SOCIALLY INCLUSIVE CITIES

Strategies for Inclusion of Minority Ethnic and Religious Communities in Public Services

Report of a Global Evidence Review

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Introduction

In this document, we report strategies for the inclusion of minority ethnic and religious communities in four public service areas: education, health, local government and police services. The report synthesises evidence from a global literature review conducted by the project team, and from a national workshop in September 2017 which involved key stakeholders from public service institutions and voluntary sector organisations in the UK. In addition to describing the strategies we identified, we report on any evidence of effectiveness and the underlying theories on which the strategies are, or appear to be, based.

Parallel evidence reviews and workshops are being held in India, Kenya, Nigeria and Vietnam to explore the same issues from a national perspective. The evidence from all project partners will be synthesised at the end of the project in July 2018.

Methods

We analysed published global evidence from papers reviewing strategies for the social inclusion of minority ethnic or religious populations in relevant public services. Our analysis was guided by the following research questions:

1. What strategies exist for the social inclusion of ethnic and religious minorities within public institutions (local authority, education, health services and police)?
2. What concepts, theory, methods or logic models are drawn on to develop or implement these strategies?
3. What evidence exists in relation to their success, effectiveness or sustainability?
4. What gaps in the current evidence need to be filled in order to inform future policy and practice in ODA-eligible countries?

The literature review was conducted between May and August 2017 and covered publications available in English from 17 key academic databases including healthcare (n=8), social sciences (n=5), criminal justice (n=1), economics (n=1), education (n=1) and arts and humanities (n=1). A full list of databases searched is included in Appendix 2.

The review process included the following steps:

- systematic searching of databases using keywords agreed between all partners
- initial screening of 2512 titles and abstracts for eligibility, with at least 25% of results examined by two researchers (665 papers screened);
- selecting eligible articles from full text of screened publications (56 papers selected).
- use of a standardised template to summarise the contents of each relevant article.

Analysis of the completed summaries was guided by the research questions as well as by an emerging framework for categorising strategies, reported below. We also identified gaps in the literature which were identified from our review to inform development of a future research strategy in this area of study.

Findings from the literature review were presented at a national workshop, alongside presentations about public service and voluntary sector inclusion initiatives (see Appendix 1 for workshop programme and list of attendees). Table and panel discussions on the strategies

presented and others of which participants were aware, contributed to the evidence for this report.

Inclusion strategies

Our description of the strategies we identified involves consideration of various dimensions: the level at which initiatives are targeted, the sector(s) in which the strategy is delivered, the target group, key activities and the overall objectives of the strategy:

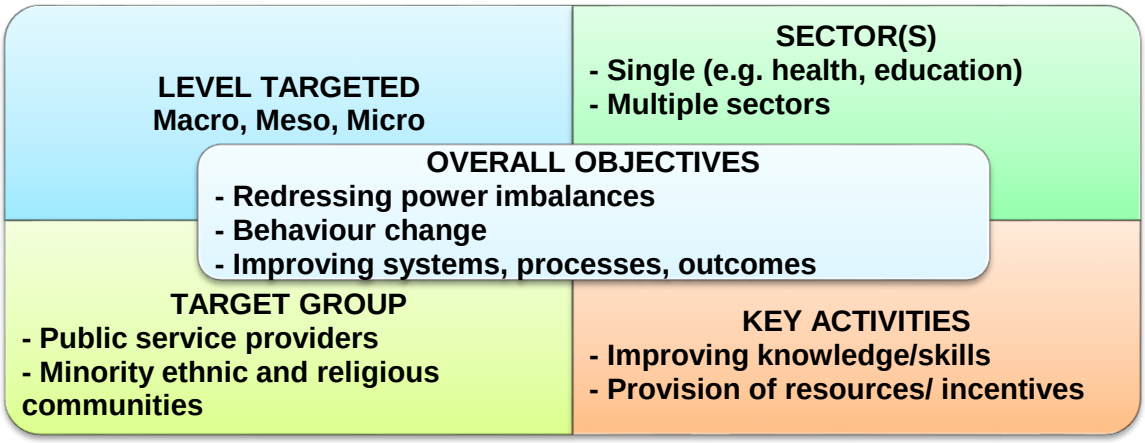


Figure 1: Dimensions of strategy design

Our existing model for understanding key drivers of social exclusion, developed for the previous research workshop, was helpful in terms of understanding the level at which inclusion strategies might operate. The model draws on evidence for understanding health inequalities (Solar and Irwin 2007) and describes how the exclusion of minority ethnic and religious communities is created and operationalised at three distinct but interconnected levels of society. We categorised the levels at which intervention strategies were targeted using the same classification of 'macro', 'meso', and 'micro' to build on this model and to better understand underlying assumptions about how strategies would reduce exclusion (see Figure 2).

