Analysis of the BME Forum
Experiences of the health and community health services in Slough
April 2014

Background

Slough Council for Voluntary Service (SCVS) is your local charity set up to help people who want to start a voluntary group or who want to see their existing group develop its work, get funds or undertake new services.

Slough CVS also gives local groups a chance to participate in the town's decision making process through regular networking events.

BME Forum

The BME Forum is a unique newly established partnership for the voluntary and community sector and their members. It is a means to provide marginalized communities a process to engage with key professionals in the town, whether it is commissioners, health professionals, or professionals from a range of other backgrounds. The forum provides an opportunity for professionals to listen to their needs, to improve engagement for the Black Ethnic and Minority (BME) communities and have their voice heard to inform decision makers when planning services.

The forum will also help to identify obstacles or barriers to accessing services for marginalised and ‘hard to reach’ communities in the town and improve engagement, communications and raising these concerns with the relevant statutory sector partners.

The forum will also aim to assess different perceptions and experiences of the different services whether it is in a community setting, in the town and help to identify any unmet needs.
Berkshire Healthcare NHS Foundation Trust (BHFT) has put improving and ‘working together and hearing local views…to improve health services to all’ high on their agenda.

Overall Aim

BHFT

“committed to providing good quality, safe services, and working together with you to develop innovative solutions”

Engage

Priority Health Issues

Services in the home and community settings

Identify Obstacles

Listen and engage with Black and Ethnic Minority (BAME) communities

Experiences of Community Health Services

What should community health workers be aware of

Outcomes

To improve communication

Improve BME experience of using services

Reach out to the ‘hard to reach’

To increase the BAME voice when planning delivering services out in the community

Examples of BHFT Services (full list available on BHFT website)

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Community Health</th>
<th>Children’s Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking Therapies</td>
<td>District Nursing</td>
<td>Health Visiting</td>
</tr>
<tr>
<td>Children Adolescent and Mental Health Services</td>
<td>Specialist community nursing (example diabetes)</td>
<td>School Nursing</td>
</tr>
<tr>
<td>Community Mental Health Teams</td>
<td>In-patients (Jubilee ward) and Community clinics</td>
<td>Childrens’ Specialist Therapies</td>
</tr>
<tr>
<td>Specialist services</td>
<td>Slough Walk-in Centre</td>
<td>Breast Feeding Support</td>
</tr>
<tr>
<td>In-patients</td>
<td>Sexual Health</td>
<td></td>
</tr>
<tr>
<td>Dementia treatment and care</td>
<td>End of Life</td>
<td></td>
</tr>
</tbody>
</table>
Objectives and Outcomes

To provide the right services  Improve services in Slough
To be more culturally aware  To reduce health inequalities
Work together  To understand the diversity
To provide the best services in the community and the home
To hear BME experiences of using community health services

With ‘real’ engagement and a focus on improving services on the ground, BHFT is applying a community engagement approach and working with Slough CVS and the VCS to apply a number of engagement programmes, to focus work on ethnic minorities, hear feedback, and to deliver services to meet a wide range of objectives in this area.

What we did

On the 29th April 2014, the forum facilitated by Slough CVS and BHFT invited members of the local BME communities to attend and contribute to a discussion. We extended the invitation to community health professionals and community members working or using some if these services. We felt it also be a good idea to bring together these targeted groups to share ideas and network with each other.

Through the 4 semi structured discussions we asked members to identify their ethnicity, their experiences of using these services in the community and in the home, key barriers they face, their key priority and possible solutions. 1 out of 3 workshops was made up of all the local professionals; the purpose of this was to ensure community members could participate openly and honestly and to encourage a more meaningful discussion. Facilitators were able to draw points from some of the discussions within their group.

The evaluation is drawn from a representation of 46 delegates from a number of communities this included White British, Pakistani, Somali, Black African. Black British Caribbean, African Asian, Indian and American.
Key Themes

The main points identified are related to raising awareness of services, cultural sensitivity, expectations, language and communication. BME communities report feelings of not enough understanding and it is important to recognize that BME communities may experience this in different ways – such as the ability to use/speak/write English; isolation within their own home or within a community setting. A parent may also experience isolation in addition to their child who may mental health and may not have been referred to a specialist service.

Many BME communities want to see cultural representation amongst health professionals and in some instances within their own community settings. The issues raised were of stigma amongst BME communities around mental health, social exclusion and language barriers. There was also fear of being isolated or alienated by family, friends or other community members. Many services were not accessed or not understood by the BME communities especially around mental health as it is within many deemed to be a sign of failure.

It is also important to note at this point that health professionals also feel that the ‘term BME’ has changed and there is some lack of confidence amongst professionals in delivering their services out into the community. Professionals also feel that there is a need to be seen out within the community settings and there should be a clear referral pathway between professionals including GP’s. GPs need to understand community services and ensure they refer wherever appropriate
The Workshop

Priority issues

- Language barrier at all levels
- Knowing what community services are available
- Health professionals seem to be concerned with form filling and have insufficient time at consultations to spend time with the person they are seeing. This was raised with reference to health visitors, GPs and other professionals.

