

Health Inequalities Project:

Healthcare and the experiences of the Somali community in Birmingham

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Motivation behind the project

The remit of Healthwatch Birmingham

- The causes of health inequalities are varied - HW is well placed to help address variations in the availability and quality of services that unfairly affect particular groups of people.
- We can therefore raise awareness of these variations and which groups they are affecting with commissioners and providers.

Unequal impact of Covid-19 on Black, Asian and Minority Ethnic groups - which might be explained by social and economic inequalities, racism, discrimination, stigma, occupational risks and prevalence of conditions.

Research Question

What were/are the key issues for Somali communities of health and social care services in Birmingham (including during the lockdown into the recovery phase of services)?

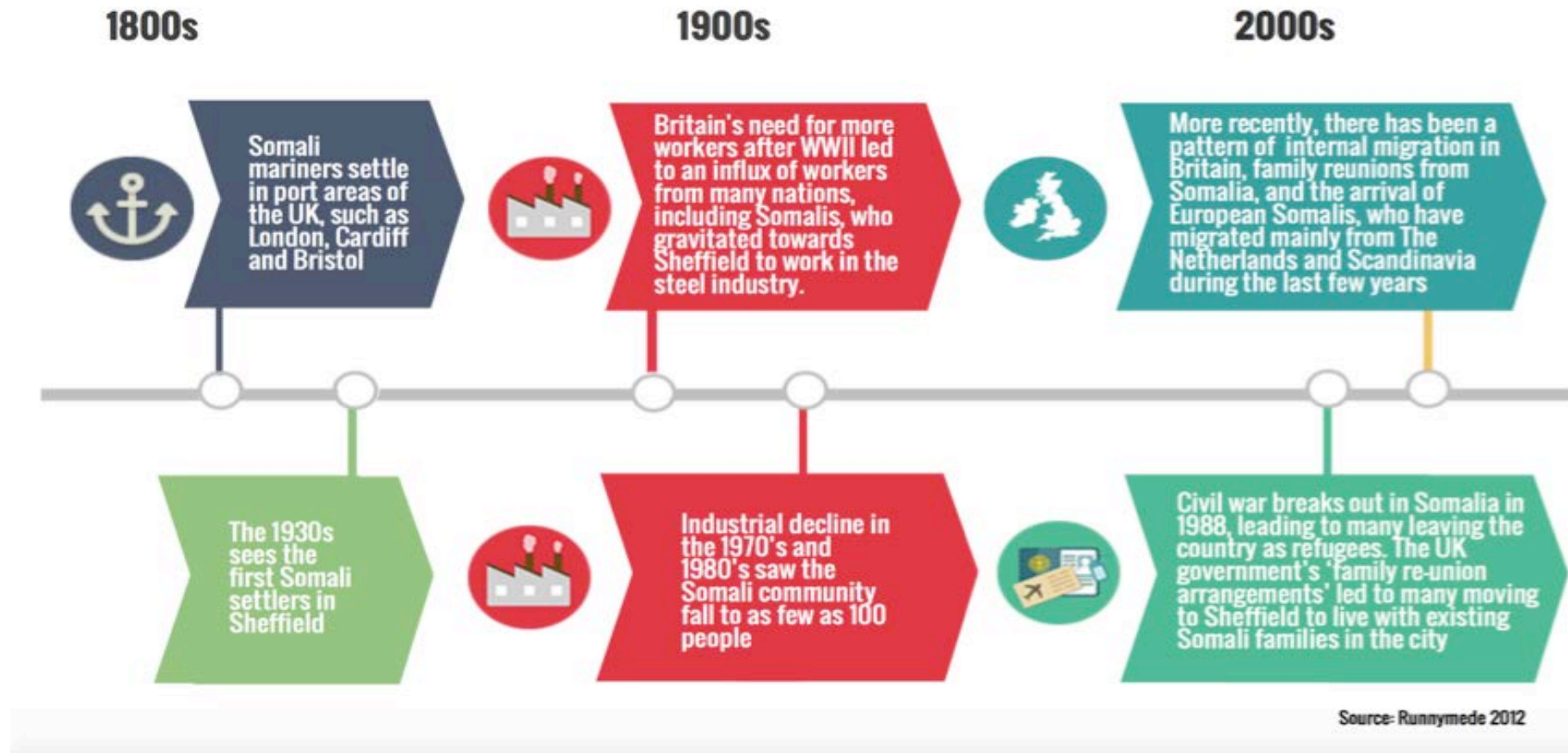
Sub-research questions

- What are the challenges and barriers that impact on Somali community's experience of health and social care services?
- What impact have changes to how services are delivered during the covid-19 pandemic had on Somali communities' experiences of health and social care services in Birmingham?
- What challenges and barriers to information, support and engagement with health and social care services do people from Somali communities face?
- What would improve Somali communities' experiences of health and social care services in Birmingham?
- What would improve Somali communities' experience of accessing information, support and engagement with health and social care services?

Why the Somali Community?

