KREC
Kingston Race and Equalities Council

Developing an Anti-Racist Health and Care System:

Community insight from South West London

October 2025

Contents

Acknowledgements

We extend our sincere thanks to all the funded organisations involved in this work for their invaluable expertise and commitment to engaging with our local communities in South West London.

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Forewords

Foreword from John Azah OBE

Chief Executive, Kingston Race and Equalities Council (KREC)

Kingston Race and Equalities Council (KREC) works across South London towards the elimination of racial discrimination promotion of equality of opportunity and good relations and addresses the Human Rights and needs of all communities.

KREC are experts in Race Equity and Inclusion. KREC is the only Race and Equalities Council in South London with the specific remit to address discrimination and associated inequalities. We undertake casework specific to Race and associated inequalities, support local stakeholders in developing and monitoring equality policies and equity in delivery of services raising public awareness through educational and cultural events and help to develop and support local Black, Asian and Minoritised community organisations. These were the driving forces behind KREC partnering with the NHS South West London Integrated Care Board to address the stark health inequalities exposed during the Covid-19 Pandemic.

KREC set up processes which included working with the voluntary and community sector in South West London and focused mainly on Black and Minoritised communities. We set up a small grants programme of up to £2,000 to support organisations to take part in the research with 16 successful organisations. We launched the programme with a training session which explained the need for the project and equipped participating organisations with techniques and research methodologies which would help access the necessary information and insights from communities. It was clear from the insights and feedback from focus groups, one to one sessions and other communication methods used that communities were very keen to be involved and share their views to make themselves heard.

The recommendations from the report of this research intends to be hard-hitting and far-reaching and to be used by health providers across the Health and Care Sector to deliver equity to communities they serve.

KREC wants to acknowledge and thank all the community organisations who took part and got their members to express themselves so eloquently and to make their views known and their voices heard by the authorities who run services. This project would not have been possible without them.

Foreword from Melissa Berry

Director of Equality, Diversity and Inclusion, NHS South West London

Across South West London, our NHS, local authorities, and community and voluntary sector partners work together through the South West London Integrated Care Partnership. Together we share the ambition of becoming pro-actively anti-racist. It draws on our collective commitment to create an environment where tangible steps are taken, quickly and effectively to address persistent inequalities that continue to affect our workforce and our communities. By deliberately challenging systemic racism, we will work to curate an anti-racist health and care system.

We acknowledge that racism, whether overt or subtle, shapes many facets of our organisations. From higher incidences of bullying and harassment to disproportionate referrals in disciplinary processes, and inequities in mental health treatments and maternity care, the evidence is clear. These challenges demand urgent, targeted actions and determined leadership at every level of our infrastructure.

We know that dismantling racism and advancing equity cannot be done in isolation or solely from boardrooms. This work demanded a different approach—one rooted in trust, transparency, and community leadership. That's why we partnered with both statutory bodies and the vibrant Voluntary, Community and Social Enterprise (VCSE) sector. Together, we built bridges and created spaces for communities to lead, not just be heard.

What makes this work unique is not only *what* we asked, but *how* we asked it. Through a blend of qualitative and quantitative insight and a focus on co-production, we have captured voices too often left out of policy discussions. We have created a richer, more nuanced understanding of how racism shows up across the system and this report provides suggestions from our communities on what we can do to address it.

This report offers more than findings, it presents a bold opportunity to hear from our communities that are often unheard.

I want to extend my sincere gratitude to all our community partners who brought their truth, experience, and solutions to this work. Your leadership is invaluable.

Let this report be the start, not the end of a collective, sustained movement for change. I invite all stakeholders across the system to treat this as a foundation for collaboration, courage and meaningful transformation. The insights and recommendations here come directly from our community partners, and our role as an ICB is to listen, learn and work with them on what can be taken forward.

Executive Summary

The topic of racism is sensitive, uncomfortable, can challenge our traditional ways of thinking and has a profound impact on our local communities and patients. Taking an evidence-based approach to tackling racism is essential, and relevant for everyone regardless of their background or lived experience. This report is rooted in the voices of community partners and participants. Their words are presented as they were shared, sometimes powerfully, to reflect the reality of lived experiences.

How this work was done

Kingston Race and Equalities Council (KREC) worked in partnership with NHS South West London to lead on community engagement with people with lived experiences of racism. To support this, KREC launched a small grants programme, providing up to £2,000 to 16 community organisations to carry out locally led engagement. KREC led programme delivery and ran grant panels against set of criteria.

Global Majority communities were at the heart of the project and their voices provide evidence of ways we can aim to have a more inclusive, equitable, and anti-racist health and care system.

Funded organisations ran engagement activities with just under 900 people from Croydon, Kingston, Merton, Richmond and Sutton. All organisations were invited to a training session and encouraged to use creative and culturally appropriate methods of engagement. This ranged from surveys, focus groups, one-to-one interviews to engagement methods such as craftivism and storytelling ensuring all were heard and felt welcomed into the process.

Participants reflected a wide range of demographics and communities across South West London including global majority communities, older people particularly from people aged 65+, young adults, carers, refugees and asylum seekers, and disabled people. Organisations were asked to gather insight, share stories and experiences, suggesting key themes and recommendations rooted in the local peoples' voices. The findings and recommendations in this report were collectively agreed through a series of feedback sessions and a South West London conference with over 60 people in attendance.

What communities told us

1. **Experience of bias, discrimination, and racism**

Bias and discrimination were frequently mentioned as the primary reason for difficulty in accessing timely appointments and having symptoms overlooked by health professionals. There were also many reports of experiences of bias, discrimination, and racism within health and care services with people feeling rushed, dismissed, stereotyped, talked-down to, with widespread perception that staff lack time or empathy. This is not only harmful to immediate health outcomes but also erodes long-term trust in the NHS.

2. **Intersectionality and complex barriers shape peoples' experiences**

Multiple identities including race, refugee status, disability, and being a carer disproportionately impacted people's health and care experiences in navigating health and care. This intersectionality places additional pressure on mental and emotional wellbeing.

3. **Cultural competence and sensitivity**

Healthcare professionals need to genuinely listen to people and their symptoms, instead of making assumptions based on stereotypes or perceived trends associated with certain ethnicities. There was a strong call for improved cultural competence and sensitivity among healthcare staff. Little recognition or awareness of cultural needs meant people were often misunderstood or ignored.

4. **Lack of access to language and interpretation services**

Significant barriers exist in the lack of access to interpretation services or information in a language people understood. This often led to a breakdown in communication and trust. Reliance on family members to translate leave many feeling unheard, vulnerable and misdiagnosed.

5. **Cost of living**

Financial constraints were a significant barrier to accessing healthcare. High costs of prescriptions, treatments, and transport were frequently mentioned as affecting the ability to access health care. High parking costs at hospitals are seen as a significant deterrent alongside the unreliability of community transport options further complicating travel. The cost of living crisis is impacting general health and access to services.

6. **Digital exclusion and barriers to access**

The increasing digitisation of healthcare systems has inadvertently marginalised those who lack access or literacy in digital tools, as well as language needs. Older adults, disabled people, and refugees and asylum seekers reported major difficulties navigating

online appointment systems. People feel pushed online to access health and care information with little offline alternatives, making it even harder for people whose English is a second language. There is reliance on family or community groups to help translate and navigate health care.

Building on these insights, the report sets out a number of community-led recommendations and opportunities for implementation.

What communities recommend

Community-led recommendations for the health and care system to explore:

1. **Mandatory cultural competency training designed and delivered with Global Majority communities**: All NHS staff should have proper training on culture, bias and racism, and the training should be shaped and taught by the people affected, not just designed by the NHS.
2. **Properly resourced language and interpretation services:** Interpreters and translation should be available when needed, in enough numbers, so people don't have to rely on children or strangers to translate
3. **Advocacy and navigation roles rooted in lived experience:** Patients should have helpers or guides, ideally people with similar experiences, who can support them through the system and make sure they are heard.
4. **Regular health equity audits across NHS organisations and borough teams:** Hospitals and NHS bodies should check, every year, whether different communities are being treated fairly and whether there are gaps in access, experience or outcomes.
5. **Co-production embedded from the start of service design and planning:** Services should be designed together with communities from the beginning, not just shown to them after decisions are made.

Opportunities for implementation identified by communities include:

1. Reviewing governance and accountability arrangements.
2. Alignment of priorities across the health and care system
3. Creating a peer-learning network that can be scaled up across South West London
4. Testing local pilots that can be scaled up across South West London

Why this matters

The insight shared through this work shows clearly that racism and inequality harm people and undermine safe, effective healthcare. They also damage trust between communities and the NHS.

This report brings together evidence from nearly 900 people across South West London. It shows both the impact of racism in health and care and sets out community led recommendations for change. It is intended as a foundation for further action and as a call to work together towards a more inclusive and anti-racist health and care system.

Section 1: About the Project

Introduction

The topic of racism is sensitive, uncomfortable, can challenge our traditional ways of thinking and has a profound impact on our local communities, people and patients. Taking an evidence-based approach to tackling racism is essential, and relevant for everyone regardless of their background or lived experience.

Racism is a system that unfairly disadvantages some individuals and communities, and advantages others. Racism also may be considered a fundamental determinant of health because it is a dynamic process that endures and adapts over time, and because it influences multiple mechanisms, policies, practices and pathways that ultimately affect health. The health consequences of living in a racially stratified society are illustrated by a myriad of health outcomes that systematically occur along racial lines, such as disproportionately higher rates of infant mortality, obesity, deaths caused by heart disease and stroke, and an overall shorter life expectancy for our Global Majority communities in comparison with our White communities.

Racism and its impact on public health

Disparities between ethnic minority and majority groups in health, housing, education, arrests and court sentencing are believed to be due to racism, not simply to socio-economic sources. Addressing racism is central to eliminating racialised health disparities.

Race Equality Foundation (2023):

> '*Experiences of racism and racial discrimination are associated with poorer mental and physical health outcomes for people from minoritised ethnic groups... The enduring effects of racism on health operate over time both directly and indirectly. Repeated exposure to racism severely and negatively impacts the health of people from minoritised ethnic groups.'*

The Health Foundation (2020):

> *'Racial discrimination affects people's life chances negatively in many ways. For example, by restricting access to education and employment opportunities. People from Black and minority ethnic groups tend to have poorer socioeconomic circumstances, leading to poorer health outcomes. The stress associated with being discriminated against based on race directly affects people's mental and physical health*.'

