

A Summary of Healthwatch Suffolk's Small Grant Scheme 2015-2016: Engaging with BME communities

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1. ACKNOWLEDGEMENTS

Healthwatch Suffolk (HWS) would like to thank all the organisations who submitted applications to our Small Grants Scheme. HWS would like to thank each person who took the time to share feedback with the organisations who were successful in their application to funding.

For further information about the Small Grants Scheme please contact Gill Jones

(gill.jones@healthwatchsuffolk.co.uk).

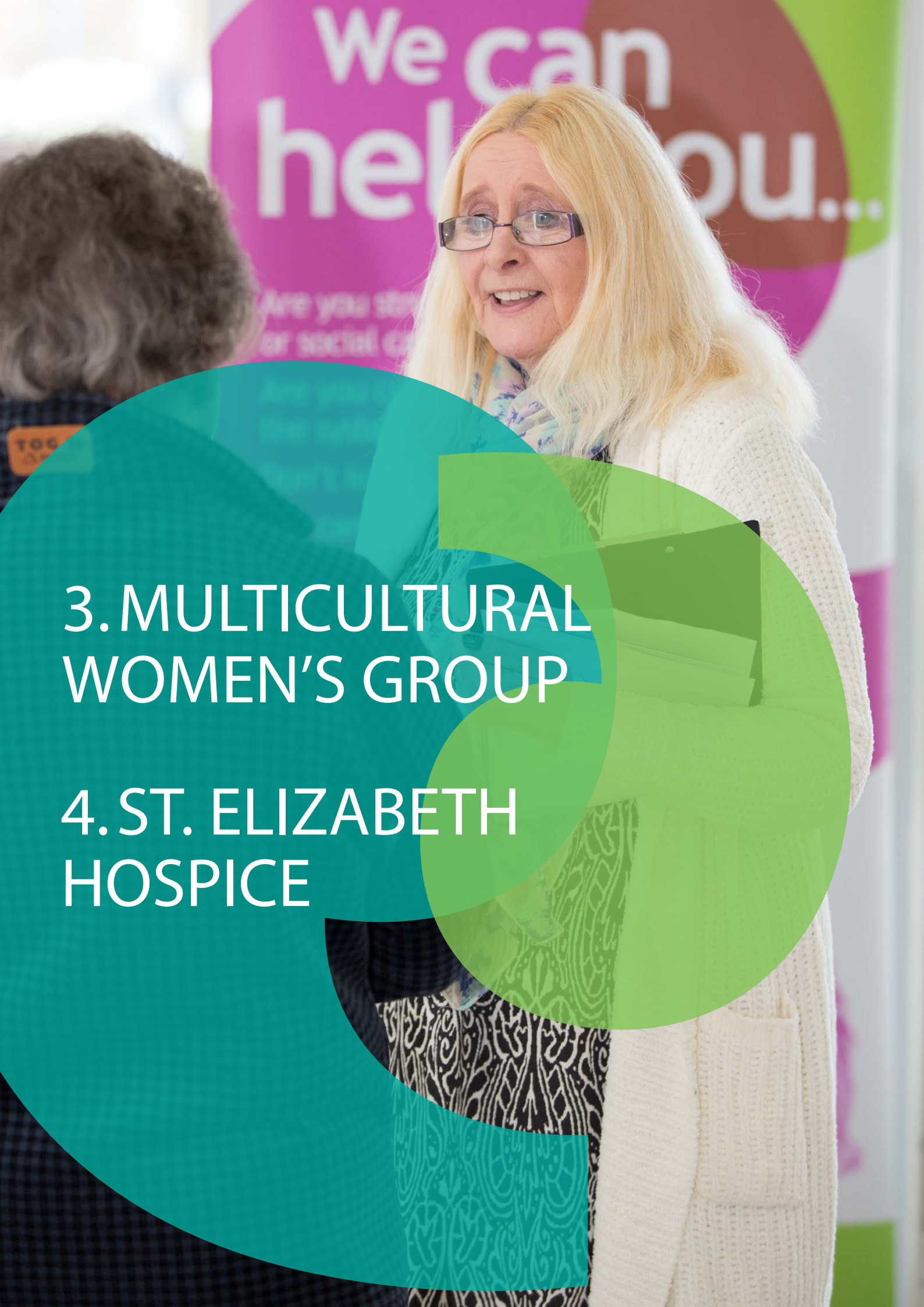
2. BACKGROUND

This report provides a summary of the projects that were part of HWS's Small Grants Scheme in 2015-2016. It has been historically challenging to gather ongoing and meaningful feedback from diverse communities in Suffolk. Therefore, the Small Grants Scheme aims to support and encourage small local groups to consult with their own communities and obtain feedback about their experiences of health and social care services. The Small Grants Scheme was available to organisations from all over the county and partnerships were actively encouraged.

