

DRAFT

BAME CONNECT



A Health and Social Care snapshot into connectivity and communications with Black and Minority Ethnic Communities across Leicester and Leicestershire

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1. Introduction

1.1 Background

Healthwatch Leicester and Healthwatch Leicestershire play a vital role in championing the views of patients and social care users across Leicester and Leicestershire, with the goal of making health and social care work better for everyone.

Unfortunately, there are many who do not, or may not, have access to information or services. These groups are sometimes categorised as marginalised, hard to reach or seldom heard and include (but are not limited to) people with various types of Disability, Black & Minority Ethnic (BAME/BME) groups as well as members of the LGBTQ+ community.

The Covid-19 pandemic and the death of George Floyd have refocused issues of racial disparity in a world that often denies that racism of any form still exists, including institutional barriers and unconscious bias. This is clearly reflected in the current question of why BAME communities and staff are more disproportionately affected by the Covid-19 pandemic than wider society^{1,2}.

It may also be the case that some communities live in a multicultural environment but have not assimilated and therefore may be fragmented. The reasons for this are complex and require deeper understanding and consideration of the cultures, lifestyles, lived experience, social norms and values that fall outside of mainstream norms.

The BAME Connect project is based on initial conversations between Healthwatch Leicester/Healthwatch Leicestershire and a selection of BAME voluntary and community sector, relevant organisations and individuals.

These initial discussions recognised the need to review approaches to marketing and communications beyond conversations about translations and common use of terms such as “hard to reach” and “seldom heard”.

It is felt by some that these phrases become an excuse to services not being pro-active in developing sustainable approaches to engaging and involving BAME communities. Some expressed the view that it is the services and the information they produce that are “hard to reach”.

1 – Financial Times – 29th April - Nations look into why coronavirus hits ethnic minorities so hard

2 – BBC – 1st May - Coronavirus: Black African deaths three times higher than white Britons – study

1.2 Objectives of BAME Connect

To influence sustained improvement and awareness in methods of communication between health and social care and BAME communities (especially marketing and communications). The project seeks to move beyond a dialogue based upon mainstream ways of working (professional mainstream standards of marketing and communications e.g branding) that do not consider alternative cultural factors. This includes the use and influence of vibrant colours in BAME countries of origin.

Rigid branding restrictions have previously resulted in information full of jargon, wording being formal and overuse of acronyms. An exception to this is the huge success of the LGBT (Lesbian, Gay, Bi-Sexual, Trans) NHS Rainbow Badge initiative. By designing a badge with the LGBT Rainbow behind the NHS logo, this initiative has raised more awareness of LGBT issues and staff support than numerous posters, websites, staff network meetings put together. This success would not have been possible if NHS corporate branding refused to relax the NHS blue and white logo.

This work will therefore seek to improve access to information, services, opportunities and choice for BAME communities whilst also developing capacity awareness and better understanding of BAME cultural perspectives within health sector marketing and communications strategies and plans.

1.3 Authority for the Project

The project will establish a reference group of informed individuals to ensure the authority and integrity of the project remains focussed.

The project also relies on the buy in and participation of BAME communities, to listen to and feedback their shared lived experiences to inform service design and strategic planning across the health and social care sector.

2. PROJECT DEFINITION

BAME Connect seeks to capture current thinking within the Black and Minority Ethnic Communities of Leicester and Leicestershire focussing on communications information and guidance on health & social care. The project will therefore pivot more to the views and experiences from a community perspective.

It seeks to understand whether information on health and social care is reaching BAME communities, how accessible and effective it is, how and where it's distributed, how regularly the information is circulated, whether the information has caught the attention of BAME communities and what level of impact/influence it has made in changed views/behaviours.

Attempts to communicate effectively on a regular basis with BAME communities can be hindered by issues such as costs, decisions being made on assumptions and not informed by dialogue/involvement, material being out of date by the time it is sent, poor database of contacts, distribution points in BAME communities not established, fonts being too small or difficult to read

colours as well as how information may, or may not stand out on overcrowded and outdated notice boards.

Mainstream comms and marketing leads may not have had the opportunity to connect with and hear directly from BAME communities on what their needs are. Therefore, they may not have an understanding of how communication works in community settings, e.g. grocery stores, barber/beauticians, community centres, cultural events and festivals, local culturally specific media/radio.

The project will also look at how information is communicated within the native countries of BAME communities to identify areas of good practice and effectiveness.

