Access to Local Authority (LAs) and third sector services for ethnic minorities in the UK: a rapid scoping review of the evidence

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Executive Summary

This report presents the findings and recommendations of a rapid scoping review of the evidence on access to Local Authority (LAs) and third sector services for ethnic minorities and migrant people in the UK. Research across a range of settings has documented that people from ethnic minority backgrounds face inequality and experience barriers to accessing the health and social services they need. The Equality Act (2010) requires that all statutory organisations, including public health, health and social care services, show how they provide equality of opportunity and ensure equitable access. However, services have not generally been designed to fit the needs of ethnic minority and migrant groups and there has been limited and patchy attention to tackling structural racism within health, wellbeing and social care provision. Local Authorities (LAs) and third sector organisations, particularly those that are community-based and community-led, often have a valuable understanding of the needs of the communities they serve and may play an important role in developing and delivering services that address the needs of ethnic minority and migrant communities.

This rapid scoping review addressed the need to bring together the evidence base on access to LAs and third sector services for ethnic minority and migrant people. Specifically, it aimed to identify and describe the scope of the literature, and:

1. To characterise the literature in terms of:
    - Study designs
    - Geography
    - Ethnic groups and migration categories
    - Services

2. To briefly summarise key findings within the existing evidence relating to:
    - Initiatives intended to improve access
    - Obstacles to, and enablers of, access

3. To identify:
    - Important gaps in the evidence base that might warrant attention via new primary studies
    - Any bodies of literature which might warrant a more in-depth systematic review

We searched UK academic and grey literature from 1st January 2010 to 1st December 2021, although some highly relevant pre-2010 papers were included where these were identified via

reference lists. In total, we screened 714 references (titles and abstracts), identifying 44 studies eligible for inclusion (n=34 peer-reviewed articles and n=10 grey literature papers).

We found very few evaluation studies of interventions designed and implemented to improve access. The majority of studies (n=34) used a qualitative design and while studies were spread across various different regions of the UK, the largest number of studies (n=14) were conducted in Southern England.

We summarised the key characteristics of the studies we found, classifying them according to the ethnic minority and migrant groups and service sectors on which they were focused. We also extracted any comments they made on barriers or facilitators to access, and any recommendations or key messages which might be useful for policymakers or the commissioning of future research.

Studies contained (i) anecdotal evidence of grass roots initiatives (described either by service users or, more often, service providers); (ii) commentary on the barriers and facilitators to access for the groups discussed; and sometimes (iii) recommendations on how access might be improved.

From the included studies, we found that almost half of the studies (n=20) focused on the third sector without focusing on LAs. With regards to the population under study, there was a high degree of heterogeneity in the populations considered (including first generation migrants as well as British-born people of different ethnicities). Moreover, there was a noticeable focus on South Asian communities but no studies focusing on Roma and Arab people. Further, key groups on whom the included literature focused included older people, adolescents, and pregnant women.

Regarding health services, there was a substantial focus on mental health services, and particularly on the role of stigma as a barrier to help-seeking in certain groups. Comparing the public health services in the included studies to a list of public health areas from the Local Government Association (Goddard, 2019), we identified a gap in that we found no studies on drugs, alcohol, and smoking cessation.

In terms of barriers to service use, we found challenges for service users in navigating complex systems, (especially for non-native English speakers) and the impact of austerity and precarious funding on grass-roots organisations, (with a knock-on effect on service users).

In relation to well-being services being offered to the community by LAs and the third sector, the majority of those identified by the review were mental-health focused. Additionally, many of the initiatives to increase access were based at the community level, especially those relating to housing services and sports activities.

The evidence available in the reviewed papers tended to confirm poor levels of access to services among ethnic minority and migrant people. Reasons for poor access identified in the papers

included: a lack of interpretation services, lack of information on entitlements to services, lack of culturally aware services, lack of trust in services, fear, discrimination and stigma of using a service.

Evidence on the enablers to access was diverse, but commonly identified factors included: respecting the user, and involving users in the design and delivery of services.

As stated above, we found few studies describing or evaluating initiatives specifically designed to improve service access for ethnic minority and migrant people.

1. Introduction

Ethnic minority and migrant communities have long been part of the UK's socio-cultural fabric. The cultural and linguistic diversity in those who need access to health and wellbeing services makes it essential for the public health evidence base to adequately represent the experiences and needs of ethnic minority and migrant people.

According to the 2011 Census, 80.5 percent of the population of England and Wales identified as White British; 5.4 per cent identified as Other White; 6.8 per cent as Asian/Asian British (Pakistani, Indian, Bangladeshi, other); 3.4 per cent identified as Black/Black British (Caribbean, African); 0.7 per cent as Chinese; 2.2 per cent as Mixed race; 0.4 per cent as Arab and 0.6 per cent as Other (ONS, 2011).

Though patterns are complex, research across a range of settings has documented that people from ethnic minority backgrounds face inequality, experiencing discrimination and barriers to accessing the health care and social services they need (NIMHE 2003, Saunders et al 2021). Furthermore, a lack of tailored and culturally-relevant supportive services for ethnic minorities and migrant groups has been repeatedly highlighted (Huggins et al 2022, Joo & Liu 2021, Kenning et al 2017, Memon 2016).

The Equality Act (2010) requires that all statutory organisations, including public health, health, and social care services, show how they provide equality of opportunity and ensure equitable access (Fell et al 2017, Hepple 2010). However, services have not generally been designed to fit the needs of ethnic minority and migrant groups and there has been limited and patchy attention to tackling structural racism within health, wellbeing and social care provision (Salway et al 2016, Salway et al 2020).

That said, Local Authority (LAs) and third sector organisations, particularly those that are community-based and community-led, often have a valuable understanding of the needs of the

communities they serve and may play an important role in developing and delivering services that address the needs of ethnic minority communities (Public Health England, 2018).

Moreover, previous work has highlighted variability in how LAs are recognising and responding to the needs of ethnic minority groups, raising the possibility of learning from good practice (Salway et al 2016, Salway et al 2020).

The important role of LAs and third sector organisations has been further demonstrated during the COVID-19 pandemic, as national government persistently overlooked the needs of ethnic minority and migrant people, and local responses were required to address need and inequality (Katikireddi et al 2021, Nazroo et al 2021, Razai 2021).

This scoping review was prompted by the need to bring together the evidence base on access to LAs and third sector services for ethnic minorities and migrant people.

2. Aim

This rapid scoping review aimed to identify and synthesise existing evidence on access to LAs and third sector services that are relevant to health and wellbeing among ethnic minority and migrant people in the UK. The purpose was to inform the commissioning of research in this area, which may include new primary research studies to address important evidence gaps.

Specific aims

1. To identify and describe the scope of the literature on access to Local Authority (LA) and third sector health and wellbeing services among ethnic minorities and migrant people in the UK.

2. To characterise the literature in terms of:

- Study designs
- Geography
- Ethnic groups and migration categories
- Services

3. To briefly summarise key findings within the existing evidence relating to

- Initiatives intended to improve access
- Obstacles to, and enablers of, access

4. To identify:

- Important gaps in the evidence base that might warrant attention via new primary studies
- Any bodies of literature which might warrant a more in-depth systematic review

3. Methodological Approach

We conducted a scoping review following the principles suggested by Arksey and O'Malley's framework (2005). This approach involves a systematic mapping of literature about a broad topic where many different study designs might be applicable. This framework consists of five stages, outlined below:

3.1. Stage 1: Identifying the research question

The scoping review framework suggests a broad and clearly articulated research question, defining concepts, target population, health and wellbeing outcomes, and scope, while accounting for the aim and rationale of the review. The research question for this review was:

What are the main topics and gaps in the evidence in the existing literature on "Access/Accessibility" of LA and third sector health and wellbeing services for ethnic minority and migrant people in the UK?

Working definitions

We developed working definitions of some of the key concepts to help the development of the search approach and inclusion criteria for this review:

Access

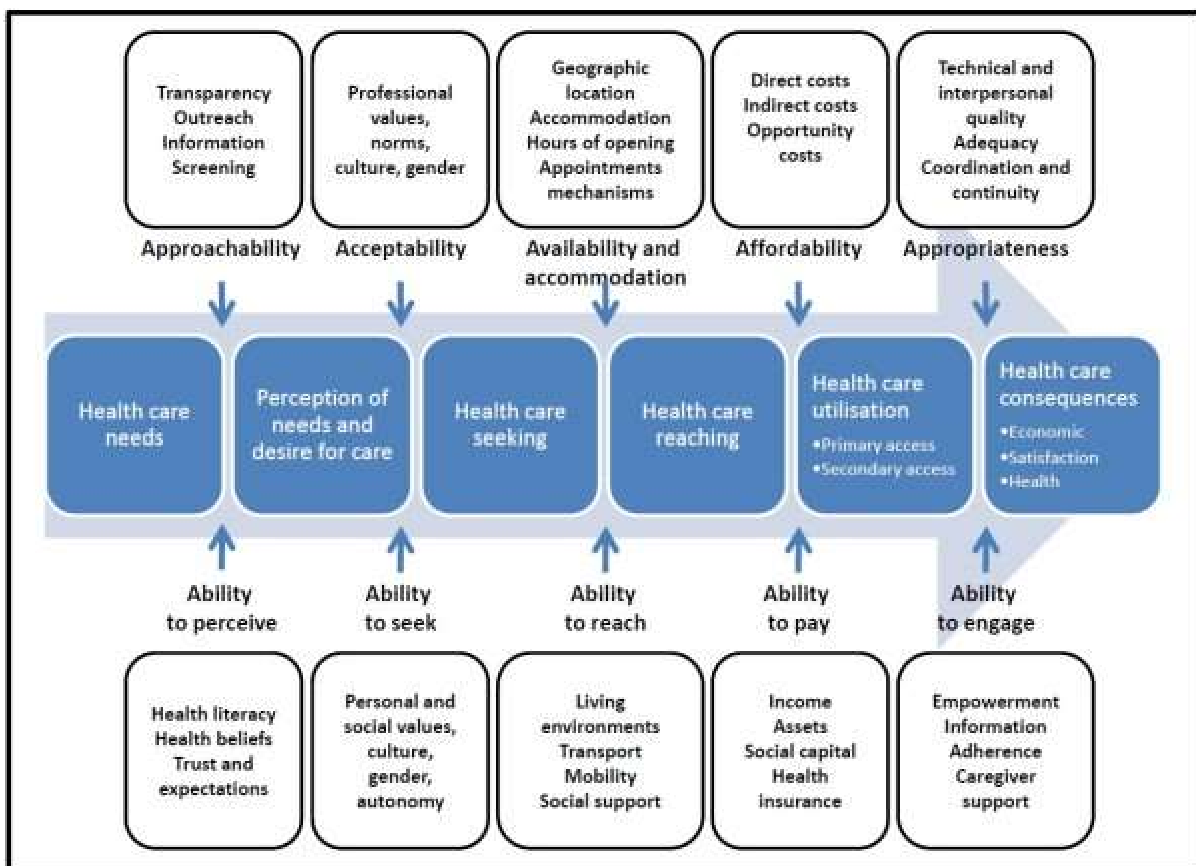
Provision of services, even if geographically proximate and free of charge, may not guarantee equity of access or quality of experience and outcomes for all potential service users (Szczepura et al 2005; Byrne, 2020). Access to services has been variously defined, understood and measured.

Thinking of access as the opportunity or ease with which consumers or communities are able to use appropriate services in proportion to their needs is helpful (Levesque et al 2013, Shengelia 2003). Early work by Penchansky and Thomas (1981) conceptualised access as the fit between the characteristics and expectations of the services on offer and those of the people who are prospective service users. Conceptualisations that recognise access as a complex, iterative process, rather than a one-off event, are also useful. Szczepura (2005) identified three critical factors as necessary conditions for good quality experiences of access to health services among ethnic minority populations: having equal access to appropriate information; having access to

services that are relevant, timely and sensitive to the person's needs; and being able to use the service with ease and with the confidence that you will be treated with respect.

As a model for examining access, we considered the Levesque framework (Levesque & Harris, 2013) which emphasises the interplay between service users and service provision in shaping and constraining access to appropriate services, as well as highlighting the social contexts beyond the service setting within which potential service users live.

Figure 1: Levesque conceptual framework of healthcare access



Although the intention was to also use this model to inform the extraction process, in practice there was insufficient richness of information in the retrieved papers. However, we found it helpful for the purpose of clarifying the concept of "Access" in our inclusion criteria.

Population - ethnic minority and migrant people:

Ethnicity, as a social construct, is variously understood, and there are ongoing and heated debates about how individuals should be categorised and labelled (Ford & Harawa, 2010). However, it is

often used to refer to a 'form of social or group identity, drawing on notions of shared origins or ancestry' (Salway et al, 2009).

In the UK, the term 'ethnicity' has tended to be used rather than 'race', but the two are increasingly used interchangeably, highlighting the way in which ethnic identities are racialised in modern Britain (Bhopal, 2004). Minority ethnic identities are frequently devalued and stigmatised, and important inequalities in health and healthcare outcomes persist between ethnic groups.

Recognising the lack of consistency in how researchers categorise and label ethnic 'groups' and the close inter-relation of social identifiers related to religion and migration, we adopted an inclusive approach to this domain of the review. Studies were included if they employed any of the labels used in the census, including both the aggregate categories (e.g. Black, Asian) and the more refined categories (e.g. Bangladeshi).

Some studies used categories and labels based around migration status, (e.g. people seeking asylum), or religious identity (e.g. Charedi Orthodox Jewish) rather than, or in addition to, ethnic categorisations. The overlap between these social identifiers and the processes of racialised inclusion and exclusion that shape access to services means that these were also within the purview of the current review.

