



**healthwatch**  
Hackney

# Somali Community in Hackney and their experience of health and care services

housing appointments  
difficult to book help  
interpreters complaints  
language barrier

July 2021

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# Introduction

## The Somali Community in Hackney

The Somali population in Hackney was estimated by the East London Alliance in 2010 to be around 1,500.

Somalis are frequently vulnerable migrants, facing multiple barriers to accessing services. These barriers include language and communication barriers. Availability of translation and interpreting services is also a challenge for many. For example, Hackney Council's Policy and Insight Team found that some migrants will go to Accident and Emergency with minor health issues as they were more confident that interpreting services would be provided there, than in other health care settings.

UK studies have found significantly poorer mental health outcomes among Somali asylum seekers living in London compared to UK born residents. In one small qualitative study of Somali asylum seekers all participants reported experiencing some form of mental distress such as 'nightmares, feeling stress, anger, loneliness and anxiety'.

This research into the experiences of the Somali community in Hackney is borne out of an awareness that the community experience particular challenges in accessing health and social care and other support services including complaining to the NHS.

We hope these findings will lead decision makers and service providers to improve access and support for Hackney's Somali Community.

## Methodology

We worked in partnership with local community organisation, Connecting All Communities, to interview and survey community members. We trained their volunteers to complete a survey by interviewing community contacts, friends, and family who lived in Hackney. Due to the coronavirus pandemic these contacts were made mainly by telephone as face-to-face meetings were restricted. The survey was also posted online, but all the questionnaires were completed following phone calls by Connecting All Communities. This may reflect our inability to link into Somali groups posting on social media in Somali.

The Healthwatch Hackney study has some limitations. The Somali community in Hackney is relatively small and it was a challenge to find community members to interview, meaning that the sample size is quite small. The majority of participants were between 30 to 60 years old. In addition, men were underrepresented, completing only 9% of our surveys. This lack of data from young people and men means they may face different challenges from those represented in this report.

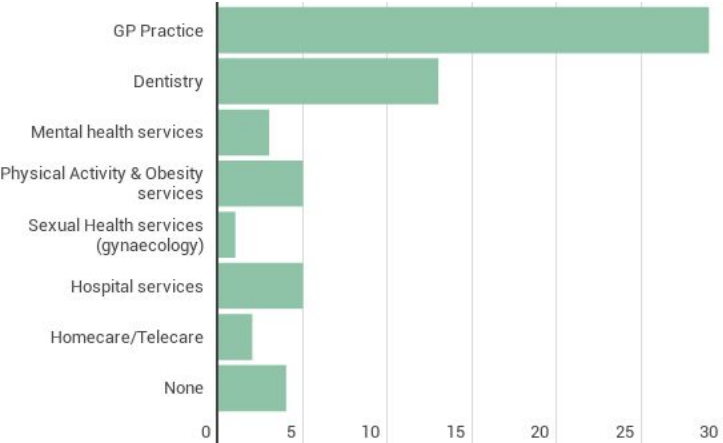
We hope that the resulting report will give us a picture of community needs that will inform the services provided by Hackney Council and North East London Clinical Commissioning Group to Somalis.

# Survey findings

## Health service experience

Have you used any of the following health and social care services in Hackney in the last 6 months/recently?

Only 4 interviewees had not accessed any health and social care services in the last six months. Other interviewees had used at least one of the services listed: GP practice, dentistry, mental health service, physical activity and obesity services, sexual health service (gynaecology), hospital service, homecare, or telecare.