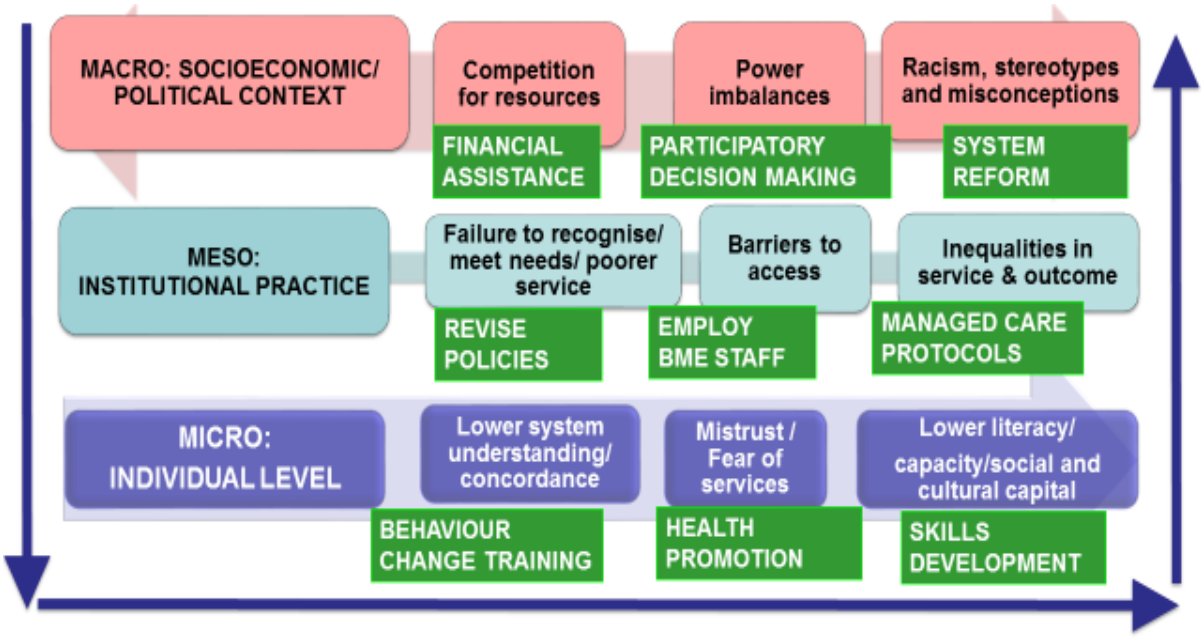


Figure 2: Key drivers of social exclusion and examples of inclusion initiatives

Macro level strategies aimed to address systemic issues such as structural inequality within public service systems; meso level strategies operated at the level of organisations, institutions, or communities, e.g. hospitals or schools. At the meso level interventions could address the 'supply' side of public services and/or the 'demand' side of minority ethnic or religious communities. Strategies to improve knowledge and skills, for example, could be directed at community members as well as at service providers. At the micro level, strategies were directly targeted at individuals such as students or health service users.
We closely analysed 38 of the 55 review papers on strategies to increase social inclusion. Just over a third of these (14/37) focused on the meso (ie organisation or community) level, 7/37 on the micro (service user) level and 8/37 on a combination of two levels (Goodkind et al 2010; Jennings, 2014; Enard et al 2016; Knopf et al 2016; Truong et al 2014; Bhui et al 2015; Manuel et al 2015; Meel 2016). Only 3/37 papers focused on macro level initiatives and only 3 cut across the micro-meso-macro continuum (Valla and Williams 2012; Dauvrin and Lorant 2014; Bainbridge et al 2014).

The majority of reviews focused on health services either as a sole focus or, in a small number of papers, in conjunction with other sectors such as education or local government. All macro level strategies related to education services and strategies addressing all three levels were only found in relation to education or health services. We did not identify any papers reviewing police service strategies, however two workshop presentations on this topic from West Yorkshire Police illustrated micro and meso level strategies relating to mentoring job applicants from Black and Minority Ethnic (BME) communities and developing a social media App to support neighbourhood policing.

