

Black Lives Matter

DIGITAL LISTENING EVENT - SUMMARY



Context

In light of the known impact of ■ Covid-19 on Black, Asian and Minority Ethnic (BAME) communities, and our solidarity with the Black Lives Matter Movement, in July, Healthwatch Greenwich held a digital listening event.

We brought together Greenwich BAME services users and organisations representing BAME communities with commissioners and providers of local health and care services.

In four breakout groups, (health inequalities, access to services, community resilience, mental health) BAME residents and community organisations shared their experiences of racism, their experience during Covid-19, and their experience of seeking support, accessing, and using health and care services.

BAME residents and community organisations told us the changes they want to see to address racial and health inequality and ensure health and care services are equitable.

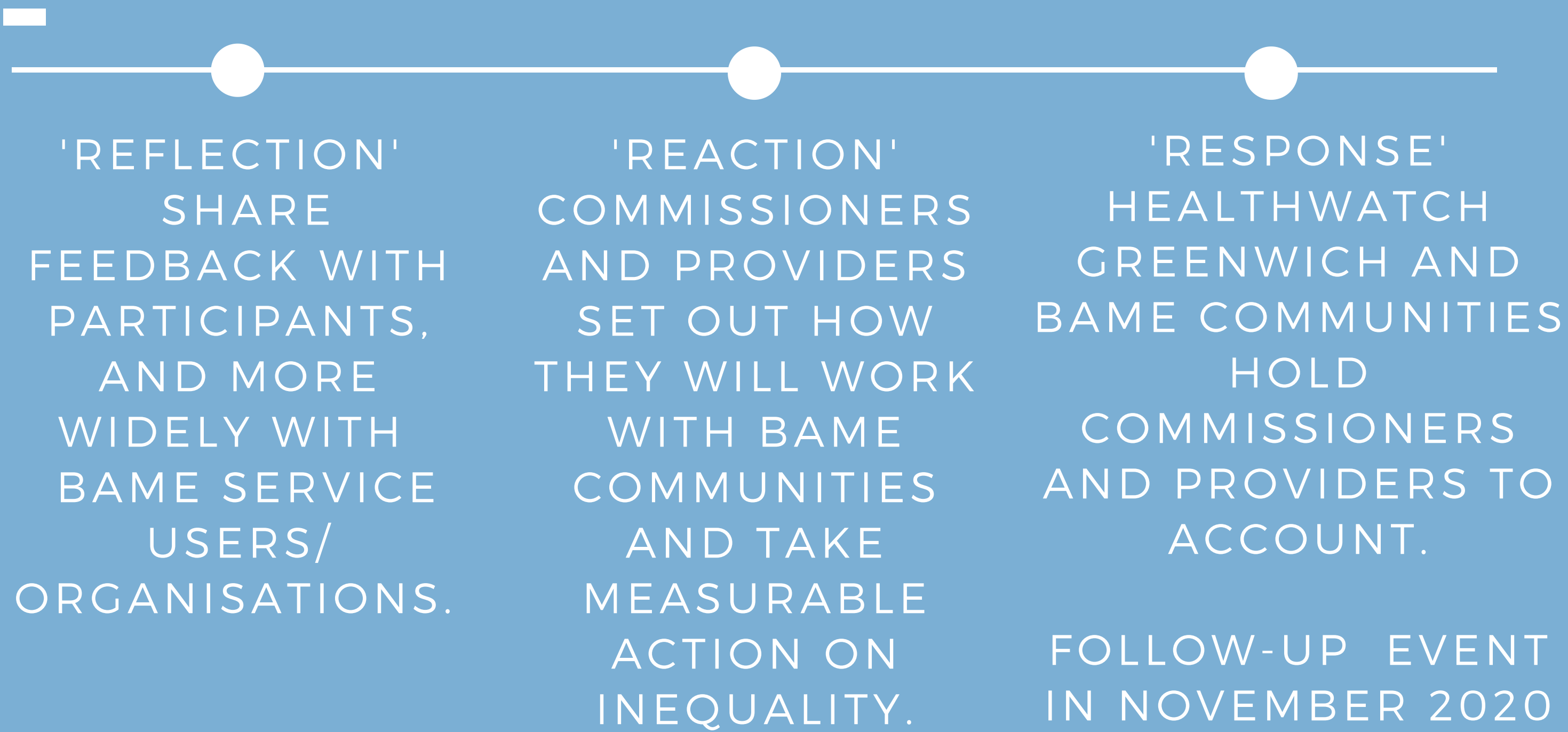


Key message

Commissioners and providers have publicly stated their commitment to addressing racial and health inequality.