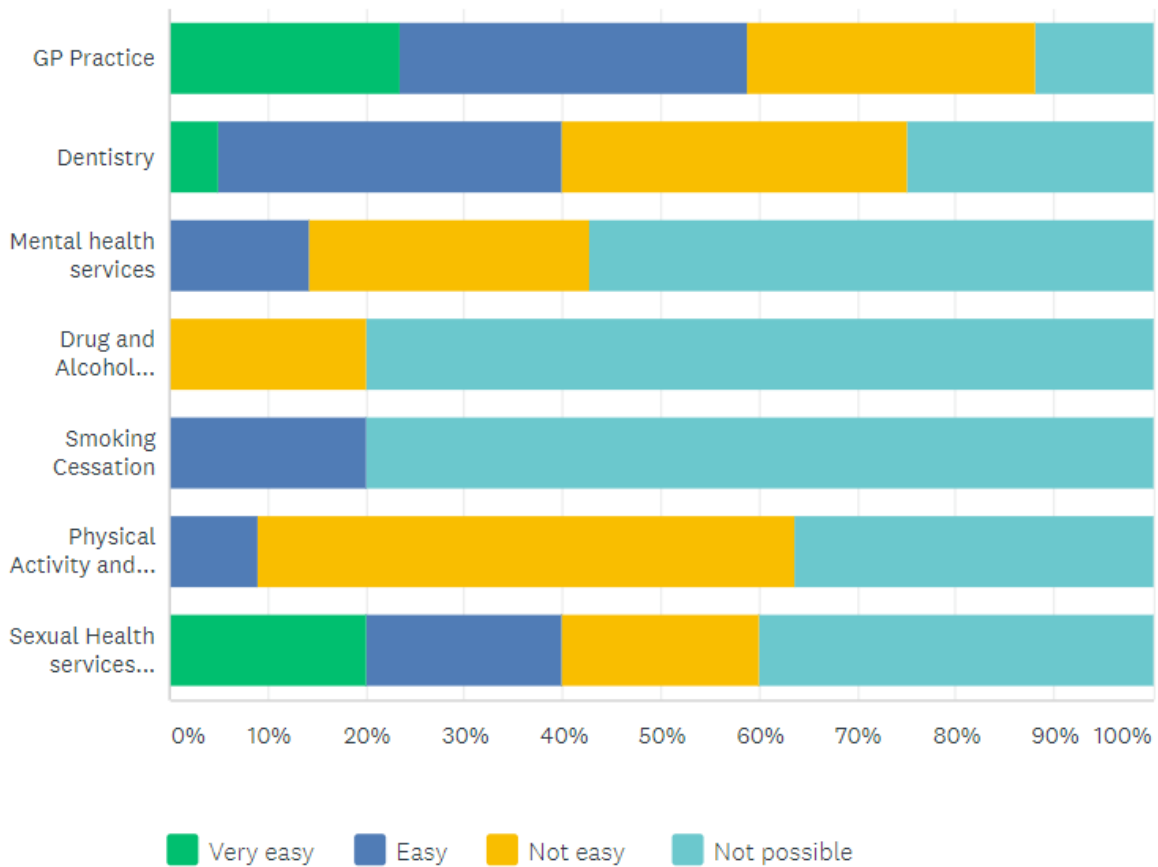


## How easy or difficult it was to access the services?

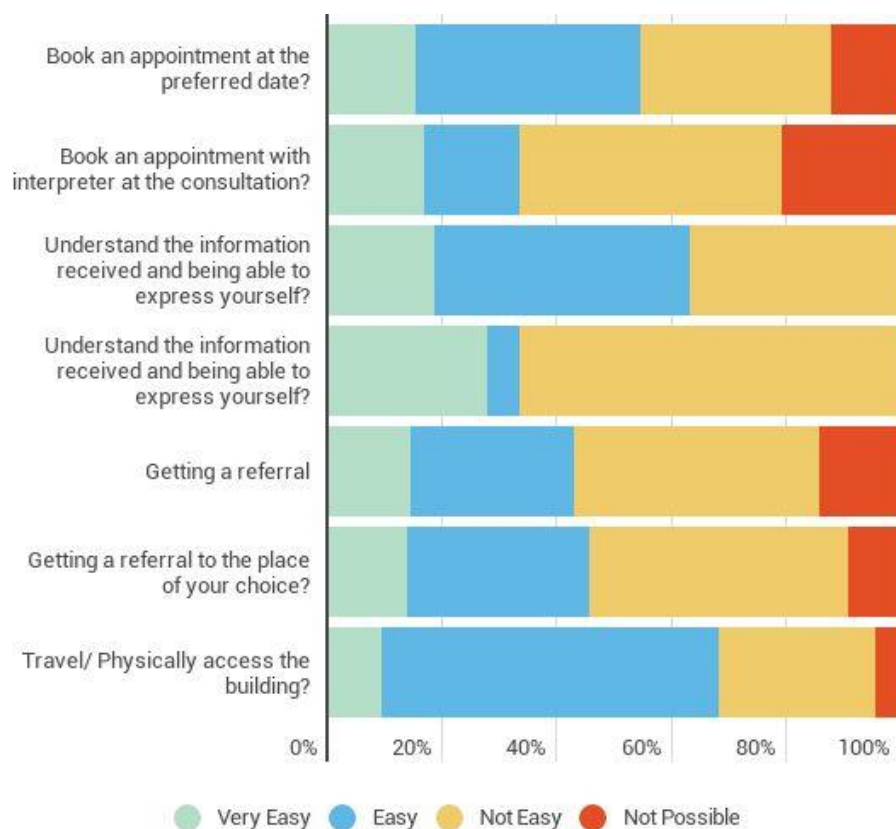
Worryingly high numbers of interviewees reported it was impossible or difficult to access services.

For all services apart from the GP, over 50% of respondents said it was either not easy or not possible for them to access the service. It is of great concern that 41% found accessing GP services either not easy or not possible.

