Feedback from Focus Groups
CONTEXT

In March 2018, seven Focus Groups took place with older people from the BME communities. The aim of the Focus Groups was to gain additional qualitative feedback from older people who are members of a BME community. The topics discussed were identified following initial analysis of the Survey returns. Four topics for discussion were agreed with the BME Steering Group:

1. Physical activity
2. Information and awareness raising about health and wellbeing
3. Barriers to accessing health services
4. What affects health and wellbeing, and what could be done to support older people?

 Whilst the same topics were raised with each of the Focus Groups carried out during the BME Health and Wellbeing Mapping Exercise, the Focus Group facilitator was flexible from the outset, allowing the participants to raise issues that were important to them.

I would like to thank and acknowledge all the BME Community Groups who organised a focus group, and their members for coming along, who actively participated in the discussions.
FOCUS GROUPS WITH THE INDIAN COMMUNITY

In March 2018, two Focus Groups took place with older people from the Indian community. Both Focus Groups were held at the Indian Community Centre (Carlisle Circus, Belfast). Twelve members of the Indian Senior Citizens Club (who meet every Monday at the Centre, followed by lunch) and six members of the Asian 60+ Group at Finaghy participated in one of the two facilitated Focus Groups. Participants comprised eight males, and ten females; everyone was aged over 60 years old.

Physical Activity

Activities that the Focus Group participants currently engage in:
- Walking – for some this is only 'short walks'
- Good to get together to be active and chat with friends
- Armchair Aerobics
- Made Herb Boxes with the Conservation Volunteers at Knockbracken “we all enjoyed that”
- Waterworks is the nearest park to the Indian Community Centre, and we have all been to the City Hall grounds – we all have bus passes
- We love to go to Garden Centres
- Picnics in the Summer – we had a wonderful Grandparents Day, with children and older people going to Carnfunnock.

“We need opportunities to engage in indoor physical activity sessions to keep us active and motivated; and to keep our minds active”.

Focus Group Participant from the Asian 60+ Finaghy Group

Barriers to physical activity
- The weather – we tend to be more physically active in the summer
- Being too shy to go to the Leisure Centres where all activities seem to be in mixed groups (ie men and women)
- Limitations to the physical activities that older people can do outside
- Girdwood Community Hub is the nearest Leisure Centre to the Community Centre, but there is no direct transport to get us there; although it is physically close it is hard to access.
- We need transport to get to the Shankill Leisure Centre, which offers swimming, water aerobics, and a keep fit class that we would be interested in.
- For those with walking sticks and walking frames the pavements can be difficult to walk on. You need at least one other person with them to make sure they are stable.
Opportunities

- Indoor physical activity programmes, especially when the weather is not so good – for example Yoga, Tai Chi, Boccia, and Indoor Fitness classes. These could be held at the Indian Community Centre and / or Finaghy Community Centre. The Focus Group participants were happy to invite other communities to join them; and would also consider doing women and men only sessions if the interest was there to facilitate cultural preferences.
- Train people up to deliver physical activities to older people in community groups
- Have basic equipment for older people to use in their community settings, with ladies and men only sessions
- Swimming sessions in a Leisure Centre for women only, with a female instructor – this would encourage ladies to be physically active and also they would meet other people.
- It would be good if the Council could put on activities either at the Leisure Centre or in our Community setting that are practical for physically able older people to do, and something for those less able as well. We are 23 in our group, with eight people who are disabled.
- Walk Leader Training

Healthy Eating

In the ISCC Focus Groups members were not so interested in healthy eating sessions: “we are vegetarians and eat healthy meals. Plus it has got to the stage where we don’t need to be told ‘don’t, don’t, don’t’; at this time in our lives we need to enjoy ourselves”!

The Finaghy 60+ Asian Group were more interested in a Healthy Food Workshop: “we keep on eating the same diet as when we were younger, a lot of our ladies are vegetarian and it would be interesting to have a Workshop”.

Concerns were raised in both Workshops about the meal options when in hospital. Despite the ward staff knowing that they are vegetarians (and Asian vegetarians do not eat eggs) they still give the Indian community meals with egg in it, and people have been known to be given fish or chicken as well. This means that nothing on the plate is edible as the food eaten needs to be kept separate from food that is not acceptable.

“Food in Hospitals should be more culturally sensitive”.

Focus Group Participant from the Indian Senior Citizens Group

In both Focus Groups people told stories about only eating yoghurts and toast when in hospital as no other acceptable options were given.
“I went to see a friend in the Hospital. No one had asked her about dietary requirements, and so she hadn’t eaten anything really. How is anyone supposed to get better when they can’t eat anything? Food in hospital needs to be tasty; we’re not expecting Dahl and Chapattis, just something that is acceptable to an Asian Vegetarian’s diet. There are plenty of things we can eat, such as vegetable hot-pot, pasta meals, and cheese dishes”.

Focus Group Participant from the Indian Senior Citizens Group

One of the ladies from the Indian Seniors Group was involved in the Nutrition Committee at the Ulster Hospital. She attended meetings for several years in her own time and paying her own expenses. However, she felt that nothing was happening, and no changes were being made so she left.

Information and Awareness Raising

Members of both Focus Groups said that they would welcome further information about health and wellbeing. Suggestions to fill gaps in knowledge and understanding included:

- How to Manage Living Alone with tips on what to do
- Ideas to keep us physically fit and mentally healthy
- Training about how to effectively support others – for example those with walking sticks
- Safe ways to lift things
- General First Aid
- Health and Wellbeing
- How the Community Pharmacist can help older people
- Exercises
- Men Only Health
- Women Only Health
- Strength and Balance
- Mindfulness
- Health Checks (“but do not use cheap alternatives, the equipment should be the same as a GP would use, otherwise it is not credible”)

Using Technology

- The groups use mobile phones and WhatsApp to keep in touch with each other and advise on upcoming events.
- There is an ISCC WhatsApp Group, but not everyone has a ‘smart phone’. We can message and text everyone.
• Some of our members use I-Pads rather than a phone as the keypad is easier. We had I-
  Pad classes, which was very useful and we all enjoyed it.
• We have an ISCC Face Book page, where we put on photos, pictures, and promote
  activities. There is a named Administrator and it is safe. You need to be invited to be a
  member of this Face Book group; so we have done everything we can to make sure our
  members are not at risk.
• Most of our members have Wi-Fi in their homes.
• All our members use mobile phones and we text information out to them. Some do need
  constant reminders and updates as they forget things easily.

