

**Improving the ability of  
Black, Asian and minority  
Ethnic individuals to access  
and obtain support from  
Health and Social care  
Services**



**Research Report  
(2022)**

Contents

Disclaimer..... 2

Acknowledgements ..... 2

Executive Summary ..... 3

Introduction ..... 4

Aims and Objectives..... 5

Methodology ..... 6

Findings ..... 9

Conclusion ..... 25

Recommendations ..... 27

Limitations..... 32

Monitoring Information..... 33

## Disclaimer

The information presented within this report covers some of the challenges experienced by Black, Asian and Minority Ethnic (BAME) residents regarding access to health and social care services in Ealing. These findings provide rich, but individual insight from residents and professionals in the borough. It is important to exercise caution when generalising these findings and use the experiences and opinions of the individuals who took part in this research in conjunction with further evidence to inform changes to care in Ealing and North West London.

## Acknowledgements

Healthwatch Ealing would like to thank all the residents who took the time to speak to us about their experiences.

We would also like to thank the community organisation, Acton Youth Association (AYA) for helping us facilitate two focus groups as well as Horn of Africa Disability and Elders Association (HADEA) for supporting us with this project.

Finally, we offer our thanks to the Healthwatch Ealing volunteers who dedicated their time to this piece of work.

## Executive Summary

From October 2021, Healthwatch Ealing's outreach and engagement work was focused on hearing from BAME residents to understand their experience of accessing health and social care services during the pandemic and their opinions on how any issues or challenges faced could be addressed in collaboration with health and social care and the local voluntary sector organisations.

The aim of this work was to further understand BAME health inequalities in the borough of Ealing following the publication of 'Beyond the data: understanding the impact of COVID-19 on BAME groups' by Public Health England and to build on our previous research 'The Impact of COVID-19'. In addition, this research aimed to produce tangible actions that can be taken by all health and social care colleagues in the borough to alleviate racial disparities in the borough.

Working in collaboration with several local community organisations that support BAME individuals and borough Primary Care services, Healthwatch Ealing gathered rich insight into the views and experiences of 50 residents. Through these conversations and subsequent analysis, the following common themes were identified: Access to Information; Access to Quality Care; Lack of Integrated Care and Support; and Lack of Trust in Health & Social Care.

The findings of this report have led to a series of recommendations made by Healthwatch Ealing, that include alleviating language barriers through non-English information distribution, social media and in-person support; improving the inclusivity of healthcare access through language; reducing the digital divide through the use of community organisation support, group meetings and the prioritisation of face to face healthcare visits for individuals that would benefit from them; championing integrative, holistic care through collaborative work across the different departments within the Local Authority to address issues regarding the wider determinants of health; and finally, continue to research access and support for the underserved and seldom heard groups in the borough including the Eritrean community and Somali mothers.

## Introduction

Health inequalities are the preventable, unfair, and unjust differences in health status between groups, populations, or individuals. These inequalities arise from the unequal distribution of social, environmental, and economic conditions within societies.<sup>1</sup> For example, high levels of deprivation, low income, high levels of unemployment and poor housing result in poorer health, reduced quality of life and early death. Furthermore, such inequalities present challenges for members of the community to access treatment when they experience poor health.

The COVID-19 pandemic has exacerbated pre-existing inequalities experienced by Black, Asian and Minority Ethnic (BAME) individuals in health and social care. These underlying inequalities have arguably made the potential impact of the pandemic on BAME individuals' health and wellbeing far more significant. Local and National work has been produced in which the areas of disparity have been methodically identified. For example, findings from our report on the Impact of COVID-19 in June 2020, as well as other reports, highlighted a number of disparities; individuals from BAME backgrounds were more likely to report that the pandemic had impacted their mental health and wellbeing in comparison to their White counterparts; individuals from BAME backgrounds who fulfilled the role of an unpaid carer for a family member were accessing less care and support than the White British sample population<sup>2</sup>. Further still, the findings showed that digital exclusion, social isolation, and a lack of access to information on health and social care have been highlighted as issues that are perpetuating disparities in health and well-being. This seems to suggest that in Ealing individuals from BAME backgrounds may not be accessing the services they are entitled to.

Identifying and understanding the root causes of racial inequalities in care is crucial. However, what is equally important - particularly for Ealing with a BAME population of 53.7% - is to use this knowledge to explore the ways in which swift and efficient change can be made to alleviate and remove these inequalities.

This piece of research provides a rich insight of BAME Ealing residents' experiences of health and social care during the pandemic and offers a framework, based on these individuals' own opinions, for how improvements to their health and wellbeing can be made as well as insight into the support they need to improve their health and wellbeing.

Healthwatch Ealing note that 'BAME' as a *catch-all* term can become its own barrier, as it covers a wide range of ethnicities which do not neatly fit under this umbrella definition. The experiences of one community group are not representative of other community groups or individuals.<sup>3, 4</sup>

---

<sup>1</sup> <https://www.england.nhs.uk/about/equality/equality-hub/resources/>

<sup>2</sup> <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/health-inequalities>

<sup>3</sup> <https://www.bma.org.uk/news-and-opinion/the-tools-to-reduce-health-inequalities>

<sup>4</sup> <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/health-inequalities>

## Aims and Objectives

The objective of this piece of research is to understand how the pandemic has impacted the support and care that BAME Ealing residents have received during the COVID-19 pandemic, thereby representing the voice of seldom heard groups, highlighting gaps in local knowledge and outlining the specific ways in which experienced disparities can be alleviated.

### Our aims:

1. Identify the most effective methods for alleviating language barriers for individuals trying to access healthcare and information who do not speak proficient English.
2. Identify the barriers to alleviating social isolation within BAME communities (particularly older individuals) and identify the most effective methods for reducing social isolation.
3. Identify the most effective methods for alleviating digital exclusion within BAME communities.
4. Identify other suitable pathways for the dissemination of healthcare information and access to healthcare, outside of the 'virtual by default' approach.
5. Understand the ways in which community centres can facilitate the practical changes required

## Methodology

From 1<sup>st</sup> October 2021 to 30<sup>th</sup> November 2021, Healthwatch Ealing conducted outreach work in the borough of Ealing, predominately in the areas of Acton and Southall.

This small-scale qualitative project involved speaking to 50 residents through conducting one-to-one interviews both over the phone and in-person as well as through a series of in-person focus groups that were in line with government guidelines that were in place at the time.

To meet our aims, Healthwatch Ealing utilised qualitative methods of data collection to provide residents with the opportunity to discuss their experiences in depth. Subsequently, Healthwatch Ealing's qualitative analysis could therefore provide a rich data profile by capturing the experiences and the voices of the local community.

## Research Questions

Healthwatch Ealing constructed the following line of questioning to ask residents. These open-ended questions were created and chosen as they pertained to the areas in which the local and national literature has shown racial inequalities to be most apparent. The open and conversational style of these interviews allowed participants to steer the conversation in the direction that was most pertinent to them and their experiences as an individual. It should be noted that this meant that some participants would not have answered all the questions below.

