



**“Co-producing what works
for our communities
in this city”**



An evaluation of the Bristol Race Equality Covid-19 Steering Group

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University of Bristol



We would like to express our gratitude to Dr Amjid Ali, and our sadness at his passing last year. He was a central individual in the lives of many people in the Steering Group, across Bristol and beyond. With his humility, authority, patience and passion, his legacy lives on in this group as it does in so much inspirational work continuing across the city without him. As one member put it:

“In his beautiful, humble way, Amjid taught all of us so much.”

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Foreword

We are delighted to write the foreword for this evaluation of the Bristol Race Equality Covid-19 Steering Group, produced by Professor Saffron Karlsen and Rosa Targett of the University of Bristol. On behalf of the Steering Group we would like to thank both Saffron and Rosa for their dedication and commitment in producing such an important and detailed evaluation in to the work of the group.

In the past two years, we have seen unprecedented events placing impossible demands on every one of Bristol's citizens and organisations. These hugely significant occurrences, including Covid-19 as well as the national and local responses to the Black Lives Matter movement and the murder of George Floyd and others have shone a greater spotlight than ever before on how we as a city tackle inequalities.

This report focuses on one aspect of our response to the disproportionate impact of the Covid-19 pandemic on our marginalized ethnic communities. Our response - unique in the UK - involved people coming together from across the city to share information, insights and expertise to ensure effective and empowering responses to these issues.

The Bristol Race Equality Covid-19 Steering Group was established in response to recommendations of rapid review of evidence commissioned by Bristol City Council and the Mayor's Office and conducted by the ARC-West at the University of Bristol. However, the roots of its success lie in this responsive, inclusive and diverse collaboration, resulting from the joint decision from partners across the city to work together, as equals, to find a solution to these difficulties.

Building on approaches developed through the One City Plan and other Bristol-based initiatives, they took opportunities offered by the pandemic to ensure diverse engagement in ways which could extend this alliance still further. Everyone was welcome to the space, where all perspectives were respected. From local pastors and those in the Voluntary Care Sector (VCS) community – who spent the pandemic working to ensure people remained fed and supported when statutory services were locked down – to the Deputy Mayor, Director of Public Health and everyone in-between.

This report, using data drawn from members of the Steering Group, clearly illustrates the value of this approach: for those in the marginalized groups they supported as well as the members themselves.

The Steering Group (SG) enabled members to share accessible information on the nature of the pandemic and local and national responses to it in a timely way with people who felt excluded from the information they needed to make sense of and respond to the pandemic effectively. People who felt national responses did not consider their own particular needs.

It provided a space for members to digest and interrogate this evidence, identifying and responding to inaccuracies and data gaps - and to develop effective responses to the specific concerns and experiences of people living in Bristol, at precisely the time it was needed.

The group's work in response to the national rollout of the Covid-19 vaccination programme is highlighted here (as it has been elsewhere¹) as a particular example of the group's success. Members co-developed and then practically enabled a range of initiatives, designed both to reduce concern about the vaccine and ensure practical barriers to vaccination uptake among marginalized communities were removed. Over 500 people from across the city attended a transformative webinar which brought together the public and experts to discuss the vaccine. By taking vaccines to the people, their pop-up vaccination centres – held in local community centres, faith spaces, parks and on the streets in partnership with the NHS – made a significant contribution to reducing race disparities in the Covid-19 vaccine uptake.

For some members, the Steering Group offered a sense of empowerment and “a light in a very dark time”, both personally and professionally. It was an opportunity to work together and be part of a solution to the problems of the pandemic rather than be “lost in the chaos” it caused.

This report presents the opportunities offered by this typically-Bristol response to the pandemic. It provides valuable lessons for others, living in other areas, through other crises, but also in more typical times. Its key lessons outline practical ways to support the development of more inclusive approaches to policy-making, regardless of the climate. It is a tangible example of our true multi-agency approach to identifying and tackling race inequality and is reflective of the One City approach that we are now committed to throughout Bristol when tackling our major challenges.

¹ <https://hackmd.io/@scibehC19vax/vaxculture>

As a group we have maintained a strategic priority to 'connect the city' on race equality and to this end we have now delivered established events to bring together leaders and stakeholders from all sectors to ensure we become far more joined up, inclusive and sharing of our good practice, challenges and initiatives on a scale that can help achieve real lasting impact.

Key to this ambition has been the launch of our exceptionally well attended Race Equality Gatherings, as well as the roll out of this year's Race & the City 2 programme of themed events.

These initiatives have enabled us to regularly come together in large numbers to learn about and discuss Bristol's most significant challenges, through input from all our city's key race equality leaders, groups and stakeholders in new and innovative forums. This shift in focus has given us a very solid city-wide basis to move forward together and to start to make more significant system and Bristol-wide change.

The work of the Steering Group continues, informing responses to the societal structures which produce race disparities in Covid-19 and other experiences. We will move to the future with the aim of utilising our group experiences and expertise in reaching our communities in order to tackle wider race equalities on a range of key health challenges and look forward to continuing on this journey with our many city partners. The next phase of work for the group will now begin, under the title of the Bristol Race & Health Equity group, with continued commitment from many of the previous group members to retain the city-wide partnership responses to tackle other key race and health inequality challenges prevalent across Bristol.

Our future work also extends to new initiatives, such as our support and alignment with the soon-to-be established Bristol, North Somerset and South Gloucestershire Independent Advisory Group, which will support local public sector partners to understand how they deliver more inclusive policy and practice.

We feel very positive that such a difficult period has provided such valuable lessons, and proud that Bristol is leading the way nationally in our many race-focused initiatives. This is very much reflected in the considerable volume of requests that we are receiving from across the country and further afield to present our story and our responses to tackling race inequality in Bristol.

We would like to take this opportunity to thank all members of the Bristol Race Equality Covid-19 Steering Group for their continued commitment, consistency and leadership throughout such a turbulent period. Your work has helped to ensure we provided a response to the pandemic that was truly inclusive, and responded to the particular experiences of some of our most marginalized citizens. Within this, we must emphasise the critical contribution of our partners in the Voluntary and Community Sector (VCS) to the success of this initiative. As one member said, “People [from the VCS] are empowered now, I don’t think you’re going to put the genie back in the bottle”. We couldn’t have done it without you, and the only way forward is with you.

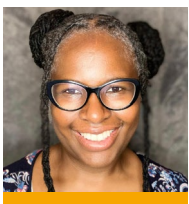
Thank you for taking the time to read this report. We hope you find it of use and we very much welcome your thoughts and feedback while we continue to work to address the challenges it presents to make Bristol more equal and inclusive for the good of us all.

With best wishes,



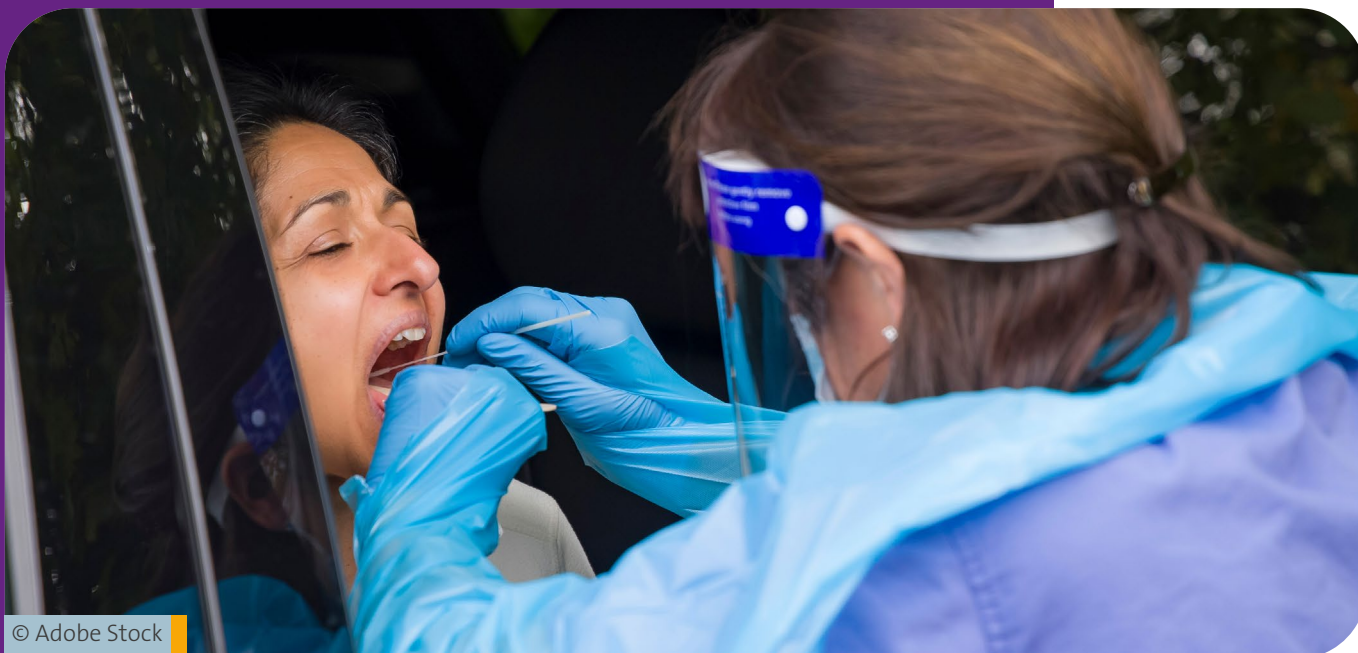
Deputy Mayor Asher Craig

Cabinet Member for Children, Education & Equalities
Co-Chair, Bristol Race Equality Covid-19 Steering Group



Dr Joanne Brooks FRCPCH

Co-Chair of Bristol’s Race Equality COVID-19 Steering Group
Consultant Community Paediatrician (Sirona Care and Health)
Royal College of Paediatrics and Child Health Ambassador for
BNSSG Integrated



Executive Summary

Introduction

This report explores Bristol's response to evidence that emerged in early 2020 regarding the disproportionate impact of the Covid-19 pandemic on those in minoritized² ethnic groups living in the UK.

As evidence began to emerge regarding these inequalities early in 2020, Bristol City Council commissioned a report from the University of Bristol to document their nature and drivers. This report clearly established the overriding importance of societal factors in their generation, and the critical role of policy-makers and those working to support those in minoritized ethnic groups in alleviating these. In response, Bristol's Deputy Mayor, Cllr Asher Craig convened a meeting of 36 key stakeholders from across the city's public, voluntary and community sectors in July 2020, where delegates established a new Race Equality Covid-19 Steering Group (REC19SG) to work together to respond to the report's recommendations. This group continued to meet monthly until September 2021, when the changing nature of the pandemic situation provided an opportunity to meet only in alternate months.

Such a co-ordinated and collaborative approach to policy-making and practice is rare. This research explores the perceived value and limitations of this approach, as described by those involved in the Steering Group (SG). It serves as an insight into whether, and how, similar approaches might be usefully adopted elsewhere.

² In this report we use the phrase 'minoritized' or 'marginalized' ethnic groups to refer to those who, through a lack of power, are often disadvantaged in society, experiencing social and economic exclusion and racism. We acknowledge that these groups (on their own and combined) are diverse, and include people with a range of experiences, circumstances and identities. We use other identifiers only as direct quotes, including the term 'BAME', which is an acronym referring to people who are considered 'Black, Asian and minority ethnic'.

Methods

This report describes findings from a thematic analysis of the minutes from SG meetings held between July 2020 and December 2021, written responses to a survey conducted among SG members, and in-depth semi-structured interviews conducted with several individuals who played key roles in the establishment or organisation of the SG, or Bristol Council's response to the Covid-19 pandemic and ethnic inequalities. Ethical approval for the study was provided by the Ethics Committee of the School of Sociology, Politics and International Studies at the University of Bristol.

Findings

People's motivation to join the SG emerged from their awareness of ethnic inequalities in experiences of the pandemic and the need to proactively respond to these issues in ways which ensured that the voices of those in minoritized ethnic groups were effectively heard and responded to.

There was a strong sense from these data that the SG had been able to provide a service which was "essential in our Bristol response to Covid." Survey respondents described how these activities had brought "together a highly informed group who had been able to [provide] advice, support and act" collaboratively through meetings which provided a "real benefit in enabling a genuine community focus on Covid-19 response". Together, these approaches "ensured joined up responses and projects to reach communities with meaningful interventions [and] events", and offered "an essential reference point" for work responding to ethnic inequalities in experiences of the pandemic.

