

CABS
#SpeakUp project report

Exploring the experiences of South Asian men working as taxi drivers in Sheffield in relation to health and wellbeing



#SpeakUp: CABS

What is #SpeakUp?

#SpeakUp is Healthwatch Sheffield's micro grants programme, offering funding of £2000 to not-for-profit, voluntary, and community groups. The purpose is to run a project which will reach out to people across Sheffield, and hear what matters to them in relation to health and social care. By working with groups which are already trusted partners in their communities, we can make sure we're hearing from even more people, including those whose voices aren't often heard by decision makers.



Champion in Achieving Better health in Sheffield (CABS)

The Champions for Achieving Better Health in Sheffield, or CABS, campaign is a voluntary and community organisation, set up to tackle health inequalities within South Asian, Black, and other minority ethnic groups specifically working in the Taxi trade in Sheffield.

CABS

Champions in
Achieving Better
health in Sheffield

Healthwatch Sheffield

Healthwatch Sheffield helps adults, children and young people influence and improve how NHS and Social Care services are designed and run. We're completely independent and not part of the NHS or Sheffield City Council. We want to understand your experiences, and help your views to influence decision-makers in the city.



Introduction

What did we do?

Our #SpeakUp project built on previous work we (CABS) have done to engage with taxi drivers from minoritised ethnic groups in Sheffield, with the aim of identifying health concerns and improving health outcomes.

We ran a survey and two focus groups in summer 2022, speaking with South Asian taxi drivers in the city. We explored their current health, and the reasons why they don't access help and support around health issues.

We wanted to build a picture of what the barriers are to health improvements for South Asian taxi drivers, and identify where there are opportunities for services to better engage with this group and support them to improve their health and wellbeing.

Who did we speak to?



We spoke to South Asian men working as taxi drivers in Sheffield.



42
survey responses



24

people in our focus groups



The men we spoke to ranged from 21 to 70 years old. Survey respondents had an average age of 44.



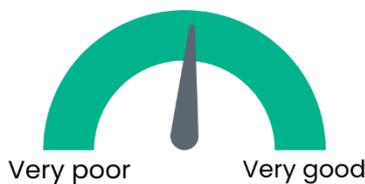
81% of survey respondents were from Pakistani backgrounds. Other people were Bangladeshi, Arab, or Black African.

Findings

How would people describe their current health?

We asked survey respondents and focus group participants some questions to gauge their current level of health and wellbeing, as well as how they felt about it.

Most people don't feel their physical health is very good



Survey respondents were asked to rate their current physical health on a scale from 1 (very poor) to 5 (very good). The average score was 2.6, with the majority of respondents scoring themselves either 2 or 3.



40% of people (2 in 5) said they don't usually get the recommended 7 or more hours of sleep.



62% of people (just over 3 in 5) said they have a sedentary lifestyle. The rest said they were slightly or moderately active. No one said they were very active.



Smoking is very prevalent; 33% (1 in 3 people) said they do smoke cigarettes, compared to [10.3%](https://smokefreesheffield.org/press-releases/new-data-shows-steady-decline-in-sheffield-smokers/)¹ (around 1 in 10) of Sheffield's general population.

Never

Once a week

2+ times a week

Exercise levels varied. 29% of people said they never exercised, 38% said they exercised once a week, and 33% said they exercised twice or more a week.

¹ <https://smokefreesheffield.org/press-releases/new-data-shows-steady-decline-in-sheffield-smokers/> January 2022

Do you have any long term health issues?

Most people said they had at least one of the following health issues, with many having several – the larger the word below, the more often it was mentioned:



What health issues are you concerned about in the future?

