Race Equality Framework for Scotland

Action Forum on Health, Wellbeing, Family & Home

Workshop Summary

Introduction

The Scottish Government hosted an Action Forum on Health, Wellbeing, Family and Home on 30th September 2015 in Edinburgh. This was the last of four themed Action Forums designed to involve key stakeholders in the development of a new race equality framework for Scotland. The framework is intended to tackle racism and promote equality. It will be in place from 2016 to 2030.

More information about this work, which is being carried out in partnership by the Scottish Government and CRER, is available at the [CRER website](https://www.crer.org.uk).

This Action Forum on Health, Wellbeing, Family and Home was planned with assistance from a Reference Planning Group comprised of people with expertise in relevant fields from Government, the public sector, race equality organisations and the wider voluntary sector. The Reference Planning Group identified key issues and evidence, and suggested potential Action Forum invitees whose skills and experience would be valuable to the policy development process.

Following discussions with the Reference Planning Group, a wide range of participants were invited to take part in the Action Forum based on their professional expertise. They included people working at both strategic and operational levels from both the public sector and voluntary sector in Scotland. To aid discussion, participants were provided with an interim evidence paper and information on the format of the Action Forum in advance.

This Action Forum was co-hosted by BEMIS.

Strategic Action Forum

The agenda for the first part of the day was aimed at providing context and focus to inspire the workshop sessions. This was delivered through the following presentations:

- Welcome and introduction – Luska Jerdin, Scottish Government
- Setting the scene – Rami Ousta, BEMIS
- Keynote Speech – Eleanor McKnight, Elite Linguistics

The workshop sessions drew participants together into groups, each focussing on one of two elements of Health, Wellbeing, Family and Home:

- Health and Wellbeing
- Family and Home

With assistance from a facilitator, these groups completed an interactive workshop split into three sessions. This was designed to seek effective solutions and ideas for action. Facilitators recorded the agreed feedback from each group in workbooks which were specially designed for use within the policy development process.

Each of the three sessions progressed discussion towards solution focussed outcomes:

- Workshop 1: Setting and prioritising our goals
- Workshop 2: Opportunities, challenges and responsibilities
- Workshop 3: Reaching our goals: potential solutions

The following workshop summary draws together a brief overview of the collated results from the three workshop sessions.

There was much cross-over in the issues and priorities identified by groups looking at the three topics. To avoid duplication, this paper provides a summary of views rather than a full record of workshop results; this also means that in some cases, issues raised by workshops may appear under a different topic heading than originally intended. Whilst goals and solutions are detailed for each topic, the wider context of discussion throughout the three sessions (particularly the second session) has been summarised into a brief description of participants' views.

Workshop summary

A total of 22 participants took part in the workshop sessions. Appendix 1 lists the organisations taking part. This includes only those who were able to attend on the day, and is not reflective of the full list of organisations invited to participate.

Participants were grouped according to their area of work into workshop tables looking at the three topics. In total, there were three tables:

- Two tables discussing health and wellbeing
- One table discussing family and home

Participants on each table agreed feedback to be recorded by the facilitator in a workbook. The results of these workbooks are summarised below by topic heading, with an additional heading to cover issues of overarching or strategic significance which were identified by the groups.

It should be noted that the feedback collated here represents the views of participants; these views have not been subject to fact checking or other scrutiny. Although each group agreed on the content to be recorded in their own workbook, the collated feedback reflects the views of the individuals participating in the workshops and cannot be seen to reflect the views of all present at this Action Forum. The contents of this paper do not represent Scottish Government's views or position.

Overarching strategy and policy

A number of policy issues and strategic areas were identified as important to improving race equality in Health, Wellbeing, Family and Home related areas. In many cases, discussion about strategy and policy issues hinged on the importance of collecting and using evidence effectively. Building race equality more effectively into existing policy areas was also a key point.

