Health of Minority Communities Research

BME (Black and Minority Ethnic Groups)

Introduction

It has been identified that community intelligence is lacking about the health and wellbeing of minority communities in Cheshire East. It was therefore agreed that one of the areas of focus for the last three months of the project 2013/2014 (Jan to March) would include BME communities.

Background:

The JSNA Project work seeks to build on existing pieces of work and where possible to pick up on any recommendations for further investigation. Project staff utilised existing relationships with VCFS organisations to find out if national statistics are reflected locally

For example, by working in partnership with the Stop Smoking Service, JSNA Project staff will report on changes in attitudes among Polish people to smoking and second-hand smoke.

Methodology:

Project staff started with the basic statements below and conducted local research to discover whether or not they were valid:

- The migrant Polish community have experienced a change in attitude to smoking/passive smoking
- People who do not have English as a first language or who have little or no English struggle to navigate the health system
- People from BME communities in Cheshire East are more likely to use A&E service inappropriately
- People who describe themselves as Gypsies and Travellers have difficulty accessing health care
- People of BME origin in Cheshire East are more likely to develop diabetes.
- Women from black ethnic communities in Cheshire East are diagnosed with more advanced cancer disease, aggressive diagnosis and less likely to respond to medication.

A small number of VCFS organisations, including Pathways CIC, Share Group, Shapla Women's Group, and Gypsy and Traveller Voice, were able to provide information, and opportunities to meet with service-users.

Information was gathered following the process below:

- Questionnaires emailed to relevant VCFS groups/organisations.
- Phone contact and meetings with key groups/organisations
- Meeting with the Stop Smoking Service
- Attendance at relevant events with Health Professionals, VCFS Organisations and members of the community, (BME Event organised by Pathways)
- Desktop research

Key Findings –BME Groups

- Perceptions of smoking are changing amongst the Polish community.
- Language continues to be a barrier in navigating the health services
- BME groups in Cheshire East continue to access A&E services inappropriately (in line with national findings).
- There is evidence of a lack of interpretation services and of children being used as interpreters.

Recommendations

- The Stop Smoking Service to be supported to continue its work, specifically with minority communities that exhibit cultural barriers to stopping smoking.
- Liaison with community organisations and services including schools, playgroups and nurseries to research the need for translation of information for people who have little or no English,.
- Explore the setting up of a new service at local hospitals for people who attend A&E inappropriately - to offer information and to register people with local GPs
- Source finances to enable Gypsy &Traveller Voice to facilitate a way for the Project staff to further engage with the community and to further develop the hand-held record, liaising with the Gypsy and Traveller community
- Healthcare training / leaflet to developed for priority BME groups with language barriers, similar to travel training to assist individuals and their families navigate the Health system.
- Further explore the possibility of a ‘buddy’ system to recruit volunteers from the community who would help people from minority communities navigate the health system, including GP registration and making appointments
- Further research the use of interpreter services and the current involvement of children in this role
- As part of Health Professionals ‘Diversity’ training there should be a particular focus on raising professionals’ awareness around language and cultural barriers, and the provision of translation services.

Attitudes to Smoking in the Polish Community.

Background:

The Polish Migrant Community Project in Crewe was completed in 2009 by Jon Dawson Associates in collaboration with the Health Promotion Foundation, Poland, and surveyed 500 individuals. JSNA Project staff seek to build on the research and to determine:

- If smoking levels are decreasing in the Polish community
- What Polish people think about the effects of second-hand smoking and if attitudes have changed
- What other factors affect health and wellbeing and what are the 'specific stresses' involved for Polish people
- What are the barriers to Polish people having access to advice, guidance and information
- What is working well and what are the gaps in service provision for Polish people from anecdotal evidence

Project staff had an Initial meeting with Karolina Ayers at Eagle Bridge Medical Centre in Crewe to discuss any evidence of changes in attitudes/cultural changes towards smoking and second-hand smoking. It was perceived that attitudes were starting to change and the service was about to start seeing referrals from ante-natal of pregnant women who want to stop smoking.

