

# **One size does not fit all: Moving towards delivering culturally competent services**

**November 2020**

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## Executive Summary

This report provides information and insights from many of the diverse range of Black, Asian and Minority Ethnic (BAME) residents who live in Enfield. The Coronavirus pandemic has had a disproportionate impact on BAME groups and it is important to ensure that all the effort to support communities is meeting the needs of local BAME residents. Reaching all our communities and offering inclusive services is a challenge for all organisations and there is a strong local commitment to work with local communities to reduce inequality.

In doing this survey work, a clear lesson for us, is to move towards using culturally competent approaches in our efforts to reach and hear from BAME communities. As the saying goes 'one size does not fit all' and throughout this work we noted that specific community groups used different services in different ways and as a result had different views about the support they need. It is also clear that the existing methods of cascade with a strong reliance on online communication do not appear to be appropriate for everybody in BAME groups.

We are grateful to Enfield Racial Equality Council (EREC) and Enfield Caribbean Association (ECA) for partnering with us in this work to reach out to local communities.

In carrying out this survey work we were keen to learn about:

- Areas where some communities would welcome additional support
- How communities access information
- Access to health services
- Preferred language
- Digital accessibility
- Flu vaccine

We started our survey work using the tried and tested online survey approach and then carried out follow-up work with communities, who responded to this outreach activity and helped us to evolve more customised ways of gathering feedback from communities. The highest response was gained when people from similar ethnic backgrounds supported the completion of survey questions. We also noted that some communities didn't respond to any of this effort and therefore there is a need to do more focussed and participatory work with these communities.

There are a number of emerging issues:

- BAME communities reported that they need more help and support; 54% of individuals said they don't get the help and support they need.

- A significant proportion of respondents prefer to access information through television or radio in their own language.
- Digital access is an issue for 1 in 10 BAME respondents and hampers access to services. In addition to this deficit, English is not the preferred language for 40% of our respondents.
- 30% of BAME individuals told us that they need a translator.
- 94% of BAME individuals are aware of the flu vaccine; of these only 53% of individuals reported that they would have one this year. Many had strong views:

*'The vaccine might not contain immunity against the flu strain that occurs'*

*'They don't work and are just about selling medicine for profit.'*

*'The flu vaccine make me very ill.'*

*'I have never had it before.'*

*'I have had it before and it made matters worse. I don't trust it.'*

*'Don't want it, don't trust it, don't need it.'*

*'Lack of trust and fearful of what I actually would be injected with.'*

*'Fear and lack of trust, what would I actually be injected with.'*

These comments also reflect a common issue - the lack of trust in the system, based on people's previous experiences of giving feedback only to see no action resulting from their efforts.

## Recommendations

1. There is a need to develop and invest in culturally competent research which is informed by communities and addresses areas of concern to them, this resonates with the findings of the review conducted by Professor Kevin Fenton<sup>1</sup>, Public Health England's regional director for London, into the disproportionate effects of Coronavirus.
2. Additional work is needed to draw on good practice in order to understand how the help and support on offer can be targeted towards BAME communities.
3. There is a need to link with community radio and television to improve our reach in some BAME communities. We have made a start towards collecting contact information for community media channels.

<sup>1</sup> [Beyond the data: Understanding the impact of COVID-19 on BAME groups](#); Public Health England; June 2020

4. There is a need to audit the take up of translation services in relation to primary care access in order to assess if further action is required to promote these services.
5. There is a need to consider steps which can be taken to remove the digital/language barriers to accessing GP services.
6. There is an urgent need to address BAME concerns and build confidence about the vaccines including the flu vaccine.

We are keen to discuss these recommendations with local service providers to ensure that the voice of local BAME residents helps to shape future planning of services. We will share this report with the Enfield Integrated Care Partnership to facilitate this discussion.

