Aston-Mansfield Community Involvement Unit

Health Communicators

Pilot Project March – September 2009

HEALTH
COMMUNICATORS

Aston-Mansfield

Generating community wealth for social change

CONTENTS

1.1 Summary

The many new communities in Newham face similar challenges to those in other cities around the world, not least in respect to access to healthcare. A new community is not a homogenous group and access to services is not going to be equal for each person but can depend upon knowledge of English, confidence, familial and other connections in the country. Many of the most vulnerable people in these new communities become excluded partially or wholly from the state healthcare system and either prefer to "choose and book" a private clinic in this country run by medical staff from their country of origin, return to their homeland for treatment or forego treatment altogether.

The reasons that many new community members are excluded are various but include a poor understanding of English and of the NHS and poor methods of learning about NHS services. This tends to engender misinformation and a lack of trust and goodwill. All of these problems could be substantially overcome but, generally, the NHS both locally and nationally is not structured to apply the resources or knowledge about how to tackle the problems at a reasonable financial cost. Likewise, community organisations that often have a closer relationship with new community members are only able to deal with part of the problem as and when they can obtain funding.

There are many efforts being made across the country to deal with the problems but most are carried out in isolation and there is no medium to conduct good practice and lessons learnt. The problems while complex can best be tackled by sharing knowledge, one method being via a website and creating a peer-to-peer method of communication.

1.2 Key Findings

- The Lithuanian, Polish and Romanian communities do not have any targeted assistance from advice services and are vulnerable to exploitation by privately-run "advice centres".

- Nearly half of Lithuanians and Romanians are put off from accessing specialist healthcare because of the length of wait or the quality of service.

- Emergency health warnings, such as those issued about Swine Flu, are not translated into Lithuanian, Romanian and other community languages, resulting in many people receiving information from abroad via friends, relatives and satellite TV.

- A substantial number of the Lithuanian, Polish, Romanian community members feel either partially or wholly excluded from NHS services and rely on private healthcare clinics in the UK or in their countries of origin.

- Lithuanians, Roma and Romanians have to rely on a variety of sources for information as there is no material produced locally in their languages. Other NHS PCTs produce some access information, but it is not shared.

- The Health Advocacy section of the NHS Newham website is not helpful to some of the most vulnerable community members, as all the phone numbers for the service are out of date and disconnected.

- The community language resources available on the internet are not very comprehensive and often not user-friendly. Modern and popular modes of

communication are underused to promote health and wellbeing especially in respect of community members whose first language is not English.

- The Bi-Lingual Health Advocacy service is a very valuable resource for the most vulnerable community members but it is stretched, resulting in long waiting times and insufficient time for health promotion within the community. The Lithuanian community, though reportedly the largest in any London borough, does not have a Bi-lingual Health Advocate.

1.3 Introduction

The Health Communicators has been a six-month pilot project (14 hours per week) within Aston-Mansfield Community Involvement Unit and was set up in collaboration with Newham Primary Care Trust's Health Improvement and Prevention Programme (HIPP) in mid March 2009. The aim of the project was *"to form a team of health communicators to enable NPCT to understand and make contact with new communities in Newham and ensure their services don't inadvertently discriminate against the community."*[1]

The project's aim was to recruit and involve 'health communicators' from six of the newer local communities over a six-month period. The reason for the project was the recognition that *"many of Newham's new communities come from countries that have radically different forms of health and social care services, where some services are free and others are paid for."*[2]

The aim was also to give clear information to the new communities about accessing Newham PCT services while also ensuring that *"Newham PCT's services are suitable for and accessible by these new communities. The project would also highlight any specific service needs associated with a particular community that the statutory agencies may be able to address through commissioning of services."*[3]

1.4 Identifying which Communities to Target

Choosing six communities from the many in Newham was not straightforward. It soon became clear that there are no community organisations that cater specifically for Eastern Europeans as there are in west London, so it was decided to work with three East European communities – Lithuanians, Poles and Romanians. The New Entrants Service Coordinator reported that there were a number of Afghani women who have arrived as spouses who have problems with accessing healthcare. There are no Afghani organisations in Newham and the two large Afghani community organisations in North London (Paiwand and Afghan Association of London), were not able to do outreach work or supply health-orientated information. Afghanistan is made up of various ethnic groups speaking different languages so to support all the Afghans would need a variety of language support. It was not realistic to begin a project with the Afghan community as it would have taken too much time to meet individual members and set up and organise a group or meeting place. It takes time to build trust to work effectively with new communities and it was a concern that if something was set up it would have to be terminated at the end of the project if no additional funding was secured which could prove counterproductive for the next project and for the project's users.

In order to get a wide perspective, the Somali community was included to show the problems faced by a black and Muslim community, many of whom are refugees. The Portuguese-speaking community meanwhile covers many migrants from both Portugal itself and also sub-Saharan Africa and South America. Lastly the Roma community was added when the Afghani community no longer seemed realistic. Although the Roma are also from Eastern Europe they have particular problems with healthcare and are often not recognised as an ethnic community and remain marginalised while being vilified in the press and media[4].

[1] HIPP – AMCIU Health Communicators Service Specification

[2] HIPP – AMCIU Health Communicators Service Specification

[3] HIPP – AMCIU Health Communicators Service Specification

[4] "Gypsy Child Thieves" BBC2, September 2009.

2.1 Health Communicators Communities

The six communities the Health Communicators pilot project has worked with are: Lithuanian, Polish, Portuguese-speaking, Roma, Romanian and Somali.

2.2 Lithuanian Community

Lithuania is a small Baltic country which was invaded by and then, at the end of the Second World War, absorbed into the Soviet Union. It became independent in 1991 and joined the European Union on 1st May 2004. Since then a large number of Lithuanians have come to the UK and worked under the Workers Registration Scheme and also in a self-employed capacity. The Lithuanian community in Newham is reported to be the largest in any London borough[5]. Despite this there is currently no Lithuanian-speaking Health Advocate working for Newham NHS. The reasons given for this are that the language is not requested and that older Lithuanians are able to understand Russian which is covered and younger Lithuanians speak good English. This though turns out not to be the case as there is not a knowledge within the community that there is a health advocacy service or that it is possible to request language support, hence no requests for the service.

2.3 The Polish Community

Poland re-emerged as an independent country between 1918 and 1939 but became a satellite socialist state under the Soviet Union following the Second World War. Following a popular revolt under Solidarity it was the first of the Warsaw Pact countries to break free of the Soviet Union in 1989. Poland joined the EU in May 2004 as part of the A8 accession, Poles have become the largest group. A large community of Poles numbering 170,000 remained in the UK after the Second World War. It was due to this that there exist some organisations in west London which have supported the new migrants such as POSK (Polish Community Centre) as well as newer organisations like East European Advice Centre (EEAC). There are no similar organisations in east London which cater for the Polish community.

2.4 Portuguese-speaking Community

There are people from at least seven Portuguese-speaking countries that make up this group including Portugal, Brazil, Angola, Mozambique, Cape Verde, Guinea-Bissau and Sao Tome. The most numerous in Newham are from Portugal, Brazil, Angola and Mozambique. There are a number of community organisations but they tend to concentrate on cultural activities and advice and do not have the resources to concentrate on health.

2.5 Roma Community

The Roma migrated from north-west India around a thousand years ago and settled mainly in central and Eastern Europe. Roma first came to England around 1500 and whilst British Romanies and Travellers have a lot in common and they are lumped together under “Gypsy, Roma, Traveller” strategies by the government, the new Roma communities who arrived from the 1990s onwards were not able to access the support structures set up by the earlier communities.