Stop Smoking Service staff reported that there have been cultural beliefs that have been barriers to women stopping smoking. Research has also indicated that rates of smoking during pregnancy are still high:

"If I smoke when I'm pregnant I will have a smaller baby so the birth will be easier"

"If I stop smoking I will put on weight"

Research indicates that drinking alcohol for males in the Polish Community regularly to de-stress is also a real issue. Polish men surveyed in 2009 have described other cultural barriers including, that it's the 'norm' for Polish men to smoke and drink, and that smoking is a good way to alleviate stress. The Stop Smoking Service also reported to the Project team that many people from minority communities, particularly those with limited English, are afraid that the side - effects of stopping smoking could affect their work, and that they could lose their jobs

The Stop Smoking Service have very kindly furnished Project staff with quit rates for the last few years as follows (successful quitter based on national measure of 4-6 weeks)

Year April-March	Male	Female
2011-12	7	10
2012-13	13	13
2013 -14 (total number not known until end of May)	8	10

The Project team have worked closely with the Stop Smoking Service to develop a short questionnaire to collect more in depth and qualitative information to measure changes in attitudes towards smoking and second-hand smoke, and this will be translated as necessary for Polish people who are accessing the service.

At the end of June survey results will be shared with Project staff and will be made available to East Cheshire JSNA.

Positive Outcome: The Stop Smoking service will be using the Project Team questionnaire to collect qualitative data from Polish people accessing the service, but as an additional outcome to our working together through the JSNA project, the questionnaire will be used across the whole service up to the end of June.

People who have little or no English

Background: Project staff are aware that there are currently around 117 different ethnicities represented in Cheshire East including more than 6000 Polish people. Project staff used as a starting point **The Equalities Act 2010***, with particular emphasis on the protected characteristics of race, religion and belief. Project staff limited the research to two main research questions:

How much is language a barrier to individuals from BME communities in Cheshire East accessing/benefitting from health and wellbeing services? (***Remove or minimise disadvantage**)

What are the unmet health and wellbeing needs of BME communities in Cheshire East and what is being done well, or still needs to be done to meet these needs?
(***Take steps to meet the needs of persons who share relevant protected characteristics)**

Project staff attended a **'**Black and Minority Ethnic Health and Wellbeing Service' workshop on Diversity organised by Pathways CIC. There was opportunity to make contact with representatives from black and minority ethnic communities and to engage in discussing health and wellbeing issues.

Feedback from group work suggested that there remain cultural and language barriers that prevent some members of BME communities access to essential services. For example,

A young woman went in to hospital to have her first baby – her English-speaking friend went with her. But when her friend left she felt afraid and disorientated as she didn't know what the nurses were saying to her.

It became apparent that there also still exist cultural barriers to health and wellbeing:

A women's Group in Crewe report that there are more than 40 ladies of the Muslim faith living in Crewe who need access to female doctors,
"Whenever I go to make an appointment I have to explain over again why I need to see a woman doctor. I feel I am being a nuisance – I want to keep to the teachings of my faith and only see female doctors. I am often told I have to wait weeks to see a female doctor."

It was suggested that Muslim women live in a culture that fosters a reluctance to expose their bodies in public, and could be described as 'anti- breast-feeding.' It was suggested that this is an areas that requires sensitivity and understanding, and that there is a need for more awareness training for health workers and professionals

Other cultural barriers to keeping healthy included access to swimming facilities for older Muslim ladies. Costs and lack of available venues are prohibitive and although the activity is extremely popular the sessions can only be provided once a month.

Individuals who took part in debates at the Pathways event said that their communities often were unaware of social opportunities and support services available to them. It was suggested that there are, "Mums who can't socialise at the school gates, who feel isolated…" and, "..parents can't always read notes sent home, and information sheets and posters so **kids lose out"**

It was felt that GPs, often the first point of contact, should be more aware of 'other issues' and be able to signpost to a helping service. Similarly schools and nurseries could be made more aware of the needs of diverse communities, and pick up on and respond to the extra support needs of BME parents and families. The project recommends that consideration be given to further researching the recruiting of buddies to support parents to navigate public services including schools and doctors, and to reduce isolation and provide opportunities for integration. There is also an expressed need for the translation of posters and literature within schools and playgroups.

