

Developing a Cultural Safety Approach

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Background

In 2017 Birmingham Community healthcare NHS Foundation Trust in partnership with St Paul's Children's Centre opened up the opportunity to support and fund two health visitors to be trained in the culturally sensitive parenting programme 'Approachable Parenting'. The Approachable parenting programme has been running for over 10 years providing support and information to local BAME families. This opportunity allowed for the evaluation of the co-delivery of the Approachable Parenting programme, in particular the delivery of the culturally sensitive element by the health visitor to enable equity in healthcare.

Aim of the study

The aim of this project was to evaluate the role of the health visitor in delivering a culturally sensitive early intervention parenting programme to support the mental health of BAME families.

Methods

The 'Logic model' was used to inform the realist evaluation of the health visiting role in enabling and delivering the culturally sensitive elements of the Approachable parenting programme for BAME parents. Realist evaluation offers a focus on the real world practice in the context in which it occurs. It allows for a greater depth of data to be collected in relation to everyday process outcomes, which are likely to reflect more complex interventions. Focus groups were conducted with parents with further evaluation through anon questionnaires.

Results

Three themes emerged from the findings of the study, relationships, trust and 'me time'. The findings indicate the need for health organisations, policy makers, HEE and academia to work in partnership to support the perinatal mental health BAME communities. The results also indicated that clinical practice, advice and information can adapted when the commitment, dedication and resource is there. Service users indicated they wished to engage with services and the analysis identified that we as service providers failed to engage all service users.

Further to this the results indicated future health services need to evidence equity in healthcare with service user involvement so that the services provided are fit for purpose and receive full engagement from the communities they serve, these service should also be evaluated by the communities as culturally safe.

Conclusions and implications

Establishing a health organization workforce that can practice competence is crucial in addressing health inequalities in BAME communities. This can happen with much needed investment and funding. Therefore creating culturally sensitive services which are evaluated by service users as culturally safe will require health organisations to undertake a journey of learning. The voice of BAME communities needs to be heard for this transformation to be successful and co-production with BAME communities' needs to be at the heart of services that would eliminate discrimination for our service users. There is currently work in progress to utilize the recommendations from the report and developing a tool to support culturally safe practice. This project and its outcomes have been shared with local university pre reg and post reg nursing students on a regular basis. This project was undertaken as a service evaluation funded through the Mary Seacole scholarship. There were a further 30 recommendations for policy writers, academic institutes and health organisations.