

The City Bridge Trust

Bridging Divides: Application for a grant



About your organisation

Organisation Details

Name of your organisation: Roma Support Group	
If your organisation is part of a larger organisation, what is its name? N/A	
In which London Borough is your organisation based? Newham	
Contact person: Mrs Sylvia Ingmlre	Position: CEO
Website: http://www.romasupportgroup.org.uk	Social Media Accounts: https://www.facebook.com/RomaSupportGroup/
What Quality Marks does your organisation currently hold? We hold Advice Quality Standard [AQS], which was last audited in December 2017.	

Legal Status

Legal status of organisation: Charitable company			
Charity Number: 1103782	Company Number: 04645981	CIC Number:	Bencom Number:
When was your organisation established? 03/10/1998			
Aims of your organisation: The origin of the Roma Support Group (RSG) is connected to Roma grassroots movement, which, in the context of anti-Roma hostility in press and media, sought to empower their community by providing information, facilitating access to mainstream services and exercising their right to representation. RSG's main objectives are to improve the quality of life for Roma refugees and migrants through enhancement of their physical and mental well-being, support to overcome inequality, disadvantage, prejudice and social exclusion; and increasing public awareness of Roma heritage, culture, arts and their current situation in the UK. Our vision for Roma communities is to be empowered through the realisation that their strength lies within every Roma individual and his/her fulfilment as a member of society. We seek to ensure that Roma voices are heard, represented and become a force of change, ensuring equality and social justice for all Roma refugees and migrants in London and the UK.			

Main activities of your organisation:

Our day-to-day work empowers Roma refugees and migrants (?beneficiaries?) to become more independent and facilitates greater social inclusion and tolerance. In 2017, we supported 3,030 beneficiaries London-wide through:

- a/ Mental Health Advocacy - improving access and confidence in using mental health services, supporting health professionals in engaging with Roma patients;
- b/ General Advice ? addressing poverty, homelessness, employability issues;
- c/ Community Advocacy ? reducing social exclusion through peer-advocacy, training and Forum Theatre;
- d/ Aspiration Project ? supporting young Roma to access/ succeed within education, delivering after-school music and sport activities;
- e/ Early Years Project ? tackling multiple disadvantages of Roma children through ?Stay and Play? sessions delivered in partnership with the Altmore Children?s Centre;
- f/ Policy and Campaigning ? organising Roma-led campaigns and influencing policy towards Roma at local, national and European levels;

Furthermore, last year 1,049 professionals benefited from our training and consultancy work, which enabled them to understand the needs and provide services to 2,816 Roma community members.

Your Staff & Volunteers

Full-time:	Part-time:	Trustee/Board members:	Active volunteers:
3	10	13	26
Do you have a Safeguarding policy? Yes			
Are the following people in your organisation subject to DBS checks?			
Paid Staff Yes	Volunteers Yes	Trustees / Management Committee Members Yes	

Property occupied by your organisation

Is the main property owned, leased or rented by your organisation?	If leased/rented, how long is the outstanding agreement?
Rented	2 years

Environmental Impact**What action have you taken in the past year to progress environmentally sustainability principles and practice?**

We involve staff/ volunteers in day-to-day implementation of our Environmental Policy, aiming for greater commitment and improved environmental performance through:

- ? Promoting the reduction, reuse and recycling of waste materials from our office to conserve resources and reduce waste disposal to landfill;
- ? Seeking to reduce energy consumption through monitoring use of water, heat and electricity, reviewing it annually, and turning off lights, computers and printers whenever not in use;
- ? Minimising the use of paper by printing only if necessary, photocopying on two sides and recycling all paper products;
- ? Reusing all stationary products as much as possible;
- ? Promoting the use of environmentally friendly forms of transport by staff, volunteers and beneficiaries;
- ? Buying cleaning materials which are environmentally friendly and avoiding the unnecessary use of chemicals;
- ? Regularly reviewing our activities and setting new targets to reduce any environmental impacts caused by our activities.