Most people again selected multiple health concerns, including some mental health worries:



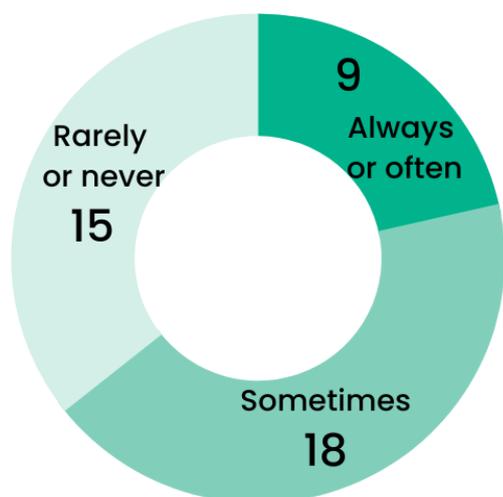
How often do you go to the doctor?



Most people described having at least one long term health issue, and were worried about developing others in future because of family history or lifestyle.

Despite this, people don't visit their GP very often. Over half of survey respondents (22 out of 42 people) said they visit their GP once a year or less.

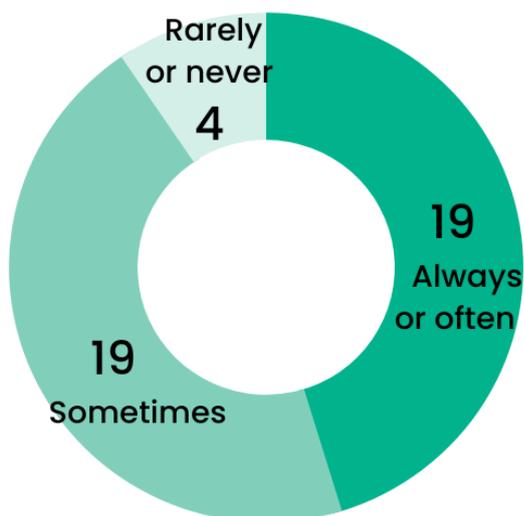
People shared concerns about their emotional and mental health too



How often do you feel lonely?

More than one in five people said they were often or always lonely.

This might be linked to opportunities to meaningfully socialise – when we asked how often people attend social gatherings, for example club meetings or family gatherings, most people (26 out of 42) said they attend these less than once a month, or not at all.



How often do you feel stressed in a typical week?

We heard about very high levels of ongoing stress amongst the people we spoke to.

Nearly everyone said they feel stressed at least some of the time in a typical week.

When asked how much emotional support people receive from their friends and families, the response was mixed. On a scale from 1 (no support) to 5 (good support), the average score was 2.9.

Insights from the focus groups:

“I worry often when you hear about another taxi driver having a heart attack on duty. I think will someone find me at the wheel. You're constantly thinking in the taxi your mind is going and it takes a toll on the whole body.”

“This year has been the hardest yet in my taxi career (financially and difficulty)”

What are the barriers to accessing formal support?

We asked people about the things that stop them seeking healthcare or other support when they are unwell and they told us about a whole range of barriers.

The cost of accessing support is prohibitive



Cost was the biggest barrier identified by survey respondents, with 19 people saying this stopped them accessing healthcare or other support. This isn't just upfront costs of care like prescription charges; most taxi drivers are self-employed, and will not get paid when they are not working. People told us they can't afford to take the time off work to access support.

People from the focus group identified this barrier too:

"The time off work needed for appointments and improvements affects me as I am self-employed. It costs too much money"

"Over covid I was making £6 for a full day of work – still recovering"

"Have to prioritise the bills and finances over health"

"Cost of living going up. First things that go are luxuries – gyms are seen as luxuries"

It can be difficult to get the right support from your GP



14 people from the survey told us that being unable to access the support they need from their GP was an obstacle for them, and people from the focus groups expanded on this issue. Many again linked it to finances, underlining the significance of this barrier for many people.

For self-employed taxi drivers, attending any appointment will have an associated cost as it is time they might otherwise be working. However, getting support from their GP in particular involves navigating difficulties with the current appointment booking system and facing limited options for appointments, which creates additional costs and barriers for people:

"Long wait on call for GP, can't just go to the surgery to book an appointment have to wait on the phone while working. I just don't call now"

"When at the GP they will hear the first condition, second condition and then by the third they say I have to book another appointment – no time for multiple appointments due to being self-employed"

“Can’t access support offered due to working in daytime”

“Lack of time available to take off work to go to appointments as self-employed”

Other people mentioned additional barriers getting through to a GP:

“Receptionist won’t let you speak to the GP”

“All appointments are gone”

The support offered isn’t always appropriate



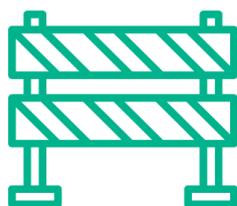
10 survey respondents told us that the support offered doesn’t always work for them, and focus group participants raised several examples of this.

