Information and Sign-posting project 2015 - 2019 Evaluation

IRMF

#FairerHackney
hackney

#FairerHackney

hackney cvs

HRMF
Hackney Refugee and Migrant Forum

This briefing is for health professionals working in integrated care in City & Hackney – particularly those involved in public health, prevention, planned and unplanned care as well as GP's, and voluntary and community sector organisations who support residents from migrant communities.

Index

Executive summary

Funded by City & Hackney CCG and led by Hackney CVS, the *Information and Signposting project* was delivered over a 4 year period and resourced seven community organisations to help residents receive better health services.

The project reached 3360 people from various BAME communities (African Francophone, Turkish/Kurdish and Vietnamese), provided them with information about how to access appropriate support and gathered data about their knowledge and confidence in using health services.

Hackney CVS developed the *Information and Signposting project* because our previous Our Place research told us that:

- There was a lack of awareness about screening programmes in specific communities, especially black African and Asian communities
- There was a lack of awareness about GP surgeries and how to use GPs amongst Black African communities as well as a general need for awareness-raising of the out of hours GP service
- The Turkish Community had a marked lack of trust in health services and the Polish community showed a lack of trust in pharmacists
- Various local community organisations were working to support their own communities, but did not themselves necessarily understand the way the health and social care system worked in the UK so were concerned that residents were being given incorrect information.
- Local community organisations' reach into communities was not well understood and should be better utilised by health professionals and the health care system

So what did we do?

The project set out to provide organisational development support for refugee and migrant groups to help them support the needs of their communities in accessing health services and sought to increase the number of migrant and refugee residents who were enabled to appropriately access health services.

Hackney CVS knew that local community organisation embedded in their respective communities had the reach to those needing support. As such 6 Community organisations [1] , following a grants process, were given annual grants to run a weekly 7 hour signposting service for their service users

---

1.	African Support & Project Centre (engaged African Franco phone community)
2.	Rise Community Action (engaged English Speaking African Community)
3.	Precious Lives (engaged English Speaking African Community)
4.	Cemci Alevi Cultural Centre (engaged Alevi Faith Turkish / Kurdish Community)
5.	Halkevi - Kurdish Community (engaged Kurdish Community)
6.	VLC – Centre 151 (engaged - Vietnamese community)

and clients. Doctors of the World, another VCS organisation, was funded to provide a monthly clinic and advocacy for client with complex health access issues, and were tasked to provide training for GPs on the rights of access to healthcare for undocumented people. This was provided as a video online training package for all GP Surgeries in Hackney, due to unavailability of practice staff to attend training.

Hackney CVS provided training, support and lap tops to the community partner organisations to help them with data collection and evidencing their work.

Over the 4 years, more than 3000 refugee/migrant residents received signposting support and 166 residents registered with a GP for the first time. Whilst many services show an under representation of men, in this project the genders were equally represented.

a) ***Successes*** of the project included: improved data recording, development of a delivery partnership and peer support across groups, improved relationships between community groups and VCS/ statutory services, and the development of a partnership between Doctors of the World and refugee / migrant community organisations to enable refugee/ migrant organisations to escalate individuals with complex needs , needing advocacy, or urgent medical needs appropriately.

b) ***Challenges*** of the project included: the amount of training required for sessional or volunteer staff with high turnover, ensuring systematic data collection, sustainability of capacity, working in an environment hostile to migrants influenced engagement of professionals, and an underestimation by the project of the amount of support needed.

And what did we find out?

1. Partnering with local community organisations embedded in their communities gives local health professionals and services unique access to communities they otherwise wouldn't have
2. These community organisations themselves need ongoing support and engagement with GPs and health professionals so that they understand how best to refer their clients into services or what services are available locally. These relationships are crucial.
3. Taking a community development approach saves the NHS purse in that it helps patients/services users get the support they need much quicker
4. Many of the community organisations had not managed data before. Since being part of this project their capacity and systems have improved enormously which is helping them deliver new services within the local integrated health & social care landscape.
5. Interpreting needs are high for the Vietnamese and Turkish communities - with 90% of the project interventions involving this. These interventions helped clients to access care but also reduced wasted time with the GP and enabled earlier intervention for illness, thus creating cost savings for the NHS.
6. Men were more likely to engage with health matters in a local community organisation than a mainstream service.

7. The project's approach improved confidence and knowledge about using services which is a vital component of enabling people to better access and use services when they need them.
8. Working in an environment hostile to migrants makes it harder to engage communities and harder for health professionals to be able to provide support

For the Integrated Care System, the project has demonstrated that the community sector is well placed to deliver early interventions that could save the system money further upstream, including:

- information and signposting to appropriate statutory / VCSE support

- Providing literacy / language support (reading letters / basic low level advocacy

- Improving awareness of health screening,

- appropriate escalation of people to relevant services when they are not coping

- Low level maintenance / reducing social isolation

However, to be effective, community organisations need to be supported to have a strong base from which to deliver services. Currently, investment in staff / volunteers in community organisations is very fragmented and small. This makes it hard to retain people in the roles. The above functions cut across the Integrated Care System workstreams.

Recommendations

To maximise effectiveness it would make sense to take a whole system investment approach on a neighbourhood level to developing the community sector.

1. More investment in community organisations as bridges into communities who have barriers to accessing health services – on a neighbourhood basis
2. More training for NHS staff on the value of these organisations
3. More long term development support for community organisations to build their capacity and to help them understand the requirements of professional health services
4. More interpreting services locally which partner with or are provided by embedded community organisations
5. More awareness raising in local communities about the services that are available to them which will also build trust and community resilience
6. Clinical supervision / support for front line community workers / volunteers

Information and Signposting Evaluation

Introduction

Background

In 2015 Hackney CVS, via the Hackney Refugee Forum applied to the innovation fund run by the CCG for a project to test the efficacy of supporting small Refugee and Migrant run Community Organisations to better support Hackney residents from their communities to appropriately access health and social care support.

Hackney CVS/ HRF did his with the intention of supporting refugee and migrant run organisations to understand the health system better and therefore be able to support their community better. This was based on the assumption that they would have greater understanding of the cultural attitudes to health of their community and would therefore be able to address the barriers that go beyond system inefficiencies and language issues.

Hackney CVS / Hackney Refugee and Migrant Forum were aware that various community organisations were working to support their community, but did not themselves necessarily understand the way the health and social care system works in the UK so were concerned that residents were being given incorrect information. Hackney CVS also had the agenda of ascertaining the reach of these organisations and supporting them to build an evidence base for their work.

The project was based on research Hackney CVS via the Hackney Refugee Forum had undertaken through an externally funded programme 'Our Place' on **Barriers to BAMER communities in Healthcare** where Hackney CVS worked with Refugee and Migrant run community organisations to research residents cultural attitudes to health and understanding of how to access support services. The research gathered the views of 230 residents from different communities living on the Kingsmead and Clapton Park Estates (Our Place report & survey appendix 1) and found different attitudes and understanding across communities, in particular:

•   Lack of awareness about screening programmes in specific communities (especially Black African community - but also Asian community)
•   Lack of awareness re GP surgeries and how to use GPs in Black African communities
•   Turkish Community had a marked lack of trust in health services generally
•   Polish community (although only 13 people so would need testing wider) showed a lack of trust in pharmacists
•   A large and general need for awareness-raising of the out of hours GP service

.