[5] Community lead councillor for Royal Docks, Patrick Murphy, said: "Newham is home to London's largest Lithuanian community and it's continuing to grow.” LB Newham website 07/02/2008

There is a large Roma community in Newham with many coming as asylum-seekers prior to 2004 and then as migrants from A8 countries such as Poland, the Czech Republic, Slovakia, Lithuania, Romania, and the Balkans. The Roma as an ethnic group suffered centuries of discrimination as well as slavery and genocide during the Second World War. After the rise of nationalism in the east European countries following the fall of the socialist regimes many fled to the UK. The Roma community has been supported for ten years in Newham by Roma Support Group, a community organisation.

Roma have their own language, Romany, which is made up of a large number of dialects. Many Roma speak a number of languages and dialects of Romany. A large number of Roma have Romany as a first language and then Polish, Slovakian, Czech, Romanian or Serbo-Croat as a second language and English as a third language. The most sizeable group is the Polish group who are able to make use of the Polish Health Advocates, but some of this group have problems understanding Polish when it comes to more complex health terms and conditions. There is also a growing number of Romanian Roma.

2.6 Romanian Community

After the revolution of 1989 which overturned the dictatorship of Nicolai Ceausescu Romania became a democratic state and joined the European Union on 1st January 2007. The Romanian community in the UK has grown since A2 accession and although there are working restrictions still in place Romanians are able to work freely in a self-employed capacity. There are no official Romanian community organisations in east London but there are active community members that do a lot to help their community despite the lack of resources. There is a Romanian Health Advocate who works on a part-time basis.

2.7 Somali Community

Somalia became independent following a long colonial history in the 1960s but has suffered civil war in the early nineties leading to a breakdown of the state apparatus and the country breaking into a number of self-governing states. The continuing conflict has lead to a large number of refugees leaving the country. The Somali community in Newham has grown steadily and there are a number of Somali community groups active in the borough, including one specifically focused on health issues (the Somali Health Advocacy Project). These organisations do not have sufficient resources to meet the needs of people who have arrived from a country whose healthcare system has broken down. There are two part-time health advocates in Newham.

3.1 Researching the Communities

The task of researching new communities was made harder by the lack of targeted community groups or their lack of resources to dedicate time to the project. Many community organisations are set up with a specific purpose such as supplementary language classes for children or dance classes. There are some advice groups which help with housing and benefits but do not deal with health because they do not understand it or have the resources.

3.2 Recruiting Health Communicators

At first it was hard to find volunteers to become health communicators. This was because where organisations exist the paid workers were already very busy and there is not yet the same enthusiasm in the target countries for voluntary work. Most of the community members need paid work and don't see the advantage of engaging in voluntary work. This is particularly the case with Poland, Lithuania and Romania. As there is such a need and

desire to earn voluntary work is often not valued in new communities. However after finding a Lithuanian volunteer early on, we were fortunate to find people who were interested and were able to become volunteers from the Polish, Portuguese-speaking, Romanian and Somali communities.

3.3 Online Survey

A large survey was carried out by Newham PCT in 2008 called the Big Debate, but the findings were not yet accessible and it was not possible to see how many people from our target communities took part.

Instead we worked on a survey which would be easy and quick to fill in. We were aware that we did not have much time to conduct the survey and that it may be hard to find community members to complete it. We created a survey which could be filled in by hand but could also be accessed and filled in via the internet – a low cost, easy to use option with a link which can be emailed to people or placed on a website[6].

It had been the intention to conduct a survey for each of the target communities, but due to lack of resources it was not possible to do one in Portuguese or Somali. A survey in Polish was used for the Roma community and although it was used with the Polish community there was not time to collect enough responses. Many Roma are illiterate or have problems with reading and form-filling due to their school experience in Eastern European countries. Therefore for this community responses had to be gathered via a community worker who interviewed members face-to-face. The survey was created in Polish (for a large part of the Roma community), Lithuanian and Romanian.

3.4 Accessing Services – Problems faced by the Communities

There are many reasons that make it harder for new community members to access services.

3.5 Language Barrier

Language problems: Lithuanians 29%, Roma 82%, Romanian 44%

A big problem cited by community members is the language barrier. The majority of responses were from people who have been in the UK for less than five years and coming from non-English speaking countries have had to learn English mainly through work and occasionally via ESOL classes. The ability to communicate in English varies and even an individual's ability can swing depending on subject area and confidence. Rough levels of understanding English can be broken down as:

1. Fluent and confident
2. Good but not able to understand certain things.
3. Basic conversational
4. No or little understanding

Within this range reading and writing ability can vary. If we look at communities via this model then more established communities where many members were born in the UK or went to school here will have more people in group 1 and less in group 4 producing an upturned pyramid shape. For newer communities the shape will be a pyramid with more people in groups 3 and 4 than in the top groups. This understanding of the strata of a

[6] Using Survey Money – www.surveymonkey.com

community is important when targeting services as it shows that while not all members will need material in their native language for many it is vital. The dynamics of migrant communities reflect mainstream communities in that the most vocal and powerful members divide between those who champion the needs of the most vulnerable members of their community or believe that they too should manage by themselves or even exploit them by making them pay over-the-odds for services. Those members with the least language skills and/or confidence make up the vulnerable part of the community. The concern at being ill or the illness of a close relative can also have an adverse effect on a person's ability to comprehend language. This can result in stress and direct effects such as the wrong administration of medicine which can affect recovery time. As well as missing out from services new community members are likely to suffer exploitation when they do try to access them. There are many commercial advice centres for Lithuanians and Poles which charge for help with accessing services, form-filling, benefits, housing etc. One such advice centre reportedly charges £20 to order a Disability Living Allowance form, but how much it charges to fill it in or the likelihood of the claim being successful are another matter.

New community members who speak English as a second language will still talk in their first language with their immediate family as well as with friends and family in this country and their country of origin. It is important for them to be health-literate in their native language so that they can explain their health problems. If they do not have this ability they are more likely to believe that they do not understand their health situation and be more susceptible to advice to take alternative treatment beyond the NHS.

3.6 Finding and registering with GPs

Have a GP: Lithuanians 62%, Roma 90%, Romanians 89%

These results are quite positive, although this could well be due to how the data was collected. The Lithuanian questionnaires were filled in by churchgoers attending a Lithuanian Church in Beckton, so it is possible that they can rely on better peer support to find out about and register with services than less well connected members of the community. The Roma respondents were questioned during visits to Roma Support Group where a lot of work over a number of years has gone into registering families with GPs. There are still lots of Roma who have not gained access to the organisation through lack of resources to provide enough appointments. Likewise the Romanians were interviewed by a Romanian health advocate so the number registered is higher than might otherwise have been expected. Until recently the Romanian health advocate did not have any Romanian Roma clients as she does not have the time resource to access the Romanian Roma community. Since then Roma Support Group has referred more than twenty Romanian Roma to the service. The full extent of the problem of finding and registering with GPs probably is understated in this survey.

3.7 Problems cited with GPs

When respondents were asked what problems they actually experienced once they were registered with a GP responses included:

- Unhelpful reception staff
- Long time to wait to get appointment
- One problem – one appointment
- Hard to get blood tests/referrals to specialists

In particular many Roma have complained that doctors wish to deal with only one problem during an appointment rather than looking at their health as a whole.

3.8 Problems Accessing Specialists

When respondents were asked what stopped them from seeing a specialist responses included:

Don't know how or where to register: Lithuanians 19%, Roma 76%, Romanians 6%.

Although Romanians did not list that as a factor a large number of Roma were unsure about how to see a specialist. For a part of the Roma group this meant that they were unhappy that they weren't being referred to a specialist by their doctor.

Language problems: Lithuanians 29%, Roma 82%, Romanians 44%.

(See Language Barrier above) A language problem can still be seen as a barrier by many would-be users of specialists as they are not confident that it will be possible to book a health advocate even if one is available for that language.

