

Ethnic Minority People Focus Group Report: A Happier and Healthier Berkshire

About the focus group

Who: Healthwatch Reading spoke with 9 Black, Asian and Minority Ethnic people, or representatives from organisations that connect with this group.

Why: We are helping local people inform a new joint Health and Wellbeing Strategy for Reading, Wokingham, and West Berkshire that local councils will oversee from 2021-2031.

How: The discussion was held via Zoom to be COVID-safe and included interactive voting.

When: December 4th 2020 for 1 hour

Top 3 priorities

Focus group participants anonymously voted from a list of 11 priorities proposed by public health officials for the new strategy. Their top three were:

1. **Good mental health and wellbeing for all adults.**
2. **Build strong, socially connected communities.**
3. **To stop unfair differences in health between different groups of people.**

Priority 1 - Good mental health and wellbeing for all adults.

The group felt strongly that in particular people should have quick access to mental health services in a crisis at all times. The isolation caused by the COVID lockdown has had a detrimental effect on peoples' mental health and being able to understand how to access services to support mental health was imperative. Some of the group suggested that there should be more mental health services in schools so that early intervention takes place before issues come to crisis point.

'There needs to be a redefinition of 'crisis', that's coming from the person that needs help'

'Mental health services need to be provided in schools so that it is tackled early before crisis help is need'

'Mental health - there's still a big stigma and increasing awareness will help'

Priority 2 - Build strong, socially connected communities.

The participants discussed that loneliness and isolation has certainly become an issue during COVID but that for a great number of people it was already an issue and has been further exacerbated by the COVID situation. It was felt that access to community gatherings, exercise and keeping healthy was important. However, access pre lockdown for example to sport centres, swimming pools etc is often limited because of financial constraints and transport as well as lack of women only sessions.

A number of the group gave personal examples of their struggles to access women only sessions for fitness or swimming.

'My selection was based on experience of supporting people with COVID situation feelings of loneliness and isolation and the impact that is having on their mental health'

'Interpretation on helplines is really important'

'Access to community groups is important'

Priority 3 - To stop unfair differences in health between different groups of people.

Health inequalities were an especially important issue not only for the BAME population but also, they thought this applied to other groups in our community such as those on low incomes.

The main difficulties that people have encountered were language and cultural barriers. This has been compounded by COVID during which time face to face services have been reduced, when it is often easier to communicate this way. Most people in the group felt that communication needs to be improved. They thought that leaflets were not always helpful as people may be able to speak a language but not read it. Health inequalities during COVID had been further exacerbated by the need to be technologically competent, as well as being affordable. This may mean that some people are missing or delaying appointments or not getting the support they need.

'Professionals also need to be aware that language can also play a part in understanding someone who is not fluent. Sometimes they talk too fast and it's hard to understand'

'access for women only fitness /swimming sessions for some cultural groups is an issue'

'You can go to gym but then there is no one to help you to check if you are doing it right'

'Needs to be more access to interpreters'

'It's about communication, this question highlights inequalities and about people's lived experience. The groups of people whose English is not their first language or older and vulnerable people do not know how to chase up appointments, others who know system can, brings out inequalities, it is unequal'

'Seeing the GP is an issue unless it is an emergency and that was before COVID'

Personal reflections on health and wellbeing:

There were two main themes that came through from the group discussion regarding health and wellbeing in their communities.

1. Communication and Language barriers

Communication in a format that was accessible for all groups in society was highlighted as a big issue. Reading letters and complying with requests e.g., to book a hospital appointment when you cannot read or understand language is a problem.

Having to chase hospital appointments before and during COVID was raised as an issue and they expressed concern that some groups would not know how to do this.

Most of the group felt that information about COVID has been conflicting and confusing.

2. Health and being healthy

Being healthy the group felt involved lots of factors coming together, including the environment, availability of services and increased pollution from traffic.

They felt that self-care was important but also being aware of services that may help them to stay well.

It was felt that there was a need for more information on zoom exercise/yoga classes especially during COVID but also for those who are unable to get out.

‘Mental health is probably the most important and should be about a bunch of other things Having a good routine, sleep pattern and water intake, physical fitness won’t benefit as much as it would if other things are under control’

‘Swimming in Reading is not in a good place’

‘Look after yourself where you can but also need to have awareness and knowledge of how to get help when needed. All of those things together help me collectively to stay healthy or become healthy’

Suggestions for improvements:

A one-stop-shop was suggested by several members of the group which would include services available and help with health and wellbeing needs. This should be in an accessible location known to all and that information should be provided by individuals not only via leaflets or information boards.

Interpreters should be available in person rather than over phone.

Communication on all levels needs to be better, simpler, and more accessible including digital communications, ‘knowing how to download test results from your GP is not always easy and if you don’t have access very difficult’

What happens next?

Public health officials will consider the findings of a range of focus groups being held in Reading, Wokingham and West Berkshire as well as results of a wider public survey, before finalising the strategy to apply across the three areas.

Previously, Reading has had its own strategies, from 2013 to 2016 and 2017 to 2020. Progress on the current eight priorities is overseen by the Reading Health and Wellbeing Board which includes public health, NHS, council, Healthwatch and voluntary sector members and is open to the public to listen to or attend.

For background information, visit this [webpage](#)