Project Description

The target was to provide signposting support to 1200 refugee/migrant clients and to enable at least 60 new GP registrations pa, by providing training and support for organisations to understand the health and social care services, enabling the provision of specific support sessions to facilitate signposting, and supporting the provision of specific medical clinics

The project worked with 7 refugee and migrant community organisations to provide them with training to support residents and to provide training for GPs on the rights of access to healthcare for undocumented people.

An initial £50,400 grant was agreed and Hackney CVS invited applications from refugee and migrant communities with the intention of grant funding 5 refugee and migrant community organisations to run a signposting service for a set 7 hours a week for £7000 per annum, with £*15,000* for project coordination costs. The funding that went to 7 groups in year 1 equalled £35,920.

The programme received a further two years funding of £58, 594 from the innovation fund and then the CCG non recurrent funding. An additional partner, Doctors of the World, was funded to provide a monthly clinic and advocacy for complex health access issues, and were tasked to provide training for GPs on the rights of access to healthcare for undocumented people. This funding ceased March 2019.

Aims

1. To provide organisational development and support for refugee and migrant groups to help them support the needs of their communities in accessing health services

2. To increase the number of migrant and refugee clients who are enabled to appropriately access the health services

Objectives

- To provide training and support for organisations to understand the health and social care services
- To enable the provision of specific support sessions to facilitate signposting
- To provide signposting support to 1200 refugee/migrant clients
- To enable at least 60 new GP registrations pa
- To support the provision of specific medical clinics

Methods

Work with 5 refugee and migrant community organisations to provide them with training to support residents

6

Provide support and guidance and personnel for training (including data analysis training for Hackney CVS staff)

Set up a monthly clinic and advocacy for complex health access issues,

Provide training for GPs on the rights of access to healthcare for undocumented people.

Evaluation

The evaluation looked at:

a) The success/failure of the organisational development/support for the groups delivering the signposting intervention

b) Numbers of people supported/enabled to access health services through the signposting service

c) Confidence, knowledge and perceived barriers of clients to accessing services

c)   Organisational development and support

Seven groups were funded and supported to provide a signposting service . This included

> African Support & Project Centre (franco phone community)
>
> Rise Community Action (English Speaking African Community)
>
> Precious Lives (English Speaking African Community)
>
> Cemci Alevi Cultural Centre (Alevi Faith Turkish / Kurdish Community)
>
> Halkevi - Kurdish Community
>
> VLC – Centre 151 - Vietnamese community
>
> Doctors of the World (who provided emergency medical interventions / health checks and
>
> indepth advocacy)

The majority of the refugee / migrant run organisations had no system for collecting data in place when the project started and were in need of support to develop and embed this. The data is important not just for commissioners but also for organisations so they can understand and evidence their reach.

Successes

All the Refugee and Migrant run community organisations involved in year 3 now have a database to record their interactions with their beneficiaries.

All Refugee & Migrant organisations completed GDPR training and received a laptop to support their work

A delivery partnership of organisations was developed across ethnicities, which also supported the co-location of two organisations of different ethnicities. Peer Support amongst the workers/ volunteers of the organisations that enabled them to create better boundaries for themselves

Up skilling of organisations with consistent personnel (see Appendix 2 for training delivered)

Relationships between refugee / migrant community organisations and mainstream VCS / statutory services were successfully brokered.

A partnership between Doctors of the World and refugee / migrant community organisations was developed that enabled refugee/ migrant organisations to escalate individuals with complex needs , needing advocacy, or urgent medical needs appropriately.

Challenges

Data collection

None of the organisations involved in the programme had experience in data collection. The initial data collection methods were basic excel spreadsheets and this became an issue.

Many of the organisations are run by volunteers and / or sessional staff so training was needed on an ongoing basis particularly around data collection but also on boundaries and protecting the advisors' mental health. We lost two quarters worth of information from one organisation when change of staff occurred.

Data were not collected in a systematic way to enable understanding whether if the signposting resulted in access to the appropriate services.

Organisational challenges

The original bid sought to provide a signposting service to the Polish community but we could not identify an appropriate Polish organisation

One organisation was unable to start the project due to internal issues and Hackney CVs had to put in package of support. One organisation was suspended for a quarter whilst we investigated a safeguarding issue, one organisation moved its main base out of the borough and its activity levels reduced significantly.

Cultural challenges

We were/are operating in the hostile environment to immigration and some hospitals in London were/ are aggressively pursuing the complex NHS charging policies. In addition the NHS was sharing data with the home office for some of the time we worked on the project.

Doctors of the World and the CCG could not engage GP Practices in the training of the rights of undocumented people to healthcare so this training was distributed to practices via a training video.

Capacity issues

Doctors of the World had to suspend their monthly clinic based at Hackney Migrant Centre when the Migrant Centre had to shut for 3 months due to capacity issues.

Hackney CVS considerably underestimated (to fit with the grant envelop) the amount of support needed to make this project successful and had to contribute £5000 from its reserves to fund a worker to provide some of this additional support, unfortunately, the initial worker did not pass the probation period.

Hackney CVS had not costed for, and did not have capacity to adequately promote the scheme to health care professionals

Support to residents

One of the main aims of the project was to provide support and signposting to migrant and refugee residents to enable them to access health services

Over the three years we collected data on what people were requesting in terms of health needs by age and ethnicity and what the signposters did to support people. – Please note this is not validated data and this was not a research project.

Numbers of interventions and type

Services were provided to over 1000 clients in years 1 and 2 and over 900 in year 3. The breakdown by ethnic group is in Table 1, and overall roughly equal proportions of males and females (Table 2)

Table 1. Ethnicity of one to one clients: over the duration of programme

Ethnicity	n
African	1552
African Caribbean/ Black British	120
European	69
Turkish / Kurdish	769
Vietnamese	457

Table 2. Gender of one to one clients from year 2 of the programme

Gender	n
Male	1066
Female	1089
Unknown	29
Total	2184

Chinese	46
Other	86
Not recorded	215
Total	3360

Interpreting needs

We collected interpretation needs for years 2 of the project. As the project was concentrating on Turkish and Vietnamese communities, it is not surprising that these were the languages in demand the most in the project. However the proportion of people reporting they need interpreters for medical appointments is high from these communities. Other languages needed but in much smaller numbers were Luganda and Swahili. See Table 3.