Interpretation Services.

Project staff have been informed by a VCFS organisation that the demand for Interpreter services far outstrips what can be delivered. **Pathways CIC** reported that,

"The call for Interpreter services is far greater locally than what can be delivered. Unfortunately, this has a significant effect on patients needing communication support and their families, as it is often the family that have to intervene"

Evidence collected by Pathways CIC suggests that Interpreter services are under-resourced and do not support the entirety of the demographics of Cheshire East people, as only a small number of languages are translated.

In a recent study by Pathways CIC, it was identified that 28% of participants needed interpreter support whilst accessing health services, but only a third of these people were offered interpreter support. The rest relied upon family and /or friends to provide translation. This however can have an adverse effect on families, and their relationships with those providing support. It has also been reported that children are sometimes asked to act as interpreters and in some instances has been seen as inappropriate due to the nature of the health problem, and too big a responsibility for a child to take on.

Health services have been known to use 'Language Line' or the 'Big Word' translation services. It is understood that 'Intralinks' provide translation for surgeries in South Cheshire. In Crewe GP surgeries use translation services but it has been reported by service-users that sometimes receptionists are too busy to make the call to the service and so patients are unable to access appointments. An interpreter supporting GP practices, says,

" I hear back from patients that they have been told there are no interpreters available within the timeframe. I don't believe that's true as we can provide interpreters within the hour if necessary. I think it's often too much trouble to make the call."

Shapla reported that some of their older people do not want to visit the doctors' because they can feel "….it is demeaning - as if they are being ignored or are invisible when the doctor only speaks to the English-speaking relative." It was also said,
" We need information in our own language so that our older people can read about how to look after themselves better."

Positive Outcomes:

Awareness of a new area that could be developed in liaison with schools and playgroups to find out how many parents/carers who speak no/very little English are having difficulty reading information posters, messages sent home etc and how this is impacting on the health and wellbeing of the child.

Inappropriate use of A&E services by BME communities

Use of A&E by Minority Groups.

National research has found that there is a massive over- usage of A&E services, with around 43% of instances being inappropriate. This is even higher when broken down by ethnicity, with 63% of instances being recorded as inappropriate usage of A&E accessed by those recorded as being of BME origin.

This finding was confirmed by Pathways as being a real issue locally. Staff reported that,

"No one person accesses services in a similar fashion to others. Service usage is often influenced by factors of society, accessibility to services, cultural ideologies towards health conditions and treatments. Traditional response to services such as access to a GP when you're poorly is entirely different to how a migrant from an African country such as Nigeria, Tunisia or Zimbabwe might access, and is completely different to how migrants from China access services."

Pathways report that each nationality within Cheshire East is, 'independent in their own right', yet work hard to adopt new traditions and new ideologies, set against those that they have inherited.' They suggest that service-providers need to better understand the history, the culture and the views of the Black and Ethnic minority communities towards their healthcare when planning for provision of services.

A survey conducted by **SHARE** (a VCFS which is no longer operating) conducted a survey approximately 12 months ago with BME communities, and found the following;

The largest users within this study were Polish and Slovaks accessing A+E whilst being registered with a GP (45%, 25 people)

Nearly all Bangladeshi only accessed services via their local GP surgery however nearly half could not understand the Dr, Nurse or healthcare professional. Others didn't know where to go.

Although most of the Polish and Slovak community are registered with a GP Pactice, they would still use the A+E to be treated, significantly all Polish and Slovak community members would use A+E for all problems.

Research suggests that language barriers/lack of language and cultural practices are contributory factors. It has been suggested that Healthcare training leaflets/information packs be developed in the patients' first language. This could be approached in a similar way to 'travel training' to assist individuals and their families to navigate the Health system.

