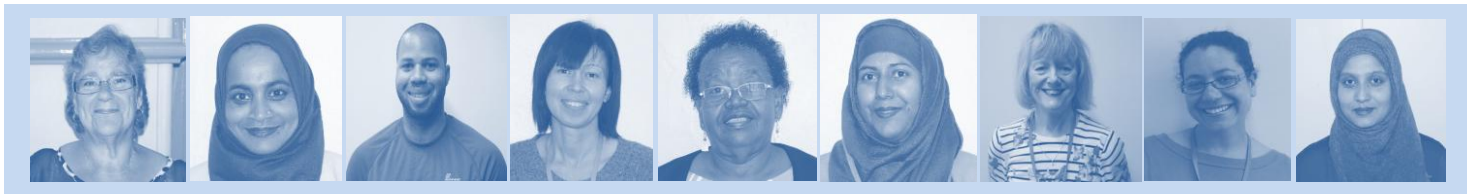


# **‘Opportunity for Change’ BME Project**



Jill Dunbar  
BME - Black Minority Ethnic Project Officer  
Healthwatch Darlington - Registered Charity 1156388 Company 8714438  
December 2015

## ‘Opportunity for Change’

### Healthwatch Darlington Black Minority Ethnic (BME) Project

Healthwatch Darlington supports all local service users, patients and carers in the planning and development of both new and existing Health and Social Care Services in the town so that services are provided to meet the identified needs of local people. As a strong independent community champion we give local people a voice. We believe all of the 4000 Black Minority and Ethnic (BME) residents in Darlington should be able to access the services they need, including the residents that have not yet appeared on the ‘radar’. [1]

**Statutory Duties:** We provide information about access to local services so informed choices can be made, and promote and support the involvement of local BME people in the commissioning, provision and scrutiny of local health and social care services in the town.

Our volunteers improve the voice and participation of BME residents. They assist in monitoring the standard of provision of local health and social care services and by capturing the views and experiences of residents helping us to formulate views on services and potential improvements. For example, we can make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations.

Following consultation over a 3 month period ending March 2015, we listened to residents from the Bengali, West Indian, Roma Gypsy, African, Jewish and Chinese communities. We know that issues of language, culture, gender and indirect discrimination prevent local people from accessing the services they need. BME residents can lack the information and resources to manage and make health decisions and therefore have little ability to shape and choose the care they receive, struggling to navigate fragmented health and social care services. [2]

We also consulted with local health & social care organisations to determine how we could improve their engagement with BME communities.

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**Opportunity for Change:** Through the recruitment and management of **Volunteer BME Health Connectors**, that identify with and represent under-supported and isolated residents, we have opened up new communication channels with local people that previously had no voice due to cultural restrictions and/or language barriers. Our volunteers connect people to services and support they need. This innovative support of ethnic communities exemplifies our commitment to providing the solution to improving involvement in the shaping and delivery of these services.

We know that Darlington has a higher percentage of people with bad health and lower life expectancy compared to the national percentage [3] and 55% of admissions by local black people are emergencies compared with 40% nationally. [4] The prevention of ill health by effective signposting and information sharing is a key aim of the Health Connector.

**The Difference we make:** One of our BME Health Connectors from the Bangladeshi community was approached by a Bengali lady. The family was struggling to provide informal carer support for their Mother, her health had deteriorated and she was found eating plasticine; the Mother had Dementia. As a result of this intervention the family was signposted to the Alzheimer's Society. In collaboration with Alzheimer's, a joint visit was arranged and consequently a full Occupational Therapist assessment of the family's needs was arranged. This resulted in the installation of equipment to improve the quality of the family's life and a referral to Adult Services for additional support to maintain her independence, to be funded by Direct Payments. An appointment was arranged with the GP and Mother was also treated for a urine infection. The Daughter is now the recognised Carer and has also received support with an offer of a respite break, and details of a Bengali care home if required. Mother received preventative health care from her GP and is healthier, happier, and in her own home (Full Impact Study below).