General issues in terms of strategic approaches included:

- Ensuring that evidence on race equality is included in the monitoring processes for all elements of strategic work and operational / work plans in the public sector (a comprehensive, genuine mainstreaming approach across all areas of work)

- Linking equality outcomes and other equality work into other organisational development and quality assurance processes, for example EFQM (the European Foundation for Quality Management)
- The need for EHRC (and other sectoral regulators) to be able to invest more time in supporting public sector organisations to achieve on equality, and to make more effective use of enforcement powers
- The importance of effective gathering and use of evidence (e.g. equality monitoring and disaggregated statistics), making better use of available data sources to examine race equality impacts and smarter ways of collecting equality monitoring data
- Concerns about approaches to working with communities overall, for example public sector / Government consulting communities through community organisations but not resourcing this properly or providing feedback, and long standing problems with funding for community groups (e.g. short term funded 'pilot' mentality which is not sustainable, lack of outcomes focus and appropriate scrutiny)

Specific policy areas identified as important included:

- The Scottish Specific Public Sector Equality Duties[1]
- Single Outcome Agreements[2]
- Health and social care integration[3]
- Mental Health Strategy for Scotland[4]

One of the goals put forward for the family and home aspect also related to wider policy and strategy:

'Scottish Government to develop synergy on race equality in Single Outcome Agreements and the Community Planning Partnership system'

Part of this discussion related to the need for stronger language on equality throughout Government guidance – it was suggested that equality 'must' be (as opposed to 'should' be, which is the term used in guidance) interwoven into Single Outcome Agreements.

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[1] The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
[2] Scottish Government – Single Outcome Agreements
[3] Scottish Government- Integration of Health and Social Care
[4] Scottish Government – Mental Health Strategy for Scotland

Health and Wellbeing

Discussion focussed largely around the provision of health and wellbeing related services, capacity building for communities and individuals on health and wellbeing and the evidence base on race equality in health and wellbeing policy areas.

Issues raised by participants included:

- Health literacy and awareness within minority ethnic communities
- The complex nature of service provision and support on health and wellbeing
    - Public sector services (NHS, GP surgeries and clinics etc.), and the range of general, specialist, mainstream and targeted services within that
    - Voluntary sector services working on a range of health and wellbeing issues with a wide range of communities and target groups within minority ethnic communities (e.g. older people, younger people, women, disabled people, particular ethnic groups)
    - Informal support from family, friends, neighbours, community leaders and religious leaders – this type of support is often sought first, and responses given can determine if and how people engage with formal services
- The need to improve access to health services through greater awareness of services available and better referral pathways (important for organisations across the public and voluntary sector to work together to achieve this, including non-health public services such as schools; may also be a role for employers in this)
- Rights based approaches to race equality in healthcare rather than approaches focussed on meeting basic legislation requirements
- Issues around how health services are provided and the impact this has on the experience and perceptions of minority ethnic individuals
    - Lack of clarity on processes and practices, based on an assumption on the part of service providers that people should know how the system works
    - Lack of recognition of the power imbalance between service provider and service user, and the barriers and difficulties this can cause

- o Differing perceptions around illness according to cultural background not being understood by practitioners, leading to difficulty in engaging and communicating with service users - mental health, addiction, sexual health and cancer were all discussed as areas where perceptions differ significantly across different minority ethnic communities
  - o Recognising intersectionality and the importance of a person centred approach in providing health services
  - o Fear, isolation and anxiety for minority ethnic individuals accessing services where they are the sole service user from their own ethnic group; this causes concern that others won't understand their perspective (in settings where interaction with other service users is likely / necessary) or that they might face racism from other service users
  - o The importance of guaranteeing confidentiality and trust – these may be of greater concern for some specific minority ethnic communities than for the majority community, due to culturally specific understandings and taboos around ill health
  - o Staff attitudes are not always appropriate; requires cultural shift in organisations, engagement, education and development
- The need for health services to address factors which have an impact on health and wellbeing, for example socio-economic status, employment, housing and family life, as well as addressing health behaviours, care and treatment
- The benefit of health services employing people from minority ethnic backgrounds - a visible indication of diversity and can contribute culturally specific knowledge
- Concerns that there is still insufficient investment in working with communities around illnesses and conditions that have a disproportionate impact on specific ethnic groups (especially in the case of rare diseases which lack specialists within Scottish NHS services)
- Creating safe, welcoming spaces to improve access to health services
- Preventative approaches to improve health literacy, tackle unhealthy behaviours and health and wellbeing 'myths', and to encourage healthy living in ways that appeal to specific communities
- Using partnership working, effective community involvement, peer education, peer research and peer advocacy to embed communities

themselves within the planning, design and delivery of health and wellbeing services

