

Engagement about the Health and Social Care Needs and Experiences of Black, Asian and Minority Communities (BAME) on behalf of Healthwatch Worcestershire

Final Report from the year 1st April 2015 to 31st March 2016

1. Background

Healthwatch Worcestershire (HWW) is mandated to champion the voice of consumers of health and social care services in order to influence their design and delivery.

HWW's engagement plan continues to provide a voice for people in Worcestershire regarding their needs and experiences of health and social care services, particularly hard to reach groups. Engagement with Black, Asian and Minority Ethnic (BAME) communities has been contracted out for a second year in 2015/16 to Age UK Herefordshire and Worcestershire as a specialist service provider in view of its skills, understanding and experience of working with this group.

2. Anticipated Outcomes for BAME Engagement in 2015/16:-

The outcomes anticipated from the BAME engagement contract were

- Greater awareness of Healthwatch Worcestershire and its role within the Black, Asian and Minority Ethnic Communities within the County.
- Better understanding by Healthwatch Worcestershire of the needs of BAME communities regarding their experience of health and social care.
- A strengthened voice for local BAME communities regarding the design and delivery of the health and social care services
- Increased representation from BAME communities across Worcestershire

3. Aims of the report

This report summarises Age UK H&W's engagement with BAME Communities on behalf of HWW across Worcestershire on a number of topics during 2015/16:

- A. Development of a Primary Care Strategy in Bromsgrove, Redditch and Wyre Forest
- B. Experiences of accessing primary care services in Worcester
- C. Child and Adolescent Mental Health Services (CAMHS) Survey
- D. Parents and Carers of Children Under 5 Survey
- E. Experiences of accessing domiciliary care services

- F. Suggestions from across all events about the best ways for people from BAME communities to find out about local services.

4. Methodology

The information summarised in this report was collected through engagement events, home visits, outreach, one to one sessions and telephone conversations.

Over the year Age UK H&W had contact with 900 individuals, as well as 29 voluntary and statutory organisations, to raise awareness of HWW

519¹ pieces of feedback were received across all of the engagement topics over the year.

258 people from BAME communities reported their experience of health and social care to HWW through completion of a “Your View” form.

Age UK organised and with HWW ran 4 awareness and engagement events across Worcestershire during the period between May 2015 to March 2016 attended by a total of 51 people.

Groups and individuals engaged with at events:-

Date	Attendees	Groups represented	Women	Men	District
22-02-2016	25	Bangladeshi Pakistani Chinese Afro Caribbean	10	15	Worcester
08-01-2016	8	Bangladeshi	4	4	Worcester
08-10-2016	1	South East Asian	1	0	Kidderminster
23-09-2016	17	Pakistani Bangladeshi Indian	6	11	Redditch
Total	51		21	30	

¹ This figure includes Your View Forms and completed survey forms across all the topic areas

5. Summary of the main themes identified through the engagement with BAME communities across Worcestershire

The main themes identified through the Age UK H&W engagement work are summarised below. Further details are provided later in the Report

a. Information and Communication

- Language still remains a key factor and a barrier for some communities.
- Language and communication problems were the concerns most often raised by individuals from BAME communities reporting their experiences to HWW²
- The availability of interpreting services was raised as an issue both through individual feedback and at the engagement events. Concerns were raised about the lack of information about the availability of interpreting services, the timeliness of the service and the level of medical knowledge of interpreters (e.g. of medical terms in order to explain to patients what is being said)
- Some women who attended engagement events raised the issue of having a male interpreter – they reported that they were embarrassed to explain their symptoms to a man
- Community groups generally expressed difficulty accessing online information and choosing the appropriate service
- Attendees at engagement events were asked how they preferred to receive information. At one event the attendees expressed a preference for finding out information through their GP surgery; at others a range of methods were suggested including through posters, automated systems and social media (see G below).
- The importance of word of mouth information through community leaders and community members was also highlighted
- Most people contacted had not heard of Healthwatch Worcestershire prior to the contact from Age UK
- Attendees at engagement events expressed appreciation to Age UK Herefordshire & Worcestershire for continuing their support to BAME groups by offering language and one to one support

b. Access to Primary Care Services

- GP appointment and waiting times and access to GPs were the second and third most often reported concerns raised by individuals from BAME communities reporting their experiences to HWW
- This pattern was repeated in the engagement events with people raising concerns about getting through to the GP surgery on the telephone, and then the timeliness of getting an appointment, with some people reporting lengthy waiting times for non-urgent appointments
- The engagement events were also used to ask about people's views of telephone consultations. The majority of attendees preferred face to face rather than

² Individuals reporting experiences on Your View forms in some cases raised more than one concern or compliment

telephone consultation with their GP, as they felt it helps to build trust and confidence in a service.

