

Exploration of the needs of families from diverse communities using The Newcastle upon Tyne Hospitals NHS Foundation Trust' Children's Services

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Background

The Newcastle upon Tyne Hospitals NHS Foundation Trust is a provider of secondary and tertiary services aiming to meet the needs of people across minority and majority communities. This report presents findings from exploratory work initiated by Angie Johnson, Paediatric Cardiology Matron, facilitated by Lucy Hall, Equality and Diversity Lead, and funded by the Children's Heart Unit Fund. The work focussed on the experiences of families of black and minority ethnic¹ background using children's hospital services and children's heart services in particular.

The steering group involved the Trust Paediatric Cardiology Matron and Involvement and Equalities Officer together with practitioners from the city's Carers Centre, Health Improvement Service for Ethnic Minorities, Health Visitor team, and HAREF: Health and Race Equality Forum. The group began the work with a commitment to use findings to make changes to services, as appropriate, to meet need.

Group discussions and interviews took place between July 2012 and January 2013 and involved 56 parents: 42 women and 14 men. Five group discussions about access to children's services involved 46 parents from backgrounds defined as: African (8), Arabic (1), Bangladeshi (5), Chinese (9), Czech (2), Indian (2), Kurdish (13), Pakistani (5), and Thai (1). A parent whose child has used children's services took part in a pilot interview, and nine parents whose children have used the paediatric cardiology service took part in telephone interviews. These nine parents shared their religious backgrounds: Sikh (1), Hindu (3), Christian (2) and Muslim (4). Group participants live on Tyneside and telephone interviewees live across a wide geographical area including Teesside, Wearside, Lancashire and the Midlands.

Practitioners from Carers Centre Newcastle, Health Improvement Service for Ethnic Minorities and HAREF met to plan group discussion, and the Paediatric Cardiology Service Matron worked with HAREF to shape the interview schedule. The Health Improvement Service for Ethnic Minorities (Ivy Leung), Angelou Centre (Barbara Kaur), Riverside Community Health Project (Bren Neale and Eva Karchnakova), and African Communities Advice North East (Gaby Kitoko) supported organisation and facilitation of group discussions.

Between them the Paediatric Cardiology Matron and the Involvement and Equalities Officer met with parents in three of the five group discussions. HAREF (Ann McNulty) co-facilitated group discussions, conducted telephone interviews, analysed group discussion and interview data and produced the first draft of this report.

Additional work was carried out to explore staff perspectives and needs in working with children, families and carers of black and minority ethnic background. This has informed the production of a directory of services for families from a range of communities (Appendix 3), and also the development of a checklist to support staff in ensuring their services are culturally appropriate (Appendix 4).

¹ The term 'black and minority ethnic community' covers a wide range of identities, countries of origin, cultures and religious beliefs, as well as shared experience of being in a minority in relation to a majority white population.

Executive Summary

Participants

- 56 parents: 42 women and 14 men
- Range of backgrounds: African, Arabic, Bangladeshi, Chinese, Czech, Indian, Kurdish, Pakistani, and Thai
- Range of religious beliefs: Sikh, Hindu, Christian and Muslim
- From a wide geographical area including Tyneside, Teesside, Wearside, Lancashire and the Midlands.

Main findings

Staff skills: These were highlighted within a hospital environment that many described as “home from home”. The achievement of making families feel welcome, comfortable and individually cared for is significant given the difficult circumstances in which children and their parents use the service. A particular aspect of skilled care that people said they appreciate is the ability of staff to communicate a sense of knowing families and to respond quickly and appropriately to their needs. Parents highlighted staff skill in communicating information that is often complex, at a time when it can be difficult to take it in. This level of positive feedback suggests strong leadership and a culture of continuing staff development and service improvement.

Communication support: The importance of consistent use of professional interpreter support was highlighted, in line with evidence (Appendix 1) and Trust policy. There is a need for clarity that using children and young people to interpret is not in line with Trust policy.