At the macro level, examples of strategies to address the key drivers of social inclusion were equitable allocation of resources, e.g. through financial assistance or incentives (Valla and Williams 2012; Escriba-Aguir et al 2016), correcting power imbalances through instituting participatory decision making (Tsou et al 2015), and changing social norms through reforming systems (Gamoran et al 2012; Hahn et al 2014).

Meso-level strategies which targeted public services (see Figure 1) sought to ensure equitable service provision through targeting staff or communities. For example, 'managed care protocols' (Sass et al 2009) reduced the use of staff discretion by standardising best practice. Increased access to services was anticipated through employment of BME staff (Bhattacharyya and Benbow 2013) or educating/training professionals within institutions (Truong et al 2014; Bhui et al 2015), and actively recognising and meeting the service needs of excluded groups. This aim was targeted through revising institutional policies (Goodkind et al 2010; Knopf et al 2016) and adapting or changing service practice to make these more culturally-acceptable (Kalibatseva and Leong 2014; Zeh, et al 2014; Haynes et al 2014). Meso-level strategies with communities could involve partnerships to develop or change more responsive service provision for excluded groups (Kalibatseva and Leong 2014) and to effect change in community conditions and behaviours (Anderson et al 2015).

Finally, strategies to address the micro-level causes of exclusion aimed to increase individual capacity and cultural capital, e.g. through skills development (Valla and Williams 2012) and reducing negative perceptions of services through health promotion (Bainbridge et al 2014), or increasing service user understandings of systems and outcomes for example through behaviour change training (Knowlden & Sharma, 2013; Laws et al 2014).

WORKSHOP CASE STUDIES

Touchstone

Good practice in developing culturally-acceptable institutional policies and promoting diversity was highlighted by Touchstone, an organization that uses coproduction and collaborative approaches to engage with and involve diverse communities and service users in their service. Touchstone delivers mainstream as well as tailored BME, cultural and faith specific services e.g. a primary care mental heatlh service, BME Mental Health Support and Carers and Dementia service. Alongside this, employment initiatives, such as a BME volunteering and mentoring scheme for careers in therapy and specific training on Islamophobia, are offered as part of more general attention to diversity including initiatives relating to LGBT service users.

Leeds Development Education Centre

DEC work with children in schools to foster inclusion through critical thinking, respect for 'diversity' and 'difference', knowledge of global histories and processes and understanding of diverse perspectives. Work with schools in low-income areas aims to empower young people, parents and local communities as well as with schools in higher income areas to highlight the moral imperative to addressing poverty and inequality. DEC also trains educators to provide the knowledge, insights and perspectives that enable teachers to address these, sometimes sensitive, issues with students.

The organisation organises a Global Schools Award and resources schools with frameworks, approaches and teaching materials. These make connections between local and global processes such as the relationship between 'British values' and 'universal' or 'shared' values and the role of the UK arms industry in foreign conflict.

DEC promotes important skills amongst young people, including critical thinking and critical literacy, interpersonal and cooperation skills as well as empathy and active citizenship.

West Yorkshire Police

The Unity Project is a European partnership involving police officers, academics and technical experts across 10 countries to improve community policing and share best practice, particularly in engaging with 'harder to reach' populations. The project has defined six pillars of community policing: trust and confidence, accountability, information sharing and communication, collaboration, crime prevention and addressing local needs.

The project has developed a social media tool to provide a voice for those who might not report anti-social behaviour to the police. The app has been used to improve communication between communities in various situations eg conflict between migrants living in a mall and business owners/residents in Helsinki, racial tensions in Macedonia and with deaf and LGBT groups in the UK. Use of the app has also revealed the need for refinements - Roma populations and elderly people in Bulgaria did not find the technology accessible and evaluation from a Jewish community school in Antwerp was not positive. How to get the police, communities and NGOs to collaborate with each other on Unity exercises has been a key issue in some partner countries. An online good practice resource will be developed at the end of the project.