### **Access to Information**

- 1) During the pandemic, have you felt like you have been able to access the information that you needed (COVID and non-COVID related information)?
- 2) What do you believe are the main areas in which information distribution can be improved?

### **Digital Access to Services**

- 3) During the pandemic, how has the reliance on digital care played a role (supported or impeded) in your health and wellbeing?
- 4) From your experiences what can be improved about digital access to care?

### **General Access to Services**

- 5) During the pandemic, how did you find general access to care and support (health literacy, different languages, face-to-face appointments, medicine, food deliveries, befriending, etc)?
- 6) With the issues spoken about, how do you feel they can be addressed and by whom?

### **Mental Wellbeing and Social Isolation**

- 7) Tell us about the most challenging aspects of life during the pandemic that impacted your mental wellbeing?
- 8) In future, how do you feel we could work toward alleviating these issues?

### **Trust in Health and Social Care**

- 9) We know that there is a lack of trust around health and social care services, tell us more about how this shaped your experience of the pandemic.
- 10) What are the first steps that you feel need to be taken in order to start to instil trust in services?

## **Promotion**

The main methods of promotion for this engagement research project were through Healthwatch Ealing's social media platforms and contacting community organisations/centres.

Healthwatch Ealing promotional methods:

- Website
- Instagram
- Twitter
- Facebook/Facebook groups
- Contacting Community Organisation via email and telephone to promote project - E.g., Acton Youth Association and Horn of Africa Elderly and Disability Association
- Distributing Posters at Acton Gardens Community Centre and Lido Centre.

## **Data Collection**

### **1. Focus Groups**

For this research, Healthwatch Ealing worked in collaboration with the Acton Youth Association (AYA) and Acton Gardens Community Centre (AGCC). The community organisation, AYA offers advice on welfare support and delivers preventative workshops for young people and parents.

Two focus groups were held at the community centre. The focus groups consisted of two separate groups of women, including mothers whose children attend activity sessions with AYA. In total, 17 women took part in the 2 focus groups which were led by the Healthwatch Ealing Engagement Lead and supported by 4 Healthwatch Ealing volunteers. It is important to note that the many women had difficulties in expressing their concerns in English. Staff members at AYA translated on behalf of the participants.



## 2. One-to-one Interviews

Healthwatch Ealing worked in collaboration with Horn of Africa Disability and Elders Association (HADEA). They offer support to residents in a range of areas such as Immigration, Social housing, Welfare rights advocacy and Disability rights advocacy.

Healthwatch Ealing spoke to their service users and a caseworker during several drop-in sessions at the Lido Centre in West Ealing and Southall Town Hall. In total we spoke to 15 individuals. This cohort experienced problems in relation to housing, obtaining Universal Credit and general welfare support.

Furthermore, one-to-one interviews were also conducted in the community through speaking to residents at Everyone Active Acton Centre and Primary care services in Southall and Acton. In total we spoke to 18 residents.

Lastly, telephone interviews were conducted with 5 beneficiaries of the Welshore Community Hub in Ealing.

### Data Analysis

Thematic analysis was conducted by identifying key themes and emerging trends in the feedback of the 50 individuals. This manual approach to data analysis allowed Healthwatch Ealing to generate objective collective insights and identify areas in which further research could be explored.

The findings are broken down into the following themes:

- Access to Information
- Access to Quality Care
- Lack of Integrated Care & Support
- Trust in Health and Social Care

## Findings

The findings below detail the experiences of the individuals that we heard from and breaks them down into highlighted theme areas that were identified within individuals' responses. This thematic analysis enables us to identify specific actions that need to take place in order to address the issues and concerns of Ealing residents. Quotes and Cases Studies are also used throughout this section to highlight the most pertinent issues that people have faced.

### Theme 1: Access to Information

The theme of Access to information came up in a number of different ways during our conversations with Ealing residents. It is broken down into Trusted Sources & Available Information and The Role of Social Media.

#### **i. Trusted Sources & Available Information**

One of the key aspects of Information Access that came up during this research was what sources of information individuals trusted when it came to the COVID-19 pandemic and vaccination rollout. Beneficiaries of the Welshore Community Hub indicated that they received and welcomed letters from their GP regarding their COVID-19 vaccines. They also mentioned that they kept themselves informed about the pandemic by utilising the Ealing Council website and communicating with their carers.

Other individuals mentioned that information regarding the vaccination was also accessed through a range of sources such as their local pharmacy, television, the NHS app, their employers and their housing association. Family and friends, community groups and their church also provided information on COVID-19 to a minority of participants.

Although the majority of individuals that we heard from said that they managed to stay up to date with the latest COVID-19 related information, some individuals pointed out that their usual, trusted sources of information had been affected by the pandemic. First, those that relied on their GP for Health advice felt frustrated that they were unable to have these more general conversations during this time, largely because of the temporary suspension of face-to-face visits. Similarly, for the elderly residents that we spoke to, individuals who relied on community organisations such as Age UK to provide them with Health and Social care related information, felt stressed and anxious during this time as they had no support for accessing and subsequently interpreting the information.

As a result of the general reduction in the number of easily accessible and trusted sources of information, individuals experienced a lack of communication thus,

were unaware of where to turn as an alternative and consequently felt that they had limited access to health information and advice during the pandemic.

This lack of information was made apparent in several instances during this engagement. For example, one participant at the focus group mentioned that instead of GP's directing patients to their local pharmacy, they would prefer a similar service to NHS 111 but information provided should be tailored to address their health needs and concerns. One of the interviewers proceeded to ask if they were aware of the service 'Push Doctor' to receive advice through online consultations. The rest of the individuals at the focus group stated that they were unaware of this service.

Another example came from speaking to a patient at Ealing Hospital. They mentioned that they had tried to refrain from seeking support due to the NHS being under extreme pressure during the pandemic and instead prefers to use home remedies up until the point at which they thought medical intervention was required.

*"I don't want to trouble anyone. The NHS is already under so much pressure. In the West Indies, we tend to use home remedies such as bush to deal with our health concerns and that's what I have been doing." Resident, Southall.*

Further still, other individuals we spoke to mentioned that, due to the government guidelines, there is a significant number of people in their community who are anxious about attending hospital appointments because they were worried about contracting COVID-19 and that they were not allowed to bring a loved one with them to their appointment.

*"She mentioned people are scared to go to the hospital in fear of catching Covid and to second that, they can't have a family member to go with them, for example if you go to A&E, there is a no visiting policy, a lot of people's conditions deteriorate due to fear." Resident, Acton.*

*"Information is needed to reassure the public that it is safe to go to the hospital." Resident, Acton.*

These examples suggest there are gaps in the health and social care system's communication strategies regarding what support has still been available for individuals during this time of restriction and what measures are being taken to make healthcare as safe as possible.

