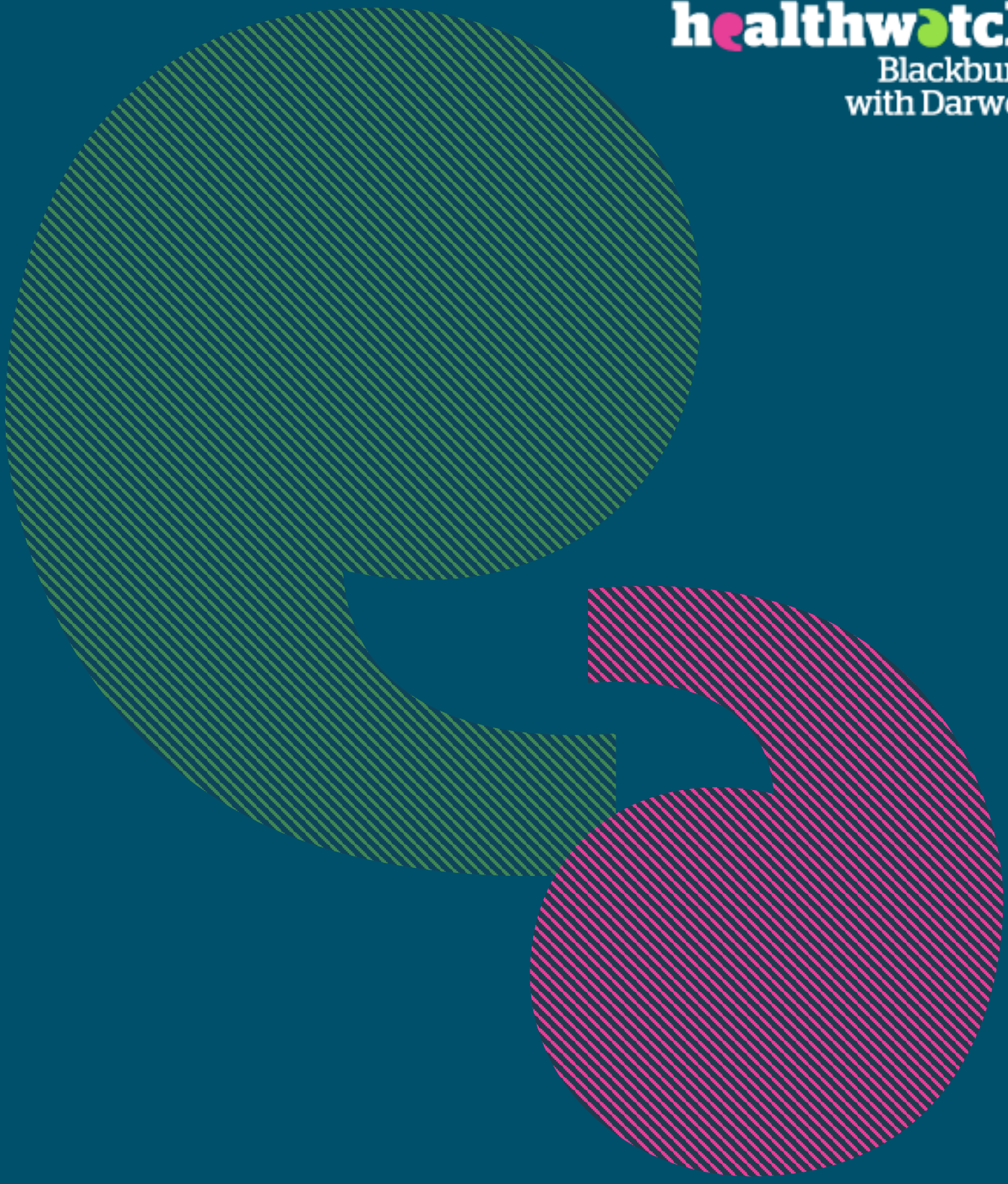
healthwatch Blackburn with Darwen



#personfirst

Asylum Seekers and Refugee Engagement

June 2015

Background

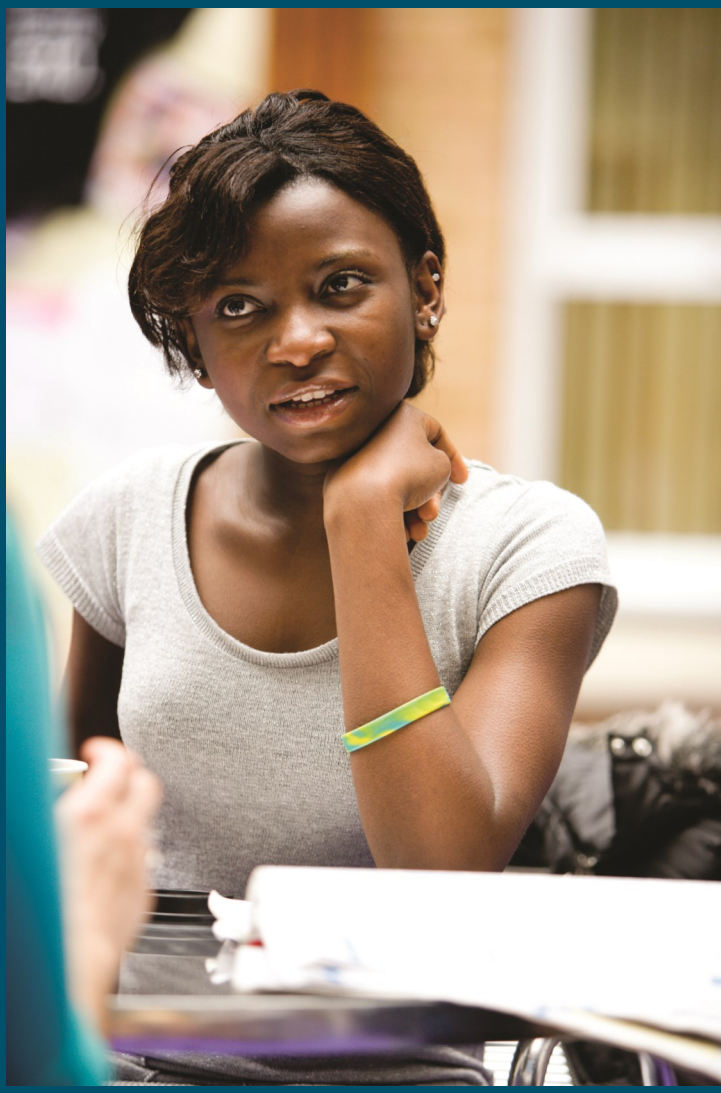
#personfirst

#personfirst is a body of work with the aim of targeting specific communities within Blackburn with Darwen and developing specific engagement projects. The aims of #persfonfirst is to engage with seldom heard residents, enable them to share their experiences and listen to their concerns.

#personfirst launched with an exhibition of artwork & engagement findings from targeted engagement projects. In 2014/15 this involved Asylum Seekers & Refugees, those with Non-Physical Disabilities, and working residents in Blackburn with Darwen.

The project's ownership belongs to those who have attended our workshops over the previous months, those who have shared their experiences, and those who have created individual, imaginative and informative pieces of art and engagement.

#personfirst ultimately puts the person first in relation to their views & experiences regarding health & social care.



Why Refugee and Asylum Seekers?

Just over 30% of the local population's ethnicity is classed as BME, with 25.5% from either Pakistani or Indian heritage*. Healthwatch BwD has a diverse membership, which is representative of the local community. 35% of members identified themselves as BME, with 5% identifying themselves as BME but not from Indian or Pakistani heritage.

