BLACHIR Community Engagement Partners Project

Summary Report

Content

1. Introduction

1.1 Background

Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) ('the Review') is a partnership between Lewisham Council and Birmingham City Council. The Review set out to urgently reveal and explore the background to health inequalities experienced by our Black African and Black Caribbean communities.

The main aim of the Review is to improve the health of Black African and Black Caribbean people in our communities by listening to them, recognising their priorities, discussing, and reflecting on our findings and co-producing recommended solutions for the Health and Wellbeing Board (HWB) and NHS Integrated Care System (ICS) to consider and respond to.

From the Review, there were 7 key priority areas. Theme 6, Healthier Behaviours, called for Public Health Teams and their partners to assess current service provision and health improvement campaigns through a cultural competency lens to improve support and access for these communities.

Additionally, under theme 6 the Review calls for Local Councils and Integrated Care Systems to "provide long-term investment for trusted Black African and Black Caribbean grass roots organisations such as faith groups, schools, voluntary and community sector organisations to deliver community led interventions" (opportunity for action #29).

1.2 BLACHIR Community Engagement Partner Programme Overview

To begin action under this area, Birmingham City Council ('the Council') conducted a period of engagement with local community organisations to assist in the first steps of implementing the Review, which included disseminating and promoting the findings of the report and supporting the implementation of activities within African and Caribbean populations in Birmingham. The organisations were asked to engage with key African and Caribbean partners across Birmingham, taking forward opportunities for action developed and recommended within the Review, as well as actioning other public health work related to African and Caribbean citizens.

The BLACHIR community engagement partners (CEPs) which were involved within this project and the associated 'Lot' relating to their contract can be seen below:

- **Lot A: African Community (Allies Network CIC)**
- **Lot B: Caribbean Community (Black Heritage Support Service)**
- **Lot C: Young African and Caribbean Males (Mindseye Development CIC)**
- **Lot D: Young African and Caribbean Females (Mindseye Development CIC)**

The projects ran for a period of 22-months, from May 2022 to March 2024.

1.3 Engagement Partner Specification

As part of the BLACHIR engagement partner programme, the partner organisations were contracted to:

- Promote and disseminate the Review within the relevant community/communities.
- Contribute to the development of the implementation plan to be led by the implementation team and project team (BLACHIR implementation board).
- Membership/attend implementation board meetings and influence internal and external stakeholders from communities' perspective.
- Engage with the review implementation team, the project board and the health and wellbeing board (HWB) to support them to embed the outcomes from the Review.
- Use communities' lived experience and expertise to support relevant organisations and sectors identified by the Review in the development of their policies, training and practice that respond to the opportunities for action from the Review.
- Develop case studies of community work being carried out within African and Caribbean communities in response to the review.

2. Engagement

Each of the BLACHIR CEPs were required to submit an end of project report which provided an overview of their engagement with the local communities, and key learnings from the project. These learnings may be utilised and considered when commissioning or conducting additional activity with Black African and Caribbean communities. For example, at the Council the feedback from the CEPs will directly influence the operation of the upcoming Deep Engagement Partner Programme.

2.1 Community Engagement Summary

The CEPs engaged with a variety of people with diverse ethnic backgrounds and country/countries of heritage and/or birth. A summary of the number of people engaged in this programme can be seen by **Table 1** and **Table 2**.

Overall, more than 5,379 Black African and Black Caribbean residents across Birmingham were directly engaged with this programme.

Table 1*: Community engagement by ethnic group: Birmingham, 2022 to 2024

Community by Ethnicity	Number Engaged with CEP Programme
Black Caribbean	750
Somalilander	265
Ghanaian	180
Somali	140
Nigerian	129
Ethiopian	125
Eritrean	107
Other Black African	103
Sudanese	90
Gambian	75
DRC	70
Zimbabwean	65
Mixed White (any) and Black Caribbean	15
Total	2,114

Table 2*: Community engagement by country of birth: Birmingham, 2022 to 2024

Community by Country of Birth	Number Engaged with CEP Programme
Jamaica	550
St. Kitts and Nevis	125
Barbados	40
Trinidad and Tobago	30
Montserrat	20
Total	765

Additionally, over 2,500 Black African and Black Caribbean young people were engaged in this project, however a more detailed breakdown of ethnicity and heritage is not available.