Grants that were administered to successful applicants comprised of a one-off payment of between £250 and £2,000 per application.

The following seven organisations were successful with their applications and as a result received funding;

The Multicultural Women's Group	OASIS Community Centre
St. Elizabeth Hospice	ISCRE
4YP	Suffolk Refugee Support (SRS)
Translating and Interpreting Provider (TIP)	



3. MULTICULTURAL
WOMEN'S GROUP

4. ST. ELIZABETH
HOSPICE

3. MULTICULTURAL WOMEN'S GROUP

Project Description

The Multicultural Women's group has members with 10 different nationalities. The purpose of the group is to reach women of all cultures who might experience isolation and exclusion due to language, cultural barriers as well as personal circumstances.

The Multicultural Women's Group is open to the public with the aims of raising awareness of the group and promoting the woman's refuge.

The Multicultural Women's Group used the funding to attend the Taste of Culture event, which runs every year, and HWS ran a stall at the same event where they engaged with lots of people. There was some great food from all over the world at this event and it was well attended.

4. ST. ELIZABETH HOSPICE

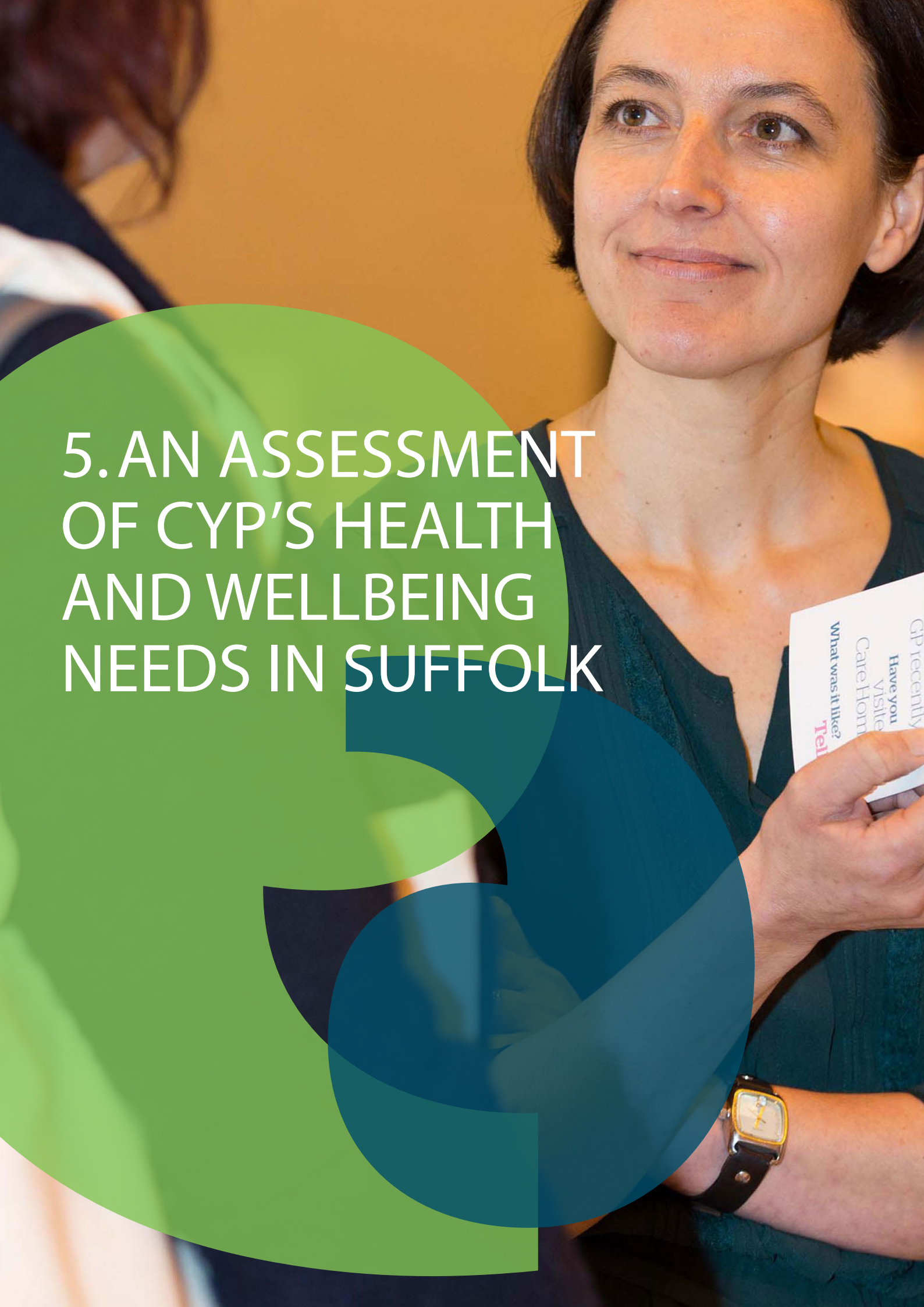
Project Description

The successful application from St Elizabeth Hospice aimed to engage with people from diverse communities in East Suffolk and Waveney using Community Ambassadors. The hospice wanted to collect feedback about health and social care experiences from the people it reaches, with a specific focus on hospice services.

Due to a secondment of a key member of clinical staff within St Elizabeth Hospice, the project was not able to progress. Therefore, no data has been collected for this project at present. The project lead shared the following statement in relation to the project;

“Engaging with harder to reach groups has been more of a challenge than anticipated. The original idea, therefore, had to be adapted. St Elizabeth Hospice now plan to purchase a pop up stall and have a simple introductory leaflet translated into different languages. The pop up stall will have the logos of both St Elizabeth Hospice and HWS and will carry HWS information. Volunteers will be upskilled in diversity. These volunteers would provide a warm welcoming face at events to promote dialogue with communities who do not use hospice services as well as raising awareness about HWS.” Julie, St Elizabeth Hospice

Findings from this project will be included in the summary of HWS Small Grants Scheme 2017-2018, when findings from all other funded project work is completed and ready for dissemination.



5. AN ASSESSMENT OF CYP'S HEALTH AND WELLBEING NEEDS IN SUFFOLK

5. 4YP - AN ASSESSMENT OF CYP'S HEALTH AND WELLBEING