Cost of treatment: Lithuanians 5%, Roma 17%, Romanians 6%

A minority of people believe that there would be a cost involved in seeing a specialist and that it is high enough to put them off.

Embarrassment: Lithuanians 0%, Roma 35%, Romanians 0%

Whilst neither Lithuanians nor Romanians said that embarrassment was a problem it is for one in three Roma, this can be linked to many cultural taboos held by the Roma.

Length of wait/quality of support; Lithuanians 47%, Roma 29%, Romanians 44%

The length of wait to see a specialist and/or the quality of support from the specialist was cited as a reason for not accessing a service for nearly half the Lithuanians and Romanians and nearly a third of Roma.

Don't have time: Lithuanians 33%, Roma 0%, Romanians 19%

Roma did not list not having time as a reason but a fifth of Romanians and a third of Lithuanians did.

3.9 Perceptions of the NHS

Many of the east European community members described problems with the state healthcare in their home countries including having to pay for certain services, waiting and poor care. However many also said that they now preferred to use the private healthcare in their country of origin than the NHS because, although they would have to pay, they would not have to wait, they would be sure that they could have tests and see a specialist when they wanted.

3.10 Emergency Health Warnings

As far as being informed of any health epidemics are concerned many new communities fare badly. For instance, although the Swine Flu epidemic has not been as severe as first expected many people were not able to access information about it. Whilst the English-language leaflet was delivered to every household in the country the leaflet was not translated into all languages on the NHS Direct website. It is available in fifteen languages

including Polish, Portuguese, and Somali.[7] It is not available in Lithuanian or Romanian. This means that Lithuanians and Romanians who do not speak or read good English have no easily available source of information about prevention measures. The lack of readily available material also means that many new community members take their information from elsewhere, in particular from satellite TV in their own language or friends and family back home who have read about or seen on TV reports about the new epidemic. There is a broad range of information available but only some of it from NHS/British sources. The free community-language newspapers will use both foreign and British sources for their stories. This means that scare stories can spread through communities. One Polish Roma lady said she was not sending her children to school because of Bird flu as it had been reported on Polish TV that children were likely to contract it at school.

In a similar future epidemic new community members who do not speak good English could miss out on proper advice while following bad advice from elsewhere as well as experiencing stress from not knowing what to do.

3.11 Conclusion – Not accessing services

There are then a number of barriers to people accessing services. Firstly there is the language barrier leading to a lack of knowledge of how the NHS works. However once people are registered with a GP it is not the end of the story as many cite problems with their experiences at the GP.

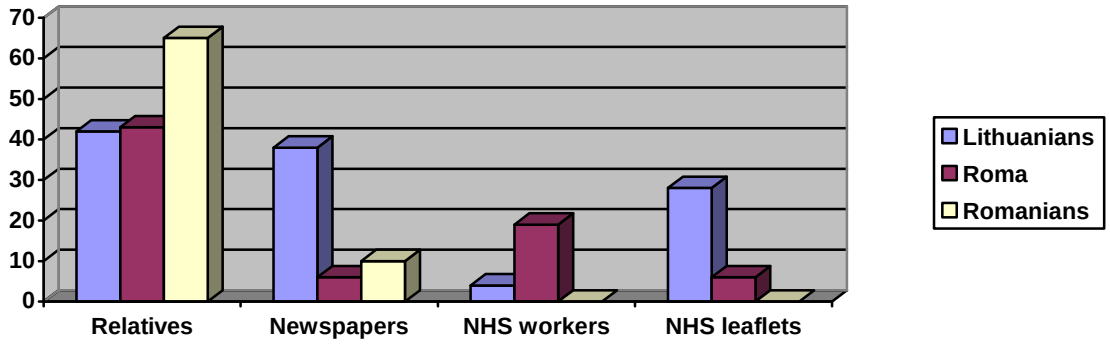
Part of the problem could be that community members are not confident enough to explain their problems to the doctor. There are also some who would gain from assistance from PALS. For Somali and Portuguese community members there are less easy options of accessing alternative healthcare, but for East Europeans it is a different matter. Whilst Polish, Lithuanian, Romanian and Roma community members might not be high wage earners there is a trend to accessing private healthcare. There are a number of private health clinics and dentists aimed particularly at the Polish and Lithuanian communities, which are advertised heavily in the free community-language newspapers and online. Many Lithuanians, Poles, Romanians and Roma also prefer to fly to their country of origin for healthcare either as a special trip or tied in to a holiday visit. Language issues, not having to wait and the ease of seeing a specialist are given as the reasons for this, though the underlying factor could well be the fragility of the economic situation of the migrants.

The whole existence of A8 and A2 accession community members in the UK is jeopardised by ill-health. If they are not able to work they can lose their rights as EU workers and entitlement to in-work benefits such as Tax Credits and Housing Benefit. A migrant from one of these countries might then have no option but to return to the country of origin. It can then seem a big gamble to rely on the NHS when knowledge is not good and in an environment where more negative anecdotes than positive ones circulate. It is a fairly new phenomenon that rather than the better off parts of society opting out of state healthcare it is in this case the poorer section. How many of the community members from the East European countries only partially use or do not use the NHS at all cannot be stated exactly but very many community members have confirmed that the level is high.

[7] The full list is Arabic, Bengali, Chinese, Farsi/Dari, French, Gujarati, Polish, Portuguese, Punjabi, Somali, Spanish, Tamil, Turkish, Urdu and Welsh.

4.1 How do New Communities learn about the NHS?

When respondents were asked what how they found out information about the NHS the responses included:



4.2 Relatives and Friends

Relatives and friends: Lithuanians 42%, Roma 43%, Romanians 65%

Relatives and friends were cited by each group more than any other category except for Roma who put them in second place after community organisations.

4.3 Newspapers and magazines

Newspapers: Lithuanians 38%, Roma 6%, Romanians 10%

Whilst newspapers and magazines are cited as a good source for Lithuanians the information is irregular and there is no regular information about accessing services. Some Roma community members cited the free Polish-language newspapers as being a good source of information. Similarly Lithuanian and Romanian newspapers were mentioned.

4.4 NHS Workers

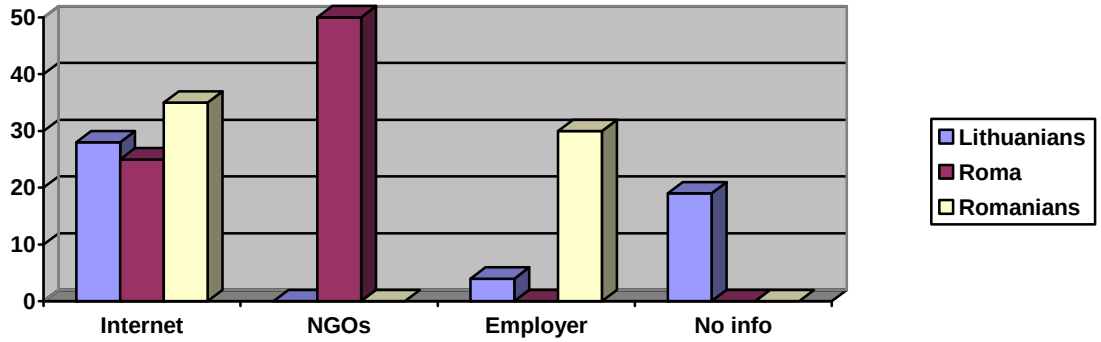
NHS workers: Lithuanians 4%, Roma 19%, Romanians 0%

Some respondents cited specialists such as doctors and other health professionals as being useful sources of information regarding healthcare.

4.5 NHS Leaflets

NHS leaflets: Lithuanians 28%, Roma 6%, Romanians 0%

Whilst NHS leaflets proved to be an important source of information for Lithuanians the same cannot be said of Roma and Romanians. There are no leaflets available in Romanian. Many Polish Roma respondents in the questionnaire commented on the lack of information in Polish.