Meeting spiritual needs: Parents across a range of faith positions said that it is important for them to be able to practice their religion while in hospital and coping with a difficult situation. They expressed satisfaction with facilities and the support they have received from staff.

Accommodation: Accommodation on wards and in visitor flats was described as clean, with a good range of equipment. Several people commented on the age and basic level of some flats, however this was not a significant issue as they said that the most important thing during the time that their child was in hospital was to have somewhere to stay close to them.

Play equipment: Everyone expressed satisfaction with the range of play equipment. Several commented on the advantage of there being a public park across the road from the hospital.

Food: Generally parents expressed satisfaction with both the range of food on offer in the hospital café area and kitchen facilities available to them in visitor accommodation. Being offered food on the ward, at points of particular stress when it can feel difficult to prepare food, was much appreciated.

Suggestions for change (actions already taken highlighted in blue)

- Colour coded signage across hospital buildings
- Appointment letters with clear directions to wards and other areas
- Welcome area in new RVI building with volunteer 'welcomers' from different communities checking people know where they need to go
- Displays showing expected waiting time in each area
- Use of professional interpreter support in line with evidence (Appendix 1) and Trust policy. Clarity that using children and young people to interpret is not in line with Trust policy. Link to most recent policy:
<http://intranet.xnuth.nhs.uk/Policies/operational/InterpreterPolicy201209.pdf>
- Easy access to information about how to give service user feedback
- Feedback systems in paediatric cardiology in- and outpatient settings that are safe for service users and staff. Highlighted as particularly important in situations in which children are seriously ill and parents feel vulnerable. **Action: Parents' booklet now includes explicit message: "We know we don't always get things right and we need to hear from you when this happens so we can make changes", together with information about 'who' to feedback to and 'how' to do it, including anonymously**
- Production of easy-to-understand information about NHS health care and how primary and secondary care link together. **Action 1: Parents in one group discussion asked about a specific health issue and a facilitator arranged for a nurse to visit their group to fill knowledge gaps; Action 2: In response to queries about primary care a meeting took place between Prospect Medical Group practice manager and a Kurdish women's group during March 2013; See also Appendix 2: Information leaflet produced by Advocacy Centre North and HAREF**
- Welcome packs including information about local sports centres, places of worship etc. **Action: Information resource produced by the Trust's Health Improvement Service for Ethnic Minorities, including information provided by Health Visitors (Appendix 3)**
- Option to have a hot drink in children's services outpatient' settings. **Action: Paediatric cardiology service exploring this option in outpatients' areas for people who have travelled a long distance**
- Greater selection of vegetarian options in the café
- Improvement of the fabric of some visitor accommodation. **Action: The Trust had already identified this and new-build of visitor accommodation is due to start August 2013 with completion date of Spring 2014**
- Provision of low level washing facility for preparation for prayer. **Action: This has been included in plans for new visitor accommodation ie situated next to the quiet room, and is also being discussed with the Trust's estates manager in relation to provision in hospital settings**
- Addition of representation of a Hindu God in the chapel. **Action: This is being addressed by the chaplaincy team.**

The process of the exploratory work

Informed participation

Before each group discussion and interview there was a recap of the:

- aim of the piece of work, namely to provide information for Newcastle Hospitals Trust Children's Services, and Paediatric Cardiology in particular, to support them to make sure that services meet the needs of all children and families using them
- the route to people's participation and the importance of confidentiality².

Group discussion

The aim of each group discussion was to provide an opportunity for people to share experiences of using children's hospital services. A flipchart 'map' showed routes by which people get to hospital services ie through the Accident and Emergency department if there is a crisis, or via GP referral to a hospital specialist service. The facilitator asked people about things that make journeys to children's services go well, and things that are barriers to easy access to services.