Project Description

4YP is a local charity based in Ipswich that provide and co-ordinate services that improve the social, emotional and physical health and wellbeing of 12-25 year olds in Suffolk. The aim of 4YP's project was to better understand the gaps in access and availability of health and wellbeing services for children and young people (CYP) in Suffolk.

Three separate surveys were developed by 4YP for CYP to discuss the following three topics; Access to services and support, Emotional wellbeing and Active lifestyles. The surveys were designed in collaboration with CYP during focus groups and were disseminated between April 2016 and January 2017.

Findings

674 responses were collected by 4YP in total. The majority were female and White British. 4YP received 325 responses to Survey 1 (access to services and support), 114 responses to Survey 2 (emotional wellbeing) and 235 to Survey 3 (active lifestyles).

Overall, 4YP found that young people's awareness of health issues was comprehensive and that young people are resourceful. The majority described their health as good. Half of the respondents (38%, n=273) said they have no health or wellbeing issues. Interestingly, young people turn to their friends (38%, n=91), and a parent or carer (31%, n=76) rather than professionals for support.

CYP rely on parents and carers to access services. Therefore, travel to access services may be an important barrier for them. 28% (n=52) were disappointed with the support they received from services. Comments highlighted long waiting times, concerns about confidentiality, being passed between services, and feelings of not being heard or cared about when accessing support for emotional and mental wellbeing.

One of 4YP's most critical findings was around self-harming: 12% (n=11) had self-harmed within the week leading up to answering survey two, while 30% (n=27) had self-harmed at an undisclosed time. 24% (n=6) self-harm at least once a week. Most of the reasons given for self-harming related to poor feelings of self-worth and dysfunctional relationships. In response to questions about physical activity, 41% (n=90) of young people stated that tiredness prevented them from exercising. A lack of confidence was also highlighted as an important barrier to exercise (35%, n=76).

The data collected from this project provided a valuable insight into CYP's experience of accessing health and wellbeing services in Suffolk. A voice that can often be under-represented when considering the effectiveness of services. 4YP state that they will continue to use the data to inform their work. HWS will refer to findings from this project in the CAMHS work that HWS is currently involved in around student wellbeing in Suffolk.



