




Understanding the impact of Covid-19 on Turkish/Kurdish communities in Haringey

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 020 8888 0579

 info@healthwatchharingey.org.uk

 www.healthwatchharingey.org.uk



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1. Executive Summary

The Covid-19 pandemic has raised many challenges for all communities across the UK, affecting people's health and wellbeing, income, job security and social interactions. Statistics have also revealed concerning figures indicating that Black, Asian and minority ethnic communities have suffered a disproportionate number of deaths related to the virus¹.

The negative effect of Covid-19 on Black, Asian and minority ethnic (BAME) groups has been significant, and several factors including poor access to healthcare, deprivation or overrepresentation in frontline jobs have played an influential role on how different ethnic groups have experienced the outbreak.

The report focuses on the impact of the Covid-19 pandemic on the Turkish and Kurdish communities in Haringey, with particular attention to the social and economic barriers, and health inequalities faced by this community during the lockdown.

There is a high population of Turkish and Kurdish people in Haringey, and the challenges these communities were experiencing prior to Covid-19 included language barriers, comorbidities, and a limited understanding of healthcare avenues and services. Our research has revealed how Covid-19 has heightened the existing challenges for the Turkish/Kurdish communities.

The Turkish and Kurdish communities have been facing difficulties in accessing health and social care services, which is due to the lack of provisions by primary and secondary care providers in supporting vulnerable groups and those who have language difficulties. The Turkish and Kurdish communities have also experienced challenges in obtaining accurate and up-to-date information about the Covid-19 pandemic. Mental health was also an issue raised, especially among refugees and asylum seekers from Turkish and Kurdish backgrounds.

Some of the recommendations for the NHS and local Council to better support the needs of the Turkish and Kurdish communities are:

Access to information about Covid-19

- Better communication and partnership between Voluntary and Community Sector (VCS) organisations and the Haringey Council, which should include the sharing of information and resources.
- Funding pots for VCS organisations and groups to develop and sustain Covid-19 responses and initiatives.

¹ <https://raceequalityfoundation.org.uk/health-care/coronavirus-information-and-resources/>
<https://www.kingsfund.org.uk/blog/2020/04/ethnic-minority-deaths-covid-19>

- Haringey Council to develop a BAME reference group, which includes representatives/ambassadors from BAME VCS organisations in Haringey.

Health and social care services

- Communication and support between statutory services and VCS organisations who have been supporting the Turkish/Kurdish community during the Covid-19 outbreak.
- Better use of tools and resources to enable people with language barriers to access health and social care services.
- GPs to recruit Social Prescribers who can speak community languages and can reach patients who face language barriers or are digitally excluded.

Mental Health and wellbeing

- Mental health services to raise awareness of mental health among BAME communities.
- The commissioning of mental health services which meet the needs of BAME groups.
- Training and online workshops on mental health for staff and volunteers within VCS organisations.

2. Introduction

Healthwatch Haringey has collected the views and conducted research in to how the Turkish/Kurdish communities are managing the challenges brought about by Covid-19, using these communities to explore broader issues affecting all BAME communities in Haringey.

We chose to undertake our research within the Turkish and Kurdish communities because:

- Haringey is a highly diverse borough, with a high population of Turkish, Turkish Cypriot and Kurdish people. 38% of residents are from BAME groups and 26% identify as white other².
- We know that Turkish/Kurdish communities rate highly among groups that have comorbid conditions such as diabetes and severe lung conditions, placing them in the clinically vulnerable, higher risk group from Covid-19.
- The Turkish/Kurdish communities are more likely to face language barriers and have interpreting needs that may limit their access to information. Therefore, it was key for us to understand how the Turkish/Kurdish communities are accessing information about Covid-19 and the changes to health and social care services.
- Our Accident and Emergency research showed Turkish communities making high use of A&E services. We were therefore keen to research how the Turkish/Kurdish communities are accessing health and social care services during the Covid-19 outbreak.
- In Haringey, there are over 10 organisations and religious worship centres which serve the Turkish/Kurdish communities. We were interested in raising awareness about the Covid-19 emergency response initiatives run by Turkish/Kurdish organisations and faith groups, especially the mutual aid groups operating in deprived wards in Haringey and reaching out to disadvantaged families and individuals within the community.