A range of issues was identified and recorded. Participants generally expressed a high level of appreciation of the Trust's services. Women in two groups commented on the good quality of care they had received during pregnancy and birth, described as "thoughtful, helpful and respectful". In one group there was feedback that "staff in the eye department explain everything clearly and the children's playroom is good". There was positive feedback about nursing care in general, "and that's very important when your child's ill and you're upset".

Suggestions for change produced in group discussion:

- Appointment letters with clear directions to wards and other areas
- Clear colour coded signage eg Victoria entrance 1555
- Welcome area eg introduce one in the new RVI building, with volunteer welcomers from different communities who can check that people know where to go for their appointments. "People might be flustered if they've spent a lot of time finding parking and think they are going to be late for their appointment"
- Displays in waiting areas showing expected waiting time
- Consistent use of professional interpreter support. One woman talked about accompanying her son, who has a serious physical condition, to hospital appointments. His first language is English and he often interprets for her. She is concerned that he might not interpret parts of the consultation "if he doesn't like the information they're giving him". Another parent in the same group discussion pointed out that it is a difficult task for him to be part of the consultation as a service user and to interpret for his mother at the same time

² Community organisations encouraged parents to take part in group discussions. The Paediatric Cardiology team contacted parents of children who had used their service and asked if the HAREF interviewer (research qualified and experienced) could speak to them about taking part in a telephone interview. The team passed on the list of people who said 'yes'. The interviewer randomly selected names from the list, so that the Paediatric Cardiology Service would not know who had taken part in an interview. At the end of each interview she checked that participants were happy for everything they had shared to be used in a report. She informed them that the Paediatric Cardiology Service would forward information about any changes made as a result of this piece of work, to everyone on the list.

- Use of professional interpreter support for assessment, treatment and discharge consultations
- Easy access to Information about how to feed back about experience of using services
- Easy access to Information about how the Accident and Emergency department works and how it fits in to the NHS primary/secondary care system. Some people talked about going to Accident and Emergency because of not knowing about other sources of support and then feeling angry because of having to wait. Others were aware of the need for staff to prioritise. “When people are ill they feel stressed and they might not understand that professionals are trained to calm the situation and encourage them to wait if they don’t need urgent attention. Sometimes though you know there is something not right with your child, you know that this is something different”
- Open access to expertise on relevant ward(s) where appropriate. Two parents with children with long term conditions talked very positively about this. They feel that their expertise is being taken seriously by professionals who trust them to get in touch when they need to.

Parents across all five groups asked for information about how the NHS is currently organised, with questions about specific services. Facilitators were able to provide some information and, if they could not, they said they would find it out and pass back through community development workers. For example, women in one group discussion asked a question related to a specific health issue and one of the facilitators (Health Improvement Service for Ethnic Minorities) arranged for a peripatetic nurse to visit the group to fill gaps in their knowledge.

In response to queries about primary care, facilitators (Health Improvement Service for Ethnic Minorities and HAREF) said that they would ask practice managers for information to pass back to parents via community development workers. One outcome is that several practice managers in west Newcastle said they would be pleased to come out to meet community groups and give information. The first meeting happened during March 2013 when the Prospect Medical Group practice manager met with a Kurdish women’s group.

Facilitators (Health Improvement Service for Ethnic Minorities and HAREF) told groups that they would be happy to support them to stay in touch with health services and give compliments, when things have worked well, as well as feedback about things that have not gone so well, and to share ideas about ways in which services can continue to improve.

Parents who took part in group discussions expressed great appreciation of the opportunity to feedback and share ideas for service development.

One to one interviews

Each participant was asked to tell the interviewer about their experience as the parent of a child who has used the children’s heart service, and anything that stands out when they think back over their family’s use of the service.

In response to this open invitation all parents began by highlighting staff skills, with feedback covering in- and outpatient experiences. The interviewer asked everyone about their experience of hospital accommodation, play facilities, access to food and

support for religious practice. Some feedback included suggestions for change, highlighted below in blue.