“If someone doesn’t come along to the group for one or two weeks we
one of us will give them a ring to make sure they are alright. Coming
here is a day in the week we all look forward to”
  Focus Group Participant from the Indian Seniors Community Centre

Mental Health and Emotional Wellbeing

• We need something to keep us mentally active and to stimulate our brains. This could be
  games, arts and crafts, or knitting.
• Companionship is important.
• On different days I go to different clubs when possible, enjoy meeting and talking with
  others.

Opportunities
Look at joint events that can be organised involving people from different communities.

Health Appointments

Concerns about the length of time it can take to get a GP appointment, during which time
you can get better or worse:
• Eventually you have to drive down to reception to get an appointment.
• The phone is engaged first thing, and by the time you speak to the Receptionist there are
  no appointments.
• Sometimes you can get an emergency appointment, but people expressed concerns
  about having to describe symptoms to the receptionist – especially when people have
  been in the surgery and heard them discussing other people’s ailments, and saying their
  name when sitting in the waiting area.
• It can take ages to get a Hospital appointment after the GP has referred you.
• GP hours are nine to five, that doesn’t give any provision for working people.
- I phoned for an appointment because I had swelling in the legs, it took three weeks until I saw the Doctor.

“On the 12th December last year I fell in the snow in England. I had to stay 23 days with my son as I could not travel. I know that it will take a long time to fully mend, but I am still waiting to see a Physiotherapist. The consultant in the Hospital in Belfast referred me in January, now it is almost three months and I am still waiting”.

Focus Group Participant from the Asian 60+ Finaghy Group

“I had to go to Accident and Emergency. I didn’t have to wait long, and the Doctor was excellent. I had an x-ray done on my leg, was seen again by the Doctor, they treated the problem and I was able to leave in an hour”.

Focus Group Participant from Indian Senior Citizens Group

During both Focus Groups Emergency Appointment systems were discussed; some people were far more aware than others.

“I had a stomach problem. The GP referred me to the Hospital. I was still suffering and there was no sign of an operation being scheduled. I went to a Private Hospital in India and the operation was all done and finished within seven days”.

Focus Group Participant from the Asian 60+ Finaghy Group

“I had to have a knee replacement. The waiting list over here took forever, and the pain was getting worse. I flew over to India to have the operation. Although it cost £4000 it was worth it”.

Focus Group Participant from the Asian 60+ Finaghy Group

Dentists

- Dentists charge too much money – a lot of people can’t afford to pay these kind of fees.
- In England they have a mobile Dentist which goes from area to area.
- It’s much cheaper to book a flight back to India and see the Dentist there, for example implants are so much cheaper.
“I’m not sure I really trust the Dentist. They hoke and poke about, charge a lot of money, and then the next day your teeth are sore. I’m concerned that I’m being sold something that is not really necessary”.

Focus Group Participant from the Asian 60+ Finaghy Group

Social Isolation

The Indians in both Focus Groups said that they are happy to meet with other groups and to share resources and understand more about other cultures.

“I’ve been four years living alone. I manage pretty well. The biggest problem is that I need someone to put ointment on my back as I have a rash on it, which needs to be dealt with. The GP gave me tablets and the ointment; but I can’t put the ointment on. How do I do it? I really need someone who can come in twice a week to do this for me”.

Focus Group Participant from the Asian 60+ Finaghy Group

Discrimination and Feeling Safe

Generally, in both Focus Groups people felt that there was relatively little discrimination:

- “We’ve got nice neighbours who look out for you”
- “If people haven’t seen you around they ask if you are ok”
- “We feel safe at home and in the community”
- “We are safe where we live and safe where we go”
- “There are no stories of racism or intimidation now, whereas there used to be”.

“I feel I’ve been treated very well. I don’t experience any discrimination. The GP appointment can take a long time, but it’s the same for everyone. For example one day I was struggling to get up out of the chair and the Nurse saw me. She said ‘stay there, I will see if I can find the Doctor’; she did and he looked at my bad back”.

Focus Group Participant from the Indian Seniors Group

“I fell down once, I think I lost consciousness, and I lost my turban. A man stopped as I was lying there and asked me if I wanted to be taken home. He had seen us walking before”.

Focus Group Participant from the Indian Seniors Group
However, there are some places where people feel less safe, for example one person said “there is a fear of being targeted when you are in the Park because we look different”. Another person said “you feel frightened to face people, especially young men, when something isn’t right as you are easily identifiable. I would be worried about vandalism snowballing”.

“We have to take a taxi places. It takes more time to get in and out of a car as you get older. One time I had one leg out of the door and one leg in. The taxi door was open; but the taxi driver moved off. I asked him to stop and I said ‘you should have looked’. He said he couldn’t be bothered and that he wouldn’t apologise to my type anyway. I was worried about retribution, but someone else phoned the Taxi Company who apologised and don’t send that driver for us anymore”.

Focus Group Participant from the Indian Seniors Group

On a related topic, the Group said that it would be good to be able to know where you can get a reliable plumber or handyman and feel safe when they are in the home.

**Involvement in the Wider Community**

- We love meeting with other groups, and they enjoy coming along to events at the Indian Community Centre and learning about our culture.
- We don’t know the songs and dances that people do at the Tea Dances, feel isolated.
- There is a need for more cross-community activities and events – you could have Bollywood and dances known to Northern Ireland at the same event. That way we would all learn.

**Feedback from a Community Group Perspective**

- It is very hard to get funding to get the Group going.
- There are language barriers to filling in application forms for funding. We miss the nuances, and don’t know all the skills and techniques for successful applications.
- Age NI are helpful and offer limited number of programmes that we can access.
- We need funding for simple things like transport to get to places to be physically active – not many of us can drive now.
- We sometimes feel restricted meeting with other groups because we have strict dietary requirements and speak our own language, although we can all speak English. There are simple problems, for example – if another group puts out a tray of vegetarian sandwiches these cannot be in contact with any kind of meat or fish, or eggs. Having
said that we love meeting with other groups, and they enjoy coming along to events at the Indian Community Centre and learning about our culture.