We interviewed and conducted surveys with staff and volunteers within voluntary and community organisations in Haringey and Enfield. These groups have developed Covid-19 initiatives, supporting the community directly by operating as emergency help centres and foodbanks, offering befriending services, and information and advice. We also spoke to councillors and NHS staff from Turkish and Kurdish backgrounds.

² https://www.haringey.gov.uk/sites/haringeygovuk/files/state_of_the_borough_final_master_version.pdf

Due to lockdown restrictions, we could not speak to Turkish/Kurdish families directly, but we were able to engage with voluntary and community organisations supporting the community, delivering food and other essentials to at least 10-15 households per day, and taking referrals from Haringey Social Services.

By approaching these voluntary and community organisations we could hear about the challenges Turkish/Kurdish communities were facing because these organisations were working with them directly and helping them with a wide range of concerns.

3. Findings

3.1 Access to information about Covid-19

One of the key problems faced by people within the Turkish/Kurdish communities, especially early on the pandemic, was access to clear, reliable, and consistent information about Covid-19.

The barriers faced by some were:

- Having very little or no understanding of English, or being functionally illiterate in English, especially among the older, first generation Turkish and Kurdish people in Haringey.
- At the start of the outbreak, most of the government, NHS and Public Health England's advice and information on Covid-19 was in English with very few translations to other languages.
- Doctors of The World have published Covid-19 guidance in several languages however most of the Turkish and Kurdish communities were, and still are, unaware of this information.
- There is a perception that the efforts of the local Council in adopting a comprehensive system in keeping everyone safe and informed about Covid-19 was limited. People commented that the Haringey Council website did not have information in community languages or links to external sites which could provide this source.
- Some people commented that they expected their GPs to be more proactive in keeping them informed. They felt letters could have been sent informing patients about prevention, symptoms, and testing, especially for those whose conditions place them in the 'vulnerable' and 'high risk' group. Most GPs have access to patient data on ethnicity and languages spoken.
- Many Turkish and Kurdish people who do not speak English have been sourcing information about Covid-19 from Turkish television and media channels, reporting of the pandemic in Turkey. This information has not always been in line with government and NHS guidance in the UK.

These contributing factors are the reasons why VCS organisations catering for the Turkish/Kurdish communities are making vast efforts to keep their community informed of Covid-19. They have identified there is a significant number of people within the Turkish and Kurdish communities who are finding it very difficult to access information about Covid-19, and this has led to individual and societal challenges; affecting people's health, wellbeing, financial and food security.

The lack of accessible information, especially in community languages, is particularly problematic for older people who are shielding. Those who have family and wider contacts within their communities have been informed of the changes surrounding

Covid-19, however the ones who do not speak English and have few support networks have been feeling very isolated. These individuals have been referred and brought to the attention of VCS groups by their neighbours or members of the Turkish/Kurdish community.

People from the Turkish/Kurdish communities with comorbidities have also been consequently impacted by the lack of accessible information. The volunteers who managed calls from the community commented that people with conditions such as diabetes were not aware they could face a significantly higher risk of becoming very unwell from Covid-19 as their understanding of the virus was that it mainly affected people with lung conditions.

The VCS organisations we spoke to are also apprehensive about the number of Covid related deaths within the Turkish/Kurdish communities and conclude that the spread of the virus could have been reduced if people were better informed. Many volunteers mentioned that leading up to the lockdown, events and gatherings within the community were still happening which put a lot of people at risk.

3.2 Health and social care services

Primary Care

The comments made in relation to the Turkish/Kurdish communities' ability to access primary care services during the pandemic, indicated that individuals experienced confusion, disengaged from GP services and were widely misinformed about how practices were operating during the lockdown. As most of the services moved towards telephone or online consultations, people who were facing language barriers or who had no access to the internet, struggled to access GP services.

The complications faced in accessing primary care services were:

- Difficulties in getting through to the surgery and the quality of the interaction with GPs.
- Interpretation services or Language Line was not widely used by all practices.
- You could not get an appointment without a conversation on the phone or online which deterred a lot of older people and those with interpreting needs from contacting their practice.
- Refugees and asylum seekers, or newly arrived Turkish/Kurdish speakers may not know how to register with a GP or access the NHS.