4.6 Information from internet

Lithuanians 28%, Roma 25%, Romanians 35%

The internet has been cited by a high percentage of respondents as a source of information. For Lithuanians it is the third most important after relatives and friends and newspapers. For Roma it is third after community organisations and relatives and friends. For Romanians it is second after relatives and friends.

4.7 Community Organisations

Community organisations: Lithuanians 0%, Roma 50%, Romanians 0%

A high percentage of Roma stated that they have got information from a community organisation, Roma Support Group. No Lithuanians or Romanians received information from community organisations. Roma Support Group ran a Health Advocacy project until funding ran out in early 2009, it has since started a Mental Health Advocacy project and the Roma Health Communication Project which are oversubscribed and helps clients on an individual basis but is hampered by not having access to resources in community languages to give to clients.

4.8 Employers

Employer: Lithuanians 4%, Roma 0%, Romanians 30%

Employers are an important source of information for Romanians, but only negligibly for Lithuanians but not at all by Roma.

4.9 No Information

No information: Lithuanians 19%, Roma 0%, Romanians 0%

One in five Lithuanians claimed to get no information about the NHS from any source at all.

4.10 Conclusion

Members of the target communities obtain their information about the NHS from a diverse range of sources. The most common source for all groups is relatives and friends, but the depth, quality and accuracy of that information cannot be judged. What is also not possible to say is where the relatives and friends get their information from. The relatives and friends

are likely to be people from the same country of origin who have been here longer and or have better language skills and confidence in the system. A percentage of the relatives and friends will be British nationals.

Looking at this information it can be seen that “peer-to-peer” communication is important. Community organisations can play a big role but unless there is an organisation which meets the needs of the community that will not be successful. There is room for growth in information coming from NHS staff, particularly health advocates if they have the time and resources to inform their communities in the way that Roma Support Group is able to do with the Roma community. NHS leaflets can play a role as can newspaper articles, but they would be more useful if they would link to further sources of information by, for instance, giving a link to a website where the reader could find out more. For Romanians employers proved a good source of information. It is in the interest of employers that their workforce has access to healthcare and they might be able to reach those who are busy. The internet already plays a large role amongst the new communities.

5.1 Community Language Information – Video/Internet

5.2 Healthcare Video

Whilst the basic written information about how to find and register with a GP was not available in Newham in all community languages, since 2009 it is available as a video on a DVD “*Healthcare in Newham: It’s here for you*” by NHS Newham.

This film is an important step forward in information available in the 18 languages it covers, which match those covered by the Bi-lingual Health Advocacy service. In respect of our target communities it covers Portuguese, Romanian, Polish and Somali but not Roma or Lithuanian. Whilst there is considerable information on the video and it is in a format which can be understood by community members who have a problem with reading, the problem it faces is similar to that with by leaflets – one of distribution.

5.3 Healthcare on the Internet in Community Languages

The most vulnerable parts of new communities have only limited access to these sources as they tend only to interact with relatives and friends who speak their language, read newspapers and NHS leaflets in their language, or understand NHS staff that speak their language. The limitations can be witnessed clearly by looking at what material is available on the internet in these community languages.

5.4 NHS Newham

The NHS Newham website should be the first port of call for new migrants living in Newham (so long as they understand that their healthcare provision falls under NHS Newham). However, the site does not have any text on the actual pages in community languages but there are a number of downloadable leaflets available.

It could also be problematic for migrants to find out about and access the Health Advocate service via this website. To begin with the word ‘advocate’ (especially in Polish, Romanian, and Lithuanian and for Roma) has a more specific legal meaning and so people might not understand that this covers the role of interpretation. Moreover, those that reach the Health Advocacy page are likely to be disappointed and frustrated as all the phone numbers listed are disconnected. On 29th September 2009 the page had not been updated since June 2007, despite the Health Advocacy service moving at the beginning of October 2008. There are also health advocacy leaflets as PDF documents to download, but they too contain

incorrect phone numbers and an out-of-date address. The fonts used in the Portuguese document will not appear correctly on a computer that does not have Portuguese fonts installed, as we found on a computer in an internet café in Green Street

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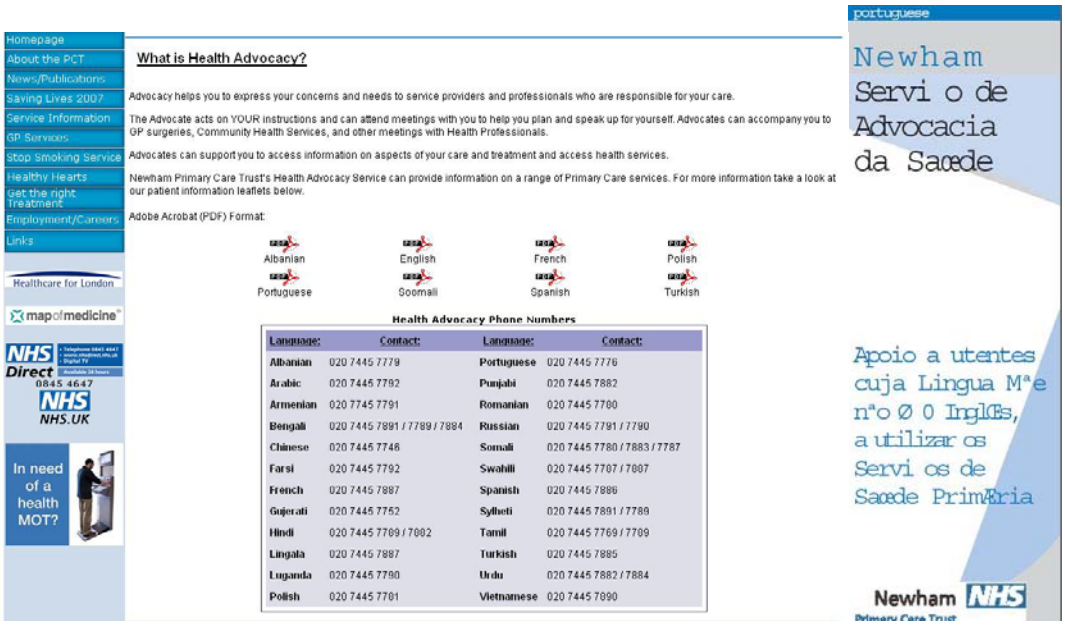


Phone a friend – NHS Newham website last updated June 2007, Portuguese HA leaflet

5.5 NHS Choices

In 2008 the main NHS website for England and Wales, NHS Choices, updated its provision of material in community languages. It currently has some information along with information sheets about a range of health problems in twelve languages, including Portuguese, Polish and Somali[8].

The information is about services in general but provides numbers about how to find a doctor. The information is exactly the same in each of the languages with no effort to personalise the tone. There are no pictures or symbols to help people navigate or understand the text. The leaflets about health issues are likewise text documents with no graphics. The site only supplies links to a few non-profit organisations that have their own limited information.

On the Polish version there are four external links, while the Portuguese version has only one. Specific conditions, external links and text are not translated. The specific conditions are under English alphabetical order although being in community languages the order is jumbled making locating a topic hard. 'NHS Walk-in Centre' is not translated under Polish, Portuguese or Somali in the list of services at the top of the page.

5.6 NHS Heron

This site which is run by Norfolk NHS holds a database of information leaflets translated into community languages which can be accessed via a search engine. It was not possible to meet anyone within any of the communities who knew about the website. It is not advertised

[8] The full list is Arabic, Bengali, Cantonese, French, Gujarati, Polish, Portuguese, Punjabi, Somali, Spanish, Turkish and Urdu.

as a source of information although people could chance on it by doing an internet search in English. The site is not user-friendly for non-English speakers. The leaflet titles are presented without a translation.

