

Listening to BAME people about Health and Social care services in York!

Healthwatch York Engagement Project November 2020



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Thank you

Healthwatch York would like to thank everyone who took the time to share their thoughts, views and experiences with us about race, health and social care in York. We could not have completed this report without your help.

All quotes in this report have been anonymised.

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What we did and why?

Healthwatch York wanted to work with Black, Asian and Ethnic Minority residents of York, to make sure they are listened to, and their experiences are used to help shape local health and social care services.

We believe that everyone's voice has equal value. We realise that so far we have not engaged with York's BAME residents as much as we should.

What we did

We created a short survey, sending it to organisations working with BAME residents, or with BAME membership (see page 4).

This survey was a simple first step. It's purpose was to get the ball rolling - to act as a catalyst.

The survey was also shared with health and social care sector organisations and local community groups, and published in many bulletins and newsletters across the city.

Why?

- To understand the experiences of York's BAME residents when they use health and social care services

- To see what issues people have accessing services

- To discover if people have ever felt less valued, or treated unequally, because of the colour of their skin or ethnicity

- To explore how people find out about

health and social care services in York

- To know if and how Covid-19 affected York's BAME residents

- To make sure our information and signposting service is not excluding services that support BAME people

- To understand if there are gaps in the health and social care system, so we can help improve it, and make it accessible and anti-racist.

Challenges we faced doing this research

- Covid-19 made engagement difficult. We were unable to do any face-to-face engagement, making it almost impossible for us to reach people who don't use technology

- Covid-19 meant that most support groups weren't meeting face to face, thus reducing potential respondents

- We didn't have strong working relationships with all local organisations representing BAME communities in York

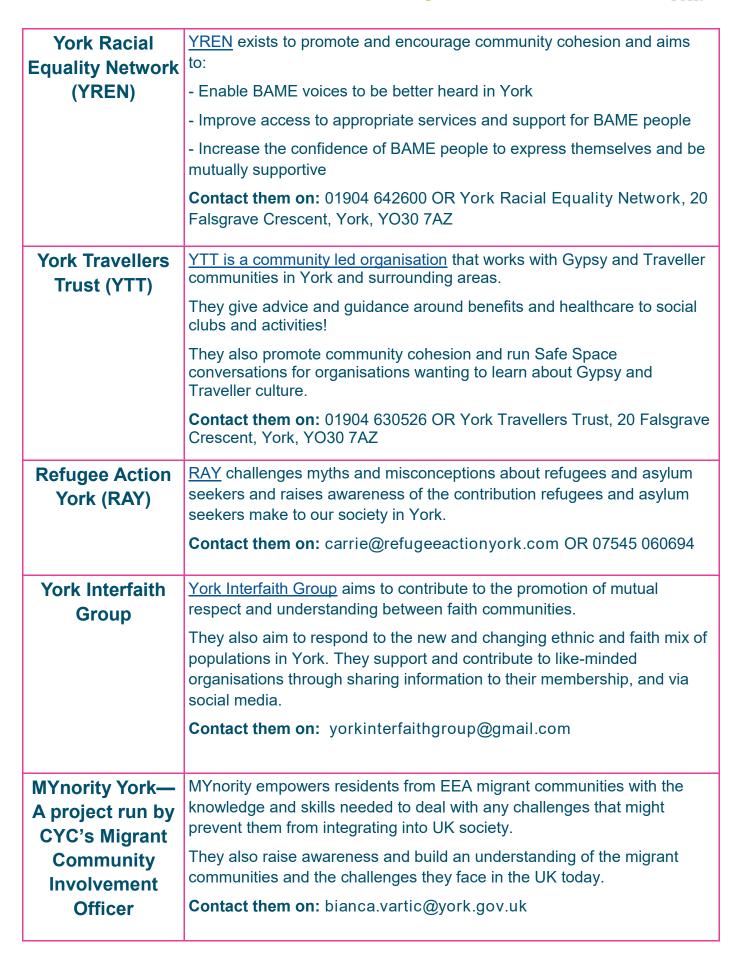
What we will do with the findings

We will share this report with decision makers and people who run local health and social care services.

Our reports are presented to the York <u>Health and Wellbeing Board</u>, which has a number of statutory requirements and whose purpose is to improve local services.



Who did we send our survey to?