Finance Details

Organisation Finances

	Year of most recent audited / examined accounts	Current financial year forecast	Next financial year budget
End of financial year date	31/01/2017	31/01/2018	31/01/2019
Grants & donations:	£13,806	£3,351	£3,000
Earned Income:	£302,082	£400,434	£322,200
Other income:	£0	£0	£0
Total income:	315,888	£403,785	£325,200
Charitable activity costs:	£319,047	£322,794	£316,225
Cost of raising funds:	£33,036	£33,400	£31,275
Other costs:	£0	£0	£0
Total expenditure:	£352,083	£356,194	£347,500
Free unrestricted reserves held at year end:	£107,425	£100,000	£80,000

What is your organisation's reserves policy?

According to our Reserves Policy, our unrestricted funds, which have not been designated for a specific purpose and not committed or invested in tangible assets, (?free reserves?) should be between three and six months of the resources expended. At this level, the Trustees feel that they would be able to continue the current activities of the charity in the event of a significant drop in funding. In such a case, it would be necessary to consider how the funding would be replaced or activities change. Our present free reserves level of £107,425 falls safely within these limits.

For your most recent financial year, what % of your income was from statutory sources?
0%

Organisational changes

Describe any significant organisational changes to your structure, financial position or core activities since the date of your most recent accounts.

Following our consultation with Russell & Cooke LLP, the RSG adopted a reviewed Articles and Memorandum of Association by a special resolution passed at the AGM on the 16th November 2017. The objects of the charity remained unchanged.

Grant Request

Under which of City Bridge Trust's programmes are you applying?
Positive Transitions

Which of the programme outcome(s) does your application aim to achieve?
Positive Transitions\Londoners experiencing inequality or disadvantage are supported to become more independent

Please describe the purpose of your funding request in one sentence.
We are seeking funding for our Mental Health Advocacy Project to provide continuity of support to Roma migrants in gaining access to mental health services and understanding mental health issues.

When will the funding be required? **01/12/2018**

Is this request to continue work that is currently funded or has been funded in the last year by:

City Bridge Trust?
Yes

Another funder? (if so which)

How much funding are you requesting?

Year 1: £0	Year 2: £0	Year 3: £0	Year 4: £40,949	Year 5: £43,767
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Total Requested: £84,716

You and your grant request

What, specifically, are you applying for (your project)?

We are applying for a two-year continuation funding for our current Roma Mental Health Advocacy Project delivered by a team of a part-time Project Coordinator and two part-time bilingual Mental Health Advocates from our offices in East and West London.

The Project employs a three-pronged model of engagement with Roma beneficiaries and healthcare providers, which ensures that beneficiaries receive holistic support needed for them to confidently access mental health services. We achieve this through 1-2-1 advocacy sessions, monthly Peer Support Group meetings, and training and support for mental health professionals working with Roma patients.

With continuation funding, we will be able to offer annually 1-2-1 advocacy to 70 beneficiaries, facilitate Peer Support programme for 30 beneficiaries, develop our engagement with 30 health professionals, and expand our outreach support to the most vulnerable beneficiaries, who face multiple barriers to improvement of their mental health.

What are the changes you hope to achieve?

The Project will deliver specialist support and facilitate access to health services for those, who previously faced exclusion from mental health (MH) services due to severe physical health problems, learning difficulties, social marginalisation, discrimination or a combination of these factors.

The Project will identify barriers, which beneficiaries face in their engagement with MH services and together will formulate individualised strategies to facilitate their access to mainstream health services. This will increase beneficiaries' confidence and independence, empowering them to make positive choices and engage with services on their own terms.

The long-term beneficiaries will be invited to lead Peer Support Group meetings, sharing their experiences of engaging with MH services. This will help to reduce stigmatisation of MH issues within the Roma community and enhance Roma voice and representation to health professionals invited to these meetings thus increasing their level of awareness of inequalities, needs and culture of their Roma patients.

How do you know there's a need for this work?

Research reveals that life expectancy in Roma communities is 12 years lower than the population averages with higher rates of chronic illness, anxiety and depression. Our mental health (MH) advocacy work reveals disproportionately high rates of MH issues amongst Roma community members, i.e.:

- 55% of beneficiaries suffer from depression (compared with 20% incidence rate in Britain);
- 32% suffer from anxiety (compared with 20% incidence rate in Britain);
- 23% suffer from schizophrenia/ psychosis (compared with 1% incidence rate in Britain).

Our beneficiaries report on barriers in accessing MH services, including: language barriers, limited understanding of health services, and health professionals' limited awareness of Roma cultural attitudes towards MH.