5.7 Health in my Language

The site is run by NHS Health Scotland, NHS 24 and NHS Education for Scotland and is in 15 languages including English[9]. The site is in English making it hard to navigate for non-English speakers and all the titles of leaflets are in English.

5.8 Polish Information Plus

This website was set up by Health in Scotland in 2007 and is groundbreaking and innovative. It provides a portal to all the available information about services in Scotland in Polish. It also contains a substantial health section broken down into topics.

Whilst great effort has gone into it and it is a big step forward on the other websites providing information in Polish, it also has its drawbacks. The front page layout uses the Polish national colours of red and white and there is a short text in both English and Polish, though oddly for a website aimed at Polish speakers the welcome text in English precedes that in Polish. The sidebar menu is in English and leaflets are listed alphabetically under the English translation with the Polish title following on the line below. This means that a Polish person searching for information about diabetes (Cukrzyca) in Polish would naturally look under C. The website then is more suited to providing assistance to English-speaking health professionals than to Polish speakers.

Another problem with the site is that if the user finds the Diabetes information leaflet when they click on it to view it they are redirected to an error page, which advises them – in English – to call NHS Direct. A customised page in Polish could inform the user that it is possible to request a Polish interpreter, as this is not widely known. A great many links are no longer available, which makes it a very frustrating resource for the user.

[9] The full list is Arabic, Bengali, British Sign Language, Chinese, English, French, Hindi, Latvian, Lithuanian, Polish, Portuguese, Punjabi, Russian, Spanish and Urdu.

Polish Information Plus website – Information in "Polish" about public services in Scotland

5.9 Community-language websites

There are no other health-only sites available in the UK in any of these community languages, but there are some commercial sites in Polish, Lithuanian and Romanian which provide information about life in the UK. However the information is vague, does not have much in the way of contact details and nothing about local services. A Lithuanian site, Anglija.lt, has general information about the NHS but nothing about services in Newham. At the end of the health page there are a large number of adverts for private Lithuanian doctors and dentists who have clinics in London and who provide services in Lithuanian.

5.10 Conclusion

Whilst attempts have been made to provide information in community languages by different parts of the NHS in the UK the results are at best patchy. The information is a fraction of that available to English-speakers and has often not been updated or checked recently resulting in sites that are more likely to frustrate than they are to inform. There does not appear to have been much dialogue between the service providers and the intended users of the sites, otherwise they would be more user-friendly and easier to navigate. Most of the sites are limited and do not lead onto other sources of information. The Polish Information Plus site is the most comprehensive attempt to illuminate public services for a new community.

6.1 Community Language Information – Leaflets

There is a huge range of health information leaflets produced in English and whilst some have been produced in community languages, the coverage is quite hit or miss. Leaflets can be about advertising a service or about coping with an ailment or health prevention.

6.2 What leaflets are available?

The NHS Heron website contains a database of much of the information that is available[10]. As far as the target community languages are concerned it holds the following:

Lithuanian 19, Polish 151, Romanian 22, Portuguese 258 and Somali 204.

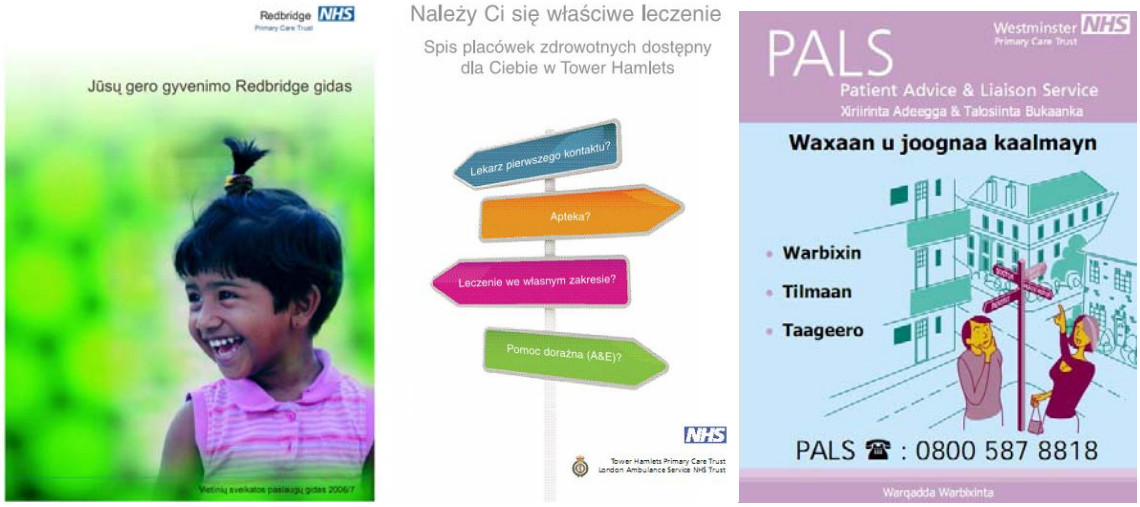
[10] See Appendix

It is not possible to draw any conclusions from the number of leaflets for each community with regards to size of the community, knowledge of English or prevalence to a particular ailment. The leaflets are produced by different organisations with different priorities.

6.3 NHS Access to Service leaflets

At present there is no access to service leaflets in the target community languages in Newham, except for Health Advocacy which is out-of-date and with incorrect contact information.

Other NHS PCTs provide information but not for all communities. For instance Redbridge PCT produces a 16-page A4 colour information leaflet about accessing services in the borough in Lithuanian, but not in Polish, Portuguese, Romanian or Somali. Tower Hamlets PCT produces a 16-page A4 colour leaflet about accessing services in Polish and Somali but not in Lithuanian, Portuguese or Romanian. Westminster PCT produces a 4-page A5 colour leaflet about accessing PALS in Portuguese and Somali, but not in Lithuanian, Polish or Romanian. NHS Newham does provide PALS leaflets on their website but only in English, French, Lingala and Lunganda. It therefore depends considerably on the borough as to whether new community members will get information in their language and consequently the choice of borough in which to live could have a health outcome for new community members.



Left to right: Redbridge Lithuanian leaflet, Tower Hamlets Polish leaflet, Westminster Somali leaflet

6.4 How effective are they?

Leaflets are considered a good resource in English but when it comes to community languages there are doubts about their effectiveness expressed by some in the NHS community. It would be possible to get feedback from communities about leaflets to help provide guidance. Health Advocates are keen to have information which they can pass onto patients especially about ailments but have to rely on material produced by other PCTs.

6.5 How easily available are they?

Making community language information available can be a problem as people from the new communities are less likely to search the information racks in GP surgeries as they will not expect to find something in their language. Others may not even get as far as the GP surgery. Community organisations which help those community groups are good places but it is helpful to have well-informed workers who can direct people to the leaflet. In conversation with community members it was possible to highlight food shops such as

Polish, Lithuanian and Romanian as locations where community members would be most likely to pick up a leaflet. This would be especially effective if the shop workers were informed about the leaflet and encouraged to distribute it to community members.

6.6 Conclusion

The provision of information leaflets about health matters and access to services in different languages is hard to explain on the basis of which diseases are likely to affect a community or where a community is based. If all the Poles living in the UK lived in one area they would take up one or two PCT areas and so would presumably have more information targeted at them in those areas. However as communities are more spread out the need or motivation for providing information decreases. The lack of information in Romanian does not reflect a belief in a higher level of English proficiency amongst Romanians but instead the consideration that there are insufficient numbers to require information. This is not very helpful for those community members who are not able to access information any other way.

A cost-effective solution to this could be for PCTs to share community-language resources. If one PCT provides an information leaflet in a language it could be shared with other PCTs. The other PCTs could amend the contact detail fields, pictures etc but not have any other expense. At the least the leaflet could then be provided as a PDF document online. At present the different PCTs are not reaching as many new community members by targeting resources at a small selected group. It would be possible to reach a far greater range of communities by sharing or pooling resources in the provision of community-language literature.

7 Bi-Lingual Health Advocacy Service

In our research many respondents praised the work of the Bi-lingual Health Advocacy service. They have been vital for community members who do not speak good English or who are not confident with accessing healthcare services. There are Polish, Portuguese, Romanian and Somali health advocates but no Lithuanian despite the size of the community in Newham. It was said that Lithuanians can use a Russian interpreter but this is not always the case. The Roma community have benefited greatly and not just from a health point of view as it has also lead to a reduction in parents taking their children out of school to attend GPs to interpret. The Health Advocates also produce more value than the number of users they see a week as the benefit is felt by the other family members and it is a source of reassurance for other community members who know that support is available for them should they need it.

The only criticism that was raised is the length of time to wait for a doctor's appointment with a health advocate present. Also as so many people need their services the Health Advocates spend more time interpreting and less time involved in health promotion. The website not being updated has resulted in less self-referral to the service. There is a lack of promotional material available to advertise the service.

More health advocates with more time to engage in health promotion and contacting community members would increase the knowledge of new community members of how to access services and how to maintain good health. It might also be beneficial for some PCTs to share health advocates across PCT boundaries.

8.1 Communicating with the New Communities

It was envisaged that we would produce a leaflet about accessing services for the communities involved concentrating on aspects of healthcare in Newham which new migrants do not know about. However as we learnt that there are many people who know very little it made sense to begin with something more general about how to access services. There was not the budget to produce an information leaflet such as those produced by Redbridge PCT or Tower Hamlets PCT. It was also envisaged that the Health Communicator volunteers would be engaged in face-to-face sessions informing community members about services. This proved to be beyond the constraints of time and budget. In order to realistically recruit, induct and train volunteers and then monitor and supervise their progress would need more than the time covered by this project. There was, as there always is, a limit on the time a volunteer might be available. It is hard to guarantee availability for six months as volunteers find jobs etc. Peer-to-peer, face-to-face communication about health services is without doubt an effective tool. A project which is involved in this is Social Action for Health (SAFH), who are based in Tower Hamlets. They run a Health Guides project which recruits people from communities trains them and pay them as sessional workers. This is a long-running, in-depth project which it would not be possible to replicate in a short term on a low budget. The payment of the Guides as sessional workers also makes it more sustainable. SAFH would like to work in Newham and the project would be an asset and complement the existing services in the borough.

8.2 Creating Community-language Websites

The problems faced by NHS Newham to maintain a website are not unknown to community organisations. Whilst websites are recognised as a good communication tool there is usually nobody in a small community organisation able to update them and outside contractors, volunteers and friends have to be relied upon. Whilst many use the internet there is not much in the way of community-language information available online. The reason for deciding to create a Health Communicator website was to overcome this problem, to make the best use of volunteers availability and abilities whilst providing them with an educational task, it was also the best way to spread the most information to the highest number of people within the communities. It was also seen as a resource which would exist beyond the term of the project and in the long-term could help to bring together the efforts of healthcare staff around the country. For instance there are health advocates in other cities and health promotions targeted at communities in other cities but no way for the communities to learn about all these other projects.

8.3 Creating a portal to available information sources

The primary aim was to produce a portal to signpost people to all the available information on websites in their community language. In order to avoid the problem faced by organisations using complicated software we went for the easiest to use free software, Wordpress. Working with the different Health Communicators from the communities it was possible to set up simple sites.

A number of pages were started on each website including: Access to NHS Newham, NHS – with general information about the NHS, Women's Health, Men's Health, Children's Health, Mental Health, Healthy Living, Screening and Immunisations etc. It is easier to produce more pages for some communities such as Polish as there is more information available than for Romanian. There is also a page listing all the leaflets from A-Z in the community language and also in English so that the website can be used by health professionals, people working in the community and people looking for information for relatives and friends.

8.4 Maintaining Quality

The issue of maintaining quality was looked at early on. There is a good structure that provides guidelines for websites dealing with health matters called HonCode by the Swiss NGO, Health on the Net Foundation[11], which has accredited more than 5,000 websites. It covers such things such as stating sources and giving the qualifications of people giving health advice. It was not planned to actually produce health advice, but only to signpost people to what is currently available.

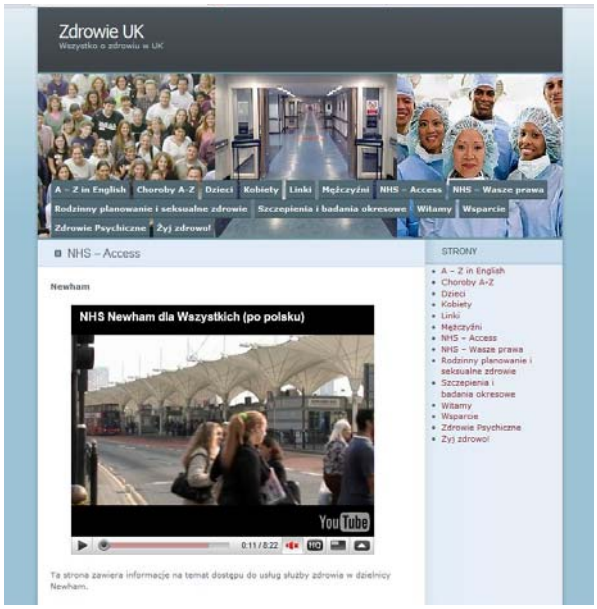
8.5 Training to use Wordpress

We organised a training session with Fossbox[12], a community ICT organisation which taught the Health Communicators how to use the software to add pictures, videos and polls. We invited other community organisations, such as the Newham Stroke Club to attend the free training and it showed them that they too could run and update their own website without trouble.

Screenshot of Caafimaadka Ingiriiska – the Health Communicators' Somali site

[11] Health on the Net Foundation website: www.hon.ch

[12] www.fossbox.org.uk



Polish Health Communicators Website with Healthcare in Newham video

8.6 Healthcare in Newham – making the video available online

The DVD "Healthcare in Newham – It's Here for You" covers much of the information that we are trying to communicate to the target communities so we wanted to provide a link to it when it appeared on the NHS Newham website. It didn't appear and so we asked permission to put it onto Youtube so that we could have a link from our websites. This will help to provide another channel for community members to access the film. It will also provide a chance for feedback in terms of numbers of viewings and comments from community members.

8.7 Conclusion

New communities use a wide range of the newest communication methods but these methods have not been utilised by health agencies. This project has found that it is no longer as complicated, time-consuming and expensive to create resources such as a website as it was only a number of years ago. It is not necessary to have a knowledge of web design but instead communities and organisations working with them can use new and more dynamic methods to reach community members they would not normally meet. There is an argument that not all community members use the internet but not providing useful content for new communities is liable to contribute to new community members not engaging with internet and other resources.

9.1 Further Development – the Websites

There are many ways to develop the websites further in the future including:

- Information from health advocates. Health Advocates could contribute a blog page or simply information about health events. Translating health event information would help community members overcome the reluctance to engage in situations that they might not have taken part in in their home country and certainly not in English.
- Videos with voice-over in community languages. NHS Choices has videos about many health topics. Communities could pick some and a voice-over dialogue could be recorded and superimposed cheaply.

- Creation of information films in community languages. Community groups could be encouraged to create low-budget information films targeted at their community. For instance, members of one community talked of the dilemma of what to do when a visiting elderly relative suffered heart problems. A film showing a scenario and explaining what action to take could be done very cheaply, especially if community groups pool resources.
- Development of national and international links. It would be possible to get input and information about what is going on with these communities around the UK and what information is useful from the countries of origin.
- Email newsletters/emergency health warnings. It would be possible to set up email newsletters and the sending out of health warnings such as flu epidemics by health advocates translating the available English information into the community language.
- Social site presence. The Health Communicator sites could use other internet platforms such as social sites like Facebook and the popular Polish equivalent "Nasza Klasa".