While people recognised that this activity occurred during an unprecedented period, and was by no means flawless, there were also many ways in which this experience was considered to offer insights into opportunities to develop more inclusive and effective health equality and other policy in Bristol and beyond.

Activities

The research identified two principle SG activities. The first involved ensuring the provision of comprehensive and accessible information regarding the nature of the pandemic locally, national government pandemic policy, and the ways in which these impacted on those with minoritized ethnicities (and why), for the public and other stakeholders. The second activity involved directly responding to this evidence, either to address persistent evidence gaps or to encourage culturally-informed responses to the information received. This might involve initiatives developed and facilitated from within the SG itself or advising external partners on their plans.

Ensuring the provision of comprehensive and accessible information to the people who need it

The group sought to provide accurate and comprehensive evidence on the nature of the Covid-19 pandemic and its impact on minoritized ethnic groups to the local Bristol public. Starting in September 2020, each meeting included a report from the Public Health Team in Bristol City Council on the latest evidence regarding the rates of Covid-19 infection, hospitalisation and death in the South West region and how these varied by ethnic group and age. Current national government guidance on managing the pandemic and how this was being implemented locally was also regularly reported. From January 2021, local information on the plans for and uptake of the Covid-19 vaccination programme was also presented.

These updates enabled SG members to inform their wider networks about the pandemic situation in ways which were considered accessible and relevant. The meetings also provided an opportunity for members to discuss this information in detail, to ensure it was understood effectively and to ask specific questions, or raise specific issues, of pertinence to the groups with whom they engaged. Members also appreciated having the opportunity to counter what were considered inaccurate claims. This dialogue was considered a unique contribution of the group and valued by people across all sectors.

Meetings often involved contributions from invited speakers on emerging issues and considered aspects of the pandemic experience felt to be missing from national government guidance. Often, this evidence was generated by research conducted locally, by people working with statutory voluntary organisations which gave additional depth to that produced by more traditional research institutions.

A particular value offered by the SG was its ability to be responsive to identified public needs. The SG developed several bespoke initiatives to respond to public concerns about the pandemic and the Covid-19 vaccination programme. The SG designed and facilitated a series of online public education seminars which enabled them to provide direct public access to relevant experts, as well as several information videos.

In January 2021, the SG organised an online webinar to enable a discussion of the new Covid-19 vaccine, between members of the public, health practitioners and other experts, on its nature and risks. 500 people attended the webinar, including people from across all demographic (including ethnic) groups, with 80% of attendees reporting that the event was 'good', engaging and easy to follow. 20% of attendees said that their understanding of the vaccine had improved as a consequence of attending the event and that many were intending to share the information they had received at the event with others. Most people felt that, following the event, they now had sufficient information about the vaccine and that their perceptions of vaccine safety had improved, although some information gaps remained, particularly about the long-term side effects of the vaccine. There was also a significant increase in the proportion of people stating that they would receive the vaccine, and that they would get it more quickly, as a consequence of attending the webinar.

The SG also aimed to recognise and respond to persistent data gaps. For example, concerns around the lack of evidence regarding responses to occupational risks produced a request for information from all major public sector employers in the city regarding this.

Developing bespoke, culturally-informed responses to the pandemic

Members of the SG worked together to explore practical opportunities to act on the information presented to, or discussed within, the group. The SG worked in collaboration with public sector partners to ensure their pandemic responses reflected the evidence and were culturally informed and effective as possible.

Following acknowledgment of the practical barriers to Covid-19 vaccination uptake among those in minoritized ethnic groups, the SG worked with the NHS and other partners to establish a series of temporary 'pop-up' clinics, in spaces already frequented by people in those communities traditionally underserved by existing approaches. These were argued to reduce pressure on existing services, while enabling the public to receive vaccines in familiar locations in direct communication with people they trusted. By June 2021, there had been over 3300 community clinic vaccinations provided through these pop-up clinics, which had a significant impact on reducing ethnic inequalities in vaccine uptake in the city.



Strengths

Key to the success of the group were the opportunities it offered to share information with a diverse group of people who were all committed to addressing ethnic inequalities in the pandemic. It was a relationship reaching across all sectors and based on honesty, trust and mutual respect. Everyone was considered welcome to the group and to have a significant contribution to make to their activities. Several participants also reflected on the value of the fact that the SG activities had “the backing of good science data”.

Positive attitudes and collaborative action

The SG directly undermined traditional hierarchies, bringing together people who would not normally be included in such discussions, but who were instrumental to its success. The group adopted a unified, simple and positive approach where everything felt possible. People used their unique knowledge, resources and networks to consider practical approaches to public needs and ensure responses were effective. Interviewees also described the ways in which this responsiveness was supported by the strong sense of accountability operating in the group.

The SG benefitted from the ways in which the pandemic had also disrupted traditional methods of policy-related decision-making in Bristol City Council and other public sector organisations, which supported particular approaches to engagement, responsiveness and freedom to innovate adopted by the group. These opportunities were further enhanced by activities designed to improve engagement between policy-makers, other professionals and the public, introduced in Bristol prior to the pandemic. However, it was also argued that the SG had directly facilitated the introduction of new approaches to policy-making within the Council, which would be to the benefit of the public long after the pandemic had ended.

Inclusivity

Many participants felt that the operation of the group enabled feelings of inclusion. The democratic and inclusive ways in which the SG operated provided its members with a strong sense of interconnection and value. This gave people the opportunity and confidence to ‘think outside of the box’ and generate unique responses to the issues they identified. That said, it was argued that at times the positive atmosphere in meetings could limit critical reflection and “healthy debate”.

This sense of inclusivity was partly enabled by the conscious strategies, rooted in openness, which had been adopted for the group’s management and facilitation from the outset. While some opportunities for improvement were described, practical approaches to managing the meetings supported the inclusion and long-term engagement of members, through the positive approaches to online meetings and widespread notes-sharing for those unable to attend:

We were all equal in the room so every voice was valued. Despite the size of the group, ...it was carefully coordinated to try and make sure that no one’s question got lost, or didn’t happen.

Empowerment

Related to this sense of collaboration was the opportunity offered by the SG to provide people with a sense of being “valued” and “heard”. Several people also described their involvement in the SG as personally empowering. While this empowerment could be derived from obtaining empirical and other evidence to justify their own concerns and actions, there were also less tangible sources of empowerment which were derived from the support and engagement of the group. The SG offered a way for members to reflect on the impact the pandemic was having on them personally, as well as their colleagues and friends. It allowed some members to develop a sense of hope, by enabling them to feel proactive during a period which otherwise felt paralysing and chaotic. These data suggest that this experience could have a long-term impact on members themselves and their sense of personal efficacy.

Opportunities For Improvement

Members described two specific areas for improvement in the operation of the SG. The first was a need for people's work as part of the SG to be properly remunerated and the second was a need for a clearer sense of the aims of the group and the ways in which these drove decisions about its activities.

While financial resources were available for certain activities, meeting attendance and the other activities of the SG members was not remunerated and instead relied on their pre-existing capacity, personal motivation and goodwill. This situation was particularly problematic for those working in the VCS, where it undermined members' ability to actively engage in the work of the group, particularly in the face of the other pandemic-related activities of their organisation. Despite the strong sense of equality described above, these funding issues could introduce a sense of hierarchy between those whose role could support their regular attendance at meetings and those whose did not. Further, there was a concern that a similar commitment of time and energy might not be relied upon in less difficult circumstances.

It was also argued that more explicit and regular discussion of the aims and achievements of the group would have been useful. This was an issue which had partly arisen due to the need for the group to be responsive to the rapidly changing pandemic situation, and the consequences of this for the pace at which the work was undertaken.

Establishing more explicit strategies and practical approaches from the outset, with greater reflection on how plans were developing over time, or in relation to specific activities, could have offered a more organised approach and that might have enabled a clearer sense of the groups success, and potentially more to be achieved. This included a more explicit strategy regarding those marginalized communities which were within the remit of the group, which was seen to have undermined more effective activity in response to the experiences of such groups, particularly those in Gypsy, Roma, Traveller (GRT) and different faith communities.

The Future

An important consideration for the Steering Group itself at the time of this evaluation was whether and how this work should develop in the future. While some members recognised a range of valuable opportunities for future attention, others were mindful that the group had developed under very specific circumstances and that similar successes might not be guaranteed as the pandemic waned.

What the Covid-19 pandemic created was an urgency to focus on health inequalities created by wider social and societal factors that can now be extended to other areas of health inequality. One specific concern has been that while service providers and policy-makers have adopted a focus on a range of protected characteristics, there is a need to acknowledge more explicitly the particular effects of racism to avoid diluting that conversation.

Looking beyond the pandemic, the SG identified an opportunity to continue its work recognising and responding to ethnic inequalities in health more generally. Group members shared examples of a range of specific ethnic inequalities in health which need attention, including those related to respiratory and mental illness and access to related services, smoking, maternal health and the over-representation of Black men in the criminal justice system. As such, the group is well placed to influence some of the more structural and institutional factors encouraging the generation and perpetuation of ethnic inequalities in health, including by working specifically with the people providing health and other care services.

In September 2022, the REC19SG finalised partnership discussions to broaden its focus and create a new terms of reference to include other health inequalities, becoming the Race and Health Equity Group (RHEG). Building on the ways of working that proved so effective during the pandemic, the RHEG will continue to act collaboratively to ensure work is taking place to address the issues and challenges of race inequality relating to other key prevalent health issues. This future work will include gathering data where gaps in understanding have been identified and working in collaboration with other city-wide Race Equality groups while remaining accountable to the communities served by members of the RHEG.

This work will take place in collaboration with the Independent Advisory Group which was developed as part of the early work of the SG. This initiative will offer valuable opportunities to ensure that the NHS considers the nature and drivers of ethnic health inequalities more explicitly in its work, informed by the communities they serve and avoids approaches which may perpetuate these, ensuring a regular two way flow of communication with the development of the Independent Advisory Group to create alignment and added value between each of these groups and to avoid duplication of work.

Key Lessons

There was a strong sense of the personal value offered by the SG to its members, and the positive impact it had had on the experiences of those in minoritized ethnic groups during the worst of the Covid-19 pandemic. People expressed a hope that the new ways of working exhibited by the SG could become a more permanent feature of the ways in which organisations operated in Bristol and elsewhere. It was felt that the SG had shown that such inclusive approaches to working were both possible and valuable, and that there was an opportunity for other statutory organisations to learn from this example. The SG showed very clearly the particular value of the contributions made by organisations in the voluntary and community sector, which it was argued should no longer be ignored.

There are several factors which emerge from this evidence as key to the success of the SG:

- The SG adopted a focus recognised as of significant need of attention, including among those traditionally excluded from local policy-making processes. Members' mutual sense of enthusiasm and partnership drove proactive and creative approaches to respond to these challenges.
- This work was enabled by the history of multi-sectoral engagement in the city. Building trusted relationships from scratch cannot be left for times of crisis. Identifying opportunities to financially invest in these relationships will also be key to their long-term success.
- The SG's comprehensive empirical evidence base effectively established the nature of the challenge as well as guidelines for an effective response.
- The SG's multi-sectoral membership enabled the further development of this evidence, through the explicit scrutiny of this information and a clear articulation of the issues relevant to the local context.
- The open dialogue and sense of inclusivity of the group was supported by empowering approaches to its establishment and facilitation, which included every member as an expert with an equal right to have their perspective respected. This approach purposefully disrupted existing mechanisms of policy-making which fail to effectively engage those in marginalized communities.
- This professional diversity and sense of meaningful collaboration and empowerment also enabled the development of a shared understanding and sense of responsibility to ensure effective responses to these issues.
- The representation of different minoritized ethnic groups within this membership, along with the specific expertise of members from the VCS, helped ensure that these responses were considered, appropriate, meaningful and useful to those communities most disadvantaged by the pandemic, further enhancing their chances of success.

