"Our top three priorities"

By women attending the Reading Community Learning Centre and the charity that supports them

healthwatch Reading
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Joint report
May 2018

Reading Community Learning Centre

"Our top three priorities" Report summary

Women learners would like:

1. Access to interpreting services when using the NHS
2. Culturally aware and timely provision of accurate information about locally available services
3. Longer appointments, if they do not speak English as their first language, to have time to discuss serious health or care concerns

Reading Community Learning Centre called for:

1. People to get access to interpreting services when using NHS and social care services

2. Quicker, better and culturally sensitive support for people with mental health issues
3. Culturally sensitive social care at home - for people with care needs, and family carers

> *My GP called the [interpreting] phone service. It was good.'*

This report is based on listening visits carried out in February and March 2018. It is one of a series of short reports that Healthwatch Reading is producing in partnership with local charities, to ensure that the views and needs of people and communities who are 'seldom heard', are available to the NHS locally, and Reading Borough Council, to inform planning, funding and quality improvements to services.

Why have we produced this report?

The Quality Statements produced by Healthwatch England for measuring the impact and effectiveness of local Healthwatch include:

Community Voice and Influence – enabling local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services;

Making a difference locally - by identifying where services need to be improved by collecting experiences of local people.

> **A local Healthwatch needs to formulate views on the standard of health and social care provision and identify where services need to be improved by formally or informally collecting the views and experiences of the members of the public who use them.** (Healthwatch England)

Healthwatch Reading is therefore working with other local charities on a series of short 'top three issues' reports to ensure that the views and needs of people and communities who are least often heard are available to the NHS locally and to Reading Borough Council, to inform both commissioning and quality improvements of services.

How did we produce this report?

Our first listening meeting was with staff members Aisha Malik, Shaheen Kausar, Parveen Brar, Premalatha Sudarshan, and Hemamalini Sundararajan at Reading Community Learning Centre (RCLC) on 1 February 2018.

Our second listening meeting was with 14 women at RCLC, at a listening session and lunch held between classes, at the centre on 7th March 2018.

About the Reading Community Learning Centre

RCLC provides education and support for the most disadvantaged and socially isolated women in Reading. Many of the women have had little or no previous educational experience and feel unable to attend mainstream establishments because of the cultural, economic and personal barriers they face. Most do not speak English and often they are not literate in their own language. For some, the centre offers their only contact outside their immediate family.

The service provides social, educational, civic engagement and volunteering opportunities for marginalised women from Black and Minority Ethnic (BME) communities and provides services that address barriers to learning, including child care through a crèche, and supports progression into further education, social and employment opportunities.

BME communities in Reading

Reading has an ethnically diverse population. South Asian groups (Indian, Pakistani and Other Asian) accounted for 12.6% of all residents in the 2011 census. A further 4.9% identified themselves as Black, and those identifying as 'Other White' (including several other nationalities, including Reading's Polish community) accounted for 7.9% of the population.

Local BME communities are in themselves diverse and will have different needs when accessing services. RCLC provides support and opportunities for particularly marginalised women from BME communities.

Part 1: What we heard from RCLC staff

These three themes emerged when we listened to RCLC staff views about women's experiences:

1. Difficulties in getting access to health and in understanding services, including social care.

Barriers include language, interpreter availability, cultural issues of expectation and understanding.

We heard that women know to call the GP when something is wrong, but it is usual then to then have to wait a long time to for an appointment. Language can be a barrier to communication and understanding at all points in the process, as is lack of knowledge of how the system works. Interpreters are not always available for appointments.

We heard that the centre is seeing more women and families affected by domestic abuse…and it is important social workers use interpreters to help women understand both council processes and their rights.

If the woman or a family member needs a hospital referral, women report to RCLC staff that they often cannot understand the referral letter. Women often feel that the wait for the hospital appointment is long, and do not understand why this would be.

We heard that waiting rooms at Royal Berkshire Hospital could be more child friendly, and it was suggested to us that at times priority should be given to those who have younger children instead of parents having long waiting times. Children get restless so sometimes women do not stay for their appointments - they report to RCLC staff that they end up leaving to care for their child in a more appropriate setting.

We also heard that the centre is seeing more and more women and families affected by domestic abuse, who need support and advice about their situation.

The loss of a local service providing counselling in a variety of languages, had reduced opportunities for staff to signpost learners to culturally appropriate support.

They might want support on immigration, or might be on a spousal visa, which then leaves them destitute as they have no access to benefits, any money or social housing once they leave their family home and go into refuge. These women are the most vulnerable of all as they will not know their rights or how to access what they might need.
In many cases of domestic abuse social services are involved, and it is important that social workers work with interpreters to help women understand both the council process and their rights.

2. Lack of enough support for mental health - not getting timely, appropriate and culturally sensitive treatment for mental health problems.

Staff told us that in many cultures there is a stigma attached to mental illness, or it is simply not acknowledged to exist. So it can be very difficult for families to get the help that a person who is unwell needs, and such help needs to be culturally sensitive.
Women who do want support with mental health often lack the knowledge of the NHS and where to access help. They may not understand that a GP is able to talk about mental health, or not have access to a computer, or the skills, to search for information and advice online.

Sometimes cultural issues mean that GPs do not identify an underlying mental health issue, and medication is given for a physical symptom instead.

> "Some people would not be comfortable with male care workers. They might also not want care workers to come at prayer time."

The underlying illness remains untreated and may get worse. Staff suggested to us that advertising more about mental health in community languages could raise awareness and signpost sources of help.