- Transport is a real issue for us, especially when we would like to go somewhere as a group. We love to travel together and talk on the journey there and discuss things on the journey back. But transport is so important.
FOCUS GROUPS WITH THE CHINESE COMMUNITY

In March 2018, two Focus Groups took place with older people from the Indian community. The first Focus Group took place at Hong Ling Gardens, involving five women and two men. The second Focus Group took place at the Chinese Welfare Association, where older people meet every Tuesday, and have lunch together. This group comprised twelve female participants; in addition to the Community Development Worker, who asked the questions in Chinese, there were two other interpreters present.

Physical Activity

*Physical activity older Chinese people currently do*

- Three women go swimming at the Leisure Centre five days a week.
- Walking
- “Shopping is exercise”
- Go to the Park: Belmont, Ormeau or Botanic “There isn’t really a park close to Hong Ling Gardens”
- Like the outdoor gyms in the park
- Consensus that they do more physical activity in the summer months than in winter “in winter I just walk up and down the corridors instead”

“A group of us (anything from two to five women) walk along Laganside in the summer. You can hold onto the rails and do some gentle exercises. There’s a lot of people around, and people say hello when we pass each other”.

_Chinese Woman_

*Opportunities*

- Stretching, strength and balance “not too demanding”
- Fitness equipment in Hong Ling Gardens that older people can use, including stretching equipment, and stress balls. “It doesn’t need to be expensive”. “We need more facilities to help us exercise more, because in winter it is hard to get out”. People should be trained in the use of the equipment and resources.
- Tai Chi, in the park or at Hong Ling Gardens
- Armchair Aerobics or Boccia in Hong Ling Gardens (some like to do their own thing, others would be interested in group activities).

Transport

Transport is not good –

- “We have to walk quite a long way from Hong Ling Gardens to a bus-stop; so although we all have bus passes it is not convenient”.
• “The Asian and Chinese Supermarkets are a long way to walk. You have to stop on the way there and on the way back. In the winter you can’t do this”.
• “You need to take a taxi to the Doctors when you have an appointment”.

Healthy Eating

There was interest in workshops about diet and healthy eating, comments about this included:
• It would need to be tailored to the needs of older people
• The Workshop should take into account Chinese culture
• We know we put too much salt in our food
• We need to know more about heart disease and the risk factors

Information and Awareness Raising

Workshop opportunities
• Healthy Eating (see sub-section above)
• Symptoms of Stroke and what to do
• Exercise
• Using mobile telephones

Using Technology

Some, but not all, Chinese older people use mobile phones; but in Hong Ling Gardens or CWA you can use posters to promote activities and opportunities.

Mental Health and Emotional Wellbeing

“I need to see the Doctor, but it’s not urgent [it was in fact a mental health issue]. When I rang the first time there were no spaces. I am asked to phone back; I do, there are still no spaces. Then I’m told I might be offered an emergency slot if I phone back. But I need to rely on someone to keep on phoning the GP on my behalf. Finally, I see the doctor. But if my mental health had deteriorated more it can become an emergency situation. I have suffered for maybe six months, and when I see the doctor it uses more resources”.

Chinese Woman
Interpreting Services

- The last time I had an appointment at City Hospital the interpreter didn’t turn up, so I was sent away.
- When the interpreting service works, it works well [at the GP and Hospital].
- Generally, it is good for time, so that you don’t feel rushed or that you have to go quickly
- It’s easy enough to get an interpreter when you have a GP appointment; “there’s only been the occasional time when an interpreter wasn’t present”.
- There are problems when you have an Emergency appointment; sometimes you have to ask your children to help.
- A telephone interpreting service would be a good back-up, especially in emergencies, or non-serious GP appointments. The Focus Group participants said they prefer a face-to-face interpreter; but someone on the telephone is better than nothing.
- We need more Hakka (a commonly used Chinese dialect) interpreters, as well as having enough Cantonese and Mandarin interpreters.

Prescriptions

- The Pharmacy puts all medication into compartmentalised containers, and you know when to take them; “this helps so much”, “the Pharmacy boxes mean you don’t have to translate each bottle”.
- Some people were not aware that if they were given antibiotics that they should complete the course.

Barriers to Accessing Health Services

Greater awareness of Chinese culture.

“Medical and health staff don’t understand the Chinese culture; They assume patients will do what they say; but, for example, some people won’t take painkillers. So, the Doctor prescribes painkillers, but the older person will not take them because in Chinese culture we want to know the cause of the problem. We’re not just looking for medication. The Doctor’s attitude is inappropriate”.

Chinese Woman

In the Focus Groups Chinese people said they would like:
- Go out for a walk and feel physically healthy
- To have good physical health and to feel good
• To cook food for myself
• To keep mobile ("I would feel worse if I couldn't walk")
• Programmes to be able to go on outings or visits and trips (ideally free transport and a free meal)
• Health and wellbeing programmes
• Cookery programme
• Exercise programmes
• Use the big room in Hong Ling Gardens to do things together as a group (on Wednesday morning CWA organises activities in this room).

Issues

• Need help with housework and caring for the home. Have to rely on relatives for cleaning the house.
• Asthma, arthritis and high blood pressure were mentioned as being a hindrance and impacting on daily life

“Because the government does not have a lot of money, services get cut. For example, my husband used to have a regular appointment to have his ears cleaned out; now he hasn’t had this done for a couple of years’

Chinese Woman

Hospital

Feedback about Hospital experiences included:
• Usually you are catered for ok in Hospital
• If the appointment with a specialist is planned there is usually an interpreter there.
• A lot of issues around food.
• Majority of Chinese people need an interpreter.
• There are very few Hakka interpreters (the third most frequently spoken Chinese dialect)
• An interpreter on the telephone would be better than having no interpreter in Accident and Emergency.

“When you are in Hospital they want you to drink cold water with ice in it. In fact, they force you to drink cold water; when Chinese people do not drink iced water when they are ill. The people need to show some respect”.

Chinese Woman
“The food in hospital is a problem for us. We have to eat their food. Even on the occasions that there is rice it is a very small portion – we would be used to having a lot of rice. In the evening we are asked what we want to eat the next day, but I can’t read English and so I don’t know what to pick. So, I have to point at something on the trolley and choose something to eat. Sometimes it is ok. If there were pictures on the menu it would be better; or if we had the menu for a few hours so we could get someone we know to translate it.

Chinese Woman

“Depending on illness, we need to be given options about the best places and support to recover when they come out of hospital. For example, they need to keep warm and not fall over”.

