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Carrying out research with under represented groups during the Covid-19 pandemic

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✓ Mute function

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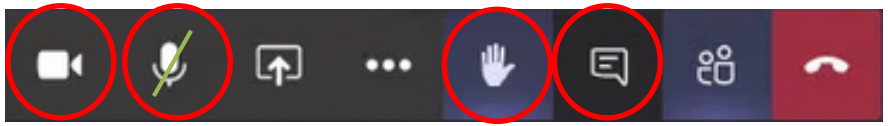

✓ Video function

✓ Chat function

✓ Not recording

✓ Slides will be emailed

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Today's session

Time	Topic
14.45	Welcome and introductions
14.55	Aims of the session
15.00	Healthwatch Birmingham – Research with the Somali community
15.15	Healthwatch Haringey – Research with the Turkish/Kurdish community
15.30	Discussion sessions
15.50	Conclusion/Wrap up session

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Presenters

- **HWE Research & Insight Team**:
  - Sue Edwards – Research & Insight Manager
  - Amrita Bose – Senior Research Analyst
  - Marina Leoni – Senior Research Analyst
  - Martha Jesson – Research & Insight Coordinator
  - Jacob Lant – Head of Policy, Public Affairs, Research & Insight

- **Local Healthwatch**:
  - Chipiliro Kalebe-Nyamongo – Research and Policy Manager, Healthwatch Birmingham
  - Alev Yilmaz – Engagement Officer, Healthwatch Haringey

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Attendees

Name

Name of Healthwatch

Job role

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Aims of the session

- ☑ Explore what local Healthwatch can do to involve underrepresented groups in research during a global pandemic when face to face meetings are not possible.
- ☑ Share some good research practice from two local Healthwatch
- ☑ Share and learn from others' experiences

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Healthcare and the experiences of the Somali community in Birmingham

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Motivation behind the project

- The remit of Healthwatch Birmingham
- The causes of health inequalities are varied – HW is well placed to help address variations in the availability and quality of services that unfairly affect particular groups of people.
- We can therefore raise awareness of these variations and which groups they are affecting with commissioners and providers.
- Unequal impact of Covid-19 on Black, Asian and Minority Ethnic groups – which might be explained by social and economic inequalities, racism, discrimination, stigma, occupational risks and prevalence of conditions.

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Research question

What were/are the key issues for Somali communities of health and social care services in Birmingham (including during the lockdown into the recovery phase of services)?

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Sub-research questions

- What are the challenges and barriers that impact on Somali community's experience of health and social care services?
- What impact have changes to how services are delivered during the covid-19 pandemic had on Somali communities' experiences of health and social care services in Birmingham?
- What challenges and barriers to information, support and engagement with health and social care services do people from Somali communities face?
- What would improve Somali communities' experiences of health and social care services in Birmingham?
- What would improve Somali communities' experience of accessing information, support and engagement with health and social care services?

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Why the Somali community?

- Somalis in Birmingham represent a newly emergent community, which has grown dramatically in size over the past 5-6 years – from about 819 in the 2001 census to about 7000+ in the 2011 census. Currently estimates settle at around 40,000.
- Most of the Somali community live in the most deprived wards of Birmingham – interviews demonstrate
- How ethnic groups are grouped together, assumptions made about them VS how they identify themselves – migration patterns show that not all Somali's have come to the UK as refugees but via other EU citizens