Structural racism and the health and care system

Racism constitutes a barrier towards achieving equitable health and care and in a whole system this covers:

Professor Kevin Fenton CBE FFPH, Faculty of Public Health, Public Health Conference (2025) Racism and health: How do we move forward?:

- ***'Access barriers to healthcare** - this includes language barriers, cultural differences, migration status, and implicit biases which impact communication between healthcare providers and ethnic minority patients, leading to delays in diagnosis and treatment.*
- ***Bias in clinical decision-making** - structural racism can result in implicit bias in clinical decision-making, which can negatively impact patient care including likelihood of referral for further investigations or receive specialist treatment.*
- ***Inequities in patient outcomes** - structural racism can lead to inequities in patient outcomes, with ethnic minority patients experiencing poorer health outcomes, diagnostic delays, receive suboptimal treatment, and experience worse outcomes for certain health conditions.*
- ***Workforce disparities** - structural racism can result in workforce disparities – underrepresentation in senior roles, overrepresentation in lower-paid and lower-status roles, more likely to experience bullying and harassment with impacts on the quality of care and worsened ability to meet the needs of diverse patient populations.*
- ***Lack of diversity in clinical trials** - structural racism can result in a lack of diversity in clinical trials, which cam limit the generalisability of study findings and impact treatment options for diverse patient populations. This results in limited evidence-based treatment options for diverse patient populations. '*

The project

Kingston Race and Equalities Council (KREC) worked in partnership with NHS South West London and delivered a grant programme of community engagement to hear directly from Global Majority communities and people with lived experiences of racism. KREC worked in partnership with 16 community and voluntary sector organisations to make sure the approach was co-designed with local people and that the findings in this report resonated with recommendations collectively agreed through a series of feedback sessions. KREC identified key community and voluntary organisations to help

determine what themes communities considered were the most important to be addressed.

Global Majority communities were at the heart of the project and their voices provide evidence of ways we can aim to have a more inclusive, equitable, and anti-racist health and care system. The report and its findings are rooted in the voices of community partners and participants. Their words are presented as they were shared, sometimes powerfully, to reflect the reality of lived experiences.

This report details the organisations that were funded, engagement approach, insight collected and key recommendations.

The core objectives of the project were to:

- gather community-led insights on barriers to accessing health and care services.
- empower grassroots and voluntary organisations to lead local engagement work.
- co-design actionable recommendations with Global Majority communities most impacted by health inequalities.
- produce a final report.

Methodology

The project was funded as part of the South West London Anti-Racist Approach, which outlines a commitment to addressing systemic racism and improving health equity.

Training session for organisations, February 2025

KREC was awarded responsibility for leading community engagement and insight gathering.

To support this, KREC launched a small grants programme, providing up to £2,000 to voluntary and community organisations to carry out locally led engagement. KREC led grant panels against a set of criteria and awarded 16 organisations funding.

Funded organisations were invited to a training session and encouraged to use creative and culturally appropriate methods of engagement. This ranged from surveys, focus groups, one-to-one interviews to engagement methods such as craftivism and storytelling ensuring all were heard and felt welcomed into the process. Organisations were asked to gather insight, share stories and experiences, suggesting key themes and recommendations rooted in the local peoples' voices.

Each organisation submitted a report which have been collated into this overarching final report detailing the insight from across our South West London communities. All themes and recommendations were shaped by the funded organisations, local community leaders and in feedback sessions to make sure the detail in this report is accurate and resonated with the engagement that took place.

Project timeline:

- **December 2024 –** Project launch and onboarding of community organisations.
- **January 2025** – Small grants programme launched and grantees confirmed.
- **February 2025** – Grantee training and mobilisation. Engagement activities begin. Community organisations received (see Appendix A):
- **March 2025** – Insights gathering completed and preliminary analysis begins.
- **April to May 2025** – Draft interim report developed, conference planning
- **May 2025** – South West London anti-racism approach conference bringing together funded organisations and wider interested partners
- **June 2025** – Community-led recommendations codesigned with funded organisations
- **July-September 2025** – Draft report shared with funded organisations and final amendments made
- **October 2025**– Final report published.

Overview of funded organisations and communities reached

The project funded 16 community organisations and engaged with just under 900 people from Croydon, Kingston, Merton, Richmond and Sutton. Organisations in Wandsworth were approached and information communicated about the grant funding, however no organisations submitted an application.

Each funded organisation was embedded within a particular locality or had the trusted relationships to engage with specific populations to provide perspectives from our Global Majority communities in South West London. See findings by each funded organisation in Section 2.

Borough	Organisation and communities	Number of people
Croydon	**ACS Community Projects (ACS-UK)** - Black British, Caribbean and African men, predominantly aged 18-55 years old.	27
	Advice Support Knowledge Information (ASKI) – Caribbean, African older people aged 70+ years old	25
	Communities First Foundation - Somali and North African communities	63
	Croydon BME Forum - Black/Black British, Asian/Asian British	43
	Croydon Vision - Visually impaired individuals across ethnicities	29
	Dignitate - Black Caribbean, British African, Southeast Asian	31
	Floating Counselling Community - Refugees and asylum seekers	250
	Soul Purpose 360 CIC - African Caribbean Women	79
Kingston	**Connect: North Korea** - North Korean escapees and South Korean diaspora	55
	Kingston Advocacy Group (KAG) - Black African, Pakistani, refugee and disabled communities	23
	Migrant Advocacy Service - Middle Eastern, Afghani, Asian, Tamil	20
	Milaap Multicultural Day Centre - Elderly from Indian, Pakistani, Sri Lankan, Filipino, and East African backgrounds	40
Richmond	**Multicultural Richmond** - Diverse global majority and refugee populations	57
Merton	**Merton Centre for Independent Living (Merton CIL)** - Disabled, Black and Asian individuals	10
Croydon, Merton and Sutton	**Asian Resource Centre of Croydon** – Adults and children from South Asian communities	71
	Jigsaw4U - Young people and BAME families	64
	Total number of people engaged	**887**

The participants reflected a wide range of demographics and communities across South West London including:

- Older people – particularly from people aged 65+
- Young adults
- Carers
- Disabled people
- Refugees and asylum seekers
- Global Majority communities including Afghan, Arab, Asian, Asian British, Black African, Black British, Black Caribbean, Chinese, Eastern Africa, Egyptian, European, Filipino, Indian, Hong Kong, Japanese, Malaysian, Middle Eastern,

Mixed Black African/White, Mixed Black Caribbean/White, North Korean, South Asian, Sri Lankan, Sri Lankan Tamil and White British.

- Languages spoken included Pashto an eastern Iranian language spoken in Afghanistan and Pakistan, Sinhala or Sinhalese, Urdu, Punjabi, Korean, Setswana, French and Lingala.

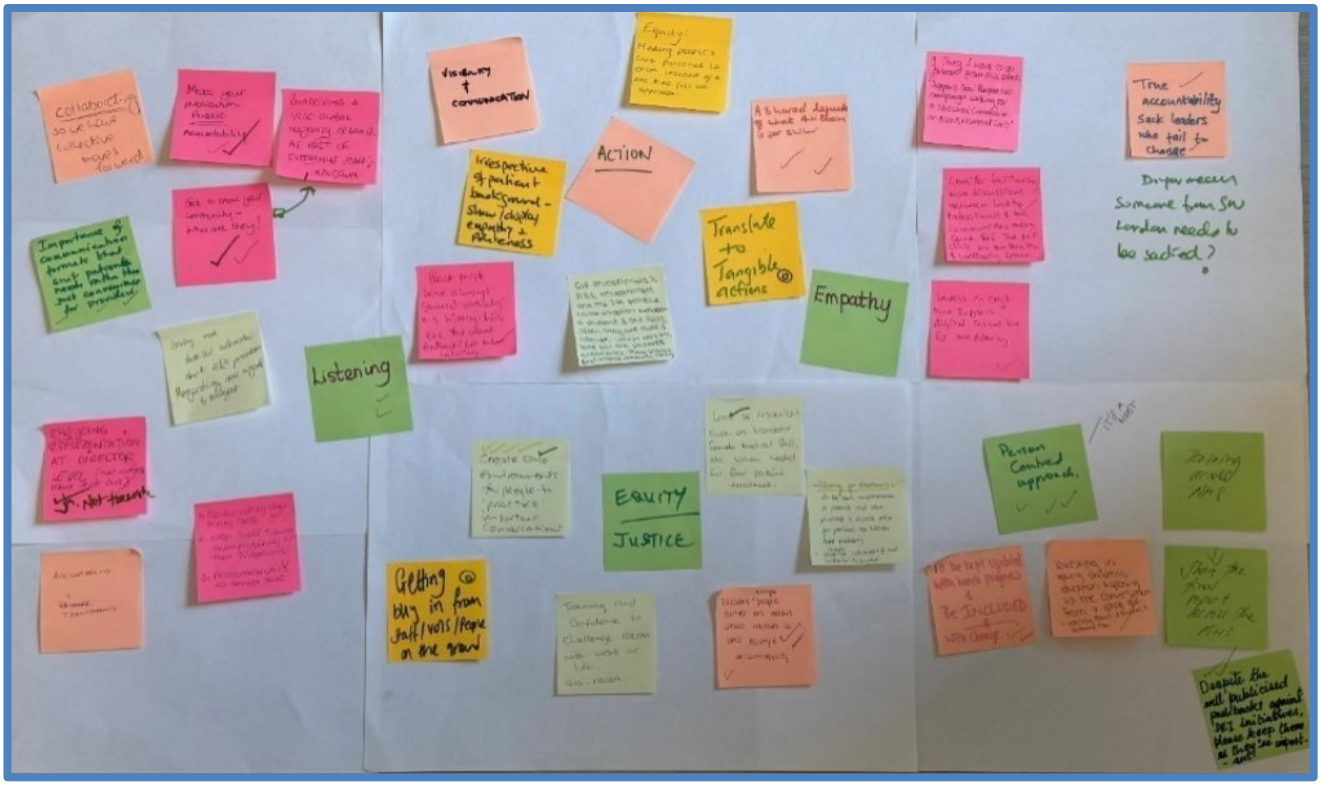
Many of the respondents are navigating multiple systems of exclusion. There was a high proportion of organisations that engaged with Black African communities (n=11), Black Caribbean communities (n=10), migrants, refugees, asylum seekers (n=10) and disabled people (n=4).

South West London Anti-racism approach conference

Over 60 people attended the South West London anti-racist approach conference on Wednesday 28 May hosted at Croydon Vision. The conference provided the opportunity for the funded organisations to come together to share insight gathered through their engagement and help shape the recommendations.

The insight from this conference has been included in the main findings section of this report.