- People at the events were also asked about 7 day services, and whether they would be prepared to visit a practice other than their own for an emergency appointment. Most people at the events said they would be prepared to do this. People wanted increased partnership working between local surgeries, e.g. in showing flexibility by alternating early morning and late afternoon/evening appointments or over the weekend giving the patient a choice.
- A few people were unaware of the late evening appointments now provided by a few surgeries across Worcester City
- GP services were also the subject of compliments: the top three areas reported for compliments by individuals from BAME communities were general satisfaction with GP services, ease of making an appointment at the GP; and the quality of GP treatment
- Attendees at engagement events also said that when they saw their GP they were generally satisfied with the quality of the service received

c. Child and Adolescent Mental Health Services

- HWW has produced a report with our findings from this work, which includes feedback received from BAME communities through this engagement contract
- Most people from BAME communities contacted by Age UK did not know of the Children and Adolescents Mental Health Services, (CAMHS) or what it meant.
- Language is the main barrier to access for some communities across Worcestershire. It is also a significant reason for people not understanding specific services (including abbreviations). It was reported that there is often a stigma attached to seeking support for mental health problems.

d. Parents and Carers of Children Under 5s

- HWW has produced a report with our findings from this work, which includes feedback received from BAME communities through this engagement contract
- Analysis of survey responses about services for Parents and Carers of Children Under 5 showed that experiences of the care people from BAME communities have received in hospital and from GPs, Community Midwives and Health Visitors is similar, and in some cases rated higher than responses from the population in general.
- Particular issues raised included not understanding the process and outcome of developmental checks due to language barriers.
- Concerns about language development were raised by a few people
- Parents from BAME communities were also less likely to use the internet as a source of information and access antenatal and postnatal support groups.

e. Experiences of Domiciliary Care Services

- For this topic area 10 case studies were completed with individuals and their families

- Family dynamics play an important part. Many communities still prefer to look after their elders. Accessing outside care may be deemed as a failure and with it comes stigma.
- Language can be a barrier - both when assessments are undertaken and when care is provided and more information needs to be available to people from Black Asian and Minority Ethnic Communities on social care services in general.
- Most of the people interviewed have been referred by health professionals because of a stay in hospital or reaching a crisis point so that they now need help.
- Some families reach crisis point before consenting to an assessment. From the 10 case studies only one carer supported the referral through for her Mum, after she received the information through word of mouth.
- 9 people from the case studies said they “were not aware of personal budgets /direct payments”. Assessment may want to look at a quick simple recap at the end of the assessment and let the client decide the best option for them.
- Some individuals said that there is lack of cultural understanding by care agencies who are delivering the service.
- Communication is a key factor. From a case study a care worker and his client have a good working relationship but the care worker does not speak Hindi. He has used simple techniques such as body language, facial expressions, signs and gestures.
- A few people suggested communities also need to take responsibility and look into ways and means of accessing information and sharing the information with the community members most in need.
- Encourage the younger generation from BAME communities to consider working for the care industry.

6. THE ENGAGEMENT ACTIVITY IN MORE DETAIL

A) Individual experiences reported to Healthwatch Worcestershire

Over the past year **258 individuals** have reported their experiences to HWW using a Your View form. Individuals may have raised more than one issue, concern or complement as part of their experience. The main themes reported are set out below:

Concerns reported on a Your View form to HWW by individuals from BAME communities between 1st April 2015 – 31st March 2016

Theme of the concern	Number of times reported
Language / Communications issues	73
Getting a GP Appointment / Waiting Times	59
Delays in diagnosis by GP	9
Waiting times for secondary care	6
Access to hospital services (including transport and language barriers)	4
Quality of Hospital Services	6
Privacy and Dignity	7
Staff attitudes	14
Access to social care	6
Quality of Social Care Services	2

Compliments reported on a Your View form to HWW by individuals from BAME communities between 1st April 2015 – 31st March 2015

Theme of the compliment	Number of times reported
Satisfaction with GP services	63
Ease of getting GP appointment	21
Quality of GP treatment	16
Hospitals / secondary care	9
Access to social care	2

B) The Development of Primary Care Strategy in the North of Worcestershire Engagement

Two engagement sessions were held in Redditch and Wyre Forest on this topic. The group in Redditch was attended by 17 people. There were 11 men and 6 women. In Wyre Forest there was one female attendee. Attendees said that:

- a) Most attendees from Redditch expressed a view that language was a barrier and that there was a lack of interpretation support from the local surgeries.