For instance, GPs and other professionals give out leaflets about healthy eating to help people manage their weight, or control conditions like diabetes. However, people told us the leaflets don’t contain examples of food that South Asian families would typically eat at home, so they don’t feel relevant or helpful. Language barriers play a part too:

“We are given leaflets for dieting that don’t have foods we eat in them. Reading English can be difficult for people in my community, they need it written in Urdu (some people have good spoken English but can’t read it)”

“I need culturally appropriate dietary leaflets”

Other barriers



There were several other obstacles to accessing care and support which were mentioned less frequently, including not knowing where to access support and information, negative past experiences, stigma, cultural and social barriers, and language barriers.

Insights from the focus groups:

“Recently in A&E there were over 60 people waiting without chairs, we just left”

“I encounter Racism and Islamophobia”

“Don’t know how lose weight”

“There is no group exercises available for men other than Football”

“Gym is expensive can’t afford with all the other costs I have”

What are the barriers to getting healthier?

We wanted to know what was stopping people from working on their health and wellbeing, outside of practical obstacles getting healthcare.

Understanding why people don't feel able to make healthier choices around things like diet and exercise will hopefully help us – and the health and social care system – to put the right support in place for people to feel more empowered and make positive change.

What are the biggest personal challenges for you, in making a positive health change?	Number of people
It's difficult to follow a healthy schedule	25
Cost	22
Dieting	19
Lack of motivation and interest	17
Work status	16
Laziness	12
Lack of knowledge and understanding	7
The weather	4
It's boring	2
Covid-19	1
I am already healthy	3

Most people in the survey selected multiple of these personal challenges. Practical issues like cost and the difficulty in maintaining a healthy lifestyle while working long or irregular hours were common issues, as were issues with personal motivation or drive.

When we discussed these in the focus groups, people also added "embarrassment" as an additional challenge.

People provided us some more detail about some of the barriers:

Time and cost are the biggest barriers to making healthier choices



“Taking out time away from work and family”

“Difficult to fit exercise in due to working pattern”

“I like to [take] short holidays but expensive”

“Taxi driver ... long hours.. no money and sat all day alone”

“Biggest challenge is time. Organising my time so I can do some exercise is difficult to near impossible. Work and family commitments go in the way”

It can be difficult to maintain a balanced diet



“It’s hard to change my diet when the family around me are eating the same food and portion sizes”

“Someone usually cooks for me. I came home and they were pouring half a bottle of oil in the pan- its unnecessary”

“Snacking/fast food due to nature of work – processed foods”

Exercising alone means missing opportunities to socialise:



“I used to go to the gym with another taxi driver friend, sometimes I would just go and do no exercise just to catch up with them and have a chat, you don’t get time otherwise”

“Doing things as a group would be beneficial for socialising”

What would help people to get healthier?

We wanted to identify some possible solutions – things that could help men better control of their own health and wellbeing, and things we could support them to access.

Most of the survey responses and focus group discussions focused on physical activity rather than diet – lots of people felt lack of activity was one of the biggest factors in them feeling unhealthy or unwell. This is expressed through the survey results below:

What would engage you in making healthier life choices?	Number of people
Cheaper gyms	34
Local fitness opportunities	25
Doing exercise with friends	19
Food and nutrition education	16
Exercise through sport	15
One to one support from a trainer	11
Not interested	1

Only 1 person in the survey wasn't interested in getting healthier – there is definitely a drive to improve health, wellbeing and fitness but, as explored earlier in this report, there are obstacles to doing so.

Lots of people's discussions centred around going to the gym.