Table 3. Interpretation Needs from year 2 of the programme

Language interpretation needed in	Clients needing interpreter for medical appointments	Total clients-received one to one intervention
Turkish	469	493
Vietnamese	410	457
Luganda	62	*
Swahili	39	*
Twi	17	*
Other (all under 10 people)	81	No data

- No data (recorded as African Community)

Primary Care Support

Interventions to support access to primary care are detailed in Table 4. The main roles in respect to primary care that the organisations played were:

- Supporting people to register with GPs (166 over 3 years)
- Support to make (185) or cancel (74) GP appointments – significantly more people were helped to cancel GP appointments in the final year (56 cancellations year 3, cf 5 cancellations year1) which suggests wider messaging about cancelling appointments is working.
- Supporting people to register with Patient online: (98 people registered, 371 people informed of service and how to register)

Table 4 Primary Care Signposting Support

	Year 1	Year 2	Year 3	Estimated savings
Signpost to GP	20		38	- 108
GP appointment made	53	83	49	-
GP Registration	32	71	63	-
GP letter Translation/form	20	66	82	

filling/writing to GP				
GP interpretation	6	23	5	£3400 (based on interpretation at £100 per hour)
GP appointment cancelled	5	13	56	£2220 (at est £30 per appointment)
GP Escort to service	4	10	12	
Referral to Service	38	4	67	

Table 5 – Patient Online Support From Year 2

Patient online	Year 2	Year 3
Registered by ethnicity	**77**	**21**
Kurdish	54	7
Turkish	16	5
African	5	9
Other	2	
Informed of service (by signposter)	**173**	**198**
African	126	100
Vietnamese	18	22
Turkish	14	41
Kurdish	2	2
Other	13	33

Secondary Care Support

Support for people accessing hospital care substantially increased in year 2; the main areas were interpretation of hospital letters (204) and advice (106) (Table 6) – For examples of advice given see appendix 1

Table 6 – Support for Secondary Care

Hospital support	Year 1	Year 2	Year 3	
Hospital letter translation	34	110	60	
Advice Guidance given	6	63	37	
Referral to Service	10	58	6	
Hospital appointment made	nr	42	42	
Hospital interpreter booked	1	31	12	
Other	4	30	11	
Escort to hospital	6	17	13	
Hospital Apptment cancelled	nr	5	19	
Call to service	33			

Confidence/ Knowledge / Barriers of clients using health services by ethnicity

Confidence using health services by ethnicity

Improved confidence and knowledge about using services is an important component of enabling people to better access and use services when they need them.

The confidence in using/accessing health services was assessed by a questionnaire administered at the time of the signposting and is presented in Table 7.

Whilst it is not possible to detect trends from the data over the two years the African Community consistently reported lower confidence in using / accessing health services – with 556 (60%) people reporting their confidence as very low or low, out of a total of 929 people.

In the Turkish community 115 people of 255 (45%) reported low confidence, and the Kurdish community reported even lower confidence rates 176 out of 232 (76%). Vietnamese people conversely reported high confidence (427 people stating themselves as confident/ fairly confident and very confident out of a total of 434.)

Table 7. Confidence in accessing health services by ethnicity

	African		Turkish 3		Vietnamese		Kurdish	
Confidence level	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
0				24		3		9
1 very low	156	70	1	36	2		45	53
2 low	138	192	32	22		2	64	5
3 confident	91	179	52	20	16	17	39	3
4 fairly confident	45	49	41	7	107	76	11	1
5 Very confident	7	2	18	2	140	71		2

Barriers to using health services by ethnicity

From year 2 people were asked if they had experienced any difficulties accessing health services in the past 12 months (Table 8) . Although a majority said they experienced no difficulties, lack of understanding and administrative difficulties were cited as issues.

Table 8. Difficulties accessing health services by ethnicity

Issue	African		Turkish		Vietnamese		Kurdish	
Year	2	3	2	3	2	3	2	3

Administrative problems	47	51	24		2	2	23	5
Denied health access		5						
Lack of understanding	26	34	65		36	16	23	3
No difficulties	213	325	23		111		14	
Have not tried		49				56		2

Discussion & Recommendations

Hackney Context

'As with the public sector, the VCS has also seen an increase in demand and people coming to them with more complex needs. We know that there is unlikely to be an end to austerity in the near future. We therefore need a step change in way we design and deliver public services and the way we work in partnership with the VCS, so that we are changing the way we work to meet needs rather than managing decline.…' (*London Borough of Hackney VCS Strategy 2019*)

'Over a third, 35.4% of people living in Hackney in 2017-18 were born outside the UK. …Just over a third (36%) of respondents to the 2011 Census in Hackney described themselves as White British. The remainder is made up of black and minority ethnic groups. …………. There are significant Turkish and Kurdish communities…….. Other significant communities in Hackney include Chinese, Vietnamese and Eastern Europeans especially Polish, Western Europeans particularly Spanish and French people, Australasians and residents from North, and Latin America'. *(Hackney Borough Profile)*

Hackney has large and aging Vietnamese and Turkish populations and large African population. As evidenced in this report culture and language are big barriers to both Vietnamese and Turkish people in accessing services, and a lack of understanding of the system is a barrier to Hackney African residents accessing services.

'….The very organisations that work with the most dependant or vulnerable residents, can be the part of the sector that is least resourced, in terms of funding, governance and staff, when they should be the most robust and highest quality organisations.*' (London Borough of Hackney VCS Strategy 2019)*

Reach & Potential of Community Organisations

Reach and potential of community organisations

This project was conceived as we were aware that residents were approaching community organisations for advice and information but that this evidence was not being effectively captured.

The project was based on the awareness (from the 2015 research) of the different cultural attitudes to health that exist in Hackney's Communities and the understanding that community organisations have of these attitudes, and their potential to provide support and signposting to those communities.

This project demonstrated the reach of community organisations to communities least likely to access services for cultural and language reasons. Importantly, the project evidenced that men access community organisations for support. Over 1000 people in years 1 & 2 and over 900 people in year 3 were supported to access primary or secondary care appropriately. As well as the likely benefits to the individuals in getting care and treatment that they may need, there are likely to be savings and benefits to the NHS in terms of patients getting earlier care and reducing the need for emergency care at a later stage.

The project also showed that there are gaps in community provision, ie some communities do not set up community organisations (in this instance the Polish community). It is important therefore to better understand where those gaps are:

> ### Gaps in Hackney
>
> - *There is a need to map ethnic specific community organisations active in Hackney against the main ethnic population groups of Hackney to ascertain the level of community support available to population groups?*
>
> - *There is a need to map, where there are no community organisations where people get community support – ie faith organisations/ geographical community organisations?*

Supported needed for successful delivery partnerships

The project demonstrated the need for support services for vulnerable communities, the need to upskill some community organisations, and the capability of community organisations the provide the support to vulnerable residents if given the organisational support to do so.

However, the support needed was more than the original proposal covered, as it called on a wide variety of skill sets from the CVS for instance digital skills; facilitation and motivation skills; partnership development; wider strategic context setting; administration; communication; capacity building.

As well as the main measurable outcomes, the project has had many positive consequences. Apart from the training, the meetings were places for regular peer support across the organisations and the relationships developed some unexpected outcomes – ie colocation of two organisations. The relationships developed between Hackney CVS staff and the organisations , and the organisations between themselves was crucial to maintaining project delivery. The project also provided a training

14

and development environment. Project delivery staff/ volunteers reported and shared difficult 'cases' anonymously in the group meetings and we ran repeated training on stress reduction / boundaries/ protecting your own mental health, this is important as community organisations are working with people with high levels of need and distress.