	VERY EASY-	EASY-	NOT EASY-	NOT POSSIBLE-
GP practice	23.53%	35.29%	29.41%	11.76%



**Thinking about your last experience of health and care services, how easy it was to**



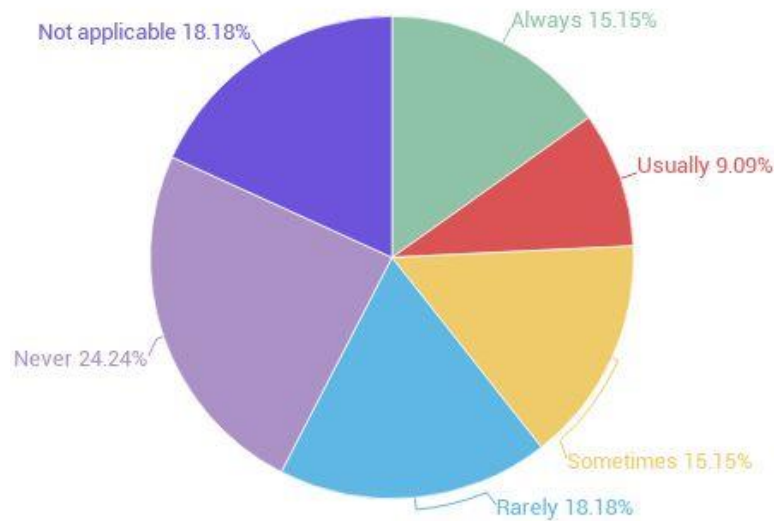
**Do you experience a language barrier when accessing health and care services?**

60% of respondents said they experienced a language barrier when accessing services, 34% experienced no problems. For some they speak English but struggle to make themselves understood by the reception staff “Sometimes the receptionists are not understanding”.

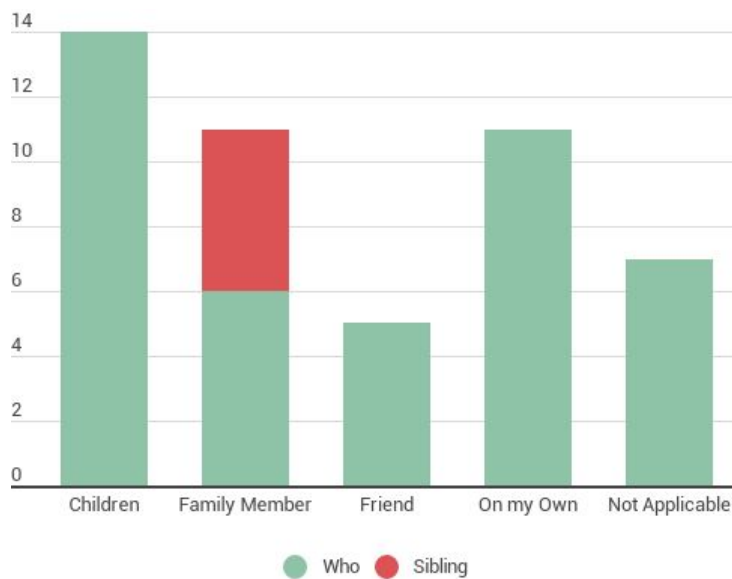
**Have you ever been offered an interpreter by a professional?**

Thirteen participants had been offered an interpreter by a professional, 11 participants were not offered an interpreter, eight participants found the interpreter is not applicable. Six participants reported that they delayed their access to services due to a lack of an interpreter.

**How often have you had to communicate with a health professional without a professional interpreter?**



**When an interpreter is unavailable, who helps you to communicate with the health professional?**



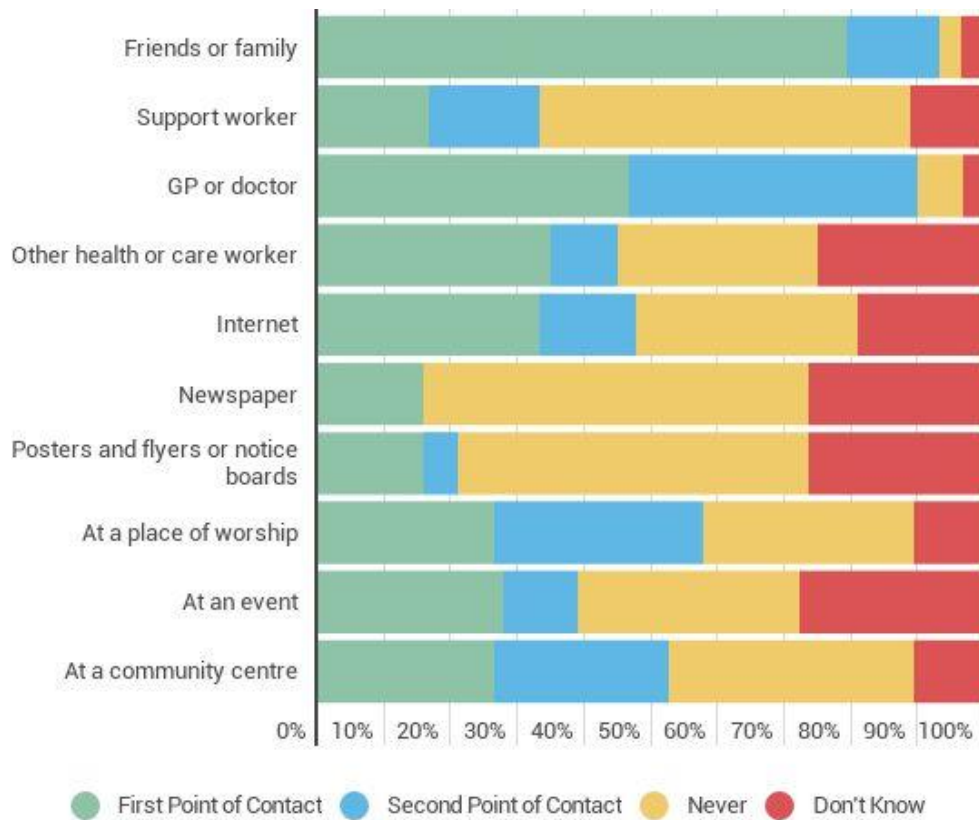
Most Somali members have experienced having no professional interpreter when booking appointments, talking to health professionals, and for treatment follow-up.