It will consider diversity within diversity and include the following;

- generational difference
- geographical heritage
- cultural variance
- religious variance
- Alternative medicine (Acupuncture, Ayurvedic, Homeopathy, Yoga, Spiritual, Dietary and lifestyle, Influence of the internet)
- family migration journeys - Indian sub-continent to East African to UK (English as the first language in most Asian households in the UK). However, the cultural relevance of marketing design e.g. fonts/colours/images are highly relevant to attract interest.
- Long term exclusion and gestures seen as tokenistic/one off are other factors why some may have switched off and therefore become immune to information (walking past information because at a glance, it looks so similar to the last one that people assume they've already read)
- language

2.2 Project scope/constraints

- The project is not a detailed survey or analysis. It seeks to influence wider thinking around cultural relevance, lived experience and difference of approach to marketing and communications
- Whilst the scope of the project will touch on areas such as Covid-19 impact, the project is focussed on marketing and communication in relation to BAME communities and health and social care.
- The initial snapshot is limited by financial and other resources/expertise available.

- Due to pandemic lockdown, actual live conversations with focus groups will be hampered requiring more time-consuming work to identify peoples contact details for online meeting options.
- The project will also look at how information is communicated within the native countries of BAME communities to identify areas of good practice and effectiveness

2.3 Assumptions

The project is predicated on the following assumptions:

- Timescales are subject to the availability and getting the right people together as an effective reference group.
- The project is a collaboration between Healthwatch Leicester and Leicestershire and BAME voluntary and community organisations. It will also include additional input/support via specialist organisations.

2.4 Exclusions

Areas that are excluded from this project are:

- The project is not limited to the current focus on Covid-19 and its significant impact upon BAME communities
- The project is not bound by any other public sector consultation, survey or research.
- Project timescales are prioritised according to the principles of youth and community development. This means engagement and involvement for informed coproduction prioritises other deadlines e.g. political influence. This is important to note as building trust and rapport is essential to driving progress in an area where bridges may have been burnt by short sighted interventions benefiting corporate plans/deadlines but had no lasting impact within BAME communities.

2.5 Interfaces

The other projects and pieces of work that interface with this project are:

- Whilst the project has a focus on communications and marketing, this work will influence/interact with areas such as raising awareness of the health and social care landscape, awareness of what safeguarding means to communities that do not have such a topic in their tradition/society.

2.6 External dependencies

The project in its initial phase may attract interest for more detailed follow up. This may include the development of a funding bid to support more detailed

longer-term activity. Although in its early stage of development, there are likely to be robust longer-term benefits and development opportunities emerging out of BAME Connect.

2.7 Benefits/outcomes

The project will provide the following benefits:

- Impact and influence of enhanced marketing and communications
- Marketing & Communications leads have better awareness of cultural perspectives (includes walking the job and experiential learning)
- BAME communities' benefit from better access to information/services and choice
- Sustainable dialogue and connection between BAME groups and Health and Social Care

There is potential to explore the use of podcasts whereby local people make verbal audio statements using their mobile phone or computer in their own languages e.g.

“Stay at home during lockdown but call to check the status of your medical appointments”

This would be like an audio/video version of a selfie. The podcasts can be sent in and then highlighted on various websites across the public and voluntary/community and including health and social care sectors. In some cases, these community messages can have more impact than formal communications.

This can also include patient stories or experiences.

The initial BAME Connect intervention would then inform an engagement and involvement event that brings together staff from BAME support organisations and community groups alongside marketing and communications leads and patient engagement leads from the health and social care sector.

There is great potential to collaborate with BAME communities via specific radio shows/presenters to host online discussions relating to listeners views on health and social care communications.

There is also potential for this to become a multiagency regular event that features displays, “you said, we did”, case studies, themed workshops and guest speakers.

This dialogue would inform marketing and communications strategies/plans ensuring a sustained and informed “long term plan” approach that leads to effective outcomes.

2.8 Costs

The initial costs for this project are

Area	Cost
Human resource (including volunteers/community champions)	Time
Surveys	TBC
Reasonable adjustments	To be identified
Connect Video (BAME stories)	Subject to available resources

3. Approach

3.1 Approach

Develop trust/rapport by maintaining co-ownership and design of the project (co-production values). This includes an onboarding process of key people onto the project reference group that will also develop a clear terms of reference.

Identify the gaps through initial short survey, “word of mouth” conversations (online surgeries/focus groups) what local people feel is the most effective way to communicate information to them, what influences them?

This could include via social media e.g. a BAME Connect Whatsapp Group, via online workshops using Zoom or “Conversations” on BAME radio shows or commissioned video photography (subject to lockdown and resources).