- Somalis in Birmingham represent a newly emergent community, which has grown dramatically in size over the past 5-6 years - from about 819 in the 2001 census to about 7000+ in the 2011 census. Currently estimates settle at around 40,000.
- Most of the Somali community live in the most deprived wards of Birmingham - interviews demonstrate
- How ethnic groups are grouped together, assumptions made about them VS how they identify themselves - migration patterns show that not all Somali's have come to the UK as refugees but via other EU citizens

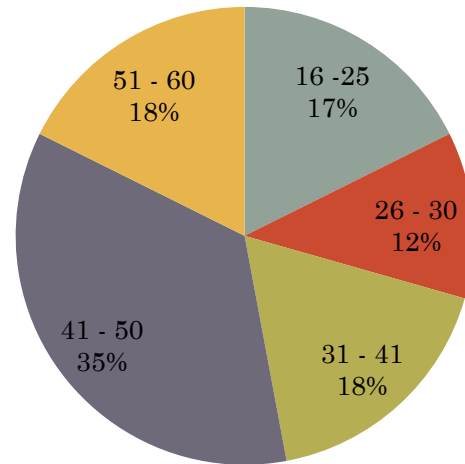
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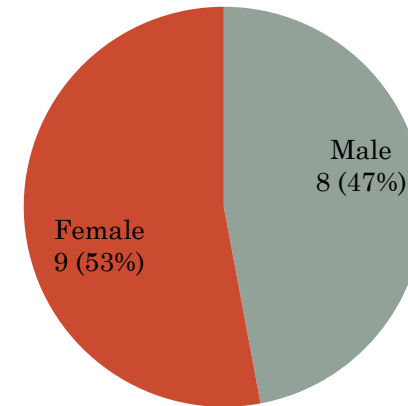
Who did we speak to?

- Aimed to interview a minimum of 20 and a maximum of 30 people.
- Reached saturation point and stopped interviewing after the 17th participant

Age Group



Gender



Accessing study participants

- Identified organisations and individuals working with Somali communities
- Collaborating with Ashiana Community Project
 - Have provided us with a list of 18 individuals and their contact details
- Individual contacts – personal, volunteers and key community leaders (Birmingham Health Champions)
- Snowballing

Main themes in the findings

Trust

**Diversity -
employment**

**Knowledge and
rights**

Translators

**Digital access of
health care
services**

**Referral and
Diagnosis**

Discrimination

**Stigma and
assumptions**

**Engagement and
information**

Main themes in the findings

- Key issues coming from the interviews held so far
 - Cultural and language difficulties
 - Inability to express themselves when engaging with health care professionals
 - Dismissive attitudes of professionals and feel like second class citizens
 - Feel invisible to services following changes to how services are delivered
 - Failure to address discrimination due to fear of affecting access to services for themselves and their families
 - People do not have the information to safeguard themselves
 - Impact of new ways of delivering health care - online, zoom, WhatsApp, telephone

Impact

- Use of report to engage with providers and commissioners in Birmingham - have met with Birmingham City Council, the seven hospital trusts in Birmingham; Commissioners (Birmingham and Solihull CCG and Sandwell and West Birmingham CCG) and/or Providers.
- Key questions that informed discussions were:
 - • How will your organisation use the findings in this report to improve your knowledge of the issues affecting the Somali community (and/or other ethnic minority groups)?
 - • How will your organisation improve its engagement with the Somali community including the involvement in decision-making processes?
 - • How will your organisation address the issues that have been raised in this report regarding diversity, stigma and discrimination, knowledge and rights, culture and language and trust?
 - • How will your organisation use the experiences shared in this report to design, commission and deliver improved services for the Somali community (and other ethnic minority groups)?

Impact

- Actions (taken or in progress). Examples include
 - Health Literacy project (UHB)
 - Targeted employment from Somali community/ patient facing equality role/use of study participants to develop training videos (BWCHT)
 - Use of report as a source of data and insight as a CCG/ICS to inform approaches (BSOL CCG)
 - Various activities undertaken with participants to improve engagement (SWB Hospital Trust)
 - Improve collection of demographic data and explore with Birmingham City Council the provision of ESOL classes across the city and how these are accessed by the Somali community (SWBCCG)
 - Improve knowledge and skills of staff
 - Empowering communities on their rights and responsibilities and situating policies within lived experiences (BCC)
 - Use of the report' findings to inform BCC/Lewisham council's review exploring the inequalities experienced by Black African and Black Caribbean groups and their drivers (BCC).
- Report also informing HWB engagement work - links being made with the Chinese, the Irish and Bengali communities among others.

Further Opportunities and Next Steps

- Healthwatch Birmingham will continue to engage and hear the experience of those most likely to experience inequality and use this to drive improvement.
- We will use the findings of this report and other intelligence to influence wider discussions around inequalities.
- We will support the work in localities and neighbourhoods to support Health and Social care to understand their local communities and reduce inequality.

Any questions or
comments?

Thank you for listening