Most Somali people invited their family members or friends who can fluently speak English to be their interpreter. There are many concerns with the use of friends and family including:

- The family member or friends are not professional interpreters, so sometimes they cannot accurately interpret or translate and communicate information provided by health professionals.
- Family members (including children) and friends may try to impose their wishes regarding treatment, limiting the autonomy of the patient.
- Many participants reported their children as interpreters. In many cases the children may be under 18. There are many issues that parents would not want their children to know about, meaning that a problem goes untreated. It also places children under inappropriate pressure.

### Where do you go for health information?

The primary source of health information is friends and family members. In addition, some people get information from their GP, or other health and care workers.



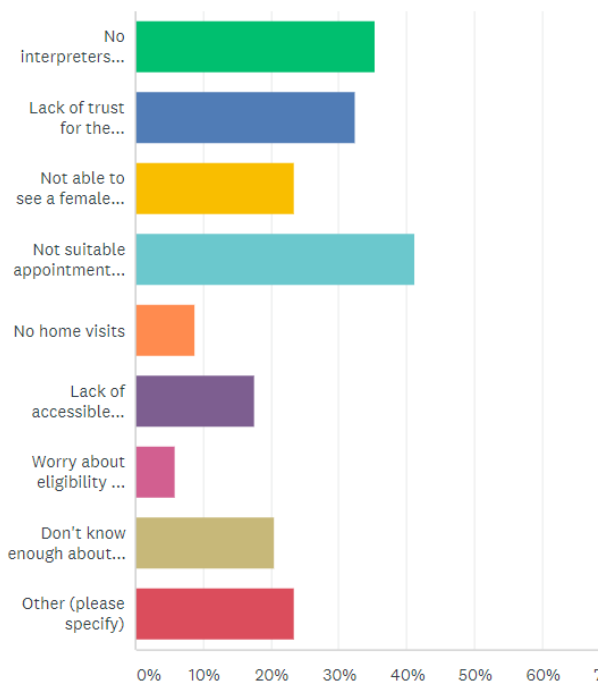


## What would be the reason for not using/ accessing health or care services?

12 participants reported they do not use health or care services as “No available interpreters were offered/available”, 11 cited a “lack of trust”, and 14 that “no appointment time work for them”.

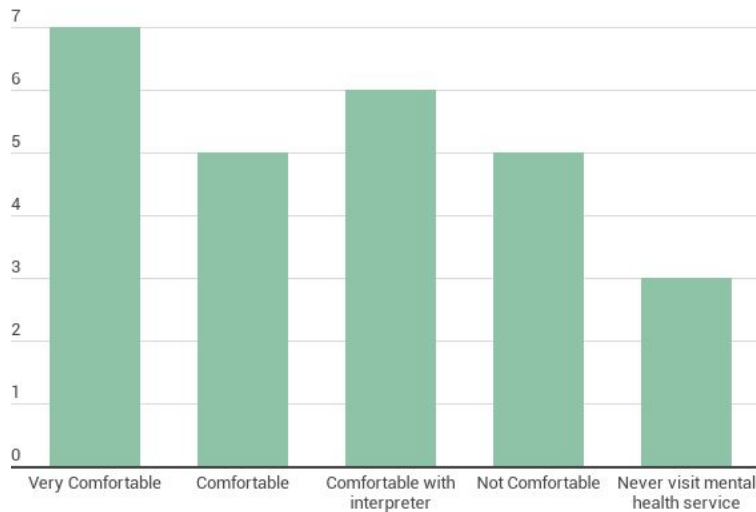
Six female participants reported “unable to see a female professional during service” as the reason not to access current healthcare services.

One participant said that Covid, I'm scared to go to the hospital. I would delay any possible interaction”. Another expressed her distrust, saying “I have gastro problems and may times tried to explain this to my GP but every time I ended up with bunch of medication. I was asking for some tests but was told that this is nothing serious. I then went to another country to pay privately and do the tests which showed a serious issue with my stomach. I didn't show the results to my GP yet, as I'm not sure if he will take them seriously. I kind of lost my trust”.



## How comfortable are you talking about your mental health needs with a health professional?

Most people reported feeling comfortable to talk their mental health issue with professional. Six participants said they would be more confident and comfortable if a professional interpreter was available to help them express themselves.