Expert Panel Discussion –health, education and police case studies

Helpful approaches	Areas for development
- **Culturally sensitive services** alongside inclusive employment practice - **A workforce that is representative** of the communities served is a very strong approach; recognising the positive impact of employment on social inclusion. - Impressive to see a voluntary sector organisation that can be an example to public services - **Widening the mainstream** to include work that minority ethnic and religious groups do in their own communities.	- Is the voluntary sector funded to do things better on behalf of state/mainstream services to absolve them of their responsibility? Does this arrangement impact on public services' ability/willingness to be inclusive?
- Educational materials **addressing rampant nationalism** that is on the increase. - **Working with both ends of the social spectrum** is important – integration is a two way process that is transformative so that groups are 'remade'.	- Discussions on Fair Trade in schools engage children but can also reinforce negative attitudes towards Africa as 'dangerous', impoverished, colonial 'grateful to have what they can get.' - Research is needed to develop measures of change relating to social inclusion - How do we reach children not in school?
- New phone app has potential to **empower community members** and highlight concerns	- Could innovative technological developments be used as a reason for less face to face contact with the police? Budget cuts may be an incentive to digitise services. - Is structural discrimination replicated in the digitised service? Those with good contacts and links with the police may still be better off. - Worries about potential to empower mobs as social media can currently do. 'In' groups already use social media to keep minority groups 'out' eg police officers have tweeted 'thanks for all your complaints' following removal of gypsy camps.

WORKSHOP CASE STUDIES

Public Health England

PHE's Health Equity Unit is scoping the organisation's approach to supporting improved health outcomes for socially excluded groups. Within this, a focus on ethnicity within the Public Health Outcomes Framework, has supported ethnic group data to be included in health indicators where possible. This has revealed that classifications of ethnic group can sometimes be too broad, potentially masking considerable inequality within a group. Key gaps in data by ethnic group have also been highlighted through this work.

PHE is also collaborating with researchers at the University of Sheffield to support rapid evidence assessment and practice examples from local areas to provide commissioners and service providers with up-to-date evidence about the health of different ethnic groups in England. In addition, improved health outcomes for socially excluded groups are being targeted through the 'Inclusion Health' initiative. This aims to promote knowledge and information-sharing across PHE and to identify opportunities to consider Inclusion Health groups across its work.

Leeds City Council

The Council funds a number of initiatives that relate to the inclusion of minority ethnic and religious groups:

- **Breakthrough Projects –** aim to create more and better jobs in the city. Early intervention and reducing health inequalities are also key aims of the projects.
- **Community Hubs – focused on** BME groups, Religion/Belief, Disability, LGBT and Women provide a forum for people from these groups to voice their priorities and concerns to the Council.
- **Migrant Access Project** - equips local communities with the skills and knowledge needed to introduce new arrivals to living in Leeds.

A 'Solutions over Challenges Model', built on the principles of Asset Based Community Development- communities leading on solutions to meet their own needs, with the support of service providers involves community development, leadership role of citizens and measurability through meaningful indicators

Arakan Rohingya Organisation UK (AROUK)

AROUK is an advocacy group for the approximately 1.5 million Rohingya in Myanmar, who have been described as the most persecuted people in the world. They are denied legal rights to citizenship in spite of the fact that they have lived in Myanmar for generations. The Burmese government denies the Rohingya are one of the country's 135 ethnic groups, calling them stateless "Bengalis" instead. Discriminatory laws and policies in Myanmar prevent Rohingya from free movement, religious practise, marriage without permission and severely restricts their education and employment at the same time as promoting anti-Muslim hatred . Mass killing, confiscation and destruction of property, forced labour of Rohingya and the rape of Rohingya women is widespread and is considered an officially sanctioned strategy to terrorize and compel the Rohingya community to flee. Persecution has led many Rohingyas to leave the country in dangerous conditions to seek refuge elsewhere.

AROUK calls on international organisations such as the United Nation and its agencies, the Association of Southeast Asian Nations and the **Organisation of Islamic Cooperation to** provide practical , political and legal assistance to the Rohingya, particularly children, the elderly and other vulnerable groups. This would include: providing resources to those who have fled, taking legal action against those who have committed crimes against humanity and genocide, deploying internal peace keeping forces on the ground and registration of Rohingya refugees.