Chinese Woman

“Hospitals should be aware of when an interpreter is booked and need to call in the patient on time. The interpreter often has another job booked in and has to leaves to work to the time schedule. It makes sense, in relation to time pressures and resources, to prioritise these appointments. Another problem is that if the patient and interpreter are called in when the Doctor is running late then the appointment feels rushed. This is another waste of resources, because the Doctor has not imparted knowledge, and the patient has to go back again”.

Chinese Woman

Nursing Homes

There is a lot of fear and worry about Nursing Homes; older people within the Chinese community do not want to go to a Nursing Home. Concerns about going to a Nursing Home include:

- How to communicate with staff because of language barriers
- Lack of literacy skills (a Chinese community worker noted that may older people are basically illiterate, and many have poor verbal English skills “communication is a real issue”
- The food, which is not similar to the Chinese diet
- Staff do not appreciate or understand Chinese culture
- Out of contact with family and friends
- The impression that when you get to the Nursing Home “you are just there waiting to die”.


Opportunities

- Workshop about Nursing Homes to change perception
- Try to place Chinese people in a Nursing Home where there is a Chinese speaking member of staff.

"I've heard that the staff [in the Nursing Homes] can be quite good; but it would be good to know of a Home that other Chinese people go to. A man moved into a Home from here [Hong Ling Gardens] to a Nursing Home. Then they moved him to another Home, to be nearer his family, but now his friends can't get to see him; and his family are working. So, he is very alone. He feels like he is just waiting to die".

*Chinese Woman*

"You can’t stay at Hong Ling Gardens if you’re not independent. If you get frail and you don’t have family who can support you, the next stop is the Nursing Home".

*Chinese Woman*

"Being in a Care Home is like being a bird in a cage.".

*Chinese Woman*

 Feeling Safe

"Local people usually treat Chinese people ok; but some children will be naughty and pick on the Chinese. Sometimes there have been stones thrown at the windows [in Hong Ling Gardens]; and sometimes people might give us a hard time; but generally we feel safe".

*Chinese Woman*

"We need an advocate in Nursing Homes for people from BME communities. Some people don’t have many visitors, they feel very isolated; and on top of that they can’t even speak to the staff. It is a difficult situation to manage, people’s needs are not met, and they can’t express what they want. In an emergency situation they can use a telephone interpreter; but older people worry about bothering someone and kicking up a fuss. They feel that they will not be welcome, and become the ‘black sheep’ in the home. They are very reluctant to complain about the Care Home, because they need to live there twenty-four hours a day".

*Chinese Community Worker*
The Peer Facilitators said that the people who completed the Survey were generally open and spoke frankly. However, some people (including some of the residents at Hong Ling gardens) did not want to do the Survey. They were worried that to complete it would result in negative consequences. They could not accept that it was confidential and were sceptical, as in China there is often an agenda behind doing a survey like this.

- Need for more physical activity opportunities that older people can access.
- Outdoor Gym equipment that is easy to access and appropriate for older people.
- A Chinese Community worker said that if they do offer outings and ask for a £5 contribution, only about five people will pay; which makes the opportunity unfeasible.
- There are 150 members of the CWA Older People’s Lunch Club, and every Tuesday a meal is provided. However, the workers and volunteers do not know how many people will attend.
- There was a Lunch Club at Hong Ling Gardens, as the facility is there with a kitchen to prepare meals for residents. People used to pay £1 a week in advance. However, the new management company has stopped this, saying that no one can use the kitchen facilities apart from the Manager – and she doesn’t have time to cook. This is a waste of a good resource, which could bring people together and reduce social isolation, as well as giving people a good meal.
- A lot of people have mental health issues and are lonely. They could benefit from some support. They feel a sense of loss; that their daily life is a bit boring and lacks meaning. Some have said to me that they are “waiting for the big day” – ie when they die.
- Some older people are not able to be physically active; there are limits to what they can do because of their physical health.
- Could there be opportunities for group outings, where those who can walk have the opportunity to take some physical exercise and enjoy being outside; but where there is also a café, so that people can sit and talk together.

The Chinese Welfare Association has a member of staff who works mainly with adults, focusing on mental health. She gave some examples of positive activities in which older people have engaged, which help reduce social isolation and promote emotional wellbeing. These include:

- Planting opportunities: get older people from the Chinese community involved in the planting, and they can also take pots home; for example:
  - Organised planting sessions in Hong Ling Gardens; residents have been engaged in planting a plum tree and some flowers
  - Planting in the small garden in Donegal Pass
- In Chinese New Year we ran a workshop in Donegal Pass
- Christmas Tree Lights - switching on – in Donegal Pass, which some of the Hong Ling Gardens residents came too.
- Halloween – planting in Donegal Pass in the small garden
• Starting to involve Primary School, for example eight pupils from a local Primary School came to Hong Ling Gardens.
• Chinese Health Day recently at CWA.
  o A Pharmacist came along and talked about a new medication dispensing mechanism in a box, with the tape coming out, packaged medication is written morning, afternoon or evening. The Trainee Pharmacist speaks Cantonese and explained the new dispensing unit to the older people.
  o Brief presentation about how to maintain mental health - focusing on different perspectives (the half glass of water).
  o Blood Pressure measurements taken.
• During Mental Health Awareness Week 14 – 21 May; we will be talking about mental health awareness; giving it a positive title.

**Issues for older people, from a Chinese Community Worker perspective:**

• There is a stigma about mental illness in Chinese Community – there is a real need to look at how to open up conversations about mental health and emotional wellbeing in a positive way.
• Sometimes when we do surveys, it can upset some people. We learn as we go along, how to tackle issues in a way that is less distressing.
• Increased cultural awareness.
• The need for increased cultural awareness by those who work in statutory agencies and health services who come into contact with Chinese people.
• Anxiety about Care Homes as the next step from Hong Ling Gardens.
• Traditionally the younger people look after the older generation, but now younger family members are away from home, and the grandchildren are working and not able to help; and so they feel even more frightened.
• Language barriers, recognising that there are very low levels of confidence in speaking or reading English for many older Chinese people; some of the reasons historically are:
  • The lack of opportunity and low levels of education that people had when they first came to Northern Ireland. Across the older some people can’t read Chinese, let alone read English.
  • Many of those who are now the older generation worked in the catering business, and everyone around them spoke Cantonese in the kitchen; they didn’t have the opportunity to learn to speak English.
  • Women saw their main responsibility being to look after their children; they did not have the time or opportunity to go and learn to speak, especially as there was no childcare available. Interestingly, those who work, and worked, as waiters in restaurants have better English, because they have to speak with the customers.
• Many parents and grandparents encourage the children to speak Chinese in the home (between themselves the children often speak English). Because of the language barriers there can be difficult situations between the child and the parent / grandparent
because the child doesn't understand Cantonese, or the older people do not understand the child.

