

Race Equality Area of Special Action

# ***Evaluation Summary***

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**2000 - 2003**

# Introduction

The Race Equality Area of Special Action (ASA) is a unique city wide partnership composed of workers and senior managers from statutory and voluntary organisations and members of black and ethnic minority communities who work together to address inequalities in health and access to health care experienced by ethnic minority communities in Newcastle upon Tyne. The Race Equality ASA is supported by the Newcastle division of the Tyne and Wear Health Action Zone.

The Race Equality ASA incorporates two structures, a health partnership group which includes all members and five task groups focusing on priority areas, including audit and ethnic monitoring, advocacy and information, mental health, coronary heart disease and diabetes and training.

The evaluation of the Race Equality ASA examines the partnership's work by gathering the views and reflections of members about the context in which the Race Equality ASA operates, the process of partnership working within the Race Equality ASA and the influence and impact of their work to date. Participatory action evaluation involved all partnership members as interviewees or as discussants in the reflection and action phases of the evaluation. In December 2000 and January 2001 26 partnership members participated in semi-structured interviews, in July 2001 the health partnership members took part in a workshop and in September 2001 12 task group members participated in structured telephone interviews. Following the tenets of action research this report forms part of the continuous evaluation, action and reflection process that the Race Equality ASA employs to ensure improvement and effectiveness.

Nine themes were identified in analysis of the semi-structured interviews.

<b>Context</b>	<b>Partnership Working</b>	<b>Achievements</b>
Barriers to services	Ideal partnerships	Networking/Information
Government policy	Partnership in the ASA	Awareness raising
Social and political	Activities	Influencing the mainstream

Telephone interviews identified the key development and achievement of task groups, challenges, recommendations and strategies for change. Achievements are outlined below.

Recommendations derived from interviews with health partnership members, the workshop and interviews with task group members are outlined in the final section of this summary

# Partnership working: context, working and achievements

## Context

### Barriers to services

Partnership members identified social, economic and service access problems experienced by people from ethnic minority groups influencing their health. Participants identified four key issues as barriers to ethnic minority communities accessing health care:

- language
- culture
- racial harassment
- institutional racism

### Government policy

Participants identified current government policies as useful levers to persuade organisations into action and discussion.

### The local social and political environment.

Participants identified the following features of the local social and political environment as having an impact on the health of ethnic minority communities.

- Newcastle has historically been slow to address health inequalities experienced by ethnic minority populations, though some change of attitudes is now evident.
- Few senior positions in the NHS and Local Authorities in Newcastle are held by staff from ethnic minority communities.
- Ethnic minority groups in the city are highly heterogeneous.
- Some groups experience particular problems, particularly refugee and asylum seeker communities. This community has increased in number with the government policy of 'dispersal'.





*'Kathrina Walker & Norah Phipps  
Heath Promotion and Advocacy for Black & Ethnic Minority communities'*

### **The Ideal Partnership**

Evaluation participants stated that partnerships should consist of:

- Clear, negotiated aims and objectives,
- Clear roles and expectations should be negotiated for members,
- Ground rules,  
and that roles, obligations and aims of the partnership should be clearly documented.

The quality of relationship between partners was considered important and should consist of:

- Trust
- Equality
- Respect
- Understanding
- Openness

## **Partnership working within the Race Equality ASA group.**

Members of the Race Equality ASA are working towards common aims. There is a high level of commitment from members for the shared aims.

Partners regard the relationships within the partnership as good and include the following qualities:

- Trust
- Personal connectivity
- Honesty and frankness
- Respect

Partners regard strong leadership within the Race Equality ASA as vital. They see the leadership role as:

- Ensuring common ground is found
- Ensuring members respect the views of other
- Maintaining commitment

Partners identified the following strengths and weaknesses.

### **Strengths**

- Ability to share experience and knowledge
- Willingness to learn
- Enthusiasm
- Reflection and self-critique
- Honesty

### **Weaknesses**

- Lack of time
- Lack of knowledge and experience in issues involving health and ethnicity.
- Some 'white' partners were concerned about their own understandings of racism as they had not themselves direct experience of the difficulties encountered by black and ethnic minority community members.