For all the horrors of the Covid-19 pandemic, it also appears to have brought opportunity and impetus to change certain things for the better. These have the potential to provide opportunities for long-term, meaningful change to enable the more effective engagement of marginalized groups and their perspectives in policy-making. It also offers a greater hope of addressing the racism endemic in British society and the persistent exclusion they produce: the driving force behind ethnic inequalities in the Covid-19 pandemic and other ethnic inequalities in Britain.





Introduction

This report explores Bristol City Council's response to evidence that emerged in early 2020 regarding the disproportionate impact of the Covid-19 pandemic on those in minoritized³ ethnic groups in the UK.

As Christina Gray, Bristol's then Director of Public Health, explains:

“In the early months of the pandemic, when we began to see what appeared to be inequalities emerging in the [national] data, I remember being very struck by the number of people who died in that first wave who were from minoritized communities. Many of them were healthcare professionals, doctors, etc. But, it was striking, ... And we started with an initial piece of research. So it was [about asking] what do we know about this [inequality] locally or nationally? We commissioned the University [of Bristol to do the research]. That report was published just before the seminal PHE [Public Health England] report. And the findings were virtually the same. So, then we started to bring together the partnership of individuals. And we used the findings of the report as the baseline, the starting point for that work, for that conversation about what we do [in response]”.

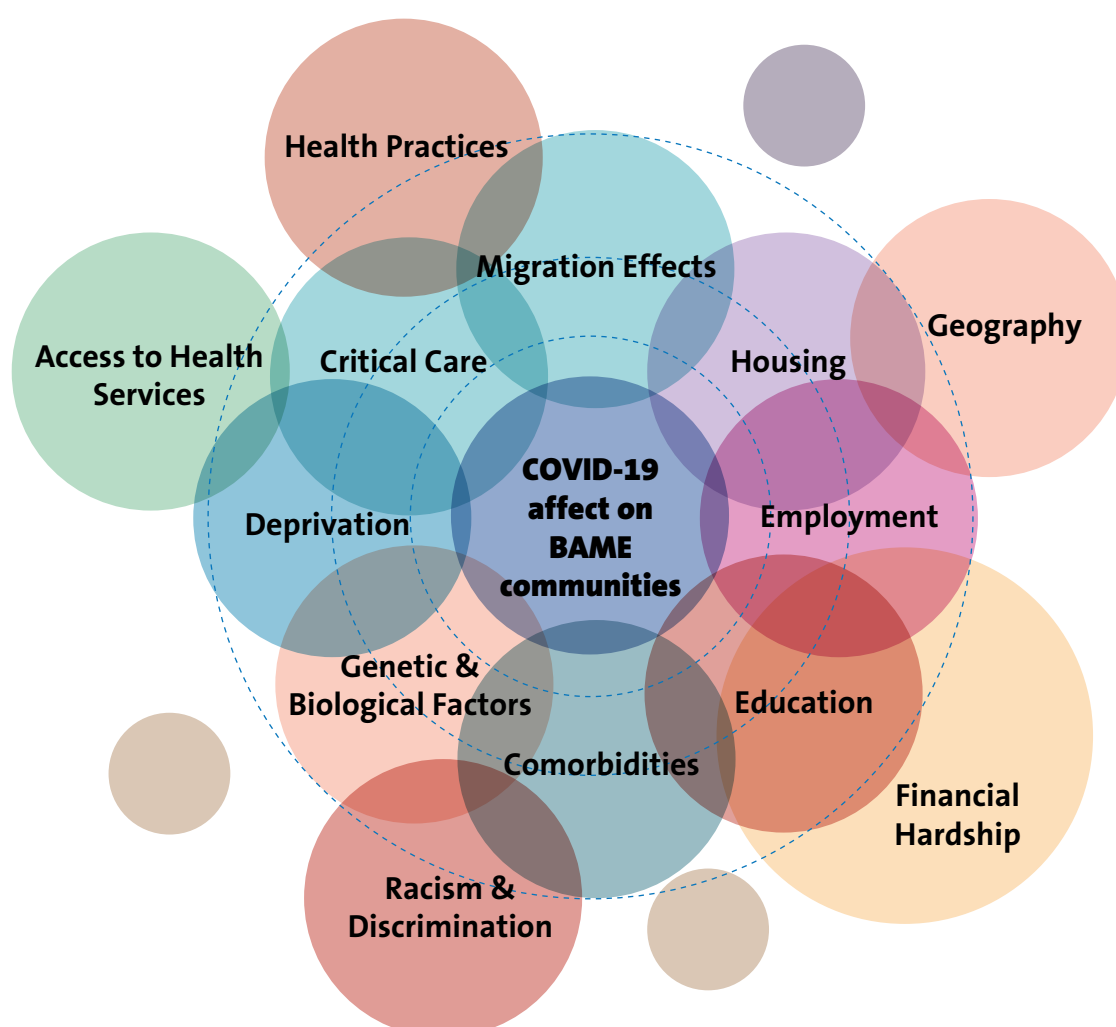
³ In this report we use the phrase 'minoritized' or 'marginalized' ethnic groups to refer to those who, through a lack of power, are often disadvantaged in society, experiencing social and economic exclusion and racism. We acknowledge that these groups (on their own and combined) are diverse, and include people with a range of experiences, circumstances and identities. We use other identifiers only as direct quotes, including the term 'BAME', which is an acronym referring to people who are considered 'Black, Asian and minority ethnic'.

This commissioned report, written by Loubaba Mamluk and Tim Jones⁴, provided an overview of the existing empirical evidence on the nature and drivers of ethnic inequalities in the Covid-19 pandemic. As shown in figure 1, it established the overriding importance of societal factors – related to access to good jobs, housing and healthcare, and the impact of experiences of racism – in the generation of these inequalities, and the critical role of policy-makers and those working to support those in minoritized ethnic groups in alleviating them. Specifically, their recommendations described a need to:

- Enable collaboration between senior leadership and those from minoritized ethnic groups in responding to health inequalities
- Collect and report data by ethnicity to understand nature of and responses to local needs
- Develop interventions which promote cultural and religious understanding, recognising intra-group diversity and avoiding stereotyping
- Provide culturally and linguistically appropriate public health communications
- Ensure effective representation of minoritized ethnic communities in staff and leadership
- Remove all NHS charges during the pandemic to ensure there were no delays for those seeking healthcare
- Ensure adequate income protection for those in low paid or precarious employment

Figure 1: Intersecting influences on ethnic inequalities in Covid-19⁴

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⁴ Mamluk L and Jones T (2020) The impact of COVID-19 on black, Asian and minority ethnic communities Bristol: University of Bristol <https://arc-w.nihr.ac.uk/Wordpress/wp-content/uploads/2020/05/COVID-19-Partner-report-BAME-communities-BCC001.pdf>

Bristol Race Equality Covid-19 Steering Group

In July 2020, Bristol's Deputy Mayor, Cllr Asher Craig convened a meeting of 36 key stakeholders from across the city's public, voluntary and community sectors to discuss the findings of this report. Delegates agreed that addressing the report's recommendations would require on-going collaboration through a new Race Equality Covid-19 Steering Group (REC19SG). This group continued to meet monthly until September 2021, when the changing nature of the pandemic situation provided an opportunity to meet only in alternate months.

Such a co-ordinated and collaborative approach to policy-making and practice in response to societal crisis is rare. This research explores both the perceived value and limitations of this approach, as described by those involved in the Steering Group (SG). It also considers the views of SG members regarding the future opportunities offered by the group and serves as an insight into whether, and how, similar approaches might be usefully adopted in other areas of policy and practice development.



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Methods

This report describes findings from a thematic analysis of the minutes from SG meetings between July 2020 and December 2021, written responses to a survey conducted with SG members, and in-depth semi-structured interviews with several individuals who played key roles in the establishment or organisation of the SG, or other aspects of Bristol Council's response to the Covid-19 pandemic and its ethnic inequalities.

In December 2021, a survey was sent to all addresses on the SG mailing list asking how frequently they engaged with the SG and in what capacity. People were then asked:

- what had motivated them to join the SG,
- whether they felt it had benefitted themselves and/or the people they worked with,
- whether they considered the group to be an inclusive space,
- the ways in which the operation of the group might have been improved, and
- its potential future opportunities.

Answers to these questions were provided as open text. The mailing list includes 104 individuals, although many of these did not attend any SG meetings and may therefore not consider themselves in a position to comment on it. As such, this figure may not be an appropriate base from which to establish a response rate.

Thirty-one people responded to the survey: 11 (36%) representing a voluntary organisation, charity or non-governmental organisation; 11 (36%) representing a public sector organisation; 6 (19%) representing local government; one (3%) from an academic organisation and two (7%) who were not affiliated with an organisation and attended in an individual capacity. Of these, 3 (10%) had attended every SG meeting, 9 (29%) had attended most, 3 (10%) had attended about half, 5 (16%) had attended less than half, 9 (29%) had attended 'a few', and 2 (7%) had not attended any of the SG meetings. Beyond these statistics, we have conducted thematic analysis of this open text, which is less affected by the power issues associated with the quantitative analysis of such a small sample.

Following this survey, in-depth interviews were conducted with several individuals who were considered to have particular insights into the establishment, conduct and contribution of the group. All these individuals were asked their general thoughts about the group, its value and effectiveness and its potential future role. People were also asked specific questions relating to their particular engagement with the group. Certain individuals contributed both to the in-depth interviews and the survey. Interviews were conducted online, and were between 45 and 90 minutes in duration. Interviews were recorded and transcribed before recordings were deleted. Participants were provided with copies of the transcript from their interview to review its content, with any passages identified as concerning deleted from the data submitted for thematic analysis.

Their unique contribution to the SG makes the identification of those individuals participating in the in-depth interviews pertinent to the project. As such, they were asked to give specific consent to enable their names to be shared. These names are listed below in alphabetical order. Their contributions are identified in the main report using their initials and role in relation to the SG. The specific identifier for each individual is listed after their name. Those with a suffix of PS attended in relation to their professional role in the public sector. Those with a suffix of VCS are affiliated with organisations in the voluntary and community sector. Other suffixes refer to specific roles in the management of the group, specifically as co-chairs (CoC) or facilitators (F). Those contributing to these in-depth interviews were:

- Dr Huzaifa Adamali, Consultant in Respiratory Medicine at North Bristol NHS Trust (HAPS)
- Ian Bowen, Gypsy Roma Traveller Service Coordinator, Bristol City Council (IBPS)
- Dr Jo Brooks, Consultant Community Paediatrician and SG Co-chair (JBCoC)
- Anndeloris Chacon, Registered nurse and CEO of Bristol Black Carers, a charity which supports and empowers carers by providing services which encompass their cultural background (ACVCS)
- Stephanie Champion, Equality and Community Cohesion Officer and SG Facilitator (SCF)
- Cllr Asher Craig, Deputy Mayor and SG Co-chair (ACCoC)
- Dr Christina Gray, Director of Public Health for Bristol City Council (CGPS)
- Sian Hughes, Bristol, North Somerset & South Gloucestershire CCG (SHPS)
- Dr Adeela Shafi, Bristol Muslim Strategic Leadership Group (BMSLG) (ASVCS)
- Carol Slater, Public Health, Bristol City Council (CSPS)
- Jean Smith, Nilaari, a Black, Asian and Minority Ethnic-led registered charity delivering social care support, talking therapies and training to adults and young people across Bristol (JSVCS)
- Adwoa Webber, Head of Clinical Effectiveness, Bristol, North Somerset and South Gloucestershire CCG (AWPS)

No consent to deanonymize data was provided by those contributing to the survey. As such, the quotations are simply affiliated to a 'survey respondent'.

Ethical approval for the study was provided by the Ethics Committee of the School of Sociology, Politics and International Studies at the University of Bristol.



Findings

“You know [and] I know that health inequality is huge in the city ... but here, we’re all being clear about what is really happening, and [asking], ‘what initiatives shall we come up with that meet the needs of your service, your service users?’ So, it was like we were co-producing what works for our communities in this city. And that was a good feeling.” (JSVCS)

We begin the discussion of the project findings by reflecting on people’s motivation for participating in the SG, as described in response to the survey and during the in-depth interviews. We then draw more specifically on the evidence from the meeting minutes to describe the key activities of the group, supplemented with data from the survey and interviews. The analysis of the meeting minutes identified two principle SG activities.

