

Towards improving experiences of  
accessing healthcare amongst non-English  
speaking families in Sneinton and St Ann's:

## Nottingham City East Primary Care Network (PCN6)

Summary and Learning Report Following Further  
Engagement Events

Report finalised Jan 2022



## Background

In 2021 a multi-agency group in East Nottingham undertook a survey. The group included representatives' from Nottingham City Place Based Partnerships Locality team, Nottingham City East Primary Care Network, Nottingham CityCare (as the provider of Children's Public Health 0-19 service), Small Steps Big Changes (SSBC), and Framework Housing, a local provider of the SSBC Family Mentor Programme. The target group for the survey was non-English speaking families in Sneinton and St Ann's. Sisters of Noor, an established grass roots community organisation, won a tender to engage with and undertake the survey amongst non-English speaking families in the community. The survey covered a broad range of services and aimed to explore access to, and experiences of, services for families with children under the age of 5 living in Sneinton and St Ann's, who spoke Urdu, Czech, Arabic or Tigrinya. A full survey report can be found [here](#).

A firm commitment was made by the project group to share the findings of the survey with those families and communities who had supported the engagement project. This would provide and enable additional opportunities for the communities involved in the project, to shape the work going forward. Four engagement and feedback events were proposed to run during May 2022. To ensure accessibility from a language point of view, events were planned in each of the primary languages captured by the survey; Czech, Arabic, Urdu and Tigrinya.

This report describes the approach and key activities undertaken in attempting to share these findings. It describes both the successes of working in this way and the challenges. It summarises the project group's key learnings and considerations for others who might seek to engage with and support improving access for non-English speaking families with young children.

## Encouraging Engagement

Only a small number of survey respondents supplied their contact details and consented to be contacted again by the project group. As a result, to share the findings with the communities, extra community engagement activity was needed.

Prior to each planned session, engagement posters were created by our community partner Sisters of Noor and translated via a design agency into each of the four languages, with an EventBrite link for registration. They were shared through established community networks by Sisters of Noor and the project group partners.



There was variable registration and attendance for the events amongst the different language groups spoken.

#### Arabic

The first Arabic session ran as scheduled in early May 2022 with 11 people attending.

#### Urdu

The first planned session for mid-May was rescheduled due to low uptake, eventually taking place later in May with 7 attendees.

#### Tigrinya

The first and second booked Tigrinyan sessions in May and June were cancelled due to low registrations.

Despite consideration of different strategies to engage with the Tigrinyan community, including attending an already established group, we were unable to successfully complete further engagement with this community. We hope to foster indirect engagement via inviting workforce and community and voluntary sector partners to the workforce briefing event. It was agreed that we would ensure the services which engaged with these communities would be invited as a priority to the workforce engagement event.

#### Czech

Due to the availability of interpreters, only one Czech speaking event was planned in June. This was cancelled due to low uptake.

The project group were able to link up with an established organisation in the community who had links into the Czech community and it identified some families to provide feedback on written information. An offer was also made to have a discussion via telephone, supported by an interpreter, but it was felt that this would hinder rather than support engagement. Written information developed by the project was shared and feedback was provided on some of the information by two families.

## Engagement Events

### Presentation

The two-hour follow-up community engagement events were hosted during school hours, supported with two professional interpreters, and where possible, staff from partner agencies who also spoke the language. The main survey findings were delivered to the group, by an interpreter using a translated slide deck. This was followed by a discussion, facilitated by interpreters. Families in attendance could share additional relevant information about their experiences of both access to and service provision, allowing collection of richer information, along the lines of the themes identified in the survey.

Participants were then invited to share feedback on translated written resources, developed in response to needs identified in the survey via small group discussions. These included information on the *services* available across Nottingham City and how to access them, *childhood vaccinations* and *common childhood illnesses*. Each discussion group was supported by an interpreter. Families responded positively to written information being in their language, content was felt to be well pitched and included all the information that families wanted. Interpreters and families commented on the provision of both the session and while the written content in another language was unusual, it was well liked. Families reported feeling listened to and the time taken to engage with the community was much appreciated.



### Small Group Discussions

Positive responses were received to the written translated information sheets.

### Childhood Vaccinations

The translated information was described as “informative”, “clear”, “easy to read” and “very useful”. Some families who attended the Arabic speaking event shared they had not previously understood vaccinations, were fearful of side effects and unsure of ingredients. The inclusion of information on the lack of pork in some vaccinations was particularly welcomed with families unaware they could ask for an alternative vaccination that did not contain pork. Amongst the Urdu-speaking parents were those who had vaccinated their children and found the process easy.