Consider what BAME communities feel has worked and what they feel doesn't work. Identify how diverse marketing is designed/placed – what's different? Identify their preferences, suitable formats, locations, frequency. What difference do colour schemes and design have in attracting BAME interest in posters. A simple example would include a poster targeting young people but designed in a formal NHS format, would it attract their interest, would graffiti type fonts and youthful images be more successful in attracting their attention?

3.2 Initial Project Plan/Milestones

May 2020

Develop an outline proposal to establish contact with and secure the involvement of individuals to a core reference group that brings together specific knowledge, experience and connections within BAME communities.

Design and implement anecdotal snapshot survey to ascertain current thinking/views within BAME communities (online/links to the survey sent to identified BAME organisations/websites and via other social media e.g. Facebook, Whatsapp etc).

June/July

Develop terms of reference and informed discussion to identify underlying issues and confirm primary aims/objectives. Establish an initial online meeting to be followed by a cycle of monthly meetings to plan interventions such as focus groups undertaking scoping activity and further surveys. Contact De Montfort University to identify potential involvement to evaluate the project.

July/Aug

Potential (subject to lockdown and funding) to commission local BAME video journalist to video feedback/comments. These can be shown at a future BAME Connect event.

Aug

Secure discussions on BAME Radio health shows (Broadcast as well as online radio) and social media discussions to gather the experiences and views of BAME communities relating to access to information relating to health and social care.

Oct (link to Black History Month)

BAME Connect webinar or event (subject to lockdown). Event to include; Guest speakers, Setting the scene – what are the issues, assess current views “Do people feel there are marketing & communications gaps/barriers), market stalls highlighting range of examples used by services (Health as well as Voluntary/Community sectors).

4. Project Organisation Structure

Healthwatch Leicester and Healthwatch Leicestershire in conjunction with BAME Connect reference group (BAME voluntary and community organisations)

Key organisations/support groups

4.1 Project Manager

The Project Manager is Mukesh Barot – Deputy Manager of Healthwatch Leicester and Healthwatch Leicestershire

4.2 Project Reference Group

Proposed project reference group likely to consist of the following;

Asian

Ansaar - Tel: 0116 262 1000 / Email: info@ansaar.org

Adhar – Tel: 0116 220 0070 / Web <http://www.adharproject.org>

Santosh – Tel: 0116 266 9577

East West Project – Tel: [0116 255 0575](tel:01162550575)

Kamlesh Purohit/Rupal Rajani – BBC Asian Network

Oriental

Chinese TBC

Vietnamese TBC

Other Minority Ethnic

Turkish TBC

Kurdish TBC

Middle Eastern (Arab, Jewish, Turkish, Kurdish)

Somali Cultural Project

Leon Charikar (Jewish)

Naima Bradley (North African)

Consultation/involvement as required with service leads

Shobna Patel – community safety, Leicester City Council.

Karl Mayes – Patient & community engagement, University Hospital Leicester

Abbida Hussein

Jo Ryder – Head of engagement & experience Leicester City CCG

Barbara Czyznikowska (Centre for BME Health)

5. Communication and Stakeholders

Due to the current pandemic, the key communications channels are likely to focus on online meetings and supported by other technologies

6. Project Initiation

The project will formally start when the project reference group have approved this project document. Estimate start date June/July 2020

7. Reporting

The Reference Group will meet monthly with the Project Manager

The Project Manager will inform and update Healthwatch Leicester and Healthwatch Leicestershire (Health Advisory Board) and any relevant stakeholder networks.

Project Issues

Project issues may be raised by anyone with an interest in the project at any time.

The Project Manager will manage an issue log. The initial Issue log is attached at Appendix A

8. Risk Assessment

It is not uncommon for a small number of complaints to question why the project has a BAME focus. This may be the case where increased media interest raises the profile of the project. This is sometimes based on bias/prejudice and lack of awareness on why barriers and gaps have been ongoing and remain unaddressed despite numerous “internally” driven initiatives. Risks will be captured within a Risk Log (see appendix B)

9. Quality

This project will investigate quality from the perspective of BAME communities, their access to and experience of health and social care information and services.

Appendix A: Initial Issue Log

<i>No</i>	<i>Name</i>	<i>Description</i>	<i>Owner</i>	<i>Action & Progress</i>	<i>Action Date</i>	<i>Status</i>

Appendix B: Initial Risk Log

<i>No</i>	<i>Risk Description</i>	<i>Possible Scenario</i>	<i>Impact</i>	<i>Likelihood</i>	<i>Owner</i>	<i>Management Strategy</i>	<i>Resource Requirements</i>	<i>RAG Status (Red Amber, Green)</i>