Expert Panel Discussion – feedback on national and local government case studies

Helpful approaches	Areas for development
- **Focus on data** is useful and a lever for change. - Soft data on good practice examples are helpful alongside quantitative data – making those practices more visible. - **Asset Based Community Development** is a helpful approach and respectful towards communities - Good to hear that the concept of health inclusion is being used and about **Community Hubs** for protected characteristics - Important that religion and belief hub set up to **counter lack of positive focus in national funding** - **Staff Networks** mirror the Community Hubs. - **Funding to implement** strategies - **Political context** can be a helpful influence – the timeliness of some reports and increased impact because of political buy in e.g. Public Health report on modern slavery. Government Race Audit very helpful in bringing issues into public domain	- Sometimes attention to Gypsies and Travellers included in data and sometimes not. - Need to consider what can be done with that information to make a difference, especially for socially unpopular groups. - Sometimes assumption that statutory bodies are key drivers of behaviour – families, civil society groups, schools, churches may be more influential - How to evaluate 'good practice' needs more thought - ABCD approach may not explicitly address power and where decisions are made - need for balancing with community organising approach. - Are community assets that are mapped during ABCD work being put to good use from the community's own perspective? - Hubs attract self-promoting people, which can be helpful, but may not reach the most excluded people. There is a need for outreach with some groups. - Hubs compartmentalise exclusion and don't address compounding effects for people who fall into more than one category. - Use of citizen voice to inform strategy but also to empower communities; focusing in detail on particular groups rather than comprehensive description of all groups may have more impact/generate interest about most excluded groups. - Cuts in services affect Gypsies/Travellers more than others. Costs of sites are more expensive than social housing. - Cuts in resources have created a difficult context for work local authorities want to do - Making evidence available to those who are working in statutory agencies and policy groups is helpful but how available is this evidence to voluntary sector advocacy groups acting on behalf of excluded populations? Ethnic categories are not static – assume cultural patterns that may not apply to younger generations within those categories - Statutory duties can compartmentalise attention to inequalities. Need to look across policy areas at the same time - Overwhelming to hear about Rohingya experience – parallels with Gypsy and Traveller experience in terms of how space is appropriated by majority who then tell people they are 'invading'

Effectiveness of interventions

Of the eight reviews that presented robust evidence on effective interventions for addressing social inequality, all but two were in the health sector. The health studies found evidence of increased service access and participation through cultural adaptation of treatments offered (Abbot 2015; Bhui et al 2015), motivational interviewing (Manuel et al 2015), engagement with excluded groups (Sass et al 2009; Escriba-Aguir et al 2016) and involvement of such groups in the development or adaptation of appropriate provision (Anderson et al 2015). In the education sector, interventions for school reform to achieve ethnic integration and support for students were found to be effective, including providing additional tutoring for individual students, increasing parental involvement in the school and introducing social-psychological interventions to reduce students' vulnerability to stereotype threat (Gamoran et al 2012). Providing financial support for school-based health access was effective in addressing inequalities in minority healthcare use as well as school attendance and completion (Knopf et al 2016). Reasons for effectiveness were absent from many of these reviews, however.

The remaining reviews presented varying levels of evidence on the effectiveness of different strategies and interventions. A number of reviews reported effective interventions but with caveats about methodological limitations such as an unclear baseline from which progress was measured (Hahn et al 2015 - impact of full day kindergarten on verbal and maths achievement), lack of generalisability given the sample size (Lood et al 2015 – culturally adapted older people's service), or over-reliance on self-reporting as opposed to other forms of evidence such as service records (Clifford et al 2015 – cultural competency in healthcare). Unclear evidence on effectiveness could also be due to heterogeneity of social contexts (Tao et al 2016 – reimbursement systems in primary care), differences between intervention types reviewed or influences on effectiveness connected to outcome measures used, intervention funding or type of publication reviewed (Gallagher and Polanin 2015 – student nurse cultural competence training).

Interestingly, there was little or no evidence that a focus on communities rather than on service providers was an effective approach. Community-level strategies rarely targeted wider socio-cultural or physical environments for example to improve health status from the perspective of social inclusion. As a consequence, these had little effect on health seeking behaviour of marginalised communities (Anderson et al, 2015). Similarly there was no evidence that training service users on 'how to be a patient' or providing community advocates were effective, especially where these strategies were related to navigating complicated care systems (Bhui et al (2015).