The first involved ensuring the provision of comprehensive and accessible information regarding the nature of the pandemic locally, national government pandemic policy, and the ways in which these impacted on those with minoritized ethnicities (and why), for the public and other stakeholders. The second activity involved directly responding to this evidence, either to address persistent evidence gaps or to encourage culturally-informed responses to the information it provided. This might involve initiatives developed and facilitated from within the SG itself, or advising external partners on their plans.

Following this, we present the specific value and limitations of the SG and ways to build on this work in the future, which draws more heavily on data from the interviews and survey. In general, participants argued that much of the success of the SG related to the ways in which it brought together public, voluntary and community sector (VCS) organisations and members of the public from across the city – many themselves representing marginalized and minoritized ethnic groups – to enable more effective collaboration in response to the pandemic. The positive attitudes and commitment to collaborative action identified across the group and practical responses to the pandemic (both within the group and elsewhere) enabled a flexible, responsive and inclusive operational approach which was described as empowering both for SG members themselves and the communities they serve.

There were identified opportunities for improvement, related to the need to reimburse SG members for their contribution, especially those from VCS organisations. There was also a need, going forward, to be more explicit about the aims of the group, and the extent to which specific activities had contributed to addressing these. But, in general, there was a strong sense from these data that the SG had been able to provide a service which had been “essential in our Bristol response to Covid.” Survey respondents described how these activities had brought “together a highly informed group who had been able to [provide] advice, support and act” through meetings which were “constructive, allowed for debate and discussion, and positive” to provide a “real benefit in enabling a genuine community focus on Covid-19 response”.

Importantly, according to survey respondents, the SG had “allowed for a change in approach [to policy-making] to reach people we do not engage with normally” – both in terms of the people involved in that decision-making and those they serve – which had “allowed some of the experiences of the individuals we support to be shared”. This was considered “incredibly useful” in providing opportunities to work with people “outside of my immediate organisation to address and support others”. Together, these approaches “ensured joined-up responses and projects to reach communities with meaningful interventions [and] events”, and offered “an essential reference point” for work responding to ethnic inequalities in experiences of the pandemic.

While people recognised that this activity occurred during an unprecedented period, and was by no means flawless, there were also many ways in which they felt this experience offered insights into how to develop more inclusive and effective policy in Bristol and beyond.





Section 1: Motivation to establish/ join the group

“The challenge is providing a good scientific evidence base, data that shows the disparities, and then saying to that, ‘listen, we can be a better city, if we address it and work together.’ There is this thing about compassion, kindness, caring, all of those ingredients. I think we have it in us, all of us... we can work together as one, we can work side by side... And if we can do that, and create that city, I think it would be great to live here.” (HAPS)

Interviewees described the motivation to join the SG which emerged from their developing awareness of ethnic inequalities in experiences of the pandemic and the need to proactively respond to these. As described by Christina Gray in the Introduction, emerging evidence regarding ethnic differences in the deaths of healthcare workers, and later the population more generally, produced a sense of “worry” and a need to act.

People also described a perception that, in some spaces, these issues were not being given the attention they required. Indeed, some people described feeling “sidelined” in their work to respond to these issues. At the same time, others described feeling grateful that the pandemic and the murder of George Floyd in May 2020 in Minnesota, US had finally put “on the table [... things] we in the community have been chanting and raving [about for a long time]” but had had continually “dismissed” (ACVCS). It was felt that the pandemic “had opened up an opportunity for everyone to explore the issue of inequality in its broadest sense” (ACCoC). People felt that these experiences had drawn attention to the need for further information and provided a “trigger” and motivation for others to “get on board” (JBCoC) when the opportunity had arisen:

“I began to realise that we had unearthed [the effects of] decades of pure racism ... the pandemic gave us an ability to articulate that.” (HAPS).

People contributing to the in-depth interviews and the survey were asked more specifically what their expectations and motivations had been prior to joining the SG. Survey respondents working in the public sector described their sense that the meetings were “integral” to their professional role in response to the pandemic. Other professionals described their hopes that the group would help ensure that “the work they were doing as part of the pandemic and in the recovery was properly informed... to ensure that specific parts of our community were not left behind”. It was also considered an opportunity to “share best practice and ideas”. Those in the voluntary sector had joined “to give voice to the individuals we support through our charity”:

“The Gypsy Roma Traveller team in Bristol represents a number of different groups who often struggle to find a voice for themselves. ... These groups are often marginalized, and not included within an awful lot of health decisions. ... And so I wanted to attend the group to ensure that their voice is heard... to make sure that their concerns are part of the bigger picture. To make sure that they weren’t forgotten as a minoritized community, which they so regularly are.” (IBPS)



the Race &
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Section 2: Activities

Ensuring the provision of comprehensive and accessible information to the people who need it.

Building on the evidence from the Mamluk and Jones review⁴, the group sought to provide accurate and comprehensive information on the nature of the Covid-19 pandemic and its impact on those in minoritized ethnic groups to the local Bristol public.

⁴ Mamluk L and Jones T (2020) The impact of COVID-19 on black, Asian and minority ethnic communities Bristol: University of Bristol <https://arc-w.nihr.ac.uk/Wordpress/wp-content/uploads/2020/05/COVID-19-Partner-report-BAME-communities-BCC001.pdf>

While there was an established need for evidence specific to the local context, it was also felt that this activity addressed shortcomings in the pandemic responses of national government:

“I blame the education side of this whole thing about COVID where they [the Government] have not simplified information, where they have not given logistic answers. And they haven’t accepted the fact that they can say, ‘we don’t know’. They have given false truths, half truths, some truth. Right? So it makes people suspicious.” (ACVCS)

This information provision was achieved through multiple approaches: the informal and formal networks of SG members, targeted engagement with specific stakeholders and public events. These activities were described as being of value by all members, regardless of their role or the sector in which they worked.

Starting in September 2020, each meeting included a report from the Public Health Team in Bristol City Council on current rates of Covid-19 infection, hospitalisation and death in the South West region and how these varied by ethnic group and age. National government guidance on managing the pandemic and how this was being implemented locally was also presented. From January 2021, local information on the plans for and uptake of the Covid-19 vaccination programme was also reported. Minutes from these meetings were circulated among the mailing list, which included over 100 stakeholders from across the city. Survey respondents also described the opportunities offered by the group to share information about other “race equality activities” that were taking place. These updates enabled SG members to inform their networks about the pandemic situation in ways which were accessible and relevant, as quotes from members from the public and VC sectors show:

“We had updates about what’s happening [with Covid-19]. Carol Slater [from the Public Health Team], when she did her presentations, each time it was spot on ... [We got] the information that we needed ... to support people.” (ACVCS)

“It can be very removed sitting in the CCG. So just being able to have conversations and listen to what’s going on and hear the updates from Bristol City Council directly about rates of infection and the work they’re doing, I think has been really helpful.” (AWPS)

The meetings also provided an opportunity for members to discuss this information in detail, to ensure it was understood effectively. Members also appreciated being able to counter what were considered inaccurate claims:

“The organizations that participated in the network, we have benefited in the exchange of information, and in the approach [where] we can challenge some of the things that are being said. That wasn’t there before.” (ACVCS)

There was also a sense of mutual respect which enabled a particularly collaborative approach:

“we’ve been able to move forward [together] and [the group] has provided a space for people to come and share concerns, raise issues and generally receive information which is great.” (Survey respondent)

This dialogue was considered a unique contribution of the group, and valued by people across all sectors:

“it was very helpful for me, coming from the Public Health team, to talk about what’s happening about COVID. So that people could ask questions like, ‘so what is happening around black and minority ethnic people - minoritized people in Bristol at this moment in time, what’s happening? And what can we do about it?’ So it was a really good forum to have those sorts of discussions in a way that felt more real than perhaps when you have them in other environments.” (CSPS)

These conversations also enabled SG members to ask specific questions of pertinence to the groups with whom they engaged:

“What I really like is our differences and relationships that mean we can ... really enable people to talk about what’s worrying them, have the time to think about it and make an informed decision.” (CSPS)

Evidence from the SG minutes and in-depth interviews also shows the important opportunities these meetings provided to reflect on the particular implications of the pandemic and lockdowns for those in minoritized ethnic groups, with group members able to contribute insights from their own lived and/or professional experience:

“I spoke to one of my service users [about their difficulties] ... And I raised that at one of the meetings.” (ACVCS)

“The different community groups that we work with have have different feelings about the vaccines. ... there’s a lot of mistrust around COVID. A lot of misunderstanding [...plus] The rate of illiteracy is very high. And so people weren’t able to access the same levels of information ... that was actually a very key thing - reminding people that ... we need to start looking for other ways of communicating with people outside just leaflets.” (IBPS)

Meetings also involved contributions from invited speakers on emerging issues, such as vaccine hesitancy or long Covid, or aspects of the pandemic experience missing from national government guidance. Specific SG discussions included identifying effective approaches to maintaining particular culturally- or religiously-informed activities during the pandemic – such as those associated with Hajj, Ramadan and Eids. Often, this evidence was generated by research conducted locally, by people working with statutory voluntary organisations which enabled attention to be given to work which was often ignored in other (academic, policy and practice) circles:

“[We’ve] created a space for organizations to come in and share with us their own work that they’re doing in the space, their own research, ... creating the space for people to share knowledge and information.” (ACCoC)

Interviewees valued the opportunity offered by the group to hear a range of perspectives on an issue:

“They got speakers, speakers who would come and share their experiences... And what was great it was always mixed, so we’d hear from a consultant, but we’d also hear from the one who it happened to, the voluntary sector group who was running it, you know. Yeah, excellent.” (JSVCS)

As such, interviewees felt that the SG offered space for collaboration and education which was unlike that provided elsewhere. But while some recognised the value in this, there was also a sense from the comments of survey respondents, that the decisions regarding who was invited to the group could be somewhat arbitrary. People described a need for the group to reflect more specifically on what information they needed and who was best placed to provide this, rather than to hear about what might be considered researchers’ “pet projects”. Such issues might also relate to limitations, described later, regarding a lack of clarity in relation to these aims.

Together, the presentations and discussions enabled people to “keep an eye on the outputs, to stay updated”. People also appreciated the opportunities the SG offered to “understand the local, multi-agency responses to the racial disparities” in the pandemic, while also making sure they were “available if [they were] needed”, and aware of how best to contribute:

“the steering group offered a trusted source of information for people... [in part] because it was so localized. So we were able to kind of really hone down ... to target particular areas. And that’s also meant that we’ve been able to say ‘In this area, and this area, and this area, we’re putting more support in or we’re doing whatever in it’. So it’s been quite good, because people who work in the local area have then been able to share that information and know a little bit more.” (SCF).

Establishing and responding to evidence gaps

As well as collating and distributing existing evidence regarding the nature and drivers of ethnic inequalities in the pandemic, the SG also adopted a role in recognising and responding to persistent data gaps.

SG members identified a lack of evidence regarding the occupational risks experienced by people in minoritized ethnic groups during the pandemic. In response, the group requested information from all major public sector employers in the city regarding how their staff were being affected by the pandemic, and how they were working to support them, while providing advice regarding how to ensure that support was effective:

“The group wrote to all the chief executives to ask them ‘have they got their plans in place, risk assessments in place for their BME staff?’ We were able to identify what was important, you know, the individual risk assessments, the situational risk assessments and provide that advice. So that was very practical. And then at the other end, it was very clear from the report that actually this was, you know, that what you’re, what you’re seeing, what we were seeing was inequality writ large, the impact of wider discrimination.” (CGPS)

Moreover, the SG provided clarification of practical sources of support for staff, where this was not provided by their employers. The SG also enabled more general improvements to data gathering, for example through improved consistency of ethnic classifications across organisations. Some aspects of this data gathering were subsequently taken over by other groups, such as Bristol Council’s Economy Covid-19 Board.