## **Activities of the Partnership**

- Sharing experience and learning from others within the Race Equality ASA to increase understanding of issues; to ensure no duplication of work and to ensure community experiences and needs are conveyed to the ASA group by those who work directly with those communities
- Supporting members of the Race Equality ASA to address issues of health and ethnicity.
- Providing an opportunity for community-based workers to raise issues of

- concern and to gain support from the Race Equality ASA.
- Facilitating the cascade of information gained from the Race Equality ASA to partners' organisations and ensuring that this is acted upon.
  - Ensuring that the group comprises the most appropriate membership and enable joint working and development of Race Equality ASA.



*Linda Hunter, Lynne Jones and Christine Holland:  
Training and HR leads Hospital Trust.*

## **Achievements: overview**

Genuine change is a slow process. Influencing mainstream services providers and policy makers is a key objective. Partners identified a number of elements that contributed to this process of change.

### **Networking, information and sharing learning**

- Shared learning is a key feature of the partnership
- Members share information and work together on activities.
- Partnership working is supportive: members use their contacts for working to achieve change.
- Networking enables the consolidation of relationships, especially in terms of understanding the different work of members.
- Mutual support is garnered to effect change.

### **Awareness raising**

- Increased personal knowledge of issues involving health and ethnicity.
- Increased knowledge of the work that other partners are involved with.
- The partnership has effectively influenced and maintained on the agenda of a range of agencies the health issues of Black and ethnic minority communities.
- Raising awareness the need to address health and ethnicity issues, particularly with senior managers is a key part of influencing the mainstream

### **The partnership structure**

- The Partnership provides a supportive environment for new developments.
- Provides a forum for discussion and cooperation.
- The 'action' orientation of the partnership and task groups is a key to success.
- A funded coordinator is crucial to ensure the work of the partnership progresses.

## Achievements: task groups

### Coronary Heart & Diabetes Task Group

- Co-ordination of city wide CHD, Stroke, Diabetes HiMP, NDFC and community cardiac rehabilitation.
- Recruitment of X2 bilingual community health workers within NDFC area by October 2001.
- Assessment and review of pro active health information and community training re: CHD & Diabetes.
- Race ASA partnership with Health Development Project - with emphasis on pro-active/preventative care.
- Focus for NSF targets in partnership with Community Action on Health West.
- Integration with Race Equality Training/Ethnic Monitoring, Health Information & Advocacy & PC West Race Equality Strategy.



*Yasmin Sultana and Sara Zahabiyoun:  
Race & Mental Health task group.*



*Denise Briddon:  
Chair of Race Equality Training task group.*

### **Ethnic Monitoring & Audit**

- Collaborative work with Community Action on Health re: a case for Ethnic Monitoring - widely disseminated within Hospital Trust and partner organisation through Health Partnership.
- One year development of Hospital Trust led Ethnic Monitoring and Audit task group, which has begun process of gathering systematic data through various departments/wards.
- Assessment and review of primary care interface re patient referral to secondary care.
- Employment of ward clerks to gather data on BEM patients with CHD & Diabetes within primary care and hospital wards.

## **Primary Care West Locality**

- Project scoped by NHS consultant and built in as core investment plan for West Locality.
- Partnership with GP training reps, clinical governance, CAH, IM&T, city wide refugee nurse lead, West practice manager lead and recently ... Graingerville Clinic sexual health services!
- Completion of first base line qualitative survey encompassing all 15 general practices.
- Information management and technology audit of systems across West Locality with key proposals to consensualise records/patient profiling.

## **Health Information & Advocacy**

- Collaborative work with Hospital Trust re: information on accessibility for BEM patients.
- Race ASA representation on Hospital Trust Equal Opportunities Group.
- Review of Hospital Chaplaincy service, spiritual care for BEM patients.
- Review and update of Hospital Handbook on 'respecting the cultural and spiritual needs for BEM patient care' and intranet input.
- Introductory seminar for ward staff re: race equality and BEM health support needs.
- Introductory programme of ward staff, reception and management re: Ethnic Monitoring and Audit.
- National visits examining good practice re: patient access to hospital information & health promotion.
- Dissemination of audit questionnaire.
- Two year partnership work with Hospital Trust, Mental Health Trust (formerly City Health) Advocacy Project, Interpreting Service, REC, Health Promotion & Tyne & Wear HAZ. Working Group report & Key recommendations.
- Shared guidelines, protocols and definition of 'Advocacy' and exploration of a community advocacy service in partnership with NDFC and the Newcastle Interpreting Service.