As part of the day attendees were asked what is the one recommendation you would like South West London to take forward?. The top voted for responses were:



Actions to support improving health outcomes of Global Majority communities:

- A person centred approach - it's a must! Equity - making people's care personal to them instead of a 'one size fits all' approach
- Communication formats that suit peoples' needs rather than just convenience for providers. This includes interpretation services.
- Keep the diversity, equality and inclusion initiatives, despite the well-publicised push backs, they are important .
- Updating communities and including us in change.

Actions for South West London as a health and care system:

- A shared definition of what anti racism is for South West London.
- True accountability by leaders in the NHS and other statutory partners. Work towards ensuring inclusive representation at Director level that reflects make up of South West London, which is not just tokenistic.
- Statutory partners to shadow a community organisation that works with Global Majority communities, make it part of the staff induction.
- Facilitate more discussions between health professionals and the community they serve. Create safe environments for people to 'practice' important conversations.
- Training and confidence to challenge racism with work or life, including cultural competency for frontline workers.

Thank you to everyone that attended.

Section 2: Thematic insights

Over 900 people were engaged across 16 organisations revealed strikingly consistent experiences of exclusion, discrimination, and systemic barriers in health and care. These themes were felt across communities, Global Majority, refugees, disabled people, carers and across life stages and settings. Tackling these in partnership is essential to building a truly equitable, person-centred health and care system.

We mapped all the insight across the 16 organisations and the key experiences were:

- Experience of bias, discrimination or racism specifically feeling that poor access to timely appointments and long waiting times were due to this (reported by 14 organisations)
- Lack of access to language, interpretation services, breakdown in communication and trust (reported by 15 organisations)
- Experiences of services or approaches that were not culturally competent or inclusive (reported by 13 organisations)
- Financial barriers impacting their ability to access health and care, for example transport costs and dentistry services (reported by 13 organisations)
- People feeling invisible or not listened to about their health and care needs (reported by 10 organisations)

Theme 1: Discrimination, bias and racism

> *One participant who attended an emergency centre in hospital without an interpreter encountered a nurse who yelled at him due to his limited language skills, which he perceived as an act of racism. As a result, he chose not to see his doctor and left the hospital to return home.*
>
> *One participant highlighted that the hospital immediately assumed her son was involved in criminal activity and called the Police – labelling her son a criminal.*
>
> *“As a black woman and single mother, I was constantly stereotyped and made the victim of biases from doctors and healthcare staff. Asked questions like “and the father?”, “do they have the same father?”*

Bias and discrimination were frequently cited as primary reasons for difficulties in accessing timely appointments and having symptoms overlooked by health professionals. Participants consistently reported experiences of bias, discrimination, and racism within health and care services. They feel rushed, dismissed, stereotypes, talked-down to, children feel scared, carers invisible, with widespread perception that

staff lack time or empathy. These issues were not only harmful to immediate health outcomes but also erode long-term trust in the NHS.

There were also experiences of bias in pain assessment directly which people felt related to ethnicity or cultural background, including women unable to request female clinicians, carers finding navigating the systems difficult and accounts of services ignoring cultural traditions or faith-based care. These experiences drive avoidance of services and self-advocacy fatigue, many rely on community or overseas care instead.

Key insight: Culturally competent care isn't optional, it is critical to safety and equity. Culturally competent care could look like:

- Listening without assumption
- Asking about cultural context and preferences
- Avoiding stereotypes
- Providing interpreter support
- Training staff in cultural humility

Theme 2: Intersectionality and complex barriers shape peoples' experiences

> *"I was hospitalised during Ramadan, they did not respect my religion at all."*

Many participants expressed that their multiple identities for example including race, refugee status, disability, and being a carer, disproportionately impacted their health and care experiences in navigating their care. Isolation, stress and lack of support were deeply felt by unpaid carers, disabled people, people with long term conditions and refugees and asylum seekers. This intersectionality also places additional pressure on their mental and emotional wellbeing.

Many participants described how their race and language were seen as a burden, leading to dismissive and impatient treatment by healthcare staff.

Key Insight: Community-based health advocacy and peer support networks are vital.

Theme 3: Cultural competence and sensitivity

> *"Nobody should go for medical help and feel discrimination because of their culture."*
> *"I was talked down to by an English privileged doctor with no empathy."*
>
> *Pakistani female in A&E felt her health concerns not being taken seriously despite speaking good English by doctors until her young British son came and spoke to the*

doctors. She was not treated until the son came, despite him repeating the same things to the doctors that she had said in the first place. Felt that if her son had not come, she would have been sent home without any treatment.

Participants want healthcare professionals to genuinely listen to their accounts of their symptoms, instead of making assumptions based on stereotypes or perceived trends associated with certain ethnicities. There was a strong call for improved cultural competence and sensitivity among healthcare staff. There was little recognition or awareness of cultural needs which were often misunderstood or ignored.

Theme 4: Lack of access to language and interpretation services

One participant recounted how a language barrier almost cost a family member their life due to miscommunication in a 'phone call to the emergency services.

"When I called the surgery, the receptionist was dismissive and impatient with me. She interrupted me multiple times, clearly frustrated with my accent and the way I spoke."

Many participants experienced significant barriers due to the lack of access to interpretation services or information in a language they understood. This often led to a breakdown in communication and trust. Reliance on family members to translate have left many patients feeling unheard, vulnerable and misdiagnosed.

Key insight: Language services must be seen as core infrastructure, not a 'luxury'. Interpretation should be easily accessible.

Theme 5: Cost of living

Financial constraints were a significant barrier to accessing healthcare. High costs of prescriptions, treatments, and transport were frequently mentioned as affecting individuals' ability to access health care.

Participants cited high parking costs at hospitals as a significant deterrent and the unreliability of community transport options further complicating travel. Another participant mentioned that the cost of living crisis was impacting general health and access to services.

Theme 6: Digital exclusion and barriers to access

The increasing digitisation of healthcare systems has inadvertently further marginalised people who lack access or literacy in digital tools, as well as language needs. Older adults, disabled people, and refugees and asylum seekers reported major difficulties

navigating online appointment systems. Many participants feel pushed online to access health and care information with little offline alternatives, this makes it even harder for people whose English is a second language with reliance on family or community groups to help translate and navigate their health care.

For example, many elderly participants expressed frustration with the increasing reliance on technology and felt out of touch with digital solutions. Another participant mentioned that they had to take a bus to their GP to book an appointment due to the lack of digital access.

Key insight: In-person and phone-based healthcare access options are essential. Equity requires options.

Section 3: Community-led recommendations

We held a number of codesign sessions with the funded organisations and together have designed a set of recommendations for the health and care system to explore. This section also includes opportunities for implementation which aims to set out how these could be achieved in practice. These recommendations reflect the voices of are rooted in the voices of community partners and participants and are presented for consideration by system partners. Their words are presented as they were shared, sometimes powerfully, to reflect the reality of lived experiences.

1. Mandate cultural competency training

- Cultural competency training to move beyond e-learning ‘tick-boxes’. It should be delivered by and with Global Majority communities.
- Embed real stories from community members, using co-produced case studies, interviews, and facilitated dialogue.
- Training should be linked to Continuing Professional Development (CPD), with annual refreshers and assessments.
- Organisations should be incentivised through procurement requirements and outcome-based performance reviews.

2. Resource language and interpretation services

- Removing variability in provision for translation and interpretation services.
- Invest in training and employment for multilingual health navigators from Global Majority communities.
- Prioritise interpreter availability in primary care and triage, especially where language is a significant access barrier.

3. Health advocacy and navigation support

- People should have helpers or guides, ideally people with similar experiences, who can support them through the system and make sure they are heard.
- Building on local knowledge and peer-led models. Fund community health advocates rooted in lived experience.
- Position these roles within GP surgeries, hospitals, and community and voluntary sector organisations and settings.
- Use data to demonstrate reductions in missed appointments, misdiagnosis, and disengagement.

4. Make health equity audits and accountability a requirement

- Mandatory annual health equity audits in every NHS Trust, ICB and borough team. For example the Health Equity Assessment Tool.
- Ensure audits are co-designed with community and voluntary partners and publicly published.
- Use audit outcomes to inform budget setting, service design, and recruitment strategies. Review whether there are gaps in access, experience or outcomes.

5. Embed co-production at the beginning of service design and system planning

- Allocate funding for engagement that includes co-design and co-production and work collaboratively with the community and voluntary sector, people with lived experiences and current service users.
- Trial new models of care rooted in community experiences,such as multilingual reception points, alternative referral pathways, and culturally tailored triage systems.
- Embed Global Majority communities at every stage of service transformation, not just feedback or testing predetermined ideas.

Opportunities for implementation to support the recommendations:

1. Reviewing governance and accountability arrangements
2. Alignment of priorities across the health and care system
3. Creating a peer-learning network that can be scaled up across South West London
4. Testing local pilots that can be scaled up across South West London

1. Review governance and accountability arrangements

- Undertake health equity audits on all programmes of work and determine accountability for actions as a result of these audits.
- Review the role and membership on the Anti-Racism Steering Group and its accountability and governance in ICB Boards, for example the SWL Health and Equity Partnership Board, SWL Workforce Board to consider and act on this insight.
- Strengthen the roles for system action with the NHS, Local Authority, community and voluntary sector partners and local communities.
- Collaborative partnerships with community and voluntary sector as key organisations to understanding our communities with the reach and expertise to support better alignment of priorities, working to co-design and co-produce the testing of local pilots sand emerging programmes in the 10-year plan.

- Map and determine best practice for future governance to include community decision-making power, with rotating chairs or voting mechanisms, including overseeing audit implementation, reviewing equity metrics and driving transformation plans.
- Develop a community commissioning charter - a practical tool outlining shared values for co-production and inclusive commissioning in partnership with the community and voluntary sector, signed by all statutory funders to formalise expectations of local communities to do co-production well.

2. Alignment of priorities across the health and care system

- Align priorities and work towards integrating care, including NHS England's Core20PLUS5 strategy, NHS 10 year health plan and Neighbourhood Health Service development.
- Value the diversity and expertise of the community and voluntary sector in system planning, designing and delivery.

3. Creating a peer-learning network

- Convene learning events to exchange strategies, challenges, and impact from partners across the system, making sure that the community and voluntary sector are central to the network.
- Focus on the operational delivery of cultural competency.
- Share best practice on community engagement, co-design and coproduction.

4. Testing local pilots that can be scaled up

- Select 3–5 boroughs to test implementation of navigator roles, multilingual services, and co-designed service hubs.
- Monitor and evaluate outcomes with community and voluntary sector partners.
- Use findings to scale or adapt successful models.