There is a need to continue to build trust and contact with a wider range of communities. Enfield Healthwatch is keen to discuss how we take this work further with anchor institutions so that we can improve access to commissioned services. We will also try to contact the groups from whom there was little response. Links are already being established with eastern European communities.

## Methodology

During September and October 2020, Healthwatch Enfield working with the Enfield Racial Equality Council (EREC) and Enfield Caribbean Association (ECA) developed a survey with a view to making a focussed effort to hear from BAME communities. We agreed that we would circulate this survey via the contact list held by EREC and that ECA would also help us by encouraging their members to take part in the survey. We circulated an on-line survey in this way. We made it clear that paper copies were available as well as support for completing the survey by telephone. The survey was publicised via the EREC newsletter in September, with a reminder in their October edition. ECA also circulated reminders and also requested paper copies.

Healthwatch followed up the EREC contacts by phone and email and in doing this were able to offer assistance with the survey. Paper copies were also provided for a Tamil group. The survey was then made available on the Healthwatch website, and was included in the Healthwatch Enfield newsletter and social media channels. Local outlets such as Enfield Dispatch, Love Your Doorstep and The Palmers Green Community shared the survey details via their communication channels.

We were keen to work in the way communities found most useful for them taking note of the need to use 'culturally competent' approaches as highlighted

in the review conducted by Professor Kevin Fenton<sup>2</sup>. This means that we had to change the way data was collected so that the method 'worked' for specific groups. For example, 50 of the responses collected by Healthwatch Enfield were completed in Turkish with a Healthwatch Enfield volunteer providing translation.

The Enfield Saheli women's group agreed to Healthwatch joining an on-line session with 53 attendees to allow them to contribute to the survey verbally supported by group leaders who helped with translation as needed. Due to the different 'group' methodology used here and taking note of the fact that the group appears to be very well supported by the Saheli organisation, the data is not included in the results section below. Notes from this feedback are included as appendix 1

In total we engaged with 195 individuals:

- 56 of these completed the survey in response to contact by EREC
- 86 completed the survey via Healthwatch Enfield engagement and communication channels
- 53 individuals provided feedback via the Enfield Saheli women's focus group - information from this session is not included in the results below but in Appendix 1.

The responses were collected as follows:

- 50 of the responses were completed in Turkish with a Healthwatch Enfield volunteer providing translation
- 25 responses were collected via paper with translation help from local community groups
- The remaining responses were collected via the internet

## **Gender and Age**

There were more female respondents than male. There was a good representation of respondents from 18 to 70+ with slightly more respondents in the older age range.

## **Ethnicity**

The sample includes responses from Black, African, Caribbean, Asian, Indian, Tamil, Turkish, Kurdish and White respondents with single respondents from a wider range of ethnic groups. Key groups under-represented in this sample are Greek Cypriot and Eastern European residents. It is useful to note from our experience that the on-line survey and social media approaches are not reaching these two groups of residents.

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<sup>2</sup> [Beyond the data: Understanding the impact of COVID-19 on BAME groups](#); Public Health England; June 2020

Due to the voluntary nature of individuals' participation in the conversations, a standard set of data was developed but a complete set was not collected for each individual. Therefore, the sample size varies depending on information provided. Not all data will tally due to rounding.

## What BAME communities told us

### We need help and support...

On average, 23% of individuals from BAME communities told us that they needed some form of help and/or support during the first wave of the Coronavirus outbreak (see table 1 below).

