

Better
Health
Briefing

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**Effective
communication
with service
users**

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Key messages

- 1 Information about services should be available in a range of languages and formats
- 2 Employing staff from minority ethnic communities at all levels of an organisation increases cultural competence within it
- 3 Families may need to be involved in the communication process
- 4 Effective communication requires action at the institutional as well as individual level

Introduction

Communication between service providers and people from minority ethnic communities has been highlighted as significant in many studies on inequalities in health and social care. National policies relating to health inequalities and to patient choice also emphasise a need for effective communication between professionals and service users (Department of Health 2001; 2002). Achieving this policy aim requires an understanding that expectations and assumptions, which are rooted in values and beliefs, play an important role in the communication process (Lago and Thompson 1996).

The evidence shows that poor levels of communication have a negative effect on access to services and on relationships between service users and professionals. Problems with communication include language barriers and poor engagement with networks used by minority ethnic groups (Betancourt *et al*, 2002). There is also evidence of a lack of confidence or willingness on the part of both service providers and users to discuss cultural issues that may be relevant to the way services are provided. For example, how a person's normal diet might fit with a recommended diet; how to take medication when fasting or travelling abroad; or how language or gender-related needs might be met (Mir and Din, 2003).

Service providers who are unaware that such issues may be relevant will not address them. Service users often take the lead from professionals about what they should discuss and have less power in lay-professional

relationships. They may also not raise issues that affect them because they do not expect these to be understood (Mir and Din, 2003).

Failing to communicate effectively can create a vacuum in accurate knowledge about service users from minority ethnic communities. This can result in professionals falling back on stereotypes and assumptions that compromise the quality and effectiveness of services provided. Service users can perceive poor communication as an apparent disinterest in their welfare, leading to mistrust of both the service and the provider (Katbamna *et al*, 2000; Mir and Din, 2003).

The research evidence on communication is focused mainly on studies in South Asian populations, and there are gaps in the evidence relating to other minority ethnic groups. Where studies include a range of communities, however, common experiences are often found between different communities.

Information about services should be available in a range of languages and formats

People from minority ethnic communities are often unaware that services are available because they have never seen or heard information about them (Katbamna *et al*, 2000). Using a single approach to reach minority ethnic groups does not work for the same reasons it would not work in the general population. For example, if talks to community groups were the only means of telling people about a campaign to stop smoking, the information would reach a relatively small number of people (Mir and Din, 2003), many of whom might not be smokers, as the majority would not belong to community groups. Written information, a telephone helpline, outreach activities and a media campaign could together form a communication strategy that would be much more effective. As part of this strategy, language support would need to be addressed (Aspinall and Jackson, 2004). This should include the language needs of African and Caribbean communities, which are often overlooked (Robinson, 1998).

Access to written information can be vital. For example, people who have been newly diagnosed with a heart condition may be given detailed information packs about how to maintain a healthy lifestyle, to which they may need to refer at various times. If they are unable to access the information within it because they cannot read English they are more likely to

Resources 1

Much of the evidence on effective communication is to be found in wider studies about ethnicity, health and social care. The following websites provide a range of resources that will be helpful in understanding how communication relates to these wider issues. They also highlight practical ways in which professionals have tried to improve service provision for minority ethnic communities.

Kings Fund website

www.kingsfund.org.uk/health_topics/black_and.html

The King s Fund has a programme of work focused on black and minority ethnic groups that includes evidence about inequities in access to health care.

experience complications and earlier mortality (Mir and Din, 2003). Using translated material in everyday language can remove this barrier to communication, prevent avoidable suffering and reduce the costs of healthcare (Katbamna *et al*, 2000; Mir and Din, 2003; Robinson 2002). Making English language materials easy to read and including pictures can also improve access for many people from minority ethnic communities, as well as people with limited literacy and people with learning disabilities (Aspinall and Jackson, 2004; Mir *et al* 2001; Robinson, 2002). Adapting materials to reflect relevant cultural practices, such as diet, will also help make them more appropriate (Mir and Din, 2003).

However, if a person is not literate in his or her own language, access to a professional who can give verbal advice in an appropriate language is needed (Betancourt *et al*, 2002). Access to this person should be as easy as possible and should not rely only on professional referral (Mir and Din, 2003). Posters, leaflets and outreach activity that advertise this support need to be made widely available through networks used by minority ethnic communities. For example, via community centres, places of worship and local shops, or services used by members of these communities (Aspinall and Jackson, 2004).