***Source:** BLACHIR community engagement partner end of project reports, 2024

A variety of methods were implemented to engage with the target population(s) throughout the duration of the project. Events and activities that the populations were more engaged with included:

- Health conferences (inc. church conferences/events) and webinars
- Collaborative mental health events
- Focus groups and listening exercises
- Street engagement
- Cultural days
- BLACHIR youth council
- Community radio
- Social media and other online platforms

The projects covered a large variety of topics over the course of the contractual period, some of the highlighted topics which were well engaged with by the target community can be seen by **Figure 1**.

Figure 1*: Word cloud highlighting topics included throughout engagement projects

***Source:** BLACHIR community engagement partner end of project reports, 2024

3. Projects

There were a breadth of projects delivered by each of the BLACHIR community engagement partners which linked closely to either the key areas for development, BLACHIR themes or opportunities for action as outlined in the Review.

A summary of the projects delivered by each community engagement partner can be seen below.

Table 3: Summary of project outputs from Allies Network CIC

Project Name	BLACHIR Key Theme	Project Activity	How was the Project Successful?
BCC Lunch and Learn Webinar Health & Social Impacts of Female Genital Mutilation (FGM)	**Theme 1** (Racism & Discrimination)	Delivered a webinar awareness workshop to BCC professionals from public health, social workers.	They learned about how FGM affects a women's health and that led to understanding their cultural practices better so they can provide the better service to those African communities affected.
Pre-conception Task & Finish Group	**Theme 2** (Maternity, Parenthood, & Early Years)	Monthly meeting with Infant Mortality Strategy, Birmingham and Solihull ICB Birmingham Women's and Children's Hospital NHS Trust Reps.	Influenced and supported the content creation of the pre-conception brochures to include Female Genital Mutilation (FGM) support services for the first time. Therefore, FGM survivors will be able to get support they need at the preconception stage to reduce infant mortality and receive the care they deserve.
Learning Disabilities & Autism Workshop	**Theme 5** (Mental Health & Wellbeing)	Monthly community engagement workshops. African community members learned about learning disabilities and autism services near them. We went a step further by delivering the translation of Learning Disability and Autism documents into 3 languages: Pidgin, Somali and Tigrinya for the first time.	This created a better understanding within the African communities help to dispel myths, understand where to get support, and how to report concerns.
Hypertension Ambassador Training - West Locality CVD Workshop	**Theme 6** (Healthier Behaviours)	Hypertension Ambassador Training Workshop	Engaged African community into CVD champions training to raise awareness of CVD in the African community for the first time. Engaged African community in workshop on childhood immunisation hesitancy including MMR, in partnership with Young People's Education Community (YPEC).
Population Diversity	**Theme 8** (Wider Determinants of Health)	BLACHIR Implementation Board Meetings. We worked with decision makers and stakeholders at Birmingham City Council to ensure that Somalilander's are now recognized as an official, distinct, recognised ethnicity.	As a result, BCC, other public and voluntary sector agencies in Birmingham are better able to provide culturally sensitive and ethnically specific services for the first time.

Table 4: Summary of project outputs from Black Heritage Support Service

Project Name	Opportunity for Action	Project Activity	How was the Project Successful?
Infant Mortality & Pre-conception Project	**5**	Creation of the Pre-conception Booklet completed by a working group of professionals. • Preparing for pregnancy, • Eating habits, • Emotional and mental health. Research conducted into parenting habits.	Development of contributed content over a period. Acted as Bridge to allow this maternity engagement to become involved in the improvement of services to University Hospital Birmingham, Heartlands. Allowing these women to help share their views and contribute to policy and service improvement where required.
Learning Disabilities	**12**	Rise to excellence Ministry Caribbean Parent and Child Conference. Open discussion focusing on Caribbean Parent Send Experience.	Interacted with the learning disabilities team via the ICS task force and have contributed to conversations regarding intersectionality within the Special Educational experience e.g. The system understands how to make spaces inclusive for people who have neurodivergent conditions, which affect their senses.
Dementia	**19**	Arranged talks and collation of quantitative data relating to Dementia community research, specifically working with Black led churches: 1. New Testament Church of God, Woodgate Valley, Birmingham 2. Church of God of prophecy, Long Acre Nechells Outreach Centre 3. Church of God of prophecy, Aberdeen Street, Winson Green Birmingham (with some Members from Church of God of Prophecy, Farm Street, Hockley Birmingham).	60 participants from various Caribbean churches engaged with this project. Many participants believed that the Mini Mental Statement Examination (MMSE) required cultural adaptation to ensure the Caribbean community could access this testing according to their own cultural and historical knowledge of their own countries e.g. foods they ate or still may eat. Our research allowed them to recognise the inequalities which are present and impact Caribbean people when being diagnosed with Dementia.
Mental Health	**22**	Culturally adapted counselling service. Online mental health videos: • Debunking myths around mental health sections and self-referral, • Prescribed medication for mental health conditions addressing concerns over addiction, • Promoting free mental health services, • Regulating your mood into the winter months. Co-production with Melanin Moods (CIC) led by Dr Chanelle Denis of clinical psychology and Talisa Mesquitta Mental Health Nurse and cognitive behavioural therapist.	Self-help videos reached 19.5k combined views online. Allowed viewers to understand why Mental Health Practitioners would prefer to work with you at home via your GP, within the community first; instead of referring you to hospital due to the lack of bed availability. This has informed us that providing mental health resources by people who represent the target community was a successful move in direction. We believe collectively this achieved better education to communities who are at risk of the widening disparity gap within Mental health for Caribbean Community members.