As well as supporting the work of other organisations, the SG developed several bespoke initiatives to respond to particular information needs or public concerns identified by the group as not being effectively addressed by existing initiatives. As one survey respondent explained, the group “allowed us to generate practical ideas which can support our population”. For example, discussions regarding appropriate approaches to managing religious festivals, such as Ramadan and the Eids led to a series of informal information-sharing sessions with local religious leaders which were considered, by SG members, to have been critical to managing the pandemic in the city:

“We have been able to influence the majority of mosques, [into] not opening during the pandemic, [but] encouraged festivals such as Ramadan, all the Eids to happen behind closed doors, in people’s houses. We were able to influence sensible education, you know, that can be provided to the communities. And we have been able to allow these community leaders to understand in very much layman’s terms on what their impact is making to the whole city of Bristol, ... this forum [the SG] has been able to do that.” (HAPS)

The SG also designed and facilitated a series of more formal activities to address information gaps and persistent public concerns, including several online public education seminars which brought together experts and the public, and several information videos:

“the big sort of seminars and the helping people to understand just to get their concerns [across] and to be able to raise their concerns and answer... There’s a whole bunch of people who did little videos just saying, ‘I know you’re worried. I’m worried too. But I’ve thought about it. And this is why I think I should have it [the vaccine]’.” (CSPS)

A particular value offered by the SG was in its ability to be responsive and effectively time their activities to coincide with specific public needs.

The group's response to the rollout of the Covid-19 vaccination programme in early 2021 was repeatedly raised, by both survey respondents and in interviews, as testament to the group's success. Early discussions in the SG regarding ethnic inequalities in uptake of the influenza and Covid-19 vaccines identified the persistence of considerable misinformation and also concern amongst the public and a need for more direct, clear, simple and responsive communication on this topic to enable individuals to make more informed decisions. In response, the SG organised an online webinar in January 2021, to enable a discussion between members of the public, health practitioners and other experts on the nature of and risks associated with the Covid-19 vaccines:

“the seminar that we did back in January, ... [someone] said, in the meeting, we need to talk to people about this [vaccine], we need to actually have an open conversation about why people are worried and why people are scared, around COVID, and we particularly want to reach Black people. And within three weeks maybe we got together a panel ... we just had the most amazing meeting and I think it was something like 700 people showed interest and 500 people turned up, ...I think what happened was we caught the [wave], we got the timing right. And a level of interest was just there. People really wanted to talk about it. So we had a panel there, we had all of these people who just really wanted to know more. And that was a really good way to do it. So that [steering] group was absolutely the engine, the starting point, the engine and the deliverer of that kind of response.” (CSPS)

According to minutes of the February 2021 SG meeting, following 875 registrations, 500 people attended the webinar, including people from across all demographic (including ethnic) groups. Panellists included doctors, consultants, scientists, and public health and community leaders answering key questions, including those raised by members of the public, about the vaccines' development, safety, effectiveness, ingredients and side effects. A Bristol Council evaluation, findings of which were reported at that meeting, indicated that 80% of attendees thought the event was 'good', engaging and easy to follow. 20% of attendees said that their understanding of the vaccine had improved as a consequence of attending the event and that many were intending to share the information they had received at the event with others. Most people felt that, following the event, they now had sufficient information about the vaccine and that their perceptions of vaccine safety had improved, although some information gaps, particularly about the long term side effects of the vaccine, remained. There was also a significant increase in the proportion of people stating that they would receive the vaccine, and indication that they would get it more quickly, as a consequence of attending the webinar.



Bristol City Council,
Bristol Race Equality COVID-19 Steering Group,
and BNSSG CCG invite you to

COVID-19 VACCINE

DISPELLING THE MYTHS AND MISINFORMATION

Tuesday 26 January, 7:00-8:30pm
bit.ly/BristolVaccineTruthEvent



The views of the SG members involved replicated this positive sense of the event:

“Just before the vaccines were rolled out, we as a group hosted a myth-busting event. ... And it was a great event. And I had the privilege of chairing that. So we had a couple of brilliant GPs. We had one of the members of our race equality COVID-19 group, who’s a respiratory physician, he did a brilliant presentation. ... And we found out that actually it had quite a wide reach. So that was really satisfying. And one personal satisfaction point for me, was that someone who is ... an acquaintance ... contacted me and said, ‘Jo, I attended the event. I wasn’t sure but now I’m definitely going to get vaccinated.’ So you know that was important, because the impact on her, it’s like a ripple effect, isn’t it? She gets vaccinated, who else will she be able to impact in her family and her community?” (JBCoC)

SG members also commented on how much they had personally learnt from the event, and how they had used this information to enable other people to receive more accurate information about the vaccine:

“There was a virologist who explained the system, about why the vaccine came out so quickly. It was easy to understand then. Because as he said, all the minds came together as one, it wasn’t a competition like how when other vaccines are being developed by each company, it’s who could get the patent right first, who could get this? But it was everybody coming to one and that red tape didn’t exist ... [After discussions] I could comfortably say to other people, I support [the vaccine], and this is my reasons ... I had a friend who came from another country, and he said he’s never been vaccinated in his life. And he asked me, Why do I think he should get vaccinated? And when I went through all that with him [after attending the SG seminar on the subject], he got three vaccines.” (ACVCS)



Developing bespoke, culturally-informed responses to the pandemic

The meeting minutes highlight a particular role for the SG in relation to working in collaboration with public sector partners, to ensure pandemic responses reflect the evidence, are culturally informed and as effective as possible. The SG was popular with individuals who considered it a “valuable space” to “share what they’re doing” and seek the advice and guidance of the group. Individuals attending the group meetings included representatives from the BCC Economy Board, North Bristol NHS Trust, Bristol, North Somerset and South Gloucestershire CCG, the BCC Communications Team and those involved in national vaccine trials. The insights offered by the group were valuable for those working in other public services, enabling them to develop more effective pandemic responses:

“I work in a directorate that’s very data focused. ... And so what I was taking back [from the SG] was [to tell them], ‘it’s only part of the picture, what you’re looking at.’ If you don’t ask communities, or you don’t listen to what they’re telling you already, then you’re not going to have a complete picture. And how are we presenting that data back to those communities anyway? Have we got anything in our plans that says ‘You’ve done this analysis of numbers, what’s your plan for taking that out to the communities that we’re talking about?’” (AWPS)

Meetings were also attended by senior equality leads from across the country:

“...The consultant respiratory physician for the NBT, another consultant paediatrician. Habib Naqvi, the national race equality lead ... dropped in, we’d somebody drop in from the Royal College of Nursing. We had, you know, equality, really senior equality leads.” (CGPS)

SG members could also provide practical support to enable initiatives to run successfully:

“So we’ve done a lot of clinics and outreach and understanding with minority ethnic groups as part of the program. And a lot of the people within the COVID steering group have really helped us to make those things happen.” (SHPS)

“We helped organise Vaccination Pop-Up Stations for the Chinese community.... They would have been forgotten by the Authorities if we didn’t instigate the collaborative work...” (Survey respondent)

The minutes detail the specific role played by the SG in activities to improve the approaches adopted to communicate with those in minoritized ethnic groups. Representatives of the BCC Communications Team regularly attended the SG meetings to ensure that the pandemic information they were providing was accessible and appropriate:

“Having all of those people in the same place has meant that, you know, we’ve been able to easily ... connect to people within different communities [to ensure our communications were effective].” (SHPS)

One survey respondent commented that a particular benefit of the SG had been the opportunities it offered to connect with “community partners and [get] their advice on how to best reach and target underserved groups”.

As well as providing information to the local community, it was recognised – by SG members and those outside the group – that the SG had an important role to play in ensuring that views of the local population were represented in wider discussions about responses to the pandemic:

“[Numbers,] that’s what clinicians look at. They look at the numbers. ... So it’s taking some of the anecdotes or some of the stuff I was hearing [in the SG]. ... taking it back [to the clinicians] and trying to say, ‘Look, we’re not using this [insight]. This is what the ...people, communities are saying’.” (AWPS)

As well as feeding this perspective back into the work of specific organisations, the group also contributed to several ‘spin off’ activities, where the SG fed into pandemic decision-making across in the city:

“People seeing our work meant that we could consolidate some of the work we were doing, showcase it, and also contribute to the things that needed to be done [elsewhere] in the city.” (ASVCS)

Members of the SG also worked together to explore practical opportunities to act on the information presented to, or discussed within, the group. Specific activities mentioned in the minutes include work to respond to the specific pandemic experiences of Bristol Somali people, opportunities to increase referrals to services for people experiencing Long Covid and to improve targeted BCC communications to increase testing among young people. Unfortunately, significant progress in response to certain issues, including those identified in the SG and also in the recommendations of the Mamluk and Jones report², was thwarted by barriers generated by national policy, for example in relation to the implication of NHS charging for recent migrants on pandemic responses, including access to Covid-19 treatment and vaccinations. Activity in relation to other areas of concern was taken on by other parts of the City Council.

One initiative generated from within the SG, which had significant success, was in response to the identified inequalities in vaccine uptake, described earlier. In addition to an event responding to the barriers to accurate information in relation to the vaccine, it was argued that there were numerous practical barriers to uptake which also needed to be addressed. Following a successful test-case to improve uptake of the flu vaccination among marginalized groups, it was argued that temporary ‘pop-up’ vaccination clinics, provided in spaces already frequented by people in those communities traditionally underserved by existing approaches, could reduce pressure on existing services, while enabling the public to receive vaccines in familiar locations in direct communication with people they trusted:

“We had some amazing ideas that have come to fruition. ... we did a piece of work with a pilot study with the flu vaccination campaign, which was a whimsical comment that we made [at an SG meeting].... And within a week, I had a whole team, and we delivered [vaccines] in Easton, and we delivered it in Southmead area” (HAPS)

SG discussions regarding vaccine hesitancy also identified a need for the provision of targeted support to people in the Gypsy, Roma and Traveller (GRT) group, who were known to experience considerable fear and misinformation about the vaccine as well as distrust in existing statutory services. The May 2021 minutes describe considerable progress in the practical planning of a series of bespoke pop-up vaccination clinics for this population, led by SG members in partnership with the NHS. Despite some complication with the staging of events, they eventually went ahead:

“they set up different locations. They commissioned St John Ambulance to provide treatment centres. And they went to a couple of known locations. It wasn’t 100% successful, I’m afraid. ... I think they managed to jab one person.... But that’s one person who wouldn’t otherwise, you know? ... [then] they took the [vaccination] vehicle up to the Downs. ... And I believe they had quite a few, quite a bit of success up there. ... it’s not earth shattering numbers, but it is people who wouldn’t have accessed it otherwise.” (IBPS)

The enthusiasm, influence and expertise of members of the SG were argued to have been key to the rapid rollout and effectiveness of these new clinics:

“people are so passionate. So for example, the rolling out of vaccines in local centres in the community. So there’s some really passionate members of the group that have really pushed things forward. So they’ve moved really quickly.” (JBCoC)

And, again, it was the relationships of SG members with local communities which ensured its success:

“linking in with communities to do the outreach work on the vaccinations was a real strength” (AWPS)

The March 2021 meeting minutes document that even by this time several new community pop-up clinics had been established in local temples, mosques and community centres and in areas of traditionally low vaccine uptake. Minutes suggest that these were generally oversubscribed, largely as a consequence of work by members of the SG to build trust through direct community engagement to address concerns and misinformation about both Covid-19 and the vaccine. As the clinics provided vaccines without appointment, they could respond quickly to changing people’s attitudes, while also providing access to undocumented individuals.