Section 4: Main findings – by organisation in their own words

ACS Community Projects (ACS-UK) - (Croydon)

ACS-UK[1] is dedicated to supporting marginalised communities, particularly refugees and asylum seekers in Croydon. Our mission is to help individuals overcome barriers to integration and thrive within UK society. We provide holistic support services including employment assistance, legal, housing, education and support with healthcare access. Through our refugees and asylum seekers support programme, we assist clients in navigating complex systems and accessing essential services like GP registration and mental health care. ACS-UK also runs specialised training programs such as ESOL (English for Speakers of Other Languages). We are committed to promoting social inclusion and providing vulnerable individuals with the resources they need to build stable and fulfilling lives.

Approach and communities engaged

The engagement involved asylum seekers with children and limited English language in Croydon. A questionnaire and telephone interviews were conducted with 27 participants predominantly aged 18-55 years old. Languages spoken included limited English, Pashto, Sinhala, Urdu, French, Albanian, Punjabi, French/Lingala, Arabic and Setswana.

Key themes:

- **Lack of culturally appropriate services** – with one third of participants feeling that their language or cultural needs were not considered during a recent health care visit.
- **Difficulties obtaining timely healthcare appointments** specifically GP appointments.
- **Dissatisfaction with service accessibility** but general satisfaction with respectful interactions. Specific gaps identified for asylum seekers.

Solutions to improve access to health and care:

"Nurses who communicate better and are respectful to their patients"

- Language support and enhanced interpretation services
- Better dissemination of information in varied languages.

[1] www.acs-uk.org

- More walk-in services.
- Urgent care pathways tailored for asylum seekers – pilot walk in services to provide better primary care access with dedicated interpretation services.
- Cultural competence training for healthcare staff.

Advice Support Knowledge Information (ASKI) - (Croydon)

ASKI[2] are a user-led, women-led, BAME-led organisation established to support and signpost individuals who face barriers to inclusion. We support racialised, minoritised, economically disadvantaged and hard-to-reach elders (65+) in Croydon who face physical, language, psychological, cultural, or practical barriers to accessing health services. We provide weekly culturally appropriate health services, including dance classes, art sessions, group walks and a community café which acts as a hub for social connection, skill development and learning for racialised and deprived elders. We support members to navigate digital platforms, such as the NHS app, access key information, such as pensions and stay warm if struggling with bill poverty. Our approach fosters community cohesion, encourages healthy lifestyles, and empowers our members to take an active role in their wellbeing.

Approach and communities engaged

We carried out a combination of one-to-one interviews and community discussions. We worked with 25 older people aged 70+ years from our Caribbean (20 participants) and African (5 participants) communities. Participants were encouraged to express their concerns and suggestions, fostering an open dialogue about their interactions with the healthcare system.

> *"The receptionist was asking me why I wanted to see the GP my voice is not very loud I did not want the surgery to all hear my reason for the appointment, so I left."*

Key themes:

- **Prolonged waiting times for appointments and treatments –** exacerbating people's existing health conditions, both mental and physical health leading to a deterioration in overall wellbeing.
- **Feeling alienated and a reluctance to seek necessary medical attention** – due to a lack of cultural sensitivity within hospital settings.
- **People feel uniformed and unsupported –** inaccessibility of information now predominantly online and creating a digital divide.
- **A pervasive sense of invisibility within the healthcare system** – people feel unimportant and overlooked, particularly during GP appointments. There is a perception that GPs do not have adequate time to engage with them which exacerbates feelings of neglect and stress.
- **Fear of hospital visits -** fuelled by negative portrayals of long waiting times and overcrowding leading some to avoid necessary medical care altogether. This fear can result in individuals suffering in silence rather than seeking help.

[2] www.aski.org.uk

- **Staffing shortages seen as a significant barrier to accessing timely care and frustration** - reporting frequent cancellations.
- **Financial constraints were also identified as a barrier to accessing healthcare –** citing high parking costs at hospitals as a significant deterrent and the unreliability of community transport options further complicating travel.

Solutions to improve access to health and care:

- **Enhancing cultural competency training** – to better understand and meet the needs of diverse populations. This will foster a more inclusive environment, making patients feel seen and respected.
- **Improving access to information and working with community outreach to bridge the information gap –** particularly so that older adults can navigate healthcare services regardless of their digital literacy.
- **Reducing waiting times and better appointment scheduling**
- **Subsidise parking costs and improve community transport options** to ensure that financial constraints do not hinder access to care.
- **Fostering better communication** between healthcare providers and patients can help to ensure people feel heard and valued.
- **Promoting community support and volunteers to help people– particularly** older adults in navigating healthcare systems.
- **More face-to-face appointments to make the system more user friendly** - people acknowledge that since COVID surgeries want to do telephone appointments, however older people want to see the GP in person.

Recommendation

The experiences shared by older individuals from the Global Majority highlight significant challenges within the healthcare system. Addressing these issues requires a multifaceted approach that includes improving cultural sensitivity, enhancing access to information, reducing waiting times, and addressing financial barriers. By implementing these recommendations, we can create a more inclusive and equitable healthcare system that ensures all individuals feel valued and supported in their healthcare journeys.

It was felt medical specialists should join engagement and focus groups so they can hear frustrations first-hand.

Asian Resource Centre Croydon - (Croydon, Merton, Sutton)

Asian Resource Centre of Croydon[3] (ARCC) brings together Asian communities to foster, advance and champion community engagement and volunteer initiatives that enhance our local community's wellbeing, health and overall quality of life. Our vision encompasses a thriving, inclusive and enduring voluntary and community sector that enriches the lives of Asian and minority ethnic communities.

Approach and communities engaged:

- **Two surveys** – 24 adults and 17 children aged under 13 years old. Among the adult respondents 20 were from Croydon, 3 from Sutton and 1 from Merton. Although we did not capture borough information for the children, the majority were from Croydon.
- **Two focus groups** - 27 participants from Croydon.
- **Three one-to-one interviews** with people from Croydon

Key themes - adults:

- **Interpreters help but they are not always there -** for people who do not speak or understand English well this makes it hard to talk to GPs or book appointments.
- **Appointments are too short** meaning people feel not listened to and rushed, especially if there is an interpreter.
- **Not everyone is good with technology -** older people find it confusing to use a phone or websites to book an appointment.
- **Cultural needs not met -** some women want to see female doctors but that's not always possible. Staff sometimes don't understand different cultures.
- **Dentist visits, glasses and hearing aids cost too much**. Some people can't afford private care or travel and even go back to their home country for cheaper treatment.

[3] www.arccltd.com

- **Over-two thirds of participants experience challenges accessing health and care services** and do not always feel listened to or confident when seeking help.
- **People said many NHS staff are kind and try their best.**

Key themes – children:

- **Many children do not feel happy or safe when seeing a doctor.** Most feel just "okay" or nervous**.**
- **Children feel their families don't always go to the doctor when sick** affecting how they feel about doctors.

Solutions to improve access to health and care:

- More interpreters translated information and staff who understand the community's culture.
- Improve booking processes and provide walk-in centres removing the need to book in advance.
- Provide choices between face-to-face, phone or online care.
- Community hubs with health support nearby.
- Children want visits to feel quicker and more fun, making health visits friendlier and easier could help them feel more comfortable.

Recommendation:

- People want care that is easy to access, fair and respectful of their culture and language. Making services simpler and more welcoming will help everyone.
- Improving cultural competence among healthcare professionals, and meaningfully listening to and involving communities in health decisions, will help build trust and engagement.


£20
Per Participant
COMMUNITY HEALTH & CARE INSIGHTS FOCUS GROUP
ARCC in partnership with Kingston Race & Equalities Council is working to develop antiracist approaches to health and care. This programme is an opportunity to ensure that the voices of minoritised communities are heard and that their experiences inform real change.
We want to hear about your experiences with health and care services by taking part in our focus group.
Limited Spaces - to register call 07861 664 311 OR email nayim.chowdhury@arccltd.com
4th March 2025
12 - 1pm
Norbury Library
1st Floor, Beatrice Avenue, Norbury, SW16 4UW
KREC
Kingston Race and Equalities Council


YOUR OPINION MATTERS
COMMUNITY HEALTH & CARE INSIGHTS SURVEY
ARCC in partnership with Kingston Race & Equalities Council is working to develop antiracist approaches to health and care. This programme is an opportunity to ensure that the voices of minoritised communities are heard and that their experiences inform real change.
We want to hear about your experiences with health and care services. Please complete the survey by clicking HERE or scan the QR code below.
SCAN ME
KREC
Kingston Race and Equalities Council

Communities First - (Croydon)

Communities First[4] actively supports marginalised communities working to address social inequalities and empower individuals through sporting activities, education, health advocacy, and skills development. Our primary focus is on Black and Minority Ethnic communities, including African, Caribbean, South Asian, and refugee/asylum-seeker groups across Croydon and Sutton. We run initiatives such as our Community Café, we provide safe spaces for discussions on key issues, including healthcare access and racial disparities. By collaborating with local organisations, faith groups, and grassroots initiatives, we work towards building a more inclusive and equitable society, ensuring that underrepresented voices shape policies and services that directly impact them.

Approach and communities engaged

63 young adults and middle-aged participants aged 18-50 years old, mixed participation across genders, Black African, Caribbean, South Asian, refugee and asylum seekers and people in low income households.

Engagement activities included:

- Venue-based interactive escape game (Breaking Barriers to Healthcare)
- Group discussions and debriefing sessions
- Experience sharing and storytelling
- Digital distribution and a film about the findings from the project.

One participant recounted how a language barrier almost cost a family member their life due to miscommunication in a phone call to the emergency services.

A refugee participant shared that they avoided healthcare services after experiencing dismissive treatment from staff, forcing them to rely on home remedies.

Key themes:

[4] www.communitiesfirst.uk.com

- **Language and communication barriers -** many reported difficulties in accessing healthcare due to lack of interpreters.
- **Cultural awareness gaps** participants expressed a need for recognition of traditional medicinal practices.
- **Parents are administering treatment at home to their children** due to long waiting times and delays in receiving treatment
- **Distrust and negative experiences** - discrimination and bias from healthcare professionals deterred service use.

Solutions to improve access to health and care:

- **Increase the availability of interpreters** in hospitals and clinics.
- **Cultural competency training and mandatory anti-racism training** for healthcare professionals to reduce biases.
- Provide **financial assistance for low-income individuals** facing healthcare costs.
- **Better outreach programmes** to improve engagement with minoritised communities.
- **Incorporating cultural medicine awareness** into mainstream healthcare discussions.