VCS organisations played an important role in helping individuals to communicate and interact with GP practices. The work they did in this respect involved helping vulnerable people within the communities to register with GP practices, contacting GP's and interpreting for individuals, following up treatment and prescription deliveries. This was essential support, but volunteers said that at times it was very

difficult to deal with the demand and the three-way communication posed its own problems, building extra delays into the process.

Secondary Care

Noticeable feedback indicated that there was a level of uncertainty among the Turkish/Kurdish communities, and among VCS organisations of the changes to secondary care services during the Covid-19 outbreak.

- People were not aware Language Line was an option when calling NHS 111.
- Many people missed their appointments as they were not sure if hospital departments were operating as normal.
- Hospital treatments were suspended, or people failed to receive communication about new appointments.
- Many refugees or asylum seekers who were unwell during the outbreak were reluctant to go to hospitals as they were afraid of data sharing between the NHS and Home Office.

Social care

The responses we received told us older people (or those with disabilities or mobility issues) from Turkish/Kurdish backgrounds are usually cared for by family members, with minimal engagement with care services.

The challenges this presented in the time of Covid-19 were:

- It proved very difficult for carers to look after older family members who were shielding.
- Some families were very concerned about being able to sustain support, such as delivery of essentials to family members who were dependent or shielding, either as a cause of financial restraints or being unwell themselves.
- For people who had to continue to work in frontline roles, there was a lot of worry that they were putting the vulnerable person they were living with and caring for at risk.
- People did not have access to PPE, such as gloves and masks which they felt was necessary when caring for a vulnerable person.

3.3 Mental health and wellbeing

Many of the discussions we had around the mental health and wellbeing of people from Turkish/Kurdish communities revealed this to be an area of concern.

VCS organisations identified a high number of people experiencing mental health issues, and the reasons for poor mental health during the lockdown have been:

- Turkish/Kurdish people form a very tight knit community and being separated from family and wider social networks have proved very difficult for individuals.
- People who experience language barriers are highly dependent on their family and community. These people may be dealing with feelings of desperation.
- Turkish/Kurdish communities living in the east of Haringey are more likely to be living in poverty and overcrowded settings. These people may also be dealing with problems accessing benefits and financial support.
- There is a lot of shame and taboo within the community around food poverty.
- Health inequalities.
- This year the month of Ramadan fell in the period of the outbreak, and there has been concern that people are fasting long hours in isolation and are not accessing their social and religious networks.
- Turkish and Kurdish people living in the UK under a refugee, asylum seeker, or ECAA businessperson and worker status are facing uncertainties surrounding their health, housing, income, and job security.

A high percentage of those from the Turkish/Kurdish communities are reluctant to speak about mental health.

The issues around this matter are:

- An inability to recognise and accept mental health problems.
- Prevailing negative attitudes towards mental health among the Turkish/Kurdish communities.
- A lack of knowledge of mental health.

These factors discourage people from Turkish/Kurdish communities from talking about mental health and may be a barrier to engagement with health services. There is also the feeling that mental health services and the advice designed during the pandemic are not accessible to those experiencing language obstacles or digital exclusion and may not be culturally appropriate or meet faith-related needs.

We also found that there is an increased vulnerability to mental health problems among refugees and asylum seekers from Turkish and Kurdish backgrounds. People with refugee or asylum status are usually arriving with pre-existing mental health difficulties, which can worsen with their living conditions in the UK, such as poor, crowded housing, deprivation, and poverty. With the impact of Covid-19, these existing problems have heightened and are having a detrimental impact on the mental health of individuals and families. There are also fears around the uncertainty of how the pandemic may affect employment, housing, and leave to remain in Britain.

Through our discussions, we discovered that there are also many people within the Turkish/Kurdish communities who have developed social anxiety and are fearful of leaving their homes. The worry around this is that people with health conditions such

as obesity or diabetes are not maintaining an active, healthy lifestyle. Feedback indicated that many people found it difficult to follow the government guidance and were worried about leaving their homes to go to the shops, or spend time exercising outdoors. Another contributing factor is the issue of people sourcing information about Covid-19 from Turkish television channels and the reporting is not accurate or relevant to the management of the Covid-19 pandemic in the UK.