- b) Some older people raised concerns with language issues and the use of internet. Out of the 17 attendees in Redditch only one person had access to internet; he felt that there is so much information which can be confusing and very off putting and that it is difficult to choose the appropriate service.
- c) One person in Redditch said “the best ways to find out about a service is through word of mouth from within the community. The individual/family/carer may be receiving a care package or from past experience the news soon travels and the tendency is for others to follow suit.”
- d) Most attendees felt the GP was the best person to inform patients about the other services available.
- e) In general the attendees expressed a view that if they wanted information on a particular service they would ask their GP.
- f) Most people are unaware of NHS Healthchecks. Attendees felt that the surgeries in the Redditch area need to make patients more aware of Healthchecks and the importance of having health check.
- g) A couple of attendees commented that “patients must learn to take responsibility for their general health and wellbeing.”
- h) Some attendees raised concerns about getting a GP appointment, and waiting times for non-urgent appointments
- i) Most attendees were happy to see any available GP if they needed an emergency appointment.
- j) Most attendees knew how to make a complaint but they do not have faith in the way complaints are handled. People are also fearful of being victimized and unfairly treated.
- k) In Kidderminster an attendee felt there needs to be more clarity with personalized support for carers to access further help, including information on financial help.
- l) Followers of the Islamic faith raised concerns about the time factor involved in releasing a dead body. The men were in favor of scans instead of post mortems.

C) Experiences of accessing primary care services in Worcester

This topic looked at BAME communities experiences of the primary care in Worcester. Issues were raised at a meeting at the Jalalabad Mosque in Worcester which was attended by 8 people from the Bangladeshi community (4 men and 4 women), and an open meeting held at Horizon Community Centre attended by 25 people from different BAME communities including Bangladeshi, Pakistani Afro-Caribbean, Greek (Individual) and Chinese.

- a) Attendees at events reported that getting through to the GP surgery by phone can take a while. Some reported a dislike of electronic music and messages while waiting. At one event it was suggested that this time could be used to give people important health information e.g. Healthchecks
- b) Some attendees reported difficulties in getting a same day appointment at their GP
- c) Attendees reported differing waiting times for non-urgent appointments. One attendee reported a three week wait, another reported a six week wait and others reported differing times. One gentleman from Worcester confirmed that he waited in

the surgery most of the day to be seen by his doctor. The general view was that it was up to the receptionist to decide which appointment to offer the patient.

- d) Some surgeries operated a call back system – one attendee reported waiting over 4 hours for a call back; another reported a wait of 3 days for the GP to call back. It was not clear whether this was in response to a request for an urgent appointment
- e) Some members from the South Asian and Bangladeshi communities in Worcester expressed concern about the delivery of interpretation services that were offered by some local GP surgeries.
- f) The ladies who attended the engagement session in Worcester expressed concern over male interpreters assisting ladies with interpretation. The ladies said, “They do not like to disclose their health concerns, whether personal or general to a male interpreter.”
- g) A gentleman from the South Asian Community stated that an interpretation service is offered nationally and there should not be a delay in seeking a female interpreter for the ladies.
- h) Attendees felt that interpreters should be skilled enough to understand the diagnoses and convey the diagnoses and treatment as advised by the GP to the patient.
- i) The attendees at the Jalalabad Mosque were unaware of the late opening hours for some GP surgeries in Worcester.
- j) Some attendees said that they had appreciated the Walk-in-Centre and raised concern that the authorities had made no alternate provision when it closed.
- k) One attendee asked if doctors were on commission to prescribe a patient with a specific medication. They noted that GP’s prescribe the same medication with a different trade name.
- l) The attendees raised a major concern with information going digital. Through the wider engagement a number of people have said they have language barriers and are not computer literate and do not have access to a computer. This will increase further a sense of isolation for most members of community. This causes frustration and anxiety and people are reluctant to ask for help.
- m) Attendees generally expressed a view that there are not many doctors with ethnic minority languages, nor other health professionals across Worcestershire.
- n) There was a lack of awareness about social care, the Care Act and the Your Life Your Choice website
- o) Carers were unaware of the extra appointment time they could request with their GP.
- p) A few attendees were unhappy in the way repeat prescriptions are dealt with. They said the repeat prescription was for one particular drug instead received all medications. This at times results in wastage.
- q) Carers were unaware they have priority to see a doctor and about the extra time offered by the GP
- r) One person reported making a complaint about GP services and heard nothing; he said “it is a waste of one’s time.”