Project Name	Opportunity for Action	Project Activity	How was the Project Successful?
Cultural Humility Co-production	**25**	Co-production discussion. Perry Beeches Church coffee morning engagement.	Prioritised work throughout our engagement with the Caribbean community feeding back in ICS Task force meetings. Culturally competent toolkit will be made to share with NHS staff.
Health Checks & Cancer Screening	**17, 33, 34, 35**	Caribbean Health Conference pre- engagement activities. Caribbean Health Exhibition (CHE): • Provided information on cancer, including signs and symptoms of various cancers. • Demonstrated importance of attending health checks and cancer screening. Attendance at Public health opportunity to tender meeting for Medical Centres and Pharmacies across Birmingham. Eat and Paint Focus group events.	250 Caribbean community participants were in attendance. Highlighted a culturally educative approach to addressing issue of cancer diagnoses in the Caribbean community. Gained insight into the healthy lifestyle habits of the Caribbean community. Collaboration of this event with ITV resident General Practitioner DR Zoe and other stakeholders increased reach of event wider than Birmingham. Online engagement for this event reached over 48,000 people.
Cardiovascular Disease (CVD) Project	**35**	Delivery of blood pressure (BP) testing and promotion of NHS Health Check services (linked to delivery of CHE). Collaborative working with Integrated Care Board (ICB) Primary care services from City Road Medical Centre. Produced a video for this initiative which was translated into 5 key languages.	This project was extremely successful due to the effectiveness of co-production (project area was led by Legacy West Midlands). Completed Blood Pressure (BP) Monitoring training for our community champions. It allowed us to undertake blood pressure readings effectively in communities. This project fed into the wider NHS Birmingham Healthy Hearts campaign. Helped to avoid a patois version of this video coming to fruition and enabled an opportunity to communicate to ICS colleague why an alternative approach should be utilised. Collectively this project reached 4,000 people.