4. Recommendations

The two overarching themes which have emerged from our research are:

- The challenges presented by language barriers/difficulties.
- The need for support within the Turkish/Kurdish community to raise awareness and combat stigma around mental health.

Feedback indicates, the responsibility to support the Turkish/Kurdish community during the pandemic has relied heavily on initiatives developed by VCS organisations and groups, and the NHS and local Council have failed to address holistically the needs of these communities.

Recommendations for how the local Council and the NHS could better support the Turkish/Kurdish communities include:

Access to information about Covid-19

- Better communication and partnership between VCS organisations and the local Council, which should include the sharing of information and resources.
- The local Council to develop a BAME reference group, which includes representatives/ambassadors from BAME VCS organisations in Haringey.
- Funding pots for VCS organisations and groups to develop and sustain Covid-19 responses and initiatives.
- The local Council to operate information helplines in community languages.
- The local Council website should include links to websites and resources which provide Covid-19 information in different languages, such as the Doctors of The World Covid-19 guidance.

Health and social care services

- Communication and support between statutory services and VCS organisations who have been supporting the Turkish/Kurdish community during the Covid-19 outbreak.
- Availability and distribution of information in community languages.
- GP's should take a more active role in communicating Covid-19 information to patients, contacting those with comorbidities or individuals considered 'high-risk' or 'vulnerable'.
- Better use of tools and resources to enable people with language barriers to access health and social care services.
- Recruitment of Social Prescribers who can speak community languages and can reach patients who face language barriers or are digitally excluded.

- GP's should develop campaigns and initiatives to better inform the community on registering for GP services, especially targeting those with language barriers or people living in the UK as refugees and asylum seekers.
- Hospitals should better communicate changes to appointments and services.
- People who have missed an appointment during the lockdown should not be discharged from secondary care services.
- Family carers should have access to PPE.

Mental Health and wellbeing

- Mental health services to raise awareness of mental health among BAME communities.
- The commissioning of mental health services which meet the needs of BAME groups.
- Culturally and faith appropriate services which could be delivered in community settings such as BAME VCS organisations or faith worship centres.
- Support and funding for organisations working with refugees and asylum seekers to develop mental health programmes and resources.
- Training and online workshops around mental health for staff and volunteers within VCS organisations.

Information in community languages on managing mental health difficulties during the Covid-19 outbreak.

5. Appendices

Appendix A

Methodology

We engaged with 2 organisations and interviewed 10 people including councillors, chairs of VCS organisations, NHS frontline staff and volunteers.

Voluntary and community organisations

The majority of voluntary and community organisations which provide for the Turkish/Kurdish communities in Haringey have been very responsive in providing support and minimizing the impact of Covid-19 on their service users, including individuals and families who fall into the ‘vulnerable’ category.

Stemming from a thorough understanding of the needs and barriers faced by Turkish/Kurdish communities in London, these organisations have adapted their services to meet the demands of the crisis. They have been fast acting in developing initiatives from the very early stages of the lockdown, ensuring they were not only meeting the cultural and unique needs of the Turkish/Kurdish communities but were also tapping into the wider demands of the local area.

Some organisations were able to strengthen their delivery by partnering with borough initiatives, community networks, and local grass-roots organisations. This not only meant they would be reaching a wider demographic, but it has also been a very cohesive approach in remaining sustainable as a BAME organisation and building resilience within smaller organisations through this period of uncertainty.

Additionally, the activities of these organisations have been largely funded by donations and support from service users and local business owners who come from Turkish/Kurdish backgrounds.

The British Alevi Federation

The British Alevi Federation is an umbrella organisation for approximately 300,000 Alevi’s from Turkish/Kurdish backgrounds living in the UK. The Federation is based in Enfield however there are seventeen Alevi cultural centres, including the Wood Green Cemevi, and as well as a place of worship, the centres also offer activities for older people and children, delivering luncheons, art and music classes, and information and advice hubs³.

³ http://www.alevinet.org/SAP.aspx?pid>About_en-GB

During the Covid-19 outbreak, the British Alevi Federation in Enfield acted as the base and emergency help centre for the Solidarity Point Project, which is an initiative established by several Turkish/Kurdish organisations partnering to respond and support the community during the pandemic. The voluntary and community groups which have teamed up for the Solidarity Point Project include the Wood Green Alevi Culture Centre and Cemevi, The Kurdish Advice Centre in Haringey, GIK-DER (Migrant Workers Cultural Association), and The Felix Project. The project also receives referrals from Haringey Social Services, operating as a foodbank and information/advice hub for the Turkish/Kurdish community.