Local Authority and Third Sector services:

As part of the government's reforms in 2013, the duty to commission public health services was transferred from the NHS to Local Authorities, and Public Health England was established (though subsequently disbanded in 2021). At the time of conducting this review, local authorities were responsible for a very wide range of services that could potentially impact the health and wellbeing of their local ethnic minority and migrant populations (e.g. mental health and wellbeing services). In some cases, these services are delivered 'in house', but in many cases, they are commissioned from other organisations, particularly the third sector. For the purpose of this review and according to the project's aim a decision was taken to focus primarily on services proximal to health and wellbeing, rather than those with only an indirect impact. Further, we proposed an approach to narrow the scope: Identification of services that are definitely out of remit due to their (i) having only a distal relationship with health and wellbeing (see appendix A – Table 1).

The third sector, (sometimes referred to as the "civil society"), is an umbrella term that includes a diverse range of organisations which belong neither to the public/statutory sector nor to the private, profit-making sector. According to Berrocal-Almanza et al (2019), "the term 'civil society' encompasses institutions and organisations outside of the government, such as community-based

(CBOs) and faith-based organisations. They form a social environment between the institutional and individual levels, and can influence the general population. Third-sector organisations are considered key partners by the National Health Service (NHS) in improving health service delivery."

Third sector organisations that were relevant to this review included: charities; voluntary, community and faith organisations; social enterprises; and cooperatives. In addition, we included quasi-third sector organisations that are linked to Local Authorities, such as housing associations.

3.2. Stage 2: Identifying relevant studies and search strategy

The scoping review framework recommends searching multiple literature sources to increase comprehensiveness of the topic under study. Searches were conducted in two phases in December 2021 and focused on literature published since 2010 (a date selected as the last change of the UK government and the start of a period of austerity likely to have affected the sector).

Phase 1: Search for existing review articles

We conducted a broad, exploratory search in November 2021 to identify previous review articles in this topic area. This helped to inform decisions regarding the search strategy and eligibility criteria for the phase 2 review of primary studies and was important in its own right as a way of identifying existing relevant evidence syntheses.

For this preliminary phase we searched MEDLINE & Social Sciences Citation Index (via Web of Science) and ProQuest Social Sciences Collection. We constructed the search around five key facets including appropriate synonyms for each domain:

(ethnic minorities) AND (third sector) AND (UK) AND (services proximal to health) AND (review articles)

An example search strategy is reproduced in Appendix B.

Phase 2: Search for primary studies

A second phase of searching was conducted to identify primary studies (also in November 2021), using a modified strategy based on the one above, with the removal of the “review” facet and the addition of some terms identified in phase 1, i.e.

(ethnic minorities) AND (third sector) AND (UK) AND (services proximal to health)

A full search strategy, including the terms searched for each domain is reproduced in appendix B. Searches were run on MEDLINE, Embase, PsycINFO (via Ovid) plus Social Science Citation Index (via Web of Science) and ProQuest Social Sciences Collection. We retrieved a total of 714 references. Duplicates were removed in EndNote (n=110), leaving 604 papers to be screened.

Grey literature search

As we expected, some relevant evidence was to be found outside the peer-reviewed literature. Two members of the team (NV, MC) also conducted "grey literature" searches of the websites of key organisations working in the field, including: the Joseph Rowntree Foundation; the Runnymede Trust; and the Race Equality Foundation.

3.3 Stage 3: Study selection

Initial screening of titles and abstracts was conducted by three members of the team (NV, BS, MC), with a fourth (SS) checking a sample of 20% (n=132 records). 93 papers were selected through this first stage.

Due to the considerable heterogeneity of the studies retrieved (in terms of populations served; service sector; and types of study design), further discussions took place within the team to clarify inclusion criteria and to make consensus decisions on borderline papers. This led to the exclusion of a further 59 papers as outside of our scope, leaving 34 studies from the database searches plus 10 identified through grey literature searching.

Table 1. Study selection criteria

Population	People identified as belonging to an ethnic/racial/religious minority; migrants; or studies focusing on mixed populations within which these minority groups were a significant proportion
Age group	All ages
Intervention/topic focus	Evidence on (i) initiatives designed to improve, or (ii) factors shaping access/accessibility of LA and third sector health and wellbeing services
Setting	UK

Date limits*	2010-present
Study type	Any study type

*Searches were backdated to 2010 however if highly relevant studies from before 2010 were found via reference lists, we included them.

3.4 Stages 4 and 5: Data charting and synthesis

The data extraction template was piloted by NV, MC and SS on a sample of 6 studies to ensure consistency; after which a revised version of the template was used for the rest of the data extraction by NV, RM and MC. Full data extraction was performed (by NV, RC and MC). See the data extraction template headings in Appendix F. Included studies were categorised according to their features, such as population focus, service focus and study type.

Details of initiatives aimed at increasing access to services were grouped into a simple typology and their details summarised. In addition, a narrative summary was developed of the prominent themes relating to obstacles to, and enablers of, access.

4. Results

4.1. Key characteristics of the literature

Phase 1 (Reviews)

We found no reviews which had focused on the topic from the same perspective as ours. However, there were overlapping reviews such as:

- A rapid realist review of social in care in the BAME and LGBT populations (Booth et al, 2021)

- A qualitative systematic review on help-seeking for domestic violence by women of ethnic minorities (Femi Ajao et al, 2020)

- A review of preparation for the arrival of unaccompanied asylum seekers (Wade, 2011)

These reviews did not form part of our main synthesis but were used to inform decisions about our own scope and inclusion criteria (for example, recognising the intersectionality in the experience of

people from ethnic minorities who are also navigating the asylum process) and to suggest terms for the next phase of searching. We also provide a brief summary of their key findings and recommendations below.

Summary of key findings and recommendations from prior reviews

Previous reviews regarding access to services found that tailoring for diverse groups is essential to provide good quality services. Booth et al (2021) advised that generalisations about the experiences of ethnic minority people can be unhelpful. They noted that the differences between specific groups can be "as critical to the service response as the shared differences between BAME service users and those from other backgrounds" (p171). The authors highlighted the importance of understanding individuals' needs from an intersectional perspective rather than focusing only on their ethnicity (a comment supported by some of the primary studies we found in phase 2) and stress that while practical obstacles (such as language barriers) need to be addressed, person-centred approaches (e.g. direct payments and individual budgets) may be a better way to address these than increasing representation in the workforce for its own sake.

Femi-Ajao (et al) also discussed intersectionality in their review of the help-seeking behaviour of women from ethnic minority populations (2020). They stressed that one of the barriers to women seeking help was their experience of unsatisfactory service from unsupportive staff in mainstream services, who may stereotype and make assumptions about them rather than understanding their complex needs as individuals:

> "the intersections of their gender, socialisation, religious beliefs, and the limitations of their immigration status, as a result of the systemic structures influencing their acculturation, significantly affected their disclosure and help-seeking from persons outside their ethnic community groups" (Femi-Ajao 2020, p742).

The Wade review from 2011 focused exclusively on young people seeking asylum in the UK, noting that their insecure migration status, rather than their ethnicity, was the prime obstacle they experienced to accessing services. Disputes over the age of these individuals were common, meaning they would be prevented from accessing children's services until they could prove their eligibility. The authors also noted a dearth of studies of the long-term outcomes of refugee children's experiences (a situation which had not improved by the time of a later review by O'Higgins et al from 2018).

Phase 2 (included studies)

Forty-four studies met the inclusion criteria for this rapid review. Thirty-four studies were peer-reviewed articles and ten were grey literature papers (i.e. full text reports identified via website searches). See table 2 for an overview of included studies.

Study design

Thirty-four studies were qualitative studies, four studies used a mix of quantitative and qualitative methods, two studies were based on both a non-systematic review of literature and quantitative data analysis, and four studies were non-systematic literature reviews. Table C1 in appendix C provides more details on the methods and classifies studies by research design.

Type of respondents

In eighteen studies, the research participants or respondents were a mix of service users (or caregivers or parents) and representatives of service providers or professionals (such as researchers, activists, volunteers, commentators, or other stakeholders such as employers). In some cases, authors did not clearly identify the origin of specific pieces of data, such as the speakers of first-person quotes. A further nine studies involved a sample of participants or respondents who were service users or clients. The remaining thirteen studies included participants or respondents who were entirely representatives from service providers and/or other professionals. Four studies did not involve first-hand data collection (for example via interviews), so the classification of participants or respondents was not applicable. Overall, there was limited first-hand data from migrant and ethnic minority people themselves. Table C2 in Appendix C classifies studies by type of respondents.

Location / geography

Eight studies were conducted in Northern England, four in the Midlands, fourteen studies were conducted in Southern England. Of these, twelve were in London. Six studies focused on the whole of England or multiple locations in both Northern and Southern England. Ten studies went beyond England and focused also on the other UK countries. Two studies did not report the study location. Table C3 in Appendix C classifies studies by geographical location.

Ethnicity and migration status

A variety of categorisations and labels were used by authors in this review to delineate sub-groups of the population on the basis of ethnic identity. In some cases, the collective terms 'ethnic minority' or 'minority ethnic' or 'Black and minority ethnic' (BME) or 'Black, Asian and minority ethnic' (BAME) were used to refer to any individual who identifies with a non-White ethnic group. In other cases, all individuals who identify with an ethnicity other than White British were grouped together into an aggregate grouping labelled with one of the collective terms above.

Fifteen studies employed aggregate labels to describe the ethnicity of their participants; for example, Black, Asian and Minority Ethnic (BAME) or Black and Minority Ethnic (BME) or "ethnic minority". Eighteen studies used labels to designate one or more specific ethnic groups, with varying degrees of granularity (e.g. "South Asian" or narrower categories like "Bangladeshi"/"Pakistani"). In some cases, these conformed to those used in the national census categorisations but in other cases authors adopted more bespoke formulations. Table C4 in appendix C classifies studies by ethnicity.

Eleven studies did not focus explicitly on ethnicity and did not identify the ethnicity of their participants, being framed instead around migration status. These studies are also reported in table C4. A further thirteen studies focused on both migration status and ethnicity. Most of the twenty-four studies focusing on migration status looked at specific subgroups, labelled as: refugees and/or asylum seekers, forced migrants, recent or first-generation migrants, migrants who were destitute or at risk of destitution, migrants with no valid immigration status or with temporary migration status. Other studies looked at migrant people generally, but some of these focused on specific subgroups in relation to specific issues. Twenty studies did not mention migrant status in relation to the participants or the population under study. Table C5 classifies studies by migration status.

Types of needs or services

Nine studies focused on mental health or mental health services or counselling services or mental health advocacy services. Four studies focused on physical activity, exercise, sport or sport services. Four studies focused on housing or housing services. Five studies focused on social care services or social work. Three studies focused on maternity care or maternal health. One study focused on services for people with dementia and their carers and another study on support of carers of older people with dementia. Two studies had a more general focus on health services and personal social services or social care services. Only one study had as a central focus each of the following: transition from education into work; education, training and employment; fuel poverty; tuberculosis testing; HIV services; sexual and relationship education; cancer information and support services; palliative care. Seven studies focused on various types of services, policies or issues. These included accommodation and housing, the police, health and social care services, third sector services, job centres, the benefit system, public transport, legal advice, food, education, employment and workplace culture, procurement and shaping the local economy. Table C6 provides more details on studies with a wider focus and classifies all studies by type of need or service.

Service providers: the local authority, the third sector or both

Twenty studies focused on both the third sector and local authorities, twenty studies focused only on the third sector and four studies focused only on local authorities.

Table 2. Overview of included studies

Author (year)	Location	Ethnic group*	Migrant group*	Population subgroup	Service providers: local authorities (LAs), third sector (TS) or both	Respondents: service users (SU), service providers (SP) or both	Type of need/service
Balaam et al (2015)	North-West England	NR	Refugee and asylum seeker people	Women seeking maternity care	TS	SP	Maternity care
Baghirathan et al (2020)	Bristol	South Asian, African Caribbean and Chinese	NR	Older people with dementia	Both	Both	Carer support
Banerjee et al (2007)	Croydon	Black African Caribbean; South Asian; White European; Mixed race; Other	NR	People with dementia and their carers	Both	Both	Dementia
Berrocal-Almanza et al (2019)	London	NR	New migrants	Local authority representatives, nurses, community members	Both	Both	Tuberculosis testing
Cleland (2014)	Stoke-on-Trent and East Staffordshire	Asian or Asian British	NR	Adults and children	LAs	Both	Physical activity
Doyal and Anderson (2004)	London	African people	A third of participants were seeking asylum	HIV positive women	Both	SU	HIV services
Fernandez et al (2008)	London	Bangladeshi people	NR	Young people	Both	SP	Sexual and relationship education

Author (year)	Location	Ethnic group*	Migrant group*	Population subgroup	Service providers: local authorities (LAs), third sector (TS) or both	Respondents: service users (SU), service providers (SP) or both	Type of need/service
Flanagan and Hancock (2010)	Birmingham	BME people	NR	“hard to reach” groups	TS	SP	Various
Gunaratnam et al (2008)	Not reported	“Minority ethnic" (South Asian, black African, black Caribbean, Portuguese and Chinese)	NR	Older people	TS	Both	Palliative care
Hackett et al (2006)	Manchester	"South-Asian (Pakistani, Indian & Bangladeshi people)"	First, second and third generation	Children	Both	Both	Mental health
Hackett et al (2009)	Sheffield	Pakistani people	NR	Adults	TS	SP	Mental health
Haith-Cooper et al (2018)	Northern England	NR	Asylum seekers (from 18 countries)	NR	TS	Both	Physical activity
Hylton (2015)	England	Black and minority ethnic group	NR	NR	TS	SP	Sport services
Islam et al (2015)	Birmingham	Black and minority ethnic people	NR	Adults	Both	Both	Mental health
Jayaweera et al (2005)	Leeds	Bangladeshi people	The majority of participants were born	Pregnant women	Both	SU	Various (e.g., benefits, transport,