### Services

Information on services was considered to be well-pitched and potentially of particular use for families who are recent migrants. Additional information requested included information on how to access a dentist.

## Common Childhood Illnesses

This information was well-liked. The leaflets were described as 'helpful', and 'easy to understand', especially the infographic leaflets. Feedback from Czech and Urdu families indicated that some words and medical terms did not always translate well; leaving some information in English such as brand names like Weetabix or using more generic terms e.g. cereals was recommended. Most families weren't aware of available online resources and struggle to access available resources due to the language barrier and limited availability of translated materials. Some families reported that even with common childhood illnesses, a GP appointment provided reassurance, especially if an examination or blood test was undertaken to rule things out.

## Market (information) Stalls

An opportunity to visit market (information) stalls was also provided at the end of the event, including stalls from an English as a Second Language adult course provider, information on the two-year-old free nursery places offer, community groups and 0-19 Children's Public Health Nursing Service.



## Key Learnings

Across different languages and different communities, the needs of families with young children are not the same. Attempts to address barriers to access and engagement may benefit from being sensitive to differing needs of different communities. Working with trusted established community providers was crucial to support engagement, both with the survey and the engagement events.

Our experience:

- Arabic families were an easier group to engage with via our established community partners.
- Families were willing to travel across the city to attend the session.
- Some families reported feeling isolated since arriving in the UK.
- Arabic-speaking families indicated that they would be open to Arabic-speaking group sessions with midwifery, as more information around pregnancy and connections with other pregnant women were sought.
- The majority of Urdu-speaking families in attendance were more established in the community, having good knowledge of how the health care system worked, with word-of-mouth information shared in communities.
- Urdu-speaking families attended the engagement event in lower numbers than expected despite focused efforts to engage with the community. Our community partner suggested further engagement with Urdu-speaking families may be enhanced through working on-site at a mosque or through direct engagement with community leaders.

Communication challenges remain a particular challenge to accessing services. Additional feedback was provided by Arabic-speaking parents. Face-to-face appointments with in-person translators work better, with telephone-based services such as the language line reported to not work overly well.

Some families reported experiencing negative responses from front-of-house GP practice staff, who due to language barriers, were not always perceived as providing an empathetic service. Some families reported feeling like they were being “forced to try and understand”, rather than working in partnership to understand each other. For some this felt like racism.

The use of translated materials was welcomed by families and it was felt it would enable families to make informed decisions about some aspects of healthcare. Families who attended the event faced a barrier to accessing some preventative public health initiatives through written information not being available in their language. These included Vitamin D supplementation, vaccination ingredients and information in the red book. Information on the availability of services to support wellbeing, such as parent and toddler groups was also less accessible as it was seldom translated.

The project group used a combination of formal interpreting services and ‘Google Translate’ to produce information for the events. There were advantages and disadvantages of both. The project group recognised that working through a formal translation service was gold standard. This method incurred costs and had an approximate minimum of a two-week lead time, but the project group felt confident with the quality of translation work. ‘Google Translate’ offered a no cost, faster alternative. Despite regional dialects in Urdu, the ‘Google Translate’ option provided material that was understandable to families. Some medical words did not translate well, into languages including Czech and brand names did not translate.

Feedback from both families who attended events and the interpreting staff who delivered the events suggested that offering sessions in their own language was unique and positively received.

Paper copies of written translated materials were preferred to these resources being available online, with some difference between communities. Time, lack of IT skills and unfamiliarity with English for some acted as barriers to accessing online information. Arabic families attending were more willing to access information online. Where online translated information is available families would benefit from being directed to specific pages, rather than having to search for the information online.

## Next Steps

The information will be available on the Patient Information and Resources page for Non-English-speaking families on TeamNet and the SSBC website.

- A workforce event was hosted on 15<sup>th</sup> December 2022, to share finding/key learnings across the wider workforce including clinicians and representatives from voluntary and community sector partners. The event provided the opportunity for the workforce to reflect on what the survey findings might mean for them as individuals, their services and what can be done by

working together with partners. The feedback and reflections will be discussed by the project group to agree any actions going forward

- Motivational Interviewing Training will be offered for Primary Care Staff to support with positive conversations around childhood vaccinations.