*Not comfortable at all because we are not sure what problems people could have with their mental health.*

*I am very comfortable to talk about my mental health if I have someone to translate for me.*

*Not too comfortable talking to professionals without someone else being with me.*

*I'm hundred percent comfortable if I knew the language but that I need interpreter I feel like I don't want another person to do my personal life*

*I don't feel comfortable talking to my GP about this. I don't trust them. I would rather talk to my friends.*

*I am an open person, so I feel comfortable.*

## How comfortable and confident you feel complaining about the care received?

Nine participants reported that they do not know where and how to complain about services. Three of nine do not know how to complain because they cannot speak fluent English.

Eight participants reported feel uncomfortable about complaining. Two of the nine do not complain because they think they will receive worse service after complaining. Some responses said they do not complain about their experience because they believe the complaint will be ignored, and they will not receive better treatment if they complained about their previous experience. This causes the lack of voice from the Somali community, and their difficulty did not see by healthcare services.

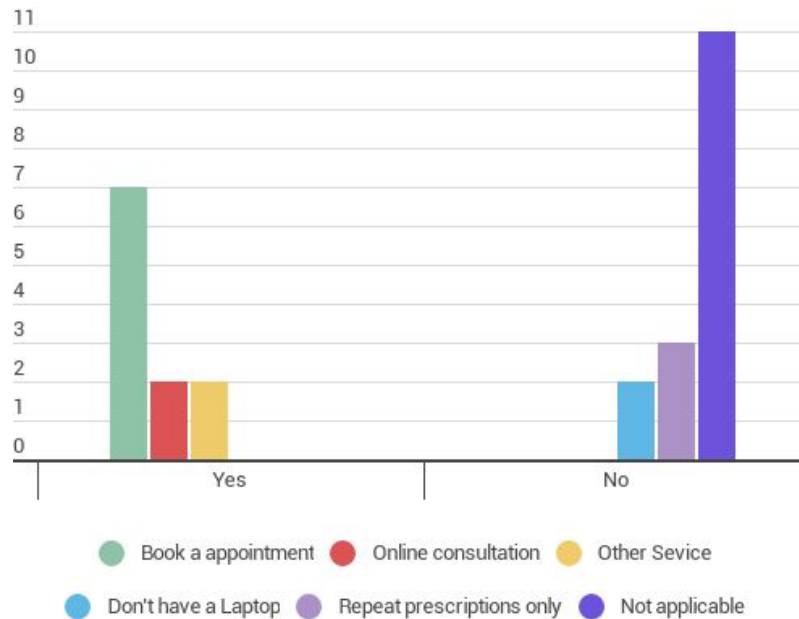
*Not too confident and comfortable to complain because I am scared they might not treat me and my family well next time I come to need their services.*

*Not too comfortable or confident to make official complaints because I am worried it will backlash with me later, therefore I always leave it and let them continue being not nice to me.*

*I'm very comfortable complaining if I speak the language, but now I have to have an interpreter to complain, and you don't say enough when you have third person to speak on your behalf.*

*I don't know how to complain but would like to have this information for future reference.*

## Have you accessed any digital NHS services?



*Very difficult to book an appointment I have to use online and explain my needs online, they pass on the information I gave and they will then call me. Sometimes I found it difficult to explain my needs in writing.*

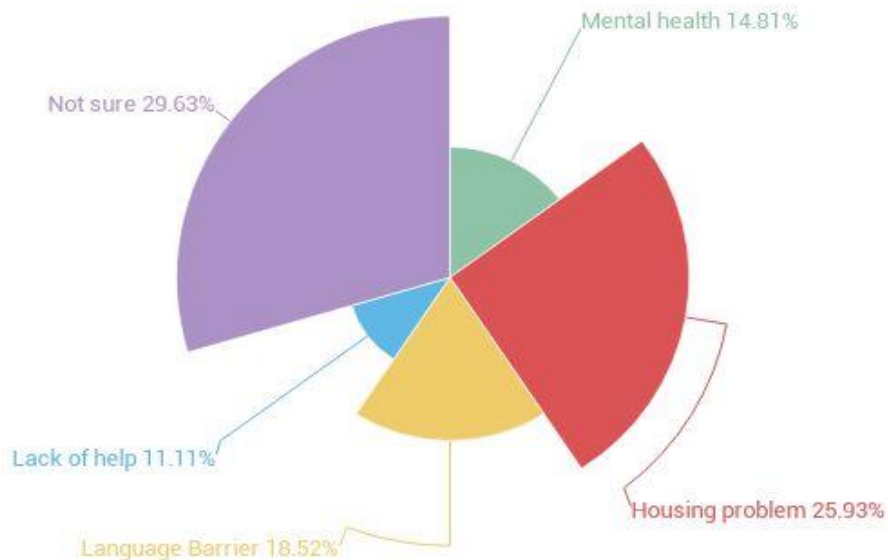
*I had a telephone consultation in September. It was a good experience, and the doctor did their best to support me. I had to send a picture of the hair loss and they referred me to the hospital straight away. I also received a referral letter.*