Roma, Gypsy and Traveller Community accessing health care

Background:

Historically, experience would suggest that it is difficult to build relationships with the Gypsy and Traveller community and therefore also difficult to collect first-hand responses to questions about health and wellbeing. There would seem to be a dearth in statistical date – some local authorities have conducted their own research and have produced findings that may be reflected in Cheshire East:

2004 -The Department of Health, Sheffield report, found that Gypsies and Travellers experience an infant mortality rate far higher than the national average

2005 Leeds Racial Equality Council (LREC) found Gypsies and Travellers average life expectancy to be 50 years compared to the general population of Leeds which was 78 years.

2010 NHS West Sussex
'Preventative measures such as immunisation, contraception and cervical screening had poor uptake amongst Travellers.'

2012 'Irish Traveller Movement in Britain' Briefing, reported that Gypsies and Travellers have the lowest life expectancy of any group in the UK, and experience an infant mortality rate which is three times higher than the national average. (Cambridge PCT 2010)

Locally, Project staff limited their research to **exploring what barriers (including cultural) were faced by this community when accessing GP Services.**

A local survey was carried out in 2012 by Tommy and Marion Mordecai (VCFS organisation SHARE) and focussed on the use of A&E services, but also uncovered some of the barriers facing this community.

Twenty-seven Roma, Gypsies and Travellers took part in the survey, 19 were registered with a GP, and 8 were not. The majority of those who were not registered said they didn't understand how to register.

More than half of this group used A&E rather than their GP for all problems. When asked why, responses included,

"I only go when something bad happens."

" I wouldn't go myself – someone would just take me to the nearest hospital for emergencies."

" You get to see a doctor the same day."

"Only go for help when I'm seriously poorly."

When asked how they would describe their experience of going to a GP practice more than half of the respondents ticked 'unfriendly' and 'confusing'. Nearly half ticked 'opening hours' as a barrier to accessing services.

Respondents were asked to comment on the NHS hand-held record, and in general felt it was too big and cumbersome, that they were not able to understand it themselves, and many suggested there needed to be more images and pictures:

"….you didn't consult many travellers to design it or else it would have been easier to understand."

"Good idea, bad design, it's too bulky but at least it's something."

"It doesn't look nice, it's too big but at least doctors can read it."

"It should have more pictures in it explaining things."

Some of the opinions expressed above were re-iterated by those attending a focus group facilitated by Gypsy and Traveller Voice. There was a lengthy debate around people's experiences of registering/attending a GP practice. It was stated that there is a literacy problem amongst this community. If they are not 'settled' they have to fill a form in to see a doctor and this can be enough to stop someone getting help. Members of the 'settled' community may also have literacy problems that prevent them from registering with a GP. There was a general perception that they were, 'not welcome as soon as they know you are a traveller." **The group agreed that what can happen is that health issues get neglected until they become severe and an illness is at an advanced stage before they get treatment**

The group also expressed more general concerns about the lack of health and safety checks before land was allocated for use as camp sites for example,

" Stop putting camps under electricity pylons and on old rubbish tips – and put camps away from train lines."

There was much concern by parents about this issue and they were very worried about a case they had heard about in Wakefield where the camp site had pylons running through it and many of the children had facial sores and ulcers.

A nine year old boy wanted to have his voice heard and said,

"Don't put sites next to sewers."

The prevalence of smoking was commented on,

" It's a stressful life – being thrown off sites, being homeless, trailers being searched by police – smoking is a quick fix."

The above information was collected 12 months ago. Project staff have been unable to gather any more up to date material because it would appear that SHARE has

since ceased to operate, and Gypsy and Traveller Voice now has significantly reduced funding and is unable to take part in consultation work and research.

Serious Illness within BME Communities

Diabetes

Statistics indicate that nationally people of BME origin are six times more times likely to develop diabetes.