Table 5: Summary of project outputs from Mindseye Development CIC

Project Name	Opportunity for Action	Project Activity	How was the Project Successful?
Cultural intelligence	**3, 5, 36**	Online survey. Listening event at Birmingham University. Youth Council discussions x 2. Participation in online and face to face co-production.	Good level of informed contribution into co-production.
Infant Morality	**5, 11, 31**	Programme of listening events Conference. Participation in co-production (BUMP Ready?). Facilitating community involvement in co-production.	Very successful in terms of gathering and communicating lived experiences and working with system partners to create new resources.
Early Years	**31**		
Education	**10, 11, 12**	Meeting with Sandwell and West Birmingham NHS Trust to discuss delivery of its objectives and actions to – *'Provide guidance and support for Black African & Caribbean parents and work with community centres. Social prescribing to support employment, health and removing barriers to accessing services.'*	This is a SWB commitment, shared with the ICS BLACHIR Task Force. Our involvement was to advise and support it implementation. SWB have not reported any progress beyond the initial meeting. SWB joined us for the listening event with the Somali young people.
Air Quality	**15**	Initial discussion with Task Force lead on Asthma Attendance at Clean Air Justice Network meetings Discussions with lead, Flourish and BLESST.	A lot of time and effort but unable to get traction from partners.
Health Literacy	**17**	Online quiz. Panel discussion.	Generated quantitative date on health literacy. Raised questions about medication. Increased awareness of the need for dialogue with medical practitioners and asking questions to develop a better understand of their health conditions and the medication prescribed.
Healthy Behaviours	**17, 18, 20, 27, 35**	Men's health and wellbeing event - Brothers Helping Brother.	Great example of co-production between the community, NHS and Public Health. V good engagement from NHS partners in providing onsite testing. Reached people who would otherwise not be accessing testing and screening.
Better Data	**33, 34**	Listening event and community discussion exploring concerns over collection and use of data and preferences for how data is collected.	Useful to hear concerns, Have fed into Implementation Board discussions when the topic was on the agenda.
Hypertension	**34**	Co-design of project, promotional materials and training.	Ongoing delivery via Flourish/Legacy WM. From what we understand, there has been a high level of outreach activity and reach into communities who have not been having regular blood pressure checks.
Employment	**29**	Listening event with Somali young people. Capturing lived experiences from Youth Council members who had taken summer (2023) internships.	Ongoing meeting with:: • Birmingham and Solihull ICB, • Birmingham Community Healthcare NHS Foundation Trust, • The Royal Orthopaedic Hospital NHS Foundation Trust. Provisional agenda:: • Inclusive Recruitment Update, • A Community Summit, • 10K Black Intern & the young people arm of Inclusive Recruitment.

4. Community Voices

4.1 Enabling Community Voices

As part of the end of project reports, the BLACHIR community engagement partners were asked the following:

On a scale of 1-10 (with 1 being completely disagree and 10 being completely agree), how much do you agree with this statement?

> ***"Our role as an engagement partner enabled community voices from the [African/the Caribbean/the young Black] community to contribute to strategy and policy development to address health inequalities more effectively."***

Responses were significantly varied depending upon the community by either ethnicity or country of birth, as seen by **Figure 2** and **Figure 3**.

Figure 2: Rating of how community voice had been enabled for different ethnic groups as part of this project (ranked 1-10)

Community Voice Enabled	Black Caribbean	**10**
	Nigerian	**9**
	Ethiopian	**8**
	DRC	**7**
	Eritrean	**7**
	Ghanaian	**7**
	Somali	**7**
	Young people*	**7**
Community Voice Partially /Not Enabled	Gambian	**6**
	Somalilander	**6**
	Sudanese	**6**
	Zimbabwean	**6**
	Mixed White (any) and Black Caribbean	**2**

* (Black African, Black Caribbean, Mixed Black Caribbean/African with Other)

Figure 2: Rating of how community voice had been enabled for different ethnic groups as part of this project (ranked 1-10)

Community Voice Enabled	Jamaica	**10**

Community Voice Partially /Not Enabled	St. Kitts and Nevis	**5**
	Barbados	**1**
	Montserrat	**1**
	Trinidad and Tobago	**1**
	Antigua and Barbuda	**0**
	Bermuda	**0**
	Grenada	**0**
	Guyana	**0**
	St Vincent and the Grenadines	**0**

The community engagement providers also highlighted, on reflection, what more could be done to provide opportunities for community voices to be included in strategy and policy development. Feedback on this area included:

- Include community voice in decisions, design and delivery of services through participation in governance structures to increase engagement with and agency over these services.
- Consider power dynamics when engaging with and developing partnerships with African and Caribbean communities, embedding shared decision making wherever possible.
- Employ co-production principles wherever possible.
- Provide community groups and African and Caribbean lead community organisation with resources – sustained funding and training to allow meaningful participation.
- Embed participatory approaches to learning, improvement, and evaluation of services.
- Map out other community interest companies and Black led organisations who have health related objectives to involve their voices.
- Utilise Council social media pages to be more interactive when sharing the work with the wider community.
- Ensuring themes resonate with members of groups/forums and provide communities the control of these themes
- Provide more opportunities for individuals to engage between formal Council and ICS meetings.

By implementing the above feedback into future projects, the following short-term changes could be observed:

1. Increased visibility and engagement from African and Caribbean community organisations.
2. Increased representation of African and Caribbean community views and voices in NHS organisations' structures and processes.
3. Increase in social capital amongst various African and Caribbean groups.
4. Increased access to services from various African and Caribbean communities.