Support needed	Percentage
Shopping	49%
Ordering medicines from my doctor	33%
Medicines delivery to my door	27%
Keeping in contact with people	19%
Money/benefits advice	18%
Food parcels	12%
Cooked food	6%

Table 1: Support needed

- Shopping was by far the largest area for support, 3 in every 4 individuals aged 70+ (75%) from BAME communities reported needing help with food shopping and 1 in every 3 individuals in this age range needed help with food parcels. Females required more help than males (14%). African respondents needed most help with food parcels (20%).
- Those aged 40-44 from Turkish communities needed the most help getting medicines from their doctor (70%), the 25-29 range, 51%.
- Individuals aged 35-39 from BAME communities needed the most help with money/benefits advice (43%). Individuals from a Turkish background reported needing the most help with money/benefits, with almost 1 in 3 individuals needing this support (32%).
- Individuals aged 65-69 from BAME communities needed the most help with keeping in touch with family and friends (50%) but not those aged 70+ (25%), this latter figure reflects the findings of our previous report

about using technology to ease the burden on primary care<sup>3</sup>. Individuals from a Turkish background reported needing the most help keeping in touch with family and friends. This was reported by almost 1 in every 4 individuals (24%).

## Getting the support...

Overall, just over 1 in every 2 individuals (54%) from BAME communities reported that they did not get the help and support they needed. This compares to 22% of individuals from non-BAME communities who said the same thing in our previous Coronavirus survey<sup>4</sup>.

### Comments:

*'I struggle with receiving help due to language barriers.'*

*'I did not know who to contact and even when I did, it was hard to contact them.'*

*'I did not think my situation was urgent therefore did not reach out for help.'*

*'I did not receive any help from government or formal bodies.'*

*'I do not know how to do food shopping online and at times it was very overwhelming to go food shopping in stores as a lot of things had run out due to panic buying.'*

*'In general, I am not happy with help services.'*

*'For the first few months of lockdown it was impossible to get supermarket slots for groceries for home delivery although I have several underlying conditions, so had to rely on other people. Great family to help round but at times it does get boring and frustrating being stuck indoors and doing same routine - talk, tv, phone chats and sleep'*

- Those aged 70+ from BAME communities felt they got the help and support they needed the most (90%).
- Individuals from a Turkish background (80%) felt that they got the help and support they needed the least.
- Individuals aged 35-39 and 45-49 from BAME (particularly Turkish) communities (83%) felt they got the help and support they needed the least (83%). These age groups rated particularly high in the questions around needing high levels of support (needing help with food parcels, cooked food and money/benefits advice) but reported that they were least able to get this support.

<sup>3</sup> ['Using technology to ease the burden on primary care'](#), Healthwatch Enfield, January 2019

<sup>4</sup> ['The impact of the Coronavirus outbreak on Enfield people's health and wellbeing'](#); Heathwatch Enfield, July 2020



- Those who received help (particularly the over 70 group) received it from family and friends although this also has its limitations:

*‘Great family to help round but at times it does get boring and frustrating being stuck indoors and doing same routine - talk, tv, phone chats and sleep’*

## I get my information from...

The most popular source of information reported by BAME communities is via the television and/or radio in their own language (71%). Turkish respondents were the highest users of television and radio in their own language. The least popular sources of information were getting information via email or text message and getting information in the post. Local organisation websites also had low take-up overall (see table 2 below)

There was little gender difference in these results except for use of online (national organisation websites) with males using this method more than females.

<b>Information source</b>	<b>Percentage</b>
Television and/or radio (in your own language)	71%
In the media (television and newspaper)	53%
Online (national organisations websites)	49%
Online (social media)	34%
Family and friends	30%
Online (local organisations websites)	20%
Email or text message	8%
In the post	8%

Table 2. Source of information

It should be noted that these findings are different from the feedback received from our previous survey work looking into the impact of Coronavirus on Enfield people’s health and wellbeing, where the respondents are mainly white<sup>5</sup>.

<sup>5</sup> [The impact of the Coronavirus outbreak on Enfield people's health and wellbeing](#); Heathwatch Enfield, July 2020

- Just 1 in 2 individuals from BAME backgrounds (53%) reported using mainstream media, compared to just under 3 in every 4 individuals from non-BAME communities.
- Individuals from BAME communities reported using national organisations websites (49%) less than non-BAME communities (63%).
- The use of local organisations websites was half in BAME communities (21%) compared to non-BAME communities (44%).
- Getting information via email or text message was a third less likely in BAME communities (8%) than in non-BAME communities (27%).
- Getting information via the post was almost half more likely in BAME communities (8%) compared to non-BAME communities (14%).
- Use of social media was similar in BAME communities (34%) and non-BAME communities (35%).
- Getting information from family and/or friends was similar in BAME communities (34%) and non-BAME communities (30%).