In two years of our current Project, we exceeded the target numbers of Roma beneficiaries by 135% and health professionals by 332%.

58% of beneficiaries stated that the Project has helped them overcome their reluctance to engage with MH services.

How will the work be delivered - specifically, what will you do?

The Project team (Coordinator, 2 MH Advocates and 2 Volunteers) will deliver:

- 1-2-1 MH advocacy;
- Peer Support Group meetings;
- Training and support for MH professionals.

MH advocates will support 70 beneficiaries annually to explore their MH concerns, facilitate access to health services and ensure beneficiaries' satisfaction with the support offered through health services.

Monthly Peer Support Group meetings will engage 30 beneficiaries annually in guided discussions about MH issues, treatment options and coping strategies.

The Project will provide direct support and two Roma Health Awareness training sessions annually to 30 MH professionals working with Roma patients.

The Project will produce/ distribute two leaflets:

- For professionals ? to provide an overview of Roma cultural attitudes to MH, barriers to

effectively engaging with MH services and best practice tips for working with Roma patients;
- For beneficiaries ? to provide an overview of MH concerns and MH services.

Why are you the right organisation to do this work?

The RSG is Roma-led and has 20 years of experience of working with Roma migrant communities in London.

We have developed a trust-based relationship with the community that is disadvantaged, marginalised and distrustful of public services, and our consultations with beneficiaries enabled us to develop appropriate, specialist responses, which incorporate sensitivity to Roma cultural values.

We have built a wealth of expertise/ specialism, including:

- Knowledge of the main causes behind multiple inequalities and barriers experienced by Roma refugees and migrants;
- Awareness of cultural taboos, which impact on Roma health awareness and their access to health services;
- Understanding of how Roma history and anti-Roma discrimination affect their integration with the mainstream society;
- Linguistic expertise.

The attentiveness to language and culture is vital, as stigmatisation of mental health issues within Roma culture can create substantial barriers to accessing mainstream services if culturally appropriate support is not available.

How does your work complement and not duplicate other services within your area?

The Project works alongside mental health services to foster improved communication and understanding between Roma patients and mental health professionals, but as it does not provide psychological therapies and thereby does not replicate the work of mental health services, such as Talking Therapies, Improving Access to Psychological Therapies (IAPT) services, Community Recovery Teams, Child and Adolescent Mental Health Services (CAMHS), Coborn Centre for Adolescent Mental Health, etc.

By focusing specifically on the needs of the Roma community, the Project provides a unique, specialist and culturally appropriate advocacy service. We also work in partnership with local Healthwatch advocates (who provide general health care complaints advocacy), mutually accepting referrals and providing information in our respective areas of expertise.

How will this proposal meet the Programme Outcome(s) under which you are applying?

Re: Londoners experiencing inequality or disadvantage are supported to become more independent.

To foster beneficiaries' independence, mental health (MH) advocacy enables beneficiaries to voice their MH concerns and identify pathways to specialist support. Once beneficiaries have overcome the initial hurdle of establishing contact with MH services, we then focus on building their knowledge of the ways in which services operate and provide them with strategies for communicating with professionals. Beneficiaries thus gain confidence in approaching services and develop independence in maintaining meaningful engagement.

Re: Vulnerable and disadvantaged Londoners are more resilient and empowered to make positive choices.

Our advocacy sessions and Peer Support programme facilitates discussions about MH, which is stigmatised within Roma culture, thus helping beneficiaries to feel less isolated and enabling them to learn from each other. These discussions help MH to gain acceptability as a topic within Roma public discourse, and empower beneficiaries to make positive choices.

How will you ensure that your project will hear and represent the views and needs of disadvantaged people and/or diverse communities?

Our Peer Support programme, facilitated by bilingual MH advocates, provides a regular opportunity for beneficiaries to share their views on their engagement with health services and MH issues. The Project team utilises this information in MH advocacy and represents beneficiaries' views and needs during our work with health service providers via training sessions for health professionals and strategic meetings with health decision-makers.

The Project holds quarterly Steering Group meetings, which are designed to explore beneficiaries' views on the effectiveness of Project activities and suggestions for further development.