- Evidence based health and wellbeing policy, and the need for better and more robust data disaggregation by ethnicity across the range of health and wellbeing evidence to enable this (must be relating to specific ethnicities, not generic 'white' vs, 'non-white', as this is about genetic aspects and health behaviours rather than potential impact of colour based racism)
- Making better use of healthcare funding and procurement processes to enable voluntary sector organisations to work effectively on health and wellbeing for communities, including through collaborative working with statutory services
- Human rights is closely intertwined with equality in healthcare practice (e.g. around impact assessments); implications for ensuring race equality / human right not to be discriminated against is central to this
- New health and social care partnerships integrated model offers opportunity to embed race equality in strategic and structural environment; PSED and other levers can contribute to this
- Avoiding duplication and improving approaches by sharing practice and resources for working with minority ethnic communities across statutory and voluntary services
- The need for information and support on health and wellbeing to be available flexibly; for example in both face-to-face and helpline or online environments (the personal element is key however; simple leaflets etc. felt to be of limited use)
- Quality assured / accredited professional development and training on intercultural competency to ensure healthcare workers can provide appropriate services
- Challenges around accountability and implementation of recommendations for better practice – for example even the statutory duty to have information available on advocacy services is not widely followed and lacks enforcement to address this
- Improving equality monitoring of service use; this requires understanding of the process and its purpose for both service users and staff, and there is a challenge in doing this whilst maintaining confidentiality especially where there are complex referral pathways or use of multiple services

- Understanding the impact of demographic changes on healthcare needs and ensuring services reflect these (both for migrants and long resident / Scottish born minority ethnic communities)
- Balancing the use of specific services for minority ethnic communities with the need to make mainstream services accessible to all, including targeting mainstream services appropriately to minority ethnic groups
- Complexities of engaging with communities on health and wellbeing through community leaders
  - Community leaders often do not represent the interests of all, particularly where there are power dynamics involved (e.g. women, young people, disabled people may not have a voice), they can be seen as gatekeepers
  - Religious leaders are trusted by some but can be seen as oppressive by others
  - Community leaders can only reach a limited number of people within any community, as communities are not fully interconnected - made up of individuals with a wide but ultimately limited range of connections
  - Engagement has to reflect the needs and experiences of communities, it should not be assumed that community members or leaders have specialist knowledge or can automatically identify solutions for service providers
- Experience of healthcare workers from minority ethnic backgrounds includes racism and discrimination at work; lack of support to safely challenge this in many workplaces, 'whistleblowers' seen as trouble makers

Example goals:

'Minority ethnic communities have improved health literacy, with support from effective referral pathways across sectors'

'Develop a strategic approach to understanding specific needs relating to ethnicity and developing policies and services to address these through engaging with key stakeholders and partners'

'Minority ethnic communities experience a holistic, culturally sensitive and user friendly healthcare environment from prevention to treatment and aftercare, with respect for intersectionality and individual needs'

'Understand ethnicity impact on health and wellbeing and develop holistic approaches whilst also maintaining reactive responses to specific issues'

'Minority ethnic communities experience improved healthcare and support across sectors through the effective analysis and use of robust monitoring data and research evidence'

'Develop education and awareness raising programmes and innovative methods of staff engagement across health and social care'

'Minority ethnic communities and individuals are pro-actively involved, with healthcare support and services being designed and planned from the ground up, based on the authentic voices of the full range of Scotland's communities in partnership with public and voluntary sector services.'

'Prepare for demographic changes in terms of sustainability and continuity in health and social care infrastructure in relation to both migration issues and issues for settled minority ethnic communities'

Potential solutions:

- Peer based approaches to health literacy
- Creative referral and self-referral routes to as many services as possible; reduce reliance on GP referrals
- Better pre-crisis support for people requiring mental health services (this has specific race and gender implications as some groups tend to present to these services later and at more severe stages of ill health)
- Local mapping of services and support, to be openly available to all and linked to referral pathways
- Health Counsellors from minority ethnic communities to provide advice and support in an appropriate local setting, and refer / signpost to services
- Using PSED to challenge direct and indirect discrimination; linking this to efforts to improve understanding of discrimination in healthcare
- Building effective equality and cultural competency training into initial training for healthcare workers, combined with appropriate CPD for