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Speak Up	Speak Up Diversity is a grassroots BAME-led social enterprise based in the City of York.
Diversity	Their mission is to work collaboratively with relevant stakeholders in the city and beyond, to make sure that we tackle the root causes of structural racism.
	Contact them on: info@speakupdiversity.org
York LGBT Forum	The York LGBT Forum is a charity that works with its members to create a strategy and have a vision in making York better for the LGBT+ community.
	Contact them on: enquiry@yorklgbtforum.org OR 07731 852 533
Local Maternity System— Humber Coast	<u>The Local Maternity System</u> supports the provision of the best quality care to all women and families across York and other areas in the Humber, Coast and Vale Health and Care Partnership.
and Vale	They know that women from BAME backgrounds and other vulnerable communities need additional support during pregnancy, birth and beyond; so wanted to support this work to ensure we understand what our local populations and organisations need.
York St John	We sent this survey to many societies at both local universities:
University and	York St John University Societies
The University of	University of York Societies
York	We also sent it to the Students' Unions, but due to Covid-19 most of the students weren't at University when we did this survey, causing another engagement barrier.
Local newsletters and	Our survey was published in many local newsletters across York as well as our HWY magazine and bulletin, including:
bulletins	- York CVS Voluntary Voice
	- Live Well York (City of York Council)
	- Social Vision News
	- York Human Rights Network

Who we spoke to



All feedback was collected anonymously.

30 people completed our survey, which ran for three months. The views expressed in this report give a simple snapshot of people's experiences.
Gender - Out of the 30 people who completed our survey, 28 people indicated their gender identities, as follows:Male—6Cis Woman—1Female—20Non-Binary—1
Age - Out of the 30 people who completed our survey, 23 people gave their age:
18-24 years—9 25-30 years—3 31-40 years—5,
41-50 years—5 51-60 years—3 61-70 year—3,
70+ years—1
Ethnicity - 28 people out of the 30 respondents gave their ethnicity: Romanian—1 Syrian—1 Mixed—2 Mixed White and Black African—3, Mixed White and Indian—4 Black African—4
Indian—2
Taiwanese—1
Asian—2
Traveller—1
Latin American—1
Pakistani—3
White other—3

Question 1: Tell us about your experience of health and social care services in York, good or bad.

The responses were evenly split between positive and negative experiences.

GPs—GP surgeries were the most common service spoken about in this question.

Many people described feeling judged, and not listened to. Many felt this was down to language barriers, accents and the colour of their skin. People also felt that GPs lacked knowledge about what illnesses (eg skin irritation) looked like on their skin.

There were also many positive responses, where people thought that both access to, and the care received from surgeries was great.

When I go to the GP they never seem to know what's what with my skin as I am Black, and have to search on google what skin illnesses would look like on my skin. This makes me lose all trust in going to the Doctors.

> During all of my pregnancies all the doctors, nurses and midwifes I came across were great and very informative.

Dentists—Some people mentioned how they found it extremely difficult to access an NHS dentist in York. They did say that they understood that this was a national issue. I feel I don't get listened to because my spoken English isn't too good. This makes me feel patronised.

> The GP told me they loved my skin tone and wished they had it. This made me feel very uncomfortable.

Me and my family have always received great care at the GP.

GP's have been pretty good for me, I never really have a problem.

Maternity Services—There were multiple responses to how women using Maternity Services had felt. All were positive, describing how well looked after they had felt during pregnancy and childbirth.

The maternity services were super when I was giving birth, making me feel comfortable. I don't feel I was treated any differently due to my ethnicity.

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Question 2: When using health or care services, have you ever felt you were treated differently because of the colour of your skin or your ethnicity?



Out of the 30 people who completed the survey, **seven people** said they felt as if they were treated differently due to their skin colour or ethnicity.



Out of the 30 people who completed the survey, **ten people** said they didn't feel as if they were treated differently due to their skin colour or ethnicity.



Out of the 30 people who completed the survey, **one person** said they was unsure about feeling that they were treated differently due to their skin colour or ethnicity.

12 people didn't answer this question.

These responses are only based on a small number of people in York. It shows that not everyone feels as if they are treated differently due to skin colour or ethnicity, with more people answering 'no' to this question.

Ideally, no one should have to answer 'Yes' to this question. This shows there are still things within the local health and social care system which can be done to support equality.

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Question 3: If you said 'Yes' to question 2, please share with us your experience.



The main theme that came up from these responses was that people didn't feel as if they were listened to, or felt misunderstood. People said they felt health care professionals didn't know enough about cultural differences.

For example in some parts of Asia, you are taught to get health care advice (speak to a Doctor) about any health concern, which can be seen as wasting time and not being appropriate here in the UK. This is a cultural difference which can leave people feeling dismissed. (*This experience was described by international student, from the survey.*)



Question 4: Have you had other issues accessing services? Please give details.

