



HAREF

health & race equality forum

A network of people from Black, Asian and Minority ethnic (BAME) communities, health services and organisations, working together to reduce health inequalities linked to ethnicity and culture

HAREF: Health and Race Equality Forum

- HAREF is a network of over 80 organisations and practitioners focused on reducing health inequalities and maximising wellbeing and health for people living in Black, Asian and Minority Ethnic (BAME) communities
- We work in partnership with key agencies in the health, local government, university, voluntary and community sectors to ensure agencies can support BAME communities to access health services
- HAREF became part of Newcastle CVS in June 2017

HAREF: Health and Race Equality Forum

- Support health service improvement
 - Facilitate opportunities for services to work together
 - Hold onto important issues e.g. Interpreting services when accessing healthcare
- Engage with BAME communities
 - Actively seek participation from BAME communities
 - CCG Consultation for Focus Groups
- HAREF monthly bulletin

Information

- Newcastle is a very diverse city and in the recent 2011 Census 14.5% identified as BAME, and in Gateshead, 3.7%
- The BAME community in Newcastle is predominantly of the South East Asian, African, Eastern European and the Middle Eastern communities. In Gateshead there is a large Orthodox Jewish community
- These communities differ in regards to religion, language and cultural practices and are intergenerational
- They may differ widely but what they do have in common are health inequalities and inequity of access to health services

Information

- In the 2001 Census, Pakistani and Bangladeshi men and women in England and Wales reported the highest rates of 'not good' health
- Children of South Asian origin in the UK are 13 times more likely to have Type 2 diabetes than White children (Diabetes UK 2009)
- HAREF research in 2014 found people who moved to UK / Newcastle from Central and Eastern Europe have higher support needs on how to use NHS

Barriers to accessing health services

- New to the area or country
- Lack of knowledge or understanding of services
- Language
- Cultural or religious barriers
- Living in deprived areas or with poor accommodation

Barriers to accessing health services

- Immigration status and NHS charging regulations
- People's misconceptions based on previous experience of services or discrimination
- Professionals do not feel confident to ask questions so may stereotype or make assumptions
- People often do not access mainstream health services as their first point of access

Case study: MESMAC

- Work with men and deliver HIV and sexual health awareness and rapid HIV testing
- ‘Bobby’ is asylum seeker who has been in UK 2 years. He fled Nigeria due to his torture and arrest as he was gay
- He was dispersed to Northeast and dropped in at Mesmac by chance
- Over a number of one to one sessions with him they found:
 - He had not heard of safe sex or seen a condom
 - He had not had a HIV test
 - He was not registered with a doctor
 - He was traumatised by his experiences in his home country

How did MESMAC help?

- Completed HIV test and provided information on safe sex
- Registered him with a local doctor
- Supported him with his TB diagnosis
- When he was refused asylum and NRPF, they helped him submit a further asylum claim, and spoke to his TB nurse to ensure his treatment continued
- Paid for his expenses to ensure he could access services and support
- Referred him to Freedom from Torture for therapy
- ‘Bobby’ was given leave to remain in UK and is now studying hospitality
- He still accesses Mesmac services for support and HIV testing

How is HAREF helping?

- Some examples of our work:
 - Leaflets for service users on accessing NHS
 - Hepatitis C within communities
 - Regulations on upfront NHS charging and extension to community health services
 - Ramadhan calendars

Key points

- BAME communities can find services hard to reach, and are not always linked into main stream services
- Community organisation's are key to working with BAME communities
- Health service provisions needs to be flexible and consider venue and timing
- Always consider cultural, language and access issues
- There is a direct link between good engagement and better health outcomes for communities
- We want to hear from more communities and organisations!



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