6. ETHNIC COMMUNITIES' EXPERIENCE OF ACCESSING HEALTH SERVICES

4YP shared the following statement about their funded project

“The Small Grant Scheme from Healthwatch Suffolk has given 4YP the opportunity to consult with our stakeholders in a new way – by conducting online surveys – obtaining valuable, up-to-date data that helps us understand the current issues faced by young people, and best practices for supporting them. Undoubtedly, this would not have happened for a long time without this chance.

The end product, the reports on our findings, are available to download from our website, and we hope they will help others in the county, from understanding the current landscape of young people’s issues to securing funding and influencing policy.

Getting so much more from this experience than envisaged, we have completed the project having established an ongoing culture of digital consultation, improved our in-house knowledge and skills, and benefit from a wealth of new contacts with whom the (very approachable) Healthwatch Suffolk team has linked us. It has been a real pleasure working with them, and on a number of occasions their insight has been extremely helpful.” Karl Dickinson, Business and Marketing Coordinator, Suffolk Young People's Health Project (4YP).

6. TIP - ETHNIC COMMUNITIES’ EXPERIENCE OF ACCESSING HEALTH SERVICES

Project description

Translate and Interpret Provider (TIP) is a Suffolk based supplier of translation and interpreting services that aim to provide a bridge to service providers who communicate with ethnic communities. This project aimed to look at the language barrier and the cultural barrier that people who do not speak English face when accessing services in Suffolk. An additional project aim was to explore the language help that is available in Suffolk.

Face to face questionnaires were conducted with diverse members of the BME communities with the support of interpreters provided by TIP.

Findings

Most respondents said that their first language was Romanian (40%, n=44), Roma (20%, n=22) or Chinese (18%, n=20). 55% of respondents (n=61) said that they did not know that they were entitled to language support when accessing services. Two thirds of respondents (n=66) stated that language



6. ETHNIC COMMUNITIES' EXPERIENCE OF ACCESSING HEALTH SERVICES

was a barrier when accessing services. Numerous respondents highlighted bad experiences of accessing health and social care services because of a lack of accessible or available translation services. HWS recommend that members of staff within services are more proactive and supportive when assisting someone whose first language is not English.

Two thirds of respondents stated that culture was one of the reasons for not accessing services that they need. 25% of respondents (n=26) said that written information that was available in Primary Care Settings was not easy to understand. Availability of leaflets containing written information should be provided in different languages consistently across Primary Care settings in Suffolk such as GP Surgeries and Dentists.

The findings from this project highlight the varied experience's of members of minority communities accessing services in Suffolk. Respondents highlighted that providing access to a service such as language line is not always enough. More in-depth research is required to ask members of minority communities what additional measures need to be in place in addition to language line.

HWS aims to provide NHS England (NHSE) with the findings from this project, to form part of NHSE's review of translating/interpreting services. NHSE aim to help to understand what interpreting services are available to primary care practices and patients across Suffolk and the rest of Eastern England.

HWS concludes that it is important that services acknowledge how a person's experience of accessing a service can be impacted either negatively or positively, when their culture, language and background is taken into consideration. Findings from this report highlight that overall services across Suffolk are providing a service that creates opportunities for good experiences for people whose first language is not English. However, some findings have highlighted room for improvement, and these should be considered by service providers and commissioners of services to improve the current service provision in Suffolk.

NHS England was provided with the TIP report to feed into their Review of Interpreting/Translating services for the East of England. This has now been completed and the budgets for this service now sit with the CCG's with fully delegated commissioning.



7.OASIS'S COMMUNITY CENTRE STUDENT ENGAGEMENT PROJECT

7. OASIS'S COMMUNITY CENTRE STUDENT ENGAGEMENT PROJECT BACKGROUND

Project description

The Oasis Community Centre gathered relevant information through a survey from students attending courses at the Community Centre. The project aim was that survey findings would highlight health and social care issues that can be taken forward to promote sustained engagement with current and future students at the centre.

Findings

Most respondents stated that they were aged between 25-34 (32%, n= 22) and 35-44 (32%, n=22). Most respondents were female (75%, n=50), married (72%, n=49) and had been living in the UK for 5-10 years (26%) or more than 10 years (41%). Respondents were from diverse cultural backgrounds. Seventeen percent of respondents (n=11) stated that they were from Iran, 8% (n=5) were from Bangladesh, 8% (n=5) were from Ghana, 8% (n=5) were from Iraq, 8% (n=5) stated that they were from Kurdistan and 8% (n=5) stated that they were from Poland. The remaining 20% of respondents (n=13) were from Hong Kong, China, India, Nigeria and Turkey. Most respondents stated that their ethnicity was White (43%, n=29), Asian (36%, n=24) and African (22%, n=15). 6% (n=4) stated Black British and 6% (n=4) stated Iraq. Only 9% (n=6) of respondent's first language was English. The most common languages stated was Kurdish (19%, n=12), Farsi (17%, n=11), Bengali (6%, n=4) and Chinese (6%, n=4). Most respondents classed themselves as healthy (83%, n=54), 77% (n=51) stated that they did not suffer from a long-term illness. However, 10 respondents stated that they classed themselves as unhealthy and stated that they suffered from a long-term illness.