Organisation leaders stressed the importance of sustained and accessible community consultation in shaping healthcare reforms. They noted that meaningful engagement with communities should not be a one-time initiative, but an ongoing process integrated into healthcare policy development. They emphasised the necessity of shifting healthcare practices towards a more culturally competent model, where professionals are trained to understand and address the unique needs of minoritised communities. Leaders also identified the importance of addressing distrust in healthcare institutions, recommending collaborative efforts between community organisations and healthcare providers to rebuild confidence in services.

Recommendation

Community-led health advocacy programme - a partnership between healthcare providers and community leaders to build trust, provide language support and improve outreach.

Capacity-building for community leaders -providing training and resources for local advocates to continue raising awareness and facilitating discussions on healthcare inequalities within their own communities.

Connect: North Korea - (Kingston)

Connect: North Korea (CNK)[5] is the only UK charity directly supporting North Korean refugees and asylum seekers primarily working in New Malden. CNK supports and advocates for North Korean refugees, offering assistance to overcome barriers to their new life in the UK and helping to amplify their voices to ensure their experiences are heard.

We build resilience, improve mental and physical health and raise their awareness of health in our community through outreach, advisory services, mental health therapies and peer-led wellbeing sessions, and vocational training. We aim to rebuild a fragile community, reduce inter-generational trauma, combat inequality, break the cycle of disadvantage and enhance the life chances of this severely marginalised and underrepresented group.

Approach and communities engaged

This project primarily focused on North Korean escapees, but we also engaged South Korean, White British, and other refugee communities for the health survey to be the comparison groups.

- **Health interviews:** 10 North Koreans (F: 7, M: 3)
- **Health survey:** 45 North Korean (F: 30, M: 15), 33 White British (F: 21, M: 12), 22 South Korean (F: 19, M: 3), 3 other refugees (M: 3)

One person who attended the emergency centre in hospital without an interpreter encountered a nurse who yelled at him due to his limited language skills, which he perceived as an act of racism. As a result, he chose not to see his doctor and left the hospital to return home.

Key themes:

- North Korean escapees have varied experiences with UK healthcare services which lead the majority of people to **stop seeking help of giving up on treatment.**
- More than half of North Korean escapees indicate that they **have no access to healthcare at all.**
- **Underuse and reluctance to navigate mental health services** due to cultural stigma and lack of awareness.

[5] www.connectnorthkorea.org

- **Strong reliance on community support through Korean churches** than visiting hospitals for minor illnesses or even travel to South Korea for better treatment options.
- **Long waiting times and difficulties in getting referrals cause frustration and impact on income** – many people are paid by the hour so inflexibility of appointments results in financial loss.
- **Language barriers make people seek support elsewhere** such as their family members, via Connect: North Korea, and on-site interpreting services.
- **Cultural preference results in additional challenges when navigating the healthcare system -** North Korean escapees prefer immediate, straightforward interventions over detailed diagnoses which comes from limited information about the process related to their limited language skills. They often opt for self-care and symptomatic treatments, rather than pursuing a comprehensive diagnostic process.
- **Some people reported experiencing racism and feel discriminated** -the accumulated language barriers, waiting times and lack of information can lead to feelings of discrimination as well as the unfamiliarity with the UK healthcare system.
- **Pharmacies are often used and accessible** for prescriptions, medication, minor illnesses and chronic diseases management.
- **Digital illiteracy adds to the difficulties in accessing services**
- More than half of interviewees **reported medical staff were professional, respectful, and caring with supportive attitude**.

Solutions to improve access to health and care:

- Culturally competent staff training and better interpreting services.
- Improved access to comprehensive preventive care such as cancer screening.
- Information provided in Korean would greatly benefit North Korean escapees and asylum seekers navigating the UK healthcare system.
- Patient-centred care and outreach to deliver health-related information in Korean, language support and community-led services.

Recommendation

Run events and health education sessions in Korean to help raise their awareness about the importance of physical and mental health. For example, health days, led by a Health Lead and a Community Health Champion to briefly provide basic health check-ups such as blood pressure, blood glucose levels, BMI, and offer information about their prescriptions to enhance support and resources for the North Korean community.

Croydon BME Forum - (Croydon)

Croydon BME Forum[6] is dedicated to improving the lives of Black and Minority Ethnic (BME) communities. Our primary area of operation is in the London Borough of Croydon, although we collaborate with organisations and groups across other Southwest London boroughs, including Sutton and Merton, to address shared issues. We serve a diverse range of communities, including African, Caribbean, South Asian, East Asian, and other ethnic minority groups. Our work focuses on addressing inequalities in health, education, and economic opportunities, while amplifying the voices of marginalised groups. We promote equality, inclusion, and empowerment for BME communities and strive to address systemic inequalities ensuring voices are heard, valued, and represented in decision-making processes.

Approach and communities engaged

We conducted focus groups, surveys and interviews and engaged 43 participants. 70% (n=30) identified as Black/Black British (e.g. African, Caribbean, other Black background), 14% (n=6) as Asian / Asian British (e.g., South Asian, East Asian, Other Asian background), 9% (n=4) Mixed / Multiple ethnic backgrounds and 7% as White British (n=3). Nearly half of participants were aged 65+ years old, with 81% (n=35) identifying as a women and all were Croydon residents. We also engaged a significant number of asylum seekers through our Asylum Seeker Project, which is facilitated by our Wellbeing Advisors at the Wellness Centre.

> *A refused asylum seeker who was street homeless and suffered seizures after being attacked. Despite being entitled to free treatment for conditions caused by violence, he received an invoice for a three-week hospital stay. With the guidance and assistance of community organisations, he has submitted an appeal, and we are confident it will be successful given his circumstances.*

Key themes:

- **Language and communication barriers** - participants highlighted significant challenges in accessing healthcare services and communicating effectively with their GPs. While the introduction of the NHS app and online booking systems has helped bridge some gaps, many elderly participants expressed frustration with the increasing reliance on technology and out of touch with digital solutions.

[6] www.cbmeforum.org

- **Lack of training among staff** - participants noted instances where staff did not follow proper procedures or demonstrate adequate professionalism, which negatively impacted their experience with health and care services.
- **Long waiting times for appointments -** often exacerbated their health concerns and created additional stress. There is the need to better serve the community, particularly elderly and digitally excluded individuals (including asylum seekers).
- **Service inaccessibility** disproportionately affects older people, particularly due to the increasing shift of healthcare services online. Participants commented taking a bus to their GP to book an appointment.
- **Digital exclusion and lack of support from GP practices to help** leave people feeling overwhelmed and isolated.
- **Asylum seekers are unaware of their rights and face administrative hurdles -** including confusion around their eligibility for NHS services and financial constraints. Many expressed feeling **unseen and unheard** due to their immigration status.
- People with **No Recourse to Public Funds (NRPF) often feel disempowered when accessing healthcare** and avoid seeking medical help unless they or their children show signs of serious illness, as they fear being turned away.
- **Disabled individuals often encounter physical, communication, and systemic barriers** when accessing healthcare

Solutions to improve access to health and care:

- Urgent need for accessible, patient-centred support for elderly and vulnerable individuals who face barriers to digital inclusion.
- Community-driven solutions to improve trust, accessibility, and service design in healthcare.
- Digital inclusion support programme to help older adults navigate online healthcare services.

Recommendation

- Improved outreach efforts to engage hard-to-reach groups, such as older people, disabled individuals, and asylum seekers.
- Providing language support for non-English speakers.
- Comprehensive training including implementing cultural competence across all healthcare settings is essential that reinforces professionalism, empathy, and adherence to best practices.

Croydon Vision - (Croydon)

Croydon Vision[7] serves the sight loss community of Croydon. We are a membership organisation, free to join for anyone affected by sight loss in our Borough. We work with those in our community who have a visual impairment or are at risk of a visual impairment. Our 1,065 members range in age from three to over 100 years old. In line with age related vision impairment, the majority of our members are older people.

Our role is to give hope that there is life after sight loss. We have continued to adapt to the changing demands and needs of a diverse sight loss community. Our core belief has remained unchanged – that those living with sight loss should be able to do so with independence, confidence and dignity. We work to achieve this offering services and activities to our members, their families and carers, including: advice and advocacy; employability support; low vision clinic; sight loss workshops; tech training; outreach.

Approach and communities engaged

29 participants, 30% male and 70% female, ranging from 8 to 90 years of age. We ran two focus group discussions, four one-to-one interviews and five questionnaires with children. The participants included Black (African, Caribbean, British, Other), Asian (South, East, Other), White Other, parents of disabled children (Black and White), disabled people, refugees/asylum seekers, LGBTQ+ communities and people with learning disabilities. The research participants mainly access health and social care services within Croydon; a small number also reported their experiences across Central London hospitals.

> *One participant highlighted that the hospital immediately assumed her son was involved in criminal activity and called the Police – labelling her son a criminal.*

Key themes:

- **Racism and discrimination continue to be a barrier** towards achieving equitable health and social care across settings
- **Underestimating the pain experienced by minorities -** Black and Asian people are perceived to have a high pain threshold and feel health professionals overlook and ignore risk assessments and support

[7] www.croydonvision.org.uk

- **Discriminatory communication that increases exclusion –** layered with disrespect, arrogance, threats, and contempt. Language described as inspiring fear and is perceived as *"threatening", "aggressive", "patronising", "condescending", "robotic",* and/or *"humiliating". "They speak to me differently, in a patronising way."*
- **A culture of prejudice and bias permeates the health and social care pathways across timelines** – people feel undermined, ignored, humiliated, disrespected and misunderstood throughout the health care journey. Lack of respect, professionalism, understanding, consideration, and compassion underscore the patient journey.
- **Broken ethical compass** manifested by inherent disrespect and compassion for other human beings (e.g., contempt, disapproval, disinterest, willingly ignoring and deprioritising, and lack of inclusion).
- **Community settings such as pharmacies and local healthcare charities** provide a best practice model with learnings about the positive impact of empathic listening and a personalised approach to individual needs.
- **Digital access is a key barrier for minority communities and older citizens**.
- **Children feel** *"nervous"* **and** *"scared"* **before going to the doctor** - they do not like the fact that they need to wait for a long time before they are seen and prefer comfortable settings (not in "scary" rooms)

Solutions to improve access to health and care:

- Information in different languages and interpreters - especially while waiting in A&E and most importantly, when discussing symptoms and potential side effects).
- Delivery of training and CPD with a focus Equality, Diversity & Inclusion
- Personalisation to become a tangible reality away from an abstract concept.