Author (year)	Location	Ethnic group*	Migrant group*	Population subgroup	Service providers: local authorities (LAs), third sector (TS) or both	Respondents: service users (SU), service providers (SP) or both	Type of need/service
			outside of the UK				antenatal and postnatal care)
Jolly et al (2018)	Not reported	NR	At risk of destitution because of immigration status (e.g., undocumented after overstaying their visas)	Precarious migrant families	Both	SU	Various (e.g., housing, transport, food, education, health care, social care)
Jones (2009)	Bolton, Sheffield, Bradford, Leeds	NR	Refugee migrants	NR	Both	SP	Housing services
Khan et al (2017)	Lancashire	Black and Minority Ethnic community	Migrant people	Older people	TS	SU	Social care services
Lalani (2014)	Glasgow, Leicester and Luton	African Caribbean, Indian and Pakistani	Included both migrants and non-migrants	NR	Both	Both	Education, training and employment
Lanceley (2007)	London	BME people that spoke either Urdu, Hindi or Punjabi, as well as Gujurati	NR	Cancer patients	TS	Both	Cancer information and support services
Lipman (2015)	England and Wales	BAME people	NR	Older people	TS	SP	Social care services
Lipman et al (2017)	UK	Minority ethnic people	NR	Older people with dementia	TS	SP	Housing

Author (year)	Location	Ethnic group*	Migrant group*	Population subgroup	Service providers: local authorities (LAs), third sector (TS) or both	Respondents: service users (SU), service providers (SP) or both	Type of need/service
Lorenc et al (2013)	London	BME people	NR	NR	TS	SU	Household: fuel poverty
Manthorpe et al (2009)	England	Black and minority ethnic people	NR	Older people	Both	Both	Local health and personal social services
Mantovani et al (2017)	London	African and African-Caribbean groups	NR	NR	Both	Both	Mental health services
McLeish et al (2016)	London	Black African, from Guinea, Malawi, Nigeria, Uganda and Zimbabwe; one Mentor Mother was black British	First generation migrants	Marginalised mothers living with HIV	TS	SU	Maternal health
McLeish et al (2017)	North and South England (Bristol, Bradford, Burnley, Halifax, Huddersfield, London and rural North Yorkshire)	Black and minority ethnic people	Asylum seekers and Refugee people	Women	TS	SP	Maternal health
Meir et al (2019)	Lancashire	"South/British Asian" and "white British" people	Only mentioned % of local population	Young people	LAs	Both	Physical activity

Author (year)	Location	Ethnic group*	Migrant group*	Population subgroup	Service providers: local authorities (LAs), third sector (TS) or both	Respondents: service users (SU), service providers (SP) or both	Type of need/service
			born outside the UK				
Morris (2015)	Bristol, Nottingham and Tower Hamlets	Ethnic minority people	Brief focus on new migrants	Young people	Both	SP	Transition from education into work
Newbigging et al (2011a)	England, Wales and Northern Ireland	African and Caribbean	NR	Men	TS	Both	Mental health advocacy services
Newbigging et al (2011b)	England, Wales and Northern Ireland	NR	Refugee and Asylum-seeking people	Children	Both	Both	Social care services
Nicholl and Naidoo (2014)	England, Scotland and Wales	Ethnic minority groups; "white British".	Briefly mentions migrants	NR	Both	N/A	Various (e.g., employment, shaping the local economy)
Ottosdottir et al (2014)	Slough, Reading and London	NR	Forced migrants	Disabled people with care needs	Both	Both	Health and Social Care Services
Perry et al (2018)	Hackney	Charedi Orthodox Jewish community (OJC)	NR	Charedi OJC people	TS	Both	Mental health services
Perry (2012)	UK	NR	Migrants	NR	Both	N/A	Housing services
Petch (2015)	England and Scotland	NR	Migrant people	Destitute migrant people	TS	N/A	Various (e.g., accommodation, legal advice)

Author (year)	Location	Ethnic group*	Migrant group*	Population subgroup	Service providers: local authorities (LAs), third sector (TS) or both	Respondents: service users (SU), service providers (SP) or both	Type of need/service
Rabiee & Smith (2013)	Birmingham	Black African and Black African Caribbean	NR	Mental health service users	TS	Both	Mental health services
Rogaly (2021)	UK	BAME (Black, Asian and Minority Ethnic communities)	Focus on migrants in relation to specific issues	NR	Both	N/A	Housing
Robinson (2014)	UK	NR	Refugees and asylum seeking people	NR	TS	SP	Social work
Sharman & Jinks (2019)	North-West London	Orthodox Jewish	NR	Primary school students	LAs	SP	Counselling and other therapeutic services
Snoussi and Mompelat 2019	London	BME people	Migrant people	Working-class people	LAs	SU	Various services (e.g., housing, the police, the NHS, social services, job centres and benefits)
The Women's Budget Group (2017)	Coventry and Manchester	BME women	NR	NR	TS	SU	Various services (e.g., social care, public transport, services for children)
Vacchelli (2021)	London	NR	migrants, refugees, and asylum seekers	Women	TS	SP	Mental health

Author (year)	Location	Ethnic group*	Migrant group*	Population subgroup	Service providers: local authorities (LAs), third sector (TS) or both	Respondents: service users (SU), service providers (SP) or both	Type of need/service
Yeung et al (2016)	England (majority from cities such as Birmingham, London, Manchester and Newcastle)	People from Chinese backgrounds	The majority of participants were immigrants, and originated from Hong Kong, Mainland China, Malaysia and Singapore	People with physical disabilities	Both	SU	Social care

* Labels employed by authors in the primary studies. Abbreviations: NR = not reported; N/A = not applicable; LAs = local authorities; TS= third sector; SP= service providers (or professionals, such as researchers, activists, volunteers, commentators, or other stakeholders such as employers); SU= service users (or caregivers or parents); OJC = Orthodox Jewish community

4.2 Themes and commentary

4.2.1 Interventions or initiatives to improve access for ethnic minorities

We found only 16 studies that described or evaluated interventions or initiatives specifically designed to improve service access for ethnic minority and migrant people. Those which we did find are presented in **Table D1** (see Appendix D).
The intervention papers can be classified into two broad groups: those that adopted a community engagement approach to improving access and those that attempted to address a specific need or obstacle to access.

Approaches to community engagement included recruiting community members as link workers (Hackett, 2009); community wellbeing champions (Mantovani et al, 2017), or other specific named roles. Other initiatives reported included engaging with existing community-based organisations to understand their client base and use their trusted networks to signpost and promote services, (e.g. Berrocal-Almanza 2019 on TB screening; Rabiee & Smith 2013 on legal/financial advice). Where services addressed particularly sensitive issues, co-production of services often allowed for greater cultural competence e.g. sex and relationship education for Bangladeshi youths (Fernandez, 2008) or supporting mental health in the Charedi orthodox Jewish community (Perry, 2018).
Community engagement also played an important part in initiatives aimed at increasing physical activity, including addressing specific under-represented groups by training members of the community to act as leaders (Cleland 2014) and using sport to improve social cohesion between different ethnicities (Meir et al 2019).

A number of initiatives to improve access aimed at addressing other specific needs identified within the target community. For example, language support for non-native English speakers was provided, often alongside practical support with form-filling and advocacy services (Perry 2012, Jayaweera et al 2005, Khan 2017; Lorenc et al 2013). We found studies which reported initiatives to improve the accessibility of the housing sector, including the provision of specialist accommodation more culturally appropriate for older people from ethnic minorities (Lipman et al 2017); also partnerships for migrants in the private renting sector, where community groups manage privately-owned property (with the landlord's agreement) or seek to influence and advise landlords and the statutory agencies on what support refugees require, and/or train refugees on their rights and responsibilities as a tenant. Some of these initiatives were connected to the charity HACT or the now-defunct Migration Impacts Fund (Perry, 2012; Jones & Mullins 2009).

4.3 Access: Obstacles and enablers

Other included papers (n=18) consisted of reports on qualitative and mixed methods studies investigating the experience of ethnic minority people in accessing services provided by the third sector and LAs, or from organisations with an interest in this area (n=10). Some common themes around obstacles to, and enablers of, access were identified, and are reported in this section; in section 4.4, we summarise recommendations from the literature.

4.3.1 Stigma, shame and trust

A recurring theme in the literature we found was that of stigma being a particular obstacle to help-seeking for some ethnic minority people, particularly regarding mainstream services; but there are examples where community-based organisations could help to overcome this. For example, a study by Beroccal-Almanza et al (2019) reported that engagement with community-based organisations helped to overcome stigma-related hesitancy about participating in TB screening among new migrants.

Stigma was also reported to be a barrier to seeking help for poor mental health. One study concluded that the willingness of young people from ethnic minorities to present for psychological support may be limited by a reluctance to discuss their personal circumstances, such as living conditions (Hackett et al, 2006). Rabiee & Smith (2013) found that voluntary sector organisations were, according to their mixed respondents, well-trusted by the African and Caribbean populations, allowing them to negotiate their way around negative perceptions around "mental health" by providing counselling, advocacy and awareness-raising alongside more practical services, like job seeking and financial advice. Recommendations are made in the paper about involving users in the planning of services but is unclear whether these have been implemented.

It should not be assumed that voluntary organisations are always seen as more trustworthy than statutory services among migrant and ethnic minority people. Close links to the community can make services more accessible but can also raise privacy concerns. Perry et al (2018) surveyed a community of Charedi-Orthodox Jews in North London and found them reluctant to seek help because of fears around community gossip, because having sought counselling could affect an individual's standing within the community or their marriage prospects. Similar privacy concerns were reported among parents of children at an orthodox Jewish school in a study by Sharman & Jinks (2019).

Doyal & Anderson (2004) gave an example of an African woman whose church asked her to leave after she was diagnosed as HIV positive and gossip led to her rejection by the community. While stigma around HIV is not unique to this population, the burden may be compounded where individuals are coping with multiple trauma. McLeish et al (2016) reported a peer support programme that was successful in overcoming stigma for pregnant HIV+ women, suggesting that community organisations can be effective in helping individuals overcome stigma and feelings of shame about seeking help, provided they are sufficiently trusted.

4.3.2 Financial constraints

Perhaps unsurprisingly, a recurrent theme was the extent to which ethnic minority and migrant people were limited from accessing third sector services by financial constraints.

Sometimes well-intentioned services failed to reach the individuals for whom they were designed. For example, one respondent in a study of asylum seekers (Haith-Cooper et al, 2018) reported being offered a free membership of a gym, but as they had no transport and the gym was a 90 minute walk from their home, it was impractical for them to use this. The same study reported that many migrant people worked long hours in low-paid jobs to make ends meet, and were unable to afford childcare.

4.3.3 Communication

Another recurring theme in the literature reviewed was that of poor communication as a barrier to service access and use. Language difficulties and a lack of translation services were a barrier for non-native English speakers, both in medical settings (Lanceley 2007) and anywhere non-native speakers have to navigate complex systems in the host country. For example, respondents to a qualitative study by Manthorpe et al (2009) reported a lack of information in Gujarati language on benefits, social and health care services. Yeung et al, in a study of the Chinese community (2016) noted that those who were fluent in English were more aware of their entitlements to services, whereas those who were dependent on friends and relatives to act as interpreters would sometimes doubt the accuracy of the translation. The same paper reported how language barriers also deterred some older ethnic minority people from moving into residential care since they feared they would not be able to communicate with their fellow residents. On a similar theme, Baghirathan (2020) reported that some caregivers felt unable to place older family members into care settings where they

would not be able to watch television in their own language. Some older people of ethnic minority background, although physically living in the UK, remain culturally and emotionally in the country they left behind. This is particularly true for non-native English speakers (Khan 2017).

4.3.4 Representation and cultural awareness

Increasing the diversity of the workforce to make it more representative of the communities served has been recommended as a means of addressing structural and systemic racism (Nicholl & Naidoo, 2014). However, this should not be tokenistic; the fact that a social worker is of a given ethnicity does not necessarily mean they have a similar lived experience to everyone else from that group, when intersectional factors, (for example, socioeconomic status) may also be at play, impeding their ability to provide effective support (Lanceley 2007). As noted in a report for the Runnymede Trust, race is only one of the dimensions of poverty and disadvantage that can be a barrier for people of minorities to accessing services (Snoussi & Mompelat, 2019).

One way to improve service sensitivity to the complex multidimensional circumstances of the communities they serve is to engage representatives of the community in planning and co-production of services, ensuring that communities have a stake in the services rather than having decisions made for them without their input. We found several instances of organisations collaborating in this way (see section 4.2.1 above).

A lack of representation can be a barrier to access, if minorities perceive that services are not for them. Cleland (2014) reported a qualitative study of attitudes towards initiatives to increase ethnic minority participation in sports. The shortage of coaches and volunteers of different ethnicities led some respondents to perceive centres as “White spaces” (see section 4.2.1 above on how this was addressed). However, attempts to promote participatory sport with the explicit objective of increasing community cohesion between different ethnic groups have been met with some cynicism by the young people involved (Meir et al 2019).

Lipman et al (2017) found how local housing associations were attempting to move away from a “one size fits all” model of sheltered social housing for older people with dementia, and towards something more culturally appropriate for the communities they serve, although the cost of doing so was reported to be a barrier for some organisations.