## ii. The role of social media - language and cultural preferences

Unsurprisingly, the role of social media in the distribution of COVID-19 related information regularly came up during this engagement project. An all-female focus group in Acton provided Healthwatch Ealing with some particularly rich insight. Women mentioned that they kept up to date with information in relation to COVID-19 through social media platforms such as Facebook, WhatsApp and YouTube rather than watching or reading more traditional news outlets or accessing health and social care communication channels. Participants mentioned that information accessed via social media was easily accessible to them and that COVID-19 updates are frequently shared, particularly through WhatsApp. Another reason for avoiding traditional news outlets identified by the women in this particular focus group was the constant reporting of COVID-19 deaths. Without context or a sufficient level of information, it is only natural that this would increase individual and community anxiety.

This conversation made it clear that for these women the main benefit of using social media platforms as opposed to traditional outlets was the ability to easily receive and share information in their first/preferred language. Other individuals that Healthwatch spoke to individually also mentioned that they would like information in Somali regarding other areas of health such as diabetes, high blood pressure, arthritis, mental health, and general guidance on healthy living. The reliance on social media platforms for information in languages other than English suggest that this is something that needs further development in local health and social care system communication strategies.

*“Some of the women here, use social media to keep up to date, but only a few receive letters in Somali about COVID-19 from their GP.” Resident, Acton.*

While Somali was the language that was cited in this instance, it is likely that this is the case for other individuals who speak Hindi, Urdu, Punjabi, Arabic, Tamil, Gujarati, Farsi, Polish and other common first languages spoken amongst the Ealing population.

*“There is no information in Somali about health, the only thing they recognise is the welcome sign in Somali [at the GP].” Resident, Acton.*

Another interesting point that was raised during a different Healthwatch focus group was that due to the pandemic, individuals were unable to access information through their preferred method of attending group sessions. Participants agreed that it was their cultural preference to receive information collectively and discuss

as a group; something that, overall, is not mirrored in British society. In fact, individuals who took part in the focus groups, expressed their gratitude for the organisation of the focus group itself, with some suggesting that they were unaware of what the exact discussion was going to be, but that they were pleasantly surprised to be part of a space where they could openly discuss and share their concerns and simultaneously find out that were not the only one struggling during this time. One participant from the Somali community suggested that they would benefit from group sessions in which topics such as mental health was discussed and that this method of engagement would help many individuals as many residents are now 'scared' to interact with others in the way they used to.

*"We like meeting in groups and speaking about issues, we like workshops so that we are able to learn together."* Resident, Acton.

This finding provides further evidence as to why some individuals rely more on social media than more traditional news outlets - not only does it provide the information in their language, but during the pandemic, it has acted as a virtual community space to discuss their concerns and seek comfort in the fact that others are going through the same issues as them. As the pandemic-related restrictions begin to ease, it is essential that these cultural preferences for receiving, dissecting and digesting information in groups are appeased. With the support of community health champions, facilitating group discussions around COVID-19 and more general health issues within BAME communities would not only provide an additional, trusted source of information but also concurrently address feelings of isolation.

*I would like motivational speakers to explain about issues related to mental health, because of the pandemic a lot of people are scared to leave the house and go to the shops and socialise like they used to. They are anxious and worried to mix with other people."* Resident, Acton.

## Theme 2: Access to Quality Care

Receiving quality care was another theme that was regularly focused on by individuals that we spoke to during this engagement project. Several sub-themes fit into this main theme: Appointment Booking; Customer Service; Translation Services; and Digital Inequalities.

### **i. Appointment Booking**

Nearly all the residents we engaged with mentioned that they found it difficult to book a GP appointment during the pandemic and many individuals mentioned that they would prefer face-to-face appointments.

“Before you used to call in the morning and they used to see you on the same day but now because everyone is trying to call, they are not doing face-to-face appointments, it gets really busy.” Resident, Acton.

The preference for face-to-face appointments seemed to be due to a collective concern that there is a higher chance of an incorrect diagnosis being made through online consultations. This hesitancy to utilise digital appointments was brought about due to previous negative experiences of the individuals and of friends and family that had been shared.

*“Her main concern is that face-to-face appointments should be brought back as her son was misdiagnosed with a condition and that is concerning because it can lead to receiving the wrong medication.”* Resident, Acton.

*“She had to go to A&E, and they told her that what the GP prescribed was not the correct cream for her son, so in that sense, it would have been better to see a GP face-to-face.”* Resident, Acton.

## ii. Customer service

During this engagement project, individuals regularly explained the experiences that they had with their GP in which they received poor customer service. Participants at one of the focus groups felt their health concerns were not taken seriously and many had to ‘exaggerate’ their concerns to simply get an appointment.

*“Sometimes the receptionists deny that the patient made an appointment, the person calls, and they make an appointment and later on, they will say no that you didn’t, lots of misunderstanding and miscommunication.” Resident, Acton.*

Some individuals that we spoke to indicated that when they did eventually receive care and support from their doctor, it was a quality service. However, delivery of care extends beyond the individual’s interaction with their doctor and encompasses the initial access to care and the post-appointment follow up. These same individuals suggested that the unsatisfactory interactions that they had with GP receptionists significantly impacted their overall care and often prevented them from accessing care altogether.

*“The receptionists are so unprofessional, they just spoil the reputation of the GP, I think they need more training for their job.” Patient, Crown Street Surgery.*

*“There are signs up at GP surgeries that remind patients to speak politely to staff and that rude behaviour will not be tolerated, but how about when staff are rude to us, what are we supposed to do?” Patient, Ealing Hospital.*

This poor customer service undoubtedly contributes to the diminished level of trust in health and social care services that many of the individuals in this project referenced. This lack of trust is discussed in theme 5 in more detail.

## Case Study

(Young Woman with multiple health conditions - West Ealing)

Healthwatch Ealing spoke to a young woman who had experienced a car accident a few years ago and as a result of this experienced severe trauma and multiple injuries.

She has problems with her vision, fractured hip, broken arm, and a head injury. In addition to this, she suffers from Type 1 Diabetes.

She was on jobseekers' allowance before the pandemic, receives welfare benefits and is currently experiencing housing problems.

Her mother has been supporting her for over 3 years and has received a lack of information and support from her GP. The young woman had changed her GP 5 times during the pandemic.

Her GP kept advising her to seek support from emergency services during the pandemic. Furthermore, she had recently been in hospital and felt she had been discharged early.

Recently she has not been eating well and does not know why she has lost her appetite. Her nurse told her they need to do more blood tests; it has been 3 weeks and she hasn't heard from the hospital.

She has not been able to receive many face-to-face appointments with her GP despite restrictive measures easing.

She has experienced issues with her medical records at her GP, as they are refusing to update her medical records. This has an impact on her day-to-day life as inaccuracy in medical records would affect her ability to receive adequate welfare support.