Feedback about children's heart services

Without exception parents began by highlighting the skills of staff. Eight of the nine referred to the skills of people working in the Paediatric Cardiology service. One person described the interpersonal skills of the driver who transports their family between home and hospital:

- The driver is really helpful because he knows me and my little one and he'll stop if we need a nappy change. He waits at the hospital and takes us back home. An example of him going the extra mile was when my child had to be readmitted and we stayed a week. The driver carried everything in for me and when I said thank you he said "We do that for people. It's what we do".

"Home from home"

Parents talked about experiencing the service as a "home from home". The staff's achievement of making families feel welcome, comfortable and individually cared for, is significant given the difficult circumstances in which children and their parents use the service:

- Everyone there is in a serious situation. When we first came in they comforted us
- We felt like part of the family. They did more than they needed and I will never forget them. It was a hard time. Every day I went to the hospital and I thought "This is the last time I will see my baby"
- I didn't know what to expect. We were in hospital for several months and I'd never expected to be doing that. So for me it was unbelievable and it was a new thing to me for that to happen, and the fact that the hospital was helping parents out was unbelievable
- We were so shocked and they were so helpful. Everything was unexpected
- Nothing was planned about the first visit. It was a matter of life and death
- Care and support is perfect. They are doing a great job. I felt like someone who was lost and they helped
- The care was excellent. I don't know how to describe it. The care was like being at home, like family. The hospital is like family to me now
- They were great, very helpful. Obviously at that time it was a big shock to us. We had just had a baby and we were expecting to go straight home. They were really caring at the times when you wanted to cry and they felt like family
- The staff are great, lovely and very helpful. I was so nervous because I had never had any experience of hospital apart from when my wife had the baby. I was nervous because I thought my English wouldn't be good enough and the staff were so helpful
- It feels as though the staff are family because they don't have to come and say "hello" to you and they do. They don't have to do that.

"They know you"

A particular aspect of skilled care that people appreciated was the ability of staff to communicate a sense of 'knowing' family members and being able to respond quickly and appropriately to their needs:

- They are the ones who know us well and it's great not having to repeat anything. You can cut corners when you know the people because you don't have to go over everything all the time. As soon as you go in to the service you're not a

stranger to them. They know you. Staff in the hospital know we've travelled a long way and try to hurry things up for us

- On every occasion the staff, the people side of things has been excellent. They put you in a much better emotional state. They did more than their job. They worked hard and they knew their stuff. They really research in to things in terms of your individual experiences. We got a lot of support from the nurses. They were very aware of how we were as people, not interfering but being very supportive
- They have multi-skills and they use their senses to be aware of how people are feeling. The doctors are a bit more remote and that's OK because that's their job. With nurses the relationship is there more
- One example was when staff had to do some procedure and a nurse noticed the expression on my face because I was very worried, and afterwards they mentioned that, which meant that they had noticed and understood how I was feeling.

Help to “make sense” of what’s happening

Parents also highlighted the skill of staff in communicating information that is often complex, at a time when it can be difficult for parents to take it in:

- They don't have a lot of cases of what my child had and the doctor explained that he had done the procedure before and he explained everything. He took us in to a room (importance of privacy mentioned by several parents) and he used pictures and diagrams to explain it, even though it was going in one ear and out the other. They gave us a heart book and that helped it make sense. At that time nothing made sense. You were so worked up. At every point they explained what was happening
- The liaison nurse helped my wife a lot because she was in depression mode, more than me, and she explained everything including the risks. She used diagrams and models and my wife immediately felt more comfortable
- We felt well informed along the way. I asked a lot of questions to make sure I knew what was going on. The way they answered was skilful
- You can talk to staff. They are accessible and always ready to help out. You are always updated. You don't feel like you're left out and they explain it to you in your words
- On any one day there was a specific named nurse and any issue we had we would bring to their attention. I remember once I was a little concerned about medication and the doctor took time to explain the rationale for it and that was reassuring
- When we came out of hospital the nurse came out and saw us at home and checked our child over and asked “Are you worried?” and she explained anything we were worried about. When we got home we had telephone numbers. We were still a bit frightened and not sure what was happening because sometimes the breathing sounds were different
- At all stages of the process we were kept informed about what was happening and what the possible outcomes were.