Obstacles

- GP’s not knowing what services are available to refer people to
- Lack of trust in GP and health service
- Not being listened to
- Not enough health professional from BME communities
- The culture around appointments, i.e. the ‘10min rule’, which means that GPs tend to be task focused rather than person focused. As a result, there is a lack of an holistic approach. There needs to be more flexibility around appointments rather than one size fits all.
- Language is not necessarily a barrier for the Somali community, but professionals seem to be rushed
Solutions

- Health professionals giving talks at different BME events on healthy eating, diabetes
- Health professionals work closely with BME communities to foster a well-being attitude eg: mental well-being, healthy living…
- Training up people from BME community to become health professionals and consider a role for champions and health activists
- Raise awareness of services
- Specialised prescribing nurses ... whenever you see a nurse, they often seem to have more time, are better able to empathise, and as a result there is less of a feeling of disconnect
- Greater profiling of services such as Talking Therapies as they are able to refer and this would avoid the need to see a GP who is often perceived (at least) to be the ‘gatekeeper’ to other services

Examples of Raw Data

<table>
<thead>
<tr>
<th>EXPERIENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPs are quick to prescribe rather than identify issue</td>
</tr>
<tr>
<td>Getting appoints</td>
</tr>
<tr>
<td>Lack of trust from GPs</td>
</tr>
<tr>
<td>Long term illness not addressed (diabetes and mental health issues)</td>
</tr>
<tr>
<td>Long wait at Hospitals</td>
</tr>
<tr>
<td>Comfortable using first language</td>
</tr>
<tr>
<td>Lack of proactiveness to investigate your condition</td>
</tr>
<tr>
<td>Concern with cost and no empathy</td>
</tr>
<tr>
<td>Giving medication without consideration counter effect on each other</td>
</tr>
<tr>
<td>Lack of awareness and understanding</td>
</tr>
</tbody>
</table>
### BARRIERS
- Stigma
- Lack of Information
- GP Access
- Bureaucracy
- Communities don’t know about services and how to access them
- Lack of Holistic Approach
- Too Task Focused Rather than Person Focused
- Understanding of Cultures and Awareness
- Sensitive issues such as breast examination need to be dealt with differently
- Lack of awareness of services
- Addressing smoking of cannabis at early stage
- No health background taken at maternity stage could lead to future health problems on systems

### PRIORITIES
- Services should be coming out to the community
- Educate health professionals with cultural differences
- Educate GPs and public
- Language accessing information
- Getting information to the community
- GPs to signpost person
- Lack of communication – lack of empathy
- More sexual health information in other languages and more publicity of where and when people can access sexual health services
- Raise awareness and be mindful of cultural attitudes
- Give information at events that are attended by BME groups
- Educate key professionals about mental health
- Address issue of culture when dealing with mental health in the young people

### SOLUTIONS
- Focus on healthy living
- GP’s to spend more time listening and GP’s to have mental health training
- Schools could play an important role in creating awareness of services
- Look for alternative solutions rather than go to GP
- Creating hubs by professional by going to the community
- Tap into existing services already running
- Each BME group should educate a member of their community to become a professional/expert
- More service providers to be seen in the community
- Multi agency hubs
- Specialised prescribing nurses
- Health professionals give more guidance -
- Health programmes in schools
Insights

There were some key messages that came out of the forum and these insights will be relevant to professionals working with BME communities or families including a number of key health professionals, community leaders, commissioners and health support services. It will also be relevant to strategic health decisions making bodies, public and health representation bodies.

The findings report on the poor uptake of some services was due to the lack of awareness, poor communication and inadequate information of the services available among BME communities leading to poor communication and lack of information amongst these communities. This has led to significant inaccessibility to these communities accessing specialist health services.

There seem to be a lack of knowledge of the services provided by the community health teams. Many had not accessed their services such as End of Life Care or were not aware of them. It was also noted that many communities did not access services as they felt their problems were not fully diagnosed by GP's and they were not referred to the appropriate community health teams. They would prefer to speak to someone from the own community, with some even going back to India to have a full checkup or diagnosis!

Across the forum there was much agreement agreed that prevention was better than cure and communities would welcome professionals giving them advice on different health matters at their own events or forums - this would vary among different cultures.

Most BME communities encounter a different experience to those of their peers, especially if they a drawn back due to their language barriers, some therefore, fear of stereotyping by the professionals.

The evaluation report focuses on specific findings concerning the BME communities in Slough. Reporting on the lack of awareness of services, lack of education, publicity and lack of cultural awareness were the most common themes being reported.
Solutions and key opportunities

Health services to be visible within the community, raising awareness on different cultures and training health professionals became a common thread. Signposting community members to the most culturally appropriate services. Overcoming language barriers and health professional becoming more culturally aware was a priority. It became clear that health professionals needed to work better together to signpost and refer BME communities: GP’s making the right referrals to community health professionals.

- Identify models of good practice, using existing resources to reach out
- Information dissemination at local events in community settings to raise awareness
- Training and development of cultural experiences with community health professionals to raise confidence levels
- Access community settings to make staff more visible within the community
- Involve schools, religious establishments, community venues and community groups to establish a coordinated awareness campaign
- Work with community groups and leaders to establish a more diverse volunteer base to reach out to the hard to reach communities
- Establish a community engagement and development initiatives
- To explore further the effectiveness of individual services such as CAHMS, Health Visiting and Community Health Teams with individual community groups and their communities.
Proposed next steps:

1. Customer care initiative for Slough BHFT workers to include a focus on BME issues raised at the forum: BME reps to be invited to contribute
2. Patient stories to be gathered to assist health workers in cultural awareness
3. Explore the idea of creation of Slough BME health panel or steering group – reps from BME groups and key health professionals to act as a point of reference on initiatives relating to health care developments and to coordinate next steps.