Individuals from BAME communities are less likely to get information from sources that are not in their own language, compared to those from non BAME backgrounds and are more likely to get information in their own, preferred language. This could account for the striking differences in access to information via mainstream media, national organisations, local organisations, email or text message and via the post.

### **Health related help...**

Over 1 in every 2 of the individuals we spoke to from BAME communities (53%) told us that they needed help from their GP during the Coronavirus outbreak (see table 3 below). This varied across the age range with those aged between 18 and 29 needing the least help with 60%+ of the other age ranges needing this help. Females (56%) reported needing more help than males (40%).

<b>Health related help</b>	<b>Percentage</b>
GP	53%
Pharmacy	19%
Hospital	15%
NHS 111	7%

Table 3: Health related help needed

19% told us they needed help from a pharmacy, quite a few groups reported not using the pharmacy at all. Only 15% reported needing help from a hospital with Turkish community reporting this and many not using the hospital at all. Those aged 70+ told us they needed help from a hospital, the most (35%) in addition to needing help from a pharmacy the most (50%). Just 7% accessed help via NHS 111, this figure is worrying low given the increasing reliance on 111 as an access point to services.

## Seeing a doctor

36% of respondents told us that they needed to see a doctor during the Coronavirus outbreak and just over 1 in every 2 of these individuals (52%) told us that this resolved their problem for them. Individuals aged 50-54 reported needing help from a GP the most (69%) and females reported needing more help from a GP (56%) than males (41%).

## Comments:

*I have a health issue but did not seek any help, I was already having physio treatment this was cancelled as the department was closed indefinite.'*

*I have a health problem; I don't have a translator.'*

*I could not contact my doctor because I cannot speak English and do not know how to use the internet. I was also afraid of physically going into hospitals or the GP because of the virus.'*

*It was very difficult to get to speak to a doctor as everything had to be dealt with on line & wait for call back.'*

40% of individuals from a BAME background reported that they have had to miss a health appointment due to the Coronavirus outbreak and 42% of these individuals reported feeling worried about their missed appointments. 20% of individuals told us that they needed medical help specifically relevant to Coronavirus. Turkish respondents (42%) reported needing help with Coronavirus over two times more than any other ethnic group. They also reported needing help from a GP more than any other ethnic group and needing to see a doctor more than any other group. They were least likely to think that seeing a doctor resolved their problem.

## Languages spoken...

40% of our survey respondents told us that English is not their preferred language. Preferred languages reported include: Gujarati, Tamil, French, Bulgarian, Albanian, Arabic, Turkish.

30% of the individuals who completed our survey told us that they need a translator to communicate with professionals, such as their GP. These

individuals completed our survey with the help of volunteers and/or local community groups who speak their preferred language.

Turkish individuals (58%) need a translator the most. This is significant as they were the ones most likely to need to see a doctor and the ones most likely to need to see a doctor due to Coronavirus.

## **Accessing health services..**

The Coronavirus pandemic has resulted in an increased expectation of individuals booking health appointments online and using the internet (in English) to access health services. Over 1 in every 10 of the individuals we spoke to from BAME communities (11%) told us that they do not have internet access at home, this seemed to be a particular challenge for African individuals.

A similar proportion of individuals reported that they do not have a device to enable them to access the internet (10%), and again a challenge for African individuals.

1 in every 3 individuals (30%) told us that they are unable to make an appointment using the internet, due to not having the appropriate equipment and/or language barriers when English is not their preferred language.