## **Mental Health**

- Millennium Mental Health BEM User Research, documenting patient and carer perspectives will be launched at a Black Mental Health Forum Users Perspective workshop in June 2002.

- Partnership with New Deal for Communities to help identify, train up and develop a multi-lingual BEM community development/counselling infrastructure.
- Development of nationally surveyed 'good practice/training guidelines' for services focusing on refugees and asylum seekers within the region.
- Establishment of regions first strategic Race & Mental Health Task group with a mandate to make key recommendations regarding services for BEM communities including asylum seekers.
- Introduction of Ethnic Monitoring & Audit Tool kit by the Sainsbury Centre to help profile BEM service users.
- Contribution towards and facilitation of the Mental Health Act Commission report: 'National Consultation on Mental Health Issues & Black and Ethnic Minority Communities'.

### **Race Equality Training**

- Development of Charter of Excellence for Trust/Departments to sign up to in partnership with the CRE on 19th November 2001.
- Race Equality Training induction programme - including development of a regional resource pack for GP's and Registrars on the NVTS (Northumbria Vocational Training Scheme).
- Primary Care West Locality:  
Launch of Race Equality Strategy & training induction for practice based and attached staff re: ethnic monitoring/communication and health resources for BEM's.
- Two year task group work culminating in a launch of a Trust wide stakeholders event on November 19th 2001.
- Partnership with CAH North & West, Newcastle Interpreting Service, Tyne & Wear HAZ, Public Health and the CRE.
- Development and proposed launch of nationally surveyed report on 'good practice/race equality training guidelines' for health services focusing on BEM's, refugees and asylum seekers within the region.

# Recommendations

## The Partnership

- Maintaining an action focus.
- Membership of the Race Equality ASA. Partners recommended invitation of a range of individuals and groups who could potentially contribute to the work of the Race Equality ASA, for example policy makers and refugees and asylum seekers.
- Communication. Partners recommended developing communication strategies to disseminate the achievements of the Race ASA both within the partnership and without.
- Community involvement. Members considered it important that the work of the Race Equality ASA is connected to the views of local people.
- Recognition of the long timeframe for the work of the Race Equality ASA in addressing health inequalities in black and ethnic minority communities.



*Angela Hannaway:  
CRE Race & Health Policy Lead*

## Future Work

- Mainstreaming: the adoption of practices (such as ethnic monitoring and training) into the routine function of health organisations is one of the main avenues to continuing work and ensuring the effectiveness of the partnership.
- Encouraging the employment of staff with specific language or other skills to ensure adequate and appropriate service provision to people from ethnic minority populations. Facilitating the development and maintenance of equitable employment policies to address racial discrimination in the workplace.
- Facilitating development of Equality training for all health service employees.
- Continuation of awareness raising to ensure health and ethnicity issues are kept on the agenda for organisations and individuals.



*Members of the Race Equality Training task group:  
(Back) Barry Howarth, Sead Masic, Ross Cowan,  
(Front) Denise Briddon, Yasmin Sultana, Jennifer Yeun and Shehla Naqvi.*

## Progress Update 2002

Following the launch of two *Race Equality within the NHS* conferences in the winter of 2001, the partnership work of the Race ASA with specific focus on phase 2 of West Primary Care Locality Race Equality Strategy and the Black & Ethnic Minority (incl. refugees/ asylum) Health Resource Welcome Pack has been beacons as an area of national innovative practice to support the new codes for the Race Relations Amendment Act 2000.

The Race ASA Race Equality Training task group is now in the process of establishing a city wide education and training network to support NHS Trusts and community development initiatives to meet legislative requirements and tackle inequalities in health affecting BEM communities. Newcastle Primary Care Trust is establishing a corporate race equality project team (R.E.S.) to implement the new legislative scheme of action.

Watch this space!

**The Race ASA wish to extend heartfelt appreciation to the following individuals for their tireless dedication:**

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