D) Experiences of Child and Adolescent Mental Health Services (CAMHS)

HWW carried out a survey to find out people's experience of Child and Adolescent Mental Health Services (CAMHS).

Age UK H&W were asked to record the experiences of parents of children under 12 from Black Asian Minority Ethnic (BAME) communities of CAMHS, to help HWW improve its understanding of the issues and concerns raised by the community. Age UK H&W initially contacted 14 families with children or young people who have experienced mental health issues. Of these 7 said they would participate. People were asked if they had heard of CAMHS or had dealings with the service. One family had used the service.

- a. Most people engaged with from South Asian, South East Asian and Polish were not aware of CAMHS. Three families from the Gypsy Roma Traveller community had heard of CAMHS.
- b. Language was seen as the main barrier for some communities across Worcestershire understanding what support is available and how to access referrals. It is also a significant reason for people not understanding specific services (including abbreviations). It was reported that there is often a stigma attached to seeking support for mental health problems.
- c. There is a general lack of communication between family members and young people in general amongst those involved in the discussions. Parents usually take a family member / husband to help with interpretation. However the family member offering language support may not have any understanding about the underlying issues relating to mental health, concerns affecting the young person or the issues faced by the carer. This may lead to information not being accurately conveyed.
- d. Respondents felt that different cultural beliefs meant that families may seek different remedies to mental health problems or view changes in behaviours as having other causes.
- e. In common with other findings from the Survey respondents said there is a long waiting list
- f. HWW has produced a report with our findings from this work, which includes feedback received from BAME communities through this engagement contract

E) Parents and Carers of Children under 5

Healthwatch Worcestershire has been asking about the experiences of parents and carers of children under 5 across Worcestershire, in particular experiences of care, support and advice during pregnancy and birth, following birth and in early years. HWW also wanted to hear about experiences of accessing health care and advice for younger children. As part of this engagement Age UK H&W completed paper copies of the survey and held one to one

sessions talking to parents and carers of children under the age of 5 from BAME communities.

- a. Analysis of survey responses showed that experiences of the care people from BAME communities have received in hospital and from GPs, Community Midwives and Health Visitors is similar, and in some cases rated higher than responses from the population in general.
- b. Particular issues raised included not understanding the process and outcome of developmental checks due to language barriers.
- c. Concerns about language development were raised by a few people
- d. Parents from BAME communities were also less likely to use the internet as a source of information and access antenatal and postnatal support groups.
- e. Through other engagement we have carried out with BAME communities we have been told that for some communities, such as the Gypsy Roma Traveller community, it is important that health care is delivered by same gender medical professionals. Therefore this is something that services should be aware of and ask about individual preferences where possible.
- f. Informally a couple of parents said that they missed home visits carried out by health visitors
- g. HWW has produced a report with our findings from this work, which includes feedback received from BAME communities through this engagement contract

F) Experiences of accessing domiciliary care services

Over a number of years Age UK H&W has supported people from BAME communities and our engagement has helped to identify why some of these community groups are less likely to access domiciliary care services.

For this topic area Age UK gathered 10 case studies from individuals and their families. We also had informal talks with individuals / carers who are receiving or have received a domiciliary care package to find out their views on the service and whether they expect any increase in accessing these services in the future.

After interviewing predominantly older people the following reasons were reported about access to these services:

- Family dynamics play an important part.
- Many communities still prefer to look after their elders. Accessing outside care may be deemed as a failure and with it comes stigma.
- Language can be a barrier - both when assessments are undertaken and when care is provided
- From one to one sessions with the cared for, carer and family it has come to light that there needs to be more information available to people from Black Asian and Minority Ethnic Communities on social care services in general.