The minutes from June 2021 state that by that date there had been over 3300 community clinic vaccinations achieved. As before, this success was attributed to the sense of partnership which has been established between communities and statutory services from the outset, as well as the impact of the SG webinar for addressing persistent misinformation:

“We’ve had almost 20,000 now, vaccinations done out in community settings. We would never ever have done anything like that before COVID. We just wouldn’t, we wouldn’t have had the money. We wouldn’t have found the commitment. We might have tried a pilot of one or two and then just it would have died by the wayside. But we have done dozens and dozens of those clinics and 20, you know 20,000 people, the vast majority of them simply would not have the vaccination otherwise. It’s just phenomenal.” (CSPS)

These minutes also report that these activities had had a significant impact on reducing ethnic inequalities in vaccine uptake in the city. This success was also mentioned in the in-depth interviews:

“And what we’ve actually seen is, you know, there has always been a much lower level of uptake [of vaccinations] amongst the minority ethnic groups And what we’ve actually seen is that a number of [vaccines in] those groups have started to approach the same level as the white British groups. ... But yeah, so they’ve done some really great work to drive the vaccine uptake [...It’s] the recognition that you can’t treat everybody in the same way. You can’t just have a mass vaccination centre for everybody or offer in GP surgeries for everybody. You have to do stuff in a different way. And some things, it just takes more time. People want more time to decide.” (SHPS)

As the Covid-19 vaccine rollout continued, health providers took the opportunities offered by the clinics to provide other vaccinations to these underserved groups:

“...we started with COVID, and people came, and so this time when they come in, we offer them COVID plus “you can have your flu [vaccine] as well.” Not everybody says yes, but you’d be amazed how many people did. Like the clinic which was really crowded on Saturday – 73 children’s flus that just wouldn’t have been done, they really would not have been done because it was a community that does not [usually] have the flu [vaccine]. So this was about targeting those people who otherwise would not take it up.” (CSPS)

This example was then more formally embedded into the approaches of other organisations involved in providing vaccinations in the city:

“So the mass vaccination program ... which looks at BAME populations. ... we basically transferred the ideas that we learned [from the SG activities] into that committee. And we said basically, we need individuals who will be able to vaccinate children. We need them to publicize for families to turn up. And so the October vaccination program that happened in the Southmead area, we had a booth, children vaccinators, adults coming in for flu vaccination, as well as COVID vaccination being delivered. (HAPS)





Section 3: Strengths

“The key strengths, number one, is the invitation to all these groups to the table. The second one is the sharing of information. The third was the ability to ask questions, and be able to get an answer that, to get an answer, first and foremost, be it ‘I don’t know’ or be this whatever it is...you got an answer. And four, the ability for communities to say, ‘We are here. We want to help, how can we do this?’ ... And the other key point was going to meet the people where they’re at. [...instead of] constantly developing things and want[ing] people to come to us.” (ACCoC)

As shown in this quote, key to the success of the group were the opportunities it offered to share information with a diverse group of people who were all committed to addressing the ethnic inequalities identified in the initial Mamluk and Jones review.² It built a relationship which spanned across all sectors and was based on honesty, trust and mutual respect. A sense that everyone was welcome and had a significant contribution to make to the group ran through many of the findings from this evaluation.

The perceived value of the group can also be recognised in the continued high meeting attendance, particularly in light of their frequency and people's multiple commitments:

“When I convened the first meeting, I think we had just under 100 people turn up, and consistently for the first few months, we were getting anywhere between 80 and 100 people attend, because obviously COVID was new to everybody. People wanted to know what was going on. ... And what, 18 months, nearly two years later? We still have 40/50 people regularly coming to the meetings” (ACCoC)

Even people who had not been able to attend meetings as frequently as they would have liked commented on the value of the information shared via the mailing list and explained that they were “very glad to know it has been happening”. This value was considered to be derived from some key aspects related to the framing and facilitation of the SG and the ways in which wider changes in response to the pandemic enabled these opportunities to be maximised. Positive attitudes and collaborative action

Positive attitudes and collaborative action

People described many positive, practical things about the group and the way it had operated, including the diversity of the group and the particular approaches to the sharing of information between members and others. Several participants also reflected on the value of the fact that the SG itself, as well as its activities, had “the backing of good science data”, which was considered “well-documented good practice”. While this approach was “certainly not unique ... in Bristol and elsewhere ... the method of evidence-based research [combined] with community experience, and community-led ownership, is absolutely essential” to ensure success. However, there was also a recognition that this evidence drew attention to a multitude of factors, which created challenges for deciding where to focus the group's energy:

“That baseline study was really helpful. Because it gave us an evidence-based framework in which to operate, and in which to work and it focused [us]. There's always a tension between, do you look at the upstream drivers of discrimination, poverty, you know, those big wider determinants and drivers of health? Or do you look at the sort of behaviours and protective factors? Now the truth was, we needed to do both, ... it was very clear from the report that ... what we were seeing was ‘inequality’ writ large, the impact of wider discrimination.” (CGPS)

The unique nature of the pandemic and the sense of urgency it had brought had disrupted traditional approaches to policy-related decision-making across in the city:

“because of COVID as well, you know, the CCG, everyone has operated in a way ... they never would have before COVID. You know, what would have been years and years as a ‘developer strategy’ got done in days and weeks” (ACCoC)

This enabled the SG to bring to the table people who would not normally be included in discussions about pandemic responses:

“an... economic inclusion officer. So she works for Bristol City Council, but there's no way that she would normally be round the table with like, the Bristol Muslim Strategic Leadership Group, or the Bristol Black Carers. ... And it's just meant that she's been able to really get her agenda out there, which has been really important through the pandemic” (SCF)

This “wealth of hugely talented people were seeing all this [inequality] and they desperately wanted to step forward and find the solutions. [Which meant that from a Council perspective] all we had to do was create the space [to enable that to happen]” (CGPS). In turn, this enabled the SG to adopt the particular approaches to engagement, responsiveness and freedom to innovate which were considered central to its success:

“great, great strength of the group is the response to need. ... all of that ingenuity and the ability to be responsive, ... we’ve been able to be fairly autonomous and just crack on with stuff. And we’ve worked really well with people. Probably in a less COVID-y world we would have had working agreements in place for various different organizations and a bit more structure. And that would have slowed everything down. And, you know, people would have been a bit more selective about the person who they sent to the meetings, you know, that kind of stuff. So, and then it would have become like this middle-manager, top-level thing where [it wouldn’t have worked so well].” (SCF)

The SG adopted a unified, simple and positive approach where everything was considered possible:

“[We] kept saying things like, ‘so why is that fair then? Why can’t we just do this about it? ... What’s stopping us from doing that there?’ And so we looked at it and said ‘Nothing’s stopping us from doing it, let’s do it’ you know, ... because you have a meeting of minds.” (CSPS)

A strong sense of collaboration, unity and shared responsibility also operated in the group:

“People took their part, they wanted to take their part. So no one was forced, no one was coerced. It’s very much a supportive environment. (JSVCS)

Within this cooperative space, people contributed their unique knowledge, resources and networks to shared practical initiatives in ways which could directly undermine traditional hierarchies:

“We were making sure things like language were catered for, using community venues that are used by the communities that we work with, all those sorts of things were being thought about, talked about and taken seriously. ... So, we’ve come up with a bit of a plan. And then individuals, for us as organizations we’d say, ‘right, okay, well, we’ve got a building ... big enough that we could do social distancing.’ And the churches were saying, ‘Okay, I’ve got a church hall’, the mosque was saying, ‘I’ve got such and such’, and then the NHS was saying, ‘Okay, well, we’ve got a team of nurses, if we come down, then we can work with you’. And it was all like that, ... making sure that the local shops here, that were well used by our communities, had the posters up, [so] they knew that just across the road, that testing was gonna take place. So it was all about just making sure that information would be ... understandable, accessible, and make sure that the initiatives were exactly the same: accessible ... the NHS actually accepting that actually, ‘we are relying on you voluntary sector, we’re relying on you, church, you know, faith communities, we’re relying on you, because we know we can’t do it, we can’t do it alone.’” (JSVCS)

As part of this commitment, people described the sacrifices SG members and others had made to ensure these initiatives were successful:

“We’ve had people who are willing to work well outside their normal role in order to get things done. So to come out on Saturdays, to be there on a Sunday, to be working evenings or early mornings in order to do something when people need it as opposed to when we think we should be providing it. So the flexibility I think has been, the ability to operate flexibly in a way that we wouldn’t normally be able to do has been enormous, made an enormous difference, I think.” (CSPS)

Interviewees also described the ways in which this responsiveness was supported by a strong sense of accountability which operated in the group:

“from the listening process [operating within the SG], somebody can always go back and say, ‘Have you heard me? What has happened here?’ (ACVCS)”

Interviewees explained that initiatives designed to improve engagement between policy-makers, the public and people working in different sectors, introduced to Bristol prior to the pandemic, had laid important foundations for the SG, and had produced a model of community engagement which was considered somewhat unique in local councils:

“I think the huge advantage we have in Bristol, ... is that we have a community development team, who are really connected to local communities in a way that you don’t often get in councils anymore. ... so we were in a position to respond when the community said ‘we’ve got all these people that are really worried, we can help you to help them if you listen to us.’ And we were in a position to say ‘okay, we’re listening what should we do?’, as opposed to going away and making a plan [separately] and coming back and saying, ‘we’ve come up with this, can you help us with it?’” (CSPS)

But, rather than simply utilising the opportunities offered by the pandemic and these existing initiatives, interviewees also argued that the SG had directly facilitated the introduction of new approaches to policy-making within the Council which would be to the benefit of the public long after the pandemic had ended:

“People used to find it really difficult to speak to the Council or access the Council. And now... we’re out there. We’re not so closed.” (SCF)

Indeed, people felt that the approaches to engagement exhibited in the SG could offer valuable lessons for other existing initiatives, by making them more open to professional diversity:

“If we are to influence the ‘One City Plan’, and ‘Healthier Together’, we need a group like this [SG] to be in existence. Because the ‘One City Plan’ and ‘Healthier Together’ are people who are at the top notches and echelons, but you need the grassroots people.”(ACVCS)

The diverse representation within the SG helped ensure that the needs of different marginalized groups were recognised and responded to during the pandemic:

“there were a couple of times in the meeting where I did raise the issue of, what about travellers? And people, in fairness, were open and said, ‘well, we’d forgotten all about them. We didn’t consider them.’ ... So the fact that I was there enabled that voice to be heard.” (IBPS)

It was hoped that this recognition would continue to encourage inclusive planning in other areas of policy:

“the group [SG] has, I feel it’s a bit indirect. But it has raised awareness that Travellers are an.. opportunity ... with a wider range of people. So when we come to start planning for more sites, hopefully some people might be a bit more understanding.” (IBPS)

It was also argued that the SG had increased the sense of trust across the city. VCS SG members described the ways in which this experience changed their perspective on whether the Council could be inclusive, which had a positive impact on their and their community’s trust in Bristol City Council. This was considered a valuable legacy in a city with a history of racial injustice and distrust:

“because there was long history of suspicion, ... racial injustice, in Bristol and outside of it, that we’re contending with ... people are cynical, they don’t believe things unless they actually see it happen. And they don’t necessarily trust that anything will change, actually, and we’ve still got huge amounts of that work to do. I think what the recent COVID group... has done ... is there’s someone said something we’ve said, ‘Okay, we’ll sort that’, and we’ve gone and done it, actually. And it’s been visibly targeted at that specific group. It hasn’t been watered down, it hasn’t been changed.” (CSPS)

Inclusivity

“There is nothing about your status. You’re all rolling up your sleeves. You are really trying to keep delivering on the vision of the whole group. And that has been the most important aspect.”
(HAPS)

The operational procedures adopted within the SG enabled a strong sense of inclusion among members:

“[I] felt totally as though I was equal to everybody and anyone there. And I think that is a massive strength, absolutely”(JSVCS)

Its democratic approaches established a strong sense of interconnection and mutual value, which gave people the opportunity and confidence to ‘think outside of the box’ and generate unique responses to the issues they identified:

“many people have come together from many different backgrounds, who are all highly motivated. And I think the richness of the group is the interconnectivity. So we’ll come, we’ll look at specific issues. Look, people bring different perspectives. And quite often, you know, we come away with some really good outcomes, not necessarily what you might predict. Because you know, there are just such a wide variety of people who have access to different resources, and different ideas that are able to take things forward. So it’s that kind of rich tapestry that I love about this group. It’s quite dynamic”.
(JBCoC)

That said, it was suggested that at times the atmosphere of the meetings could almost be too positive, which could prevent critical reflection and “healthy debate” on certain topics:

“I do feel comfortable to contribute ideas ... [But] Sometimes, I wonder whether the group needs to challenge each other a bit on the ideas that are put forward to prevent it being too ‘cosy’ ... we could encourage some healthy debate on some topics.”(Survey respondent)

This sense of inclusivity was partly enabled by conscious strategies rooted in openness which had been adopted for the group’s management and facilitation from the outset, as explained by those involved in its establishment:

“My role is to make sure the group is supported, that we’re listening, that it’s enabled and to give the group the platform. ... sometimes standing aside and letting [other] people lead is more effective. ... I mean, it is a group dripping in talent, absolutely dripping in talent.” (CGPS)

“one of the things that I was really keen on, was like, no rules on the membership ... if you’re bringing together groups of community members, community leaders, councillors, public health, how do you know who the people are who are influential? How do I know who those people are, who are going to make a difference in those communities?” (SCF)

Approaches which also prevented the group feeling “all Council-led” (CSPS).

