

Event Briefing: BME Health & Social Care event - 6 months on

When?

We held the event on 7th December 2015 at the Circle, Sheffield.



Why?

We wanted to find out more about people from Black Minority Ethnic communities experiences of health and social care in the City. We asked people about their experiences of primary care, mental health and social care services.

Who?

23 people came along on the day representing lots of different organisations and communities.

What did you tell us?

We asked people to think of what was good and bad about services and how it could be better.

Primary care (GPs, Dentists, Opticians, Pharmacists)

1. **What was good?** - People felt that services being free at the point of use and being a universal were good.
2. **What was bad?** - people experienced issues in relation to access to services (particular access to NHS dentists) as well as length of appointments. Some mentioned the lack of interpreters or inconsistency in being able to get one as something that was a barrier for them.
3. **How it could be better?** - people said that organising information e.g. leaflets/website in other languages would be useful, or having staff/volunteers who reflect their community.

Secondary care (Hospitals)

1. **What was good?** - Again people generally liked the quality of services and that they are free. People also spoke highly of staff in hospitals and the translation/language services provided (leaflets/language line).
2. **What was bad?** - People talked about Accident and Emergency - access, location and waiting times as well as parking (lack of, as well as cost)
3. **How could it be better?** - People talked about making more funding available, but also asked for greater diversity of food in cafes and hospitals for visitors and patients.

Mental Health Services

We asked people about barriers and solutions to accessing mental health services at home and in community, primary care and secondary care settings.

- **Barriers** - Shame/stigma, cultural barriers, waiting times for support (before and after crisis), lack of resources and issues around dual diagnosis.
- **Solutions** - People talked about wanting better relationships with GPs, and education/support for friends and families. In terms of services delivered in hospitals, people wanted to see information and more talking therapies in community languages. They also wanted to see the use of cultural reference points included in treatment.

Social Care services

People felt social care services may not be culturally appropriate, that the workforce may not match the customer base and there is a lack of understanding of cultural differences in terms of food/language/personal care.

They talked about barriers to accessing home support services for BME groups. These were identified as cost, cultural reasons (some communities prefer to look after own family members) as well as language barriers.

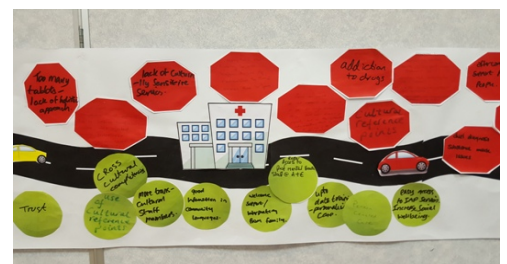
Full transcripts of what people told us on the day were sent out to everyone who came along on the day. Copies are available on request.

What have we done in the past 6 months?

1. We have shared what people told us with partner organisations and considered it as part of our Adult Social Care report.
2. We have visited lots of groups from different communities across the City and our Outreach team have delivered some sessions in community languages or members of the community have translated for us.
3. The information on Mental Health has been included in our report on Mental Health Crisis Care - Before, During and After Crisis due out soon.

Tell us your experiences

Please keep telling us your experiences of health and social care in the City. If you would like the Outreach team to come along to any of your groups/organisations or events just get in touch.



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