

# The Community Microgrant Scheme (Small Grants Funding) Report



# Executive Summary

Dudley is home to a diverse population of over 323,500 residents, with communities that experience markedly different health outcomes and access to care. Evidence shows that some groups, particularly those in underserved and disadvantaged areas, face significant health inequalities, poorer outcomes, and barriers to accessing services. These challenges are often amplified during winter, when demand on healthcare services is highest.

The Community Microgrant Scheme was established to better understand how people make decisions about their health and how they experience local healthcare services. Funded by the Dudley Group NHS Charity and delivered in partnership with Healthwatch Dudley and Dudley Council for Voluntary Services, the scheme provided small grants to 12 community organisations to facilitate conversations within trusted, familiar settings. In total, over 120 residents were engaged, many from groups that are traditionally underrepresented in NHS engagement.

A clear and consistent message emerged; people want to use healthcare services appropriately, but the system often makes this difficult. While most individuals begin by seeking help through GPs, NHS 111, or pharmacies, barriers such as long waiting times, difficulties accessing appointments, and poor communication frequently lead to frustration and, in some cases, deterioration in health. These challenges can result in people turning to Accident & Emergency (A&E) as a last resort.

Participants highlighted a range of systemic and practical barriers, including limited appointment availability, unclear communication, and difficulties navigating complex services. These issues are compounded by practical constraints such as transport and cost, as well as emotional and cultural barriers, including stigma, lack of trust, and experiences of not being heard or understood.

The programme also identified critical gaps in support, particularly in early intervention and preventative services, accessible information, culturally competent care, and tailored support for people with complex needs, including carers, migrants, and SEND families.

Worryingly we also heard that deep mistrust in healthcare services persists among Black and wider ethnic minority communities, driven by repeated experiences of being unheard,

dismissed, and subject to systemic bias.

Participants described a system that lacks cultural understanding, where pain is minimised and care feels unequal - reinforcing the belief that their lives are not valued the same. While there is strong scepticism about change, there is also a clear call to action: for the NHS to move beyond rhetoric into meaningful anti-racist practice, embed cultural humility, and recognise patients as experts in their own lived experience. Rebuilding trust will require transparency, accountability, and sustained, visible change - if not for this generation, then for the next.

Importantly, the scheme demonstrated what works. Trust is built when people feel listened to, receive clear and consistent information, and engage with familiar professionals or community organisations. The community-led model proved highly effective in creating safe spaces for open dialogue, fostering peer support, and reaching individuals who might otherwise remain excluded from traditional engagement approaches.

Despite its modest funding, the scheme delivered significant impact. It improved health literacy, increased awareness and confidence in using alternatives to A&E and showed early signs of positive behaviour change. It also strengthened relationships between the Trust and local community organisations, laying the groundwork for sustained collaboration. Notably, the programme represents a highly cost-effective model for engagement and insight generation.

The findings point to clear opportunities for improvement; enhancing access to primary care, strengthening communication, expanding community-based support, addressing practical barriers, and providing more inclusive, culturally informed services.

Ultimately, the Community Microgrant Scheme demonstrates the power of working in partnership with trusted community networks. It reinforces a fundamental insight; people are willing to make the right choices about their health, but require accessible, responsive, and supportive systems to do so. By continuing to invest in community-led approaches and acting on these insights, there is a strong opportunity to reduce pressure on services, build trust, and more equitable, person-centred care across Dudley. Furthermore, there was a desire to continue the conversation and feedback from the combined group discussions so it would not be seen as a tick box exercise.

# Recommendations for consideration

- Explore the introduction of patient health passports to record individual needs (for example language support, BSL, Easy Read, or longer/quiet appointments) so care is more personalised and accessible.
- Explore the opportunity of codesigning cultural humility training and ensure consistent interpretation support to improve communication, reduce bias, and prevent missed or delayed diagnoses.
- Improve communication across services by giving clear updates, simple signposting, and information on where to go or how to raise concerns.
- Understand digital exclusion, seeking solutions from community support and expand community-based services to reduce barriers such as transport, parking, device access, data costs, and digital skills.
- Commit to ongoing community engagement and co-design so services are shaped by feedback and communities can see how their input leads to change.