She is not happy with the customer service at her GP due to negative experiences with receptionists.

*"I had changed my GP 5 times, they did not seem to get my frustration, I just feel like giving up, it is like they are trying to kill me, I often feel suicidal, but I have a child and can't do that."* Service user, West Ealing.



### iii. Translation Services

In keeping with the root cause of many of the issues highlighted within this report, a lack of translation service utilisation results in inequalities in care. Participants spoken to individually and during focus groups mentioned that they usually visit the hospital with their family who often translate on their behalf. However, due to social distancing measures there were restrictions in the number of people that were allowed to visit. Some individuals were not aware that they had access to translation services at their GP surgery. This suggests that although translation services are available for patients to access, more focus needs to be placed on raising awareness around this option.

*“She said she didn’t know that she could get a translator before. Before she had to go through all the hassle with the GP. She found out she could get a translator when she took her son to the hospital for a hearing test, the hospital told her she could get a translator. Now that she found out about the translator, she feels she can communicate more with the GP.” Resident, Acton.*

One participant further elaborated on translation services and mentioned that it would be useful if this information was updated on GP websites. Bearing digital inequalities in mind, this should be made available through non-digital channels too.

An additional layer to this is that though translation services are available, elderly patients in BAME communities tend to rely on and prefer support from family members to translate for them when it comes to their health and social care. As a result of the pandemic and due to no-visitor policies at hospitals and primary care settings, it is likely that a number of older individuals have been refusing care. Mistrust in care services may play a part in this. However, what was made clear through this particular piece of engagement was that this is simply a cultural preference that was taken away from these older individuals during the pandemic.

*“She is an elderly lady and has more of a language barrier. When they make an appointment to go to the hospital, she tends to refuse it because no one is allowed to go with her, which makes her health deteriorate. She was due to have knee surgery, she refused it because of fear that family were not allowed to visit, which is really important to her. She is worried because of visitation, if she gets sick no one can come and see her.” Professional on behalf of resident, Acton.*

Another type of translation support that is lacking in BAME communities is the translation of medical terminology and the concurrent support of health and social care processes. From our conversation with a caseworker, they expressed that many people need support with understanding medical letters and filling out forms to receive welfare support such as Universal Credit. Medical evidence such as medical notes are sent across to the Department for Work and Pensions to assess

whether individuals are eligible for Universal Credit or other benefits. Many individuals delay completing application forms and miss application deadlines. Therefore, are unable to receive the support they need to help them in their day-to-day lives.

*“From my experience, many people do not know what their rights are and struggle completing application forms, they often do not complete them on time which results in a time delay in helping them to resolve their concerns with universal credit and benefits, there needs to be more support around filling out long applications forms.”* Professional, West Ealing.

## Case Study

(Conversation with a Former Prison Officer - Acton)

Healthwatch Ealing spoke to a former Prison officer in Acton who provided an insight into some of the challenges experienced by the Eritrean Community in Ealing.

They explained that throughout the pandemic many residents from the Eritrean Community, particularly the elderly, have experienced problems with booking appointments and using the NHS App. Many do not know how to read and write in English, therefore struggle to understand health information, and explain their concerns to their GP. They expressed that if they do receive an appointment with their GP, it is often ‘rushed’. Furthermore, they mentioned translators at GPs are ‘not good enough’.

*“We need a representative to understand and listen, not only translators but someone who can take both sides and talk to them in a way they can respect culture and beliefs.”*

Additionally, they mentioned that there are a lack of support groups and facilities for the Eritrean community in Ealing. Furthermore, many do not know where they can go to receive support with their health concerns. Many are living below the poverty line and are neglecting their own wellbeing due to financial pressures.

*“I have told them to seek help, that it is important to see your GP, they are struggling financially, and they still refuse to seek support from foodbank services as they feel ashamed. It is definitely a cultural thing as they do not want to be seen as weak.”*

The former Prison Officer also referred to the hardship experienced by ex-soldiers who are battling drug addiction and refuse to seek mental health support due to social stigma in the community. They further expressed that many tend to seek support at a later stage, however, there is also a high rate of suicide among this group.

#### iv. Digital Inequalities

Most participants from Welshore Community Hub expressed that they were 'not good' with technology and had poor internet access. Furthermore, many Ealing residents from Somalia who attended one of the Healthwatch focus groups in Acton, mentioned that they did not utilise the Ealing Council website to keep informed about COVID-19 and that the internet was not a main source of information due to a lack of digital skills.

*"People do not have basic knowledge and were expected to know how to use Zoom for video consultations. Because of the pandemic, everything was rushed."*  
Resident, Acton.

Some participants mentioned that as they lack digital skills, this negatively impacted the level of support they received from their GP during the pandemic. It was particularly difficult for elderly residents to adjust to the digitalisation of healthcare. Members from the Welshore Community Hub mentioned that they had to manage on their own or with the help of their family, their church and other community support organisations.

*"I would like to have computer classes, so it is easier for me to use online services".* Resident, Southall.

However, it was not only a lack of skills and training that exacerbated the disparities in digital access. Many individuals highlighted the fact that any support on the use of digital care is somewhat redundant if they do not have physical access to the hardware required. Individuals also discussed that home schooling was challenging due to a lack of access to laptops and other devices. The cost of internet was also cited as an issue. This negatively impacted family life and children's learning and development.

*"My GP told me there were online groups I could join but I couldn't, because I didn't have access to a laptop."* Resident, Acton.

The hypothetical impact of improving access to both skills training and digital devices for BAME individuals remains in question as individuals indicated that language remains the root cause of these inequalities.

*“She said she found it difficult when she initially rings the GP, when she had to explain the problem and what her situation or son’s situation is, with the language barrier, she finds that the receptionists don’t understand, can be rude and hang the phone because they can’t be patient with you”. Resident, Acton.*

This example demonstrates the pervasive problem of not making health and social care accessible in the most widely spoken languages in Ealing. Not only do these individuals have to overcome the challenges of accessing care in the current climate, but they must also do so in a language that is not their first, without any additional support.

Further still, during one of our focus groups, the feedback alluded to how these issues become systemic and generational. Individuals expressed that, for example, this is not only problematic for mothers (in this instance in Somali communities), but that a lack of access to care in other languages also impacts the level of support children and young people of Black, Asian and other minority ethnicities receive, indirectly through their mothers. The cyclical nature of this lack of support continues as mothers at the focus group indicated that their own health and wellbeing subsequently takes a back seat as they attempt to address their children’s health issues.

### **Theme 3: Lack of Integrated Care & Support**

The multi-faceted nature of racial inequalities can be most clearly seen in the lack of integrated care within health and social care, the wider determinants of health and the compounding effect of this on individuals’ health and wellbeing.