Suggestion for change

One parent, who described staff as amazing, talked about their difficulty in trying to decide how to feed back a negative experience with a member of the staff team. This

account, of a process of weighing up the pros and cons of saying something in a situation of vulnerability, identifies an area for change ie devising a feedback system that feels safe for both service users and staff:

- This one nurse had no feeling. The right word is empathy I think. I still remember the time when my child, only a few months old, when this one nurse said something like “I don’t know why (name of child) is so grumpy” and we’d been in hospital for so long and our child had gone through so much and it felt as though the nurse couldn’t relate to that. I had to leave my child at night and I didn’t want to do that because I didn’t trust this nurse. (The interviewer asked if there had been any opportunity to feed that back). I didn’t feedback because it might have put me in a worse situation and my child in a vulnerable situation. I thought long and hard about how that could be improved because obviously the nurse is treating other people’s children. I didn’t feel able to say anything to the nurse because I thought it would cause conflict. If I’d spoken to a senior nurse I wouldn’t have known whether they were friends with this nurse. My making a complaint wouldn’t have worked. The situation I was in, of a parent leaving my child in a vulnerable situation, as a parent you can’t take the risk. All the rest of the staff were amazing though.

Space for spirituality

Parents across a range of faith positions said that it had been important for them to be able to practice their religion while in hospital and coping with a difficult time. They expressed satisfaction with facilities and the support they received from staff, however a female Muslim parent identified the need for low level washing facilities for preparation for prayer:

- The quiet room for prayer worked well and was always accessible. One thing though was that I had to use a sink in shared toilets for washing before prayer so there was no privacy as such. You had to hunt out a separate toilet with hand basin and there was no toilet with a low-level sink for washing feet
- I’m Muslim and if I’ve time I go to the chapel and I can relax there. While we were living there I used the chapel as space to get away from everything
- We are Hindu and at the time you do start looking to God and there was a temple not far away. That helps parents feel stronger
- It was no problem using the quiet room for prayer and no problem reading by the bed. That was all fine
- Yes they did meet our needs. Every religion is different. We are Sikh and we pray in a certain way. We were able to sit praying and we took our holy book with us and put pictures of our God up beside the bed so he could look after our son while we were not there. We played holy music every two hours to make him stronger and to help him fight. He was in the intensive care unit and they played the music just like we asked them to. We prayed and our parents came in and we all prayed. They did look after us in that way
- I used to do my own things like yoga in the flat and there was comfortable space for that. One suggestion would be to place a representation of a Hindu God in the chapel to welcome people. For some people when they are in trouble that’s a time they remember God. Sometimes it helps a lot to see something that is a symbol of your own religion
- I think sometimes when you are so involved with your child you don’t notice others but there was a wide range of people on the ward and everyone seemed to be OK going about the things they needed to do. We asked for our chaplain to

be allowed on the ward and to be included in some discussions about care and that happened. We were able to include the chaplain when we needed spiritual input.

Suggestions for change

- Provision of low level washing facility for preparation for prayer
- Addition of representation of a Hindu God in the chapel.