those already in-post (work with employers, educational institutions and trade unions to make this effective)
- Quality assured national framework for holistic, intercultural support that links to CPD
- Review, evaluate and identify actions / recommendations from previous approaches to race equality in health and wellbeing
- Embed race equality within the refresh of the Scottish Government's Mental Health Strategy
- Improve engagement with communities on health and wellbeing, in particular by ensuring feedback is comprehensive and follows a 'you said, we did' model (this includes instances where engagement is sought by community groups directly, rather than initiated by services), and by ensuring community groups have the resources and capacity to actively participate
- Create an open online hub with a searchable database for consultation results and plans to be shared across public and voluntary sector, to reduce duplication and enable results to be acted on by all interested agencies (does not need to be limited to health and wellbeing consultations, could cover all policy areas)
- Improve how available health data disaggregated by ethnicity is collated, analysed and used; create an openly available evidence base and identify gaps that need to be filled
  - Scottish Government and NHS analytical services to collaborate on this nationally, with input from key stakeholders
  - Health services to use evidence base in service planning and design, and especially within Equality Impact Assessment

Family and Home

This discussion had a strategic focus, mainly around how structures and strategic approaches in these sectors can better support race equality. More collaborative and joined up approaches, as well as a more robust evidence base, were key aspects of this.

Issues raised included:

- The importance of understanding differences in reasons behind housing outcomes for minority ethnic people, which are not always well reflected in official statistics / analysis on housing and homelessness; for example destitution caused by asylum application refusal
- Robust data on ethnicity is not available throughout these policy areas; however there is some good practice on data collection generally in the care sector that could be adapted to look specifically at ethnicity
- The complex range of services available from public and voluntary sector in these policy areas makes effective data gathering on ethnicity and service use a challenge
- The complex range of services also impacts service provision and its effectiveness; need for more joined up thinking between statutory service planning and commissioning of voluntary sector services
- Work being undertaken to improve services for migrant children and unaccompanied young refugees (e.g. Strathclyde University Working With Migrant Children Toolkit; routes into secure tenancy for unaccompanied young refugees) – wider lessons for policy and practice could be learned from this existing work
- Regulatory bodies within family and home related policy areas (e.g. the Care Inspectorate, Scottish Housing Regulator) should have a role in ensuring race equality is embedded in work
    - o This is not necessarily about legal duties as EHRC is responsible for that, but about making race equality part of core deliverable outcomes rather than having a legislative / risk based focus

Example goals:

'To have race equality data (in family and home policy areas) that's robust, meaningful, relevant, shared, comparable and accessible'

'Accountability to deliver on race equality and for regulatory bodies to enforce race equality outcomes'

'To keep all minority ethnic children safe and protected'

Potential solutions:

- Developing intersectional work across family and home related policy areas
- Training on the effective collection and use of equality monitoring data, combined with public awareness raising of why data collection is needed
- Integrating equality training into core training through all of these policy areas, including management and leadership training
- Review of good practice in family and home related policy areas, to be shared across sectors
- Providing an overview of the race equality implications of all relevant legislation in these policy areas to set out a clear picture, e.g. of where requirements may cross over
- Chartermark for race equality
- Race equality research / guidance in these policy areas to outline differing needs and experiences of newer migrant communities and established minority ethnic communities
- Public and voluntary sector working together to develop strong evidence base and connectivity on policy for minority ethnic young people (e.g. in mental health services)

Next steps

This summary will be shared by email with the participants of this Action Forum. In the longer term, all four Action Forum summaries will be available to view online. All participants will receive an email with a link to access these.

The results from the four Action Forums will be included in the overall evidence base for development of the race equality framework for Scotland, alongside desk based research and evidence from other engagement activities (including the Community Ambassadors Programme which links grassroots community organisations into the policy development process).

For more information about this Action Forum Workshop Summary or wider work around developing a race equality framework for Scotland, please contact:

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Appendix 1: List of organisations participating in workshop sessions

Active Life Club
African Caribbean Women's Association / African Caribbean Network
BEMIS
CEMVO Scotland
Central Scotland Regional Equality Council
COSLA
CRER
East Ayrshire Council
Esar Consultants
Feniks
GRAMNet
Grampian Regional Equality Council
KWISA
Multi-Cultural Family Base
NHS Ayrshire and Arran
NHS Greater Glasgow and Clyde
NHS Health Scotland
NHS Lothian
Saheliya
Scottish Government
Scottish Independent Advocacy Alliance
South Lanarkshire Council
Waverley Care African Health Project