#### **i) Wider Determinants of Health**

Specifically, individuals highlighted the financial strain that they were under and their housing circumstances as systemic drivers of inequalities that consequently permeate into health and wellbeing. Individuals that we spoke to, highlighted the devastating impact that the pandemic had on their communities’ level of employment with many being stripped of their family’s main source of income or being placed on furlough with uncertainty hanging over their heads as to whether this would return to normal. BAME individuals, on average, suffered a more significantly pronounced decrease in wages in comparison to their White counterparts.<sup>5</sup> It has been found that unemployment is associated with lower life

<sup>5</sup> <https://publications.parliament.uk/pa/cm5801/cmselect/cmwomeq/384/38403.htm>

expectancy and poorer physical and mental health, both for individuals who are unemployed and for their households.<sup>6</sup> Furthermore, the quality of work, job security and whether it promotes a sense of belonging, has an impact on both physical and mental health. Research indicates that non-White groups experience higher levels of work stress.<sup>7</sup> Participants from one of the focus groups discussed that many residents in the community have been battling depression and anxiety due to unemployment, financial pressures, and difficulty obtaining disability welfare support.

Furthermore, from conducting one-to-one interviews there seems to be widespread apathy among BAME residents in Southall. Residents mentioned that due to financial constraints and living conditions, it is difficult to make health a priority. Research indicates that poor-quality and overcrowded housing conditions relate to increased risk of cardiovascular diseases, respiratory diseases, depression, and anxiety. Moreover, living on a low income is a source of stress, and evidence suggests that being on a low income affects the way individuals make choices concerning health-affecting behaviours.<sup>8</sup> These choices that are largely imposed upon individuals in BAME communities do not just impact the individual themselves, but also the generations that support them and those that will follow in the future.

*“I am worried about my child, in our flat, we have issues with dampness, and I am worried this will affect my child’s health, the cooker does not work properly so I have to buy takeout and I eat at other friends and family house when I go to visit them because I cannot make my own meals.”* Service User, Southall.

*“Health is not a priority for people struggling with financial problems and issues with housing, focusing on health is a luxury for some.”* Professional, Southall.

Personal Independence Payment (PIP) was also discussed in one of the focus groups. This payment is eligible to residents who have an illness, disability, or mental health condition to help them with their everyday life. Participants alluded to the difficulty in receiving this form of support. Lack of access to welfare support has made the impacts of the pandemic far worse for BAME individuals due to this negatively impacting their mental health and wellbeing.

---

<sup>6</sup> <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>

<sup>7</sup> <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>

<sup>8</sup> <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>

*“Personal independence payment interviews not properly carried out, which adversely affects experience of healthcare.” Service user, Acton.*

The evidence in this report clearly shows that to alleviate the health disparities experienced by BAME populations, a more collaborative, integrative and holistic approach to wellbeing must be established.

## **ii) Mental Health & Wellbeing**

Unsurprisingly, participants mentioned that the pandemic and related outcomes had a significant impact on their mental health and wellbeing. Participants from one of the focus groups expressed that mental health support was very difficult to obtain either individually or with the support of their GP.

Whilst speaking to members from the Welshore Community Hub, they mentioned that they had family, friends, and neighbours to keep them company during the pandemic. In contrast, the minority that were socially isolated mentioned that it had a negative impact on their mental health. Another group of individuals who felt that their mental wellbeing had been significantly affected during the pandemic were those that had been caring for family members throughout every lockdown without any formal support. Many suggested that it would benefit them and others if the Council were able to provide further assistance through monitoring residents' welfare, phone calls and in-person visits to help to manage social isolation and any effects on mental wellbeing.

*“It would have been good if someone from health and social care rang or came to visit to see how I was coping.” Resident, West Ealing.*

In addition, individuals that we spoke to from the Somali community explained that the pandemic had been particularly challenging for vulnerable residents living with disabilities to seek support with their mental health and wellbeing as they were unable to benefit from the typical support that they received from community organisations. The lack of information in individuals' first language, further compounded the impact that the closure of community organisations had on disabled and abled individuals. This was because once community organisations closed, beneficiaries did not have access to information on where to turn next for support. For instance, even if there was a clear route of mental wellbeing support through individuals' GPs, they would have remained unaware due to the lack of translation in health and social care.

*“Not a lot of people in [the Somali] community are aware of where they can receive support.” Resident, Acton.*

Participants mentioned that they did not have access to the necessary resources and information to seek assistance. In some cases, there is some apprehension in reaching out for help. From individuals' feedback, this seemed to be a result of a combination of cultural taboos around receiving support for mental health and a fear of what might happen to them, fuelled by stories shared within their community about what has happened to others. Some also expressed concerns about the impact of the pandemic on the mental health of their children and other young people in their communities.

*“My son who is 16, suffers from anxiety and is not going to school, he keeps questioning his purpose of life, I went to the school and GP, but no one is helping us.” Resident, West Ealing.*

As discussed earlier, participants explained that they would benefit from a provision of space where people can meet up, speak about issues pertaining to mental health and general wellbeing, as well as a way of sharing useful resources.

## Case Study

### One-to-one interview with a Single Mother

Healthwatch Ealing spoke to a Single Mother in Southall. Her husband passed away and she has no family in the UK. She is concerned for her son, who in the past went missing. She also expressed that she is finding it difficult to cope and experiences discrimination and racism in her day-to-day life.

She has been struggling to gain support for her son who is still awaiting diagnosis for attention deficit hyperactivity disorder (ADHD). She has struggled with this for over 5 years and has received minimal support from her son's school.

She approached her GP in 2017 and they advised her to seek support through speaking to her son's school psychologist. She felt her concerns were not taken seriously, however, her son eventually managed to see the school psychologist and was then referred to Child and Adolescent Mental Health Services (CAMHS)

During the time they were awaiting a response from CAMHS, her son was excluded from school due to his behaviour. He was eventually placed into another school.

From 2020-2021, she has been calling CAMHS twice a week, however, is always told to complete application forms and that she must wait.

*“I don’t know if it is because I am Black and a Muslim, it is like they don’t want to help, I am struggling to sleep every night, I just feel ignored.*

*It is like I came to this country for a new start but when I came here, it’s like they are trying to kill me slowly, it is mental torture, all I see is plastic smiles, but no one actually wants to help.”*

Service User, Southall.

#### Theme 4: Trust in Health and Social Care

During this engagement project, some individuals reported that they wholeheartedly trust health and social care services and indicated that the services they have contacted and accessed have supported them as best as they could have done under the current circumstances. However, other individuals expressed their distrust in health and social care services with some even being hesitant and reluctant to speak about health and social care with us due to their distrust, despite Healthwatch representatives explaining our independence from services and responsibility to them as Ealing residents.

Many participants from the Somali community at our Acton Town focus group felt that a lack of trust in health and social care was influenced by their personal experiences as discussed earlier, such as incorrect diagnoses, negative customer service at GPs and language barriers. They further expressed that negative news stories, as well as negative experiences of family and friends in the community, influenced their trust in care services.