- Recently, the Indian Community had a visit to Cultra, the banter between the community members and the speaker was wonderful. This would not happen with the Chinese community; the sense of humour is all lost in translation.
- Older Chinese people often do not know what is available, and don't have the capacity to argue their case.
FOCUS GROUP WITH THE MUSLIM COMMUNITY

In March 2018, a Focus Group took place with older people from the Muslim community, at the Northern Ireland Muslim Family Association (Rugby Road, Belfast). An interpreter was present, along with a Worker from NIMFA. The Focus Group was attended by four women and two men; everyone was aged over 50 years old.

Physical Activity

The Muslim community are very keen that separate activities are available for men and women. The lack of opportunities for men and women to engage in single sex activities results in low levels of engagement in physical activity – for example swimming.

NIMFA delivers a Yoga Class for women only once a week. In the past some women from the Roma community have attended Yoga at NIMFA.

There is a need for physical activity opportunities for people aged over 50 years old; which do not cost a lot of money. The Leisure Centres are expensive, and also tend to be for people of both sexes. The Muslim community has, on occasion, accessed the Valley leisure Centre (noted that Boucher Road would be more convenient), but they have to pay extra to be able to have Female Life Guards available when the women go to swim.

Whilst there may be local gyms, for example, most Muslims will not attend because the activities are for men and women.

It was noted that even though classes may be advertised to women, sometimes men also go, which prevents Muslim women attending. For example, CWA had women only dance classes, but men kept coming in and out of the room; so, the Muslim women stopped attending.

If Muslim women do attend physical activity classes, the instructor also needs to be female; and the activity needs to be “Islamic appropriate”.

Opportunity

Offer female only physical activities to women from all communities. This would maximise the use of resources and also provide opportunities for women from different cultures to get together. For example; NIMFA would be happy for women from other communities to attend the Yoga class. Note: women from the Indian community were also keen for this to happen.

Activities offered as ‘Women only’ must be women only, then Muslim women can attend in confidence.
Information and Awareness Raising

People do want to know more. We have had some workshops, for example about Dementia and suicide-prevention.

Mental Health and Emotional Wellbeing

People who get depressed have different issues and need different support. For example: Refugees come with a lot of stress; many have been through trauma and struggle, for example war, having to make choices, the transition of leaving their homes. They need special counselling and support systems.

- If the man is not happy at home, then the wife becomes stressed, anxious, and depressed. She is unable to settle in this culture.
- There is a lot of stress and depression amongst people who have moved to Northern Ireland in their middle-age; a lot of whom feel that they are stuck at home.
- People need someone to listen to them.

“As a refugee from Somalia, I arrived with health problems. At first I didn’t have a Doctor. I became registered with the GP and explained that I had headaches, back problems, and stress. This has gone on now for five years. The GP just gives me medication. I don’t get referred to any kind of specialist. I have not been told of any other organisations who might be able to help me”.

Somalian Refugee

Opportunities

- Create opportunities for people who have experienced similar situations to be able to get together, for example the Syrian community
- Greater opportunities for individuals to be able to self-refer to mental health supports.

Hospital Experiences

- Hospital food is good, they prepare Halal meals and are very aware of the Muslim diet.
- For Muslims it is preferable to have a female consultant for women patients. However, if it is an emergency then either is acceptable. The Interpreters know this. In Islamic law, if it is a necessity then medical help can come from either males or females.
- Women are much more comfortable with a female consultant, and men with a male consultant.
Information and Awareness Raising

“When you arrive as a refugee you go into a Programme with Bryson (VPRS). You are allocated a Key Worker for six months. I came with very little English. It is good that you are registered with a GP, and that housing and benefits are sorted out for you. VPRS are very helpful and explain the systems. But after six months you are on your own”.

Syrian Refugee

• Practical things can be difficult. For example, if you need an interpreter for things the price goes up – for example the Driving Theory Test.
• Awareness raising goes both ways; for example, in the Muslim culture you do not shake hands, let alone hug someone.

Using Technology

NIMFA use WhatsApp to promote activities and meetings.

Mental Health and Emotional Wellbeing

• Mis-diagnosis is more likely when there are language barriers – for example if you have a sore head or a sore tummy this may be due to emotional issues, but this is not explored.
• There are Bilingual Counsellors available through CAN; but you need to be referred by the GP.

“There are now over 1000 Syrian Refugees in Northern Ireland, and this is likely to double. The Syrian conflict is so violent; every family has at least one person who is unwell. Stress and emotional wellbeing is a key issue; but there is a stigma around psychiatry and mental health”.

Syrian Refugee

Opportunity
Allow people to self-refer to CAN; there may need to be criteria put in pace, but it would open the service up to people who need it.
Social Isolation

- Social isolation is a major issue for the Muslim community. Opportunities for Muslims to mix are very limited, due to the fact that a lot of activities need to be single sex. Whist this presents a greater problem for women, who are stuck in the home; there are also issues for men.
- Many Muslims are very lonely and socially isolated.
- When arranging outings for a group of people or families, transport is very expensive; which prohibits opportunities.

Examples of NIMFA Activities
- NIMFA run a ‘One Dish Party’ about four times a year; which provides an opportunity to talk and eat together. At these events families, men and women may all mix together.
- There is Friday prayer event every week, which offers men the chance to talk, meet, pray, and make friendships.
- Yoga class for women only (when funding is available).

“My husband is very depressed. Apart from going to the Mosque he doesn’t leave the hose at all”.

Muslim Lady

Opportunities
- Music – which is Muslim and Islam appropriate.
- A Club where Muslim men can get together.

Barriers to Accessing Health Services

Transport can be an issue for some, especially when they have a mobility related illness, for example fibromyalgia.

“The VPRS is excellent, but the Key Worker support ends after six months. Then it feels like there is no one to advise you. We needed emergency help, we didn’t have good English. In the end we involved the police, who were very helpful and took us to Accident and emergency. After six months you feel very cut off”.