4.2 Case Studies

Client O underwent Type 2 FGM at the age of 2. Client O has experienced the effects of FGM throughout her adult life. She has suffered from several urinary tract infections and painful periods over many years. She delivered all her children via C-Section and has always found intercourse painful.

A PTSD screening assessment with Client O was carried out at the end of our BLACHIR African community mental health workshop. Client O was further supported with the arrangement of counselling by Allies Network Support worker and was also supported through our Healing-arts sessions where she was able to creatively express herself and made new friends.

Client O showed an improvement in health behaviour by continuing to attend her weekly counselling sessions without any missed sessions and has been making tremendous difference to her wellbeing. Client O has also taken a positive step of spreading the word about in her community about positive results counselling can make. Client O is very happy to have found Allies Network and feels at ease talking about her FGM experience with her friends and family.

Over 70 people participated in the blood pressure monitoring sessions held in communities and at events. Among them, 12 individuals with high blood pressure were able to consult their GP for further follow-up. As a result, they are now on medication and engaging in better physical activity, thanks to the education provided by the cardiovascular awareness project.

Documentation of the story of a community member with a psychotic disorder and possible schizophrenia.

This individual faced inequality due to a lack of proper support, leading to their sectioning under section 2 after being deemed a potential risk. BHSS supported the client by providing culturally appropriate services, such as purchasing Caribbean snacks and groceries, while they were sectioned. This support made the client comfortable and helped keep the service accountable. The involvement prevented additional trauma and led to the client's early release under section 17, allowing them to go home and return to the hospital as needed. The positive outcome highlights the effective collaboration with the Hospital, and they recommended the NHS reconsider the necessity of history in assessments to avoid negative encounters with the Caribbean community.

Community research on dementia support for Caribbean communities enabled a Caribbean female carer to provide suggestions to Birmingham's dementia team on improving services.

Her husband, who requires constant support and often goes missing, has not received adequate help since his diagnosis. She emphasized the need for respite support for carers with limited assistance. The organization discussed her suggestions with the Dementia team to incorporate them into policy and service improvements. She noted that the project gave her the opportunity to share her insights, which will also inform broader policy and service delivery enhancements.

5. Project Impact

5.1 Tackling Health Inequalities

As part of the end of project reports, the BLACHIR community engagement partners were asked the following:

On a scale of 1-10 (with 1 being completely disagree and 10 being completely agree), how much do you agree with this statement?

> ***"The Black African/Black Caribbean/young Black community is now better placed to address health inequality within their own community."***

Responses were significantly varied depending upon the community by either ethnicity or country of birth, as seen by **Figure 4** and **Figure 5**.

Figure 4: Rating of how community voice had been enabled for different ethnic groups as part of this project (ranked 1-10)

Increased Capability to Address Inequality	Black Caribbean	**10**
	Nigerian	**9**
	Ethiopian	**7**
	DRC	**7**
	Ghanaian	**7**
	Somali	**7**
Limited/No Increased Capability to Address Inequality	Eritrean	**6**
	Gambian	**6**
	Somalilander	**6**
	Sudanese	**6**
	Zimbabwean	**6**
	Young people*	**4**

***** (Black African, Black Caribbean, Mixed Black Caribbean/African with Other)

The community engagement partners also provided an explanation for each of the communities listed above:

- **Caribbean:** 'Sustainability Model' allowed us to equip our Caribbean Community with a sustainable approach to tackling health inequalities through advocacy, so our work as engagement partners can continue. We identified three Black led Caribbean Churches and trained them up to help and support the community through advocacy. To support our community partners, we designed an Advocacy Training Package, Safeguarding, Training Video and an E-module and relevant policy documents, which have been used to pilot with Church of God of prophecy churches to continue working on the Health Inequality agenda in their communities.
- **Nigerian:** Tend to have robust networks of healthcare professionals within their diaspora, which enhances the dissemination of health information and services. Numerous health fairs and preventive care workshops have been effectively localized, significantly addressing health disparities.
- **Ethiopian:** Groups have made strides in health education and services, particularly in urban areas. However, there is still a substantial need for greater infrastructure and access to healthcare services, which limits the overall impact.
- **Democratic Republic of Congo:** There is a growing number of health initiatives aimed at combating infectious diseases. However, there is still a substantial need for greater infrastructure and access to healthcare services, which limits the overall impact.
- **Ghanaian:** Often proactive in community health management, with numerous community health practitioners actively involved. There is a high level of awareness about preventive measures, though some health areas still lag.
- **Somali:** Increased local health initiatives focusing on education about chronic diseases such as diabetes have shown promising engagement. Community champions are actively involved in spreading health literacy, but access to specialized healthcare services remains a challenge.
- **Eritrean:** Shown improvement through community-based health education programs. However, there is still a substantial need for greater infrastructure and access to healthcare services, which limits the overall impact.