4.3.5 Joint working

Another strong theme emerging from the literature was that of a need for joint working, whether between voluntary and statutory sector organisations (also known as “partnership working”), or between services and the community they serve (Cleland 2014).

The ideal of statutory and voluntary organisations working together in partnership may be less straightforward to achieve in reality. Local authorities commonly commission third sector organisations to deliver services on their behalf, so there may be a power imbalance; and limited resources can mean that organisations which might aspire to work in collaboration can in fact end up competing for funding (Robinson, 2014).

Working in partnership helps to increase awareness for the predominantly White majority staff in the statutory sector, both of the needs of ethnic minority and migrant groups and of the local support that might be available to them. A greater awareness for workers in statutory services of what support was available would allow them to better signpost people to culturally appropriate help. This could be addressed through training and embedding learning in local authorities and statutory services (suggested by Nichol & Naidoo 2014 and Hackett et al 2006). However, elsewhere it has been argued that it is more effective to train community organisations to provide dementia support than to provide cultural awareness training to mainstream dementia services (Baghirathan, 2017). Nevertheless, there remains a systemic issue linked to the poor representation of ethnic minorities within organisations, particularly at the decision-making levels.

4.3.6 Resourcing (of services)

Throughout the literature, across all sectors and services, a recurrent theme is the challenges posed by a lack of resources for third sector and community based organisations. In a report by the Joseph Rowntree Foundation, Petch et al (2015) note that housing support services for destitute migrants often operate without public funding and outside the network of mainstream homelessness agencies, and similar challenges are faced by voluntary organisations serving other ethnic minority clients.

Lack of resources and insecurity of funding is widely identified as the main impediment to sustaining projects (Newbigging et al, 2011a; Cleland 2014; Flanagan & Hancock 2010; Sharman & Jinks 2019).

Government austerity policies in the past decade are sometimes cited as a contributing factor (Women's Budget Group / Runnymede Trust, 2017). Elsewhere the decision making may happen at local rather than national government level (Lalani et al, 2014) but the impact on communities and the organisations that serve them is essentially the same. As Jones & Mullins (2009) note in a report for the Race Equality Foundation, community groups which rely on volunteers may struggle to find time for forward planning or staff training.

Resource limitations might also manifest themselves in staff experiencing variable management support (Lanceley 2007), an unmanageable workload or even burnout resulting in a high staff turnover (Robinson, 2014) with a detrimental effect on continuity of care as experienced by service users (Hackett, 2009; Yeung et al, 2016).

4.4 Key recommendations made in the literature

In this section we summarise the key recommendations made to improve access to services for ethnic minority and migrant people. As noted above, the use of terminology is often inconsistent. For example, some papers call for more "joint working" between statutory and third sector service providers (sometimes labelled "partnership working"); whereas others use the same terms to refer exclusively to collaborations directly involving the community being served (also often labelled as "co-production"). This is a subtle distinction but one which demonstrates the risks of misinterpretation of the data when bringing together heterogeneous studies.

Nevertheless, with these caveats, a number of recommendations appear repeatedly throughout the literature and we have attempted to classify those made around certain key themes, with an indication of their frequency. As elsewhere, wherever there is ambiguity we have respected the terminology used in the original studies.

Clearly there are overlaps between our categories (e.g. where there is a successful partnership with a group that is representative of the community being targeted, this is likely to improve culturally competent service delivery) but we have attempted to avoid "double counting" of recommendations (though some papers may appear more than once where they have made a number of separate recommendations).

Table 3: Overview of key recommendations

Theme of recommendations	Number of studies	Comment (with example citations for illustration only - see Appendix for a complete list)
Diversity, representation & cultural competence	11	Recommendations included: - tailoring services to individuals' cultural and religious beliefs (Hackett et al 2006) a.k.a. "cultural competence" (Perry et al 2018) - recognising the heterogeneity of BME populations (Newbigging et al, 2011) - improving professional education to raise awareness of diversity (Rabiee & Smith 2011) - Institutional policies to improve diversity (Cleland 2014) e.g. through recruiting and training a workforce which better represents the diversity of communities served (Morris, 2015). - Co-production of services (overlapping with next theme)
Joint working / partnership working	10	- Calls for greater collaboration between organisations, whether - between statutory and any third sector services (e.g. Lanceley 2007), or - specifically organisations representing the target group (Balaam et al, 2015)
Structural / systemic issues	9	- Calls for systemic change or the removal of structural barriers (power relations, prejudice among those providing support) that contribute to inequality (Hylton et al, 2015). - Raising awareness of legislation that disadvantages migrants or people of ethnic minorities (e.g. the No Recourse To Public Funds status) and actively campaigning against them (Jolly et al 2018) - Calls for equality impact assessments of government policies and the reversal of those which disproportionately impact upon people from ethnic minorities (Women's Budget Group, Runnymede Trust 2017)
Resourcing	7	- Recommendations relating to the improvement of resourcing of services; some with implications for national policy (e.g. the call for social care funding to be based on local demographics - Khan 2017) while others focus specifically on the funding of voluntary organisations (Baghirathan et al 2020).
Information and communication	4	- Providing information and signposting services to help users navigate complex systems which may be confusing to them (e.g. the housing market - Lorenc et al 2013).

		- Offering translation services covering the full range of languages used by the Chinese community in the UK (Yeung et al, 2016) as well as other less common languages such as Gujarati (Manthorpe et al, 2009). - Using alternative language to describe services which may attract stigma (e.g. those around mental or sexual health)
Data collection	4	- Publication of statistics on diversity of staff in statutory organisations providing services. - Use of routinely collected data on ethnicity to analyse whether provision is equitable across different groups (Lipman 2015) and the development of indicators for this purpose with input from stakeholders (Newbigging et al 2011)
Further research	8	Many papers suggest evaluation of existing initiatives, as well as: -research into the benefits of community organisations not just for the hard-to-reach populations but for improving social cohesion (Jones & Mullins, 2009) -comparisons with other settings e.g. USA (Sharman & Jinks 2019)

A more extensive table of recommendations can be found in appendix E, table E1. As always, there are risks in taking recommendations out of their original context and for this reason we would encourage policymakers to examine the original studies for a fuller understanding of the service context in which they were made.

5. Discussion

5.1 General overview of studies

Despite the fact that this rapid scoping review contained a relatively high number of papers (44), they were not evenly distributed throughout the population of interest. We found that there was a high degree of heterogeneity within ethnic minorities and migrant groups. In general, South-Asian groups were represented most prominently in the included studies. This scoping review identified some studies on the Black African and Black African Caribbean communities, but no studies on Roma and Arab people. Regarding the provider

of services, around half of the studies exclusively focused on the third sector, while only four studies exclusively focused on LAs. This may be due to the fact that LA services have not been tailored for these diverse populations. In relation to the topics discussed in the literature, a major emphasis was placed on mental health issues, however, when comparing the public health services in the included studies to a list of public health areas from the Local Government Association (Goddard, 2019) we identified a gap in that we had found no studies on drugs, alcohol and smoking cessation.

5.2 Access to services

Ethnic minority and migrant people encounter diverse obstacles that restrict their access to LAs and third sector services. The evidence of this rapid review suggests that significant structural and socioeconomic inequalities in access to services are rooted in distrust, discrimination, racism, fear and stigma, among others. Key contexts found in this rapid scoping review were a lack of awareness among mainstream providers of the specific needs of these diverse populations; the need for greater cultural awareness; for more diverse representation and co-production.
Additionally, this review also found that a lack of appropriate interpreting services and of accessible information on entitlements to services were a barrier to obtaining assistance to these heterogeneous groups, with the result that ethnic minority and migrant people might perceive those services are not available to them. Moreover, there was a scarcity of research evaluating initiatives to improve access to services for ethnic minorities and migrant people. It is likely that structural factors such as austerity, precarious funding, and the hostile environment fostered by the UK government will negatively affect grass-roots organisations, resulting in negative effects for these diverse service users. This lack of funding might contribute to a culture of competition rather than collaboration between third sector service providers and may have a knock-on effect on the need for joint working.

5.3 Further Research

Direct recommendations for monitoring and evaluation identified by authors included in this review include the collection and use of routine ethnic data to inform equitable access to services.

The original aims of this review included identifying priority research gaps and possibilities for future research, including more rigorous evidence syntheses. There may be scope for further

research exploring the different approaches to community engagement (see section 4.2.1) including an evaluation of the role of community wellbeing champions.

Further, this review shows a lack of intervention studies. This might reflect the small scale and often short-lived nature of many initiatives that address ethnic minority and migrant people needs. For instance, the NIHR evidence synthesis on reducing loneliness among migrant and ethnic minority people (Salway et al, 2020) documented a wide range of initiatives, however, the majority were neither evaluated nor reported in detail.

5.4 Limitations

Limitations of the evidence base:

One of the limitations of this review was that the heterogeneity of the evidence base poses challenges for meaningful synthesis. We have tried to report faithfully the original contexts of the findings while at the same time extracting key messages that are generalisable. This situation makes it challenging to identify clusters of studies which are sufficiently similar to merit direct comparison in a more in-depth systematic review (though one might be the impact of link worker roles, perhaps those with a health-specific remit).

A further limitation was the lack of evidence specifically focusing on access to LA services. This might be due to the fact that these services might not be designed to attend to the needs of ethnic minority and migrant people, as well as the dominant practice of commissioning services from third sector organisations.

Another limitation was that not all the studies report the views of ethnic minority and migrant people first hand; in some cases they were instead reporting the perspectives of those who work with them (whether in statutory or voluntary services). There may be pragmatic reasons for this (ease of recruiting respondents) however, we should be conscious that they may be "unreliable narrators" regarding the needs of their clients. On the other hand, they can raise important provider-side issues such as the sustainable resourcing of services - the decline in funding to black and ethnic minority organisations has been widely reported (Lipman 2015; Runnymede 2017; Craig 2011).

Additionally, much of the literature consists of qualitative studies either suggesting or describing grass roots activity that has not been rigorously evaluated. Further, there were a number of studies that reported in-depth interviews or focus groups with a relatively small convenience sample and there are risks in extrapolating their findings more widely (particularly given the breadth of our topic and the heterogeneity of the populations of

interest). Finally, some of the recommendations found in the literature (such as reversing austerity and restoring public spending to pre-2010 levels) seem more aspirational than realistic in the current political and economic context.

Limitations of the review methods:

Given the grassroots nature of many projects it is likely that many initiatives are highly localised and never reported or published. We would ideally have sought to validate our findings through consultation of experts working in the field – unfortunately, this was not possible within the time constraints of this project. Had time allowed, it might have been useful to include the primary studies featured in our included reviews, rather than just using their summary of findings and recommendations. Finally, while we might have maximised the relevance of our findings by focusing on the UK context, more exploration of the international literature might have been useful, to see how similar problems had been tackled elsewhere, at least in countries comparable to the UK.

6. Conclusions

This rapid scoping review was conducted to identify and synthesise existing evidence on access to LA and third sector services that are relevant to the health and wellbeing of ethnic minority and migrant people in the UK. The purpose was to inform the commissioning of subsequent research in this area, which may include new primary research studies to address important evidence gaps.

The evidence included was highly heterogeneous in terms of the services, geography and population groups studied. The third sector was covered by more studies than LAs. Certain ethnic minority groups (Roma and Arab people) were under-represented in the literature. Varied barriers to access were described including structural, socioeconomic and community. In this review, diverse challenges for accessing services were found in relation to navigating complex systems (especially for non-native speakers). The impacts on grassroots organisations of austerity and volatile funding were reported, with a knock-on effect on service users. Further, a variety of factors were identified as enablers of access, including involving the user in the design and delivery of services, and enhancing cultural competence of staff and organisations. Very few interventions or initiatives were reported which were designed specifically to improve access for ethnic minorities and migrants.

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8. Appendices

Appendix A. Review protocol

Access to Local Authority (LAs) and third sector services for ethnic minorities in the UK: protocol for a scoping review of the evidence

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Introduction

Ethnic minority communities have long been part of the UK's socio-cultural fabric. Increasing ethnic diversity, and important ethnic inequalities in health and wellbeing, make it essential for the public health evidence base to adequately represent the experiences and needs of ethnic minority communities.

According to the 2011 census, 80 per cent of the England and Wales' population identified as White British. People identifying as Asian/Asian British (Pakistani, Indian, Bangladeshi, other) made up 6.8 per cent of the population; those identifying as Black/Black British (Caribbean, African) 3.4 per cent; as Chinese 0.7 per cent, as Arab 0.4 per cent and other groups 0.6 per cent (1).

Though patterns are complex, research across a range of settings has documented that people from ethnic minority backgrounds face inequality and experience barriers to accessing the health and social services they need (2, 3). The Equality Act 2010 requires that all statutory organisations, including public health, health and social care services, show how they provide equality of opportunity and ensure equitable access (4, 5). However, services have not generally been designed to fit the needs of ethnic minority groups and there has been limited and patchy attention to tackling structural racism within health, wellbeing and social care provision (6, 7).

That said, Local Authority (LAs) and third sector organisations - particularly those that are community-based and community-led - often have valuable understanding of the needs of the communities they serve and may play an important role in developing and delivering services that address the needs of ethnic minority communities (8). Moreover, previous work has highlighted variability in how LAs are recognising and responding to the needs of ethnic

minority groups - raising the possibility of learning from good practice (6, 9).The important role of LAs and third sector organisations has been further demonstrated during the COVID-19 pandemic, as national government persistently overlooked ethnic minority needs, and local responses were needed to address need and inequality.(10-12)

This scoping review is prompted by the need to bring together the evidence base on access to Local Authority (LAs) and third sector services for ethnic minority people.