Syrian Refugee
Interpreting Services

- You cannot always get an interpreter when you need one; “for example I was in hospital, and there was a Syrian lady totally alone, with no support”.
- If an interpreter is not available in person at a GP appointment or at the Hospital, having someone to interpret over the phone is better than nothing.

“Hospitals delay operations when they have to have an interpreter present. For example appointments are delayed, there is less easy access. In Syria if you need a Doctor you find the name and the right one, and go to see him. Here you go first to the GP, then get referred to the Hospital, which can take a lot more days of suffering and pain”.

Syrian Refugee

Funerals

“When someone dies it feels that there are a lot of hoops to go through. Muslims cannot be cremated, it is not an option; and ideally someone would be buried within 24 hours of death. Women are washed and prepared by other women, and men are washed by other men. Two of the Funeral Parlours (one in the Falls and one in Ravenhill) have spaces for Muslims to wash their dead and say the prayers. Then the body is wrapped in cloth. There is a Muslim graveyard in Belfast; but the costs for the funeral mare expensive. Muslims can be buried in any graveyard, as long as they are facing Mecca. The government gives £950 towards the costs, and sometimes VPRS can help out. The problem is every agency seems to say it is not their responsibility to help in this situation. There is very little advice, and it might be helpful if people were made more aware of what to do and how to prepare for a funeral”.

NIMFA Focus Group Participants

Miscellaneous

- Belfast Metropolitan College does not cater for refugees.
- It is more difficult to fight for your rights when you don’t have English.
- It can be difficult to get volunteers to work with us in NIMFA.
FOCUS GROUP WITH IRISH TRAVELLERS

In March 2018, a Focus took place with members of the Irish Traveller community. The group comprised two older women and the two Workers based at Bryson An Munia Tober, where the Focus Group took place. The Arts and Crafts Teacher and a younger male Traveller were also present.

The aim of the Focus Groups was to gain additional qualitative feedback from older people who are members of a BME community. The topics discussed were identified following initial analysis of the Survey returns. Four topics for discussion were agreed with the BME Steering Group:

1. Physical activity
2. Information and awareness raising about health and wellbeing
3. Barriers to accessing health services
4. What affects health and wellbeing, and what could be done to support older people?

Whilst the same topics were raised with each of the Focus Groups carried out during the BME Health and Wellbeing Mapping Exercise, the Focus Group facilitator was flexible from the outset, allowing the participants to raise issues that were important to them.

Physical Activity

Comments about physical activity focused on grandchildren:

“The grandchildren keep you busy. We take the children up the hills, we look out for fairies underneath the stones. It’s great exercise for us older ones and the children”.  

Irish Traveller

Healthy Eating

The ladies said that they would enjoy cookery-based workshops.

Information and Awareness Raising

Comments on this topic included:

- There is enough information and help out there if you need it
- Workshops about health and wellbeing would be useful
• We would be happy to attend workshops with people from other communities – especially if they were held centrally, so that people from all parts of Belfast could attend
• We do need to know more about positive wellbeing

Mental Health, Emotional Wellbeing and Social Isolation

• People need to get together to meet and talk.
• If people are lonely we need to know how we can help.
• It is important to be able to share experiences; sometimes just ‘talking out’ can help.

“I have some mental health problems; it comes and goes now. I’ve been with the same Doctor [mental health professional] for eight years. She is very good to me and I can talk to her; I trust her. She comes to Stewartstown Road from Lisburn to see me. I don’t talk much to the GP, just get my repeat prescriptions from the surgery”.  

Irish Traveller

Barriers to Accessing Health Services

The focus group participants noted that things have got a bit better over the past four or five years. Comments included:
• The Doctors and Nurses are ok, it is the person on the front desk who make you feel unwelcome. The receptionists used to “eat the head off you”; but people know more now about their rights and stand their ground.
• If you have one bad experience it is much harder after that. “For example, “a Doctor once told me to ‘shut up’ when I took a child to see him, and he wouldn’t even look at the injury – just prescribed an antibiotic. Another Doctor did then look after us properly”.
• When an Irish Traveller is in hospital they get more visitors than many people, because we are very family oriented. However, most people know that the Nurses only want two people at the bed at a time; and we respect that.

“My friend was on at her GP for months because she didn’t feel well and was very tired; just not herself at all. The Doctor did a blood test, gave her an antibiotic (which didn’t work) and basically said ‘live with it’. A new younger Doctor started, and when she saw him he said that this wasn’t normal. She was referred to a specialist and had to have a hysterectomy”.  

Irish Traveller
Feeling Safe

If there is a problem in the area, it would be good for older people to get together and talk about the problem. Also, older people can help young people, as often the children will listen to their Granny. In the Irish Traveller community young people respect older people. Whilst they might ‘torment their mummies’ they are very respectful to their grandparents.

Involvement in the Wider Community

The Irish Travellers said that they would love to do cross-community activities, with people from different communities. “We like to know about other people’s cultures and want to share ours.”

“We are still classed as being ‘very bad people’; we are not. We’d like to spend time with other people from different community backgrounds doing things we are all interested in, like art and craft. We’d be happy to have workshops about health and wellbeing, that teach us how we can be healthier and less stressed. Maybe at the same time we could crochet or knit together, which is good therapy; for example, we could make rag dolls for baby units, or for older people with dementia.” — Irish Traveller Woman

Feedback from the An Munia Tober Community Worker (the Irish Traveller Community Group)

- When filling out the Survey people were reluctant to say what illnesses they have or have had, so that was an issue for me. They are known to me as having health issues, but superstition prevents them stating any illness they have or have had. As such, the information presented does not reflect the true physical and emotional problems the Irish Traveller community have.
- Travellers have big families and do not use Care Homes, as it is customary for the family to care for those who are ill.
- Of the Surveys that the Munia Tober staff filled out with families, we were delighted that some people did not have any issue with discrimination from doctors or nurses. Those who experienced discrimination said front line staff, for example Receptionists ‘look at them funny’ and make them uncomfortable. However, some people didn’t feel comfortable that being written on the Survey.
- All of the people I spoke with have a healthy diet; they eat a lot of fruit and vegetables.
- Most Irish Travellers do daily exercise through gardening, working and cooking, cleaning, minding children etc.
FOCUS GROUP WITH REFUGEES AND ASYLUM SEEKERS

The Syrian Vulnerable Persons Relocation Scheme (VPRS) data on the arrivals of Syrian refugees to date shows that there are currently 26 Syrian people living in the Belfast area who were born in 1968 or before.