“Putting our heads down”

Accommodation on wards and in visitor flats was described as clean, with a good range of equipment. Several people commented on the age and basic level of some flats, however this was not a significant issue as they said that the most important thing was to have somewhere to stay close to their child. Parents appreciated the provision of accommodation and some valued the flats as being close to wards and a bit of an escape from the hospital environment:

- The facilities were absolutely fine apart from accommodation. But basically all we were wanting was to put our head down somewhere, get up, wash our face and get back to our child’s bedside. That’s how it was for us then
- One of the places we stayed in was quite dated and they knew that and said they were going to update
- We stayed in a flat. That first night they gave us a room in the hospital because we had to stay there and they put up beds. The flat was clean and everything was done for you. There was a kettle and everything there
- On the ward there is a parents’ room with a TV and it’s comfy. There’s a fridge and a freezer, kettle and toaster. There was a foldaway bed next to our child’s bed straight after the transplant and we had our own shower and TV and we could take food in
- There was a little flat in the back and some nights we all stayed there, that is my wife and my son as well because he was also involved. Everything was done to ensure access to our daughter while we were in the accommodation. It gave us a semblance of some life away from the unit, so for example when our daughter was sleeping we didn’t have to be always sitting with her.

The importance of some semblance of ‘normal’ (as above in relation to accommodation) in situations where people have been wrenched out of their usual routine, was illustrated by another parent. “I go to the gym quite a lot and wanted to carry on going. It takes your mind off what’s going on when your life’s on hold. It would be good if the hospital could liaise with a local gym and give people information about what’s on in the vicinity”.

Suggestion for change

- Welcome packs including information about local sports centres, places of worship etc.

“They don’t get bored”

Everyone expressed satisfaction with the range of play equipment. Several commented on the advantage of there being a public park across the road from the hospital:

- There are different play areas, one for younger children and one for the older ones. There’s a play station and computers for young people

- My older children used to come up and in the hospital there's a young person's area, so they're catered for. There are toys everywhere. If it wasn't for that our son would get bored when we're waiting. There's a park opposite the hospital and that's amazing
- When they take blood it's amazing because there's a 3D TV right in front of her so she has the 3D glasses on and she's focused on that
- There's the field opposite and we took time to go out to the field and kick a ball around. This was important time out of the hospital.

“Food wasn't the most important thing”

Generally parents expressed satisfaction with both the range of food on offer in the hospital café area and kitchen facilities available to them in visitor accommodation. Being offered food on the ward, at points of particular stress when it felt difficult to prepare food, was much appreciated:

- On the board in the café there's an Halal dish every day if I want that
- Most of the time we cooked in the flat. Sometimes if there was food left on the ward trolley they offered that to parents and we looked forward to that
- Sometimes in that situation we didn't want to cook, we wanted to stay with our child and didn't want to do anything else
- We used the cafeteria which was fine. At the time it was all we needed. Food wasn't the most important thing
- The longer you're in, the more the lack of variety is important. Halal food was labelled though it was only stuff for the microwave. It would be good to have more vegetarian food, not just chips or vegetable lasagne all the time. We used local takeaways
- There was coffee and some food on the ward for patients and parents. We bought food outside of the hospital in the nearby supermarket. We are vegetarian and there wasn't much choice for us apart from baked potatoes and chips
- The cafeteria was always available so choice was always there and there was a good selection of healthy foods in the café as well as chips and burgers.

Suggestions for change

- Two parents asked about the possibility of having a hot drink in the outpatients' setting. It is possible to prepare hot drinks in the parents' kitchen in ward settings. “If it was possible to have a cup of tea on the ward, maybe in a safety cup, that would be good. When we arrive I crave a cup of tea. We have to have bloods done and see the consultant and I wish I could have a cup of tea to drink with the sandwich that I always have in my bag. There can be a time issue about going down to the canteen”
- Greater selection of vegetarian options in the café.

Staff Survey

To understand staff' views and needs in relation to supporting children, families and carers from black and minority ethnic communities, a survey was carried out within Paediatric Cardiothoracic Services. The survey was developed by the Paediatric Cardiology Matron and agreed by the Steering Group. Results were analysed by the Involvement and Equalities Officer and are presented in Appendix 5. In summary:

- 62 surveys were completed
- 60% of those 62 staff members said that they feel able to support/advise families from black and minority ethnic communities
- 77% identified that there are some gaps in their knowledge.