One resident alluded to the historic injustices and racial discrimination experienced by BAME communities which led to personal and community-wide hesitancy to trust the national health and social care system.

*“Black people are expected to tolerate more pain, hardship and illness longer than other demographics.”* Resident, Acton.

Whilst speaking to residents in West Ealing, several individuals also provided insight into their personal experiences of discrimination.

*“I have problems with my knee and my GP told me to lose weight, they are not telling me how to lose weight. One of my friends who is white, easily got her knee operation, she even told me it is discrimination.”* Resident, West Ealing.

Individuals in both West Ealing and Acton further expressed their concerns around the COVID-19 vaccination. They believed that the vaccine was developed too



quickly, and that the potential side effects of the vaccine were not adequately communicated to the public. Additionally, individuals engaged with throughout this engagement project indicated that communities remain unaware as to how the COVID-19 vaccine works and that the prevalence of ‘alternative’ information regarding the vaccine and vaccine ‘conspiracy theories’ that were incredibly easy to access as they were hyper-shared via WhatsApp and Facebook - have a significant influence on the level of trust in the health and social care system within BAME communities.

It can be argued that the reason for a general lack of trust in care services and, more specifically, hesitancy towards the COVID-19 vaccine in BAME communities is clear. Misinformation, vaccine conspiracy theories and negative personal experiences are being shared through easily accessible, preferred communication channels and are being discussed in groups (virtually or in-person), appealing much more to BAME communities’ cultural preferences of how they receive and interpret health information. Utilising such communication channels and methods of group engagement with the support of credible sources would undoubtedly alleviate issues of language barriers, misinformation, a lack of information and a lack of access.

## Case Study

Participants expressed that many residents from the Somali Community had found it difficult to adjust to the ‘new way of living’ due to the pandemic. This was having an impact on their mental health and wellbeing.

Many did not want to reach out for support due to being fearful of the involvement of Social Services, as this would negatively affect family life. It was challenging for families who did not have adequate resources such as digital devices, that were needed for home schooling. Families feared that children would be ‘taken away’.

They further expressed that they have seen negative news stories about Social Services in the media as well as heard about negative experiences from family and friends.

*“Because of the fear we have with Social Services we do not reach out for support we rather keep it quiet and that makes it worse.”*

*“There needs to be reassurance that Social Services can support you, a lot of people in the Somali community are scared of Social Services, they think children will be taken away.”*

## Conclusion

The pandemic has disproportionately impacted BAME residents who already face disadvantage and discrimination in their day-to-day lives. Accessing health and social care services during the pandemic has been particularly difficult for BAME residents due to language barriers, lack of digital skills and socio-economic factors such as low income and unemployment and wider determinants of health.

With the support of the community organisations in the borough, Healthwatch Ealing were successfully able to engage with BAME residents through conducting focus groups and one-to-one interviews. Alongside this, Healthwatch Ealing engaged with the local community through visiting primary care services.

The findings from our qualitative research highlight the nuances in the experiences of BAME residents in the borough of Ealing. For the most part, BAME residents experienced difficulties in booking GP appointments and some residents were unaware of translation support available at GPs. Language barriers and lack of digital skills further impacted the ability of BAME residents to access adequate support from their GP. There was a preference among BAME residents to receive face-to-face appointments.

Lack of information in Somali in health areas such as mental health, high blood pressure, diabetes and healthy living was also a notable finding. This demonstrates the need for partners to produce accessible health information to alleviate health inequality in the borough and help BAME residents to make well informed decisions regarding their health and wellbeing.

Crucially, socio-economic factors such as unemployment and wider determinants of health during the pandemic, impacted the mental health and wellbeing of BAME residents. A lack of information, awareness, and facilities available to address mental health concerns also seem to be perpetuating disparities in health. Residents from the Somali community expressed a preference for workshops as a way of sharing information and to raise awareness of support options available in the borough.

Furthermore, from speaking to a former prison officer, it was interesting to note that the Eritrean community require a space in which groups can interact to reduce social isolation. These findings highlight the need for partners to work alongside community organisations to facilitate health workshops and if funding allows, to provide additional space for residents to interact and keep informed about local updates in the borough.

Moreover, in terms of the standard of healthcare delivered at primary care services, residents frequently cited negative customer service at GPs. Negative experiences at the first point of contact may further impede the level of trust in health and social care. To further elaborate on this, participants referred to mistrust in Social Services due to negative media coverage, negative experiences

of friends and family and lastly fear in children being ‘taken away’. Participants felt that increasing BAME representatives in health and social care and among decision-makers would help to instil trust in the system.

As a result of the mixed responses we received, Healthwatch Ealing note that it would be worth exploring the experiences of specific seldom heard community groups such as the Somali and Eritrean Community in more depth to further gauge the type of support they need to alleviate health inequality

Participants at the focus groups were keen to share their experiences of the healthcare system. They felt they had to ‘put up’ with what they were given and ‘without a choice.’ They expressed that more opportunities and avenues for them to provide feedback to their healthcare providers would allow them to voice their concerns so that healthcare services can better meet their needs.

“More feedback and assessment forms from healthcare services to allow feedback from the community, via post, email, mobile phones and other means.” Service user, Acton.

Additionally, whilst speaking to a professional in Southall, they mentioned that, if funding allows, health projects in Southall should be sustained so that the community are informed about support options in the borough.

*“There seems to be an issue with time limited projects and small-scale initiatives, they are not being sustained in any way, which means the community are back to square one with no support in place”.* Professional, Southall.

Lastly, participants frequently referred to negative customer service experiences at GPs and felt that an improvement in this area would allow BAME residents to feel that they are being ‘taken seriously’ when concerns are expressed. Apart from this, participants felt that there is a need for a higher number of advocates and representatives as well as decision-makers from the BAME community in healthcare to instil trust.

## Recommendations

Based on the experiences and feedback collected throughout this research, Healthwatch Ealing would like to pose the following areas of recommendation for local partners that outline how we can collaboratively take action, change and alleviate racial disparities within the borough.

**Recommendation Area 1: Identify the most effective methods for alleviating language barriers for individuals trying to access healthcare and information who do not speak proficient English.**

**i) Improve access to information in Ealing's most common non-English languages**

Based on the findings from this research, there is a clear need to produce information in Somali in health areas such as mental health, diabetes, blood pressure and healthy living. We also know from previous national and local research that this is an issue in other commonly spoken languages in the borough. Individuals' experiences that are outlined in this report have shown us that the root cause of so many issues pertaining to individuals' health and wellbeing is due to a lack of linguistic inclusivity. Action across health and social care and throughout community organisations should be taken to provide general information regarding access to care to those who do not speak English as a first language. This will support BAME residents in Ealing to make more informed decisions regarding their health and wellbeing and indeed the health of those that they care for. As well as the translations of text, the findings in this report demonstrate the importance of using more relevant channels of communication. For example, community organisations should work in collaboration with health partners to improve access to information through producing engaging video content that can be shared across the most widely used social media channels or messaging apps and, with the easing of COVID-related restrictions, group discussions should be facilitated with knowledgeable representatives who speak the relevant languages and can share information as well as answer any questions related to health concerns, misinformation and conspiracy theories.