#### **Evidence of effective engagement: Client Feedback:**

*"...I was not aware of the many useful services that are available to me as a Carer. My Health Connector has opened up so many doors that have all been extremely positive for both myself and my Mum... instead of suffering like me for 11 years without knowing what's out there" - Raha 17.12.2015*

#### **How services have improved:**

- Joint organisation meetings and 360 degree evaluation of service provision with key workers
- More effective future signposting / referrals due to improved understanding of each other's roles and processes
- Joint visits to the family home to evaluate the effectiveness of the intervention and overcome barriers
- Volunteer and staff training relevant to need

#### **Future Opportunities:**

- Look at the potential for a Multi Cultural Awareness Group to support the ethnic communities
- Future opportunity of developing a 'pop-pop' BME Memory Cafe in the town for Dementia support to overcome potential barriers

Health Connectors think holistically and have signposted local people to appropriate service providers, for example, GP's, Sure Start, CAB, Age UK, Samaritans, McMillan Nurses, Independent Complaints Authority, DISC Young Carers, Alzheimer's Society, Darlington Mind, Darlington Talking Newspaper, DBC Adult Services, DAD, DBC Housing Department, Healthy HUB, Relate North East, Groundwork, Cafe JJ, FirstStop, Diabetes UK, Morrison Trust, etc.

The BME Project continues to monitor its effectiveness through the Healthwatch Darlington Impact Management system and through the use of Impact Studies to share learning and knowledge within the team and its colleagues in other organisations. The following examples offer a snapshot of the difference we have made to date.

## Impact Measurement

### Impact Study 1:

#### What was the issue / query that was raised?

**April 2015: Health Intervention and Carer Support requested:** Health Connector Sajna was approached by a Bengali lady whose family were struggling to provide informal care support for their Mother, her health had deteriorated and she was found eating plasticine; the Mother had Vascular Dementia and had recently suffered a minor stroke.

The family had struggled to participate in health care because of cultural and language barriers and Mother did not speak English.

Mother had become very frustrated because she could not clean herself which also impacted on her cultural needs as a Muslim woman.

Daughter, Raha, was very worried about Mum getting up from her chair and falling as she had young children running around the family home. Raha was also worried about mum getting out of bed at night on her own.

#### Where did you signpost the resident to?

The Alzheimer's Society - Stockton to conduct further investigation into the family's needs:

Jenny - Dementia Support Worker - Darlington

Debbie - Dementia Adviser - Darlington

#### What changed?

As a result of this intervention a joint visit was arranged with Debbie and Sajna and consequently a full Occupational Therapist assessment of the family's needs was arranged. Mother's health deteriorated and an urgent home visit by the GP was arranged by Debbie, and Mother required a hospital assessment and ECG because the GP was concerned about her blood pressure, Mother was also treated for a urine infection.

Intervention also resulted in the installation of equipment; handrails, upstairs toilet and wheelchair, to improve the quality of the family's life and a referral to Adult Services for additional support. The option of pressure mats was discussed, should Mother get out of her chair or bed it would set an alarm off alerting the family of any movement.

The Social Worker from the Complex Assessment Team completed an urgent application for Direct Payments to maintain Mother's independence and had discussed an Interpreter service which was not required due to the Health Connector support.

The Daughter is now the recognised Carer and has also received support with an offer of a respite break and details of a Bengali care provider if required. As a result of being more informed of her Carer rights, the family is now receiving support with regard to Council Tax Discounts.

Mother received preventative health care and review of medicines from her GP and is healthier, happier, and in her own home.

### **Q** How can we improve this volunteer service? **Client Feedback:**

By advertising your services to minority ethnic groups because they are not aware of the help available...Caring for my Mum has impacted on my wellbeing, if my Health Connector had not morally supported me by giving advice on the services available for both me and my Mum then I would probably end up having a breakdown and my Mum in care.

I believe as a Carer and a member of our community that we need people like these Health Connectors to let people and service users know what is available.

Within the community there are still hundreds of people waiting to learn about what is available and how to access these services. We need a community link person to direct us to the right team and get the right help straight away instead of suffering like me for 11 years without knowing what's out there for my Mum or me - *Raha 17.12.2015*

### **Service Improvements:**

- July 2015: Healthwatch Darlington & Alzheimer's Society conducted a joint meeting and 360 degree evaluation of service provision with key workers and Health Connector
- More effective future signposting / referrals due to improved understanding of each other's roles and processes
- Joint Revisit to the family home arranged to evaluate the effectiveness of the intervention
- Sept 2015: Jenny delivered Dementia Friends training to the Health Connector team

- October 2015: The Health Connector team had all completed Darlington Safeguarding Board's - Safeguarding Adults Level 1 training
- December 2015: The Health Connector followed up the effectiveness of intervention with the Carer

## **Impact Study 2:**

### **What was the issue / query that was raised?**

#### **May 2015: Strep B Streptococci and risk to babies during childbirth**

Health Connector Bess received feedback from a lady in the Jewish community and her concern that pregnant Mums are not routinely checked for Strep B Streptococci; during child birth it can be passed on to baby and they become infected - Reference to a recent case in Darlington where a Mother's baby was seriously ill.