*Yes, very recently on different occasions I was given video call appointments even though this was not necessary. I prefer to have a phone call or see the GP directly. Video calls are not ideal for me, especially if I am working or on the bus going to work. This is a private conversation and I don't want to make it public.*

*Yes, 2 weeks ago I had issues with my leg and I had a video call with my GP. It was fine until I had to show my leg to the doctor. The screen was small, the resolution not great and I wasn't sure if the doctor was able to see the problem clearly. However, she recommended some exercises and they seem to be helping a bit.*

## What has the biggest effect on your health and wellbeing?

The most commonly raised issue was poor housing.



### Case study one

*Housing - It stresses me a lot. The house is overcrowded, it's two-bedroom council house and I have four children aged between 2-13 years. I have mice in the kitchen 5 months ago they removed the central heating from the bathroom and said they'll come back to put another but that never happened. I called the council on Friday to report the boiler and they said the system is down.*

*I applied for a bigger house year and a half ago but haven't received my bidding number yet. This greatly affects my stomach, and I can't control it, My GP doesn't listen to me sometimes. Last time I used their services I had to go and pay for private care because didn't feel comfortable with the results from my GP. The nurse there is also not very good and while ago I told them that I didn't want to be seen by her anymore. I also made a complaint.*

### Case study two

*Housing, I live a hostel with my two-year-old daughter and because I have to share the toilet, I can't potty train her. I can't go to the toilet at night because I can't leave her in the room by her-self.*

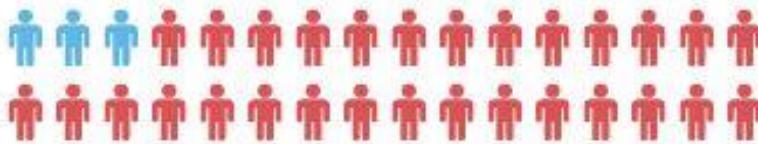
# Recommendations

- Professional interpreters should be provided for phone calls, at the GP practice, and other healthcare and social care settings. The inappropriate use of children to translate should cease.
- North East London Clinical Commissioning Group and Hackney Council should collect data on translation and interpreting services to assess usage of these services compared with inappropriate translation provided by family members including children.
- Alternatives to making and accessing appointments online should be easily available and coproduced with Somali Community (and other small communities) to improve access.
- Appointments with female healthcare professionals should be offered on request.
- North East London Clinical Commissioning Group, Hackney Council and other service providers should support members of the Somali community (and members of other small communities) to undertake health promotion and health advocacy work with their friends, family members and other contacts. Efforts should be made to recruit Health Champions from the Somali community.
- Information about health services and benefits should be made available in an accessible manner, i.e. more health information and leaflets should be translated and coproduced with Somali Community (and other small communities) to improve access.
- Complaint's information, including the Hackney Complaint's Charter and poster, should be displayed in all patients and service users' waiting areas and reception to promote a patient's right to complaint and the support available.
- The healthcare professionals should be more supported and enabled to communicate better with patients regarding complaints.
- Hackney Housing should promptly action urgent housing repairs and encourage other Hackney landlords to action urgent repairs promptly to ensure a safe comfortable home environment.

# Demographic data

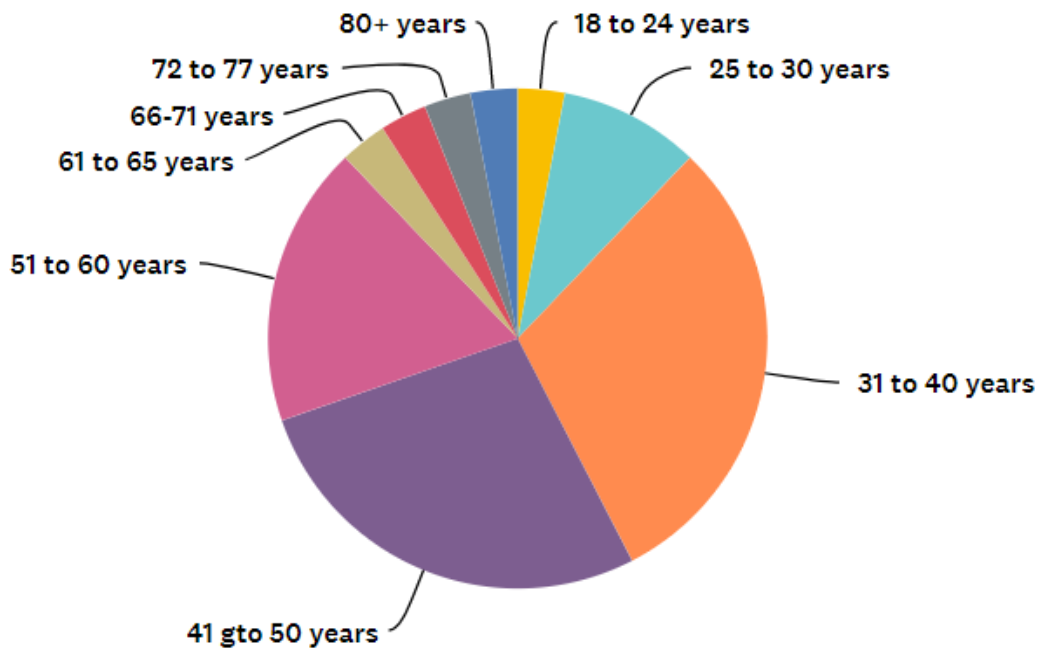
The survey was completed by 32 participants from the Somali community in Hackney. All participants were Muslim.