This was a general question to hear of people's experiences using and accessing health and social care services in York. The main themes that came from this were:

- Struggling to make appointments
- Difficulty accessing NHS dentistry
- Lack of resources in the health and social care sectors in York
- Feeling intimidated by the Governments PREVENT strategy, which can be a barrier to accessing services.

Under the <u>PREVENT Strategy</u>, all public sector workers have a duty to report any staff or service users they think show markers of radicalisation.

<u>Question 5:</u> If you needed to access a health or social care service in York, how or where would you seek information?

Friends (2)GP (5) Google (2)GP (5) Going online (8)Do some research (1)Family (2) Not sure (3)

25 out of 30 people responded to this question.

The most common answer was that people would look online, rather than talking to peers or to family. Only three people said they were not sure where they would go to access information.

"Due to York being a dominantly white city, healthcare professionals have little knowledge with helping / supporting someone of colour"



"Healthcare environments to have zero policy on racism from both staff and patients, making the topic be taken seriously"

> "I am a healthcare professional, and I think there should be training programmes on diseases that have a predisposition of affecting BAME groups, so that we can work to support these communities"

"Recruit and promote more BAME staff, especially in GP surgeries"

> Question 6: What would you like to see and/or change in the provisions of healthcare services to ensure there is justifiable equality and equity for BAME workers and patients?

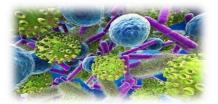
"Healthcare workers to respect ethnicity and culture"

"Have BAME specific mental health counsellors / support that can focus on issues regarding race" "People should be respected and not judged due to the way that they look, unconscious bias training is a good way to stop this"

"More knowledge and training on institutional /systematic racism and on being anti-racist, especially for front facing staff such as receptionists"

Covid19-specific findings

focussing on Covid-19. Read our '<u>What York CVS heard/did</u> during (March – June) the Covid-19 lockdown' report.



Question 7: Have you tried to access health and care services during the Covid19 pandemic? If yes, please tell us about your experiences.

Out of 30 people, 17 answered this question. Out of them,12 have tried to access services during the pandemic. Five had positive experiences and seven had negative experiences.

Positive

The people who answered this question positively were understanding that services were working differently due to current circumstances. They also all had access to internet or a phone so managed to access services via this route.

"No problems and received excellent treatment at York Hospital."

Negative

Most of the negative experiences were regarding to not being able to be seen face -to-face, finding it hard to find guidance. Also people found not being able to get through GP phone lines hard. These negative comments mainly stemmed from frustration of the pandemic getting in the way and to digital exclusion.

"I finally got through on the phones, I felt like they just wanted to get rid of me."

"Getting through to GP surgery seemed extra difficult and I felt as if I was going round in circles."

Question 8: As it became clear that this disease has disproportionately affected BAME people, has this had an impact on you?

This has come from Public Health England Research—<u>Read the Public Health</u> <u>England Report 'Beyond the data: Understanding the impact of COVID-19 on</u> <u>BAME groups' here.</u>

Only six people responded saying that these findings impacted them. The main reason was the increase of anxiety and the unknown effect Covid-19 would have on them and their families.

"I felt scared"

"It had a massive impact on my mental health "

Comments from partners we have healthwatch worked alongside

This was a very important and inclusive step. It was designed to lift up the voices of people from Black, Asian and other Ethnic Minority groups who have and continue to be disproportionately affected in the accessibility and treatment of healthcare services.

The transparency of the survey results is an opportunity for decision-makers to recognise the inequities and disparities and therefore use this as the driving force to work with BAME-led organisations in identifying appropriate measures in place to benefit everyone regardless of their creed, race, ethnicity or background.

- Haddy at Speak Up Diversity

York Racial Equality Network are very pleased to have been able to assist Healthwatch York in promoting this survey to our members to complete.

Working in partnership in this way will empower and enable the York BAME communities to engage with and influence commissioners and providers in the future. This will improve commissioners' and providers' understanding of and response to the needs of BAME communities.

We hope that a lasting outcome of the survey is that the involvement of York's BAME communities continues so that their voices are heard when working on achieving better health outcomes and patient experience for these communities. - Jane Greenwood at YREN

We at York Travellers Trust are very grateful to Healthwatch for including the experiences of York's Gypsy and Traveller (GT) communities in this report.

Gypsies and Travellers experience a huge range of health inequalities leading to a life expectancy that is 10 years lower than the national average. Reports such as this are therefore vitally important to increase the knowledge and understanding of health practitioners and commissioners in order to address this huge inequality.