Almost all respondents (91%, n=59) were registered with a GP Surgery. Only the minority stated that they were not registered with a GP Surgery (5%, n=3).

Respondents shared how often they saw their GP within the past 12 months. Most respondents had seen their GP between 1-2 times. The average rating of satisfaction with their GP was 7.7 out of 10. Results were positive regarding experiences of GP surgeries, with an average satisfaction rating of 7.7. 73% (n=47) felt it was important to get an appointment when they needed it and 88% (n=56) felt that their GP was helpful.

Over two-thirds of respondents (69%, n=45) said that they were registered with a NHS dentist and rated them as 7.4 out of 10. Just over 10% (n=3) had not seen their dentist over the past twelve months. 30% (n=8) said they had seen their dentist once, 48% (n=13) said they had seen their dentist twice, 4% (n=1) said they had seen their dentist 3 times and 7% (n=2) said they had seen their dentist 4 times in the past 12 months. 16% (n=9) said that they need an interpreter when they see a health professional. Of these respondents, only 1 said that they were always offered an interpreter, 2 said that they were never offered an interpreter.

This project provides valuable feedback from a diverse group of members of the BME community in Suffolk. It is reassuring that members of BME communities have positive experiences of accessing GP surgeries and dentists on a regular basis.



8. ISCRE'S ENGAGEMENT WITH THE BME COMMUNITY IN NEWMARKET

Oasis shared the following statement about their funded project;

'It was a pleasure to work with Healthwatch Suffolk. The project added new connections with many more people from different parts of the world and enriched us through a number of interesting conversations.' Bela Mamedova, OASIS.

8. ISCRE'S ENGAGEMENT WITH THE BME COMMUNITY IN NEWMARKET

Project description

For this project, ISCRE worked in partnership with the Newmarket Muslim Association and the racing industry in Newmarket. The project aims were to consult with members of the Muslim community in Newmarket regarding access to health services, perceived barriers to access, general health and wellbeing, and to highlight gaps and promote pathways to accessing services.

There was a specific focus on recruiting people from the Muslim community who work within the local horse racing industry. The researcher reached this population by attending Friday prayers at a local Mosque to build trust and credibility within the community. 10 work-riders and grooms from the Newmarket Muslim community were interviewed. The project leads acknowledged that this was a small sample size, however stated that it was a useful first step to gather information and to ascertain whether further work might be needed in the future.

Findings

The sample were predominantly male. Some interviewees expressed a poor understanding of local health service provision and were unsure about what they could access. Most interviewees expressed a general feeling of unequal treatment due to their ethnicity and interviewees did not feel that their general wellbeing was being looked after by the health authorities.

Poor quality of accommodation was highlighted as an issue that affected interviewee's health and wellbeing, however the need to protect their jobs meant that some stated that they would never complain about or even highlight problems they were encountering during work. The project lead summarises by stating that some evidence was collected to support the notion that the mainstream health service provision is not catering to the target community.

The project leads highlighted the following limitations to their methodology; language barriers, limited time to engage after Friday prayers and fears about negative consequences following talking about their experiences and use of a community leader as an interpreter. Originally it was stated that the project leads would use feedback to influence health and social care commissioning groups. Findings were shared at an event run by Public Health with a focus on Suicide Prevention.



9. SUFFOLK REFUGEE SUPPORT'S (SRS) ENGAGEMENT PROJECT

ISCRE shared the following statement about their funded project;

Can I take this opportunity to thank you for giving us the opportunity to explore this area of need through your very helpful and easy to access funding scheme. This fund goes a long way in plugging the gap that currently exists in the mainstream funding environment and I hope this will provide the evidence to other funders that this is how it should be done.' Phanuel Mutumburi, Business and Operations Director, ISCRE.

9. SUFFOLK REFUGEE SUPPORT'S (SRS) ENGAGEMENT PROJECT

Project description

SRS is a small organisation based in Suffolk working to support refugees, asylum seekers and their spouses and families within Suffolk. The project aims were to engage with individuals who were members of SRS's existing peer support groups, over the course of one year, via HWS's feedback forms. 35 forms were completed.