### **Where did you signpost the resident to?**

Healthwatch Darlington - Michelle Thompson CEO: written request for the Foundation Trust's stance on routine screening - Darlington Memorial Hospital - Chief Executive - Sue Jacques

### **What changed?**

Healthwatch Darlington received a reply from Sue Jacques with a response from the Head of Midwifery.

- ...Routine screening is not recommended as the current testing available would not detect it in every case and therefore may provide false screening - the Trust follows national guidance - if under routine tests it is identified in a urine specimen, the woman will be prescribed appropriate oral antibiotics...

The information was shared with the Health Connector and the enquirer was informed.

## **Impact Study 3:**

### **What was the issue / query that was raised?**

#### **July 2015: Diabetes screening in ethnic communities**

Health Connector Lauren connected Healthwatch Darlington to a high profile Roma Gypsy community leader in the town who expressed concern that Diabetes is inherent in his community and we discussed the potential of on-site screening to improve the engagement of the community in health services.

### **Where did you signpost the resident to?**

Healthwatch Darlington contacted the following organisations to address this issue:

County Durham & Darlington NHS Foundation Trust  
Diabetes UK - Volunteer Development Manager  
DBC Public Health Principal  
NHS Darlington CCG - Director of Public Health  
NHS North of England Commissioning Support Unit

## What changed?

Healthwatch Darlington contacted:

- Diabetes UK to discuss how to improve health and wellbeing support and information services for Roma Gypsies in town
- the local Specialist Health Visitor for this site to discuss screening

### Improved Information sharing:

- ✓ Provided the Roma Gypsy community leader with information on the NHS CCG Diabetes Engagement Event - Morton Park Business Centre, 2nd December
- ✓ Diabetes UK can support the Roma Gypsy community with information to explore Lifestyle causes for Type 2 Diabetes and there is a Tool to evaluate risk - 6 Q's lifestyle, weight, blood pressure, BMI, diet - moderate to high findings which can be identified through a blood test

Training and links to information were shared with the team

<https://www.diabetesinhealthcare.co.uk>

- ✓ Healthwatch Darlington CEO raised awareness of the Roma Gypsy resident concerns - e.g. Darlington Long Term Conditions Management Group current pathways

### Improved access to Health care services:

- ✓ the community leader agreed to encourage individuals to contact the Health Visitor, who will also raise awareness during home visits to the site

## Impact Study 4:

### What was the issue / query that was raised?

**August 2015:** Elderly, isolated lady who is Indian, speaks Sikh Punjabi and little English - Recent bereavement and loss of first son. Other sons live in Darlington.

Contacted by Healthwatch Durham - the lady's daughter was concerned about Mother's wellbeing and phoned from her home in Berkshire for support. We contacted the daughter and determined that her Mother:



- lives in Sheltered accommodation and has a friend who regularly performs chores and cooks for her
- is an active member of the Gudwara (Sikh Temple) congregation and attends weekly
- is known to health services and came out of hospital following an operation and receives insulin for her Diabetes
- has regular communication with her sons (in Darlington)

The Daughter was particularly keen for the family to participate in some form of mediation / counselling - we discussed the need for consent from all parties

### **Where did you signpost the resident to?**

Healthwatch Darlington BME Project Officer  
Discussed Alzheimer's Society  
DBC Sheltered Housing Warden  
Relate North East

### **What changed?**

We discussed the need for consent from Mother before we could look at signposting options because she was not aware that this conversation had taken place

The Daughter was concerned that Mother may have Dementia and a referral for support was discussed

We discussed any safeguarding concerns and agreed that there was no current safeguarding issue due to the interventions already in place. Daughter agreed to discuss our conversation and options with her Mother

The enquiry was followed up by the BME Project Officer in September; Mother was due to go on holiday to India to visit family

The enquiry was followed up by the BME Project Officer in October and information provided on Family & Relationship support with Relate North East

### **Information Sharing:**

- ✓ Provided the Daughter with details of Health & Social Care service providers in the town
- ✓ Provided the option of a joint home visit to Mother with a Health Connector if required



## **Impact Study 5:**

### **What was the issue / query that was raised?**

**September 2015: Social Care support / Welfare Benefits and language barriers - Indian - dialect not known**

A Health Connector was contacted by a member of a Jehovah's Witness group where this lady supports a BME lady who has been advised by the Job Centre to look for work using computers but she struggles to read and write English - apparently she is entitled to live in the country and has been moved from ESA benefits to JSA, but apparently may lose benefits if she cannot overcome barriers of language to search for employment.