In March 2018, a Focus Group took place with older people who came Northern Ireland either as refugees or asylum seekers. The Focus Group took place at the Bradbury Health and Wellbeing Centre. Sandwiches were provided for the five participants, two women and three men, who came from Iran, Iraq, and Syria.

The aim of the Focus Groups was to gain additional qualitative feedback from older people who are members of a BME community. The topics discussed were identified following initial analysis of the Survey returns. Four topics for discussion were agreed with the BME Steering Group:
1. Physical activity
2. Information and awareness raising about health and wellbeing
3. Barriers to accessing health services
4. What affects health and wellbeing, and what could be done to support older people?

Whilst the same topics were raised with each of the Focus Groups carried out during the BME Health and Wellbeing Mapping Exercise, the Focus Group facilitator was flexible from the outset, allowing the participants to raise issues that were important to them.

Physical Activity

- Physical activities mentioned were walking, and one man swims every morning at Olympia Leisure Centre.
- “One good thing is that we do all get bus passes, so we can get to places”.

Emotional Wellbeing

Everyone in the Focus Group described some way in which they are depressed, stressed or anxious:
- “I cannot sleep, every day I am crying; I think I am depressed”
- “Asylum Seekers have escaped war-zones and worse. We move here, and we are still suffering a slow death every day”.
- “If you can make a plan and have something to do that is positive. But as a Refugee or an Asylum Seeker, this is very often not possible. There seem to be too many barriers that stop you living a ‘normal’ life”.

• “As an Asylum Seeker you are not allowed to work. You are expected to survive on £5 a day. For a man this robs you of your self-worth, you can't look after your family”.
• “In other countries there is respect shown for older people. When we can’t respect ourselves because of the limitations on what we can do this is very difficult”.
• “Vitamins can help anxiety and depression, but we don’t have the money to be able to buy them”.

“As an Asylum Seeker you get a voucher worth £5 a day – although it may have changed now, and people are given cash. You cannot really survive on the vouchers to eat and clothe yourself. In addition, the shops that the vouchers can be exchanged in do not stock food that we are used to (for example Halal, which you can buy in other places in Belfast); also, clothes are cheaper in other places where we cannot use the vouchers. We also use the Food banks”.

Asylum Seeker; Focus Group Participant

“Anything that can make us less stressed is good for our health. The big problem for us is that we have been here for over ten years and still have no papers. How can this be done? It gives you stress and worries every day. We have children and grandchildren who we cannot see, because if we leave we cannot come back”.

Asylum Seeker; Focus Group Participant

“Maybe you could give Asylum Seekers the option to do volunteering work, and by doing this they can get points that could be turned into vouchers, or even better, if they get enough points they can be allowed to work”.

Asylum Seeker; Focus Group Participant

“I can't relax; how many years do I have left? Will I suffer until the final day? Why am I being punished in the last years of my life? I have heart issues, poor sight, and complicated medical needs. Life for Asylum Seekers is too hard”.

Asylum Seeker; Focus Group Participant

“We have no opportunities, no work, no bank account, and we cannot drive a car. So, you feel you have no hope – so what is the future? This generates big stress”.

Asylum Seeker; Focus Group Participant
Social Isolation

The Focus Group members felt that they are socially isolated:

- “I am put into a box as an Asylum Seeker. People have all sorts of perceptions that are hard to shift”.
- “Some Churches help people when they have a problem”
- “There is a Community Meeting Hall close to Bradbury Place, they give advice to everyone and welcome Asylum Seekers and Refugees. It is open Monday to Friday from 9.30 to 3pm. There, everyone is welcome”.
- “When you first arrive you get advice and support; but after that you are on your own. There is no one to help you with form filling for example”.
- “I find it very hard to integrate, although the Falls Road Women’s Centre have been very helpful and give advice”.
- “Refugees who come to Northern Ireland through United Nations automatically have full rights from day one; Asylum Seekers come with nothing when they arrive, and do not receive the same rights. For example, we cannot work, so how can we socially integrate?”.
- “There is a lack of connection between Social Services and the Home Office”.

One member of the Focus Group goes to three different English Language classes a week, and his disabled wife also goes to one of the classes.

Accessing Health Services

The Focus Group members have all had positive experiences at the Hospitals in Belfast. They also reported that the Interpreting Service works well.

“At the Hospital we were made to feel comfortable. We understood what was happening, and the people explained everything to us through the Arabic Interpreter. My wife is disabled, and when we go they bring a wheelchair for her and are helpful and polite”.

Refugee; Focus Group Participant

“If I go to the GP with something simple like a sore throat or a sore head I do not ask for an Interpreter as I can manage. If it is something more serious I make an appointment in advance and ask for an Interpreter so I can find out what is wrong”.

Refugee; Focus Group Participant
The Focus Group members agreed that having an Interpreter available on the telephone, rather than no Interpreter, was a good solution.

“An Interpreter on the telephone when you have two or three specific questions at the Doctor or at Hospital makes sense”.

Asylum Seeker; Focus Group Participant

Feeling Safe

The Focus Group members felt that the people in Northern Ireland are "good people", “lovely people”, “polite and friendly”.
THE POLISH COMMUNITY

The Focus Group for older Polish People was arranged alongside the Polish Saturday School “POLCA” (which is attended by about 100 children aged three to fifteen years old). However, the weather was very bad that day and no one attended. In retrospect, Saturday may not have been the best day, as those who work have a range of duties to get on with, and grandparents may be looking after children. Instead, conversations took place with two Polish Community Workers, who were able to give their insight into the health and wellbeing experiences of older Polish people.

Language Barriers

Many Polish people are stuck in their homes because of the barrier created by not speaking English. They do not get out and about or meet other people.

“I have heard of a couple of situations where the Receptionist at the GP Surgery speaks Polish (because she is Polish), but has been told by the Practice Manager that she cannot speak Polish to patients. This is crazy, when the Polish person who has gone to the Surgery cannot speak good English and cannot explain what they want; but that someone who can speak their language and would make everything much easier is not allowed to”.

Polish Community Worker

Nursing Homes

People are very cut off once they go to a Nursing Homes. There are issues from the start, as Nursing Homes are not places that people trust in Poland (a relatively new concept).