Beneficiaries are regularly encouraged to share their comments verbally and complete feedback forms (which measure their satisfaction with Project activities) and satisfaction surveys (which measure their satisfaction with the MH services that they are using). The Project team develops our activities based on beneficiaries' feedback and informs health professionals of beneficiaries' views on their services, providing constructive suggestions for more effective engagement.

How does your project engage and empower individuals and/or communities to come together on this issue? Will you be working with people who are particularly excluded?

The Project empowers Roma refugees and migrants, who are amongst the most excluded groups in the UK, to voice their mental health concerns to health professionals. This has become apparent during our Peer Support programme, through which we invite mental health professionals to attend our monthly group meetings, allowing beneficiaries to engage with them in a familiar environment.

During these meetings, beneficiaries have displayed unprecedented openness in disclosing mental health concerns and requesting further professional support. Our Peer Support programme provides a powerful means of fostering engagement between Roma communities and mental health professionals, allowing these socially distant groups to engage in productive dialogue and mutual learning.

For highly marginalised Roma migrants, this is vital in empowering them to discuss mental health that is stigmatised within Roma culture, take charge of their mental health situations and provides a 'human face' to otherwise intimidating services.

Is the focus of your project meeting an already identifiable need (acute or otherwise) or are there elements which are preventative and/or incorporate early action?

As the Project has revealed high rates of mental health (MH) issues in the Roma community, our delivery incorporates an early action approach, which involves proactive outreach seeking to identify need and ensure support before problems become more severe.

Furthermore, our Peer Support programme creates a culturally-appropriate space for beneficiaries to voice their concerns, learn about MH issues, which helps to reduce stigma attached to this topic in Roma culture. Many participants of our monthly Peer Support Group meetings progress to self-refer themselves or their family members to our MH advocacy support.

The Project takes a preventative role in equipping beneficiaries with Information about MH issues/ services. Our leaflets outline the common MH issues, treatment options and methods for coping with mental distress. This, combined with information delivered via our Peer Support programme, alerts beneficiaries to early warning signs of MH issues and enables them to take action.

Who might you need to work closely with in delivering this project - whether before, during or afterwards?

Much of the Project's 1-2-1 health advocacy work involves close working relationships with psychologists and therapists working for primary mental health services (e.g. Talking Therapies). In more intensive cases, we engage with Assessment Teams and Community Recovery Teams within secondary mental health services, ensuring that beneficiaries are satisfied across all levels of secondary mental health care provision.

When planning professional involvement in Peer Support Group meetings, agencies, such as the People Participation Lead at East London Foundation Trust (ELFT), Clinical Leads at Waltham Forest IAPT and Engagement Officers at Healthwatch Newham have assisted in identifying professionals to deliver awareness sessions on beneficiaries' areas of concern.

East London Foundation Trust, Newham Clinical Commissioning Group (CCG) and the Practice Managers' Forum are also instrumental in helping us to promote our training sessions for health professionals.

Our aim as a funder is to help people move positively between any of the four stages of Surviving, Coping, Adapting and Thriving. For your project at which of these stages will most people begin their journey?

Most beneficiaries would be at the stage of 'Surviving' when they first access the Project. Roma migrants and refugees are among the most socially excluded minority groups in the UK, subject to neglect, criminalisation and violation of their rights. Their experience of inequalities, discrimination and exclusion from support services creates feelings of isolation in the community.

Roma individuals experiencing mental health issues are amongst the most disadvantaged, as a combination of cultural and systemic barriers to mental health services restricts access to vital support. By supporting beneficiaries to access mental health services and develop their individual understandings of mental health issues, the Project initially helps them move towards the 'Coping' stage.

As our Project work progresses and beneficiaries are empowered to voice their concerns, engage and communicate with health professionals about their distinct needs, thus optimising their contact with mental health services, they move steadily toward 'Adapting' stage.

Will there be any elements of this project that will help you or your beneficiaries to reduce your environmental footprint?

The Project team will be involved in day-to-day implementation of our Environmental Policy via:

- ? Promoting the reduction, reuse and recycling of waste materials from our office to conserve resources;
- ? Seeking to reduce energy consumption through turning off lights, computers and printers whenever not in use;
- ? Minimising the use of paper by printing only if necessary, photocopying on two sides and recycling all paper products;
- ? Reusing all stationary products as much as possible;
- ? Promoting the use of environmentally friendly forms of transport by staff, volunteers and beneficiaries;
- ? Using china plates, cups and metal cutlery during our monthly Peer Support Group's meetings;
- ? Taking part in regular reviews and setting new targets to reduce any environmental impacts caused by our activities.

