2016 Black and Minority Ethnic (BME) Health and Wellbeing Survey Event 14th September

Key Points from the event

The event was attended by 60 people from public sector organisations, health and social care and the voluntary sector.

Linda De Caestecker, Director of Public Health, NHSGGC, chaired the event.

Jackie Erdman, Head of Equality and Human Rights, NHSGGC, presented the research findings as Traci Leven was unable to attend. The key findings from the report, which was a boosted sample of the NHSGGC Health and Wellbeing Survey 2014/15, were outlined in the presentation which can be found here.

The presentation prompted questions on the methodology. These questions included the amalgamation of the African sample, the ethnicity of the interviewers and how this may have affected people's answers and how the survey was promoted to communities.

In response:-

- The methodology was explained as a quantitative survey based on a stratified random sample of the 5 main groups selected. Name recognition software (Onomap) was used as a way of getting as objective a sample as possible whereas sampling through community groups tends to produce a biased sample (e.g. snowballing or chain sampling where one interviewee refers on to other people they know). Random samples are the gold standard and developments in Onomap combined with much easier access to the CHI (far less red tape) really made this survey approach more feasible. Further qualitative research may be possible which would involve community groups.

- The African group was amalgamated from the census so that it could be included as the fifth largest group. We could neither ignore this group nor sample by country/ area at a sufficient level to give a numerically high enough sample. The findings for this group could not be seen as comparable to some of the other ethnic groups in the study as it covered a wide range of different countries and we were aware of the limitations. However it did show some key findings such as high levels of poverty, mental health and isolation. In future surveys we could ask about county or area.

- The interviews were carried out by BMG Research and many of their interviewers were bi-lingual and were experienced in conducting research with

BME communities. Where they did not cover all languages and where this was the case interpreters were used. We will find out the composition of the fieldwork team from the BMG and feed this back.

The question on perceived reasons for poverty was raised as an issue as Poverty Alliance reported that many of the BME people they work with have a broad understanding of the structural reasons for poverty which the findings do not reflect.

In response:-

As the methodology used was a random sample this may have affected this finding. The sample interviewed were less likely to be involved in social activism, defined as involvement in community councils, contacting their MSP or the media, going to a public meeting or joining a campaign group. We used closed questions to match the main NHSGGC Health and Wellbeing survey however we can consider more open questions in the next survey to reflect these concerns.

George Ritchie from the Scottish Government Equality Unit then outlined the process for consultation on the Race Equality Framework and what has been achieved so far. The action plan for the framework is due to be published.

Jatin Haria, Executive Director at the Coalition for Racial Equality and Rights, then gave his response to the survey. He welcomed the survey and felt that it had been useful to test the use of name recognition software to select the sample.

He commended the NHSGGC Board for taking this initiative of carrying out a boost of the Health and Wellbeing Survey. It has been helpful in adding to the body of knowledge about the demographics of BME people in Glasgow such as the younger profile of the population.

He welcomed the fact that BME groups have a positive perception of their health and wellbeing. At same time this may mask or reflect Black peoples experience of accepting racism as way of life and not therefore translating into an impact on their health. There is also evidence that Black young people in schools their educational attainment is not necessarily damaged by racism or racist bullying.

It was also positive that many Black people felt a sense of belonging in their local community. However other evidence shows that Black people are not well represented in local democratic structures. For example, in the last local election the number of BME councillors in Scotland fell from 17 to 15.

Jatin also noted that research from the University of Edinburgh showed that a third of people reported experience of discrimination, at odds with the BME Health and Wellbeing survey.

He noted that the report outlined how people's health seemed to deteriorate the longer they have lived in Glasgow, and agreed that further analysis was required to identify the factors behind this.

Jatin felt that the survey gives partners in the City and at national level a baseline for future research such as further work on areas such as the gender differences.