**ii) Improve awareness around Translation services at GP's**

As language barriers are an issue that are perpetuating disparities in health and wellbeing, increasing the awareness of available translation services and establishing an easy access route to these services is crucial. In addition, any communications and engagement strategy should focus on the utility of the service to reassure older residents that it can provide an added layer of support to their health if, for whatever reason, their family is unable to support them at any given time. One participant during this engagement project stated that translation

services should be easily accessible via their GP website. This is a great place to start, and we would hope that this could be built on through other digital and non-digital routes.

**iii) Increase BAME representation in health and social care**

Some residents expressed that they would like more opportunities to provide feedback to their healthcare providers. To ensure that information access and access to quality care for the BAME populations in Ealing is consistent and to instil trust in health and social care, we recommend increasing the number and range of representatives from BAME backgrounds in health and social care. This applies to professional roles as well as the more voluntary, representative roles of a health champion or member of a local Patient Participation Group (PPG). Whilst single individuals can't be expected to represent the voice of entire communities and populations, providing their own personal experiences and providing more communication routes is essential if the process of alleviating racial disparities is to continue. These individuals can not only represent patients' voices but also reciprocally facilitate discussions within their communities to allow BAME residents to openly discuss concerns in their preferred community language and thus enable BAME health champions/professionals to be able to offer advice through utilising a culturally sensitive approach. GPs should also encourage members from BAME communities to take part in PPG meetings.

**Recommendation Area 2: Identify the most effective methods of alleviating digital exclusion within BAME communities.**

**i) Improve access to spaces and facilities**

Based on our findings, with the easing of COVID-19 restrictions, the local authority and health partners in Ealing should assist BAME residents by providing spaces for residents from the Somali and Eritrean community to interact and share resources as a way of reducing social isolation and promote health, where funding allows.

**ii) Health partners to facilitate workshops with the assistance of Community Champions**

As alluded to in Recommendation Area 1, residents expressed the need and preference for group workshops as a way of keeping informed about the latest news in health and social care, general areas of their health and current avenues for mental health support options. Community Champions who are trusted and part of the community and potentially represent these groups at relevant borough meetings should be supported by community organisations and health partners to facilitate such discussions and provide partners with real time feedback to prevent issues from becoming irreparable. This way, information can be shared with

residents through word-of-mouth promotion as they mentioned a preference for group workshops.

**iii) Ensure vulnerable individuals have an option to receive Face-to-face GP appointments**

Based on our findings, many residents expressed the need for face-to-face appointments, particularly elderly BAME residents who lack digital skills. Face to face appointments should be carried out for individuals who do not speak English as their first language and therefore, cannot effectively explain their issues and/or symptomology over the phone and, indeed, would benefit from available translation services.

**iv) Ensure easy access to digital devices and skills training**

Based on our findings, residents from the Eritrean community and other BAME communities in Ealing lack the digital skills or simply access to the digital technology, required for even basic levels of health support. For example, some individuals highlighted that they did not know how to use the NHS App. Therefore, the local voluntary community sector should aim to deliver digital training across multiple communities that would cover these basic access routes to information and care. In addition to this, some families during the pandemic did not have resources such as digital devices for home schooling purposes. The local authority should work alongside community organisations to support families and improve access to digital devices, where feasible.

**Recommendation Area 3: Champion an integrative and holistic approach to the improvement of health and wellbeing in BAME communities**

**i) Utilise, support and champion community organisations**

The pandemic has demonstrated just how vital community organisations are to supporting the management of health and wellbeing and the prevention of health issues for those that are vulnerable. This research has shown that one of the most tangible actions that can be taken to simultaneously address issues regarding information distribution, access to quality care, social isolation, digital exclusion and trust in health and social care services in BAME communities is the facilitation of group discussions. This is particularly pertinent as a way of supporting and monitoring older individuals who are vulnerable and at risk as well as utilising the more typically preferred methods of dissecting and digesting information. It is therefore recommended that statutory services support community organisations through available funding support and available space, to enable these organisations to utilise their skills and provide a holistic level of support that many individuals in these BAME communities have been missing. Not only will this empower organisations, but it will also, in theory, empower the individuals to

manage their own health and decrease the ongoing strain that has been put on health and social care long before the pandemic started.

**ii) Work with local authority partners to improve access to employability training in BAME communities**

As the pandemic has worsened so has the financial situation for many BAME individuals and many have lost jobs, the local authority should assist community organisations in facilitating training sessions to increase employability prospects for BAME residents, where funding allows. This will prove beneficial as a way of improving the quality-of-life for BAME residents and addressing some of the wider determinants of health.

**iii) Ensure that customer service remains a priority for healthcare staff and that this priority is supported via a top-down approach.**

From our interviews with residents, many expressed concerns around poor customer service at their GP. Training should be provided to all health and social care professionals to ensure patients have a positive experience at the first point of contact, this will prove beneficial to increase the level of trust in health and social care. From our quarterly Patient Experience reports, we can see that customer service at Ealing GP surgeries has been improving throughout the last 6 months. It is important that the NWL CCG and PCN leads support GP receptionists to make their jobs easier and alleviate some of the stress and burden that has been put on these individuals. This, in turn, will generate a higher standard of care for BAME individuals.

**Recommendation Area 4: Research the experiences of underserved, seldom heard communities**

**i) Future research to explore the experiences of single mothers/lone parent families from the Somali Community**

Based on our findings from one-to-one interviews with a few residents in Acton and Southall, they referred to the difficulties experienced by single mothers from the Somali Community regarding their health and wellbeing and lack of support they receive in their everyday lives. In reference to one of the case studies demonstrated earlier (see pg. 23) the lack of support received by single mothers from the Somali community has a direct impact on the support their children receive regarding their health and wellbeing. For example, lack of knowledge on attention deficit hyperactivity disorder (ADHD) may mean that health problems in children are often undiagnosed thus many do not get the support they need at an early stage. Healthwatch Hounslow's research findings seem to corroborate with this need to further research how care for this specific demographic can be improved. Furthermore, in Hounslow, many single mothers from the Somali Community

struggled during the pandemic and prior to the pandemic with social isolation due to a lack of activities in the community. Women have expressed that they would like to take part in activities that would benefit their health and wellbeing, such as zumba and swimming. However, in both boroughs there seems to be a lack of space and facilitators that would accommodate their needs. This should be addressed by the local authority in collaboration with community organisations and relevant activity organisers.