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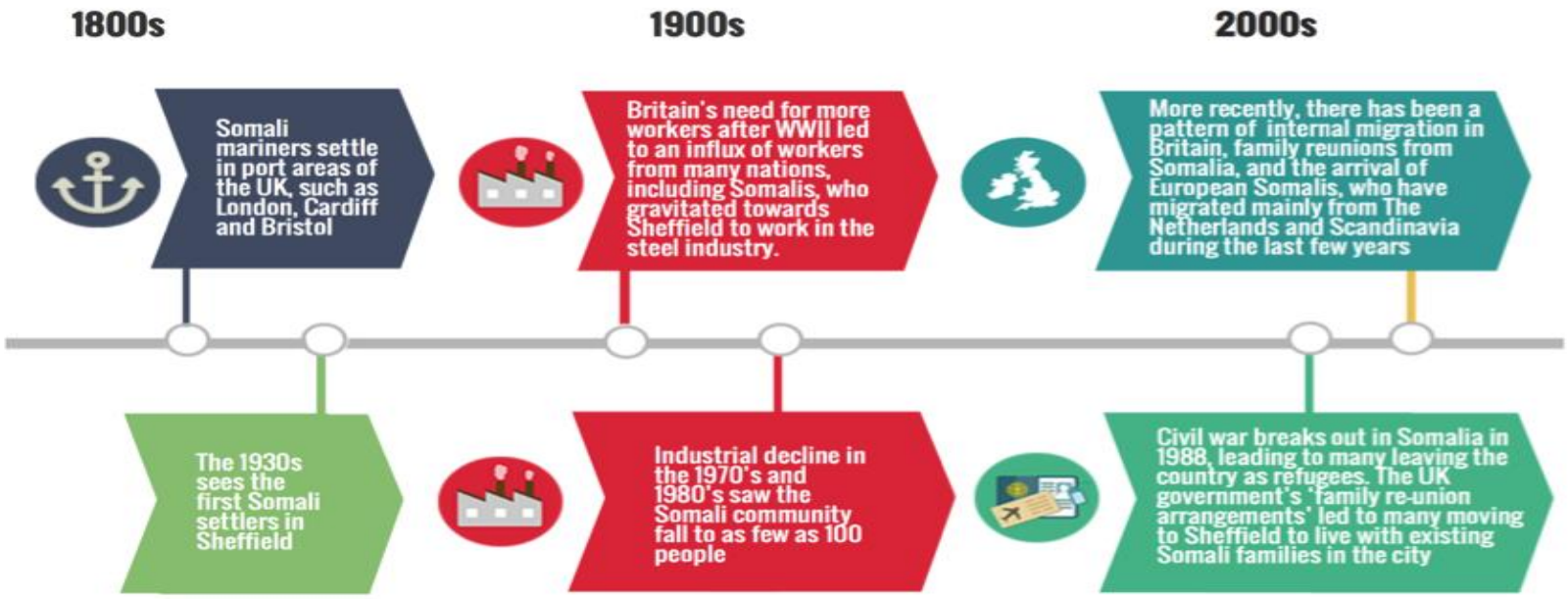
Why the Somali community?



Source: Runnymede 2012

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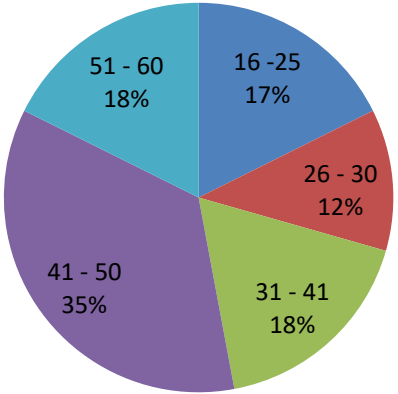
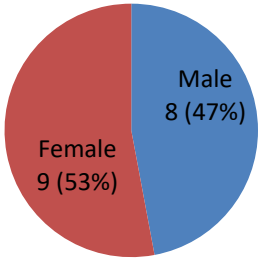
Who did we speak to?

- Aimed to interview a minimum of 20 and a maximum of 30 people.
- Reached saturation point and stopped interviewing after the 17th participant

Age Group



Gender



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Accessing study participants

- Identified organisations and individuals working with Somali communities
- Collaborating with Ashiana Community Project
  - Have provided us with a list of 18 individuals and their contact details
- Individual contacts – personal, volunteers and key community leaders (Birmingham Health Champions)
- Snowballing

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Main themes in the findings

- Knowledge and rights
- Discrimination
- Trust
- Engagement and information
- Translators
- Digital access of healthcare services
- Diversity - employment
- Stigma and assumptions
- Referral and diagnosis

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Main themes in the findings

- Key issues coming from the interviews held so far
  - Cultural and language difficulties
  - Inability to express themselves when engaging with health care professionals
  - Dismissive attitudes of professionals and feel like second class citizens
  - Feel invisible to services following changes to how services are delivered
  - Failure to address discrimination due to fear of affecting access to services for themselves and their families
  - People do not have the information to safeguard themselves
  - Impact of new ways of delivering health care – online, zoom, whatsapp, telephone

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Lessons learnt

- Gaining trust with the community is important
- Language issues- Need to simplify the language used in research (use of examples to clarify questions)
- Bias - sampling
- The need to work flexibly – interview times etc.
- Being ready to deal with people's anger – outcomes from their engagement with the study/
- Researchers pre-conceived ideas – be aware of these.
- Cultural sensitivity – use of video during the interview
- Perseverance in accessing participants – covid made access more difficult