Susanne Millar, Chief Officer, Planning, Strategy and Commissioning Glasgow Health and Social Care Partnership gave her reflections on the findings in the survey and how the Health and Social Care Partnership was responding.

Susanne welcomed the survey and encouraged the researchers to publish the findings. She set out how the Health and Social Care Partnership (HSCP) has begun to use the findings, for example generating a commitment to working with the Primary Care Strategy Group around the learning for GP Clusters. There is a commitment to get the findings of the survey widely known and used by staff in HSCP services.

She felt that the survey reveals information previously unknown from other sources e.g. the responses of African community members to a range of the financial and welfare questions suggesting levels of poverty and financial vulnerability comparable to the poorest geographical neighbourhoods in the city. The HSCP will work with other partners and community members on what we can do with this information, and what else we need to know.

The messages for the HSCP and wider NHS services include making sure people have access to interpreters, understanding the needs of women, integrating positive experiences of health and addressing the messages from the survey on social activism and volunteering.

Susanne concluded that this is just the start and many of the findings generate more questions than answers. For the HSCP it is now about continuing to understand and respond.

The meeting then moved in to short discussion groups and then came back together for a final plenary where Jim Gray (Head of Democratic Services Glasgow City Council), Wafa Saheen (Head of Services Scottish Refugee Council), Jackie Erdman and Susanne Miller joined the panel.

In the plenary session the following points were raised:-

There was a feeling that this was a reasonable sample but there is a need for increased resources to improve reach and monitoring in the years ahead and to further interrogate the findings of the survey.

While the survey was welcomed it highlights a lack of commitment in years past to undertake this type of research. This reflects the inequality at senior level and the ability to avoid this for so long.

Many people felt that there were issues of terminology and language used in the survey which were problematic, particularly in relation to the African community. The researchers noted that it had been very difficult to sample this group as the name recognition software was limited in this regard. However we felt that it was important to include this group in the survey despite the limitations of the sampling. Wafa Saheen commented on the use of language and the further complications of the categorisation of refugees and asylum seekers. Often when we talk about ethnicity when we actually mean country of origin.

There was a concern that the research understates the impact of inequality and discrimination. It didn't look at the experience of Roma communities members who are considered to be one of the most discriminated against groups on the grounds of their race. The researchers did consider how to include smaller prevalence groups such as Roma community but identification would have been challenging. We concluded that qualitative research could supplement the findings using a quota/ focus group approach.

There was a query about the ability to tap into community groups rather than feed everything through overarching policy organisations who may not have an understanding of what is happening in the community at that time. How people can be given the chance to make their own solutions and what structures are in place to make things different in the future, for example giving people better access to services? Jackie Erdman felt that the finding in the survey suggested that more work needed to be done to change the ethnic diversity of Boards across all organisations in the City where key decisions are being made. Could a mentoring programme support this and increase recruitment to Boards? Jim Gary felt that more should be done to engage with BME communities in plans for the City and also that access to English classes was still an issue to be improved. The survey showed that not being able to speak English well is a key determinant of poorer health outcomes. We need to review the amount of resource invested in language classes and promote them to communities.

The issue of the conversion of qualifications was raised and Susanne Millar was aware this was an issue for an aspect of social work. A national pilot is underway to look at this.

Audience members felt that better use of health and social care staff could be made as a rich source of insight into the problems and solutions of access to care. BME staff members are in an excellent position to advise on current practice which is or isn't working and also reflect on their experience as service users in addition to

services providers. Susanne Millar said that the Health and Social Care Partnership has a BME staff forum which they call on for their expertise.

Linda De Caestecker closed the event and thanked the contributors and the audience.

Future action on the survey will include:

- Comparing the findings of the survey to other surveys to check the results;
- Consider further analysis and use of data linked to health records;
- Review the language in the survey and how some questions are asked to make it more appropriate;
- Continue to share the findings of the survey with partner organisations and local communities to develop actions. This may include supplementary qualitative work.