Upskilling / Development Areas

The project also highlighted some **development areas:**

- *Community organisations offering open access support staff and volunteers need access to regular clinical and reflective supervision.*

- *Volunteer 'burn out' was a particular issue that stopped some organisations building a good body of knowledge and expertise in signposting.*

- *It would be helpful if an accreditation for navigation / signposting could be agreed system wide that community organisation staff / volunteers could work towards such as the NVQ level 3 advice and guidance(ref below). This would raise standards and staff motivation.*

Conclusion / Recommendations

6

Recommendations

- More investment in community organisations as bridges into communities who have barriers to accessing health services – on a neighbourhood basis

- More training for NHS staff on the value of these organisations

- More long term development support for community organisations to build their capacity and to help them understand the requirements of professional health services

- More interpreting services locally which partner with or are provided by embedded community organisations

- More awareness raising in local communities about the services that are available to them which will also build trust and community resilience

- Clinical supervision / support for front line community workers / volunteers

To maximise effectiveness it would be desirable to take a whole system investment approach (potentially on a neighbourhood level rather than borough wide) to developing the community sector.

HRMF
Hackney Refugee and Migrant Forum

Removing the Barriers to healthcare for BAMER communities

Survey of BAMER residents in Clapton Park Estate & Kingsmead Estate

Introduction

Hackney Refugee Forum (HRF) received funding via Locality to work on an Our Place Project to develop a local partnership in the Clapton Park Estate and Kingsmead area to tackle health inequalities in Hackney, and tackle the issue that locally people who's first language is not English are less satisfied and less able to navigate the local healthcare system. We are concerned that there are number of illnesses where late presentation for diagnosis is much higher amongst Black, Asian Minority Ethnic and Refugees (BAMER) communities , such as cancer (late diagnosis of the 4 most common cancers is estimated to cost the NHS £150 million per annum) and preventable conditions like hypertension and stroke where there are higher incidents amongst BAMER communities.(City & Hackney Wellbeing profile 2014) Illnesses caused by high blood pressure are estimated to cost the NHS over £2 billion every year. (PHE 2014)

Community Research

In September 2015 we developed a generic questionnaire (appendix 1) and put this at key points, The GP surgeries, health hubs and the Kingsmead Kabin, two pharmacists and at the Children's Centres and one of the primary schools. And in keeping with our principals of utilising and funding the reach grassroots organisations have, we developed a small grants scheme for groups to do own language community consultation on the patch, using the questionnaire and to run own language focus groups.

Successful groups were a Turkish/ Kurdish group, (Refugee Workers Cultural Association) a Francophone (African Support and Project Centre) and a Somali group (Hackney Somali Community Association) , and because we have so limited information about, and no community organisation, for the Polish and Eastern European communities we commissioned a Polish individual to do a Polish focus group and questionnaires.

Main Findings from the Questionairre

The questionnaire showed different attitudes and understanding across communities:

• Lack of awareness about screenings in specific communities (especially Black African community - but also Asian community)

17

- Lack of awareness re GP surgeries and how to use GP's in Black African communities

- Turkish Community - marked lack of trust in health services generally

- Polish community (although only 13 people so would need testing wider) - lack of trust in pharmacists

  - A large and general need for awareness raising of the out of hours GP service
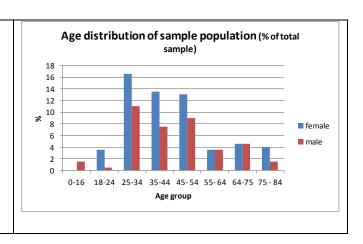
The Survey Results

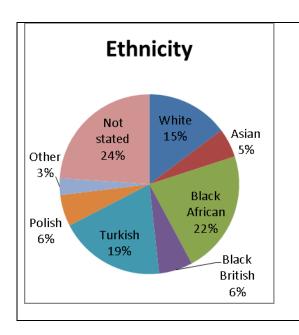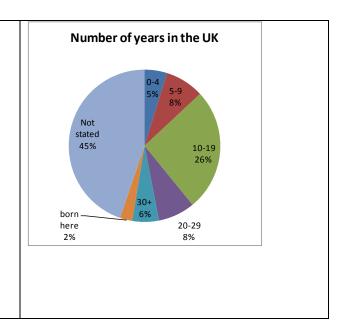Total number of respondents was 230. Many fields have missing data so caution is needed in interpretation.

Key points about respondents:
- 59% females
- 72% aged 25-54yrs
- 87% have been in UK 10+ yrs
- Older age profile for white and Asian respondents
- 30% said they need language support, Turkish (68%) most likely to need support
- 36% said they were disabled or had a long term illness, this increased with age
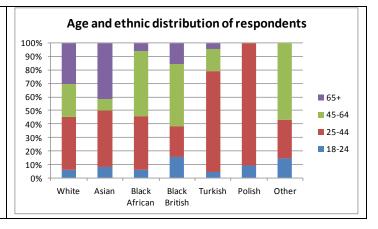
Age and gender

Age group	Total	female	male
0-16	3		3
18-24	9	7	1
25-34	55	33	22
35-44	43	27	15
45- 54	45	26	18
55- 64	15	7	7
64-75	18	9	9
75 - 84	11	8	3
Total	199	117	78
Not stated	31		

Age distribution of sample population (% of total sample)

Ethnicity	Length of time in the UK

Ethnicity

White 15%
Asian 5%
Black African 22%
Black British 6%
Turkish 19%
Polish 6%
Other 3%
Not stated 24%

Number of years in the UK

0-4 5%
5-9 8%
10-19 26%
20-29 8%
30+ 6%
born here 2%
Not stated 45%
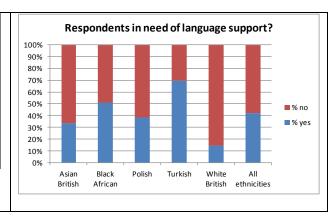
Ethnic group	n	%
White	34	14.8
Asian	12	5.2
Black African	51	22.2
Black British	14	6.1
Turkish	44	19.1
Polish	13	5.7
Other*	7	3.0
Not stated	55	23.9
All	230	

* includes 2 mixed, 1 chinese,1 arab, 3 European
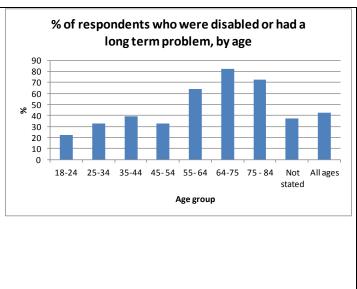
Age and ethnic distribution of respondents

Legend: 65+, 45-64, 25-44, 18-24

Q 7. In need of language support?

	No	Yes	All
Asian	8	4	12
Black African	25	26	51
Polish	8	5	13
Turkish	13	30	43
White	24	4	28
All ethnicities	97	70	167
Not stated			63

Respondents in need of language support?

