Executive Summary

This project was funded by the Public Health Agency
EXECUTIVE SUMMARY

Context

Research and anecdotal feedback (in Northern Ireland, Ireland, the UK and globally) suggests that many people within BME communities experience health inequalities. The mapping exercise addressing the Health and Wellbeing of Older People in the BME Community sought to deliver:

1. A literature review of the health and wellbeing of BME older people in Northern Ireland and Belfast.
2. A health and wellbeing needs-assessment of the BME older people living in the Belfast Trust area to inform future planning.
3. Report on the experiences of the BME older people living in Belfast in accessing and using health and wellbeing services and make recommendations for future planning.

The Project, funded by the Public Health Agency, was coordinated by the BHSCT Community Development and PPI team, was undertaken by Jane Turnbull, Community Consultant, Education and Development from October 2017 to March 2018.

Ethos

Three guiding principles underpinned the BME Health and Wellbeing mapping exercise:

NICE Guideline PH9: Community Engagement

Partnership working with the BME Steering Group, coordinated by the BME Community Development Worker with representatives from the community and voluntary sector

Two of the standards from the Services Framework for Older People; namely:

- Ethnic Minority Older People should get the same level of assessment, care and treatment as local older people using HSC services
- Patients, clients, carers and the public should have opportunities to get involved in the planning, delivery and keeping a check on the HSC at all levels
The Literature Review

The Literature Review identified a number of barriers experienced by older people from the BNE community in relation to health and wellbeing. These included:

- Language
- Lack of awareness and lack of appropriate information on the services available
- Fears about entitlement to health care
- Health care systems and structures
- The failure of some services to meet migrants’ cultural or religious needs
- Institutional racism and the negative attitudes of some health care staff
- Lack of staff training on key issues that impact on BME communities
- Stigma attached to mental health: delay in seeking advice, support, or treatment
- Describing symptoms which have cultural or linguistic influences
- Patients’ preferences for doctors or nurses of particular gender.

NICE Guideline PH35 includes advice on cultural awareness; noting that culturally appropriate interventions take account of the community’s cultural or religious beliefs and language and literacy skills by:

- Using community resources to improve awareness of, and increase access to, interventions
- Understanding the target community and the messages that resonate with them
- Identifying and addressing barriers to access and participation
- Developing communication strategies which are sensitive to language use and information requirements
- Taking account of cultural or religious values
- Considering the influences (from both the mainstream and their community) BME communities are exposed to in relation to diet and physical activity.

The Project Process and Methodology

The BME Older People’s Health and Wellbeing survey was drafted and then developed in consultation with the BME Steering Group. The final version of the survey was translated into Chinese (Simple and Complex), Polish, Arabic, Latvian, and Slovakian. It was distributed personally to BME community groups, and other locations across Belfast. 217 surveys were returned and completed.

33 people from the BME community were trained by Age NI as Peer Facilitators. The Peer Facilitators role was to encourage the BME older population to engage in the mapping exercise survey, and to help people (as required) to complete the survey. Some Peer Facilitators also attended the focus groups, providing support.
The Community Consultant facilitated seven Focus Groups in community settings, attended by 55 older people. The topics for discussion were agreed with the BME Steering Group, taking into account the initial survey data analysis. The four areas discussed were: physical activity, information and awareness raising about health and wellbeing, barriers to accessing health services, and what affects health and wellbeing, and what could be done to support older people? In addition to the focus groups, consultation took place with community workers.

Profile of the Survey Respondents

Of the 217 completed surveys, 124 were returned by women, and 93 by men, from fourteen different nationalities / ethnicities. Of these:

- 65% have lived in Northern Ireland for over ten years; all of the Indian respondents (41), all of the Irish Travellers (16), and almost all of the Chinese respondents (53 out of 55) have lived in Northern Ireland for over ten years. Conversely, none of the respondents from the Roma community have lived in Northern Ireland for more than five years; with the majority (18 out of 25 respondents) living here for less than one year, which is significant both for the Roma people and service providers.
- 42% live with their spouse or partner
- 38% own their own home, this response was given in the main by older people from three communities: Indian, Chinese, and Pakistani. 26% live in private rented accommodation, with the largest ethnic groups being the Roma and the Polish.
- Almost one quarter of the survey respondents live in BT7
- 13% are in full-time employment; and a further 12% work part-time
- 33% of the survey respondents receive a pension; 25% receive no financial support

Language and Interpreting Services

33% of the survey respondents said they are ‘very confident’ when speaking English; and 27% are ‘very confident’ in reading English. 58% are ‘a little confident’ or ‘not confident’ about speaking English, and 61% are “a little confident” or ‘not confident’ when reading English. Almost half of the survey respondents have accessed interpreting services during healthcare appointments, of these, 55% say that they ‘always’ require interpreting support.

“I needed an interpreter when receiving Hospital treatment, but there was none available. I felt a lot of pain, and because of the language barrier I can't communicate the issues, and I had to endure the pain”.

Male, Hong Ling Gardens Resident, aged 80+
Social Inclusion and Emotional Wellbeing

- 130 older people have contact with family every day – 4 never have contact
- 72 older people have contact with friends every day – 5 never have contact
- 118 people go to a community group at least once a week – 18 never go
- Community organisations attended are predominantly specifically BME groups
- 12 older people have no contact with their own community
- 26% of older people ‘never’ feel isolated or lonely; 10% responded that they ‘always’ feel isolated or lonely
- Two thirds of the survey respondents experience either stress, anxiety, or depression

“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 NIMFA Focus Group

Physical Health

27.5% of the survey respondents said that they are physically fit. The most frequently mentioned chronic illnesses were high blood pressure, arthritis, and diabetes; with 18% saying that day-to-day activities are limited because of health issues. Over half of the older people who responded to the survey do 30 minutes physical activity only three days a week or less. Barriers to physical activity include: weather, lack of confidence to go to Leisure Centre, difficulties in accessing Leisure Centres, and the lack of single sex activities. Almost two thirds of the survey respondents drink no alcohol, and 11.5% said that they smoke cigarettes. There were low levels of health literacy about risk factors to heart disease and chronic illnesses.