- Most people confirmed group discussions and word of mouth is a good way of accessing information. Group discussions are informal and people are more willing to engage. People learn and understand a service better. The environment is relaxed, less stressful and members are comfortable asking questions.
- People are concerned about having to access information through digital means and about fewer paper resources and group sessions.
- The engagement work has shown that many older people and carers from BAME communities do not have access to a computer nor the skills to use one.
- Most of the people interviewed have been referred by health professionals because of a stay in hospital or reaching a crisis point so that they now need help.
- Couples living on their own. The carer will continue to help the cared for till the carer can no longer do so and is mentally and physically is exhausted.
- Some families reach crisis point before consenting to an assessment. From the 10 case studies only one carer supported the referral through for her Mum, after she received the information through word of mouth.
- 9 people from the case studies said they “were not aware of personal budgets /direct payments”. Assessment may want to look at a quick simple recap at the end of the assessment and let the client decide the best option for them.
- Some individuals said that there is lack of cultural understanding by care agencies who are delivering the service.
- A couple of people in receipt of a care plan feel the service at times can be very regimental and robotic. It depends who you get on the day.
- There is often a communication barrier between the paid carer and the cared for
- There is often a lack of confidence and trust in external carers.
- Communication is a key factor. To communicate one does not need to know a particular language. From a case study a care worker and his client have a good working relationship but the care worker does not speak Hindi. He has used simple techniques such as body language, facial expressions, signs and gestures. He has picked up a few Hindi words and in return receives a big smile from the client.
- A few people suggested communities also need to take responsibility and look into ways and means of accessing information and sharing the information with the community members most in need.
- Encourage the younger generation from BAME communities to consider working for the care industry.

G) The best ways for people from BAME communities to find out about local services

At each engagement session the attendees were asked the best ways of finding information on local services across Worcestershire. Ideas suggested were:-

- a. Word of mouth
- b. Flyers and posters displayed at venues in view of the general public – e.g. Community Centre, places of Worship, Library
- c. Some people suggested the local hub helps the public with general enquiries
- d. GP Reception staff to inform patients as they check in about late opening hours and other general changes a patients needs to be aware of
- e. Replace music in call queues at surgeries and hospitals with important information
- f. The front desk at the Surgeries should display information and the receptionist should also talk to the patient about the changes and delivery of new services
- g. Some support for use of social media, radio and television
- h. A couple were in support of digital advertising

H) Other issue raised by a particular community group during the engagement:-

Release of bodies for burial and post mortem arrangements

Some attendees at engagement events reported a delay in releasing a dead body to families; there is a pilot scheme in other bigger cities like Leicester to monitor scanning of dead body rather than conducting a post mortem. Scanning of the dead body is preferred and in Worcester the numbers would not be so high to do this. HWW agreed to raise the issue with the relevant health authorities with a hope that they deal with the matter accordingly. Families at the events said that they are happy to travel to Leicester for a scan if it is officially agreed

Ambulance Services

An experience shared by a person from Worcester. He was not happy with the time delay in an ambulance reaching a loved one (the patient), who died. The patient collapsed in the street. The person sharing the experience said the ambulance service is based not far from where the patient lived. They felt that the delay was because the local call went to Hereford and they felt that the time wasted in reaching the patient cost him his life.

7. Conclusion

From these engagement topics and discussions with different community members a range of issues, concerns and experiences have been highlighted and fed back to Healthwatch Worcestershire. It is hoped that these, along with the training session for HWW staff and members, will enable the organisation to have a greater understanding of the needs of BAME communities in Worcestershire and increase their ability to provide a voice for them.

The engagement has been very successful, with community groups expressing their appreciation for the opportunity to be part of such discussions and sharing a range of views and experiences. People in general feel one to one sessions have far more impact when receiving information as they allow a dialogue. Age UK H&W's work over the last two years has been facilitated by having two bi-lingual female staff members and people have been willing to participate in group discussions with them. Women also feel able to express themselves and enjoy the sessions, with the availability of the interpretation facility.

Community members have been made aware of the Healthwatch Worcestershire contract came to an end at 31st March 2016 and that engagement will be carried out by HWW in future.

Age UK Herefordshire and Worcestershire has also benefited from working with the HWW team and hopes that this shared experience will continue to benefit both organisations in the future. The information collated helps us all to improve our understanding about how BAME community groups function, provides an insight into how services are perceived and at what point a decision is made by families and the cared for to undergo any assessment or access services.

In summary the outcomes from the BAME Engagement Service are:

- Greater awareness amongst BAME communities of the role of HWW within the County through contact with 900 individuals as well as 29 voluntary and statutory organisations (against a target of 750).
- Better understanding by HWW of the needs of BAME communities regarding their experience of health and social care services, with 519³ pieces of feedback collected (against a target of 240) through survey returns or completion of a Your View Form
- 1 Group recruited to HWW Reference and Engagement Group (against a target of 5) and 17 people Registered for Information with Healthwatch Worcestershire (against a target of 40)
- A strengthened voice for local BAME communities regarding the design and delivery of health and social care services
- Specific feedback from communities about a number of key topics in Worcestershire
- Suggestions for a preferred engagement model for HWW to continue liaising with the BAME Communities in view of the low levels of interest in the receiving information, joining the Reference and Engagement Group or joining the Board.

³ This figure includes Your View Forms and completed survey forms across all the topic areas