**ii) Future research to explore the experience of residents from the Eritrean Community**

Based on our findings from a one-to-one interview with a former Prison Officer from the Eritrean Community, Healthwatch Ealing believes that it would be worth further exploring how the pandemic has affected the Eritrean community in relation to access to health and social care services. From this discussion, it was found that many individuals, particularly the elderly lack digital skills and others do not seek support for their mental health due to social stigma in the community. This should be discussed further with statutory and voluntary organisations that support this community in Ealing.



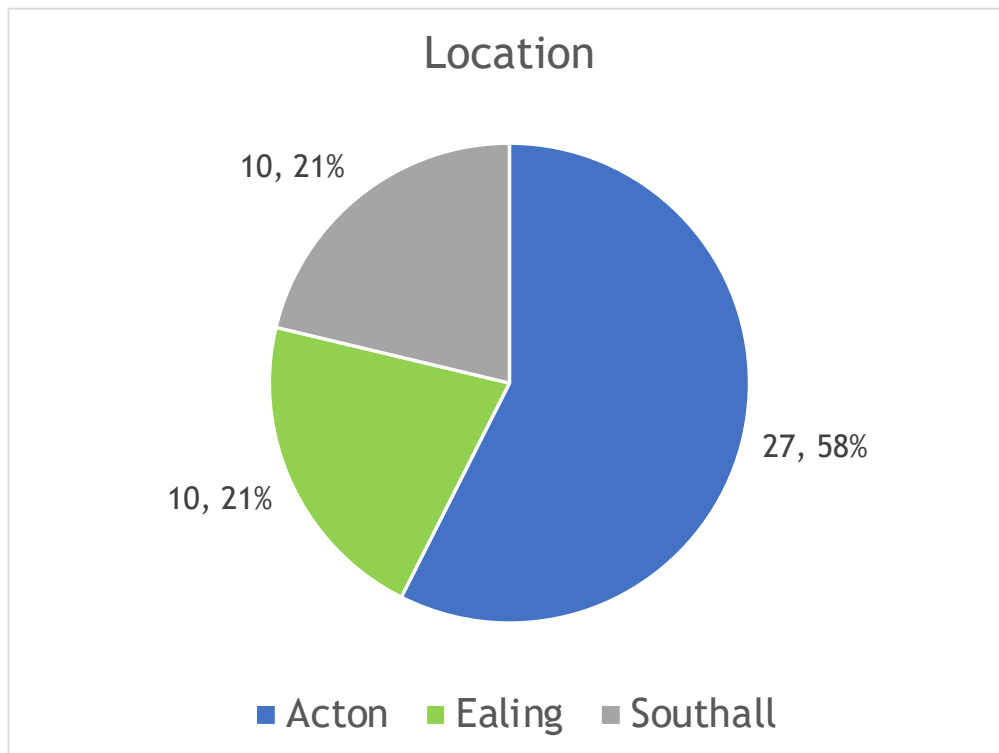
## Limitations

Prior to engaging with the community, Healthwatch Ealing discussed this project with our contacts at Ealing Community Network to understand some of the potential barriers with engaging with the community during the pandemic. A non-exhaustive list of some of these barriers includes:

- The current pandemic landscape presented challenges for engaging with the local community due to social distancing and restriction measures that were in place; limiting the number of individuals that were allowed in community centres and a reduced number of in-person community setting activities. In addition to this, some community centres had continued to remain closed during the time of this research.
- Community organisations were inundated with requests for support during the pandemic, as many service users needed welfare support. Thus, given the current circumstances, it was difficult to engage with community organisations and their members/service users at a level we initially set out to.
- Finally, qualitative research is not statically representative, as findings cannot be used to represent the views of the broader population in the borough of Ealing. However, this project and the experiences of the individuals that it represents are an integral part of enacting the change required to create a more equal health and social care system in Ealing.

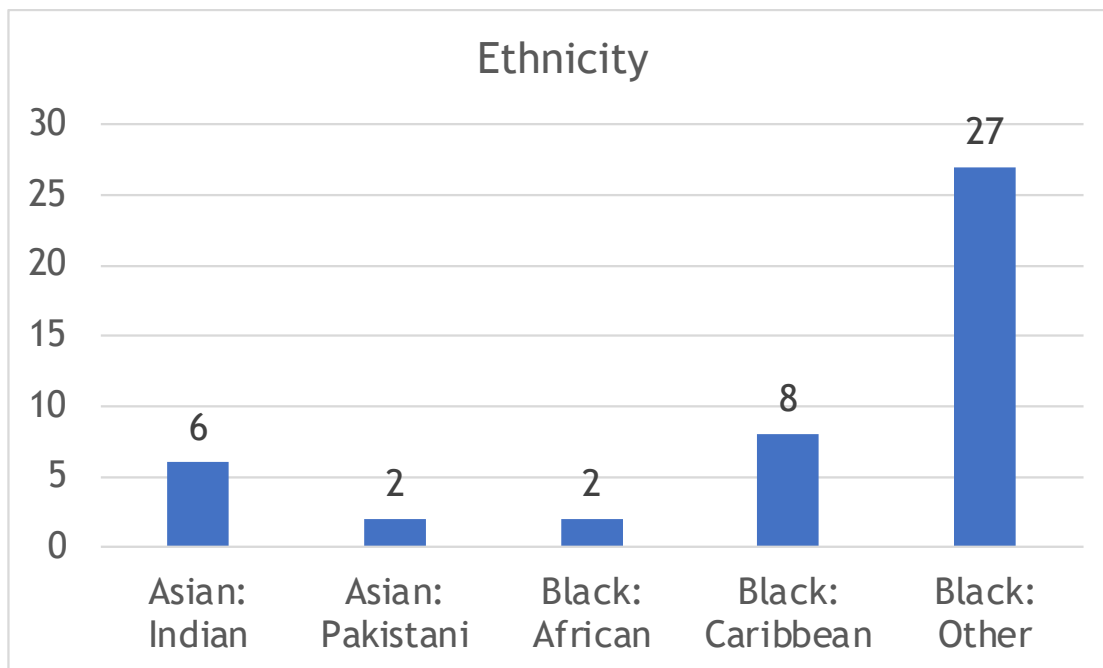
### Monitoring Information

The charts below show a breakdown of the demographic information that we collected whilst engaging with residents in the borough of Ealing.



The most common area of residence in this sample was the district of Acton as 58% (n.27) of participants reside in this district.

This was followed by Southall as 21% (n.10) of participants reside in this district and equally 21% (n.10) of participants from the district of Ealing.



Healthwatch Ealing predominately engaged with residents who identified as Black: Other - 60% (n.27). The second most common ethnicity was Black: Caribbean - 18% (n.8) followed by Asian: Indian - 13% (n.6) and lastly Asian: Pakistani - 5% (n.2) Black: African - 5% (n.2).