Indian, Irish, British, Lithuanian, South African, and Portuguese. Many had dependents and were engaged in a form of employment. (*See below*) 46% received help



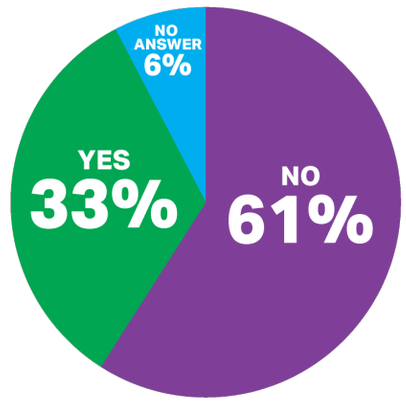
HAS HAD DIFFICULTY RECEIVING HELP FOR A PSYCHOLOGICAL CONDITION IN NORTHERN IRELAND



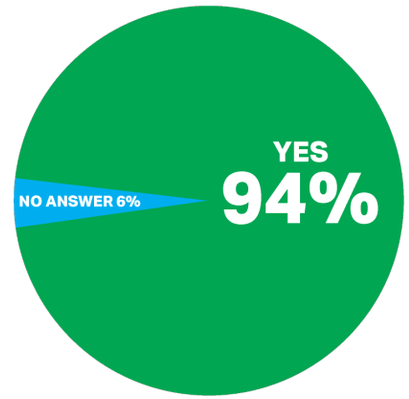
AWARENESS OF SERVICES THAT CAN OFFER HELP WITHIN NORTHERN IRELAND



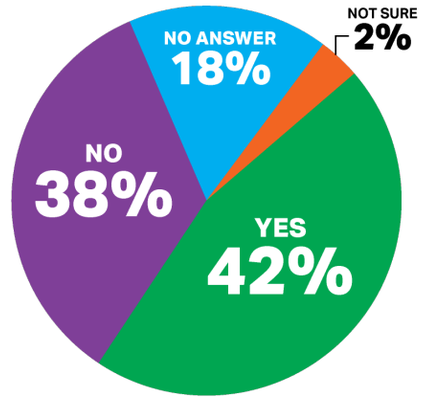
RECEIVED HELP FOR A PSYCHOLOGICAL CONDITION IN THE PAST