## Introduction

Dudley is home to around **323,500** people (2021 Census), with a diverse mix of communities and languages. While most residents identify as White (**82.4%**), there are significant Pakistani (**4.6%**) and Indian (**2.4%**) populations, alongside speakers of Urdu, Panjabi and Polish.

The data points to a diverse range of communities in the Dudley borough with varying needs and that some of those groups are underserved and living in areas with some of the greatest health inequalities; facing higher levels of poor health and barriers to care. This work set out to better understand how people make decisions about their health, especially during winter, when services are under the most pressure.



# The Microgrant Scheme

The Community Microgrant Scheme was created to support local organisations to lead conversations about how people access healthcare and to understand their perceptions, experiences and identify barriers and solutions. Following a successful bid from the Trust's Involvement team, the Dudley Group NHS Charity awarded £3,000 funding.

The charity and involvement team worked collaboratively with Healthwatch Dudley (HWD) and Dudley Council for Voluntary Service (DCVS) to develop the funding process and application packs and to shortlist successful organisations. 17 expressions of interest were received in total and 12 organisations were awarded the grants of £250 each.

These sessions took place in trusted, familiar settings and reached over 120 people from a wide range of backgrounds, many of whom are often underserved in traditional NHS engagement. The workshops were delivered in a number of ways, e.g. arts and crafts, local cafes with hot drinks, free spaces within local shopping centres, making them accessible and appealing and encouraging open conversations.

Through workshops, conversations and outreach, the scheme gathered valuable insight into:

- How people seek help
- Barriers to accessing care
- Awareness of alternatives like pharmacies and NHS 111

Just as importantly, it strengthened relationships between the Trust and local community organisations. In addition, the scheme marked an important milestone for the charity in that it was the first time funding had been awarded to groups outside of the Trust.





Forward Carers

## Participating Organisations

Organisation Name	Community served
Cadrene Supported Living	Serving those who are homeless or facing poverty in Dudley
Forward Carers	Multi cultural ladies group
Creative Active Lives	Carers, neurodivergent and disabilities
Dudley Voices for Choices	Learning Disabilities and autism
Apni Zaroorat	Young people and people with disabilities
Beacon Centre	Visually impaired and staff
Moms Mindful Hub	Parent, carer and mental health
Brushstrokes	Refugees and asylum seekers
EPAC UK	African and Black migrant families
The Belonging Dojo	Deaf, disabled, SEND & neurodivergent
CreArt	Migrant community
Dudley Crossroads	Carers and the elderly



EPAC UK

## What We Heard

Across all groups, one message came through clearly:

People want to use services appropriately -  
but the system often makes it difficult.

## How people seek help

Most people try to “do the right thing.” They typically start with:

• **GPs (preferred option)**

• **NHS 111 (trusted for advice)**

• **Pharmacies (valued for quick, accessible support)**

A&E is usually seen as a last resort -but delays elsewhere often push people towards it.

# Key Challenges

## 1. Access and waiting times

Long waits for GP appointments and hospital appointments, delays in referrals, and difficulty getting through on phone lines were the most common frustrations. Many people said their condition worsened while waiting.

## 2. Communication

People often left healthcare appointments unsure what to do next. Conflicting advice, rushed conversations, and lack of clear follow-up information reduced confidence. "I left not knowing what was happening or what the next steps were"

## 3. Navigating the system

Participants described being passed between services without clear direction. This was especially difficult for older people, carers, and those who are digitally excluded. "It feels like the different departments and teams just don't talk to each other and then I fill in the gaps not really understanding it myself or repeating everything."

## 4. Practical barriers

Transport, cost, parking, and short-notice appointments all made access harder - particularly in winter. "the stress of trying to find a carpark space at the hospital when it is busy, and then the cost for parking - so difficult for many of us who struggle to get by."

## 5. Emotional and cultural barriers

Some groups reported feeling dismissed, not listened to, or judged. Experiences of stigma, anxiety, or discrimination reduced trust and willingness to seek help. "It feels like our lives are not valued the same" and "there is racism in the system – that's why many of us don't trust."

## 6. Digital

Many groups reported issues with the push to move everything online with recognition that although it worked for many people, there were plenty who struggled to use digital systems and understand them or even had access to them. "you get pushed to book appointments online and I often have to rely on family members which then makes me feel a burden and what about if it's something personal that you don't want to share with your family?"