Staff were asked to describe both a situation where they felt confident supporting the needs of a family from a black and black and minority ethnic background, and a situation where they felt that they struggled to meet the needs of a family from a minority ethnic background.

An example of a member of staff feeling confident was in working with a family from the Jewish community. The staff member had some knowledge of the Jewish faith and culture and was able to ask for further information and discuss the family's needs openly. General feedback was that staff's lack of confidence often related to being unsure about religious beliefs and cultural practices. See Appendix 5 for further examples of good practice and of situations where staff needed support.

The Steering Group recommends that this report should inform future training and awareness raising. The Trust Chaplain is now providing additional staff training and has agreed to use the perceived gaps in knowledge, identified via the survey, in reviewing the 'Respecting the Religious and Cultural Needs of Patients' guidance. This guidance is available to all staff and outlines the needs of different religious groups and things that staff can do to meet these needs.

Check List on Meeting Cultural Needs

The Paediatric Cardiology Matron undertook a review of literature relating to meeting the needs of children, families and carers from black and minority ethnic communities, which identified little current research. A check list was found (produced by Tawara D Goode, National Centre for Cultural Competence, Georgetown University Centre for Child and Human Development) relating to meeting the needs of children from a range of cultural backgrounds. The Steering Group used this document as a starting point for the production of a checklist (Appendix 4). This checklist is to be circulated and used across children's services.

Directory of Services

The Health Improvement Service for Ethnic Minorities led on this work. Current directories were reviewed and local services contacted to make sure that the details in the directory are up to date. The Steering Group agreed a final version of the directory (Appendix 3).

Appendix 1

Recent locally produced literature highlighting the importance of consistent use of professional interpreting support:

1. Hall Lucy (2013), 'Factors influencing National Health Service Staff Decisions to Work with a Spoken Language Interpreter'

A review of current literature on the impact of providing and not providing spoken language interpreters taken from this research is embedded in the document below. This is summed up in a comment from one participant.

'How am I going to do the right thing for this patient if I don't have an interpreter?'



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2. Health and Race Equality Forum (2010), Young people from some black and minority ethnic communities in North East England share their views of health services, Newcastle upon Tyne: HAREF with Government Office for the North East

On page 3 of this report there is reference to a significant number of the young people who participated in the research talking about the communication support needs of some people in their respective communities. They highlighted the difficulties young people can face if they are asked to interpret for family members in health settings. Their feedback underlines the importance of a consistent system for booking professional interpreter support.

3. Health and Race Equality Forum (2010), Interpreting support in health and social care consultations: Experiences and views of some black and minority ethnic communities in Newcastle upon Tyne, Newcastle upon Tyne: HAREF with Riverside Community Health Project for Newcastle Local Involvement Network (LINK)

On page 12 of this report there is reference to one of the areas of action from the 2010 HAREF conference being: Appropriate and consistent use of professional interpreting support. At the conference 120 people from Bangladeshi, Pakistani, Filipino, Czech, Indian, Afghani, Slovak, African and Chinese communities came together to discuss the information and support they need to be and stay as healthy as possible. Review of national literature for the LINK report produced evidence that interpreters are important in supporting people with a first language other than English to access health care and use it effectively.

Appendix 2

Advocacy Centre North and HAREF (Health and Race Equality Forum), in partnership with Newcastle primary care, have produced 'Our NHS: Use it well', a leaflet with information about how to use the NHS effectively.



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Appendix 3

Directory of Services

The Health Improvement Service for Ethnic Minorities (HISEM) has produced this information resource for people using Newcastle hospital services and for staff.

An electronic copy of the resource, which includes information about support organisations, local places of worship, community projects, sports facilities and where to buy halal and kosher food is embedded below. For further information contact Ivy Leung: ivy.leung@nuth.nhs.uk.