Legend: % no, % yes

Disabled/have long term health problem

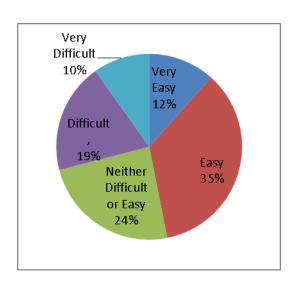% of respondents who were disabled or had a long term problem, by age

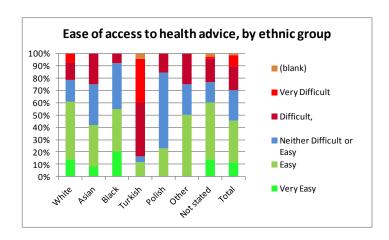**Q1. Do you find it easy or difficult to get health advice**

- 29% found it difficult or very difficult to get health advice
- Turkish people found it most difficult to get health advice, 79% found it difficult or very difficult.
- Ease of getting advice was not related to length of time in UK although none of the people here <5 yrs found it easy, but numbers of this group are small

Response	n	%
Very Easy	26	11.6
Easy	79	35.3
Neither Difficult or Easy	54	24.1
Difficult,	43	19.2
Very Difficult	22	9.8
Not stated	6	
Grand Total	224	
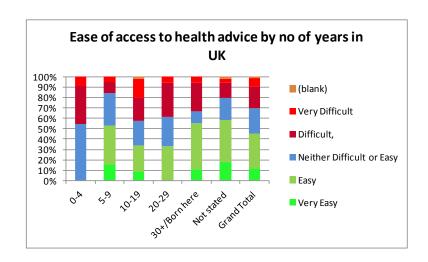
	Very Easy	Easy	Neither Difficult or Easy	Difficult,	Very Difficult	(blank)	Grand Total
White	14.3	46.4	17.9	14.3	7.1	0.0	100.0
Asian	8.3	33.3	33.3	25.0	0.0	0.0	100.0
Black	20.3	34.4	37.5	7.8	0.0	0.0	100.0
Turkish	0.0	11.6	4.7	44.2	34.9	4.7	100.0
Polish	0.0	23.1	61.5	15.4	0.0	0.0	100.0

Other	0.0	50.0	25.0	25.0	0.0	0.0	100.0
Not stated	14.0	46.5	16.3	18.6	2.3	2.3	100.0
Total	11.9	33.3	24.8	20.0	8.6	1.4	100.0

Ease of access to health advice, by ethnic group

Do you find it easy or difficult to get health advice, by length of time in UK
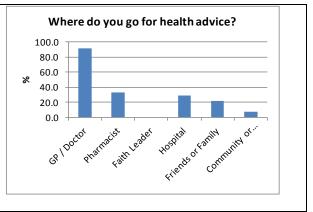
Years in UK	Very Easy	Easy	Neither Difficult or Easy	Difficult,	Very Difficult	(blank)	Grand Total
0-4			6	4	1		11
5-9	3	7	6	2	1		19
10-19	5	15	14	13	11	1	59
20-29		6	5	6	1		18
30+/Born here	2	8	2	5	1		12
Not stated	15	34	18	12	3	2	84
Grand Total	25	70	52	42	18	3	210

Ease of access to health advice by no of years in UK
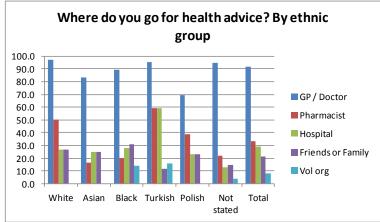
2. Where do you go for advice?

- Most people (92%) go to GP, a third go to pharmacists
- Polish respondents were least likely (70%) to go to the GP
- Turkish people were most likely to use a pharmacist (60%) or go to the hospital (60%)

	n	%
GP / Doctor	211	91.7
Pharmacist	77	33.5
Faith Leader	0	0
Hospital	67	29.1
Friends or Family	49	21.3
Community or Vol Org	18	7.8

Where do you go for health advice?

Where do you go for health advice? By ethnic group
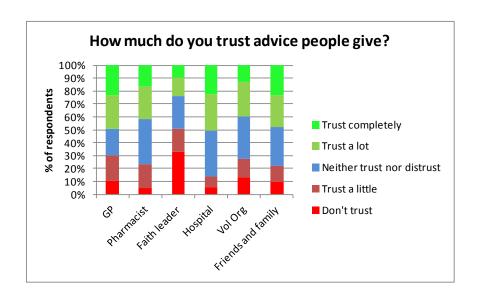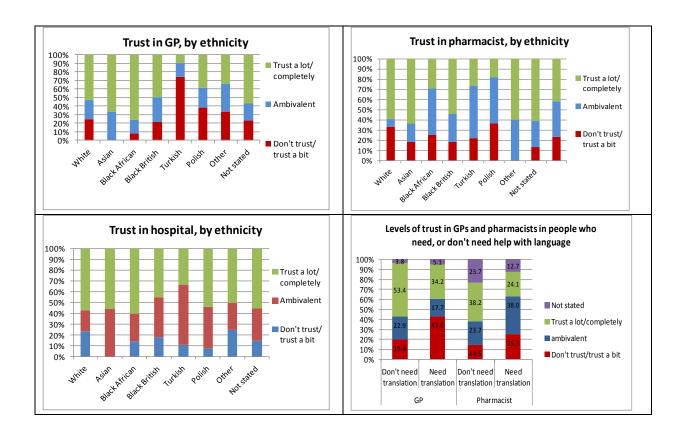
Q 3 How much do you trust the health advice you get?

- GPs, hospital and family and friends were the most trusted but still only half of respondents trusted these sources a lot or completely
- Faith leaders were least trusted, by only 24% trusted a lot or completely
- Turkish respondents were most distrustful of GPs (74% don't trust) and the hospital (66%)
- People who need help with language were less trusting of the GP, only a third said they trusted the GP completely or a lot, whilst 43% did not trust or only trusted a bit

	Don't trust %	Trust a little %	Neither trust nor distrust %	Trust a lot %	Trust completely %	No of respondents n
GP	10.3	19.6	20.6	26.2	23.4	214
Pharmacist	5.2	17.9	35.3	25.4	16.2	173
Faith leader	33.0	17.5	25.2	14.6	9.7	103
Hospital	5.7	8.3	35.0	28.7	22.3	157
Vol Org	12.8	14.7	33.0	26.6	12.8	109
Friends & family	9.5	12.4	29.9	24.8	23.4	137

How much do you trust advice people give?