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Output/Next Steps

- A research report which will be shared with Public Health (Birmingham), Birmingham and Solihull STP, The Black Country and West Birmingham STP, the Health and Wellbeing Boards; Commissioners (Birmingham and Solihull CCG and Sandwell and West Birmingham CCG) and/or Providers.
- Follow-up report
- Similar work with other groups – Bengali (through the engagement officer as part of the themed feedback activities)

healthwatch Haringey

Understanding the impact of Covid-19 on the Turkish/Kurdish speaking community

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Our reasoning for this research

- COVID-19 does not affect all population groups equally.
- Black, Asian and minority ethnic (BAME) people are disproportionately affected by Covid-19.
- We wanted to understand the societal and economic barriers, and health inequalities faced by the Turkish and Kurdish speaking community.
- The Turkish/Kurdish speaking communities are more likely to face language barriers and have comorbid conditions such as diabetes and severe lung conditions.
- The Turkish/Kurdish speaking communities are very diverse, which includes Turkish Cypriots, Kurds and Bulgarian Turks, with socioeconomic disparities within this groups.

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Methodology

- **Desk research:** into Turkish and Kurdish VCS groups in Haringey.
- **Social media and online communication channels:** to research Covid-19 initiatives.
- Emails, calls and visits community centres.
- **2 VCS groups, and over 10 interviews.**
- Developed an interview guide, focusing on particular themes.
- **Topics covered:** access to information and services, language barrier, digital exclusion, primary and social care, food poverty, mental health, and sustaining Covid-19 responses.
- **Interviewed:** staff and volunteers within Turkish/Kurdish voluntary and community organisations in Haringey and Enfield. We also spoke to councillors and NHS staff from Turkish and Kurdish backgrounds.

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Findings

- **Access to information about Covid-19:**
  - Having very little or no understanding of English.
  - Limited efforts in public health messaging from the Local Authority.
  - The lack of accessible information, especially in community languages.
  - GP’s were not responding effectively to language barriers and digital exclusion faced by community groups.

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Findings

- **Access to health and social care services:**
  - Difficulties in getting through to the surgery and the quality of the interaction with GP's.
  - Interpretation services or Language Line was not widely used by all practices.
  - Many refugees and asylum seekers, or newly arrived Turkish/Kurdish speakers do not know how to register with a GP or access the NHS.
  - Many people missed their appointments as they were not sure if hospital departments were operating as normal.
  - Hospital treatments were suspended, or people failed to receive communication about new appointments.

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Findings

- **Social Care:**
  - It proved very difficult for carers to look after older family members who were shielding.
  - Sustaining support, and delivery of essentials to family members who were dependent or shielding.
  - People working in frontline roles and living with shielding family members.
  - People did not have access to PPE, such as gloves and masks.

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Findings

- **Mental Health:**
  - Prevailing negative attitudes towards mental health.
  - Language barriers.
  - Turkish/Kurdish communities living in the east of Haringey more likely to be living in poverty and overcrowded settings.
  - Shame and taboo within the community around food poverty.
  - Health inequalities.
  - Uncertainties surrounding health, housing, income, and job security.

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Next steps/Impact

Report shared with the Local Authority, and presented at the Council Community Enablement meeting.

Suggestions brought forward to the Council and North Central London CCG in adopting an inclusive approach in providing support and information to BAME communities:

- Reaching people facing language barriers or digital exclusions.
- Wider use of language tools, resources and initiatives to enable those facing barriers to access health services.
- Differentiated mental health interventions and support for those who may not typically engage with mental health services.

We have established a good working relationship with Turkish and Kurdish VCS groups in Haringey and Enfield.

Awarded funding from Haringey Council to lead the Community Protect project, working with community networks to help them communicate important public health messages to their communities using their communication channels.

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Discussion

- Any tips to engage with people from underrepresented communities that you stand by locally (e.g. community groups, partnerships, relationships)?
- Any challenges you may have encountered and how did you overcome these (e.g. translation, accessible products)?
- What kinds of themes have you found in your research with underrepresented groups?
- Any impact that your research has had in your local areas?
- Any plans for future research with underrepresented groups?

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Thank you for listening

Feedback link in the chat

Contact Healthwatch England Team on:

- Facebook Workplace Research Helpdesk Page
- Email research@healthwatch.co.uk

Healthwatch Haringey:

- Alev Yilmaz - alev@healthwatchharingey.org.uk

Healthwatch Birmingham:

- Chipiliro Kalebe-Nyamongo - ChipiliroK@healthwatchbirmingham.co.uk

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