2 Employing staff from minority ethnic communities at all levels of an organisation increases cultural competence within it

Research evidence shows that interpreting by family members, rather than professional interpreters, can result in poor levels of communication with service users and unethical practices (Mir *et al*, 2001). Poor practice includes using children as interpreters or placing an unacceptable emotional burden on the person doing the interpreting and creating tensions between close relatives (Katbamna *et al* 2000).

Dedicated interpreting staff can build up their knowledge of specialist terminology and develop good knowledge of the service context. However, professionals need training on how to make the best use of language support staff (Robinson, 2002). Incorporating an advocacy role into the work of such staff is empowering for service users and can provide valuable contextual information to both service users and the professionals who work with them (Betancourt *et al*, 2002; Mir and Din, 2003). Staff who act as cultural brokers can increase the confidence of professionals and service users from different backgrounds to engage with each other effectively (Mir and Din, 2003; Robinson 2002).

Organising appointment systems to make the best use of such support facilities can reduce costs and make the service more accessible to people who need it (Mir and Din, 2002).

Interpreting is no substitute for direct communication, which is preferred by professionals and service users alike (Mir and Din, 2002; Robinson, 2002). Recruiting bilingual staff into mainstream healthcare enables more direct communication between patients and professionals and can help ensure that the workforce reflects the population served (Katbamna *et al*, 2000; Mir *et al*, 2001). Those who are responsible for such appointments should make sure they are able to test language ability and that they include skilled people from relevant communities on appointment panels. Attitudes towards diversity should be tested in such appointments in the same way as for all staff to ensure that individuals will help promote good relationships with service users (Mir and Din, 2003).

Recruiting people to reflect the make-up of the population served can also improve cultural competence within the organisation. Individuals who have relevant skills and knowledge in this area can pass these on to colleagues through informal and formal training and help challenge any stereotypes or negative attitudes that may exist within service teams (Mir *et al*, 2001). It should not be assumed, however, that people will automatically have such skills just because they are from a minority ethnic community. The grade at which appointments are made is likely to be a factor in the level of support that people might need to develop this kind of role (Robinson, 2002).

Increased employment of people from some minority ethnic communities has the added benefit of addressing the higher unemployment levels they experience. This strategy communicates powerful message of social inclusion to people from these groups, including service users. Both employment and social inclusion are linked to health status and health inequalities (Mir and Din, 2003).

Once people from minority ethnic communities form part of the workforce it is important to ensure they are properly supported to do the work for which they have been employed. If they are expected to take on a casework role, it will be important to make sure they are not the only members of staff dealing with service users from minority ethnic groups (Betancourt *et al*, 2002). Otherwise, service users from these groups may not have access to the full range of opportunities open to everyone else (Mir *et al*, 2001). If staff are expected to take on a strategic role, they will need to be employed at an appropriate grade and have the authority and connections to make sure a strategy can be

Resources 2

Race for Health

www.raceforhealth.org

Race for Health is a programme to support a network of Primary Care Trusts (PCTs) around the country, working in partnership with local black and minority ethnic communities to improve health, modernise services, increase choice and create greater diversity within the NHS workforce. The first 13 PCTs involved are now being joined by another 13.

Expert Patients Programme

www.expertpatients.nhs.uk

The Expert Patients Programme is an NHS self-management programme delivered by lay people for anyone living with any long term health condition(s). The aim is to give participants confidence to take responsibility for their own care, while also encouraging them to work in partnership with health and social care professionals.

implemented (Betancourt *et al*, 2002). Giving the strategy a high profile and training the whole workforce is important so that this is seen as everyone's responsibility. Use of minority ethnic workers should not be seen as a substitute for training other staff in cultural awareness (Burford *et al*, 2000).

3 Families may need to be involved in the communication process

Engaging with families is important to an accurate understanding of their circumstances. The myth of extended family support networks for South Asian people, for example, is perpetuated by agencies failing to investigate the circumstances of family carers. South Asian families are shown by research to need family support as much as other families (Ward, 2001; Katbamna *et al*, 2000).