Underlying theories and assumptions

Apart from providing possible frameworks for designing strategies, robust theories about how inclusive services can be achieved could also provide frameworks for assessing the effectiveness of different strategies. There was, however, little discussion within review papers on the underlying theories that informed interventions we identified or why they were or were not effective. We were, however, able to identify three overarching frameworks that appeared to inform the strategies we reviewed:

1. **Inequality is influenced by context.** Many reviews highlighted the need to take account of a social context of power and privilege (Sass et al 2009), internalised racism (Dancy & Jean-Marie, 2014), links between education, health and social outcomes and the effects of early childhood experiences (Knopf et al 2016) in the design of inclusion strategies.
2. **System reform requires multiple strategies**. Some reviews evaluated or recommended a combination of strategies to address the exclusion of minority ethnic and

religious communities from services, indicating a need to reconfigure current provision. Such strategies could take the form of multi-site interventions (Knowlden & Sharma, 2013) and multifaceted approaches such as improved communication processes, community participation and targeting interventions at different stages of service provision (Aggarwal et al (2016)). Dauvrin and Lorant (2014) argue that the lack of success of the interventions they looked at was down to the focus on micro rather than macro influences

3. **Tailored solutions involve collaboration.** Developing culturally adapted services was perceived as necessarily involving work with minority ethnic and religious communities (Enard et al 2016) and this process could increase staff ownership of adapted provision (Knowlden & Sharma, 2013). Collaboration was conceptualised as engaging excluded groups in power-sharing partnerships (Cyril et al 2015), involving a structured communication process (Sorensen et al 2009) and contributing to a readiness for change (Tsou et al 2015).

Workshop discussions on using multisector collaboration to reduce exclusion from public services identified the following determinants of successful collaborations:

a. High levels of social and political consciousness to enable collaborations or support potential collaborations
b. Selecting an issue that collaborating partners care about to make working together easier e.g. aiming to address specific challenges in a city and mapping out relevant individuals and organisations that can come together to solve the issue
c. A participatory model for collaboration with different agencies and groups (including individuals) such as citizen engagement models adopted by Citizens UK and MEND
d. Using local and regional committees for service providers, including local governments
e. Making transparent why some agencies avoid working with particular organisations – how a 'risk averse' culture can reinforce social exclusion faced by some groups. For example, dissent to government counter terrorism policy has led to MEND and some of those working with MEND being deliberately excluded from local government and police service collaboration and support.

WORKSHOP DISCUSSION: COLLABORATIVE MODELS

Examples of multiagency initiatives discussed were:

***The Leeds Climate Commission*:** Chaired initially by the University of Leeds and Leeds City Council, with a membership of 24 organisations from the public, private and third sectors, the Commission acts as a forum where organisations can exchange ideas, research findings, information and best practice on carbon reduction and climate resilience. http://leeds.candocities.org/about-leeds-climate-commission

Nottingham Hate Crime Commission: was established to conduct an independent civic inquiry into hate crime in Nottingham and Nottinghamshire. The inquiry is said to be the deepest piece of research into hate crime across the county to date, in what will be the largest piece of peer led research into hate crime in the UK. Members of the commission include representatives from religious groups, Nottingham Women's Centre, Nottinghamshire Healthcare, disability rights campaigns, Nottingham Equalities and Fairness Commission and the University of Nottingham LGBTQ Network.

WORKSHOP DISCUSSION: THEORIES AND FRAMEWORKS

A number of theories that could potentially inform future work to develop or explore inclusion strategies for minority ethnic and religious communities were highlighted. These included:

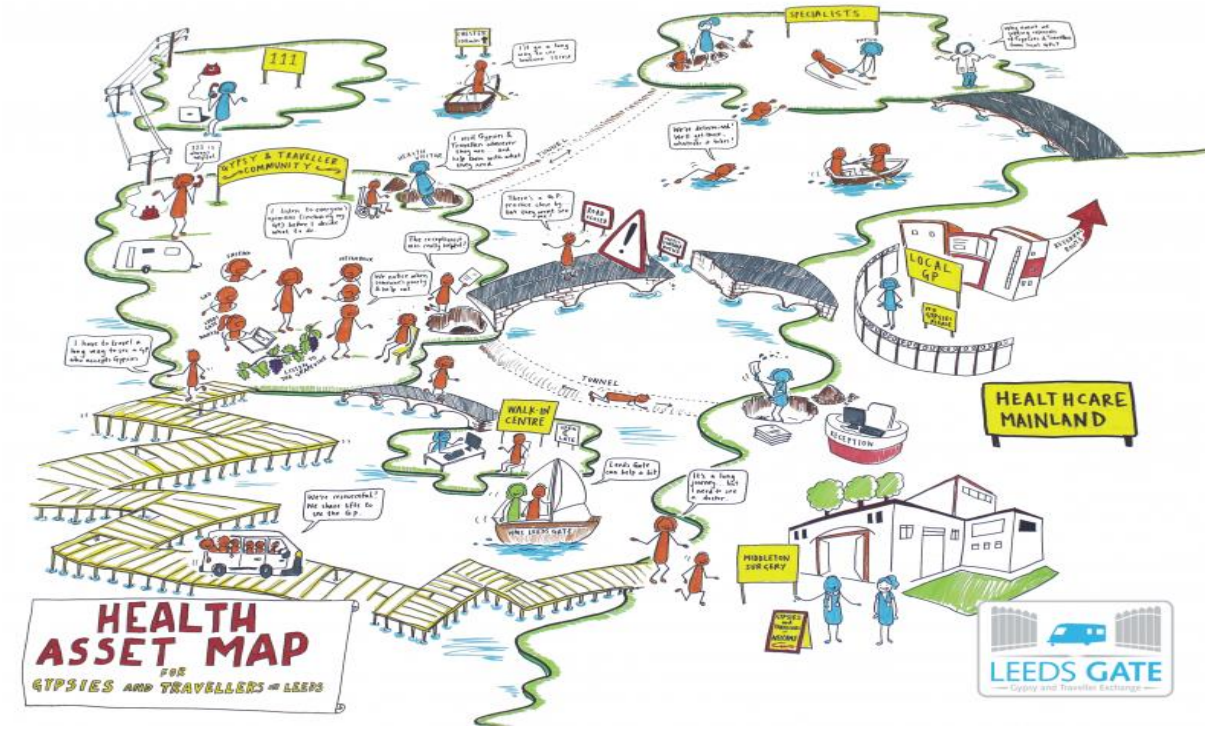
- ***Social capital theory*** – how informal networks can support better health outcomes
- ***Knowledge mobilization theory*** – what motivates service providers to act on existing evidence?
- ***Political science theories*** – political influences on equity/inequity and how these might be mobilised for work on social inclusion
- eg *principal-agency theory* about the moral dilemma created when the interests of someone who makes decisions conflict with those on whom the decisions impact.
- Theories about ***human flourishing***
- Theories of ***social justice***
- ***Identity*** theory
- Theories of ***stigmatization***

A range of frameworks or tools were also suggested for understanding and achieving social inclusion:

1. Asset mapping/Asset based community development (ABCD) – identifying strengths within communities
2. The roads, bridges and tunnels framework (see below) - used to facilitate understanding of how Travellers and Gypsies engage with mainstream health services
3. Roles theory, in which people are socialized to take given roles in society)
4. The Lewis method of deep democracy – a practical five-step approach for working with groups and individuals, which emphasizes that every voice matters (https://deep-democracy.net/draft/)

Participants recommended that the above theories and frameworks be used in a mutually reinforcing manner to promote social inclusion of minority ethnic and religious groups from a variety of disciplinary and sector perspectives.

WORKSHOP DISCUSSION: Roads, Bridges And Tunnels



Research gaps and agenda for future research

While our review has identified some helpful evidence, we also identified a number of knowledge gaps which can usefully inform future research in the field. Workshop participants suggested that empirical data on multiagency initiatives and how to address overlaps and differences between health, education, local government and police sectors should be an area for future research.

The studies considered in this review provided information about different ways to conceptualise and measure inequalities and inclusion initiatives often had diverse aims and understandings of effectiveness. *Why* a strategy was effective or not within a particular context was typically not adequately explored. As a result, generalisations about the effectiveness of strategies across different contexts are problematic. Better study designs are required to account for deficiencies in the current evidence. More specifically, studies need to:

1. Link better with contextual aspects of inequality and spell out more clearly an underlying theory or a set of assumptions which guide the strategy design and/or implementation. This would particularly help to develop lessons for transferability and generalisability of interventions across different sectors and geographical contexts.
2. Provide detailed explanations for why interventions work (or do not). Realist evaluation is promoted as an approach that could help disentangle complexity and address the 'why' question. Instead of asking whether interventions work, realist researchers explore how, for whom, and under what conditions they work (Pawson 2005).
3. Propose standardised methods and frameworks for comparing effectiveness of cultural competence interventions as well as of multiple strategies. This also includes long-term follow-up to assess sustainability of strategies.