We really look forward to continuing to work with Healthwatch and welcome any other organisations who would like to learn more about engaging GT communities to get in touch! - York Travellers Trust debi@ytt.org.uk

Our reflections

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The Black Lives Matter movement made us think more about race relations and our work. We acknowledged that until now we have not done enough to find out what it's like to be a Black, Asian and/or other Ethnic Minority person in York using health and care services.

We became conscious that our information and signposting service was lacking representation of services that support York's BAME residents.

We want to know if there are problems, if people face barriers, or indeed if people's experiences are good. But we can only find that out by asking those who are from ethnic minorities and not described as white.

The survey was a starting point for our work. Partner organisations (especially statutory services) have told us that they too want to do more to understand the experience of BAME people using their services. People want to know what's working and what isn't.

Knowing what language to use in this report has been a dilemma. As an all white British staff team, we are **very** far from being experts in this field. We don't want to use language that offends, is out-dated or patronising. But we are also very conscious that people of colour have different preferences when it comes to language. Some people we have spoken to use the term BAME; others dislike it. Accepting that one size does not fit all, we settled on BAME but we acknowledge that there is not a consensus on the use of the term .

What next?

Healthwatch York will continue to listen to BAME residents, identifying ways to make sure everyone's voice is heard and has an influence.

We'll continue to build connections with local groups, organisations and services that support BAME communities, ensuring a wide range of voices are heard. Our relationship and future plans with two key local organisations is growing stronger—YREN and Speak Up Diversity.

We are also working with MYnority York, <u>hosting the Migrant Voices event with</u> them on 3rd December 2020.

Our staff and volunteers will have opportunities to better their knowledge by attending training. We have already attended unconscious bias training, York Travellers Trust awareness training and anti-racist training. Education is an important factor in understanding and working with BAME communities.

In early 2021, we will host a meeting that brings together partner organisations from the statutory and VCSE sectors, to discuss the findings of this report and agree the next steps.

Why does this report matter? healthwatch

Healthwatch England, <u>whose sole purpose is to give a strong and powerful voice</u> <u>to people who often go unheard</u>, places equality, diversity, and inclusion at the heart of its values. We believe that everyone should have a fair and equal experience using health and social care.

In June 2020, NHS Chief Executive Simon Stevens, <u>wrote a message for all NHS</u> <u>England and NHS Improvement staff.</u> In it, he described how the Black Lives Matter movement and Covid19 together "brought into stark and urgent focus the layered impacts of years of disadvantage and inequality."

Stevens went on to say, "it would be wrong to marginalise this moment by trying to compartmentalise it: as racism 'over there in America, not here in Britain'. Or racism as 'part of our history – from slavery to the Windrush, but not our lived present'. That would be to misunderstand and obscure important truths about fairness and equality in modern Britain".

Also in June, <u>Kathryn Smith, Chief Executive of the Social Care Institute for</u> <u>Excellence, wrote</u> "we need to accept responsibility for racism, and the huge damage which it causes. Why? Because western societies are built on white dominance and privilege; it's embedded in every aspect of society, and white people must work with others to dismantle it."

<u>North Yorkshire Police's most recent Hate Crime figures</u> show that three quarters of Hate Crime was down to race. But this survey is about more than hate crime. It's an attempt to understand the everyday reality of BAME people using local services, and the hidden prejudice that may not be malicious or even conscious, but is only hidden to those of us who benefit from white privilege.

People's experiences of racism from the survey responses

- ⇒ "Health care workers told me my name didn't fit my skin colour, and that they wished they had my skin (referring to being tanned)"
- ⇒ "I feel that health care workers don't mean to be racist, but they just show micro aggression towards me and my ways"
- \Rightarrow "I get patronised due to my foreign accent"
- \Rightarrow "I often get mistaken for being White, this causes me distress"
- ⇒ "The Doctor at the hospital blamed my health condition on my race, in the end after running tests, I didn't even have the condition that the Doctor assumed I had"

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Abbreviations

BAME	Black, Asian and Minority Ethnic
HWY	Healthwatch York
YREN	York Racial Equality Network
CYC	City of York Council
EEA	European Economic Area
PREVENT	Prevent is about safeguarding and supporting those vulnerable to radicalisation. Prevent is an element of the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.
VCSE	Voluntary, Community and Social Enterprise

Glossary

Anti-Racism The practice of actively opposing racism through actions or expressing antiracist ideas, and by advocating for changes in political, economic, and social life.

Unconscious Bias Any detectable bias in our attitudes or behaviour that operates outside of our awareness. Formed by our social experiences, they are negative associations that people unknowingly hold, expressed automatically, without conscious awareness. Though people are often unaware of their bias, unconscious bias is just as harmful as overt or intentional bias. Healthwatch York staff have previously taken part in Unconscious Bias training.

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