Issues include:

- There is no stimulation for Polish people who speak very little English; and from observation, they seem to be more likely to develop other health problems.
- There is no access to Polish television channels or radio stations in the Nursing Home
- Frustration at not being able to communicate with staff and carers – then they become deflated and resigned
- They are not used to the food they are given to eat; and often don’t like the meals
- The activities provided for residents have little meaning, with no links too Polish culture.

Interpreters are called in when there is a need for people to understand information, especially when this has medical implications; for example, a Physiotherapist at the Nursing Home, or for Hospital appointments. “One Nursing Home, with a Polish Care Assistant is
very good, as they will send her with Polish people who have to attend for a Hospital appointment”.

Dementia
It is extremely difficult for professionals to communicate with Polish people who have dementia. This probably applies to other people who speak very little English, not just Polish people. The challenge is for the professionals to see how severe the dementia is. Furthermore, the usual dementia supports are often not appropriate for Polish people (or others from BME communities).

“One family’s mother had dementia, and it was very difficult whenever anyone came to the home. The fact that they were speaking a different language made it harder, and there is no Polish care support available”.

Polish Community Worker

Older Polish People in Belfast
There are limited opportunities for older people in Belfast to get together. It would be useful to encourage a Polish Senior Citizen's Group. We would need to devise a good programme to stimulate interest and bring people together. Promotion should include the fact that people can spend a pleasant time with others. The group would need a natural leader, which might come about after support has been given to establish a Polish Senior Citizen’s Group.

“We missed an opportunity recently, now I think about it. In Poland there is a Grandmother's Day and a Grandfather’s Day – they are consecutive days on a Saturday and Sunday in January. The Polish School children could do an event around that. This year they all did arts and crafts and took something home for their grandparents; but next year we could invite the grandparents in; and either get them involved in the arts and crafts or do some kind of performance or both. Then we could build on a Polish Senior Citizens Group”.

Polish Community Worker

In Poland the culture is for families to have their parents or grandparents to live with them in their home once they need help. In Belfast the Polish people don’t have information about carers and what support is available.

“There was the time when someone here (a Polish lady) wanted to look after an older Polish lady because the option was that the older person would have to go
They had become very good friends, and the older person was like a ‘Mum’ to the younger woman, which is why she wanted to look after her. However, there were so many obstacles, probably because she wasn’t the ‘next-of-kin’. So much time was spent on assessments, care-plans, and paperwork. But in the end the older lady was ‘allowed’ to move in”.

*Polish Community Worker*

There is a lot more available in Dublin for the Polish community – there are Polish events, concerts, and theatre. We could organise trips down to Dublin for older people, but transport is expensive.

For Polish people aged 50 to 65 years old who are in work, things can be good. However, if you lose your job at this age, it can be very difficult to find other employment; which can lead to mental health problems.

I think most Polish people live in East Belfast, and also there are a lot living in Newtownabbey.

There is a monthly Polish magazine, which is distributed through the Polish shops. It is a private enterprise, part-funded by the Polish Consulate.

It is much cheaper for Polish people to fly home to Poland to see the Dentist than to use dental services in Northern Ireland. The cost of dental treatment is prohibitive to many.

**Brexit**

There is some worry about Brexit and all the uncertainty around it. I went to a Community Connect Event at the MAC in February. The British Ambassador for Poland, from Warsaw, was there; along with representatives from the Home Office and Foreign Office. It wasn’t that well advertised and not that many people were there. The aim seemed to be to reassure people about being able to stay in Northern Ireland and their rights.

**Opportunities**

Cycling and walking groups (cycling is very popular for people of all ages in Poland) Sightseeing – for example a trip to Glenariff, where people could have a walk and engage with others. There would need to be adjustments made for people in wheelchairs. Polish cultural events
THE ROMA COMMUNITY

The Focus Group with the Roma Community had to be cancelled. Instead, a ‘conversation’ with the Workers at the Romanian Roma Community Association of North Ireland (RRCANI) in Belfast took place. Highlights from the discussion are presented below. The questions (in italics) and responses are given below.

*All the survey respondents said that they are only a little confident when speaking English and all except one said they are not confident in reading English. What experiences have they had with interpreting services, and how else does this affect older people accessing health and wellbeing services?*

Many Roma people remain unaware that interpreting services exist, particularly older Roma people. The language barrier is less of an issue with younger Roma. The experience varies depending on the actual surgery. Many Roma people report a very negative experience in some GP’s and choose to present themselves at Accident and Emergency as they feel they have more chance of having their issues addressed.

*All survey respondents said that they sometimes feel isolated or lonely. What could be put into place to help reduce social isolation and stress?*

I would say more community-based activities. In recent weeks we have witnessed the TEO rejecting a funding application for RRCANI in Belfast, resulting in redundancies for the staff and placing the organisation in jeopardy. We need more community development provision.

*There were a high number of Survey respondents reporting that they have diabetes, what supports could be put in pace to help older people with diabetes?*

The Roma experience tells us that the barriers to healthcare are practical. They are associated with language barriers, literacy issues, transient living and the bureaucracy in relations to Roma people being registered with a GP. Despite this being widely known and accepted the process is actually becoming more complicated. The successful levers for having an impact in the past have been collaborative working, for example RRCANI working with BHSC, Sure Start, LORAG and the PHA. Community based support initiatives with trusted community partners would be very welcome.

*Survey respondents said Language barriers, staff attitudes, and lack of information are the biggest barriers to accessing health and wellbeing services – do you know of any examples?*

- Roma people feel that GP staff do not want them in certain surgery’s - too much hassle
• Roma people are sent letter in English regarding healthcare issues

What do you believe are the biggest challenges and barriers for older people in the Roma community when accessing health and wellbeing services?

• Language
• Literacy
• Lack of cultural competence in certain places
• Accessibility and mobility

What could be done to improve health and wellbeing for older people in the Roma community?

• Focused campaigns in partnership with groups like RRCANI
• Gaining access to Roma people requires work on the ground, building relationships and trust.
• Suspicion must be mitigated against - The church can be a big influence in this regard.

Miscellaneous comments
• There are strategies in place, but in real terms very little happens
• There is a pressing issue around immunisation – communication is very poor; the written information does not give the answers.
• Some of the older people I know take medicines from the Pound Shop or from friends, which are not effective, and may be dangerous for them. One Roma woman died because of this.
• There are worries around Brexit and all the uncertainty surrounding this. These worries add to the stress and anxiety experienced by the Roma community.
• Two of the biggest issues are language barriers and everything around a transient population.