“When filling out the Survey, some people were reluctant to say what illnesses they have or have had. They are known to me as having health issues, but superstition prevents them stating any illness they have or have had”.

Irish Traveller Community Worker
Engagement with Statutory Health Services

94% of the survey respondents are registered with a GP, and 78% are registered with a Dentist, however, only one quarter of these have had a dental check up in the past year

“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

The most frequently identified barriers to accessing healthcare were identified as:

- Language: 35%
- Lack of information: 33.5%
- Staff attitudes: 13%
- Lack of self-confidence: 10.5%
- Lack of confidence in the service: 7.5%

Being Treated Differently

Almost one third of the BME older people who completed the survey said that they feel they have been treated differently because of race, religion, or ethnicity; this included every Roma person. Over one third (8 people) of respondents from the Irish Traveller community said that they are treated differently. 24 people are from the Roma community and 4 from the Irish Travellers community said they are treated differently ‘every time’. 53% said they have not been treated differently.

“Healthcare staff should be better educated about other cultures and more sensitive to the needs of ethnic minorities. We need medical professionals to show respect to people of different colours”.

Indian Woman, aged 60 – 69

People say they are being discriminated against in the following ways:

- Longer waiting times than other patients
- Attitudes including rudeness and ‘eye-rolling’
- Having to be seen on several occasions before being taken seriously
- Waiting times for GP appointments
- Not being listened to and treated as if they are stupid.

“My father, who is 74, was made to feel stupid in the GP surgery by the Receptionist who made a scene because he could not understand her; he is a proud man”.

Roma Woman, aged 50 - 59
Feedback from BHSCT Day Centres highlighted that there are no BME older people attending the five day centres who responded to an email. There was a lot of concern and fear expressed during the focus groups about going to a nursing home, due to similar issues:

- Language barriers
- Food, which is unfamiliar
- The activities are culturally very different
- They are not culturally viewed as ‘normal practice’ or ‘normal places’

Another issue raised during several most the focus groups was about hospital meals: in particular the lack of awareness of the Asian Vegetarian diet, and difficulties in reading the menu.

“All I ate whilst I was in hospital was toast and yoghurt. They did not understand at all what an Asian vegetarian diet is”

_Indian Woman, Indian Senior Citizens Club Focus Group_

**Opportunities and Recommendations**

**Cultural Appropriateness**
Training for health and wellbeing professionals, including BHSCT staff, day centres, nursing homes, and other stakeholders

**Interpreting Services**
- Bring forward hospital appointment times when an interpreter is present
- Awareness raising with BHSCT staff and other health professionals about The Big Word telephone interpreting service provider
- Build capacity amongst BME community workers and volunteers about Interpreting Services.
- Community Workers might be able to suggest that their members may consider the interpreting support they need. In one Focus Group a Syrian refugee said “I do not need an interpreter when I go to the GP with something simple like a sore throat or a headache; but if I am worried or concerned, then I want an Interpreter with me”. At times an interpreter on the phone may be acceptable.
- Chinese requested that more Hakka interpreters could be available, as well as having enough Cantonese and Mandarin interpreters.

**Health and Wellbeing Workshops**
- Develop with partners across Belfast to address low levels of health literacy
- ‘Pick and Mix’ options
- Culturally appropriate
- Short – 30 to 45 minutes
- Promote through BME Community Groups and Health Centres
Physical Activity – see NICE Guideline NG32
- Work with partners to identify opportunities to promote physical activity to older people across the BME community
- Link into Everybody Active Programme, Leisure Centres and Healthy Living Centres
- Support for community-based Yoga, Pilates, Tai Chi, and strength and balance sessions

Roma Community
Work with the Roma Community Workers at RRCANI, build on the Report findings, further identify gaps in understanding of the structures and systems in NI, and where health and wellbeing information is most needed, and facilitate partnership working.

Volunteers and Peer Facilitators:
- The BHSCT BME Community Worker should liaise with the BHSCT Volunteer Service Manager and Age NI to identify ways in which to support older people from the BME community becoming involved in volunteering opportunities
- Continue to involve and connect with the Peer Facilitators.

BME Carers Group
- BHSCT continues to promote and support the BME Carers Group

Dispensing prescriptions
Explore models of dispensing prescriptions that support issues around speaking English or low-level literacy levels.

Day Centres and Nursing Homes
Explore issues around day centres and nursing homes, including how to address the ‘fear factor’, and identify ways in which these organisations can provide greater understanding of and support for older people from the BME community.

Hospital Meals
- Raise awareness about culturally different diets amongst those supplying food for the hospital meals and staff on the wards.
- Consider ways in which people can comfortably choose their meals.

Health Structures and Systems
Raise awareness about health structures and systems, including making GP appointments and referrals to specialist consultants

Dental Care and Oral Hygiene
Offer dental care and oral hygiene as a short workshop
I would like to thank and acknowledge Sandra McCary, Jennifer Yu, and Sara Vincente from the Belfast Health and Social Care Trust Community Development and PPI Team for their strategic and operational support throughout the mapping exercise. I would also like to sincerely thank and acknowledge staff, Community Workers, Community Volunteers, and older people across the BME communities for taking the time to complete the Survey, participate in the focus groups, and encourage others to engage in the mapping exercise. Without their input this report would not be possible.

May 2018