Trust in GP, by ethnicity

Trust in pharmacist, by ethnicity

Trust in hospital, by ethnicity

Levels of trust in GPs and pharmacists in people who need, or don't need help with language
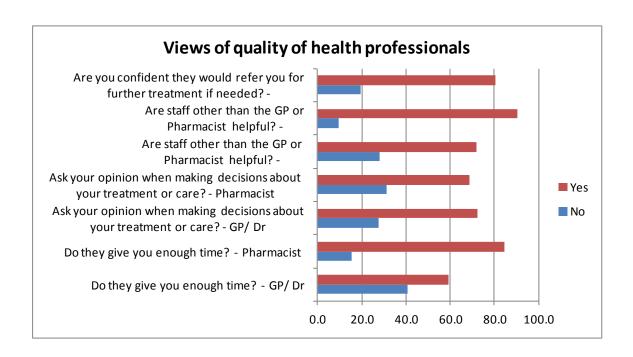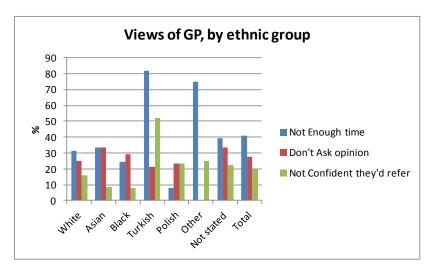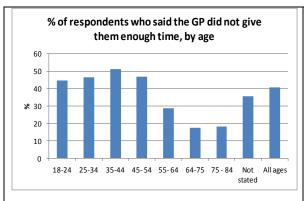
Q 5 Quality of health advice

- Only 69% felt GPs gave them enough time, 85% felt pharmacists gave them enough time
- Most Turkish respondents (82%) felt the GP did not give them enough time
- Older people were more likely to feel the GP gave them enough time but less likely to feel that the GP asked their opinion
- A majority felt that the GP (72%) and the pharmacist (69%) asked their opinion
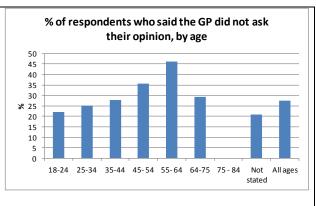
- Overall 80% were confident the GP would refer them if necessary but only 49% of Turkish respondents felt this
- Older people were more confident the GP would refer them than younger people
- Levels of confidence in the pharmacist were quite high but over half of black respondents felt that the pharmacist did not ask their opinion.
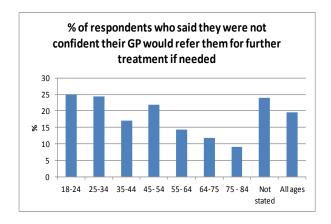
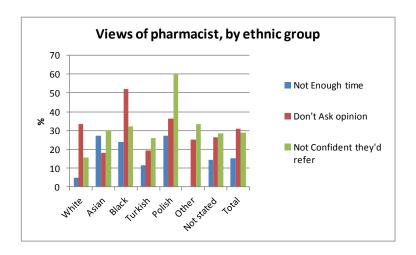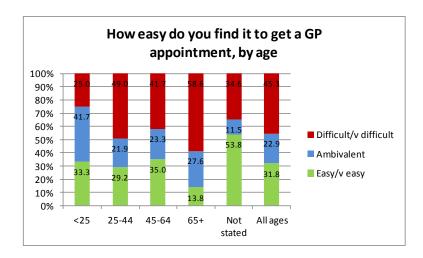|	No	Yes	Total respondents n
Do they give you enough time? - GP/ Dr	40.6	59.4	224
Do they give you enough time? - Pharmacist	15.2	84.8	138
Ask your opinion when making decisions about your care? - GP/ Dr	27.6	72.4	214
Ask your opinion when making decisions about your treatment Pharmacist	31.1	68.9	132
Are staff other than the GP helpful? -	28.2	71.8	213
Are staff other than the Pharmacist helpful? -	9.7	90.3	134
Are you confident the GP would refer you for further treatment if needed?	19.6	80.4	199
Are you confident the pharmacist would refer you if needed?	28.8	71.2	111

Views of quality of health professionals

Views of GP, by ethnic group

% of respondents who said the GP did not give them enough time, by age

% of respondents who said the GP did not ask their opinion, by age

% of respondents who said they were not confident their GP would refer them for further treatment if needed
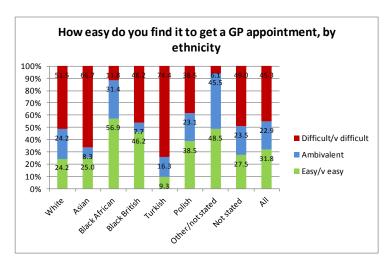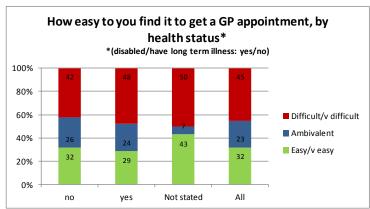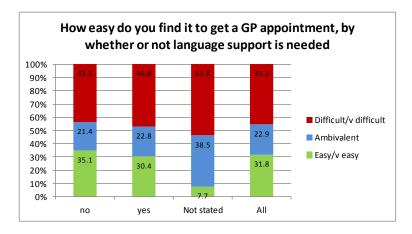
25

Views of pharmacist, by ethnic group

Q 6 How easy do you find it to get a GP appointment

- Less than a third of people (32%) found it easy to make an appointment with their GP
- Older people found it more difficult than younger people to make an appointment, over half (59%) of people 65+yrs found it difficult
- Turkish and Asian respondents found it hardest, over two thirds (67% and 74% respectively) found it difficult or very difficult
- There was only a small difference in ease of access between people who did/did not have a long term health problem

How easy do you find it to get a GP appointment, by age

How easy do you find it to get a GP appointment, by ethnicity

How easy to you find it to get a GP appointment, by health status*
*(disabled/have long term illness: yes/no)

How easy do you find it to get a GP appointment, by whether or not language support is needed

Q8 Where do you get your language support from
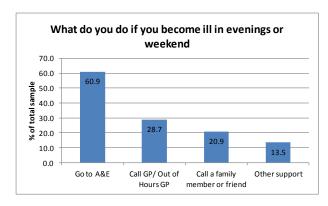
- GPs were the most frequently cited source of language support

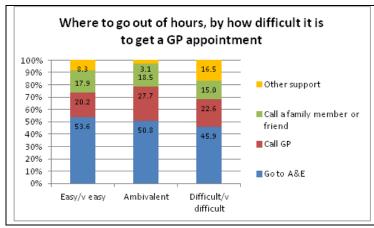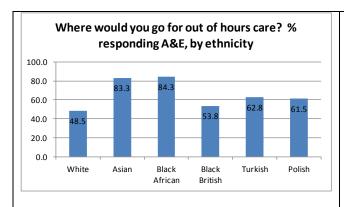|	n	%
Community and Voluntary Organisations	5	7.2
Faith Leader		0
Friends and Family	20	29.0
GP	29	42.0
Hospital	4	5.8
Not stated	11	15.9