- **Gambian:** Benefit from several health outreach programs, particularly in maternal and child health. Nonetheless, there is a need for more comprehensive services and better understanding of healthcare infrastructure.
- **Somalilanders:** Benefit from active community engagement and localized health initiatives. However, there is still a substantial need for greater infrastructure and access to healthcare services, which limits the overall impact.
- **Zimbabwean:** Strong inclination towards improving health education, however, there is still a substantial need for greater infrastructure and access to healthcare services, which limits the overall impact.
- **Sudanese:** There are concerted efforts to address health inequalities through community centres offering health services and education. However, there is still a substantial need for greater infrastructure and access to healthcare services, which limits the overall impact.
- **Young Black People:** Individuals reached are now being empowered to manage some aspects of their health conditions, individuals reached have a better appreciation of the rights to healthcare and confidence to stand up for their rights, individuals benefited from direct engagement in representation and advocacy with healthcare providers. However, a long way is still to go in this community.

Figure 5: Rating of how community voice had been enabled by country of birth as part of this project (ranked 1-10)

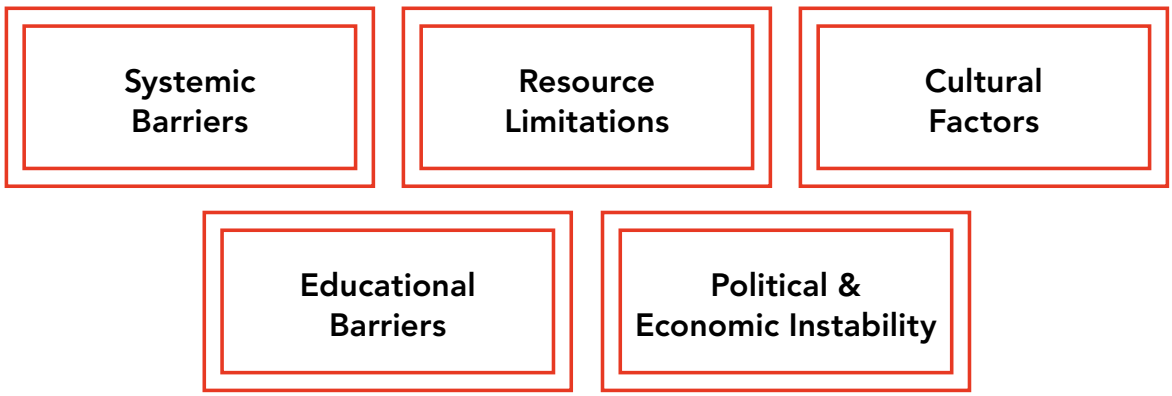
Increased Capability to Address Inequality	Jamaica	**7**
	St. Kitts and Nevis	**7**
Limited/No Increased Capability to Address Inequality	Barbados	**5**
	Montserrat	**5**
	Trinidad and Tobago	**5**
	Antigua and Barbuda	**0**
	Bermuda	**0**
	Grenada	**0**
	Guyana	**0**
	St Vincent and the Grenadines	**0**

6. Conclusions

6.1 Barriers to Addressing Health Inequalities

Health inequalities are avoidable, unfair and systematic differences in health between groups of people. Contributing factors to health inequalities are typically grouped under socio-economic factors, geography, specific characteristics and social excluded groups. BLACHIR went further in citing structural racism and discrimination as drivers of health inequalities.

Some of the main existing barriers to addressing health inequalities were identified by the community engagement partners:



1. Systemic Barriers

- **Inequitable Healthcare Systems:** Healthcare systems do not provide equitable services to all populations, often due to historical neglect, socioeconomic disparities, and sometimes racial or ethnic discrimination. Due to systemic exclusion and negative experiences the community had no expectation to see change within the system.
- **Policy Gaps:** There are significant gaps in health policies that fail to address specific needs of African communities, such as targeted disease prevention or culturally tailored health education.
- **Insufficient Data:** Reliable data remains difficult to access. It is either outdated, not disaggregated below the level of 'non-white', not joined up between services or secured under layers of data protection. Either way, there is poor access to it, and the CEPs stated they know that the community holds strong views and concerns over decisions made based on Euro-centric data interpretation.
- **Use of Language:** Often communities were described as 'hard to reach' or 'difficult to engage', this is not appropriate and should not be used.