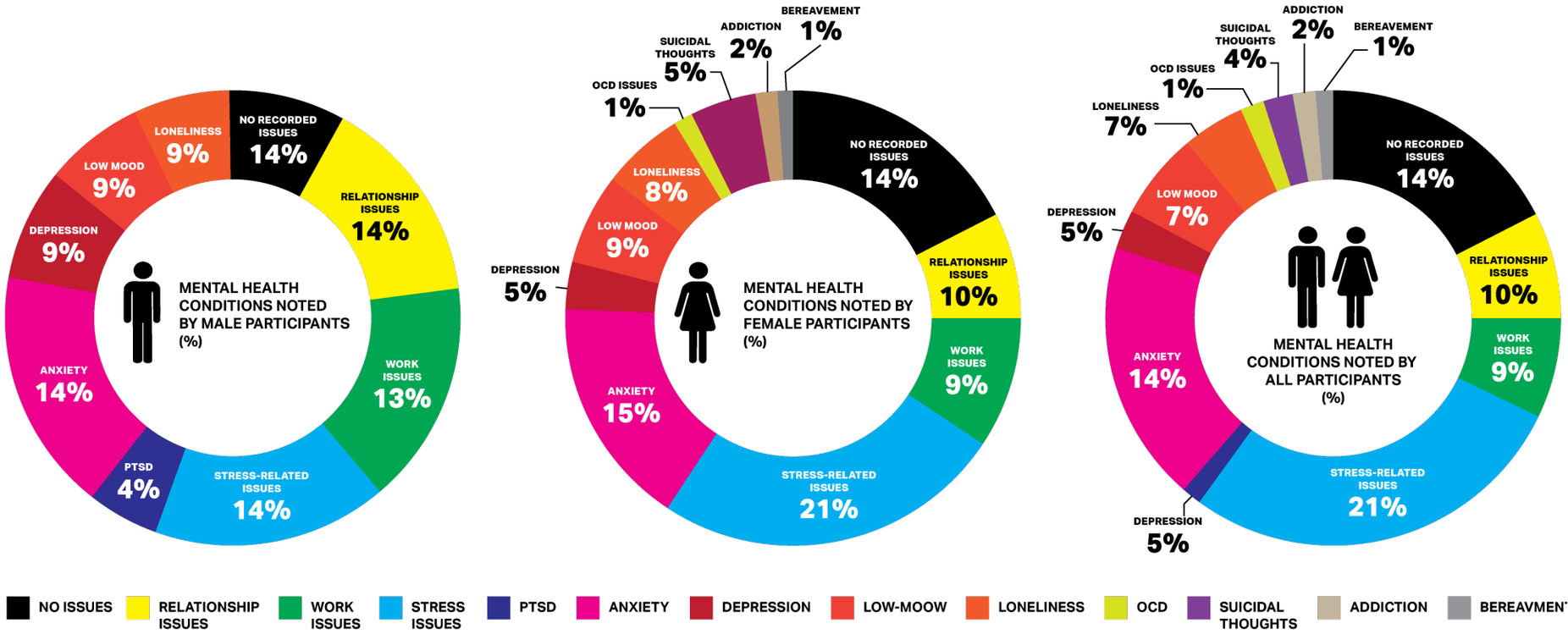
RECEIVED HELP FOR A PSYCHOLOGICAL CONDITION IN NORTHERN IRELAND



REGISTERED WITH A GP IN NORTHERN IRELAND



AFFECTED BY HATE CRIME IN NORTHERN IRELAND



for a psychological condition in the past, with 33% of the cohort specifying that they received help in Northern Ireland. 35% are aware of services offering mental health support, 11% said they were unsure, and 29% of answers registered “No answer”. 44% had no difficulty accessing services where available whilst 19% said that they had experienced difficulty. Moreover, 94% were registered with a Northern Ireland GP in their community which is a strong indicator of what pathway is most legible to BAME communities. 42% registered Yes to experiencing racism or hate crime in Northern Ireland. Respondents recorded ailments relating to stress, relationship issues, work-related issues, Post Traumatic Stress Disorder [PTSD], Anxiety, Depression, Low Mood, Loneliness, Obsessive Compulsive Disorder [OCD], Suicidal Thoughts, Addiction, and symptoms associated with bereavements. The data was **differentiated by gender** (see above). Females responded slightly higher to stress (21%), Anxiety (15%), Addiction (2%), and Bereavement (1%) whereas Men recorded higher on relationship issues (14%), depression (9%), low mood (9%) alongside stress issues (14%), anxiety (14%) and work-related issues (13%). Moreover, no males recorded indication of suicidal thoughts or issues linked to OCD and addiction unlike females (5%, 1% and 2% respectively) and females recorded no responses to PTSD unlike male respondents (4%). Loneliness was recorded equal weighting between males and females.

Please see full report appendices for surveys.

conclusion

Northern Ireland is currently within a paradigm of increased recognition of **parity of esteem**, by way of valuing mental health equally with physical health, and wide-spread **mental health awareness** amongst its population. However, mental health cannot be generalised into a series of tick-boxes and non-specific frameworks. Within the literature obtained from wider academia and UK specific publications - there is still much work to do to meet **BAME (Black, Asian and Minority Ethnic)** mental health needs and understand the roles that culture and ethnicity play in the recognition, understanding and treatment of conditions. **Culture** can distort mental health narratives where certain behaviours can have multiple meanings or stigmatise engagements with professionals. Age, Gender, Sexuality, Class, Religion and other **intersectional** components can further complicate mental health narratives. This creates two perspectives – that of the **Service User**, someone who is experiencing poor mental health, and that of the **Service Provider**, who can provide a myriad of interventions or signpost to other organisations.

The research team conducted **seven workshops** across Northern Ireland between late-May and September 2019 networking numerous service providers and service users to explore mental health needs of BAME communities residing in their local areas. They were conducted chronologically in **Dungannon, Derry-Londonderry, Coleraine, Belfast, Bangor, Enniskillen and Newry** and comprised of emergency services, local counselling services, politicians, academics, community leaders and numerous other bodies from various backgrounds and ethnicities. The workshops were also supported by local and national organisations and Queen's University Belfast.

During each workshop, participants were asked three open questions: "**Are we getting [BAME mental health needs] right?**", "**How are we getting [BAME mental health needs] right?**" and asked for **recommendations** for move forward and progressing together. As a result, the research team deduced 4 themes: **building capacity**, **securing service provision**, **place matters**, and **co-production and networking**. Following a period of analyses and further research, the team then deduced **12 recommendations** targeting empowered decision-making, enhanced culturally sensitive training, greater government and council involvement, safe and community-managed spaces, sustainable and committed 'ring-fenced' funding, the provision of mental health champions, and the generation of a single regulatory body to instruct and distribute resources.

Moreover, the research team conducted **two surveys**: one requesting feedback on the workshops, and the other investigating GP registrations, mental health ailments, general demographic information, experiences of hate crime, and awareness of critical services in their respective communities.

notes

WORKSHOP PARTICIPANTS

Public Health Authority [PHA]
Chinese Welfare Association
Stronger Together
Building Communities Resource Centre [BCRC]
South Tyrone Empowerment Programme [STEP]
UNISON NI
Police Service Northern Ireland
Northern Ireland Ambulance Service
Belfast Counselling Service
Belfast Recovery College
ATLAS Lisburn
AWARE NI
PIPS Northern Ireland
Barnardos NI
Lifeline
Victim Support NI
NIACRO
Belfast Trust - Community Development
Inspire Wellbeing
Connect2Counselling
Ustawi Counselling Services
Ards and North Down Borough Council
Alliance Party NI
1+1 Project
Northern Ireland Housing Executive
Queen's University Belfast
Migrant Centre NI
Sai Pak CCA
Education Authority
Asian Over 50 Club, Coleraine
Causeway Multicultural Forum
Erne District Chinese Families and Friends
Western Health and Social Care Trust
Action on Hearing Loss
Mindwise NI
Aisling Centre
Fermanagh and Omagh District Council
Bulgarian Association of Northern Ireland
Southern Health and Social Care Trust
Ethnic Minorities Sports Organisation NI

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UNISON
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BCRC Building Communities Resource Centre