Project staff carried out research with Pathways CIC and Shapla Women's Group to find if there were any local statistics to support this. Project staff attended the BME event held by Pathways CIC, and discussed the issue with a representative from **SHAPLA**. It was felt that Diabetes is a real issues faced by the majority of the older ladies in the Bangladeshi community in Crewe. ("all our older women have diabetes") SHAPLA reported that a possible contributory factor could be around living alone and having irregular eating patterns and unhealthy diet.

Cancer

Statistics indicate that nationally women of BME origin are diagnosed with more advanced cancer disease, aggressive diagnosis and less likely to respond to medication. According to the latest statistics available there are 6,137 BME women of 188,718, equating to 3% of the population. However this statistic is from the census data and it is known that over recent years the demographics of Cheshire East has changed and numbers increased. Project staff surveyed VCFG organisations, including Pathways CIC, Chawrec, Macmillan Cancer Resource Centre and Shapla Women's Group and asked the following question pertaining to the above statistic:

Q. Do you have evidence of any barriers - cultural, language, or others, that would prevent women of BME origin from accessing the relevant services?

Unfortunately Project research was unable to find evidence from VCFS organisations to add insight to the national statistic about the incidence of cancer in women of BME origin.

Mental Health & Minority Groups

Pathways CIC reported case studies of clients who had experienced specific language barriers when trying to access mental health services. A young man, seeking help for depression, who formerly was being cared for in his native country, migrated to the UK to be with his father. However due to the pressures and no identifiable support, he had turned to alcohol and other substances to cope. He had been assessed by his GP and referred to specialist mental health provision. He was passed to 3 separate support agencies, but received no support and was referred back to his GP. It was reported that the client was unable to get specialist alcohol / substance misuse support because providers were unable to fund an interpreter.

Pathways report other similar stories relating to issues such as paediatric care, domestic abuse, obesity, anxiety, depression, housing, general wellbeing, alcohol, smoking, neglect and abuse from families.

Pathways BME Health and Wellbeing Service provides interventions for those suffering with mild to moderate mental health conditions. They report that mental health, is often interpreted differently within different ethnicities, and that much work has been done to work with community groups to speak openly about mental health and to challenge typical ideologies and stigma.

Pathways have in the past 4 years worked with over 60 ethnicity groups to understand their views towards mental health, and to provide solutions to identify support when needed.

The 2011 report *Addressing the impact of social exclusion on mental health in Gypsy, Roma and Traveller communities,* attributed high levels of depression and suicide to 'social exclusion and experiences of racism, and unresolved grief following the death of close family members.

The Share Group survey 2012 collected responses from 21 members of the community who were living in Cheshire East and asked them some pertinent questions:

Question) What comes to mind about sadness and depression?

The responses were:

Loss of loved one, stress.
Death.
Illness, age.
Age.
Struggling, crying, loneliness, upset.
Upset and crying.
Crying, losing weight, no one to turn to.
Being alone.
Not being happy with yourself.
Missing family, friends and moving.
Arguing, fighting, crying.
Grief, moving on, acceptance, loss of family, loneliness, struggling with painful stuff.

Answers to the question ‘How often do you feel low or sad?’ , ranged from ‘since I was five’ to ‘About a year each time a family member passes away -as part of the grieving process.’

Half the respondents did not speak to anyone about how they were feeling. More than half felt guilty about how they felt and more than half said they had no support to help how they were feeling. More than half did not know where they could go to get help. Some of those who had shared with family or their community said:

“ I go to my family for all my support -but you don’t like to talk of these things.”

“….they made out like I was acting silly.”

Positive Outcomes:

In Cheshire East we are fortunate to have a relationship with Gypsy and Traveller Voice, and therefore have further opportunity to engage with the Roma, Gypsy and Traveller Community via this local group. There is some evidence to suggest that the hand-held record could be improved through liaison with community members, and that this has the potential to improve access to GP practices and reduce incidence of attendance at A&E services

JSNA Consultation with the Third Sector Project
Project Team, Louise Daniels, Jayne Cunningham, April 2014