What are the main activities or outputs you want to deliver?

1-2-1 mental health advocacy sessions will be delivered for 125 different beneficiaries over two years, focusing on their mental health concerns, options for managing them and co-developing action plans, i.e. access to services and communication strategies with health professionals.

Peer Support Group meetings will be delivered for 55 different beneficiaries over two years to explore mental health issues, treatment options and coping strategies. Mental health professionals will attend some meetings while long-term beneficiaries will be invited to lead the discussions.

Training for mental health professionals ? four training sessions for 60 health professionals will be delivered over two years to explore culture, history, barriers, inequalities and health needs of Roma communities, and how these factors influence community's perceptions of mental health and access to services.

What 3 main differences or outcomes do you hope the activities you have described above will achieve?

Roma refugees and migrants are empowered to make positive choices regarding their mental health through developing greater understanding of mental health issues and relevant services.

Roma refugees and migrants become more independent in maintaining meaningful engagement with mental health services through gaining increased level of satisfaction and trust in mental health services.

Mental health professionals develop an increased awareness of Roma culture and Roma patients' specific needs and barriers to engagement.

Funding required for the project

What is the total cost of the proposed activity/project?

Expenditure heading	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Roma Mental Health Advocacy Project Coordinator (21 hrs per week) - Salary	0	0	0	18,388	18,756	37,144
Roma Mental Health Advocates (two part-time posts, 7 hrs per week) - Salary	0	0	0	10,411	10,619	21,030
Project Management	0	0	0	2,083	2,124	4,207
Volunteer Expenses (Travel Cost)	0	0	0	800	816	1,616
Staff & Volunteer Training	0	0	0	900	918	1,818
Project Publicity/ Leaflets (Printing Costs)	0	0	0	670	683	1,353
Project Evaluation	0	0	0	0	2,000	2,000
Financial Admin & Management	0	0	0	2,462	2,511	4,973
Overheads (e.g. rent, stationary, telephone, IT, photocopies, post, insurance, audits, DBS, refreshments)	0	0	0	5,235	5,340	10,575
TOTAL:	0	0	0	40,949	43,767	84,716

What income has already been raised?

Source	Year 1	Year 2	Year 3	Year 4	Year 5	Total
	0	0	0	0	0	0
TOTAL:	0	0	0	0	0	0

What other funders are currently considering the proposal?

Source	Year 1	Year 2	Year 3	Year 4	Year 5	Total
	0	0	0	0	0	0
TOTAL:	0	0	0	0	0	0

How much is requested from the Trust?

Expenditure heading	Year 1	Year 2	Year 3	Year 4	Year 5	Total
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Who will benefit?

How many people will directly benefit from the grant per year?

70

In which Greater London borough(s) or areas of London will your beneficiaries live?

London-wide

Does this project specifically target any groups or communities?

This project will specifically work with the following age groups:

0-15

This project will specifically work with the following gender groups:

Male

This project will specifically work with the following ethnic groups:

Gypsies, Roma or Travellers

If Other ethnic group, please give details:

This project will specifically work with Deaf and disabled people:

No

This project will specifically work with LGBTQI groups:

No

This project will specifically work with other groups or communities:

How will you target the groups/communities you have identified? What is your expertise in providing services for these groups?

We have 20 years' experience of engaging and providing advocacy services to Roma refugees and migrants. We are well-known and trusted within the community, and for many beneficiaries we are the only support service they can access.

Are there any groups or communities you think your organisation will find hard to include through this project?

No

If yes, please specify which groups or communities? Where possible using the categories listed above.

If yes, what steps will you take to make your services accessible to and meet the needs of the groups/communities you have identified?

Declaration

I confirm that, to the best of my knowledge, all the information I have provided in this application form is correct. I fully understand that City Bridge Trust has zero tolerance towards fraud and will seek to prosecute and recover funds in every instance.

Please confirm: Yes Full Name: **Sylvia Ingmire**

Role within **CEO**
Organisation: