



Investigating BAME involvement in NEAS services and recruitment

Contents

About Healthwatch Newcastle	2
Introduction	2
Methodology	2
The format for the findings	3
Issues raised	4
Question 1: are you aware of the 999 service?	4
Question 2: what are the barriers to you contacting the ambulance, 111, and/or the Patient Transport Service?	4
Question 3: if you don't contact NEAS who do you rely on in an emergency?	5
Question 4: how could NEAS improve how it communicated with BAME communities?	5
Question 5: why aren't people applying for jobs and what more can NEAS do to support more BAME people in the recruitment and selection process?	6
Conclusion	6
Challenges	7
Contact details	8

About Healthwatch Newcastle

Healthwatch Newcastle is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. We have a dual role to champion the rights of users of publicly funded health and social care services for both adults and children, and to hold the system to account for how well it engages with the public.

We collect feedback on services from people of all ages and from all communities. We do this through our network of voluntary and community sector organisations, during events, drop-in sessions and listening events at a range of venues across the city, online through the feedback centre on our website, via social media and from callers to our 'Just ask' helpline. As part of the remit to gather views, we also have the power to 'enter and view' services and conduct announced and unannounced visits.

Introduction

In autumn 2016, we were invited by the North East Ambulance Service NHS Foundation Trust (NEAS) to carry out some research on the organisation's behalf. The purpose was to:

- Give time for people to share views and experiences of NEAS services
- Allow NEAS to promote and inform people about the range of services it offers, how to use services responsibly, etc.
- Ask Black, Asian and minority ethnic (BAME) community members why they did not apply for jobs within the ambulance service and what barriers they faced going through the recruitment process

The feedback would help NEAS better understand BAME communities' experiences of services, assist the trust to look at new ways of engaging with BAME communities and raise awareness of the services provided. It would also help to improve and introduce new recruitment and selection policies and procedures to ensure a more cultural and ethnic balance within the service compared with the demographic of the North East.

Methodology

We used our skills, knowledge and experience to set up four focus groups/events. A representative cross-section of the ethnic community in Newcastle upon Tyne was invited to share their views, opinions and experiences of NEAS services. The research was carried out over an eight week period between 1 December 2016 and 31 January 2017. Each event lasted two hours.

The sessions started with an introduction from representatives of both NEAS and Healthwatch Newcastle. This was followed by a short video about the work of the ambulance service, particularly the NHS 111 service. The participants were then asked a series of set questions and participated in informal discussions around key themes, which included raising awareness of the services and exploring cultural communication barriers.

The purpose of the second half of the session was to look at ways NEAS could achieve a more diverse and inclusive workforce. Discussions involved exploring the range of jobs available, obstacles to recruitment and specific support required to promote and support successful recruitment from BAME communities. Both NEAS and Healthwatch staff facilitated the focus groups.

Carrying out successive focus groups in a condensed time period allowed us to produce a large amount of data in a short time. We ensured that the information we collected directly targeted the themes we were tasked to focus on. We were also able to make comparisons between the experiences of focus group participants by targeting a range of different ethnic groups. This proved to be very valuable and provided access to both consensus and diversity of experiences on the themes.

The format for the findings

Four focus groups took place, with a total attendance of 64 people:

- 1) BAME group largely made up of Asian women aged 25 years to 45 years of age. A total of 10 people attended. All of the group spoke English as a second language but had good verbal understanding. One Asian male also attended.

The group came about as a result of previous partnership working between Healthwatch Newcastle and J.E.T. (Jobs, Education and training), a registered charity helping people from the BAME community, asylum seekers, refugees and new migrant communities to find work, improve their skills and integrate into the community. J.E.T. organised a crèche, funded by NEAS via Healthwatch Newcastle, to support parents of young children to attend.

- 2) Chinese community group, with a mix of male and female participants aged between 35 years and 65. In total 32 people attended. The session ran with the assistance of an interpreter because the majority of those attending did not speak or understand spoken English.

The group is long established and meets weekly in a shared community centre in the west of Newcastle. They take part in various activities including physical exercise and singing as well as guest speakers coming along to talk on a range of topics. It is also a venue where freshly cooked food is prepared and cooked for those that attend. The Thursday drop-in sessions are well attended and we have visited in the past to carry out research on matters of health and social care affecting the Chinese community.

- 3) Roma group, comprising Slovak and Czech people. Many of those in attendance – a total of 12 – were relatively new to this country, having arrived in the past five years. The Roma group meets regularly at a community centre in the west of the city where the majority of them live and are aged from early 20s to 50s. The majority of the group had some understanding of spoken English although this varied quite significantly and two interpreters attended the event as support.

4) An 'open' event for BAME communities across the city. We promoted this via posters to over 40 community centres, voluntary and community (VCS) organisations working within BAME communities, religious/faith centres, and public areas such as libraries and sports centres. We also used direct contact with relevant VCS organisations we have worked with in the past as well as utilising paid promotion via Facebook.

The event attracted 10 people, both male and female, from several countries including Pakistan, Sri Lanka and Somalia. Most of those present were asylum seekers or refugees and had been waiting several years for their refugee status to be decided. All of the participants had worked in a professional capacity in their home country, for example, university lecturer, nurse, jewellery designer.

Issues raised

Question 1: are you aware of the 999, 111 and PTS service?

All of those questioned were aware of the 999 service for emergencies. All except one person knew the number was for fire, ambulance and police.

Eleven people had called 999, with some calling on numerous separate occasions, for example, because of regular, severe asthma attacks.

Generally people were happy with the service provided, stating that it arrived quickly and that staff were very helpful, reassuring and friendly.

Question 2: what are the barriers to you contacting the ambulance, 111, and/or the Patient Transport Service?

Language was a very real issue for the majority of the groups. Many were unaware of the availability of the NEAS' Language Line service. Those that had contacted the emergency service said that they felt there were too many detailed questions asked over the telephone, many of which they did not understand. Several people who had telephoned the ambulance service commented on the medical jargon used, which again they did not understand, for example, "Does the person have a history of respiratory problems?"

Only three people in total were aware of the 111 service and its role, and seven people knew of the Patient Transport Service (PTS). Two people had used PTS and were happy with the service, stating the staff were friendly and helpful.

Three people who had a good understanding of the English language struggled with the 'Geordie accent' as well as telephone operators speaking too quickly.

Fourteen of those questioned believed there was a cost incurred to call an ambulance and therefore had been reluctant to do so.

A number of women said that for cultural reasons they would not feel comfortable speaking with a male telephone operator as the questioning could be on quite personal and intimate matters.

None of the participants were aware of the NEAS website and therefore had not accessed it.

Several people in the Chinese community focus group stated that their preference was that paramedics wear shoe coverings when entering a home. It was understood by all however that response to a potential lifesaving situation was paramount.

One man from Iran said his wife had been accidentally severely burnt by a pan of boiling water. He placed her naked into a cold bath and called an ambulance, requesting female paramedics only due to cultural beliefs around nakedness. The ambulance arrived but with male paramedics; however, his wife did not have to wait long for a second female-only ambulance to arrive.

Question 3: if you don't contact NEAS who do you rely on in an emergency?

Most people said they would go to A&E, although a smaller group said they would visit their GP.

Four people said they would call a family member or friend in the first instance (largely due to language barriers and fear of too much questioning).

Question 4: how could NEAS improve how it communicated with BAME communities?

- Leaflets about different services in different languages, for example, NHS 111
- Posters and leaflets in GP surgeries (different languages)
- Information in community newsletters, BAME VCS organisations, world food supermarkets, etc.
- Letting people know about the NEAS website and the translation service available on it so people can read about jobs and services in their own language at leisure
- Via social media, including Facebook, Twitter, etc.
- Open days at community centres and attendance at cultural events, for example, Chinese New Year celebrations
- Leaflets handed out in schools for children to take home
- Attendance at school fairs, etc.
- Promotion of volunteering opportunities
- Via the Chinese students' unions at Newcastle University and Newcastle College
- At Newcastle University medical department – the Chinese community especially said there was a high proportion of Chinese students studying there
- Visits to schools from NEAS staff in different roles telling students about their personal experience of their work
- Careers talks to schools and help with the application forms, etc.
- Videos are helpful as long as they use simple language; useful in schools especially in relation to job recruitment
- Visits to the NEAS headquarters to see how it works at an operational level

Question 5: why aren't people applying for jobs and what more can NEAS do to support more BAME people in the recruitment and selection process?