Total	69	100

Q 9 What do you do if you become ill in the evenings or at weekends
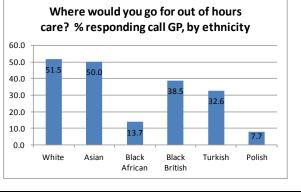
- 61% of respondents said they would go to A&E if they got ill out of hours; only 29% said they would call the GP service (these figures are not mutually exclusive, respondents had more than one answer)
- Ease of getting a GP appointment did not seem to make much difference to whether or not they called the GP or went to A&E
- Asian and Black African respondents were more likely than other groups to go to A&E
- White and Asian respondents were more likely to call the GP.
- Turkish respondents were least likely to call on friends and family
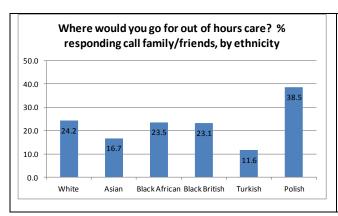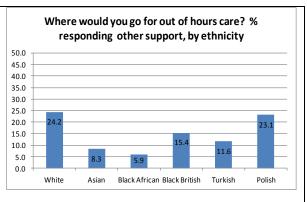- The likelihood of going to A&E increased with age; older people were most likely to call the GP
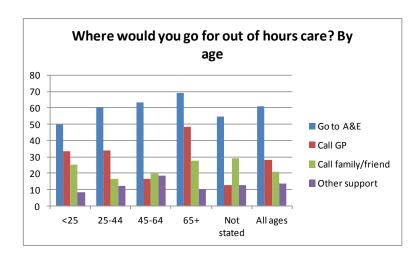

There was no difference in where the majority of respondents said they would go if they needed care evenings or weekend between those who said they found it difficult to get a GP appointment and those who found it easy, except people who found it difficult to get an appointment were more likely to seek other support

Where would you go for out of hours care? % responding call family/friends, by ethnicity

Where would you go for out of hours care? % responding other support, by ethnicity

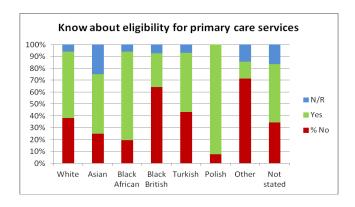Where would you go for out of hours care? By age

Q 10. Know about eligibility to access Primary care services

- A majority of people (56%) knew about eligibility criteria and access to primary care services
- Black British respondents were least likely to know about eligibility, Polish most likely
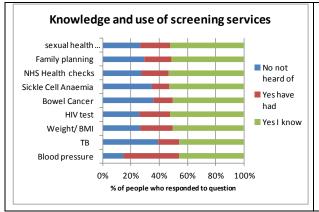
	Total	%
No	79	34.3
Yes	129	56.1
(blank)	22	9.6
Grand Total	230	100

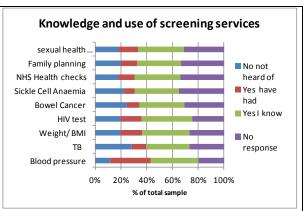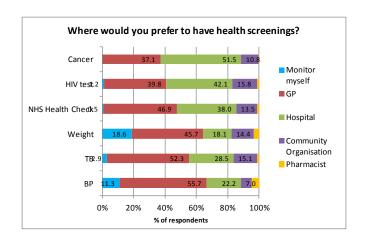Know about eligibility for primary care services

29

Q14. Do you know about available health screening checks and have you had them?

- Around 30% of the sample did not respond to this question. Of those who did around half had heard of each test.
- 39% of respondents had had their blood pressure tested and 23% had their weight measured.
- Respondents were least likely to have heard of TB, sickle cell and bowel screening.
- Of communities most at risk: 56% of Asian respondents and 31% of Black African respondents had not heard of TB screening; 41% of Black African and 25% of Black British had not heard of sickle cell screening, and 44% of Black African respondents had not heard of HIV screening.
- 29% of respondents aged 45+ yrs had not heard of NHS Health checks, only 7% of respondents 65+yrs had not heard of bowel screening

	% of respondents			% of sample			
	No not heard of	Yes have had	Yes I know	No not heard of	Yes have had	Yes I know	No response
Blood pressure	14.7	39.1	46.2	11.7	31.3	37.0	20.0
TB	39.3	14.9	45.8	28.7	10.9	33.5	27.0
Weight/ BMI	26.6	23.1	50.3	19.6	17.0	37.0	26.5
HIV test	25.9	21.8	52.3	19.6	16.5	39.6	24.3
Bowel Cancer	35.6	13.8	50.6	24.8	9.6	35.2	30.4
Sickle Cell Anaemia	34.7	12.7	52.7	22.6	8.3	34.3	34.8
NHS Health checks	27.6	19.1	53.3	18.3	12.6	35.2	33.9
Family planning	29.2	19.5	51.3	19.6	13.0	34.3	33.0
sexual health screening	26.4	21.4	52.2	18.3	14.8	36.1	30.9

Knowledge and use of screening services
% of people who responded to question

Knowledge and use of screening services
% of total sample

No and % of respondents who did not know about screening programme, by ethnicity

	TB n	HIV N	Cx screening F n	Sickle Cell n	TB %	HIV %	Cx screening F %	Sickle Cell %
White	13	4	1	8	52	14.3	4	30.8
Asian	5	3	0	3	55.6	37.5	0	37.5
Black African	14	19	4	14	31.1	44.2	25	41.2
Black British	7	1	1	2	70	9.1	8.3	25
Turkish	6	5	0	12	15.8	12.8	0	37.5
Polish	5	3	1	1	50	30.0	11.1	10
Other	4	3	0	3	66.7	50.0	0	50
Not stated	12	7	4	9	48	24.1	18.2	34.6

Q 13 Do you know about the following benefits

- The great majority of respondents knew about the range of benefits available, particularly free prescriptions and dental care (>90%)
- Turkish and Black British respondents were least likely to know about low income benefits (33% and 38% respectively were not aware)

	Did not know n	Did not know %	Respondents n
People receiving some benefits can get free prescriptions and dental care	11	5.3	209
People aged 60 and over can get free prescriptions and dental care	20	9.5	210
People under 19 in full time education can get free prescriptions and dental care	39	19.2	203
People who are working earning a low income can get subsidised prescription and dental care	36	17.8	202

31

Training Provided to Partner Organisations 2015-2019

1. Training

A large component of the project is to put on regular training for the funded groups to develop their skills and expertise in giving the correct information. After the initial two set topics we consulted with the organisations on what training they wanted and adapted the programme to meet their needs.   In addition to the specialist training offered as part of the programme the organisations also had bursaries to attend the Hackney CVS training programme for free.

Signposting and Information Training

These sessions covered 'how to signpost / where to signpost / and how to record the signposting intervention'. HRF provided all organisations with an excel spreadsheet and with a Survey-monkey link. **Outcomes** – Organisations have and understand how to use a template to monitor activity.

Customer Services Training HRF commissioned Volunteer Centre Hackney to provide customer services training . The training covered professional standards and boundaries, empathy, and diffusing difficult situations. **Outcomes** – Organisations have the skills to manage difficult situations

Overview of the health services -City & Hackney CCG ran a session giving an overview of the Health Service in January. **Outcomes** – organisations have a good understanding of how the health system works.

Using iCare to Signpost - Adult Social care ran a session on using iCare : **Outcomes** – organisations know how to use the iCare database to find the right services

Data Protection - HRF commissioned 'Super Highways' to run a session on data protection for small charities **Outcomes** – organisations understand how the Data Protection Act applies to them.