### **Where did you signpost the resident to?**

CAB Darlington - Citizen's Advice Bureau

### **What changed?**

- ✓ The Health Connector provided details of the Bureau to the enquirer and provided a Healthwatch Darlington contact form should the BME lady require further support from the project

## **Impact Study 6:**

### **What was the issue / query that was raised?**

**October 2015: Wellbeing and isolation**

Health Connector Bess was concerned about an isolated member of the Jewish community who recently lost her husband and was heavily reliant on a neighbour who was due to go away for a number of weeks. The lady was reluctant to spend money on essentials like heating.

### **Where did you signpost the resident to?**

Healthwatch Darlington contacted Age UK Darlington - the Good Friends Project

### **What changed?**

- The Health Connector obtained consent to make a referral to the Good Friends project
- Good Friends conducted a home visit and discussed Age UK services and the option of a lift to the Lunch Club
- ✓ The lady welcomed the visit and information on a range of Age UK services
- ✓ and she was interested in the Lunch Club and the IT Club to learn how to use her laptop, all of which could reduce her isolation

## Collaboration & Engagement:

**Carer Event - June 2015:** We organised the event and coordinated 13 Voluntary Sector Organisations (VCSO's) providing health and social carer services, to ensure Carers had access to their new rights from the Care Act 2014 and information relevant to their carer role.

**Interfaith Event - November 2015:** We organised the event to bring children and young people together during Interfaith week to celebrate the diverse cultures we have in Darlington, and to obtain feedback on their experiences and opinions of health and social care services in the town.

**Collaborative Development sessions:** We arranged Signposting training with appropriate services to enhance the knowledge of the Health Connectors and improve referrals to local providers - CAB, DISC Young Carers, Alzheimer's Society Dementia Friends, Groundwork - BME community allotments, Age UK - Good Friends projects, Halo Project - FGM training and Darlington Borough Council Safeguarding Board - Safeguarding Adults and Safeguarding Children Level 1.

**YMCA Tees Valley community Gym:** Health Connectors supported the development and promotion of gym sessions to the BME communities in the town to improve access, and health and wellbeing. Designated BME gym sessions for men and women are now available.

**Influencing change:** Through the prevention of ill health and reduced demand on the healthcare system, Health Connectors can reduce visits to emergency departments through early referral to health & social care providers. Health Connectors have supported clinical teams during the NHS 'Our Perfect Week' in November at Darlington Memorial Hospital, gathering feedback from patients and staff for the improvement programme.

**Research:** Our Health Connectors are involved in leading research with Durham University researchers into the cultural modification of Bengali people, for example, Health, Wellbeing and Integration of Bangladeshi Migrants in the UK through employment, education, and the impacts of stress on migrants and associated health risks like obesity and heart disease. Bangladeshi residents are at higher risk than Europeans of cardiovascular diseases, high blood pressure, stroke and Type 2 diabetes. [5]

The BME Project continues to extend its reach regionally and supports research development by the North East Race Equality Forum.

## What next:

Our Health Connector model empowers ordinary citizens towards self-sufficiency by signposting under-represented and marginalised residents of Darlington to the Health & Social Care Services they need, overcoming barriers like stigma, culture, gender and language.

In its Five Year Forward View NHS England recommended brokerage models of healthcare provision to give citizens greater control over their health and care in their communities, with peer support which mobilises the knowledge, skills and empathy of local people. [6] Our volunteers play an important role in improving people's experience of care, building stronger relationships between services and communities, improving public health and reducing health inequalities. We can demonstrate it works.

Our work with BME communities exemplifies Healthwatch Darlington's commitment to providing the solution to improving their involvement in the shaping and delivery of these services. Our challenge is to reach every resident of Darlington and to achieve this we have been creative to overcome barriers to engagement tailoring our service to meet the needs of diverse communities.

Darlington BME residents identified with over 64 different main languages, not including the vast range of dialects, and with over 25,000 asylum applications in the UK in the year ending March 2015, and the largest number of applications from nationals of Eritrea, followed by Pakistan and Syria, we know the demands on the Healthwatch Darlington BME Project will continue to grow. [7] Darlington also has higher numbers of Gypsy or Roma travellers than the wider UK with approximately six times the national average - a substantial number are domiciled only during the winter months. [8]

Due to capacity and resources, our BME Project to date has supported a small proportion of local people from these communities; Bangladeshi, African, Chinese, Sri Lankan, Polish, West Indian, Jewish, Roma Gypsy, Buddhist, LGBT, Baha'i, Sikh, Indian, Iranian.

