

**Summary Report**

**Engagement Activity**

**Doncaster Central Learning Centre CIC**

**Healthwatch Doncaster**

**Engage, inform, influence**

**July to December 2017**

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# 1 Introduction

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E.g. A brief description of the activity/session/project

## Details of activity

The aim was to deliver 6 health conversation workshops targeting a small group of BME older people. ( a minimum of 6 people).

## 1.1 Acknowledgements

E.g. Who would you like to thank for being involved and helping you complete your activity/session/project

We would like to acknowledge the following for taking part in the workshops:

### **Individuals:**

Mr W L Cheng, Mrs A Cheng, Mrs S Stringer, Mrs S Moore, Mrs T Yiew, Mrs C L Chan, Mr W M Chan, Mrs K Chan

We would like to thank Interpreters Mrs C W Kong & Mrs F Yau for sessions and one to one conversations conducted in Cantonese.

### **Host:**

We would like to thank DCLC for contributing the use of free room hire and for promoting and facilitating the sessions.

### **Collaborators:**

We would like to thank the Mynetwork for Women for collaborating with us on the health conversations. 17 July 2017 and 10 October 2017.

We would like to thank Dr.Victor Joseph and Dr. Anna Ray Public Health with the help in our input towards the BME Health Needs Assessment and Malgorzata Niknam as interpreter for Polish speakers.

## 2 What was the purpose of the activity/session?

### 2.1 Purpose

E.g. Describe the purpose of the activity/session/project

What was it for and who was it aimed at?

What did you want to do?

The purpose is to deliver the following topics:

- Understanding Dementia 24/10/17
- Living with Cancer 31/10/17
- Communication about Health Care and finding health related information on-line 17/07/17
- Understanding loneliness and isolation 14/11/17
- Shaping of health and care services in the local region about 12/09/17
- Summary of issues and solutions of the above 24/10/17 & 10/10/17

Our objectives were to facilitate discussions about breaking-down barriers to understanding healthcare services for older BME people. And to identify conversations about issues of loneliness and to explore ways to overcome this.

### 2.2 What did you do?

E.g. Explain what you did and how you set up the activity/session/project

Include as much detail as you can – this might be useful if you want to do the activity/session/project again

We had two community support helpers to assist with interpreting. They assisted with translation and interpreting needs from English to Chinese and vice versa. DCLC provided the free use of workshop space and also provided the free office support to facilitate the sessions.

We have engaged with individuals and have highlighted local health and care services, issues about loneliness for older BME people and people who are socially isolated because English is not their first or stronger language.

- We have promoted different ways of communication with local people, groups and communities, in creating access to knowledge and information about local health care services.
- We have empowered and identified with BME older people and communities to ask questions about local health and care services.
- We have raised their aspirations and engagement in local health conversations and about care services

- We have increased engagement and have motivated local BME older people to be involved in shaping health and care in Doncaster.
- We have listened and have better understanding as to what extent people and communities are willing and able to get involved in, taking more control of their own health.

We have worked with this BME group of older people, a community of interest that are considered least likely to engage in conversations or surveys or may be made invisible due to smaller numbers.

## 2.3 Results of the activity/session(s)

Greater collaboration with different groups and individuals whose English is not their first or stronger language.

Increase conversations and monitoring engagement in finding out needs of BME groups.

Demonstrating needs for greater collaboration with other organisations e.g. facilitating conversation workshops at the My Network for Women's Business Showcase 17 July 2017 and at their Mental Health conference 10/10/17

## 2.4 Conclusion

E.g. What did your organisation learn from session/activity/project?

What difference will it make to your service/community

What are the key messages that can be shared across Doncaster?

The following is a summary of the feedback from individuals, DCLC staff, and volunteers from groups.

And as a result of the activities:

- There were some health conversations briefly touched on, that were not as part of the 6 topics that was in the application. These were issues for e.g. alcoholism and gambling addiction. However, through these conversations the group were able to contribute and to input into the BME Health Needs Assessment, towards identifying issues, priorities and solutions as part of the wider Health and Wellbeing strategy for Doncaster.
- As a result of concerns for issues such as Cancer, the small group of individuals have made preliminary contacts with MacMillan to seek support in establishing a self help group. This will make a difference to help and understand others who had cancer and those who may have Cancer in the future. A meeting with Macmillan is scheduled for 30 Jan 2018.
- To complete future survey forms with individuals, the group would require greater understanding about the needs of client first e.g. their culture, background, their learning style and the language used. We could only facilitate and consult with the Chinese speaking individuals, despite through this project we have engaged with other non English speakers e.g. 11 individuals from the refugee women creative group and 8 surveys completed by Asian women, plus individual Polish speakers.