

# Theory of Change: Hikmat Devon

## The Need:

- Rural & urban isolation for members of bme community living in Devon
- Prevalent health issues linked to isolation, culture, language barriers, lack of access to services
- Rise in bme figures in Devon: **2001** = 8,000, **2011** = 20,000
- Ensure fulfilment of Public Sector Equalities Duty:
  - \*Eliminate unlawful discrimination, harassment and victimisation
  - \*Advance equality of opportunity between different groups
  - \*Foster good relations between different groups

## Services:

**Hikmat Sahara**  
(Mentoring)

**Hikmat Carers**

**Hikmat Healthwatch**

**Hikmat Counselling**

**Hikmat Hub**

**Zenofilya Training**

## Outputs: Activities Offered:

**1 to 1 work** – individualised support, goal planning, confidence building & emergency response

**Support accessing** education/English classes/training/volunteering

**Assisting Service Users** to join boards, forums, groups – increasing voice

**Raising cultural awareness** amongst partner organisations

**Counselling sessions**

**Signposting** to services: governmental departments, voluntary organisations

**Translating & interpreting** (Letters, documents, with police, border agency and at appointments, training & community meetings)

**Health & learning activity groups**

## Main Outcomes:

Service User is empowered, has a voice and can make informed decisions

More people move to employment/education/volunteer roles

Increase no. of bme people accessing public sector and other organisations.

Lifestyle choices and physical fitness is improved

Improved confidence and self expression

Emotional wellbeing is improved

## Ultimate Aim:

- ✓ Reduce isolation, improve health & wellbeing outcomes, promote the celebration of Devon's cultural diversity and increase involvement and contribution for people from ethnic minorities living in Devon