Practical approaches to meeting management also supported the inclusion and long-term engagement of members, even if they could not always attend:

“They were on it. Absolutely on it. The chair was absolutely fantastic at making sure that happened, the administration was really good. In terms of the notes, the feedback, they’d get the notes out, keeping us informed of subgroups. It was a mammoth task but they did it, they really did do it.” (JSVCS)

Survey respondents indicated that the benefit of the SG to themselves and others, including those outside the SG, was due to its approach to “sharing information about a wide range of topics in an inclusive and non-hierarchical way [which] helped develop best practice across organisations”. The online meetings enabled busy, and unfunded, people to contribute in ways which enabled them to manage their busy schedules:

“this is slightly a value of zoom or, whatever... but just having an opportunity for people to write down what they want to say, I notice that that’s actually been a really helpful thing... [and] I don’t think that everyone would have continued to come to the meetings in quite their hordes had it been a face-to-face meeting.” (SCF)

While this online approach could be considered simply another positive bi-product of the national pandemic requirements to work at home, there were subtleties in the ways the meetings were managed which were argued to be key to their effectiveness:

“I keep thinking about this one time that ... [someone] was writing stuff in the textbox. And [... the Chair], brilliant facilitator, was like..., ‘great point [NAME], do you want to share your point?’ and then she started contributing [vocally] to the meetings, [...that style of facilitating] changed the dynamic of the group.” (SCF)

Comments from survey respondents indicated some room for improvement:

“[I was] not always able to contribute ideas, the agendas are tight and busy and I am aware that sometimes it is the same voices speaking. Some people show up each time but are not always included or asked for their comments, which is a shame.” (Survey respondent)

People also expressed a concern that some might find it difficult to contribute due to the number, and seniority, of other people in the room which suggests that there was still some hierarchy operating in the space (although this participant was keen to point out that this was not their own personal experience):

“When I have attended it has been inclusive and very informative [but] I would say it could be very daunting to people not used to talking in front of large numbers or in very professional settings as sometimes there are lots of high level academic, medics, VCS leads there – so [that] may put people off from contributing.” (Survey respondent)

As such, there was an “opportunity [in future] to invite comments/actions from those who do not regularly speak but regularly attend”. Survey respondents also highlighted a number of technical opportunities to improve engagement and understanding, including using Trello, additional breakout groups, Slido (for posing questions in advance of and during meetings, in addition to online chat functions) and the production of brief outlines of activities as well as information guides, which could also be shared externally. As such, there was awareness that some aspects of communication could be more “user friendly”. However, for some, this management approach was considered crucial to the sense of equality and inclusion which was established:

“We were all equal in the room so every voice was valued. Despite the size of the group, ... it was carefully coordinated to try and make sure that no one’s question got lost, or didn’t happen, because it was, you know, 50 odd in the room at times, in the Zoom Room at times, you know, but they did it.” (JSVCS)

Empowerment

“It almost gave me a sense of purpose being part of this, and it allowed my voice to be heard. ... There was an amazing sisterhood and brotherhood, there [in the SG]. We had wonderful white allies. And for the first time, you can stand shoulder to shoulder, we were all equally passionate about delivering on keeping the whole city of Bristol safe, and had to do that working together. It was incredibly heart felt, because, you know, to see my white sisters and brothers there, singing from the same hymn sheet, ... people, you know, actually do care.”
(HAPS)

Related to this sense of collaboration was the opportunity offered by the SG to provide people with a sense of being “valued” and “heard”. People explained the ways in which they, and the groups they represent, had traditionally been marginalized from policy-related discussions:

“...the voluntary sector is mentioned in a lot of things [policies], but they haven’t been consulted. And the true voice of practical living is not reflected when decisions are made [and that] is what brought me to the group.” (ACVCS)

By contrast, the SG provided:

“the opportunity for us to make sure that we could bring the experiences, the voices of those affected within the groups that we serve, to the forum, so that, you know, especially those statutory providers, could hear those voices. So absolutely essential to make sure the voices were heard, and constantly heard. ...week after week, month after month, we could make sure that we were constantly hearing voices, but also hearing what’s going on in other places, because it’s easy for the silo, that sort of head down and burying away thinking that you’re the only one and it’s your community are the only one affected, so easily. And I think it’s easier for us as the voluntary sector to sort of head down because actually, that’s what we’re used to doing... it’s just become the way in which we do things. So, so yeah, this was actually working outside of that, that way of working, which was good, was very positive.” (JSVCS)

As this quote indicates, the SG provided opportunities for people to hear the voices of the people they served and also those of other professionals working in the field, even if they operated in different sectors. As a consequence, the SG enabled new, inclusive and effective approaches to policy development.

Several people described their involvement in the SG as personally empowering. This could work in several ways: through the validation offered by the support of group as well as enabling a proactive response to the discombobulating pandemic experience, with a group of like-minded individuals. This empowerment could also be derived from obtaining empirical and other evidence to justify concerns and actions:

“this group ... empowers individuals like myself with the language, the backing of good science data so that you can stand up, for example, in [a] Research Centre, I was able to say ... ‘we’re not able to access this population, and the reasons are this, this, this, this, the solutions are this, this, this, how are we going to deliver this?’ ... So what you [in the SG] created is a domino effect that started from these meetings and they’re moving forward [into other areas of practice].” (HAPS)

But there were also less tangible sources of empowerment which were derived from the support and engagement of the group. These data suggest that this experience could have a long-term impact on members themselves:

“It’s changing my mindset [to think] that you can achieve anything you set your mind to it. And it’s the empowerment you get from this committee.” (HAPS)

As such, the SG also offered a way for members to reflect on the impact the pandemic was having on them personally, as well as their colleagues and friends, particularly those in minoritized ethnic groups:

“it was about making sure that the experiences and the voices of those that we serve [were heard] but also the colleagues who we work with, because we are a diverse staff team, and everybody not only is working in this, but they’re living and trying to juggle their own lives whilst trying to navigate their way through, supporting their clients.” (JSVCS)

Some participants talked about the way the SG had allowed them to develop a sense of hope, by enabling them to be proactive during a period which otherwise felt paralysing and chaotic:

“[In the early days] It just felt as though there was nothing [to hope for...] But actually coming together, there was hope, because we were all in the same boat. We all wanted the same thing: to find the best way to support the people that we serve... it really was a light in a very dark time. ... So it was about bringing those voices, but also wanting to make sure that we were being a part of any solution that was being put forward. I mean, the last thing we wanted to do was sort of be lost in the, the chaos of all that was going on, and not having any hope. Whereas being a part of something that was much bigger, with others who are in the same position, ... means that I felt a part of something. I wasn’t alone, our organization wasn’t alone. And actually, we’re all going to work together for some sort of solution.” (JSVCS)





Section 4: Opportunities For Improvement

In addition to advice to improve the facilitation of the group, explained above, members described two specific areas for improvement in the operation of the SG. The first was a need for people's work as part of the SG to be remunerated - particularly those working in VCS roles - and the second was a need for a clearer acknowledgement of the aims of the group and the ways in which these drove decisions about its activities.

Appropriate remuneration for members

An obvious limitation of the operation of the group was that, while there were financial resources for certain activities, meeting attendance and other activities of the SG members was not remunerated and instead relied on their pre-existing capacity, personal motivation and goodwill:

“The majority of this has been done on on goodwill... I haven’t been paid for any of this. It creates a lot of enjoyment and it creates a benefit I see. And people sometimes don’t need to be paid. However, if we’re going to get meaningful outcomes, we need proper infrastructure.” (HAPS).

Understandably, this situation was particularly problematic for those working in the VC sector, where it affected members’ ability to actively engage in the work of the group. As one survey respondent commented, “[we could not] be as consistent to these meetings as we’d like to be ... we have to now choose our battles”. This lack of funding could make this decision regarding which ‘battles to choose’ more difficult, particularly when people were already undertaking critical roles to support communities during the pandemic:

“I decided that [as an organisation] we needed to be on this group, because of our overall strategic aims ... But I did struggle to get colleagues to come out of what they were doing in their regular work, which was also involved in such meetings at grassroots levels, to attend as well.” (ASVCS)

These decisions could also be affected by the nature of the organisation they worked with:

“Things which prevented my more immersive participation were: a misalignment between my organisation’s priorities and the ways of working (we are income-generating) and the work of the SG [...which led to] a lack of support from my organisation to participate more fully; a shortage of personal capacity and energy, so that I couldn’t take on any more on my personal time.” (Survey respondent)

Perhaps related to this, one survey respondent reflected that there had been some “drop off” in attendance from certain sectors over time.

While, as described above, people felt a strong sense of equality within the group, these funding issues could introduce a sense of hierarchy between those whose role could support their regular attendance at meetings and those whose did not:

“there’s an inevitable hierarchy, in terms of, you know, who’s got funding, who’s got state support. And actually being aware of that kind of hierarchy will make you more aware of what’s happening at grassroots level, right? Because until you acknowledge that people are positioned at different levels, in terms of the kind of local government and local funding.” (ASVCS)

A similar commitment from members in a less-extreme situation, with a less strong sense of urgency and perceived need for self-sacrifice, could perhaps not be relied upon. This is therefore an issue which needs addressing as a matter of urgency, given the recognised contribution of VCS partners to the success of the group.



Providing a clearer sense of the aims and achievements of the group

While people acknowledged the value of the commissioned report's recommendations as an action plan for the work of the group, it was argued that more explicit and regular discussion of the aims of the group, and their achievements in relation to these, would have been useful:

"I did sometimes wonder what the group overall was hoping to do. ... I'm not sure what we actually did as the group, ... I didn't always see that clarity, as in, what are we actually doing to make the difference? ... you're doing so many different things, you can't always keep track of what is actually making a difference. So that's why it's really always good to step back and evaluate once we've done something and we don't do it enough because we don't have time or money." (ASVCS)

"We were not often clear on the goals, aims, purpose, outcomes [of the SG] and ... if the organisation continues to cohere, they can do so with a sharper articulation of purpose and how race equality can be achieved by coming together in this way." (Survey respondent)

Further, people felt that some SG members had not "always understood what their role is, or how to contribute" (SCF), or what they had "gained" from their involvement. People were aware that this was an issue which had partly arisen due to the pace with which the work had been undertaken and the need for the group to be responsive to the rapidly changing pandemic situation. This need to be responsive meant that some of the specific recommendations highlighted by the report, and incorporated into the group's action plan, had not been effectively responded to by the time of this evaluation:

"There were so many recommendations. We needed to have spent more time unpicking the actions that we were going to take for each of them. And I did allocate time for that. But ... before you know it, we needed to get people increasing their testing, staying at home, we needed to make sure these communities are reached, how can we do this? ... COVID overtook the plan." (SCF)

Ensuring financial and other capacity for this mapping and evaluation will therefore be important for future activities. It was argued that establishing more explicit strategies and practical approaches to respond to the group's aims from the outset, with greater reflection on how plans were developing over time, or in relation to specific activities, and whether/how they needed to be adapted, could have offered a more organised approach and that might have enabled more to be achieved:

"We haven't always done all the stuff because the group, one of the challenges of the group, ... is that there's a lot of people who say things like 'we should do that' and 'that should happen'. [But] the steering group, at some points could have taken more responsibility for stuff ... people could have taken action, and they tended not to." (SCF)

A more targeted approach might also have enabled a less "scattergun approach [to communications] where we just share everything with everyone in the hope that we touch, or reach, someone [but] in the end, reach no one".

In particular, it was felt that the lack of an explicit strategy from the outset had led to confusion regarding which marginalized communities were within the remit of the group:

"What would be more benefit was if from the very start people had remembered that Travellers exist rather than having to be reminded, that there had been a strategy [put] in place from the very beginning to do with Travellers." (IBPS)

As a consequence, some opportunities were felt to have been missed: “I don’t know if I could, hand on heart, say that the group has had a huge impact on our [Traveller] communities apart from to make people aware that they exist” (IBPS). The reason for this specific oversight is unclear, but may relate to the ways in which minoritized ethnic groups are often considered – by the public and media as well as in policy and practice – to be only those who are not ‘white’. This is despite some white marginalized groups, including GRT communities, experiencing significant and specific difficulties compared with those with other minoritized ethnicities:

“Travellers are no one’s problem [focus], apart from our very, very small team. [But] As Jimmy Carr has recently shown us, it’s the acceptable face of racism, you know, we wouldn’t dream of being horrible about any race or gender or creed. Apart from Travellers, that’s fine. ... what we’ve been able to do over the last two years, ... over COVID is to identify, ‘no, these are real people out there with real feelings, and real emotions, and lives that matter’. ...and the group has helped with this, to raise some awareness.” (IBPS)

There were also other groups, such as those identified by “faith”, who it was felt would have benefitted from more explicit attention.