2. Resource Limitations

- **Financial Constraints:** Many African communities may lack the financial resources to afford specialist healthcare services, medications, or travel to clinics.
- **Limited Public Health Investment:** Public health infrastructure, including preventive care, health education, and community health services, often receives insufficient funding.
- **Capacity:** The community can and does, contribute to addressing health inequalities. Even then, there needs to be a realistic set of expectations about the contribution it can make. Consider the capacity within the community.

3. Cultural Factors

- **Stigma and Discrimination:** Health-related stigma, whether related to infectious diseases like HIV/AIDS or mental health issues, can prevent individuals from seeking care due to fear of social exclusion or discrimination.
- **Cultural Misunderstandings and Mistrust:** Mistrust towards the medical community or governmental health initiatives can stem from historical abuses, cultural misunderstandings, or experiences of discrimination within the healthcare system.
- **Traditional Beliefs and Practices:** In some communities, traditional beliefs about health and disease may conflict with modern medical practices, influencing attitudes towards prevention, diagnosis, and treatment.

4. Educational Barriers

- **Lack of Health Literacy:** Limited educational opportunities contribute to low health literacy, which affects people's ability to understand health information and make informed health decisions.
- **Language Barriers:** In diverse communities, language differences can impede effective communication between healthcare providers and patients, complicating the diagnosis and treatment processes.

5. Political & Economic Instability

- **Conflict and Instability:** In areas affected by conflict or political instability, health systems can be disrupted or destroyed, leading to acute and chronic health crises among the population.
- **Economic Challenges:** Economic instability can lead to fluctuations in funding for health services and affect the population's ability to prioritize health.

6.2 Empowering Change

When asked ***"What more could be done to empower the community to address health inequalities in their community and to improve community resilience?"***, the following responses were received:

Community Leadership & Participation	Capacity Building	Access to Healthcare	Economic Empowerment
Partnerships & Collaboration	Infrastructure Building	Resilience Building	Policy Advocacy

1. Community Leadership and Participation

- **Engage Community Leaders:** Strengthen relationships with trusted African and Caribbean community leaders and elders who can influence public opinion and mobilize community members around health initiatives.
- **Develop Local Health Committees:** Establish or support local health committees that involve African and Caribbean community members in planning and decision-making processes to ensure health initiatives are culturally appropriate and effectively address specific community needs.

2. Capacity Building

- **Training Programs:** Implement training programs for community health workers from within African communities. These individuals can serve as liaisons between their African communities and health service providers, ensuring that health messages and interventions are culturally sensitive and appropriately delivered.
- **Health Literacy:** Enhance health literacy through education campaigns that focus on preventive health, disease management, and healthy lifestyle choices. Utilize local languages and culturally relevant formats to increase engagement and understanding.

3. Access to Healthcare

- **Mobile Health Services:** Deploy mobile health clinics to underserved areas to provide regular, reliable healthcare services, including screening, vaccinations, and basic care.

4. Economic Empowerment

- **Employment Opportunities:** Create employment opportunities within the health sector for African and Caribbean community members, which can improve economic stability and increase community investment in local health services.

5. Partnership & Collaboration

- **Partnerships with African and Caribbean Lead Third Sector:** Partnerships with African and Caribbean lead third sector organisations to bring additional resources, expertise, and funding into health initiatives.
- **Collaborative Research:** Engage in collaborative research with academic institutions and African lead third sector organisations to study health challenges specific to the African and Caribbean communities, which can inform more effective interventions.

6. Infrastructure Building

- **Improve Healthcare Facilities:** Invest in the infrastructure of local healthcare facilities to ensure they are well-equipped, staffed, and capable of providing quality care for the African community.

7. Resilience Building

- **Emergency Preparedness:** Train African and Caribbean community members in emergency preparedness and response to enhance resilience against health crises, natural disasters, or outbreaks.
- **Mental Health Support:** Develop culturally sensitive therapeutic African and Caribbean community-based mental health support services and systems that can help African and Caribbean community members cope with the psychological impacts of health disparities, medical choices, medication management, education, monitor complaints, what allergies they may have, review restrictive care and handling of mental health patience.