Please tell us which gender you identify with?

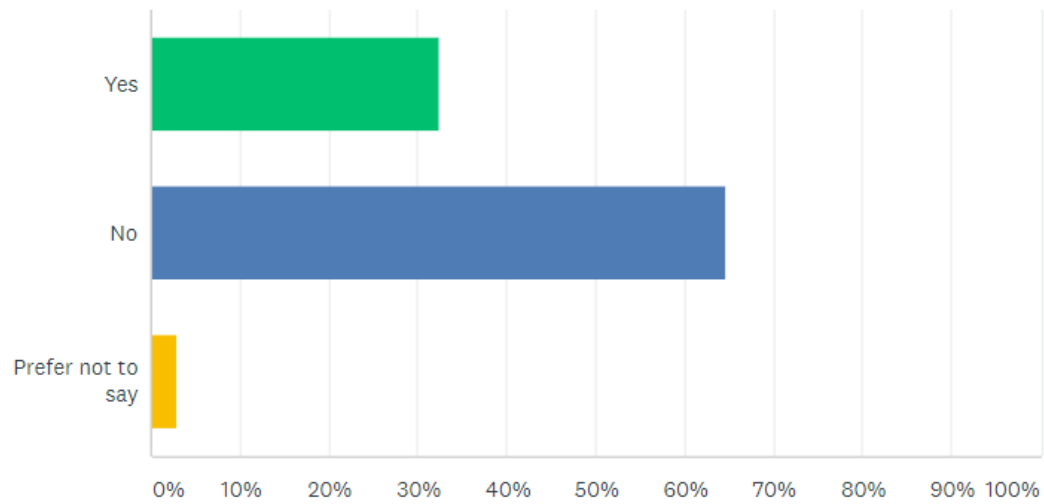


There were 29 female participants, three male participants. 27 of participants identified as heterosexual and seven preferred not to report their sexual orientation.

What age range do you fall into?

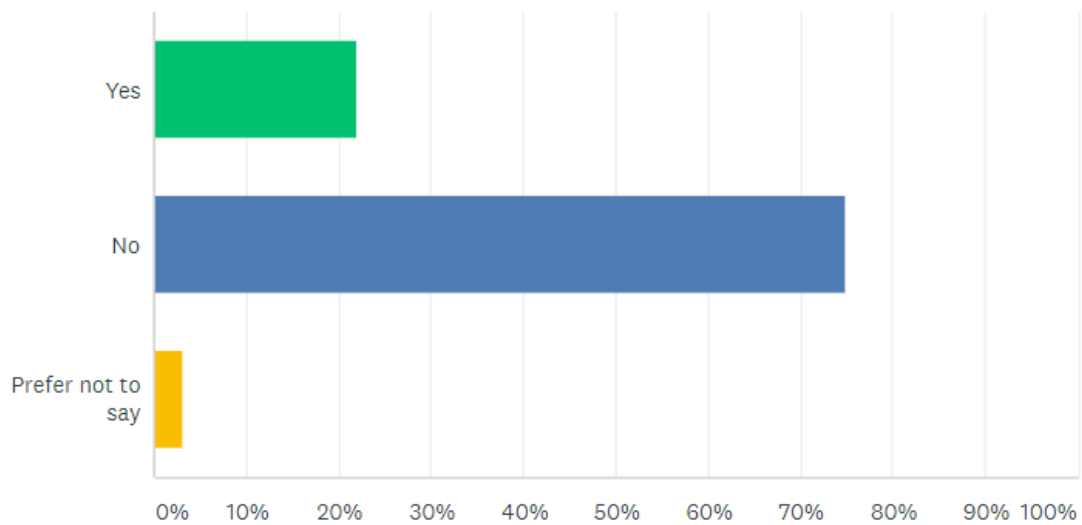


Are you refugee or asylum seeker?