General aim and purpose

This scoping review aims to identify and synthesise existing evidence on access to Local Authority and third sector services that are relevant to health and wellbeing among ethnic minority people in the UK. The purpose is to inform the commissioning of subsequent research in this area, which may include both new primary research studies to address important evidence gaps and more in-depth systematic reviews where the existing body of evidence can support useful synthesis.

Specific aims

1. To identify and describe the scope of the literature on access to Local Authority (LA) and third sector health and wellbeing services among ethnic minority people in the UK. The literature will be characterised in terms of:

- Ethnic groups and migration categories included
- Geography
- Services
- Initiatives intended to enhance access (a typology will be produced)
- Study designs (as an indicator of study quality)

2. To briefly summarise key findings relating to the existing evidence on:

    - Obstacles to, and enablers of, access.
    - Effectiveness of initiatives intended to improve access.

3. To identify:

    - Sub-bodies of studies that might warrant subsequent synthesis via more focused systematic review work.

- Important gaps in the evidence base that might warrant attention via new primary studies.

Outputs

1. A summary of prior relevant reviews.
2. An evidence map detailing:
    - The extent, range and nature of research activity that has examined access to Local Authority and third sector services for ethnic minority people, including some consideration of how access has been understood and measured.
    - A list of priority topic areas for future evidence synthesis
    - A list of priority topic areas for future primary research.

Methods

We will use Arksey and O'Malley's framework because it allows us to comprehensively and systematically map the research gaps within the literature. Consideration of modifications suggested by Levac, Colquhoun and O'Brien will also be taken into account. (23, 24)

This framework is comprised of five stages, outlined below.

Stage 1: Identifying the research question

The scoping review framework suggests a broad and clearly articulated research question, defining concepts, target population, health and wellbeing outcomes, and scope while accounting for the aim and rationale of the review. The research question for the review is:

> 'What is the scope of and main topics and gaps in evidence in the existing literature on "Access"/"Accessibility" of LA and third sector services for ethnic minority people in the UK?'

We have developed the working definitions below to guide the development of inclusion and exclusion criteria for the review, including multidisciplinary literature.

- **Access** Provision of services, even if geographically proximate and free of charge, may not guarantee equity of access or quality of experience and outcomes for all potential service users.(13, 14) Access to services has been variously defined, understood and measured. Early work by Penchansky and Thomas, (15)

conceptualised access as the fit between the characteristics and expectations of the services on offer and those of the people who are prospective service users.

Thinking of access as the opportunity or ease with which consumers or communities are able to use appropriate services in proportion to their needs is helpful.(16, 17) Those conceptualisations that recognise access as a complex, iterative process, rather than a one-off event, are also useful. Szczepura (13) identified three critical factors as necessary conditions for good quality experiences of access to health services among ethnic minority populations: having equal access to appropriate information; having access to services that are relevant, timely and sensitive to the person's needs; and being able to use the service with ease and with the confidence that you will be treated with respect.(13)

Dixon-Woods et al.'s model - Candidacy - was developed out of a review of access to services among marginalised groups and is useful in its characterisation of the healthcare journey as a sequence of phases within which there is a joint negotiation between potential user and service provider, with these iterative interactions being situated within, and shaped by, the material and symbolic context of Local operating conditions(18).

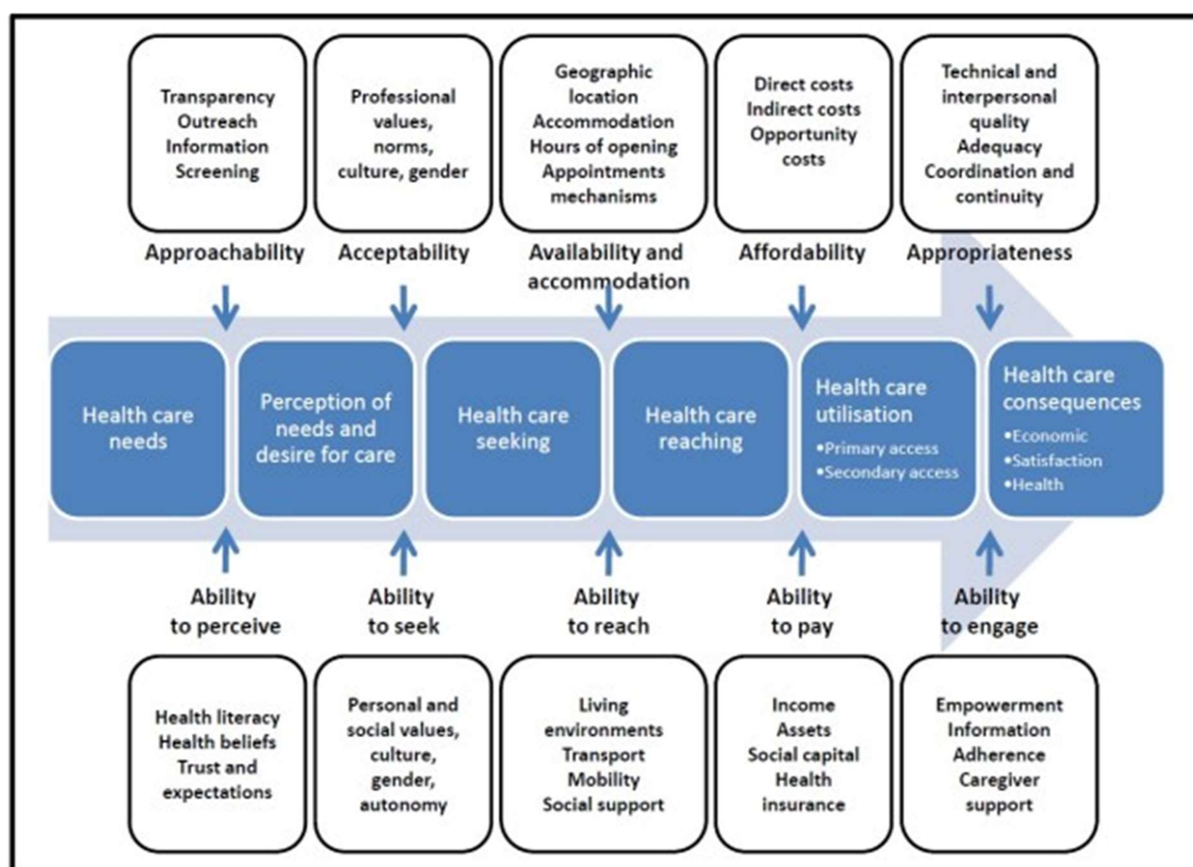
Levesque et al. (16) synthesised earlier access models. Like Dixon-Woods et al., they also emphasise the interplay between service users and service provision in shaping and constraining access to appropriate services, though they also highlight the social contexts beyond the service setting within which potential service users live.

Other work by Kovandžić et al. (19) focused on mental healthcare for 'hard-to-reach' groups, including ethnic minority populations, and emphasised the recursive and socially-embedded nature of help-seeking, service use and perceptions of service quality.

These models indicate that the current scoping review should adopt a broad definition of 'access' that is not restricted to measures of service uptake but includes attention to the whole health-seeking journey and factors that shape it in relation to (perceived) need.

The Levesque et al. (16) conceptual framework reproduced below offers a comprehensive description of the elements of service access that warrant attention.

Figure 1: Levesque conceptual framework for healthcare access



Ethnic minority:

Ethnicity as a social construct is variously understood, and there are ongoing and heated debates about how individuals should be categorised and labelled. (20) However, Bhopal's definition of ethnicity will suffice for this project - the social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry, and physical features traditionally associated with race.

In the UK, the term 'ethnicity' has tended to be used rather than 'race', but the two are increasingly used interchangeably, highlighting the way in which ethnic identities are racialised in modern Britain. (21) Minority ethnic identities are frequently devalued and stigmatised, and important inequalities in health and healthcare outcomes persist between ethnic groups.

A variety of categorisations and labels are used to delineate sub-groups of the population on the basis of ethnic identity. In some cases, the collective term 'ethnic minority' or 'minority ethnic' or 'Black and minority ethnic' (BME) or 'Black, Asian and minority ethnic' (BAME) are

used to refer to any individual who identifies with a non-White ethnic group. In other cases, all individuals who identify with an ethnicity other than White British are grouped together into an aggregate grouping labelled with one of the collective terms above. More specific ethnic group categories and labels are often employed in research and routine service data collection, in some cases conforming to those used in the national census categorisations, but in other cases adopting more bespoke formulations.

Some research employs categories and labels based around migration status or religious identity, rather than - or in addition to – ethnicity. The overlap between these social identifiers and the processes of racialised inclusion and exclusion that shape access to services means that these are also within the purview of the current review. This review will necessarily have to work with the ethnic and related categorisations and labels that authors have adopted in the primary studies.

Local Authority and Third Sector services:

As part of the government's reforms in 2013, the duty to commission public health services was transferred from the NHS to Local Authorities, and Public Health England was established. Local authorities are responsible for a very wide range of services that could potentially impact the health and wellbeing of their local ethnic minority populations. In some cases, these services are delivered 'in house', but in many cases, they are commissioned from other organisations, particularly the third sector. The third sector is an umbrella term that includes a diverse range of organisations that belong neither to the public/statutory sector nor to the private, profit-making sector.(22)

Berrocal-Almanza et al (2019): "The term 'civil society' encompasses institutions and organisations outside of government, such as community-based (CBOs) and faith-based organisations. They form a social environment between the institutional and individual levels, and can influence the general population.Third-sector organisations are considered key partners by the National Health Service (NHS) in improving health service delivery"

Third sector organisations that are relevant to this review include charities, voluntary, community and faith organisations, social enterprises and cooperatives. In addition, quasi-third sector organisations that are linked to Local Authority would also be included, such as housing associations.

Given the wide range of services that could potentially be within remit of this review, we propose an approach to narrow the scope.

[1] Identification of services that are definitely out of remit due (i) their having only a distal relationship with health and wellbeing, and/or (ii) being delivered at a scale that does not allow for targeting or tailoring to the needs of minority ethnic people.

[2] Following searching and screening, and depending on the volume of material retrieved, we will adopt a two-tiered approach to extraction and synthesis in consultation with NIHR and our policy/practice stakeholders. This will involve the identification of two tiers of literature with literature relating to Tier 1 services being extracted and synthesised fully according to the project's aims, and literature relating to Tier 2 services being described in more limited terms.

Some grey areas will require clarification during the first phase of this project. For example, Local Authorities have played a key role in the implementation of the NHS-funded COVID-19 vaccination programme roll out.

See table 1 below for an initial categorisation of services and their proposed treatment in this review ***for discussion***.

Note that it is very unlikely that we will find literature that relates to ethnic minority communities in relation to service provision areas that are excluded below.

Table 1. Services provided by Local Authority - inclusion approach for discussion

Broad service areas	Tier 1 - full extraction	Tier 2 - limited extraction	Exclude	Comments
Public Health				
Mental health & wellbeing (inc. loneliness)	X			
Diet, healthy eating	X			
Smoking cessation	X			
Drugs and alcohol	X			
Other community wellbeing, social prescribing etc.	X			
Navigation to health services e.g. Doulas	X			

Sexual health services	X			
Food safety/hygiene			X	Not tailored/targeted
Parks, green & blue spaces, sport and recreation	X			
Adult social care (e.g. residential care, lunch clubs, adaptations)	X			
Children & families social care & support (e.g. parenting, fostering, adoption, youth services)	X			
Early years, childcare, family centres	X			
Housing, homelessness (inc. Gypsy and Traveller sites)		X		
Citizen's advice, benefits support, local grants		X		

Travel and transport		X		
Employment, apprenticeships		X		
Pollution, nuisance, pests, littering		X		
Schools			X	School policies largely outside LA purview
Bins and recycling			X	distal and not tailored/targeted
Roads and Pavements			X	distal and not tailored/targeted
Parking			X	distal and not tailored/targeted

Flooding			X	distal and not tailored/targeted
Business support			X	distal

Stage 2: Identifying relevant studies

Phase 1: Search for existing review articles

A broad, exploratory search will be conducted to identify previous review articles published since 2010 around the topic area (already underway). This will inform the refinement of criteria for eligibility, databases to search and formulation of a clear search strategy with key terms. This phase will also result in an overview of prior reviews

This initial search will cover Web of Science (MEDLINE & Social Sciences Citation Index) and ProQuest Social Sciences Collection. The search will be conceptualised around the facets of ethnic minorities, third sector/LA, UK and review articles. (Table 2)

Table 2. Search terms

Ethnic minorities	"ethnic minorit*" OR "minority ethnic" OR BAME OR BME OR “people of colour” OR POC OR refugee* OR "asylum seeker*" OR migrant* OR immigrant* OR "cultural* competen*" OR "cultural* aware*" OR "cultural knowledge" OR "cultural* sensitivity" or transcultural* OR trans-cultural* OR racis* OR racial* OR Arab* OR Africa* OR Afro* OR Asian OR Bangladesh* OR Black OR Caribbean OR Chinese OR India* OR Irish OR mixed race* OR dual ethnicit* OR Pakistan* OR Roma OR traveller* OR Gyps* OR Gips* OR Sikh* OR Hindu* OR Muslim* OR Islam* OR jew*
Third sector	"Local authorit*" OR "council-funded" OR "Local council*" OR "voluntary sector" OR "third sector" OR Non-Profit OR Nonprofit OR ‘‘Not for Profit’ OR not-for-profit "public health" OR "social services" OR "social care" OR "health visitor*" OR housing OR homeless* OR environmental OR "social support" OR "community service* " OR "youth service*" OR "income support" OR "universal credit" OR welfare OR “social security” OR "tax credit*" OR "benefit* advice" OR "disability

	support" OR "job seeker* allowance" OR "child support" OR “social prescribing” OR “link worker*”
Services (Tier 1 - “proximal” to health)	Mental health or diet or “healthy eating” or smoking cessation or drug* or alcohol or wellbeing or well-being or “social prescribing” or doula* or sexual health or food safety or food hygiene or parks or green spaces or blue spaces or sport or recreation or adult social care or residential care or lunch club* or
UK	UK OR "united kingdom" OR brit* OR england OR scotland OR wales OR ireland OR london OR edinburgh OR cardiff OR belfast
Review articles (in title only)	review OR overview OR synthesis OR summary OR meta* OR mega*

For this stage, we will examine any review containing data from the UK (even if the coverage is international). Understanding that these reviews may be in related areas but have a different focus from ours, we will use them to establish the boundaries of our key concepts (primarily around which the third sector delivers services) and define a feasible scope for the second phase of the literature search.