Recommendation

Healthcare charities to be recognised as an essential part of the patient pathway, and to be proactively promoted through referrals and signposting (e.g., Croydon Vision and RNIB as part of the ophthalmology and optometry pathway, and beyond).

Dignitate - (Croydon)

Dignitate8 mission is to empower carers, particularly from cultural and ethnic minority communities, to support their loved ones living with dementia. We take a holistic approach, combining cultural understanding with conventional methods to bridge gaps in post-diagnosis dementia support. Our mission is to address health inequities faced by minoritised communities, providing culturally competent guidance and resources to carers who are often overlooked. By fostering community engagement, offering education, and reducing stigma, we aim to create a support network that enhances care for both carers and patients while contributing to systemic change in health equity.

Approach

The engagement involved multiple participants:

- **Survey:** 19 responses from respondents from diverse backgrounds across South West London
- **Focus Group:** 9 participants, predominantly older Black Caribbean and British African women
- **Interviews**: 3 in-depth interviews with residents of Croydon identifying as either Black Caribbean or Southeast Asian

Communities engaged

- Carers from global majority backgrounds
- Black Caribbean community members
- British African community members
- Southeast Asian community members
- Older individuals, particularly those with limited digital literacy
- Those supporting loved ones with dementia
- Non-English speakers and those with language barriers
- People with lower incomes

"I was talked down to by an English privileged doctor with no empathy." - respondent describing feeling dismissed and disrespected during a medical consultation, highlighting how poor communication and cultural insensitivity can create distrust with health and care professionals.

Key themes:

[8] www.dignitate.co.uk

- Difficulties in booking appointments and navigating increasingly digital systems especially for the for older people and non-English speakers.
- Lack of cultural awareness and sensitivity from healthcare staff.
- "Gatekeeping" by receptionists limiting access to care.
- Poor communication regarding changes to healthcare processes.
- Insufficient support for carers, leaving many feeling isolated.
- Lack of continuity of care affecting quality of treatment.

Solutions to improve access to health and care

- Ensuring non-digital booking alternatives (phone-based or in-person support) and introducing priority booking and dedicated helplines for carers.
- Improving continuity of care, ensuring patients see the same GP consistently.
- Increasing representation of healthcare professionals from diverse backgrounds.
- Better signposting and outreach to ensure carers know what support is available.
- Establishing peer support networks for carers.
- Creating clear procedures for patients to challenge medical decisions when they feel dismissed.
- Mandatory cultural competency training for all healthcare staff
- Improved translation services and language support
- Review of carer's allowance policies to provide transitional financial aid post-bereavement
- Reducing cost disparities between council-funded and private care rates
- Creating dedicated carer navigation services for those unfamiliar with the system
- Establishing formal channels for community feedback and engagement
- Increasing mental health resources specifically for carers

Recommendation

We would implement a "Cultural Navigators" program – trained community members who can support patients from diverse backgrounds in navigating the healthcare system. These navigators would provide language and cultural interpretation, help with appointment bookings/form completion, attend appointments when requested, connect to appropriate community resources, offer feedback to healthcare providers on cultural competency improvements and provide emotional support throughout their healthcare journey.

Floating Counselling Community (Croydon, SWL)

Floating Counselling Community (FCC)[9] primarily work in Croydon. We mostly serve the black and Asian community, asylum seekers and refugees and homeless, vulnerable people with no recourse to public funds and, elderly people, parents with young children 4 - 16 years old, as well as individual on low income or government benefit. FCC supports and educates individuals in achieving physical and mental wellbeing. We offer services such as counselling, mentorship, food distribution, outreach programs, community events, workshops, and parenting support. Our goal is to empower individuals with tools for success and help them become better versions of themselves, using holistic way for individual to not just survive but thrive.

Approach and communities engaged

250 people from a survey – with 228 from Croydon, mainly refugees and asylum seekers

- **Gender:** 200 female and 50 male responses
- **Age:** 25-34 (n=4), 35-44 (n=28), 45-54 (n=69), 55-64 (n=100)
- **Ethnicities:** Arab (n=10), Asian (n=52), Japanese (n=10), Black (n=120), White (n=9) Mixed Heritage (n=49)
- **Language**: Asian (n=50), African Language (n=20), English (n=180)

Key themes:

- **Lack of trust in providers** with nearly all respondents feeling that health services do not understand and support them.
- **People feel decisions are made about their health care without their input** of nearly half of respondents**.**
- **Lack of clarity on what an illness may look like on darker skin**
- **Avoidance of health services due to cultural barriers** – including staff attitudes, language barriers and cultural beliefs.
- **High costs of prescriptions, treatments and transport** were stated by all respondents in affecting their ability to access health care financially.
- **People often struggle to access services and feel overlooked** – ignoring cultural needs

Solutions to improve access to health and care:

- NHS to train staff in recognising illnesses on darker skin tones.
- Better communication and more interpreters.

Recommendation

[9] www.floatingcounselling.co.uk

Community to sit in NHS board meetings, CEO of NHS hospitals to come to community meetings, heads of departments in the hospital to come to meet people and join more with community grassroots organisations.

Jigsaw4U - (Croydon, Merton, Sutton)

Jigsaw4u10 is a mental health and wellbeing charity supporting communities across South West London with the majority of our work in Merton, Croydon and Sutton. We currently deliver 24 services which supplement statutory provision and support individuals to overcome complex social and emotional difficulties. We are best known for our work with children and young people, however we support a large number of vulnerable adults (10,101 total beneficiaries between 2023-2024). Jigsaw4u services are open to all and do not serve any particular demographic, instead focusing on specific challenges such as bereavement, domestic abuse or trauma. We are proactive in ensuring all communities access our services, and that they are delivered in an equitable and inclusive manner.

Approach and communities engaged

64 participants from six focus groups and an online survey from Croydon, Merton and Sutton. Of the 64 participants, 59 identified as having a disability (including a mental health condition) and19 identified as being a refugee.

- **Gender**: Male (n=27); Female (n=37)
- **Age**: 35 to 44 years old (n=7); 45 to 54 years (n=19); 55 to 64 years (n=29), 65+ (n=9)
- **Ethnicity:** Caribbean (n=22), African (n=15); Indian (n=7); Pakistani (n=2), Bangladeshi (n=1), Sri Lankan (n=9), East/Southeast Asian (n=5), Mixed Heritage (n=3)

"I am a 60-year-old Bangladeshi woman, and I have low iron which made me weak and needed to book an appointment, but because my English is not perfect, I rely on others to help me with medical matters. When I called the surgery, the receptionist was dismissive and impatient with me. She interrupted me multiple times, clearly frustrated with my accent and the way I spoke. This interaction left me feeling small, disrespected, and uncertain about seeking help in the future. I felt like my race and language were seen as a burden, and it made me question whether I was welcomed in this system. I believe the NHS needs to do better in supporting patients like me."

Key themes:

- **People felt their race and language were seen as a burden.**
- **Cultural bias** - feeling that British-born people were favouritised by the health and care system.

[10] www.jigsaw4u.org.uk

- **Difficult encounters with receptionists or telephonists** - many participants felt they were a barrier to getting the health care they needed.
- **Strong feelings of shame generated by communities themselves** – for example cultural stereotypes which are then accentuated by healthcare staff.
- **Cost-of-living crisis** impacting general health, health facilities closing or reducing opening times, appointment challenges.

"I was hospitalised during Ramadan, they did not respect my religion at all. The nurses forget to tell each other and food was bought to me during daylight hours more than once. No-one would help me to pray and I was helpless without my daughters. My faith didn't matter in this hospital and I felt discrimination and I was a nuisance. This was undignified for me."

Solutions to improve access to health and care:

- Systems should flag if someone has additional needs – such as a disability or requires support with English so that receptionists are aware when they call their GP. **Greater representation of minority groups within NHS and GPs -** including receptionists to help services feel more inclusive and relatable.
- **Flexible opening times and more convenient clinic locations** in the community would make it easier for people to attend appointments.
- **NHS staff to have better awareness of the perceptions of mental health in minority communities** including the stigma associated and the myths
- **NHS to connect at faith centres** used by minority groups.

"As a black woman and single mother, I was constantly stereotyped and made the victim of biases from doctors and healthcare staff. Asked questions like "and the father?", "do they have the same father?", "what does their father do for a living?", "do you have a supportive family?". This happened so many times and made my children and me feel devalidised, I saw it as direct racial stereotyping and discrimination. Nobody should go for medical help and feel discrimination because of their culture."

Recommendation

Culturally competent staff training, wider recruitment and staff training especially around disabilities and mental health.

Kingston Advocacy Group (KAG) - (Kingston)

Kingston Advocacy Group (KAG)[11] provides support to people who are vulnerable due to their age, health, disability and or circumstances. We support are people with mental health needs, ex- offenders, people with learning disability, older people and people from different ethnicities and backgrounds. We promote, protect and uphold the rights and interests of vulnerable individuals.

All our projects provide knowledge, advocacy and guidance and include a specialist advice surgery. An appropriate adult service at Kingston custody for vulnerable detainees whilst they are being questioned, a mentoring employment support, a befriending project for isolated older people as well as a specific project working and supporting Ukrainian refugees. We also provide specialist advocacy services under the Mental Health Act, Mental Capacity Act and the Care Act.

Approach and communities engaged

23 participants engaged in one-to-one interviews with older people, refugees, Black Africans, Pakistani with language barriers and disabled people.

> *Pakistani female in A&E felt her health concerns not being taken seriously despite speaking good English by doctors until her young British son came and spoke to the doctors. She was not treated until the son came, despite him repeating the same things to the doctors that she had said in the first place. Felt that if her son had not come, she would have been sent home without any treatment.*

Key themes:

- **Ukrainian refugees** felt accommodated and respected by health care professionals
- **Black African and Pakistani's felt that their concerns sometimes got disregarded** and had negative experiences with healthcare professionals.
- Biggest concerns were **GP waiting lists, referrals and queues.**
- **Older people reliance on family members to help navigate the online systems** – they wanted a simpler way to contact GP's and book appointments.
- Overall, most people were **comfortable with doctors but felt GP receptionists were less accommodating** – and all felt the tensions were due to their race and/or language barrier.

> *Partially deaf Black African man with learning disabilities provided multiple stories that led him to feeling let down by the NHS (e.g when they did not accommodate his*

[11] www.kagadvocacy.org.uk

needs for his deafness), and as a result does not trust the institution and avoids accessing healthcare when needed.

Solutions to improve access to health and care:

- Make referral queues more transparent.
- Make GP appointments more easily available
- Employ more staff
- Reduce long waiting times at A&E

Recommendation

- Culturally competent staff training
- Assisting older and disabled people with the online platforms so that the health service was equitable access to all

Merton Centre for Independent Living (Merton CIL) (Merton)

Image: created by attendees at our Craftivism and Chat session.