Feedback was also sought from two focus group discussions; one from the SRS Friends Group and the other from the SRS International Women's Group.

Finding

Feedback was collected about Ipswich Hospital, GP referrals, GP surgeries, Dentists, Counselling services, Physiotherapy services and a Health Visiting service in Suffolk. Most respondents were female (n=23) versus male (n=12). In total, 29 families were engaged. Of all respondents, 10 were asylum seekers and 23 were refugees. Feedback was received from respondents who were born in the following countries; Iraq (n=6), Iran (n=5), Syria (n=5), Sri Lanka (n=4), Albania (n=3), Pakistan (n=3), Egypt (n=2), and one respondent from Guinea Bissau, Kosovo, Republic of Congo, Rwandese, Somalia, Turkey and the UK.

Findings from this project suggest that the ability to speak and understand English is the main factor that affects experience of engaging with health services. Overall, feedback from respondents about GP surgeries was positive, whereas feedback regarding dentists was more negative. Respondents with limited English stated that they do not like to phone the GP Surgery to make emergency appointments but prefer to walk to the surgeries and make them face to face. For respondents on the Syrian Resettlement Programme, they go to the SRS office and ask a member of staff to make their appointment for them.



10. CONCLUSIONS

Female respondents stated that they were able to request female staff if this was their preference. Overall most respondents stated that they could request Language Line from the GP if they needed it. Some respondents stated that they did not get Language Line when they requested it. One respondent said that they knew which GP did not use Language Line and so did not take appointments with that GP. A few respondents said that they were made to feel uncomfortable if they asked for Language Line. Respondents stated that they sometimes took a partner or a friend to translate. Respondents went on to explain that when their English improves and they get more confident they will then feel more prepared to go on their own. Respondents stated that with enough English to get by, they do not request Language Line and use alternative methods like sign language, drawings, google translate on their phone etc.

In contrast to most of the feedback regarding GP's, feedback about accessing dentists was generally negative. Respondents expressed dissatisfaction with dentists due to misunderstandings.

SRS effectively engaged with a diverse group of members of the BME community in Suffolk. Findings are consistent with OASIS's findings of access to services, which builds confidence in the validity of findings from the Small Grants Scheme.

Suffolk Refugee Support shared the following statement;

“Suffolk Refugee Support has welcomed the opportunity to work with Healthwatch Suffolk in improving health services for refugees and asylum seekers in Suffolk. We have given our clients the opportunity to feed back about their experiences with GP's, dentists, hospitals and other health care services to improve the way they are delivered. The small grants scheme gave us the chance to enable refugees and asylum seekers' voices to be heard.” Rebecca Crerar, Team Manager, Suffolk Refugee Support.

10. CONCLUSIONS

The Small Grants Scheme enabled members of the BME community in Suffolk to share their feedback about their experiences of using health and care services in Suffolk. By funding independent organisations who already have good relationships and well established contacts within the BME communities in Suffolk, it is likely that we have been able to reach a more diverse group of respondents than if HWS had conducted the engagement themselves. Importantly, HWS has been able to support these organisations to successfully engage with respondents (both adults and children and young people) from a range of cultural backgrounds, many of whom did not have English as their first language.

A photograph of two women in profile, facing each other. The woman on the left has dark hair and is wearing a green jacket. The woman on the right has dark hair and is wearing a blue jacket. The image is overlaid with two large, semi-transparent circles: a green one on the left and an orange one on the right. The text '10. CONCLUSIONS' is centered in white.

10. CONCLUSIONS

Findings are in line with most national findings. Overall, it is pleasing to be presented with such positive results. However, some areas of improvement have been identified. HWS and the independent organisations will work together to take findings and recommendations back to service providers in Suffolk. HWS will continue to dedicate resources to support engagement with members of the BME community in Suffolk. Important lessons that have been learnt from the 2015-2016 Small Grants Scheme will be applied to the Small Grants Scheme in 2017.

HWS is committed to supporting seldom heard communities and providing them with a voice when sharing experiences about their Health and Social Care services in Suffolk. Particularly considering that language and culture are commonly identified as two barriers to accessing services and to engaging with service users. Healthwatch Suffolk's BME & Diversity Group is one of the ways that we try to engage with these communities as well as using both a focused and whole community approach in community development work.

HWS hopes that it can continue to work with local organisations to support members of more seldom heard groups to share their experiences, accessing services and ensuring their voice is heard.