9.2 Developing the Health Communicator Project Further

In order to run the Health Communicator websites as effectively as possible it would be good to set up a Forum of Health Communicators, with NHS input where those responsible for updates could share knowledge. The Health Communicators could also do other useful tasks such as proactively chasing up other websites with broken links and passing on requests from communities for certain leaflets, sources of information to be provided in community languages. They could also communicate with organisations in Newham, around London, around the country and internationally.

It would be most beneficial for a community development organisation to help organise a forum and ensure that different community groups worked together to make the most of shared training and resources. Whilst targeted peer-to-peer communication can be more effective than broad one-size-fits-all messages from outside the many different community groups could gain a great deal by working together.

The Health Communicators project could not have run without volunteers and any future project should encourage volunteering within the new communities, but it would be better still to also provide an ongoing structure to support volunteer development by means of training and other benefits.

9.3 Additional Benefits

The additional benefits of the Health Communicators project are that it reaches out to people outside of the borough and creates an arena for other voices to be heard. For Newham it could mean more IT literate and health-literate community members. The websites and the suggestions of how they can be developed are not exhaustive and there is much scope for community members to engage and add to the project. It can also lead to more people having specialised health knowledge in another language as well as helping to provide tools and ideas for communicating with other people who do not engage in health matters.

10.1 Conclusions – Future Working with the Communities

There is much work to be done with all the target communities but by aiming for the most vulnerable it is possible to reach more of the community members.

10.2 Lithuanian Community

Despite the size of the Lithuanian community in Newham it fares badly for provision of information and assistance to access health services. There is more provision in Redbridge and Scotland than in Newham. There are no Lithuanian community organisations which deal specifically with health, and the community could benefit from having a funded health project/Health advocate to deal with the needs. New community members access their information from different sources including resulting in a choice which makes private healthcare (either here by Lithuanian staff or in Lithuania) more favourable than if there was good targeted information and support from NHS Newham. It has been possible to create a leaflet and a website for the Lithuanian community.

10.3 The Polish Community

The health needs of the Polish community relies on the support of the Health Advocates but their number is constantly fluctuating. When a health advocate leaves the vacancy is not immediately filled which means that the most vulnerable new community members have to wait longer for a Health Advocate to attend or do without. There is still a lack of knowledge amongst Poles about the services available and how to access them. There is also not a widespread knowledge of what to do when things go wrong. The Polish-language resources available online are not easily accessible to the community. The Polish community lacks a community organisation to deal with its problems. It has been possible to create a leaflet and a website for the Polish community.

10.4 Portuguese-speaking Community

Although the term Portuguese-speaking community has been used throughout it might be more accurate to talk of Portuguese-speaking communities. The Health Advocate does not have the resources either in material or time to outreach the community. There were no particular diseases which came up as an issue across the community although HIV was highlighted as an issue for some sections. For that reason a page with available links for HIV-related material was included. There is also a lack of knowledge about accessing benefits. It is often the case that community members' health problems and financial problems are related. It was possible to work with two community organisations, Girassol Diaspora and Kwanza. The community could gain if there was a resource for better contact between the different organisations, the Health Advocate and other parts of NHS Newham. A Portuguese website has been set up. It has not been possible to get the Portuguese leaflet finished yet as have to wait for the availability of the volunteer.

10.5 Roma Community

Working with the Roma community was easier than with the other communities as the community organisation, Roma Support Group, is already engaged in health projects. The intention was not to replicate work being done by any of the existing health projects run by the group. The RSG health project workers and the community members were able to highlight the need for material such as a leaflet about accessing services. A focus group of Roma community members was held to get an idea of what format health information should take. Whilst a website, especially in Polish, was considered a good idea agreement could

not be reached about how useful a website in the Romany language would be. This was because there are a number of dialects so the information could favour one of the more prominent groups. Romany is rarely used as a written language so whilst it might not make sense to create written resources videos in Romany would be more accessible especially for the many Roma who are illiterate or who have low literacy skills. The dynamics of the Roma community are changing but there was always a reluctance for the language to be shared with non-Roma which acts as a brake to developing resources in their dialects. Presently Roma who came to the UK over a certain age would prefer to access health information in their second language of Polish, Czech, Slovakian, Lithuanian, Romanian, Serbo-Croat etc. However younger Roma who have attended school in the UK will prefer to use English. This can mean that Roma are disadvantaged when it comes to talking about health amongst themselves. A text for a voice-over for the "Healthcare in Newham – It's Here for You" has been translated into Romany and we will try to record it and get feedback whether that is useful. It would also be possible to do a voice-over in different dialects which would also have the advantage of involving other community members in a health-related project. It was agreed that the Polish, Lithuanian and Romanian leaflets would be a good start for informing the community about healthcare in Newham. The leaflets will also inform people of where they can view the video online.

10.6 Romanian Community

There is a Romanian Health Advocate who works on a part-time basis but there is not a community organisation that targets the needs of the community. The community fares worse than most in the information targeted at them. This can mean that many Romanians are not aware how they can access the NHS in Newham. A website has been created but it does not contain as much information as for instance the Polish website simply because there is not much information to link to. The Healthcare in Newham video is the best resource on the site. There will be written contact information for services in Newham and a leaflet.

10.7 Somali Community

There are a number of Somali groups active in Newham but they do not have the resources to meet the needs of the whole community. Some of the groups only cater for part of the community reflecting the fragmentation of the country they have left. The Somali community as a whole would benefit from the different groups working together on common aims and the distribution of information about health services is certainly one of them. A Somali website has been created by a dedicated Somali volunteer but as a refugee that left the country's school system at a young age she is not able to write additional text. So far one community organisation has offered help with proof-reading whilst another has offered to translate material but that has not happened as yet. There was no budget for paying for translations so we cannot chase up voluntary input to fit in with our deadlines. The intention is still there to create a Somali leaflet.

10.8 Communication between the NHS and the new communities

Good communication between the NHS and the new communities is essential in order to provide health services which are as readily accessible as for the mainstream communities. Some of the factors that are important for good communication are understanding, empathy, patience, trust and goodwill. Understanding and empathy with the problems faced by new community members are vital. A major part of this is the understanding of the language support that new community members need. All these target communities have a language other than English as their first language. British citizens have the advantage of finding English-speakers all over the globe but that is not the case for new community members coming to the UK. Many of these will speak or learn English enough to get by, but many

would gain from having access to health resources in the language they speak with their close family.

A NHS Newham worker said that providing a Lithuanian with a Russian interpreter was okay on the grounds that it is the neighbouring country and the language was taught at school. A British citizen having an accident in Lithuania and provided with a French interpreter would likely be nonplussed. Many non-native speakers of English do not have the vocabulary to understand complex health matters. It is fairly common in most countries but especially so in the UK to believe that the native language is easy to learn and understand in depth. Native English-speakers who move to a country where English is not the main language are likely to feel uncomfortable even with an 80% understanding of another language when it comes to dealing with suspected cancer or eczema of a small child. Indeed a non-native English speaker might understand a doctor adequately but be concerned to the point of suffering considerable stress believing that he/she had missed something vital.
Trust and goodwill can take longer to build, but access-to-service leaflets in community languages is a good starting point to demonstrate that the NHS is available even to those in the new communities who are newly arrived, but this needs to be followed up with Health Advocates or other outreach workers that can help to involve the communities in healthcare provision.