Merton Centre for Independent Living (MertonCIL)[12] is the only user-led pan disability Deaf and Disabled people's organisation based in Merton. We are run and controlled by and for Disabled people. Our teams are made up of a diverse group of Disabled people with lived experience of the issues that we aim to address. We support Disabled individuals across the full spectrum of impairments including physical and sensory, long term health conditions, mental health, learning difficulties and neurodiversity. We work within the social model of disability and an independence charter, co-designed with Disabled people to ensure we can influence key issues affecting our lives.

Approach and communities engaged

10 disabled people engaged with our activities through a craftivism and chat session where people used art and conversation to explore how racism and ableism intersect for our community in healthcare settings. We also ran a small survey. 40% were from Black communities (including Black Mixed Raced), 30% were from Asian communities, 30% were from other communities (including Mixed ethnicities and white other) and 60% of those involved in our engagement activities were 55 and older.

> *S is 28 and of South Asian descent. She visited the GP several times with issues around her heart. Because of her age and race/ethnicity, the issues were put down to her community's diet. S made changes to what she ate but the issues persisted. S returned to the GP and this time her blood pressure was taken. Her blood pressure was extremely high. This then led to further exploration of the issues she had previously mentioned about her heart. She has now been diagnosed with a condition and is on medication.*

Key themes:

- **Not feeling listened to or dismissed and complexity around this if you are disabled.**

[12] www.mertoncil.org.uk

- **Diets used as a reason for health issues and feeling this is very negative** – specifically of Black and Asian communities
- **Accents impacting how you are** treated when accessing health care.
- **Stigmas, beliefs and perspectives in our communities making it difficult to identify with having a mental health issue/neurodiversity** and access appropriate services and care.
- **GP surgeries, services and care not being accessible.**
- **Younger Disabled people aged under 35 experienced more barriers due to race and intersectionality** when using health care than older Disabled people

Solutions to improve access to health and care:

- Make the health care system more inclusive in the NHS with more Black and Asian disabled people in leadership positions and with lived experience of racism and ableism.
- The curriculum at medical school needs to evolve to have more of a world and holistic view.
- We need to bring back person-centred care – for example doctors that see patients for extended periods of time or a number of members of the same family as it provides a better service.
- Raise awareness of health conditions such as sickle cell and diabetes.
- Explore ways with Black and Asian communities to keep our culture/traditions around diet but explore how to improve our health with food.

Recommendation

Accessible health services in terms of language, cultural competency, physical accessibility, digital accessibility.

Bring together a group of passionate Disabled people from Merton to work with local GP surgeries to explore how surgeries could be made more accessible and equitable to Disabled people from a variety of communities.

This project highlighted that there is work to be done with our community to explore the intersection of race and disability within a health care lens. Sometimes it can be hard to understand if it is racism or ableism causing barriers.

Migrant Advocacy Service - (Kingston)

Migrant Advocacy Service13 was set up to strengthen the lives of disadvantaged migrants living in South West London. Initially working with Yemeni diaspora, our work rapidly expanded to include all vulnerable migrants from the Middle East and North Africa region, as well as Asian and sub-Saharan Africa. Our goals are to minimise the health, wealth and wellbeing inequalities that exist amongst many of the migrant groups that we work with. Our organisation has evolved with growing understanding of the challenges that migrants face when they move to the UK and enter an environment with very different life protocols from those to which they are accustomed. Our aim is to ensure that no one is left behind and we do this through advocacy, engagement and education. For us, success is not only about building up lasting community relations but also seeing people pass through our services and leave once they have the confidence to progress and manage independently.

Our organisational offering consists of three essential core strands of work which run discretely but also interconnect with each other - our multi-lingual crisis information and advocacy service, community engagement activities and our food provision service enables us to run a community fridge.

Approach and communities engaged

20 people in two focus groups – one cohort was of women of childbearing age who had relatively recent experience of maternity services and the other was at a regular lunch club activity attracting local migrant population. Most were Middle Eastern, Afghani, elders from the Tamil community and Asian women of childbearing age. A number of them had arrived as refugees although their current immigration status was British. Some had invisible disabilities such as long term health conditions or had family members with disabilities.

Key themes:

- **People do not feel heard and often feel like a burden** – with staff often rushed and unwilling to explain things fully.
- **Barriers if English is a second language** and that not enough is done to overcome that barrier. GP surgeries refuse to engage Language Line for an appointment insisting that the appointment with an interpreter needs to be booked with two weeks' notice. This is unfair as it can be difficult to get an appointment in the first place.
- **Family members translating even if their level of English is very poor.**

[13] www.migrantadvocacyservice.org.uk

- **Digital access is a key barrier in booking an appointment.**

Solutions to improve access to health and care:

- Greater empathy for the difficulties faced by migrants would be a great starting point. Where service includes language support, it provides a much better outcome in terms of patient wellbeing, regardless of their ultimate health outcome.
- Allow patients to be heard and treated as adults.

Recommendation

Provide volunteering opportunities to student interpreters to attend in person or appointments online/by phone.

Milaap Multicultural Day Centre (Kingston)

Milaap14 is a multicultural day centre for older and disabled people, primarily but not exclusively from minoritised communities. It was set up because there was nothing in Kingston that older people from BAME communities could access due to language barriers, dietary and cultural needs. Milaap's objectives are to support older people and prevent long-term/chronic ailments by finding creative ways of managing health needs.

Milaap is a user, and needs led service, so all the trustees are service users and decision makers regarding activities to participate in or learn i.e. yoga, Ki gong, dancing, singing, gardening, memory games, health talks. We serve freshly cooked healthy meals to members, have a meals on wheels service and provide a door to door transport service. We provide help with social and health care issues offering information, befriending, specialists' advice and support in relation to mental health diagnosis and bereavement including counselling.

Approach and communities engaged

30 participants in the discussion group, 7 in the focus group and 3 responses by questionnaire. All participants were older people aged 65+. The participants were from various countries now settled in England including India, Pakistan, Sri Lanka, Philippines, East Africa, Malaysia, Korea. A few members came to UK as refugees and at least a third had a physical or mental health condition.

> *L sought her GP's help for a persistent rash that over-the-counter treatments couldn't resolve. The GP suggested she get more sunshine and made an inappropriate comment implying she should return to India for better weather.*

Key themes:

- **Lost, vulnerable, frustrated and often unsure where to start** - particularly those with severe health needs Many of the older participants had endured negative experiences with healthcare services, leaving them sceptical and hesitant to engage.
- **People feel stereotyped and ignored -** need for healthcare professionals to genuinely listen to patients' accounts of their symptoms, instead of making assumptions based on stereotypes or perceived trends associated with certain ethnicities.
- **Cultural Insensitivity causing distress -** incidents included vegetarians being served non-veg meals and religious dietary needs being ignored

[14] www.milaap.org

- **Lack of empathy and compassion -** patients were told they had wasted doctors' time or could resolve issues at pharmacies, further diminishing their confidence in the system.
- **Judgement, discrimination and bias** based on their lifestyle choices or behaviours, often due to healthcare professionals' limited understanding or biases.
- **Gatekeeping and confidentiality issues** created by administrative staff, such as GP receptionists, were also a source of frustration with many failing to actively listen and help.
- **Language barriers** - patients with limited English were often advised to bring someone else rather than being supported by the services.
- **Assumptions about affluence** - suggesting private healthcare options or over-the-counter medications based on a patient's address.
- **Leaders and advocates who share similar cultural backgrounds** with the communities they serve are seen as more trustworthy and relatable.

> *M, a refugee with limited English, requested an Arabic interpreter. The GP dismissed the request, citing cost and time, and advised M to find a different surgery with Arabic-speaking staff. Eventually, a voluntary organisation helped M access a more compassionate practice, where her health needs were properly addressed.*

Solutions to improve access to health and care:

Participants emphasised the importance of communication formats that suit patients' needs, rather than just those convenient for providers, e.g. letters were preferred by many older individuals.

> *B visited her GP surgery in person to book an urgent appointment due to limited English skills. Instead of receiving assistance, she was publicly humiliated as the receptionist shouted intrusive questions in front of others. Although she secured an appointment, she felt degraded, her privacy violated, and her trust in healthcare eroded.*

Recommendation

Community-led services are often more effective than professionally led ones because people trust support from those they relate to. This includes members of their own community, who understand their situation and don't judge them. Professionals need culturally competent training to help build this trust.

Multicultural Richmond - (Richmond)

Multicultural Richmond[15] was established to address issues faced by people from minority ethnic backgrounds in the London Borough of Richmond upon Thames. We serve all communities and focus on disadvantaged and isolated communities whose first language may not be English. Our objectives are the promotion of equality and diversity for the public benefit by working towards the elimination of racial discrimination and promoting equality of opportunity and good relations between persons of different racial groups.

Approach and communities engaged

57 participants from 33 from surveys and one community discussion group with 21 people. Communities engaged include South Asian, Egyptian, Irish, Hong Kong Chinese, Afghani, Black African, German, Eastern European

Key themes:

- The biggest healthcare challenges in the community include **long waiting times, difficulty in securing appointments, cancellations, and delays even in emergencies.**
- **Variable language support** – which is not sufficient to cater for all communities especially those who have recently arrived into the UK and whose first language is not English.
- **Cost of living crisis and poor access to services is affecting people's mental health.**

Solutions to improve access to health and care:

- Undertake more community outreach and offer free health checks to improve access to basic services.
- Increase language and interpretation services
- Have more time to speak about your health needs and have consistency in who you see.

Recommendation

When making changes to existing services, those affected should be consulted and their concerns should be taken on board.

[15] www.multiculturalrichmond.org.uk

Soul Purpose 360 CIC - African Caribbean Women (Croydon, SWL)

Soul Purpose 360 CIC[16] are a member-led organisation for Black, Asian and minoritised women that cultivates Black women for social change by blending personal and community development. We deliver a range of services to empower women such as coaching, mentoring, training, empowerment workshops, social and professional networks and much more. We empower women to participate in community life so that they are better able to engage through volunteering and participate in civic life to shape local policies through statutory consultations, participation on working parties and in community groups etc. We support them to find their soul purpose and help them to establish community projects, social enterprises or charities.

In Croydon we have provided opportunities for women to run workshops, establish businesses and social enterprises and participate in local civic matters influencing social policy around domestic violence and personal safety for women. They have set up a health focused gardening club, a book club and a walking group, pop-up markets, community events and more.