Phase 2: Search for primary studies

To identify primary studies, we will run a modified strategy based on the one above (with the removal of the “review” facet and the addition of some terms identified in phase 1). Searches will be run on MEDLINE, Embase, PsycINFO (via Ovid) plus Social Science Citation Index (via Web of Science) and ProQuest Social Sciences Collection and records imported to EndNote for screening. Three members of the team will share responsibility for initial title/abstract screening, with a fourth (SS) checking a sample of 20%

Table 3. General inclusion criteria

Setting	Access to Local Authority and third sector services that are relevant to health and wellbeing.
	Evidence from the UK only
Population	Adults and young people from ethnic minority groups
Date limits	2010-2021
Study type	Peer-reviewed literature and grey literature

Depending on the findings of phase 1, we will either proceed to:

Option A: mapping the literature by purposively sampling across a range of different domains and types of service. (Favours breadth of coverage but inevitably more descriptive presentation)

or

Option B: selecting a smaller number of domains to review more comprehensively (Favours depth of coverage but may enable more sophisticated synthesis)

The choice of approach will be made in discussion with the project sponsor.

The search strategy will be based on that for the original review, with only the terms we decide are relevant to our domains of interest. The “review articles” filter will be replaced with terms to retrieve study types meeting our eligibility criteria.

Databases will include MEDLINE; PsycINFO; CINAHL; Web of Science and ProQuest social sciences collection. Reference lists of included papers will be checked for any studies missed by the search.

As we anticipate that some initiatives may not have been formally evaluated and reported in the published academic literature, we will run targeted searches of the websites of relevant organizations including the Race Equality Foundation, King's Fund, Joseph Rowntree Foundation and Runnymede Trust as well as a broader search of the gov.uk domain.

Stage 3: Study selection

The screening process will consist of two levels of screening:

1. A title and abstract review

2. Full-text/screening

First, titles and abstracts will each be reviewed by one reviewer (with the task being allocated across 2-3 team members) to determine eligibility based on the defined inclusion and exclusion criteria. A pilot set of paper titles and abstracts will be double screened and reviewed as a team to identify any areas of inconsistency and ensure an acceptable level of screening variation. The second part of the selection process will include full-text paper review, again each paper being screened by one reviewer. In both stages of screening, uncertain items will be flagged and another team member will review for inclusion or exclusion.

We will take into account the following aspects:

- Population: studies focused on ethnic minority groups OR migrant groups OR religious minorities OR diverse populations within which there is some disaggregated analysis by ethnicity OR migrant status OR religion.
- Intervention/service: TBC –as above, the scope of the review is to be finalised with input from NIHR and practice stakeholders
- Context: UK; Local Authority or Third Sector delivered services.
- Outcome/focus: Access - defined broadly. Studies must report on some aspect of the access to service pathway as described in the Levesque model above. Studies may report on specific initiatives/interventions intended to improve some aspect of access. For instance, provision of link workers or navigators OR they may report on factors that shape access e.g. a qualitative study reporting on lack of trust in Local services, OR studies may simply describe patterns of access e.g. ethnic profile of service users, or levels of knowledge of service by ethnicity.
- Study type: All study types. (Reviews to be synthesised separately)

Stage 4: Data charting

We will collect and sort essential information from the abstracts of the selected articles in this scoping review. We will then extract data from published research literature using a data extraction tool developed by the reviewers for this specific project. This tool will guide the extraction and charting of the data from the literature. We will conduct a pilot test on ten randomly-selected included papers using the data extraction tool. This pilot test will help us to refine the tool and ensure team members are using it consistently. Each paper will be extracted by one reviewer.

The data extracted will include specific details about the participants, concept, context, study methods, key findings relevant to the review question/s, author, year of publication, and study objectives. The abstracts will provide the data necessary for addressing the main objective of this scoping review, which is to identify and synthesise existing evidence on access to Local Authority and third sector services relevant to health and wellbeing among ethnic minority people in the UK.

On the data being extracted, we will:

- Map key concepts and evidence available and Identify gaps in the existing literature.

To help us with this process, we will use Endnote to manage retrieved items and extract the selected data. Then these items will be imported to Covidence, a systematic review software package, to help us with the process of duplicate removal, screening, data extraction, and analysis.

Stage 5: Collating, summarising and reporting results

In this stage, we will focus on providing a narrative summary of all the included studies. We will consider that the methods employed in this scoping review protocol will facilitate us to collate and summarise existing knowledge on our topic.

We will develop a flow diagram aligned with PRISMA-ScR (Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews) guidance (25) to report the review searching and inclusion/exclusion pathway. We will also provide a descriptive summary of the literature, data will be collated, stored and charted using Microsoft Excel software.

We envisage that the results will include:

1. A map with our data in tabular form, showing the distribution of studies by theme, period of publication, country of origin and study method.

2. A thematic summary

The team members will discuss the implications of the findings and the need for further studies in the future.

Resources and timeline

We will envisage that this scoping review will be completed within three months to meet the commissioner's deadline of the 28th of February 2022. We will have weekly online meetings with the team members at the protocol and review stages.

For staffing resources, we will have NV 0.3-0.4FTE for 17 weeks (as part of her NIHR SPHR fellowship); BS at 0.3FTE for 17 weeks; MC for 0.2FTE – and SS 0.1 FTE for 17 weeks

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Appendix B. Search strategies

Phase 1 search for reviews – terms used (in ProQuest Social Sciences Collection)

This first phase of searching in November 2021 was an exploratory phase to retrieve relevant reviews. Terms from each row relate to a different facet of the topic; all five facets were combined with AND.

Ethnic minorities	"ethnic minorit*" OR "minority ethnic" OR BAME OR BME OR "people of colour" OR POC OR refugee* OR "asylum seeker*" OR migrant* OR immigrant* OR "cultural* competen*" OR "cultural* aware*" OR "cultural knowledge" OR "cultural* sensitivity" or transcultural* OR trans-cultural* OR racis* OR racial* OR Arab* OR Africa* OR Afro* OR Asian OR Bangladesh* OR Black OR Caribbean OR Chinese OR India* OR Irish OR mixed race* OR dual ethnicit* OR Pakistan* OR Roma OR traveller* OR Gyps* OR Gips* OR Sikh* OR Hindu* OR Muslim* OR Islam* OR jew*
Third sector	"Local authorit*" OR "council-funded" OR "Local council*" OR "voluntary sector" OR "third sector" OR Non-Profit OR Nonprofit OR ''Not for Profit' OR not-for-profit OR "public health" OR "social services" OR "social care" OR "health visitor*" OR housing OR homeless* OR environmental OR "social support" OR "community service*s" OR "youth service*" OR "income support" OR "universal credit" OR welfare OR "social security" OR "tax credit*" OR "benefit* advice" OR "disability support" OR "job seeker* allowance" OR "child support" OR "social prescribing" OR "link worker*"
Services (Tier 1 - "proximal" to health)	Mental health or diet or "healthy eating" or smoking cessation or drug* or alcohol or wellbeing or well-being or "social prescribing" or doula* or sexual health or food safety or food hygiene or parks or green spaces or blue spaces or sport or recreation or adult social care or residential care or lunch club*
UK	UK OR "united kingdom" OR brit* OR england OR scotland OR wales OR ireland OR london OR edinburgh OR cardiff OR belfast
Review articles (in title only)	review OR overview OR synthesis OR summary OR meta* OR mega*

Phase 2 search for primary studies – example strategy

Based on the reviews we found from phase 1, a more structured systematic search strategy was developed to search for primary studies, later in November 2021. The example reproduced below was the search strategy used for MEDLINE via Ovid; this was validated to ensure retrieval of known studies and then translated as closely as possible for the other databases searched (see section 3.2 of the main report for details).

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions

1 ("ethnic minorit*" or "minority ethnic" or BAME or BME or "people of colour" or POC or refugee* or "asylum seeker*" or migrant* or immigrant* or Arab* or Africa* or Afro* or Asian or Bangladesh* or Black or Caribbean or Chinese or India* or Irish or mixed race* or dual ethnicit* or Pakistan* or Roma or traveller* or Gyps* or Gips* or Sikh* or Hindu* or Muslim* or Islam* or jew*).mp.

2 ("Local authorit*" or "council-funded" or "Local council*" or "voluntary sector" or "third sector" or "civic sector" or "independent sector" or "community sector" or Non-Profit or Nonprofit or "Not for Profit" or "not-for-profit" or "link worker*" or nongovernmental or "non governmental" or "civil society" or "civic engagement" or "third sector" or voluntary or volunteer* or "community service" or "social prescribing" or "link worker*" or "Cities of sanctuary" or charity or charities or "housing association*" or "social enterprise*").mp.

3 (Wellbeing or well-being or mental health or addiction or drug* or alcohol* or smoking cessation or public health or "social services" or "social care" or "health visitor*" or environmental or "social support" or "community service*" or "youth service*" or "social security" or "tax credit*" or "benefit* advice" or "disability support" or "job seeker* allowance" or "social prescribing" or diet or "healthy eating" or "food safety" or "food hygiene" or "breakfast club" or "lunch club*" or "children's services" or "child support" or parenting or fostering or adoption or "youth services" or "early years" or childcare or "family centre*" or "family support" or "social prescribing" or doula* or "sexual health" or parks or "green spaces" or "blue spaces" or sport or recreation or "social care" or "residential care").mp.

4 ("cultural* competen*" or "cultural* aware*" or "cultural knowledge" or "cultural* sensitivity" or transcultural* or trans-cultural* or racis* or racial* or outreach or out-reach or "translation service*" or "language service*" or "interpreter*" or "interpretation service*" or candidacy or affordab* or availability or accessib* or accommodation or acceptab* or awareness or stigma or "help seeking").mp.

5 (UK or "united kingdom" or brit* or england or scotland or wales or ireland or london or edinburgh or cardiff or belfast).mp.

6 1 and 2 and 3 and 4 and 5

7 limit 6 to yr="2010 -Current"

Appendix C. Studies grouped by specific characteristics.

- Table C1. Study design

Study design	More details	Studies	N of studies
Qualitative studies that used one-to-one interviews and/or focus groups	-	Baghirathan 2020, Balaaam 2015, Berrocal-Almanza 2019, Cleland 2014, Fernandez 2008, Flanagan 2010, Gunaratnam 2008, Haith-Cooper 2018, Mantovani 2017, Islam 2015, Rabiee & Smith 2013, Robinson 2014, Doyal and Anderson 2004, Lanceley 2007, Lipman 2017, McLeish 2017, McLeish 2016, Ottosdottir 2014, Vacchelli 2021, Lorenc 2013, Snoussi & Mompelat 2019, The Women's Budget Group 2017, Jayaweera 2005, Jolly 2018, Yeung 2016, Sharman & Jinks 2019, Meir 2019, Morris 2015, Lalani 2014	29
Qualitative studies using questionnaires sent by e-mail or post in addition to interviews and focus groups	-	Newbigging 2011a, Newbigging 2011b	2
Studies using qualitative interviews as well as reviewing various sources of documentary evidence, including policy documents and web resources	-	Lipman 2015, Khan 2017	2
A qualitative study using a "rapid appraisal approach", which was based on public listening events, nominal groups, individual interviews and stakeholder consultations	-	Manthorpe 2009	1
Studies using a mix of	-	Hackett 2006, Hackett 2009, Banerjee	4

quantitative and qualitative methods		2007, Perry 2018	
Reports based on a non-systematic literature review and quantitative data analysis	a briefing that reported on both a review of the literature and quantitative data analysis	Rogaly 2021	2
	a briefing based on literature, case studies and quantitative data	Hylton 2015	
Non-systematic literature reviews	a report which made reference to existing literature and to various organisations' websites	Perry 2012	4
	a report based on five previous publications	Nicholl 2014	
	a report which summarised "legal opinion and available evidence" (p. 1)	Petch 2015	
	a briefing based on literature and relevant websites	Jones 2009	

- Table C2. Respondents (service users or providers or both)

Respondents	Studies	N of studies
Service users/clients (or caregivers or parents)	Doyal and Anderson 2004, Jayaweera et al 2005, Jolly et al 2018, Khan 2017, Lorenc et al 2013, McLeish et al 2016, Snoussi and Mompelat 2019, The Women's Budget Group 2017, Yeung et al 2016	9
Service providers (or professionals such as researchers, activists, volunteers, commentators, or other stakeholders, e.g., employers)	Balaam et al 2015, Fernandez et al 2008, Flanagan and Hancock 2010, Hackett et al 2009, Hylton 2015, Jones 2009, Lipman 2015, Lipman et al 2017, McLeish et al 2017, Morris 2015, Robinson 2014, Sharman & Jinks 2019, Vacchelli 2021	13
Both	Baghirathan et al 2020, Banerjee et al 2007, Berrocal-Almanza 2019, Cleland 2014, Hackett 2006, Haith-Cooper et al 2018, Gunaratnam 2008, Islam et al 2015, Lalani 2014, Lanceley 2007, Manthorpe et al 2009, Mantovani et al 2017, Meir 2019, Newbigging et al 2011a, Newbigging et al 2011b, Ottosdottir et al 2014, Perry et al 2018, Rabiee & Smith 2013	18
Studies did not involve interviews, so the classification of participants or respondents was not applicable (n=4)	Nicholl 2014, Perry 2012, Petch 2015, Rogaly 2021	4