## Future Opportunities for Change...

- Develop community capacity and resilience through volunteer Health Connectors; connecting more people to services & support & VCSO health and social care organisations
- Extend reach and recruit more volunteer Health Connectors and promote our model of early health & social care intervention in BME communities - extend the spectrum of targeted communities

- Tackle health inequalities and overcome barriers associated with diverse ethnic communities, for example, language / cultural barriers and isolation, utilising the relationships with key organisations and VCSO service providers
- Explore other opportunities to work collaboratively - shared knowledge & skills: Ethnic Health & Social Care Hubs - e.g. Bengali friendly Dementia hubs to overcome barriers of engagement, isolation and to improve the voice of under-supported groups to reflect the needs / priorities of all residents in the shaping of health & social care services
- Support vulnerable groups effectively - Challenge discrimination and support equity of access to health and social care services, whether on an individual, organisational or strategic level, and improve current demographic information and involvement of BME residents in mainstream activities and services

Healthwatch Darlington - Registered Charity 1156388 Company 8714438  
CVS Building - Church Row - Darlington - DL1 5QD  
01325 380145 [www.healthwatchdarlington.co.uk](http://www.healthwatchdarlington.co.uk)

References:

- [1] Office for National Statistics - Census 2011 - <http://www.theguardian.com/news/datablog/2011/may/18/ethnic-population-england-wales>
- [2] Healthwatch Darlington - Meet the Experts report & case studies 2015
- [3] Office for National Statistics; The NHS Information Centre for Health and Social Care updated 2013
- [4] Darlington Borough Council - Transforming Health & Social Care - Newsletter issue 5 Sept 2015
- [5] Durham University - Researcher Papreen Nahar - Health, Wellbeing and Integration of Bangladeshi Migrants in the UK - Nov 2015
- [6] Volunteering in health and care - Securing a sustainable future - 2013
- [7] ONS Migration Statistics Quarterly Report, May 2015
- [8] DBC Review of the effectiveness of the Local Safeguarding Children Board - Inspection date: 23 June – 16 July 2015 - Report 01.09.15

## Volunteers connecting with minority groups



A team of specially trained volunteers is helping to reach black and minority ethnic residents in Darlington.

Darlington has fewer people of black and minority ethnic origin (3.8%) than is the average across the north east (4.7%) or England (14.6%)\*, which makes identifying and meeting their needs harder.

Healthwatch Darlington has recruited a team of Health Connectors to help reach these diverse communities including:

### healthwatch Darlington

The Health Connectors have had training from voluntary and community sector organisations, including Citizens Advice, Dementia Friends and DISC Young Carers, to allow them to give health and wellbeing support to their communities.

Thanks to the Health Connectors of people with dementia have been provided with equipment and support. A young carer has been able to continue in education and a resident has been connected with Polish speaking service practitioners.

If you would like to share your experiences about health and social services with Healthwatch Darlington, please contact us on 01325 380145 or email [info@healthwatchdarlington.nhs.uk](mailto:info@healthwatchdarlington.nhs.uk)

**Healthwatch Darlington... 'the local consumer champion for patients, service users and the public'**



**healthwatch**  
Darlington  
Your Health, Your Town, Your Say

## Adult and Young Carers Information Event

9<sup>th</sup> June 2015, 12.30pm - 3.30pm

Dolphin Centre - Central Hall - Darlington

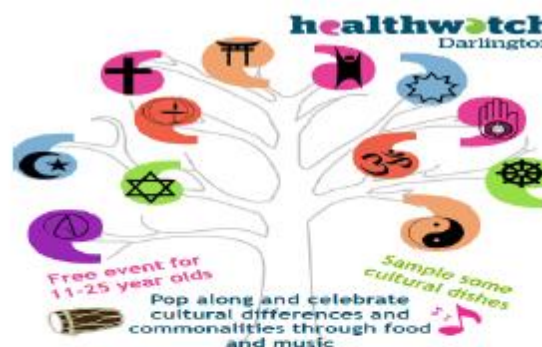
### Looking at the Impact of 'The Care Act 2014'

Find out how the changes impact on you and your family

How to access the services you need

### Local priorities

Priorities in Darlington include giving every child the best start in life, tackling alcohol related harm, and promoting mental health and wellbeing.



## Interfaith Event

## Transforming health and social care

Issue 5 September 2015

DELIVERING BETTER CARE IN DARLINGTON



Health Connectors welcome members of the public to Healthwatch Darlington event.

## Voice of the Patient

Darlington has fewer people of black and minority ethnic origin (3.8%) than is the average across the north east (4.7%) or England (14.6%)\*, which makes identifying and meeting their needs harder. Despite their lower representation in the population, 55% of hospital admissions by black people in Darlington are emergencies compared with 40% nationally.

Healthwatch Darlington was contacted recently by a family member of an elderly person in a sheltered housing scheme in the town,