Day-Mer Turkish/Kurdish Community Centre

Based in Tottenham, DAY-MER is a non-profit organisation and charity serving the Turkish and Kurdish people in London. DAY-MER has an important role within the Turkish and Kurdish community in terms of providing information and advocacy for refugees and humanitarian entrants in England. Other services offered at DAY-MER include a drop-in centre for the community, information, advice, and awareness sessions, comprehensive education, and youth services, as well as regular arts and cultural activities and festivals⁴.

In response to the outbreak, as well as operating as a foodbank and delivering food packages, a very successful strand of the work DAY-MER has been doing is keeping the community informed of the changes and news surrounding Covid-19. They have been posting regular videos and podcasts in Turkish and Kurdish through their social media channels and have continued to provide information and advice for their service users in the form of telephone consultations. At times, this one to one support has also involved contacting healthcare services such as GP's, as well as helping people in making applications for claims such as Universal Credit and Council Tax Reduction.

Individuals

Talking to councillors and NHS staff from Turkish and Kurdish backgrounds was very useful in providing a broader perspective for this report, and a bridge to the community.

We surveyed councillors from Haringey and Enfield; two boroughs where many of the Turkish and Kurdish communities live. Geographically, we felt it was important to also include representation from Enfield as most of the Covid-19 projects based in that area have also been serving residents in Haringey.

⁴ <http://www.daymer.org/about-daymer/>

We interviewed:

Erdal Dogan - Haringey councillor and an active member at The Kirkisrak Community Centre in Enfield.

Israfil Erbil - Founder and chair of The British Alevi Federation. He is actively working on the Solidarity Point Project.

Saray Karakus - Enfield councillor and the former mayor of Enfield. She is currently supporting the Enfield Stands Together hub, as well as the Solidarity Point project running at The British Alevi Federation.

Asli Gul - Chair of DAY-MER. As well as volunteering at both sites of the Turkish/Kurdish Community Centre (Tottenham and Islington), she is also part of a local mutual aid group in Hackney.

Elif Erbil - Enfield councillor and a diagnostic radiographer, working frontline with Covid-19 patients at the Royal National Orthopaedic Hospital.

Volunteers

The outreach activities of these organisations are heavily volunteer dependent and led. The volunteers are Turkish and Kurdish and are either members of the organisation or service users. The volunteers were mainly older in age, although we did come across younger helpers from professional backgrounds which included councillors and business owners.

London Bicycling Club (Londra Bisiklet Kulubu)

This is a project developed by a group of young Turkish/Kurdish professionals, with the aim of encouraging the Turkish/Kurdish community to cycle. As well as lending their bikes to the NHS and keyworkers during the pandemic, members of this group are also volunteering with VCS organisations to courier food packages, medicine, and other essentials.

Appendix B

Survey

Which organisation are you working (volunteering) for, and what initiatives/projects have been developed to support the Turkish/Kurdish community in Haringey during the Covid-19 outbreak?

Has your organisation partnered with other groups in Haringey/London?

In your experience, what has been the main challenges the Turkish/Kurdish community have been facing during this time?

Have you, or anyone in your family been tested for Coronavirus?

Do you know any members in the Turkish/Kurdish community that have had the virus, and what has been their experience?

How is your organisation supporting the Turkish/Kurdish community to access information about Coronavirus, and do you feel the community is accurately informed?

What has been the Turkish/Kurdish community's experience of accessing health (including mental health) and social care during this time, and has your organisation supported the Turkish/Kurdish community to access health and social care services?

In the past Turkish/Kurdish communities have often accessed health care services via A&E. Assuming they have now stopped attending A&E, how are they accessing health care services in the time of Covid-19? i.e. where are they going?

Has your organisation communicated changes to health and social care? Have you provided information and publications in Turkish/Kurdish?

Do you know any Turkish/Kurdish health (NHS) and social care workers, and can you comment on their experience during the outbreak?

How do you think the local government, and health/social care services could best support the Turkish/Kurdish community during the Coronavirus outbreak?