4. Analyse resources and costs required to introduce and sustain the effects of interventions in the longer-term

In addition, recommendations from the review papers we analysed suggested that more research is needed in specific areas to address evidence gaps on the inclusion of minority ethnic and religious communities in public services. These areas are:

1. Economic instability within minority ethnic and religious communities and its impact on health inequalities
2. The use of Managed Care Protocols to reduce inequalities in health access and outcomes
3. Support needed following access or referral to services
4. 'Cultural tailoring' of intervention programmes to address obesity
5. Out-of-school academic programmes and their impact on educational outcomes
6. Research on underrepresented minorities, particularly beyond healthcare
7. Upscaling interventions, transferability between contexts and use of multiple strategies

The above areas represent the key areas for future research in this field. These will be supplemented by attention to gender, age and migration in future workshops across each partner country.

We will continue to add inclusion strategies in the four public service areas on which the project is focused. Additional practice and policy initiatives can be sent for inclusion in this report to the project lead: email g.mir@leeds.ac.uk tel: +44 113 3434832

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Appendix 1 – workshop programme

Research Workshop, 5th September 2017 12 – 4.30pm
University of Leeds

Chaired by Professor Gary Dymski

Project overview and literature review findings - Dr Ghazala Mir

Inclusion Strategies– 15 minute presentations on policy and practice strategies for the inclusion of ethnic and religious minorities within public institutions.

- Lina Toleikyte, Head of Diversity, **Public Health England**
- Cllr Mohammad Rafique **Leeds City Council**
- Arfan Hanif, Operations Manager, **Touchstone Mental Health**
- Penny Abson, Amjad Ditta, Project Leads, **West Yorkshire Police**
- Adam Ranson, Education Officer, **Development Education Centre**
- Din Mohammed Noori Chair **Arkan Rohingya Organisation, UK**

Expert Panel Discussion: An expert panel discussed how initiatives presented could impact on inclusion and related work of which they are aware:

- Tom Chigbo **Citizens UK**
- Helen Jones **Leeds Gypsy and Traveller Exchange**
- Shenaz Bunglawala **Muslim Engagement and Development**

Table Discussions on key questions for a future research strategy –

Table 1: Concepts –facilitated by Professor Sarah Salway *(University of Sheffield)* and Ghazala Mir

What theories underlie the strategies used by public services to include minority ethnic and religious groups and how are these helpful or unhelpful?

What overlaps and differences exist in the approaches used by health, education, local government and police sectors?

What are the most pressing research questions and challenges in terms of theory and concepts?

Table 2: Methods facilitated by Adam Ranson (*Development Education Centre*) and Dr Tolib Mirzoev *(University of Leeds)*

How can we measure the success, effectiveness or sustainability of inclusion initiatives?

Can we develop measures that would apply across health, education, local government and police sectors?

What are the key challenges for present and future research in terms of methods? How can these be overcome?

Table 3: Collaborations facilitated by Dr Shahab Adris *(MEND)* and Bassey Ebenso

What is the potential for multisector collaboration on strategies to reduce exclusion from public services? How could this be achieved to be most useful?

What good practice can we learn from existing collaborative strategies across different sectors?

How should research on multiagency initiatives deal with overlaps and differences between health, education, local government and police sectors?

Follow up: A report of the workshop will be transcribed and circulated to participants for comment/revisions. The research team would welcome details of any inclusion strategies used by public services for minority ethnic and religious groups to add to the report.

Appendix 2 – Databases searched

Healthcare
Cochrane Database of Systematic Reviews : Issue 1 of 12, January 2017
Conference Proceedings Citation Index- Science (Thomson Reuters Web of Science) 1990-present
Database of Abstracts of Reviews of Effects (DARE): Issue 2 of 4, April 2015
Global Health (Ovid) 1910 - 2017 Week 01
HMIC Health Management Information Consortium (Ovid) 1983 - present
Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 - Present
PsycINFO (Ovid) 1806 - January Week 3 2017
Sciences Citation Index (Thomson Reuters Web of Science) 1900-present

Social sciences
Applied Social Sciences Index and Abstracts (ASSIA)present -ProQuest) 1987)
Conference Proceedings Citation Index- Social Science & Humanities (Thomson Reuters Web of Science) 1990-present
International Bibliography of the Social Sciences (IBSS)present -ProQuest) 1951)
Sociological Abstractspresent -ProQuest) 1952)
Social Sciences Citation Index (Thomson Reuters Web of Science) 1900-present

Arts and Humanities
Arts & Humanities Citation Index (Thomson Reuters Web of Science) 1975-present

Criminal justice
Criminal Justice Abstracts (EBSCO) 1830 - present

Economics
EconLit (EBSCO) 1886 - present

Education
Education Resources Information Center (ERIC) (EBSCO) 1966- present