Access to a gym might work for some but not others



There were mixed views about going to the gym as a way to get healthy. Survey respondents rated cheaper access to gyms very highly as something which might help them to improve their health. Some people expanded on this, explaining how access to the gym might help them:

“I would go to the gym and go on the bike and as long as I had some sweat I would know I had done something”

“There was an old programme where you could get a pass to go to the gym for free and wave your card and get in on a break would be good. Any gym in Sheffield so you could be nearby”



However, many other people spoke about how going to the gym wasn't really the best solution for them, despite its popularity in the survey.

People may have felt the gym was helpful in theory but when prompted to think about it in more detail, didn't feel as positive about it or identified barriers that would have to be overcome.

People spoke about body consciousness, low confidence, and not being sure how to effectively work out being barriers to going to the gym:

"I don't know anyone there and I wouldn't feel comfortable at all. I want to be around people like me with similar conditions, so I don't feel out of place"

"I have felt out of place before at the gym and even when I'm out walking – people look at me and think 'fatso'"

"I would want to be indoors somewhere private with a trainer and some people I know to feel comfortable and to go"

"They need to be indoors so other people aren't watching – privacy"

"I wouldn't want to go to a gym without some help there I would just go in and not know what I am doing, and not go back"

"Sports could be good, but there is competition between people and there could be name calling. Sports broken down into abilities and competition would help this"

Other options for physical activity



It's clear that the gym isn't for everyone; many people want a more structured activity, and to be around other people in a similar situation to themselves. Survey participants expressed interest in more local fitness opportunities, exercise with friends, through sport, and with one to one support.

Focus group participants expanded on these themes. The group said they wouldn't attend a group unless they felt comfortable and were around people with similar health needs. They would prefer to exercise with people from their own community – and said a group with other taxi drivers would be ideal. They discussed having sports clubs:

"Services have to be tailored towards the community with someone who understands you"

"We would be interested in doing sports like badminton, cricket, football. Variety – different each time"

“A team would be good – would show up to team activities”

“Sessions led by trainer for support”

However, cost would be a barrier to accessing opportunities like this, as with attending medical appointments and other services:

“Would need the service to be free – already missing out on income by going”

Improving diet and nutrition



Survey respondents did express some interest in food and nutrition education, and the focus groups delved into this further.

They suggested several ideas – but key to most of them was that nutrition information and advice had to be culturally appropriate and accessible:

“An online platform would be good with videos of how to make the meals we eat healthier, led by someone from our cultural background for family to watch these videos and support our changes”

“Nutrition leaflets to have culturally appropriate meals and foods”

“Leaflets to also be translated into Urdu”

Recommendations

The following recommendations are based on the findings in this report, and the things people told us would help them with their health and wellbeing. Many of them relate not to statutory NHS and Social Care services, but to more holistic approaches to support that would help people to manage their own health.

Helping people to access health services:

Systems for accessing care, including booking appointments, as well as appointment times and types, should be structured in ways that better meet the needs of different groups, including people in employment and self-employment.

Helping people to eat healthier:

Information resources around food, nutrition and losing weight need to be culturally appropriate; they should reflect ingredients and meals people are familiar and comfortable with, and feature people from different cultural backgrounds in images or videos associated with them.

These information resources should be accessible; this includes providing information in different languages, but also different formats such as video as well as written leaflets.

Helping people to exercise more:

There needs to be more investment and support for the development of sport and exercise clubs for particular communities – for instance support with venue, pitch or equipment hire, or instructors/trainers.

Some types of social prescribing – such as subsidised gym memberships or other fitness initiatives, or working alongside voluntary sector groups already working in this space – could be effective for people's physical and social wellbeing, but will need to be tailored towards particular communities.

Supporting people's mental and emotional health:

More work needs to be done to understand what resources would support people from this group to improve their emotional health, address high stress levels and reduce social isolation.

Reducing harm from high smoking prevalence:

The prevalence of smoking is high among South Asian taxi drivers; support to stop smoking could be better targeted towards this group, with work to understand what specific information or practical support people need.