Without a clearer sense of the role of the group, it was sometimes difficult for people – inside and outside the group – to recognise its unique contribution in relation to other groups responding to the pandemic, including from within Bristol City Council. A clearer sense of the position of the SG in relation to the other organisations in the Council may also have increased its effectiveness:

“The steering group was set up so quickly, and has just been functioning so well that no one’s really questioned where it sits, like, does it feed into the Engagement Board? Does it sit under the Health and Wellbeing Board? Should it sit with the Commission for Race Equality? What’s the link with the Healthier Together? Does it sit within or outside public health? That question is still unresolved, ... Because whilst it was functioning really well, ... it made accountability [problematic], it made it really difficult for me to get buy in from other areas.” (SCF)





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Section 5: The Future

“We’re all working in unison, we had the pandemic gluing us together, we are all singing from the same hymn sheet..., it focused our thoughts. And now the challenges that lay ahead are, what kind of projects will we be embarking on next?” (HAPS)

An important consideration for the Steering Group at the time of this evaluation was whether and how their work should develop in the future. Interviewees described a range of valuable opportunities. Some of these involved seeking solutions to the shortcomings identified above. Others reflected on the work which had been started by the SG, in relation to the recommendations of the Mamluk and Jones report², but was yet to be completed. People also considered the role of the SG in the aftermath of the pandemic and how it might maintain its value. Lastly, people described opportunities for developments in other areas of practice in light of lessons learnt, particularly through the engagement approaches adopted by the group. For example, the group has “helped kick start [an important] conversation on migrant health”, which needs to continue.

What the Covid-19 pandemic created was an urgency to focus on health inequalities created by wider social and societal factors that can now be extended to other areas of health inequality:

“COVID just unearthed what was already there, you know, all these social factors that led to health inequalities ... there are lots of things that were hidden, that are now exposed, some of which we’ve still not been able to do anything about... we can [now] start looking at [those] things.” (JBCoC)

One specific concern has been that while service providers and policy-makers have adopted a focus on a range of “protected characteristics”, there is a need to acknowledge more explicitly the particular effects of racism to avoid “diluting” that conversation. Only “specific strategic thought and planning” will enable the issues highlighted by Covid-19 to finally “disappear”. As such, there is an opportunity for the SG to encourage “learning from this [to] be applied to other health inequalities very successfully – so that models that have been found to work for identifying causal factors and solutions [can] be replicated to different health scenarios”. This will also help the group ensure that the city will “be ready for the next pandemic faster, and with the right solutions”.

Health equity beyond Covid-19

Looking beyond the pandemic, the SG identified an opportunity to continue its work recognising and responding to ethnic inequalities in health more generally. Group members shared examples of a range of specific ethnic inequalities in health which need attention, including those related to respiratory and mental illness and access to related services, smoking, maternal health and the over-representation of Black men in the criminal justice system.

“[Take] a forensic focus on one thing [as we did in response to Covid-19], and actually, you can change the world in an instant. I think it is about finding that imperative [again], because I think looking back, what would happen with [a broader focus on] race equality work is, it would be so huge and very difficult. So it’s sort of slow and you’d [have to persevere,] stay with it, stay with it. Whereas actually what we had to do here was cut right through so you can see the very tangible things that happened around the vaccine program, around the testing, all those things. Now, actually, what we need to do is find that urgency around [other] health disparities.” (CGPS)

As such, the group is well placed to influence some of the more structural and institutional factors encouraging the generation and perpetuation of ethnic inequalities in health, including by working specifically with the people providing health and other care services.



Using the lessons from the Steering Group to tackle wider health inequalities

“My hope is, is that this is how we move forward, you know, in terms of that whole being seen as equals, you know, yes, you’re a much bigger machine, and you’ve got big processes and all of that. However, we [in the VCS]’ve got something, you know, we’ve been doing something for many years, that, in actual fact, hasn’t been acknowledged sometimes, not seen. And you could use the ‘not seen’ as your excuse [before], however, you have seen now, what we do, what we can do, what we’re very capable of doing. So, let’s hope that moving forward we can build on what we’ve just experienced over the last 18 months of working together.” (JSVCS)

Conversations among members regarding the future of the steering group particularly focused on the need to ensure that their strong city-wide and cross-sector partnership approach remains central to their future efforts to tackle those issues producing and perpetuating race and health inequalities across Bristol.

In September 2022, these partnership discussions concluded with the creation of a new terms of reference which broadened the focus of the group to more explicitly include responses to other health inequalities, thereby becoming the Race and Health Equity Group (RHEG). Building on the ways of working that proved so effective during the pandemic, the RHEG will continue to act collaboratively to ensure work is taking place to address the issues and challenges of race inequality relating to other key prevalent health issues. This future work will include gathering data where gaps in understanding have been identified and working in collaboration with other city-wide Race Equality groups while remaining accountable to the communities served by members of the RHEG.

People commented that providing a stronger sense of the position of this group relative to other groups in the city is important for the future activity of the group, in order to enable more effective coordination between them, recognising that the effectiveness of the work surrounding Covid-19 was, in large part, because of the diversity of experience of group members:

“who are the grassroots organizations that work literally at the chalk face with people? Who are the service users, across the city... that are really sort of so grassroots that you barely see them? ... And then who is the ecosystem that oversee, across the city? ... So, then you can dispatch them off and say, ‘Okay, well, you go and work with that patch, because that’s your patch. And you know that stuff, and you’re best placed. But I’ll go to this because I get this stuff and I can contribute better here.” (ASVCS)

The SG was considered “the start of the true integration of services, which will lead to the service users [being placed] at the core of what we need to deliver”. It has shown that such inclusive approaches to working are effective and that there is an opportunity for other statutory organisations to learn from this example. It has also shown very clearly the value of the contributions, particularly of organisations in the VCS, which can no longer be ignored:

“People [from the VCS] are empowered now, I don’t think you’re going to put the genie back in the bottle. Yeah? Because actually, we’ve seen change... I think I see the organizations being more responsive.” (CGPS)

Participants described the potential for the SG to extend their valuable consultancy and moderating role into the future, an opportunity to be realised by the RHEG:

“so that there can be a real input into the way that public health interventions are designed. And that people can be at the heart of that.” (SCF)

Remaining accountable to those using the health services means that the RHEG can also be:

“a conscience to the health and care system ... We need somebody external to be saying, ‘Hang on a second, because I know that the guidance says this and you haven’t progressed it’ ... it would be much more powerful if it came from others who are living it and saying, ‘hang on a second, you’re supposed to be involving us more in decision making. Well, how’s that going? You know, you’re supposed to be collecting information on ethnicity. How’s that going? Your, your performance reports are supposed to be disaggregating, by ethnicity and deprivation, how’s that going?’ ... there’s a wider role that the group can play in being involved in decision making.” (AWPS)

The Race and Health Equity Group will ensure a regular two-way flow of communication with the new Independent Advisory Group which was developed as part of the early work of the SG. The Independent Advisory Group is designed to provide opportunities to ensure that the NHS considers the nature and drivers of ethnic health inequalities more explicitly in its work, informed by the communities they serve and avoids approaches which may perpetuate these:

“[The] independent advisory group... [is] a kind of critical friend to bigger organizations like Sirona, or North Bristol [NHS] trust, or the University Hospital Bristol, a critical friend. So a group that [will] be able to take to the very highest board level, the feelings, the thoughts of, you know, Joe Bloggs, the everyday person. So feeding straight to the boardroom, from grass roots, really, the thoughts and facts, what [is] going on, but also to be able to look at what [is] being proposed at board level, and to be able to give that kind of opinion, that feedback.” (JBCoC)

The relationship established between the RHEG and IAG will create alignment between and added value to each of the groups, while avoiding duplication of work.





© BNSSG Covid-19 vaccination programme

Key lessons

It is difficult to exaggerate the positivity which emanated from those contributing to this research. There was a strong sense of the personal value offered by the group to members, and the impact it had on the experiences of many people in minoritized ethnic groups living in the city during an extremely difficult period. It should be noted that, unless other evaluative mechanisms were provided in the meeting minutes, this work relies on the testimony of some, but not all, of those involved with the SG and not the wider community they serve. Clearly, these alternative perspectives may shed different light on these activities.

But it was argued, here, that, while there is still work to be done, Bristol's Race Equality Covid-19 Steering Group provided an effective response to some of the particular difficulties experienced by those in minoritized ethnic groups living in the city during the pandemic. This was achieved through the provision of comprehensive and accessible empirical evidence and ensuring effective and culturally-inclusive responses to the issues this identified. It also provided a template for more engaged approaches to policy development and insights into the value offered by multi-sectoral collaboration in the absence of professional hierarchies and complicated institutional bureaucracies.

This approach offers some practical guidance for implementing the recent recommendations of the National Statistician's Inclusive Data Taskforce⁵ to:

- Create an environment of trust and trustworthiness in (local) Government and those collecting/holding data on the public
- Work in partnership with others to improve the inclusiveness of UK data and evidence
- Ensure data are comprehensive, robustly capturing all groups and enabling reliable disaggregation and intersectional analysis, using creative approaches where necessary, and
- Ensure this evidence is accessible to all.

An inclusive society is of benefit for us all, not only those who have been traditionally marginalized from it. As such, the lessons offered by the SG have the potential to be of considerable value for the good of society as a whole, even in quieter times.

There are several factors which emerge from this evidence as key to the success of the SG. Despite the opportunities for improvement discussed, these offer valuable lessons for those wishing to enable similarly inclusive and proactive responses to social challenges in the future.

- The SG took a focus recognised as of significant need of attention by those across the city and beyond, including among those traditionally excluded from local policy-making processes. As a consequence, SG members engaged with a mutual sense of enthusiasm and partnership which drove its proactive and creative approaches.
- Further enabling this collaborative engagement was the history of multi-sectoral engagement in the city. Building trusted relationships from scratch is challenging and time-consuming. They are best achieved through long-term commitments to partnership working. Our findings suggest that identifying opportunities to financially invest in these relationships will also be key to their success.
- The SG activity was based on a comprehensive evidence review, which clearly established the nature of the challenge as well as guidelines for an effective response.
- The multi-sectoral membership of the group enabled the further development of this evidence, and a clear articulation of the issues relevant to the local context. This drew on the insights offered by the combined knowledge and expertise of, for example, BCC's Public Health Team and those working in local public services and with local communities. This was enhanced by explicit activity to scrutinise the available evidence and its shortcomings and proactively respond to these, through engagement with other experts and the collection of additional data.

⁵ <https://uksa.statisticsauthority.gov.uk/publication/inclusive-data-taskforce-recommendations-report-leaving-no-one-behind-how-can-we-be-more-inclusive-in-our-data/pages/7/>

Bristol Race Equality Covid-19 Steering Group

- The open dialogue and sense of inclusivity established in the group was supported by empowering approaches to its establishment and facilitation which included every member as an expert with an equal right to have their perspective heard and respected. This approach purposefully disrupted existing mechanisms of policy-making which prioritised the perspectives of councillors and those outside the VCS, leading to disengagement and disempowerment among those within, and working with, marginalized groups.
- This professional diversity and sense of meaningful collaboration and empowerment also enabled the development of a shared understanding of and sense of responsibility to ensure effective responses to these issues.
- The representation of different minoritized ethnic groups within this membership, along with the specific expertise of members from the VCS working with these communities, helped ensure that these responses were likely to be considered appropriate, meaningful and useful to the communities most affected, further enhancing their chances of success.

For all the horrors of the Covid-19 pandemic, it also appears to have brought opportunity and impetus to change certain things for the better. These have the potential to provide opportunities for long-term, meaningful change to enable more effective engagement of marginalized groups and their perspectives in policy-making. It also offers a greater hope of addressing the racism endemic in British society and the persistent exclusion they produce: the driving force behind ethnic inequalities in the Covid-19 pandemic and other ethnic inequalities in Britain today.

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