- Table C3. Geographical location

Region: Southern England / Midlands / Northern England / the UK	Location of focus in the study	Studies	N of studies
Northern England	Manchester	Hackett 2006	1
	Leeds	Jayaweera 2005	1
	Lancashire	Khan 2017, Meir 2019	2
	Sheffield	Hackett 2009	1
	North-West	Balaam 2015	1
	More than one location in the North of England	Haith-Cooper 2018, Jones 2009	2
Midlands	Birmingham	Flanagan 2010, Islam 2015, Rabiee and Smith 2013	3
	Staffordshire	Cleland 2014	1
Southern England	London	Banerjee 2007, Berrocal-Almanza 2019, Doyal 2004, Fernandez 2008, Lanceley 2007, Lorenc 2013, Mantovani, McLeish 2016, Perry 2018, Sharman & Jinks 2019, Snoussi 2019, Vacchelli 2021	12
	Bristol	Baghiratan 2020	1
	Multiple locations in the South of England	Ottosdottir 2014	1
The UK / both North and South of England	More than one location in England	McLeish 2017, Morris 2015, The Women's Budget Group 2017	3

Region: Southern England / Midlands / Northern England / the UK	Location of focus in the study	Studies	N of studies
	(both North and South)		
	England	Manthorpe 2009, Hylton 2015, Yeung 2016	3
	Multiple locations in England and Scotland	Lalani 2014	1
	England and Wales	Lipman 2015	1
	England, Wales and Northern Ireland	Newbigging 2011a, Newbigging 2011b	2
	England with some examples from Scotland	Petch 2015	1
	England, Scotland and Wales	Nicholl 2014	1
	The UK	Robinson 2014, Lipman 2017, Rogaly 2021, Perry 2012	4
	Did not report the study location	Jolly 2018, Gunaratnam 2008	2

- Table C4. Ethnicity

Ethnicity – overall categorisation	More in detail	Studies	N of studies
Did not focus explicitly on ethnicity and did not identify the ethnicity of the participants, being framed instead around migration status.	NA	Balaam 2015, Berrocal-Alman 2019, Haith-Cooper 2018, Jolly 2018, Jones 2009, Newbigging 2011b, Ottosdottir 2014, Perry 2012, Petch 2015, Robinson 2014, Vacchelli 2021	11
Employed aggregate labels to describe the ethnicity of their participants; for example, Black, Asian and Minority Ethnic (BAME) or Black and Minority Ethnic (BME) or "minority ethnic" or "ethnic minority".	NA	Flanagan 2010, Gunaratnam 2008, Hylton 2015, Islam 2015, Khan 2017, Lipman 2015, Lipman 2017, Lorenc 2013, Manthorpe 2009, McLeish 2017, Morris 2015, Nicholl 2014, , Rogaly 2021, Snoussi 2019, The Women's Budget Group 2017	15
Listed one or more ethnic groups	South Asian, African Caribbean and Chinese	Baghirathan 2020	18
	Black African Caribbean; South Asian; White European; Mixed race; Other	Banerjee 2007	
	African Caribbean, Indian and Pakistani	Lalani 2014	
	Asian or Asian British	Cleland 2014	
	Bangladeshi	Fernandez 2008, Jayaweera 2005	
	South-Asian (Pakistani, Indian and Bangladeshi)	Hackett 2006	
	Pakistani	Hackett 2009	
	African	Doyal & Anderson 2004	
	African and African-Caribbean	Mantovani	
	Black African and black African Caribbean	Rabiee & Smith 2013	

Ethnicity – overall categorisation	More in detail	Studies	N of studies
	African and Caribbean	Newbigging 2011a	
	Black African plus one black British person	McLeish 2016	
	Orthodox Jewish	Sharman & Jinks 2019	
	The Charedi Orthodox Jewish community	Perry 2018	
	BME population that spoke either Urdu, Hindi or Punjabi, as well as Gujurati	Lanceley 2007	
	People from Chinese backgrounds	Yeung 2016	
	"South/British Asian" and "white British"	Meir 2019	

Note: Labels used in the studies are reported in the table.

- Table C5. Migration status

Migration status	Studies	N of studies
Did not mention migrant status in relation to the participants or the population under study.	Baghirathan 2020, Banerjee 2007, Cleland 2014, Fernandez 2008, Flanagan 2010, Gunaratnam 2008, Hacket 2009, Hylton 2015, Islam 2015, Lanceley 2007, Lipman 2015, Lipman 2017, Lorenc 2013, Manthorpe 2009, Mantovani 2017, Newbigging 2011a, Perry 2018, Rabiee & Smith 2013, Sharman & Jinks 2019, The Women's Budget Group 2017	20
Asylum seekers	Haith-Cooper 2018	1
Refugee migrants	Jones 2009	1
Refugees and asylum seekers (also called asylum-seeking people in some of the studies)	Balaam 2015, Robinson 2014, McLeish 2017, Newbigging 2011b	4
Forced migrants	Ottosdottir 2014	1
Migrants, refugees and asylum seekers	Vacchelli 2021	1

A third of participants were seeking asylum at the time of the interviews	Doyal & Anderson 2004	1
New migrants	Berrocal-Almanza 2019	1
First generation migrants	McLeish 2016	1
First, second and third generation	Hackett 2006	1
Migrants or migrant communities	Khan 2017, Snoussi & Mompelat 2019, Petch et al 2015	3
Focused on migrants generally, and then focused on specific sub-groups in relation to specific issues (recent migrants, those awaiting an asylum decision, and refugees)	Perry 2012	1
Mentioned that the majority of participants were born outside of the UK	Jayaweera 2005	1
Mentioned that the majority of participants were immigrants	Yeung 2016	1
Focused on families at risk of destitution because of their immigration status and mentioned that participants had a variety of immigration statuses, including some who had become undocumented after overstaying their visas	Jolly 2018	1
Mentioned the percentage of the local population born outside the UK in the study area but did not mention migrant status in relation to the participants	Meir 2019	1
Mentioned that participants included both migrants and non-migrants	Lalani 2014	1
Had a general focus that went beyond migrants but then for specific issues briefly focused on migrant status	Morris 2015, Nicholl 2014	2
Had a general focus but then for specific issues focused on people with a specific migration status: people "with and without settled status" (p. 22); people with "temporary migration status" (p. 2) or "people with temporary leave to remain in the UK" (p. 4); asylum seekers; people "who do not have a valid immigration status" (p. 18); parents of children born in the UK; "children born to parents without settled status" (p. 18); "Zambrano Carers", i.e., "adults from non-EEA states who need to remain resident in the UK to care for a child or dependent adult who is a British citizen, but who nonetheless, as a carer,	Rogaly 2021	1

do not have recourse to public funds" (p. 18).		

Note: Labels used in the studies are reported in the table.

- Table C6. Type of needs or services

Type of services or needs	More details	Studies	N of studies
Mental health or mental health services or counselling services or mental health advocacy services	-	Hackett 2006, Hackett 2009, Islam 2015, Mantovani 2017, Newbigging 2011a, Perry 2018, Rabiee and Smith 2013, Sharman & Jinks 2019, Vacchelli 2021	9
Maternity care or maternal health	-	Balaam 2015, McLeish 2017, McLeish 2016	3
Physical activity, exercise or sport or sport services	-	Cleland 2014, Haith Cooper 2018, Hylton 2015, Meir 2019	4
Housing or housing services	-	Jones 2009, Rogaly 2021, Perry 2012, Lipman 2017	4
Social care services or social work	-	Lipman 2015, Khan 2017, Yeung 2016, Newbigging 2011b, Robinson 2014	5
Carer support (dementia)	-	Baghirathan 2020	1
Services for people with dementia and their carers	-	Banerjee 2007	1
Health and personal social services	-	Manthorpe 2009	1
Health and social care services	-	Ottosdottir 2014	1
Transition from education into work	-	Morris 2015	1
Education, training and employment	-	Lalani 2014	1
Household: fuel poverty	-	Lorenc 2013	1
Tuberculosis testing	-	Berrocal-Almanza 2019	1
HIV Services	-	Doyal and Anderson 2004	1
Sexual and relationship education	-	Fernandez 2008	1
Cancer information and support services	-	Lanceley 2007	1
Palliative care	-	Gunaratnam 2008	1
Various types of services, policies or issues	Focus on access to services for “hard to reach” groups. The study aimed to	Flanagan 2010	7

	contribute to a larger study on the improvement of primary health care.		
	Focus on race and class inequality. Various services were covered (housing, "public services such as the local council, the police, the NHS, social services, job centres or the benefit system" (p. 22))	Snoussi 2019	
	Focus on poor funding of various services (social care, public transport, services for children, voluntary sector)	The Women's Budget Group 2017	
	Various support services for destitute migrants (e.g., accommodation, legal advice)	Petch 2015,	
	Various services, including benefits, transport, antenatal and postnatal care.	Jayaweera 2005	
	Various services and needs, including housing, transport, food, education, health care, social care	Jolly 2018	
	Focus on poverty. Five key areas: "employment and workplace culture; services; procurement; shaping the local economy; voluntary and community groups" (p. 2).	Nicholl and Naidoo 2014	

- Table C7. Service providers (Local authorities (LAs), third sector (TS) or both)

Service providers	**Studies**	**N of studies**
Third sector / voluntary sector organisations	Balaam et al 2015, Flanagan and Hancock 2010, Gunaratnam et al 2008, Hackett et al 2009, Haith-Cooper et al 2018, Hylton 2015, Khan 2017, Lanceley 2007, Lipman 2015, Lipman 2017, Lorenc	20

(VSOs)	2013, McLeish et al 2016, McLeish 2017, Newbigging et al 2011a, Perry et al 2018, Petch 2015, Rabiee & Smith 2013, Robinson 2014, The Women's Budget Group 2017, Vacchelli 2021	
Local authorities	Cleland 2014, Snoussi and Mompelat 2019, Sharman & Jinks 2019, Meir et al 2019	4
Both	Baghirathan et al 2020, Banerjee et al 2007, Berrocal-Alma et al 2019, Doyal and Anderson 2004, Fernandez et al 2008, Hackett et al 2006, Islam et al 2015, Jayaweera et al 2005, Jolly 2018, Jones 2009, Lalani 2014, Manthorpe et al 2009, Mantovani et al 2017, Morris 2015, Newbigging et al 2011b, Nicholl and Naidoo 2014, Ottosdottir 2014, Perry 2012, Rogaly 2021, Yeung et al 2016	20

Appendix D

- Table D1: Initiatives to increase access

Levels	Initiatives to increase access	Citations
Individual level **(n = 4)**	a) Education and training initiatives: Students benefit from Think Forward through external experts (or coaches) who work one-on-one with them on a number of topics including career guidance, help with the application process, facilitating work placements, mentorship, and emotional support such as anger management and boosting confidence to support the transition of ethnic minority youth from education to employment. b) Sport Initiatives This project involved young people, youth workers, and youth centre personnel in co-developing a participatory community sport initiative c) Social care and wellbeing initiatives: Grassroots organisations like "Pukar" provide a range of diverse services to older people, including information, advice, assistance with completing forms, advocacy, referrals, improving basic skills, assistance with obtaining employment, and assistance with correspondence. Additionally, the service has been referred to people who need assistance with languages, those with long-term illnesses, and people who care for someone close to them. d) Housing initiatives In this initiative, researchers examined household energy tariffs, intervention advice on tariff-switching, printed materials, access to websites, and details of services available by using participatory research	Morris (2015) Meir et al (2019) Khan 2017 Lorenc et al 2013
Organisational level **(n=4)**	*a) Palliative care initiatives* PRIAE (Policy Research Institute on Ageing and Ethnicity): Increase awareness of palliative care among older people from minoritized ethnic groups and raise awareness of palliative care needs among health and social care professionals *d) Housing initiatives*	Gunaratnam et al 2008 Lipman et al 2017

	-Housing Association initiatives to make housing for older people more culturally appropriate for the local Chinese community. They provided bilingual services to give Chinese-speaking seniors access to services and facilities commonly available in the wider community. About tenants. Half spoke Chinese, and a similar number of employees spoke one or more Chinese dialects. *e) Legislation and policy initiatives* The \`Everyone In\` scheme since May 2020, provides emergency shelter for people who are sleep deprived during the pandemic. As part of this plan, the government advised local governments to provide accommodation to those subject to NRPF at their discretion. Moreover, the introduction of Choice Based Lettings (CBL) in 2001, will allow households to bid on congressional-promoted homes, which are housing personnel who have chosen to accommodate BAME people in specific areas. It aims to address issues such as direct discrimination by CBL and CBL aimed at allowing potential tenants to choose where to live. Initiatives to assist migrant people in accessing the private rental sector	Rogaly et al 2021 Perry 2012
Community level (n=8)	*a)Sport initiatives:* Local authority initiatives : Establishing ethnic minority volunteer executives to lead leadership training and sports / PA activities for volunteers Charities and campaign initiatives: The “Kick It Out” campaign involves tackling Asian under-representation in football by implementing leadership and coaching initiatives and working with organizations such as Muslim women's sports. *b)Link workers:* Pakistani Link worker to help the Pakistani community to seek mental health support *c) Community wellbeing champions* Champions were incorporated into existing formal and informal networks to convey the	Cleland 2014 Hylton et al 2015 Hackett et al 2009 Mantovani 2017

	message of well-being with the aim of addressing the mental health needs of African and African Caribbean groups.	
	d*) Housing initiatives:*	
	Partnerships initiative between Refugee Community Organisations (RCOs) and The Housing Associations' Charitable Trust. For example, Sheffield MAAN (Maan Somali Mental Health Sheffield), RCO provides tenants assisted by refugees suffering from trauma-related mental illness. MAAN influences local mental health strategies and is monitored and referred by local health authorities. Towards the end of the project, the partners responded to the growing poverty crisis and its link to mental health.	Jones & Mullins 2009 Jayaweera et al 2005 Banerjee et al 2007
	e) Maternal health initiatives: The "Neighbourhood Project" focuses on Bangladeshi women of childbearing age. Initiatives include: Prenatal and postnatal sessions to facilitate access to childbirth services. Benefits Advice workers	Lalani et al 2014
	f) Mental health initiatives: This service is aimed at early identification and involvement of people with dementia and their caregivers. Through the model of early dementia, that included the introduction of additional low-cost, high-throughput general services to existing community health systems to enable early detection and intervention of dementia	
	g) Education and training initiatives, employment: This project investigated the impact of place on the outcome of ethnic minority employment e.g. an initiative in Leicester, with respondents receiving advice and guidance from a local community centre (Highfields Centre)	

Appendix E. Recommendations

- Table E1. Recommendations in detail / additional recommendations.