Everyone was unaware of the large and varied amount of jobs available with NEAS. Many attendees assumed roles merely included paramedics and telephone operators, both requiring highly skilled professionals with a fluency in English.

People were put off by the amount of qualifications required for jobs. Others felt more detail was required about specific qualifications for job roles and these should be publicised via leaflets and flyers. Some felt they were too old to apply (over 50 years) and therefore would not be considered for work.

Some feared racial discrimination by members of the public. A small number of people were also worried about racial discrimination in the recruitment process.

More than 20 people felt that they did not have the confidence to apply for jobs. One woman stated she would only feel comfortable working in a female-only environment.

Many people (some highly skilled professionals) would like to work for NEAS but could not apply either because they were restricted in being able to work (five women said because their husbands had study visas only and they could not work). Eight people said they were still waiting for decision on their asylum seeker status.

Nine people expressed an interest in doing some voluntary work for NEAS. This would help them build confidence and learn 'on the job' training.

Generally NEAS was seen as a positive employer, with a good reputation, and was somewhere they would like to work.

Conclusion

Our research was a first step in understanding the views and experiences of some of the BAME communities in Newcastle. It provides insight into the perspective of people within these communities. It also draws attention to areas where there is cause for further investigation and shows where future work could be focussed. In particular the following areas warrant additional exploration and discussion:

- 1) Barriers to accessing services, especially the importance of ensuring good communication
- 2) Cultural sensitivity – why did respondents feel that NEAS was not sensitive to their culture and community?
- 3) How to address a lack of confidence in applying for jobs with the ambulance service – is this a common theme?

The focus groups prompted queries about the system and services offered by NEAS. Discussions revealed that members of BAME communities have difficulty in finding information about emergency services. Some respondents said they were not confident that they knew

what services were available. For example, only three out of 64 people said they were aware of the 111 service.

The key findings suggest that there is a need:

- To find methods for improving the ways information about NEAS services is made available to BAME communities
- For further discussion around issues such as communication and language support, available both in service delivery and recruitment and selection processes
- To find ways to promote volunteering opportunities within BAME communities as a way to break down barriers, improve knowledge and understanding, improve spoken English (and confidence in English) and identify and encourage recruits
- To target specific groups with BAME membership rather than hold open drop in sessions (this approach had a low response rate despite wide publicity); most drop in participants only attended as a result of a direct approach to a VCS
- To review the content of materials, including video: many participants commented on the lack of effectiveness of the video that was shown, finding it difficult to understand and follow and others felt it was too detailed
- Ensure enough time is given to consult effectively, allowing sufficient time to present information and ensuring participants are given adequate time to be heard. This is imperative when interpreters are required as they need more time to communicate effectively with their audience.¹

Some members of the focus groups expressed an interest in contributing again to NEAS research and we would be happy to support any further work in this area.

Challenges

The following should be considered and could be used to form the basis of future strategic development and service improvement:

- 1) Increase engagement activity to ensure newly arrived communities, including asylum seekers and refugees, are included in mainstream services. This could prove both costly and time consuming.
- 2) Make the service attractive to diverse communities in terms of recruitment and selection. Again this could prove costly and requires innovative ways to attract new staff from the BAME community.
- 3) Deliver an effective NEAS campaign to improve the recruitment and retention of BME people in the workforce.
- 4) Work in partnership with proven local agencies and community groups such as J.E.T, Peace of Mind, Wah Hong Project and others to improve development opportunities for BME staff, who continue to remain underrepresented at all levels in the ambulance service. Draw up a list of recommended/approved interpreters at a local level.

¹ <https://tinyurl.com/zravguj>, <https://tinyurl.com/ydh3zof>

Contact details



Healthwatch Newcastle, Broadacre House,
Market Street, Newcastle upon Tyne, NE1



0191 338 5720



07551 052 751



info@healthwatchnewcastle.org.uk



www.healthwatchnewcastle.org.uk



@HWNewcastle



HWNewcastle



Healthwatchnewcastle



HWNewcastle



**If you require this report in a different format
please call Freephone 0808 178 9282**



Healthwatch Newcastle is part of Tell Us North CIC, company no. 1039496. We use the Healthwatch trademark (which includes the logo and the Healthwatch brand) when carrying out our activities. The Healthwatch logo is a registered trademark and is protected under trademark law.