## Gaps in Support

Participants highlighted several areas where support is lacking:

- Limited early help and preventative services
- Poor access to clear, accessible information (e.g. Easy Read, interpreters)
- Lack of culturally informed care
- Insufficient support for people with complex needs, including carers and SEND families
- Support for young people in general “we don’t know what services exist or how to access them”

## What Builds Trust

Trust was strongest where people felt:

- Actively listened to and taken seriously “As a carer who is looking after the person 24/7, sometimes you are overlooked and not acknowledged yet you know best”
- Given clear, consistent information
- Supported by familiar professionals or community organisations

Trust broke down when care felt rushed, inconsistent, or impersonal. Young people in particular highlighted that there needed to be more safe spaces for young people, noting “there is limited access to youth-friendly services”

## What Worked Well

The community-led approach was a clear strength. Participants valued:

- Safe, welcoming spaces
- Open, honest conversations with a facilitator reflection of “Initially humour was used as a protective shield but as trust grew, they shared more honestly”
- Peer support “I know I can come to this group and speak with others without feeling judged. It may not seem it, but we do feel judged by professionals so it can make us withhold information”
- Being heard and included

This approach helped reach people who might not usually engage with NHS services.

# Impact and Outcomes

Despite its small scale, the programme delivered meaningful impact:

## Improved health literacy

Participants left with a clearer understanding of where to go for help and greater confidence

## Early signs of behaviour change

Many reported they would be less likely to default to A&E and more likely to use alternative services.

## Reaching underserved communities

The scheme successfully engaged a wide range of underserved groups, including migrants, carers, disabled people, and those facing poverty or isolation.

## Stronger partnerships

Relationships between the Trust and community organisations were strengthened, creating a strong foundation for future collaboration. The involvement and charity team attended the group conversations where possible and this really helped the conversations to resonate.

## Excellent value for money

With just £250 per group, the programme generated rich insights and meaningful engagement, demonstrating a highly cost-effective model.



## Alignment with the Dudley Group NHS Charity's Strategic Objectives and Enablers

The Community Microgrant Scheme strongly aligns with the charity's strategic objectives by supporting work that reduces health inequalities, improves patient experience, and promotes more appropriate use of NHS services.

By funding trusted community organisations, the scheme reached underserved groups who are often excluded from traditional engagement, including carers, disabled people, migrants and racially minoritised communities. It amplified voices least heard in the system and generated insight into barriers such as access, communication, cultural bias and digital exclusion. This directly supports the charity's commitment to equity and person centred care.

The project also contributed to system sustainability by improving health literacy and confidence in using alternatives to A&E, with early indications of positive behaviour change. Despite modest funding, the scheme delivered meaningful impact and demonstrated excellent value for money.

The scheme enabled key strategic enablers by:

- Strengthening partnerships with Healthwatch, Dudley CVS and grassroots community organisations
- Embedding community engagement and patient voice through trusted, community led conversations
- Demonstrating cost effective use of charitable funds with a scalable engagement model

Overall, the Community Microgrant Scheme illustrates the Dudley Group NHS Charity's unique role in enabling community led approaches that build trust, reduce inequality and inform more inclusive service design.



Dudley Crossroads

## Conclusion

The Community Microgrant Scheme shows the value of working through trusted community organisations to understand and support local people – going to groups that already exist and meeting in places that feel comfortable to them.

It highlights a simple but important truth; people want to make the right choices about their health-but need clearer information, better access, and more supportive systems to do so and that sits within our gift (and partners).

By improving communication, reducing barriers, and continuing to invest in community-led approaches, there is a real opportunity to build trust, reduce pressure on services, and deliver more equitable care.

The scheme provides a strong, scalable model for future engagement, one that not only supports winter pressures but helps shape a more inclusive and responsive health system for the long term.

By not only investing money but investing time in visiting and supporting groups where possible, we have started to build trust and understanding which can help in designing services which are truly patient centred.

## Finally

A huge thank you to everyone who participated in the conversations and opened up to share experiences and frustrations. We know some groups reported the conversations as being very emotionally heavy and feeling mistrustful that the information gathered would be used against them. We also appreciated how we were made to feel welcome at the various groups despite initial trepidation of our purpose for being there. We were truly humbled to hear your stories.

Also, a thank you to Jason from Healthwatch Dudley and Becky from DCVS for their invaluable support and guidance.