### **Comments:**

*'Confusing'*

*'I am not confident enough to use the internet'*

*'I need to use the phone'*

*'Not computer literate'*

*'I struggle with online forms & typing'*

*'My English is not good enough for me to make appointments on my own.'*

*'I reach out to my children over the phone and they help me.'*

*'I get help from friends and family to make appointments.'*

*'I cannot do this personally; my daughter helps me.'*

*'My son has to help me'*

*'I cannot speak English, nor do I know how to use the internet. I have a smart phone but hardly know how to use it, I use the very basic features on it such as making calls.'*

*'Although I have access to internet and a smart phone, I cannot book appointments without help because I cannot speak English very well.'*

*'I find it very difficult to do online appointments and not having a mobile phone has been a hinderance. I rely a lot on my family members.'*

*'I went private instead'*

*'I'm worried my treatment are delayed and as I am getting older each year makes surgery a greater risk. Also, I'm waiting for a DEXA scan and may have osteoporosis, so treatment for this is also possibly being delayed'*

## The flu vaccine..

Improving take-up of the flu vaccine is a local priority.

In total, 94% of individuals reported that they are aware of the flu vaccine, however just over 1 in every 2 individuals (53%) reported that they would have one this year.

The main reasons given for not having a flu vaccine include concerns about side effects and a lack of information about the vaccine.

### Comments:

*'never had it before and worried about possible side effects'*

*'don't agree with it'*

*'Not sure, it is not very clear'*

*'I haven't needed one in the past and am not keen on taking medication unnecessarily'*

*'They don't work and are just about selling medicine for profit.'*

*'I have had it before and it made matters worse. I don't trust it.'*

*'Maybe if I have more information'*

*'Don't want it, don't trust it, don't need it.'*

*'Lack of trust and fearful of what I actually would be injected with.'*

*'Family prefer me not too.'*

*'It was being done in a tent outside my GP surgery but I just didn't feel safe'*

# Appendix 1

## Focus group notes

### Enfield Saheli Group feedback on BAME community Survey 27/10/20

**Krishna Pujara**

**Total number of people on the call: 53**

## NOTES

### **How are you all? How coping with COVID times?**

Message from the Chair:

All the ladies on the call are regular attendees at the Saheli organised events. The Chair, Krishna Pujara explained that they work in close partnership with Enfield Council and other community and statutory agencies in Enfield and have been at the forefront of local initiatives to support communities during COVID. They have become part of the force to deliver hot meals and shopping delivery and they have support workers making ongoing phone calls to those who are digitally excluded. They have supported their members to use social media and WhatsApp groups to keep in touch and informed. Lots of members do not have smart phones and they supported those individuals to get registered with the council for support (such as shopping/prescriptions etc).

### **Getting the help you need?**

All the ladies on the call agreed they were receiving the help they needed. This was ascertained by no one speaking to the contrary when asked this question. Lots of nodding and thumbs up.

### **Where do you get help from?**

All the ladies agreed that their first line of support was via the Saheli group.

### **Where do you find your info from? News/ friends etc?**

All the ladies agreed that their first line of support was via the Saheli group.

### **What about hospital / GP appointments - how are you finding that?**

One lady said that her GP would not see her in person for sciatica. I advised her to contact her GP again and explain that she was still in pain to see if she could get an appointment. She lives in Brent so details for Brent Healthwatch were shared.

### **What about using digital/phone appointments?**

All the people on the call were using digital media by video to join the session although many had received help to do so.

**Any worries about GP/hospital appointments?**

No worries divulged.

**Any communication issues around language?**

No worries divulged. Although the chair did explain that some of the group did not have good English and would not be comfortable using online surveys or reading documents.

**How do you feel now? Safe to go out? Worried?**

Some ladies said they used the video sessions with Saheli. Others spoke about being extra careful with their families and grandchildren visiting, wearing masks etc.