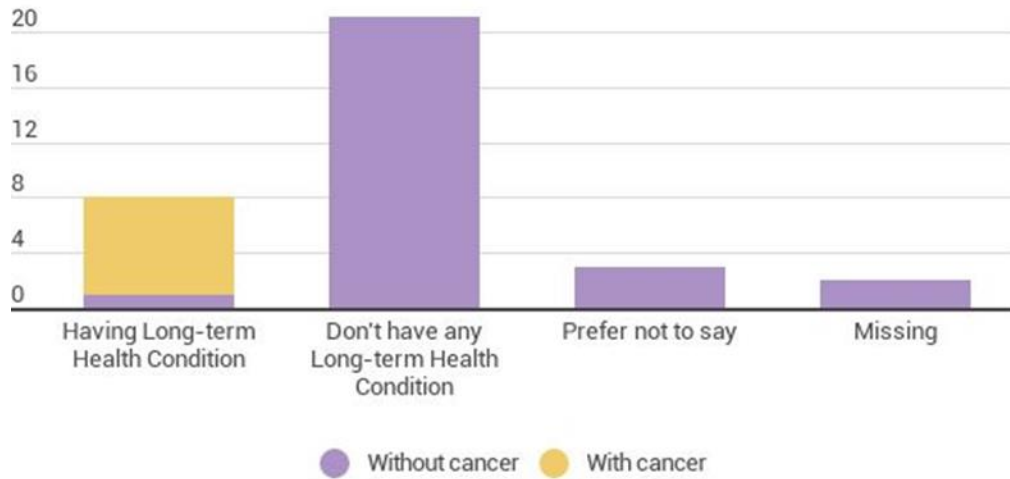
A third of respondents were refugees or asylum seekers

Do you consider yourself to be carer?



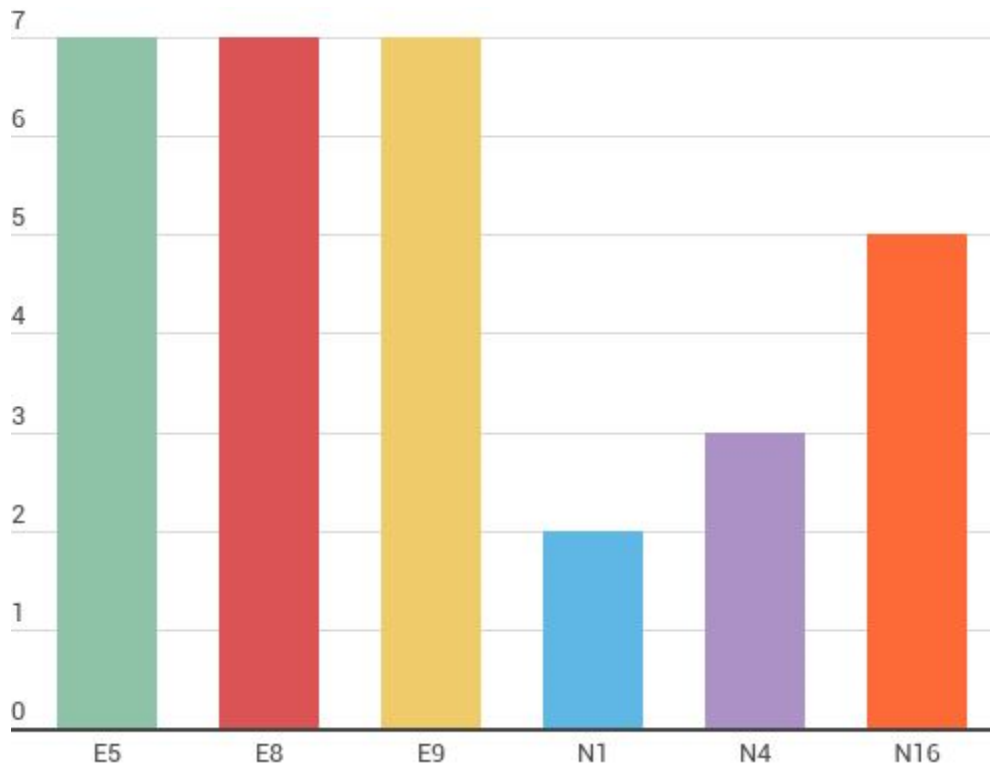


### Do you consider yourself to have a long-term health condition?



Eight participants reported having a long-term health issue, which for seven of them was cancer.

### What are the first two letters of your postcode?



## Statement from Connecting All Communities

Thank you so much for sharing this fantastic report, it is very useful. Well done to you and everyone involved. We are very pleased that we had the opportunity to work together with Healthwatch Hackney. We fully endorse the recommendations listed in this report.

The Somali Community in Hackney is not huge, but it does exist and unfortunately is often underrepresented in the borough. One of the main barriers the community faces is insufficient English language skills, which has huge and negative impact on housing and health conditions. Together with the language barrier, there is also reluctance for people to come forward with issues. This is because they are afraid that their comments will be used against them and will affect their access to services. There is also an ongoing and worrying issue of youth crime and gang violence within the Somali community, which is often unrecognised in the borough.

Further research and work need to be done to ensure that the community has equal access to all available health and care and support services in Hackney.

We are ready to work with, and support community organisations, together with Hackney Council, in any future work to improve the life of Somali Community in Hackney.

## References

[Understanding East London's Somali Communities, A study conducted for the East London Alliance \(Published August 2010\)](#)