10.9 Changing Names, Changing Services

Workers in community organisations expressed frustration at the changes of names and services. Recently Newham PCT has changed its name to NHS Newham, Public and Patient Involvement has changed to Community Ownership Team, whilst Walk-in Centres are also undergoing a change. This makes it hard for workers to keep up and then it means passing on a new message. For years workers have been trying to explain the difference between Accident and Emergency and a Walk-in Centre. There are without doubt many new community members who were here before Walk-in Centres existed and will not know what they were before they disappear again. Whilst even community members with poor English-language skills will understand terms like doctor and hospital if a new term such as Community Ownership Team is coined it is above the understanding of even those who speak perfect English. COT might not mean a lot to a native English speaker but it is also untranslatable into other languages. Therefore the time it will take for the meaning to reach the community members with the lowest English ability is even longer.

10.10 Prevention – a Priority of new communities or not?

Whilst nobody wants to be sick many respondents said that they did not have time to concentrate on health matters. Many people are working long hours with maybe two jobs and said that they do not want to spend their time of rest attending health-related events. There is not a great deal of information regarding healthy-living targeted at the new communities. There are some leaflets about smoking-cessation and five-a-day but they are not easily available. There are some health complaints which are more common in Newham than the country of origin of the new community members such as obesity and Type 2 Diabetes. The new community members might not understand the risks of diet and lifestyle that can affect their families and might not become aware until damage has already been done.

10.11 Health Problems and Communication are International

New community members get their health messages from different sources including their country of origin.

On top of having an understanding of health and healthcare from their native country once they are living in the UK they maintain their connection with the native country via contact with family and friends via telephone conversations, email, Skype etc.

There does not exist a vacuum in health information for if there are no readily accessible sources in the UK then new community members are more likely to seek advice from back home. There is one Romanian website that offers consultations via the internet. This means that many new community members will receive the majority of healthcare messages from other countries and will have different expectations of healthcare here. However if new community members are able to access services here, trust the system and understand the health messages here then they are more likely to support them. For instance, if new community members understand and trust messages such as “get well soon with antibiotics” (Polish leaflet opposite) they are likely to over-rule contrary messages coming from relatives and friends abroad. They might even pass on good advice from here.

10.12 Conclusion

It does not come as a great surprise that what people in new communities want is what people who grew up in Newham want. Ideally they would like to be healthy and free of health problems but then when they need healthcare they want it to be easily accessible, understandable, not involve long waits and have personalised service and for it to be free. However for many new community members there are still many barriers to understanding about and accessing NHS services, which can often seem complicated and distant. For those who do not speak confidently in English and without knowing about the Health Advocates, or if one is not available in their language then the NHS can seem oppressive. The experience at the GP of short appointments, only being able to discuss one ailment per appointment and not always being referred for tests or a specialist can also dampen enthusiasm. New community members are unlikely to have learnt of PALS or what to do if they are unhappy about the service. All this can lead to a non take-up of services from putting off going to the GP to going to a private clinic for treatment.

There is not one easy answer to all the problems, but by aiming information at the most vulnerable in the new communities there is more chance that more people in the new communities in general can be better informed and supported. This does mean adequately supporting the Health Advocacy service and working together with community groups but also it means making proper and comprehensive information and resources available in community languages.

New community members who have come to the UK from countries which do not speak English as a first language would benefit through their whole life from those resources as by being health-literate in their first language they are more likely to be in control of their own health. This does provide a logistical problem for the NHS because while efforts are made to translate a few items in some languages it can become too much for departments who are not set up for the task or who are tied to methods of working which result in the high expense of producing bi-lingual material. The first step is for NHS PCTs and departments to share the resources they have created and encourage other departments to adapt their material. Then by working with communities it would be possible to help them to take part in the creation of resources which would be more effective at reaching community members. Already there are different departments of the NHS and different charities and community groups engaged in health-signposting and promotion but too often they work in isolation and there is no medium for sharing good practice and experience.

There will always be new community members whose first language is not English and so work on this project will produce a continued benefit. Newham is well placed because of its diverse population to be at the forefront of provision of health information in community languages. No other NHS department is taking a lead. It would not be overly expensive to start off building websites, forums and networks for community language support, and it would be a fitting project to provide support to new communities and diverse health needs in the run-up to the Olympics.

11 Recommendations

- PCTs should share resources such as material in community languages so that each PCT can reach more communities.

- The Bi-lingual Health Advocacy service is well placed to reach community members but the Health Advocates need more time and resources to promote health within the community.

- NHS Newham should work together with community development organisations and community groups to provide better targeted information to new communities.

Appendix

Links to Health Communicator Websites

Lithuanian http://sveikata.wordpress.com

Polish http://zdrowiauk.wordpress.com

Portuguese http://saudenoreinounido.wordpress.com

Romanian http://sistemuldesanatate.wordpress.com

Somali http://caafimaadkaingiriiska.wordpress.com

Links to the Health Communicator Communities

Lithuanian

Giedre Pciute (volunteer) email: gyedry@hotmail.com

Moksliukas Email: moksliukas.mokykla@gmail.com

Lighthouse Email: eclighthouse@yahoo.co.uk

Polish

Anna Palka, Mypolacy, 62 High Street North, East Ham, E6 2HJ
Email:

Portuguese

Viktor Morais (Volunteer) Email: viktor272@hotmail.com

Girassol Diaspora,
Durning Hall,
Earlham Grove,
London E7 9AB
Tel: 020 8536 3827
Email: info@girrasol.co.uk
www.girassol.org.uk

Kwanza
Durning Hall Centre (Room 1R)
Earlham Grove, Forest Gate,
London E7 9AB
Tel: 020 8555 2912

Newham HIV Advocacy Project
Durning Hall Community Centre,
Earlham Grove, Forest Gate,
London E7 9AB
Tel: 020 8534 9691

Roma

Grazyna Maczkowska
Roma Support Group,
318 Barking Road,
London E13 8HL

Email: grazyna@romasupportgroup.org.uk

Romanian

Simona Tatulescu-Cighir, London Resources. Email: s@londonresources.co.uk

Carmen Andries (Volunteer) Email: carmenelenaandries@yahoo.co.uk

Somali

Khadra Abdi (Volunteer) Email: ashaayaan@hotmail.com

Khadija Jama,
Somali Health Advocacy Project
Tel: 020 8534 2488
Email: shap_uk@hotmail.com

Dahir Mahmoud, Somali Advice Centre. Email: dawiloa@yahoo.co.uk

Footnote 5 – NHS Heron database of information leaflets in different languages.

Albanian	107	Kurdish	66
Amharic	18	Latvian	7
Arabic	263	Lingala	2
Belarussian	2	Lithuania	18
Bengali	318	Macedonian	0
Bosnian	0	Malay	2
British Sign Language	10	Maltese	1
Bulgarian	15	Mandarin	12
Burmese	1	Mirpuri	2
Cantonese	66	Mongolian	1
Chechen	1	Ndebele	1
Chinese	289	Norwegian	1
Croatian	19	Pashto	36
Czech	30	Polish	151
Danish	1	Portuguese	258
Dari	17	Punjabi	225
Deafblind	1	Romanian	22
Dutch	15	Russian	50
English	2,271	Scots Gaelic	2
Estonian	16	Serbian	5
Farsi	132	Sinhala	1
Finnish	12	Slovak	13
Flemish	12	Slovenian	12
French	225	Somali	203
German	19	Sorani	24
Greek	61	Spanish	214
Gujarati	284	Swahili	5
Hausa	1	Swedish	7
Hebrew	2	Sylheti	8
Hindi	87	Tagalog	2
Hungarian	5	Tamil	39
Icelandic	11	Thai	4
Igbo	1	Tigrinya	20
Indonesian	1	Turkish	230
Irish Gaelic	5	Ukrainian	11
Italian	31	Urdu	299
Japanese	4	Vietnamese	52
Kinyarwanda	1	Welsh	124
Kirmanji	2	Yiddish	1
Korean	2	Yoruba	2