8. Policy Advocacy

- **Advocate for Inclusive Health Policies:** Encourage and support community African and Caribbean community leaders and members to advocate for policies that reduce health inequalities and ensure that health policies are inclusive of and responsive to the needs of African and Caribbean communities.

6.3 Project Challenges

Community engagement initiatives involve navigating complex social dynamics and diverse stakeholder interests, and as a result often face challenges to success. Within the context of BLACHIR, the main challenges can be categories into either challenges when engaging with the system or challenges when engaging with the community.

Some of the main project challenges faced by the BLACHIR community engagement partners are listed below:

Engaging with the Council and the Wider Healthcare System
Capacity of System Partners: Wider departmental priorities and limited availability of healthcare staff led to lower engagement with the project than ideally planned.
Communication: Effective communication proved difficult, impacting coordination and execution of community engagement workshops. Issues might have included inconsistent information flow, misunderstandings about project goals, and delays in updates.
Consistency of BLACHIRIB: Changing schedules and misalignment with ICS Taskforce on priorities or timescales limited strategic impact of project.
Top Down Approach: During first few months of the project the relationship with the BLACHIR project team at the Council was top down; limited engagement in discussion and ability to have agency over project plans.
Power to Influence: Engagement partners did not feel as if they were provided the ability to influence decisions within the BLACHIRIB as the project evolved, and it was unclear where/how internal and external stakeholders were influenced.

Engaging with the Community
Geographical Isolation: Many African communities are situated in locations that are physically isolated from typical community centres or venues other communities have or are near to.
Timing and Scheduling Conflicts: Conflicts arise when recruitment efforts overlap with key community events, important cultural or religious observances, or during peak work periods.
Mistrust: Challenges arising from the pent-up mistrust included hesitancy in engaging with the project, suspicions around motivations, lack of confidence that the project would result in meaningful change, concerns over sincerity and capacity of institutions to commit to cultural and operational change.

6.4 Key Learnings

Continuous learning and development is vital to ensure projects are set up in a way which enables communities to enact change by empowering them at a strategic level and support in a shift towards equal partnership over 'commissioner – provider' relationship. The BLACHIR community engagement partners provided some key insights into how this could be achieved going forward:

"How could the BLACHIR Team at Birmingham City Council improve their role as a commissioner and partner?"

Community Empowerment & Involvement

- **Integration and Intersectionality:** Different levels of participation enabled the project to be engaged with by a wide variety of people, however there could be more integration between the groups.
- **Upskilling and Development:** Offer training and development opportunities to partner organisations.
- **Community Representation:** Ensure that decision-making processes include representatives from all stakeholder groups, particularly from underrepresented communities. This could be facilitated through the establishment of advisory panels or steering committees that include diverse community voices.

Clearer Onboarding

- **Clear Goals:** Agree clear project plan and timing from the start.
- **Variation in Support:** Partners were not involved in discussions with the serving project manager at the start of the project, this was only observed through change of project manager. The Council need to ensure a consistent approach across the workforce to successfully enable partnership working.

Reporting Requirements

- **Reducing Duplication:** Often the same updates were given to different stakeholders (e.g. Task Force, 121 meetings, BLACHIRIB). Capacity of partners could be increased by reviewing reporting requirements, e.g. review workshops vs. lengthy report.
- **Clear Project Metrics:** Although the projects delivered through this programme can be clearly identified, the partners would benefit from guidance on clear project-level metrics to use to evidence success.

Greater System Buy-In

- **Council Representation:** the partners noted that it would have been beneficial for the Council team to attend larger projects and events, as they were aimed to attract larger audiences.
- **Use of Co-chairs from Initiation:** the co-chairs were a valued addition to the project and allowed the BLACHIRIB to be facilitated with good representation of the target audience. The project would benefit from having this system in place from the start.

Finally, the Public Health department at the Council would like to extend our utmost gratitude to the BLACHIR community engagement partners for their dedication and commitment to driving change within the Black African and Black Caribbean communities in Birmingham throughout the duration of this programme. We are truly grateful for their invaluable contributions and look forward to continuing this way of partnership working.

Birmingham City Council