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Appendix 4

Meeting Cultural Needs: Checklist

This check-list relates to overall provision of services. Everyone, across majority and minority communities, has a cultural background and a set of 'norms' and 'ways of doing things'. It is always useful to check with individuals and families what you need to know in order to provide best care.

Read each statement below and add a (tick) or x

Physical environment, materials, and resources

1	We display pictures, posters and other materials that reflect diverse cultures and backgrounds	
2	We ensure table-top toys and play accessories (that depict people) are representative of people across communities	
3	We provide books that illustrate different life experiences	
4	We select videos, films and other media resources that reflect diverse cultures	
5	We play a variety of music and introduce musical instruments from many cultures	
6	If we provide meals we ensure they include foods which are appropriate to the cultural and ethnic backgrounds of children and families who use our service	
7	If we provide opportunities for children to cook or sample a variety of foods we ensure that foods served across different cultural and ethnic groups are included	
8	We ensure that activities include the celebration of different religious holidays throughout the year	

Communication

9	We offer interpreters to children, families and carers in line with the Trust Interpreting Policy. We never ask children to interpret http://intranet.xnuth.nhs.uk/Policies/operational/InterpreterPolicy201209.pdf	
10	For children who speak languages or dialects other than English we attempt to learn and use key words in their language so that we are better able to communicate with them	
11	We consider the colloquialisms we use to make sure they are not offensive e.g. 'You cheeky monkey'	
12	We ask families about familiar words used by children to help with communication and enhance their experience of hospital	
13	We use visual aids, gestures and physical prompts in our interactions with children who have limited English proficiency	
14	When interacting with parents who have a first language other than English we always keep in mind that: <ul style="list-style-type: none"> <input type="checkbox"/> People's level of skill in English as a second or third language does not tell me anything about their intellectual capacity <input type="checkbox"/> People's level of skill in English does not tell me anything about their level of fluency and literacy in their first language <input type="checkbox"/> There are different levels of literacy among people across majority and minority ethnic communities 	

15	We ensure that all parents are asked in what format they would like to receive written information	
16	We understand that it may be necessary to use alternatives to written communication for some families	
17	We know where to find information in other languages and formats	
18	We encourage parents and family members with a range of levels of fluency and literacy in English to volunteer and assist with activities	
19	When we arrange accommodation for parents and family members we take into consideration any communication assistance they may require. This is to ensure their full participation in all aspects of the child's stay in hospital	
Valuing difference		
20	We seek information from family members or community workers to respond effectively to the needs and preferences of culturally and linguistically diverse children and families	
21	We respect and value diverse cultural practises	
22	We highlight to children and family members that using negative and stereotypical terms can hurt others	
23	We allow children access to age appropriate books, movies and other media resources, avoiding all negative stereotypes	
24	Staff are supported by senior team members to intervene appropriately if staff or parents engage in behaviours that show cultural insensitivity, bias or prejudice e.g. treating someone differently or inappropriately on the basis of their belonging to a particular group (in line with Equality Act 2010)	
25	We understand that 'family' can be defined in different ways e.g. to include extended family members	
26	We understand that religion, spirituality and other beliefs may influence how families respond to illness, disease and death Add link to info net when available	
27	We appreciate that our understanding of mental and emotional health and ill health are influenced by many factors, including our beliefs and culture. This may influence patient', family' and carers 'response to suggested treatment, and whilst maintaining safe treatment, we will seek to understand and where possible accommodate the patient's wishes	
28	We respect that customs and beliefs about food, its value, preparation and use differ across cultures	

Thank you for taking the time to go through the checklist. If you used 'x' more than '(tick)' you can get support to review practice in you area. Contact your Matron and the Equality and Diversity Lead (lucy.hall2@nuth.nhs.uk).

The checklist produced by Tawara D Goode, National Centre for Cultural Competence, Georgetown University Centre for Child and Human Development, was used as a starting point for this document.

Appendix 5

Staff Survey



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