**Flu vaccine? Enough info/will you have one?**

Another Healthwatch staff member had given a talk about the flu vaccine a few weeks ago. It seemed the group were well informed. Questions were asked about what ingredients are in the vaccine and what the alternative is if you cannot have pork or egg due to allergy or religious/cultural reasons. Signposted to our Flu Jab online video catch up for more info.

**Demographics:**

All Saheli?	Yes
All women?	Yes
Age group?	All over 50
Disabilities / Carer?	Mixed
All live or work in Enfield/ Edmonton?	Some from Brent

## Appendix 2

### Community language media

#### West Africa

- <https://www.seneweb.com>
- <https://www.news24.com/news24/Africa>
- <https://dakar221.com/category/politique/amp/>

#### East Africa

- <https://www.bbc.com/somali>
- <https://www.voasomali.com>
- <https://puntlandpost.net>

#### North Africa

- <http://algerieinfo.com>
- <https://www.elbilad.net/>
- <https://www.ennaharonline.com/>
- <https://www.elwatan.com/>

#### Asia

- <https://www.ndtv.com/video/list/channel/ndtv-24x7>
- <https://www.news18.com/uk/>
- Garavi Gujarat Newspaper - <https://www.gg2.net/subs/>
- <https://www.behindwoods.com/news-shots/india-news/>

#### Albania

- <https://telegrafi.com/lajme/>

#### Caribbean

- <https://www.nationnews.com>
- <https://www.onecaribbeanmedia.net/media-group/newspapers/the-nation-newspaper/>

#### Arab/ Middle East

- <https://www.bbc.com/arabic>
- <https://www.alsharqiya.com/en/WebLive/SharqiyaNewsLive/39846ee7-9408-4c75-88af-98c9eb8c3335>
- <https://imn.iq>

#### Turkish

- <https://www.showtv.com.tr/show-haber>
- <https://www.ntv.com.tr/>



- <https://www.google.com/search?q=trt+haber&oq=trt+&ags=chrome.1.69i57j0i20i131i263i433i457j0i13j0i20i131i263i433j0i131i433j0.2590j0j4&sourceid=chrome&ie=UTF-8>
- <https://halktv.com.tr/>
- <https://www.fox.com.tr/haberler>
- <https://www.ahaber.com.tr/>
- <https://www.kanald.com.tr/kanal-d-ana-haber>
- <https://www.haberturk.com/>
- <https://tele1.com.tr/haber/>
- Turkish satellite TV which is based in Turkey.
- Newspaper - <https://olaygazete.co.uk/turk-toplumu>
- Newspaper - <https://londragazete.com>
- Hurriyet (printed paper)
- Radio - <http://londraturkradyosu.com>

## Appendix 3

### Demographics of survey respondents

Gender	
Male	23%
Female	77%
Other	0%
Prefer not to say	0%

Age	
Under 18	1%
18-24	9%
25-29	8%
30-34	4%
35-39	5%
40-44	8%
45-49	10%
50-54	12%
55-59	12%
60-64	11%
65-69	6%
70+	15%

Sexual Orientation	
Heterosexual	95%
Gay or lesbian	0%
Bisexual	1%
Queer	0%
Prefer not to state	4%

Religion	
Buddhist	0%
Christian	40%
Hindu	8%
Jewish	1%
Muslim	29%
Sikh	0%
No religion	12%
I'd prefer not to say	9%
Other	2%

Ethnicity	
Asian/Asian British	4%
Indian	6%
Any other Asian Background	3%
African	6%
Black/Black British	12%
Caribbean	16%
White and Black Caribbean	2%
White and Black African	1%
White and Asian	3%
English/Welsh/Scottish/Northern Irish/British	4%
Any other white background	7%
Turkish	31%
Turkish Cypriot	2%
Kurdish	3%
Turkish and Kurdish	1%

Disability	
Yes	9%
No	91%

Carer	
Yes	87%
No	13%

This report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

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