Family dynamics may need to be addressed when individuals require support to follow professional advice. For example, where there is poor family support for changes to diet and lifestyle, investing time to arrive at negotiated ways forward with key family members could lead to significantly improved support for some service users (Mir and Din, 2003).

In communities that place a high value on collectivity and interdependence, families can play a vital role in decision-making. The low status often given to a collectivist philosophy by mainstream services, however, can place them in direct conflict with families, hampering trust and the ability to work in partnership (Bignall and Butt, 2000; Mir *et al*, 2001).

Access to service provision can be improved through addressing attitudes within families and communities towards opportunities provided by these services. One study found that Chinese families associated use of services with poverty and this perception acted as a disincentive to take-up (Nothard, 1993). There may be concerns within families about the type of support provided, whether this would be appropriate in relation to the family's culture or religion, and worries about the safety of an individual who may be vulnerable (Mir *et al* 2001; Bignall and Butt, 2000).

Restrictions by family members are often interpreted as oppressive by service professionals, and stereotyped images of individuals suffering from culture-clash may be reinforced when staff feel obstructed by family members. Where services are modified to address the issues raised by families, however, access

can usually be improved and family members value the opportunities provided (Mir *et al*, 2001). Whereas respecting an individual's independence is important, a focus on independence has sometimes proved to be a convenient pretext for undermining minority cultures. The key to widening opportunities available to people from minority ethnic communities lies in respecting cultural identity rather than in persuading individuals and families that the majority culture is necessarily better (Mir *et al*, 2001).

At the same time, respecting cultural diversity should not be confused with supporting oppressive family practices (Bignall and Butt, 2000). Pursuing a balanced approach is not easy for professionals but lack of balance can alienate service users, families or both. It can be helpful for professionals to seek advice from relevant community organisations, where expertise in culturally appropriate interventions is most often found (Mir *et al*, 2001).

Effective communication requires action at the institutional as well as individual level

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At an institutional level, service providers need to ensure that the workforce is motivated and equipped to communicate effectively with people from minority ethnic communities. Institutional policies and procedures should be assessed for their impact on people from these groups (Burford *et al*, 2000). For example, procedures to determine the needs of a service user should be reviewed to ensure these are not culturally biased towards Western lifestyles and take account of other cultural traditions (Betancourt *et al*, 2002). Policies and procedures should demonstrate an expectation of effective communication skills from staff at all levels and set out opportunities for training and partnerships that will support the development of this kind of competence in the organisation (Audit Commission, 2004).

Organisations need to gather information about and from minority ethnic communities as well as trying to provide information to them. Effective methods for identifying the needs of people from these communities and monitoring how well these are met are needed; collecting information about the make-up of populations served by means of published data and effective monitoring can highlight which groups an organisation may be neglecting and which may be over-represented (Audit Commission, 2004). In rural areas, small populations of people from minority ethnic communities may need particular attention as they are often dispersed and face greater levels of neglect (see Rural Diversity website in the Resources column).

Resources 3

Transcultural Health Care Practice

www.rcn.org.uk/resources/transcultural

This is an educational resource for nurses and health care practitioners.

Ethnicity and Learning Disability

<http://valuingpeople.gov.uk/dynamic/valuingpeople86.jsp>

This website has resources that can help address the multiple discrimination that people with learning disabilities experience.

Delivering race equality

www.dh.gov.uk

This is a five-year action plan for tackling discrimination in NHS and local authority mental health services.

Apart from ethnic group, monitoring the religion and language of service users can give a fuller picture of potential needs and show whether the workforce accurately reflects all groups within the local population (Aspinall and Jackson, 2004). It is also vital that service providers consult people from these populations about the kinds of services they need and ensure they have a voice in decision making about provision (Betancourt *et al*, 2002).

Partnerships with voluntary sector organisations that represent the interests of these groups, can help transfer cultural competence that is often located in community organisations to mainstream settings. Such groups will need to be developed in areas where they do not already exist (Mir and Tovey, 2002).

Collecting this kind of information is only really useful if the gaps identified are then used to inform the commissioning and planning process. Matching information about needs to commissioning processes effectively targets resources where they are most needed and can prevent inequalities widening. It can also prevent expensive mistakes, such as providing resources in inappropriate languages or employing staff who do not have the skills needed to engage with communities that need specific targeting (Mir and Din, 2003).