Volunteer Management Volunteer Centre Hackney ran a session on Volunteer Management **Outcomes** - Organisations understand how to support and retain volunteers

Looking after your Mental Health at Work = Talking Matters ran a training session on looking after your mental health at work and setting appropriate boundaries. **Outcomes** – Organisations understand how to support themselves and their volunteers

Emergency First Aid - Siren ran a full day's training on emergency first aid.   **Outcomes** – Organisations understand the role and responsibilities of a First Aider.

Tour of Homerton Hospital which covered:Transport ; Outpatients; Surgical Centre; Radiology ; A&E; PALS - **Outcomes** – Organisations gained a better understanding of the role and function of Homerton University Hospital Trust and met key staff.

Tour of Hackney Recovery Service: received an outline of the services they offer to support them to make assisted referrals. (This is leading to Hackney Recovery Service going out to talk to groups of service users.) **Outcomes** – Organisations understand the services that Hackney Recovery Services provides and will enable them to appropriately signpost people.

Access to Health Care for Migrant Communities – (Doctors of the World) outlined migrants, homeless people and undocumented people's right to register with GPs and provided tips to support people to do this if GP practice policy is to ask for passports etc. The training also covered the charging system for secondary care and how to access support for people faced with charges. **Outcomes** - Organisations understand people's rights to access health care

Session on the new monitoring template –Run in house by Hackney CVS this was an opportunity for organisations to test the new template and organisations were given the choice in the way they enter the data between an excel sheet and Survey Monkey **Outcome**: Organisations have and understand how to use the revised template to monitor activity.

Data Management , Recording and Reporting on MS Access Database Hackney CVS developed an access database for organisations to enable them to more accurately record data and gave them all a copy and run training on how to use it. We also had a number of one to one sessions for organisations to support them to utilise it. O**utcomes** Organisations have better recording systems. The database can be used to record a number of activities not just signposting information.

Safe guarding concerns and action training (two sessions) Hackney CVS =Outcome: Organisations understand when and how to raise a safeguarding alert and other ways of addressing safeguarding.

Motivational Interviewing (led by City & Hackney Mind) Outcomes: Have a comprehensive repertoire of techniques for moving a person on, whatever stage they are at.

Advocacy training led by Workers Education Association – Outcomes: Organisations define advocacy and how best to advocate for people

Patient online Training led by Hackney CVS - How to support people to register online and use the online service

Training led by City & Hackney Mind on Mental Health and setting boundaries For the workers of organisations - This was at the request of the organisations as they deal with people with many issues and need support to deal with this.**Outcomes**: Volunteers and workers are better at setting professional boundaries; Volunteers and workers are better at dealing with stress; Retention of volunteers and workers

Using Evidence to fundraise (external trainer) Hackney CVS commissioned this training to enable the organisations to utilise the evidence they have been collecting for this programme to enable them to get grants. **Outcomes** Groups are aware of the different levels of evidence to present in their funding applications ; Groups aware of the kind of Evidence of Need that funders require; Groups know the main evidence of capabilities to include in bids; Understanding of what Impact means and ideas to create resources that can be used as evidence groups impact

Social Prescribing and Health coaches - Signposting organisations were introduced to the health coach and social prescribing project so that they understood and could refer to these.

Employment services: Organisations received a presentation on employment support – RISE (Refugees into sustainable employment and Create your Future – pre employment support for women from BAMER communities.

Visit to Doctors of the World Bethnal Green Clinic plus refresher training in Migrants rights to access health care

In addition all signposting organisations were offered free access to Hackney CVS main training programme (via bursaries) because they are part of this programme.

Feedback from organisations – most useful training

African Support and Project Centre

:Customer Services training and Data management were most interesting to me. We improved some areas for better understanding of the needs of our clients

Information and Signposting project help us a lot by increasing our capacity building and partnership with other grassroots organisations in Hackney

Rise Community Action

1. **Motivational interviewing** stood out because the skills acquired on the project have been key to running the signposting and info project and our current projects.

2. **Data protection** was very relative due to nature of work we do and how it is important to protect personal data, especially with the new GDPR

3. I enjoyed the visit to the **Hackney recovery service and Doctors of the world**

African Support and Project Centre

ASPC is a grass root organisation working on benefit of African refuge and migrants French speaking living in Hackney and surrounding boroughs.

We give general advice and information on Health issues, employment, referral system and Interpretation services

ASPC has run a couple of projects recently such as Information and Signposting, Condom Scheme Distribution and Interpretation and translation services, and more.

Cemvi Alevi Cultural Centre

The England Alevi Cultural Centre and Cemevi is the largest community organisation in size and number in service of the Turkish and Kurdish community. The community centre has held its doors open to all regardless of faith and culture since 1993.

we facilitate courses for children in need of supplementary education, provide pastoral training for families, provide advice and guidance to elderly members of the community and aid in the development of youth.

VLC Centre:

The Community Centre for Refugees from Vietnam, Laos and Cambodia, also called VLC Centre/Centre 151, aims at promoting any charitable purpose for the benefit of persons and their families who are in need, hardship or distress.

Our current missions/objectives are:

- to enhance the lives and health conditions of the Vietnamese, Lao and Cambodian community living in Hackney and beyond.
- a commitment towards inclusivity by engaging with the wider community through wellbeing, cultural and artistic activities as a means to give back to a society that has generously supported the VLC communities past and present.

Doctors of the World

From our Stratford clinic offer primary care and health and social advice from volunteer doctors, nurses and support workers for excluded people including asylum seekers, undocumented migrants, homeless people and sex workers.

We register those who are facing barriers with their local GP.

We also offer screening, vital for public health, and we signpost to other services, including housing advice, destitution support and specialist counselling.

Halkevi

Halkevi –is a Turkish and Kurdish Community Centre. The advice service is free, independent, confidential and impartial, and is provided by advisors and trained volunteers.

Halkevi is a registered charity and continues to provide services to local communities with the help of trained volunteers.

Services include:

   free advice service

   legal advice

   homework classes for young people

   lunch club for older people

Precious lives is a local community organisation established in 2010 to serve members of the community many of whom are disadvantaged for one reason or another.

We work with many people who are considered as hard to reach by the authorities.

We seek to build a stronger and inclusive community with an aim to have our members have better access to mainstream services.

Rise Community Action

Rise Community Action (formerly Hackney Women's Project) was established in 2004 to provide information, care and support to HIV positive women living in the London Borough of Hackney. The project was established with the aim of creating awareness on issues surrounding HIV/AIDS, by running workshops and facilitating community events, to reduce the spread of the HIV and HIV-related stigma in the community.

Our work has four key objectives

- Create awareness on issues surrounding HIV/AIDS and reduce HIV - related stigma in the community.

- Reduce isolation suffered by HIV positive people and promote their social inclusion.

- To better inform service providers on the needs of people living with HIV thus improve the quality of care.

- To empower our users to make informed choices on access to services and their lives in general