Approach and communities engaged

79 women engaged from global majority backgrounds, particularly African Caribbean from Croydon (n=56) and those affected by systemic disparities in maternal and gynecological healthcare. A mixed-methods approach was employed, incorporating:

- **Digital surveys:** 16 participants
- **3 focus groups:** 14 people involved
- **In-depth interviews:** 4 people
- **Case Studies:** 5 people directly involved
- **Black Women's Womb Health Event (1st Feb 2025):** 40 attendees

[16] www.soulpurpose360.co.uk

Sarah underwent a medical procedure for heavy bleeding concerns but was left unattended in severe pain. Despite seeking assistance, she was ignored, underscoring a widespread issue of neglect and racial bias in patient care.

Key themes:

- **Racial biases in pain assessment and diagnostic decision-making -** many Black and global majority women reported being dismissed or not believed by healthcare professionals
- **Participants faced long waiting times for gynaecological and maternal health services**, compounded by financial barriers that prevent access to private healthcare options.
- **Gaps in understanding of culturally specific health needs –** leading to communication barriers and inequitable access to care.
- **Emotional and mental strain of dealing with systemic discrimination in healthcare is profound**, leading to increased levels of stress, anxiety, and depression. The burden of having to aggressively self-advocate for basic medical attention exacerbates these mental health issues.
- **Limited understanding of culturally specific health needs**
- Receptionists and administrative staff often **act as barriers to equitable access to care.**

The survey aimed to capture insights into reproductive health concerns, barriers to accessing care, quality of medical interactions, and areas requiring systemic reform. Participants provided responses on topics such as menstrual health, gynecological conditions, healthcare accessibility, provider communication, and support systems. 37.5% reported difficulty in obtaining specialist appointments, 25% reported being misdiagnosed and 50% requested better mental health support integration.

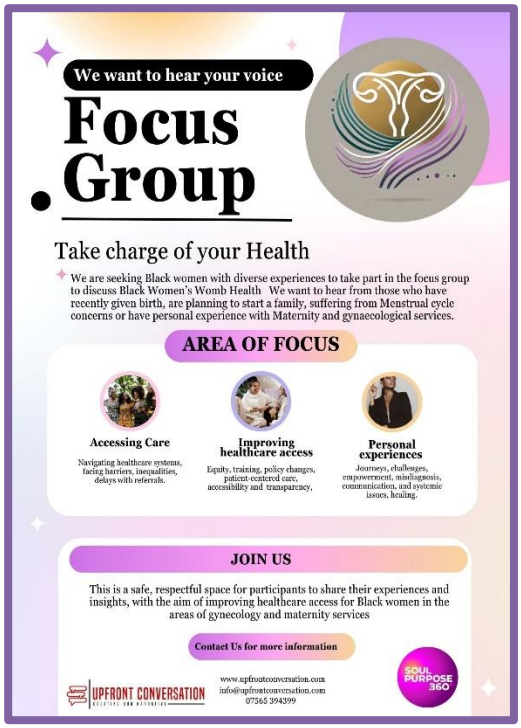
Solutions to improve access to health and care:

- Removal of gatekeepers at receptions.
- Comprehensive cultural competency training for all healthcare staff to address implicit biases and improve understanding of culturally specific health needs.
- Adopting a more holistic approach to patient care that considers all aspects of a patient's health and life situation, not just isolated symptoms.

Recommendation

A one-stop shop for Black women’s health that was located in the community. The full report makes suggestions for improving women’s healthcare.

Establishing patient participation associations that are genuinely listened to and engaged in the decision-making and feedback processes



Section 5: Reflections from community leaders

Value in engagement on this topic

- **Participants valued the opportunity for consultation and strong engagement** on practical healthcare improvements.
- **Participants felt empowered to share personal experiences and suggest solutions** in a way that traditional discussion formats might not have facilitated.
- Those who agreed to be interviewed were **extremely engaged and participated fully through meaningful interaction**. They loved to be part of "this very important journey"
- **Work needs to lead to real, lasting change -** we have received calls and messages from participants wanting to know the results of this research and how it will impact them. This demonstrates the importance of maintaining an ongoing dialogue and taking actionable steps based on community feedback.

Raising awareness through engagement activities

- Facilitators observed that younger participants were highly engaged, and the activity prompted them to **reflect on issues they had not previously considered**. Some expressed surprise at learning about the barriers others in their communities faced, which fostered a sense of empathy and awareness.
- The session also **revealed that many participants lacked prior knowledge about systemic healthcare inequalities**, highlighting a need for more educational initiatives in community settings.
- People who felt that they had been **treated unfairly due to theories culture/race/ethnicity did not report or make a complaint**. Most of the people did not even know where to go to report any issues.

Suspicion about what happens next

- Many expressed **scepticism**, believing the discussions would merely serve as another 'tick-box exercise' similar to past engagements where stakeholders showed little intention to listen or implement meaningful changes.
- **People think nothing will change**
- Many felt that while they are often asked to participate in surveys and focus groups, t**hey rarely see the outcomes or tangible changes resulting from their input.** They want to be part of the entire process, from consultation to implementation.
- Although the project generated **genuine excitement when commissioned, there is still apprehension about speaking up and sharing deep personal stories**.

More time for engagement to help build trust and a comprehensive view

- Fast-turnaround nature of the research **does not allow us to do justice to the scale of the opportunity** to transform and inspire a movement for change.
- Ideally, we would have **extra time to "warm up" the research respondents and let them take some time to open up** and share stories throughout various encounters; however, we are conscious that time is of the essence and believe that the insights unlocked so far will start to shape a compelling narrative to transform our communities.
- People with **bad experiences** were less willing to talk about it.

Challenges with delivering this project

- Some participants were **initially hesitant to discuss personal healthcare experiences due to concerns about stigma or fear of negative consequences**. Facilitators had to build trust within the groups to encourage open conversations
- Easier to identify barriers faced due to **impairments as opposed to race**
- Some **resistance to discussing racism and complexity of intersectionality**.
- **Cultivating a safe space** when more than one community is present
- There is a **reluctance to speak about racism and its personal impact** – better done one-to-one with well thought through prompts for reflection.
- There was a feeling that **people are constantly asked the same questions**, they form a glossy report however in reality there is no money or resources to undertake the recommendations following the consultations.

Suggestions for future engagement

- More **community outreach** would help and health services should come to community events.
- Need to **rebuild trust since the COVID-19 pandemic**
- **Targeted recruitment** is essential to ensure the right participants are engaged.
- Building **relationships with healthcare professionals** requires time and effort but is critical for meaningful discussions.
- **Regular, structured forums for dialogue** between service providers and users can lead to sustained improvements in healthcare access and equity.

Appendix

Appendix A: Documentation for organisations on insight gathering

KREC provided the following information to all funded organisations.

Purpose and objectives

The primary objective of this project is to engage diverse and Global Majority communities across South West London to co-create insights that inform the development of an anti-racist health and care system.

This work is designed to:

- Empower local organisations to lead engagement efforts and amplify voices from their communities.
- Collect both quantitative and qualitative data to produce actionable insights for policymakers, healthcare providers, and community leaders.
- Deliver a comprehensive report and conference to share findings and propose solutions for equitable health and care.

Methodology for community engagement

The Four-Lens Framework

Our methodology is based on the four key lenses that assess health and care systems through political, social, cultural, and economic dimensions. These lenses guide our engagement strategy and data collection:

- **Political lens:** Understanding systemic policies and governance structures that impact health equity.
- **Social lens:** Examining community relationships, trust, and access to care.
- **Cultural lens:** Recognising how cultural practices, language barriers, and beliefs influence healthcare experiences.
- **Economic lens**: Identifying financial barriers to access and affordability of health services.

Dimensions of health and care

To ensure a holistic understanding of health and care, this project incorporates the following dimensions:

- **Physical health** - access to medical care, preventive health services, and management of chronic conditions.
- **Emotional health** - mental health support, stress management, and emotional wellbeing.
- **Social health** - building community relationships and fostering a sense of belonging.
- **Financial wellbeing** - addressing financial barriers to accessing healthcare and promoting economic stability.
- **Spiritual health** - recognising the role of faith, values, and spirituality in overall wellbeing.
- **Intellectual wellbeing** - opportunities for education, health literacy, and informed decision-making.
- **Environmental health** - -impact of living conditions, housing, and neighbourhood safety on health outcomes.

This multidimensional approach allows us to address the interconnected factors influencing health and care experiences. (World Health Organization, 2021)

Insight collection tools and methods

Quantitative data collection

- **Surveys:** Administered by awarded grantees to gather data on participants' experiences with health and care services. Surveys will include demographic questions to capture a wide range of perspectives.
- **Demographic data**: Collected to analyse patterns and identify disparities across age, gender, ethnicity, socioeconomic status, and geographic location.

Qualitative data collection

- **Focus groups:** Facilitated by grantees to explore lived experiences and uncover nuanced insights. Focus group guides have been provided to ensure consistency.
- **Interviews:** One-on-one discussions to capture in-depth stories about barriers and opportunities in accessing health and care.
- **Creative methods:** Grantees encouraged to use innovative approaches such as video diaries, storytelling workshops, or art-based sessions to engage participants.
- **Case studies:** Identifying and documenting detailed personal anecdotes and insights from community leaders, stakeholders, and participants to enrich the narrative and provide tangible examples of lived experiences.

Stakeholder collaboration

- **Grantee training:** Awarded grantees will receive training on 10th February 2025 to equip them with tools, resources, and methodologies for data collection.
- **Monitoring and support:** Regular check-ins with grantees to address challenges and ensure alignment with project objectives.
- **Templates and tools:** Standardised templates for feedback forms, focus group guides, and reporting will be provided to grantees.
- **Stakeholder management for awarded grantees**

Supporting grantees

- Grantees lead the engagement work through their networks, leveraging their community knowledge and trust.
- Support provided through regular communication, training, and access to resources.

Expectations and accountability:

- Grantees are required to attend the training session and the end-of-project conference.
- Insights gathered must align with the four-lens framework and be submitted by 17th March 2025.

Ongoing communication:

- Weekly or bi-weekly updates from grantees to track progress.
- Feedback and recommendations provided by the KREC team.

Approval process:

All insights and reporting templates will go through an approval process with KREC to ensure consistency and quality.

Conclusion

This methodology ensures that awarded grantees are at the heart of engagement efforts, empowering them to capture meaningful insights. By using a robust framework and diverse data collection methods, this project aims to provide actionable recommendations to create a more equitable health and care system. The insights gathered will culminate in a comprehensive report and a dynamic conference, driving the conversation forward for lasting change.