Two important measures of cultural competence within an organisation are service user satisfaction and service user outcomes (Betancourt *et al* 2002). Measuring these across ethnic, religious and language groups can help a provider understand where future work needs to be targeted (Audit Commission, 2004). Ensuring complaints procedures are accessible to people from minority ethnic communities and using information from complaints to inform service development can improve the quality of health and social care services and increase the confidence of service users (Mir and Din, 2003). All publicly funded health care organisations are legally required to have a race equality policy in place to address these issues, and to review this regularly (The Stationery Office, 2000).

Examples of good practice

Equipping staff with relevant skills

Bradford City Teaching Primary Care Trust's speech and language therapy service has therapists specialising in bilingualism. They can deliver support in Punjabi — the most sought-after of the local community languages — as well as in Urdu and Bengali. The unit is also developing a capacity for Eastern European languages.

The service records information on Compact Disc (CD) and audio cassettes to help families support children with speech and language development. The CD also explains what speech therapists do so that parents understand the service before they go to the clinic. Of the unit's forty-three staff, thirty are learning Urdu including managers, therapists and clerical staff, so that they can effectively deliver the service to people in the local area. Urdu lessons are tailored to suit therapists' needs and are accompanied by a specially recorded CD with which team members can practice.

Making services accessible and appropriate

The London Borough of Tower Hamlets recognised that take-up of services by people with visual impairment from minority groups has been an acute problem. A study commissioned by the borough found cultural issues needed to be acknowledged and addressed. The borough appointed a bilingual development officer who herself had a visual impairment. Her background and life experience provided a crucial link to the Bangladeshi community.

The project developed outreach activities to give families basic information about a range of services they could access easily. This developed into weekly information and advice surgeries and training to community and religious groups. The improved access to services has at times made huge differences to the quality of life that people involved with the project experienced.

Resources 4

Rural Diversity

www.ruraldiversity.org/index.htm

This website has information and resources on rural race equality.

Further reading

An extensive range of references and websites can also be found in: Bhopal, R. (2007) *Ethnicity, Race and Health in Multicultural Societies: Foundations for better epidemiology, public health and health care*, Oxford: Oxford University Press.

Meaningful consultation

Westminster Primary Care Trust (PCT) has set up a Black and Minority Ethnic Health Forum, an arms-length advisory group which aims to influence both Westminster and Kensington and Chelsea Primary Care Trusts. The Forum holds regular meetings with local groups and the two boroughs' primary care trusts, hospitals, mental health trusts and social services departments. Using its links with more than 300 community groups and voluntary agencies in the local area the Forum has created a new way for the Trust to listen to the experiences of local black and ethnic minority people. Community groups are involved in planning and executing the process and have been producing the results of consultation with service users on mental health services. This approach worked because people felt the structure and method of consultation had been decided by them rather than imposed.

People from local groups were offered a two-day training session to equip them to run the consultation and the PCT provided interpreters and note-takers as well as meeting rooms and refreshments at the consultation meetings. The events were used to explore people's experiences of mental health services, their attitudes to mental well-being and their access to information. These were then fed back to the Forum and used to influence planning decisions within the Trust.

Linking data collection to commissioning

Lambeth PCT has joined forces with the Department of General Practice at Guy's, King's and St. Thomas' School of Medicine and the South London Primary Care Research Network to improve data collection of ethnicity, language and religion in general practices. In one project connected with this exercise, data gathered will be used to examine the difference in prevalence of psychosis between the African-Caribbean and general populations. It will look at access to services and barriers to access and develop service modifications to address these. In the long run, the PCT hopes to be able to do equity audits on a large number of health care activities. It expects that in time, lots of small modifications to services could make a big difference to health outcomes.

Conclusion

Where attention is paid to effective communication with minority ethnic service users, substantial progress can be made, as the examples illustrate. Workforce representation and training, family participation and institutional policies are needed to achieve levels of communication that result in access to good quality services. It is important that examples of good practice become routine and widespread; the costs of problems caused by poor communication can be high in human terms — and can lead to expensive litigation (Thorlby and Curry, 2006).

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We welcome feedback on this paper and on all aspects of our work.

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