

# **African communities in the North of England**

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# African communities in the North of England

## Background

- ▶ The study aims were to map the African populations across the Northern region of England so as to inform future developments and practice to sexual health promotion and HIV prevention within African communities
- ▶ Work was conducted by Black Health Agency, Manchester Metropolitan University and Newcastle and North Tyneside Health Promotion Department during 2002 and completed 2003

# Objectives

- ▶ To have baseline information on where African communities were across the North including student populations and how we can encourage them to make use of health promotion/messages
- ▶ To identify needs of Black Africans on HIV prevention and sexual health promotion
- ▶ To identify appropriate responses to those needs and make recommendations for future sexual health promotion and HIV prevention with Black African communities
- ▶ To identify and assess existing service provision for Black Africans for sexual health and healthy living
- ▶ To make and maintain links with Black African communities and appropriate projects

# Methodology

- ▶ To facilitate the work Black Health Agency carried out the mapping in the North West and Yorkshire and Humberside, Newcastle and North Tyneside Health Promotion Department undertook the mapping of the North East and the Manchester Metropolitan University focused its work on student populations
- ▶ Methods used included qualitative measures: 121 interviews, focus groups, questionnaires and meetings with service providers, community groups as well as a review of published and grey literature
- ▶ The reports presents the findings from the mapping as well as the views of many community groups, service providers and individuals and draws on their perspectives on their perceptions on the nature of services and complex needs of established and emerging communities

# Challenges

- ▶ No mapping of African communities in the north exists prior to this work
- ▶ Literature review frustrating as information incomprehensive and/or incomplete
- ▶ Gathering data on ethnicity is difficult as information is non-standardised, information collected differently by different authorities if at all
- ▶ Anecdotal evidence suggests sizeable concentration of African populations not affiliated to groups and remain hidden in suburban areas
- ▶ Up to date listings, information and directories on African communities and services non-existent or hard to obtain

## Challenges (cont.)

- ▶ Community members have real and perceived fears of involvement with agencies including confidentiality and stigma issues
- ▶ Recording and monitoring of Black African communities are not seen as a priority for statutory agencies or for voluntary/community groups
- ▶ Problems with census categories that hides African populations e..g British identity, dual identity, Black
- ▶ Accurate quantitative research difficult to obtain, the 2001 census gives a better picture but does not capture the diversity or learn about specific communities

## Findings: Mapping

- ▶ The mapping exercise indicates a significant number of African students from sub-Saharan countries registered as students in Northern region universities. The total student population is 3802 (source: HESA July 2000)
- ▶ The mapping shows that in the North West, North-West and Yorkshire and Humberside, the Black African population is 0.53% (75,313), if Black Other is included this figure rises to 0.70% (99,470) (source: 2001 Census)
- ▶ Increasing numbers of asylum seekers are dispersed to the Northern region from 45 African countries: in the North-West (approx. 2795), North-East (approx. 1645) and Yorkshire and Humberside (approx. 2759) regions in NASS accommodation in Jan 2003 to just over 7000 (source: Refugee Action)
- ▶ These figures do not include those within local authority accommodation and hidden populations such as illegal migrants

## Findings: Services Provided

- ▶ Most organisations actively engaging in prevention work on HIV within African communities were non-statutory organisations
- ▶ Statutory service providers primarily commissioned voluntary organisations to work with African communities on their behalf
- ▶ Information about their activities were not immediately accessible through standard channels of enquiry
- ▶ All service providers working on HIV/AIDS reported increasing demands on limited resources (human and financial)
- ▶ Local communities are often working closely with hard to reach groups and have a wealth of experience and specialist knowledge on their communities and this is an area where further work could be explored to enhance this work
- ▶ Communities have access to anecdotal and recent information on local including hidden populations in their areas.

## Findings: Needs Identified

Voluntary organisations point to

- ▶ Needs of asylum seekers and refugees and the problems these communities face in their areas
- ▶ Impact of asylum seeker dispersal on local provision of health care
- ▶ Barriers facing asylum seekers when accessing appropriate mental health and general healthcare support
- ▶ Need for appropriate assessments of vulnerable groups needs to ensure better services now and in the future
- ▶ Established communities have strong voluntary groups and community networks need awareness raising health promotion work and could provide channels in working with communities on sensitive and challenging issues (HIV, discrimination and racism)
- ▶ In sharp contrast to recent or new communities have weaker support networks and require appropriate and sensitive services.

## Findings: Needs Identified (cont.)

Service providers identified barriers to effectively work with African communities including:

- ▶ Lack of resources, including written resources
- ▶ Lack of knowledge and experience of African cultures
- ▶ Lack of funding from government for translation and interpreting services
- ▶ Lack of skilled staff and organisational issues including dedicated team for targeted work
- ▶ Ignorance, stigma and prejudice within African communities on HIV and Sexually Transmitted Infections

# Recommendations

- ▶ Launch of a conference to disseminate findings to key stakeholders including participants in the mapping exercise to encourage discussion, support and action
- ▶ Set up a a robust database of information on African communities and on service providers in the North and keep it up to date yearly
- ▶ Development of a north east regional African communities forum with a wider health remit
- ▶ Areas for further consideration
  - improvement of quality and availability of interpreting services
  - support for primary care services
  - needs of specific communities e.g. African gay men, African women

## Recommendations (cont.)

- ▶ Tackle difficulties in accessing data collection within and between agencies and introduce a more systematic approach to data collection on ethnicity and culture
- ▶ Work to ensure the cultural appropriateness of statutory and voluntary services across physical and mental health
- ▶ Range of social needs including sexual health affecting African communities has to be seen in a wider health context
- ▶ Targeted work and initiatives need to reflect local position and not to embark on ideas used elsewhere with higher and concentrated populations
- ▶ Contacts within African communities (including students) has been established and would benefit further development

## Recommendations (cont.)

- ▶ Increased publicity of HIV prevention services specifically for African communities to facilitate access to resources
- ▶ Provision of basic HIV and sexual health promotion work among African communities
- ▶ Harness role of religious leaders as health advocates
- ▶ HIV awareness programs and initiatives needs to be developed - existing projects would benefit from renewed, extended and ongoing funds to support development of project work to identified need
- ▶ HIV education and awareness programs needs to be culturally appropriate, include development of culturally sensitive educational materials (including language translations)
- ▶ Counselling support for African women alongside ante-natal screening programs