



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



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

Saffron Karlsen, Professor of Sociology, School of Sociology,
Politics and International Studies, University of Bristol.

Rosa Targett, Research Associate, School of Sociology, Politics
and International Studies, University of Bristol.

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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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© BNSSG Covid-19 vaccination programme

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.