We heard that loss of a local service that had provided counselling in a variety of Reading's languages had reduced the opportunity to refer RCLC learners and families to culturally appropriate services – we heard that RCLC learners made very limited use of Talking Therapies, and it did not seem to include easy provision for working with an interpreter.

3. **People needing home care need care that is culturally sensitive and appropriate. RCLC learners as family carers supporting in this situation face extra pressures that may affect their health.**

We heard many workers provided by home care agencies are not trained in and aware of the cultural and religious needs of the families of RCLC learners. Some family members would not be comfortable with male workers and might want a female to do their personal care. They also might not want them to come round when it is prayer time. Many elderly parents want to keep their independence and may not want to move in with a son or daughter but still may need some sort of support at home.

We heard that culturally inappropriate arrangements can cause much unhappiness and distress. Where RCLC learners are supporting family members who receive home care, the impact on them as carers can be considerable – most would not be aware that they are entitled to a Carer's Assessment.

Part 2: What we heard from learners at RCLC

We asked the 14 women to tell us what it is like when they visit a GP or hospital, and what it is like if they have responsibility for caring someone else who they support in accessing services. Are doctors, nurses and others kind, and clear in what they say? Is an interpreter always available? What is done well?

> **Very limited use was made of Talking Therapies and it did not seem to include easy provision for working with an interpreter.**

We also asked, what could be better? Interpreting was provided informally during this session by RCLC staff **and** women who attended. Languages spoken included Arabic, Mandarin Chinese, Pakistani/Urdu, Spanish (Ecuador), Nepali and Punjabi.

Comments about what is done well:

"Yes, [I had access to an interpreter] at hospital - in Arabic'."

"Never [did I have access to an interpreter] at GP. Three times at hospital. It makes me feel comfortable."

"My GP called the phone [interpreting] service. It was good."

"I went to a GP because I wasn't good [at] English. I was shocked that I could speak with her [communicate, be understood]. She spent a long time with me. She explained everything. She was very helpful to me."

"I was asked if I prefer a man or a woman doctor" [at reception at a GP surgery].

"For me the service in my GP is very good - I don't know my doctor but for me any GP is good."

Comments about what could be better:

"With the phone it's difficult to get appointments [at the GP]."

"Having to tell at reception what the appointment is for and it only being possible to ask about that even if you have time and [another] problem is of the same nature."

One woman described a traumatic experience of miscarriage some time ago when she was sent home from A&E to wait one month for a test result and a clinic appointment. No emotional support was given:

> **In my country they would help, give some medication or something. We were told [at A&E], "we don't have a doctor now for a scan".**

The Healthwatch Reading listening and lunch session with learners and staff at the Reading Community Learning Centre.

"I don't know who my GP is - they change whenever they want to."

"They [GPs] need to see the person as a whole [answer questions about more than one thing]."

"Some GP surgeries use locums - you get a quick diagnosis or a prescription in five minutes, [this is worrying]."

"Explaining what the problem is, is [culturally] hard. English…it is hard to be understood - on phone worse."

Once I accompanied a friend, who does not speak very good English, to the Walk-in Centre. I could see that the healthcare professional did not take care to read her record.

Other general feedback:

Dental services

Many told us that they did not understand the dentist and having to pay. They did not feel confident in going to a dentist as they did understand the charges.

Disability support

One of the women explained that she is a carer for her child who has a long-term health condition and disabilities. Her GP surgery has been helpful with her son and has supported her well. Support at the hospital has been good too. However social care support has not been so easy – the parents had to ask for a carer's assessment and also had to make their own enquiries about respite care, as their child's social worker did not know anything about it when asked.

It can also be difficult for family carers to arrange a home visit or telephone call from a GP, although diabetic care is generally good.

The group felt that information about support groups for families with a cared-for person at home was not being passed on to families and information about what statutory services were available was patchy.

GP surgeries

Most people had a good experience, with most having no issues getting appointments and were able to see a GP as soon as they possibly could.

Several found their GP helpful when they went in to see them.

Others reported that they do not get enough time to speak to the GP during appointments and sometime find it difficult to explain more symptoms when they just have an allocated 10 minutes for their appointments. They would like to have more time. The women were mostly unaware of the possibility of being able to request a double appointment.

We heard that it would be good to see the same doctor for continuity, and building that relationship in which repeating the patient's story at every visit is not necessary and it becomes easier to talk about private matters.

There are cultural barriers to asking for help and care for certain conditions and generally, especially for women – it would be better for the GP to offer help.

Interpreting

We heard that Western Elms Surgery offers a translating service for patients who have English as a second language, but not many had that option at other surgeries and they were not offered it when they made an appointment. In contrast, most who used hospital services were offered interpreters for appointments, which made the experience better as they could be understood.

The three key themes that emerged from the session were:

1. Interpreting services are very important in ensuring full and equitable access to NHS services

2. Culturally aware provision of accurate information about services and available support for service users, families and carers, in a timely way, is important in both health and social care services

3. At times, it may be necessary to allocate longer appointments to ensure that serious health and social care matters can be adequately discussed, with interpreting support, with service users and carers who do not speak English as their first language.

Conclusion

It was clear from both meetings that commissioners and health and care providers need to be aware of the need to ensure access to:

+ iinterpreting services
+ culturally aware provision of accurate information, with enough time and support to understand the information, and
+ culturally sensitive services (e.g. awareness that a particularly strong stigma attaches to mental health issues in some cultures).

Themes from this report, and our recommendations spanning the whole series of reports in this project, will be included in a final report in due course.

Healthwatch Reading thanks learners and staff for giving their time to share their views. Healthwatch Reading is an independent charity with some statutory powers. We can take your feedback in confidence, help you make complaints, and refer serious concerns to other agencies.

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