BAME communities want to know – what will be done, and how will it be different? Who will be held to account, and what measurable impact will it have on health and racial inequality?

Next steps



Experience during Covid-19

Communication and advice



FOR SOME, THE COVID-19 LOCKDOWN MESSAGING WAS ACCURATE AND CLEAR BUT IT TOOK A WHILE TO REACH COMMUNITIES, DELAYING ACTION TO KEEP COMMUNITIES SAFE.

FOR OTHERS, INFORMATION LACKED CLARITY AND ADDED TO CONFUSION. BAME COMMUNITIES FOUND IT DIFFICULT TO KNOW WHAT SERVICES WOULD BE AVAILABLE OR HOW TO ACCESS THEM. THIS WAS A SIGNIFICANT CONCERN FOR PARENTS.





Mass media

News coverage on the Black Lives Matter protests alongside the Government's daily Covid-19 briefings generated anger, fear, and heightened anxiety.

Some BAME people had to moderate how much news they watched because they found it increased concerns rather than reduce them.

NRPF

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Lockdown exposed communication and support gaps - particularly for asylum seekers and those with No Recourse to Public Funds (NRPF) who do not engage (or have trusted relationships) with the council or statutory bodies.



FEEDBACK - BREAKOUT GROUPS





Health inequalities

Promises and commitments have not always been realised. Statutory organisations must work together to build the trust of BAME communities, and give realistic timeframes for this to happen.

Statutory organisations must work together on engagement to minimise duplication, repetition, and burden on BAME communities.



When seeking to engage, agencies must respect and recognise the time, knowledge, and expertise of community leaders and service users by providing financial compensation.

For effective communication and engagement, agencies must reach out and go to BAME communities, rather than expecting communities to come to them.

Health inequalities

Access to services



There must be demonstrable cultural sensitivity and cultural competence throughout the health and care system.

Service providers and commissioners must reach out to communities to engage and consult before services change – e.g. recent change to sickle cell service,





There must be more transparency and accountability – why are services changing and who is responsible for the decision?

Give BAME staff within health and care organisations the power and freedom to speak up.

Access to services

Community resilience



There must be a fundamental shift in control and influence to empower those who use and pay for services to make decisions as equal partners with commissioners and providers.

Everyone has a role in tackling health and racial inequality and implementing change.





Communication must be tailored, clear and effective, promoted and offered in community languages, and delivered through trusted and credible BAME networks and organisations.

Effective community engagement needs time, resources, and improved coordination between agencies. Agencies must allow adequate time to undertake meaningful engagement when setting deadlines. —

Community resilience

Mental health

Services must reflect the communities they serve. There must be representation of BAME staff, at service delivery and senior levels, within mental health services.

Increasing mental health awareness and addressing the stigma of mental health in many BAME communities must be a priority.





More, easily accessible, information on how BAME communities can access culturally sensitive mental health services is needed.

Mental health

***"There has been enough talking
about health inequalities
experienced amongst BAME
communities. What people
want to see now is action."***

Tell us



As a BAME resident, or representative of an organisation that supports BAME residents, please share your views and experience of health and care in Greenwich. Contact us at 'info@healthwatchgreenwich.co.uk' or you can speak to us directly on **07903 685 533**.



Healthwatch Greenwich would like to thank all those who attended our event and generously shared their experience and views.

Special thanks to our panel, speakers and facilitators of our breakout groups, in particular, Royal Borough of Greenwich – Public Health, NHS Oxleas Trust, South East London Clinical Commissioning Group – Greenwich, and Cabinet Members from the Royal Borough of Greenwich. —

Thank you