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
Mental health	• Public policies should allocate sufficient funding to third sector organisations that support people with dementia and their carers.	Resourcing	Caregivers plus staff of VCSOs	Baghirathan et al 2020
	• Services should be advertised in the community to raise awareness and create a closer link between services and the community. • Service delivery should be tailored to individual needs and it should acknowledge and respect cultural and religious beliefs. • Service delivery should include link workers and they should be appropriately trained.	Joint working / partnership working Diversity, representation & cultural competence	Statutory and voluntary organisations; GPs and a group of local South Asian parents and adolescents	Hackett et al 2006
	• Service users and carers should take part in the planning and delivery of services that are tailored to individual needs. • Commitment is needed to support successful	Diversity, representation & cultural competence	Service users, carers, voluntary and statutory services, commissioners	Rabiee & Smith 2013

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	cooperation between third sector organisations and government services. ● It is important to raise awareness of how to access support among black African and African Caribbean communities. ● Black African and African Caribbean cultures and traditions should be encompassed in professional education. ● It is necessary to address the negative perceptions of mental illness and treatment among some migrant communities. A connection between communities and government services would be especially important for newly arrived migrants. Community Development Workers can act as a link.	Joint working / partnership working Training		
	● Commissioners and providers should make sure that the design of mental health advocacy services reflects the heterogeneity of BME communities in terms of advocacy needs, barriers	Diversity, representation & cultural competence	Service users and mental Advocacy organisations	Newbigging et al 2011a

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	and facilitators for accessing services and preferences in relation to services.			
	• Working with diverse populations requires partnership working for a whole system approach.	Diversity, representation & cultural competence Joint working / partnership working	Service users and Service providers; informal caregivers and formal care providers, community leaders.	Perry et al 2018
	• Addressing structural barriers, considering power relations embedded in migrants' circumstances, and considering how health practitioners are influenced by their own culture and practices could help to tackle colourblind discrimination in the provision of welfare and mental health services.	Diversity, representation & cultural competence Structural / systemic	Service providers: Third sector practitioners	Vacchelli 2021
	• Describing therapy in a more "user-friendly" way could increase parental engagement and service	Information &	service providers	Sharman & Jinks

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	uptake. ● Increased awareness of rabbinic approval of therapy could increase uptake. ● There should be training to ensure culturally appropriate services. ● Research recommendation: to explore why religious beliefs of therapists are perceived as more important than their qualifications.	Communication Diversity, representation & cultural competence Further research		2019
Maternal health	● There should be closer collaboration between third sector and government services to meet the complex health and social care needs of refugee and asylum seeking women.	Joint working / partnership working	voluntary sector workers (non-health sector groups and services); from national and local VCS organisations who had experience of giving support to pregnant women	Balaam et al 2015
	● In the area of financial support for children in the first year of life and their parents, policies could be applied to disadvantaged communities within	Joint working / partnership working	Service users	Jayaweera et al 2005

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	different ethnic groups, considering specific needs in terms of benefits and employment. ● Linkage of health services and third sector services should be better supported. ● Research recommendation: to explore the relationships between social status, ethnicity and childbearing based on a larger number of women from different ethnic groups.	Further research		
Sport and wellbeing	● Local authorities need to look for new ways to engage with ethnic minorities and should have more inclusive projects and equality policies.	Diversity, representation & and cultural competence	service users, ethnic minority community leaders, local authority employees	Cleland 2014
	● Organisations in UK sport have to ensure that their policies and practices are appropriate in consideration of different ethnic groups and the diversity within each ethnic group. Organisations should acknowledge that racialised practices are often ambiguous and part of daily routines.	Structural / systemic	Service providers	Hylton et al 2015
	● Sport can make a difference only if participants	Structural /	Service users and service	Meir et al 2019

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	develop civic awareness and engagement, also in relation to the wider sociopolitical context. ● Civic involvement is useful for tackling complex problems, but the effort of policy makers is also needed.	systemic	providers	
Education and training for young people	● Efforts in sex and relationship education require collaboration and communication among stakeholders.	Joint working / partnership working Information & Communication	Stakeholders (including schools, NHS and parent and voluntary sector bodies)	Fernandez et al 2008
	● Local authorities can make progress in three areas: encouraging employers to recruit more diverse workers (demand side), facilitating and brokering opportunities for young ethnic minority people (coordination) and offering tailored support to them (supply side)."	Diversity, representation & cultural competence	Providers and policy-makers	Morris 2015

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	● Local authorities should be transparent about the representation of their own workforces and provide internal placement schemes for young people seeking employment, with an emphasis on ethnic minorities when there is a local need. Their planning and commissioning powers mean they can require employers to recruit apprenticeships from disadvantaged groups and to increase transparency about the diversity of their workforces.			
	● Policies and provisions need to be developed jointly by and with ethnic minorities. ● It is important to conduct needs assessments for ethnic groups. Policy impact analyses should also be conducted. ● Census 2011 data provide basic quantitative information, which should be complemented with knowledge regarding culture, experiences, and needs.	Diversity, representation & cultural competence Data collection	service users and service providers	Lalani et al 2014

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	• It is important to monitor by ethnicity how well key groups are served, particularly if the approach is not targeted.			
Social support/Social care services	• Skills to challenge "contract culture" such as, for example, increasing worker autonomy and developing a learning culture promotes and meets the recommendations of recent UK reports with social work education. (Department for Education, 2011) Social Work Reform Board (HM Government, 2010). • Training for front-line health care workers and social workers to equip them better to deal with asylum seekers and refugees. This training empowers them to combat racism when they encounter it. .	Further research Training	Front line workers in NGOs	Robinson 2014
	• Practitioners need to contribute to the collection of data on the protected characteristics of race / ethnicity.	Data collection	Service providers: (national and local organisations) plus campaigners, academics and	Lipman 2015

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	• The data collected for BAME elderly people should be analysed, among other things, to determine if the needs of BAME elderly are properly assessed and if care and support are easily accessible.		activists.	
	• Use multiple means to encourage etnic minority group participation, seek support from Black and minority volunteers and community organisations, and general senior citizen organisations, and establish public involvement and public consultation.	Joint working / partnership working	Clients and Service providers: ""Views and experiences of older people from black and minority ethnic (BME) groups and of the staff that work in BME voluntary organisations"""	Manthorpe 2009
	• Monitoring and assessing the response of social care services to meet young asylum seekers and refugees needs and protect their interests. • There is a clear need for further studies, especially regarding the mapping of life courses in	Further research Data collection	Asylum seekers and refugees, practitioners and third sector organisations	Newbigging et al 2011b

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	children and adolescents from asylum seeker and refugee backgrounds.			
	● Future training and education on the application of ethical values in social work education will be needed in the context of restrictive and rapidly changing policies. ● Advocacy support, and "attention", "responsibility", and "caregiver capacity". The Ethical Value of "attentiveness", "responsibility" and "responsiveness" can still make a significant difference in the lives of disabled displaced persons and their caregivers.	Training Resourcing	Clients and Service users:; disabled refugee and asylum seekers, family members and other caregivers and professionals	Ottosdottir et al 2014
	● If local governments are reluctant to increase financial support, practitioners may seek creative ways of working "by considering options such as gardening, cooking projects, and other collective food delivery models." ● Social workers can engage at the structural level through support campaigns. And at the individual level by becoming familiar with the resources	Structural / systemic	Families accessing a "stay and play" project	Jolly et al 2018

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	available to survivors of domestic violence with no recourse to public funds. ● Social workers need to have appropriate training related to the rights and qualifications of households with unstable immigration status ensuring that families are not disturbed by the services they are entitled to.	Training		
	● There needs to be a clear communication strategy that takes into account the oral and written languages used by various groups in the British Chinese community. ● If social welfare works to promote early access, equality and fair treatment, it requires continued involvement and closer cooperation with Chinese charities.	Information & communication Joint working / partnership working	Service users	Yeung et al 2016
Palliative care/cancer	● Partnerships that work within the framework of major initiatives, driven by local efforts and the enthusiasm of workers, will be essential if significant improvements are made in providing cancer information to ethnically diverse	Joint working / partnership working	Service providers and clients: Statutory and voluntary sector healthcare workers; people with cancer and their carers	Lanceley 2007

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	communities.			
Elderly people	Planning and delivery of services for BME older people should be informed by: ● local demography ● Direct consultation ● Needs assessment for public services and support... Frontline organisations require support and capacity building. Recommend further research on specific needs of earlier generations of migrants now approaching old age.	Resourcing Further research	Service users of the Pukar Charity (migrants and people with long-term illness and disabilities)	Khan 2017
Housing services	Vulnerable individuals need independent, personalised advice to navigate the complexities of the housing market and to help them address fuel poverty.	Information and communication Resourcing	● Black and Minority Ethnic (BME) communities ● Older people (>75 yrs) ● Families with young children	Lorenc et al 2013

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	There is scope for further research on the role Refugee Community Organisations play in neighbourhood cohesion.	Further research	Service providers	Jones & Mullins 2009
	More must be done to understand and tackle structural racial inequalities (citing the No Recourse to Public Funds system and Right to Rent legislation as examples of policy which have a disproportionate impact on people from ethnic minorities). Recommends further research into the reasons for the failure of the Choice Based Lettings initiative.	Structural / systemic Further research	Other; some quantitative data analysis on BAME people in general.	Rogaly et al 2021

	Government bodies, social housing and private landlord groups and advice agencies should involve migrant communities and voluntary and community groups in the design and implementation of services.	Joint working / partnership working		Perry (2012)
	Greater co-ordination is needed between national, regional and local levels, as well as between Government departments and the private sector. A "summit" involving representations from different sectors could be a way of exchanging ideas.	Structural / systemic		

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
Various services	Race and class should not be counterposed. Response to both should be intersectional, taking in both dimensions of inequality. Address fundamental needs such as food, transport and housing so that there is a universal basic level of provision. Involve working class, migrant and ethnic minority people in co-production of services, making decisions about how services rather than just receiving them.	Structural / systemic Diversity, representation & cultural competence	Working-class, BME and migrant service users	Snoussi and Mompelat (2019)
	Review the Universal Credit system. End the 6 week wait for payments, and link welfare payments to cost of living or average salary inflation. Invest in social infrastructure (health, education and care services).	Structural / systemic Resourcing	Service users	The Women's Budget Group, Runnymede Trust, Coventry Women's voices and RECLAIM

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	Base local government funding on need. Ensure the funding system serves the needs of the local population Assess and monitor the impact of policies with particular attention to vulnerable groups.	Further research		(2017)
	1. Better Data. 2. Better immigration advice and legal representation 3. Addressing subsistence needs and support needs, engaging with migrant community groups, strategic alliances and joint working.	Data collection Resourcing Diversity, representation & cultural competence	N/A	Petch et al (2015)
	LAs should assess how services inter-relate with wider support networks; how people interact with them and what information they receive about them.	Data collection	N/A	Nicholl & Naidoo, (2014)

Topic	Recommendation	Theme(s) addressed	Respondents	Citations
	LAs should consider how their procurement policies impact on poverty and whether particular ethnic minorities are affected. LAs should consider the benefits provided by voluntary and community organisations (e.g. facilitating social networks between underserved groups) and whether these can be maintained in the context of significantly reduced budgets by targeting resources more effectively.	Resourcing Structural / systemic		

Appendix F. Data extraction template

Data extraction was performed in an Excel template with the following headings:

- Author
- Year
- Title
- Area of the UK (specify LAs)
- Aim of the study [and rationale/context]
- Ethnic group (use the labels used by authors)
- Migrant group focus (use the labels used by authors)
- Population sub-group of focus (if any)
- Participants/respondents (clients/service users OR providers/workers OR others, detail)
- Study design [dates of data generation]
- Methods
- Sample size
- Local authority (LAs)
- Third Sector
- Type of need/services
- Initiative to increase access
- Findings on effectiveness / implementation of initiative (how it worked out)
- Findings on obstacles to access (general)
- LEVESQUE framework elements demonstrated - client / community side
- Findings on enablers to access (general)
- LEVESQUE framework elements demonstrated - service / provider side
- Illustrative quote [a direct quote from a participant]
- Key conclusions
- Recommendations
- Comments [e.g. any relevant references]