As part of the 2014/15 work plan Healthwatch BwD agreed to complete targeted engagement with local residents that identified themselves as BME. A review of historical research found very few examples of engagement with Asylum Seekers and Refugees. Healthwatch BwD had not specifically targeted Asylum Seekers and Refugee groups, or recieved any feedback from residents from the community. It was therefore agreed to target the BME research around Asylum Seekers and Refugee residents.

*2011 Census - simple statistics for Blackburn with Darwen

Method

For two months staff and volunteers attended weekly Asylum Seeker and Refugee drop-in sessions at Wesley Hall in Blackburn and Darwen United Reformed Church. Through linking in with these established services we enabled the team to engage in an environment in which residents feel conformable.

Staff delivering one of the focus groups at Wesley Hall

The same staff members and volunteers attended the drop-ins on all occasions. This continuation allowed the Healthwatch team to build up a trusting relationship with those that attended.

Each week the Healthwatch team had increasing involvement in the sessions. By the fifth week the team started to deliver 'bite-sized' sessions to talk about local services available and providing information which may support their health and social care.

Once this relationship had developed, Asylum Seekers and Refugees began approaching the Healthwatch team to share their experiences of using local services, and asking about additional support available to them.

Through the use of informal interviews, focus groups, and during the 'bite-sized' sessions 60 Asylum Seekers & Refugees have shared their views. These 60 have also had the opportunity to access our Information & Signposting function to receive additional support.

Findings

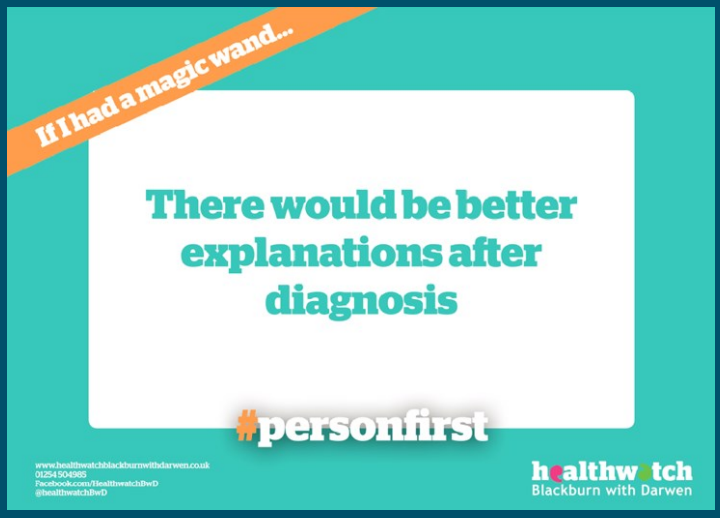
Communication

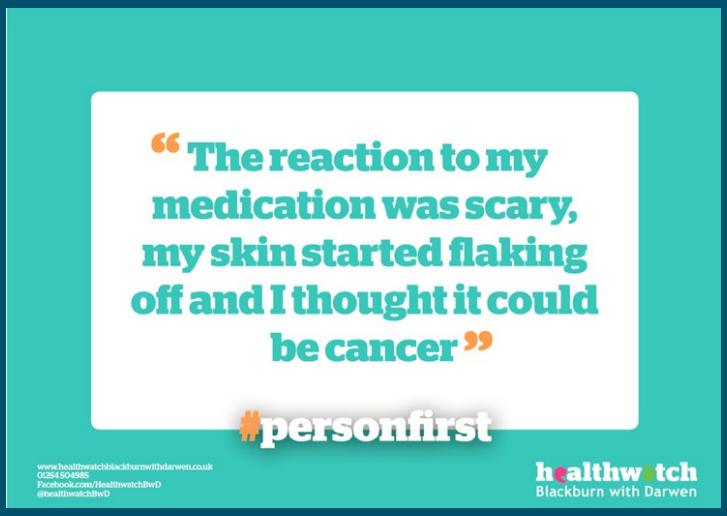
Communication was a recurring theme. Often Asylum Seekers & Refugees felt things were not explained in enough detail to them, which often led to heightened anxieties.

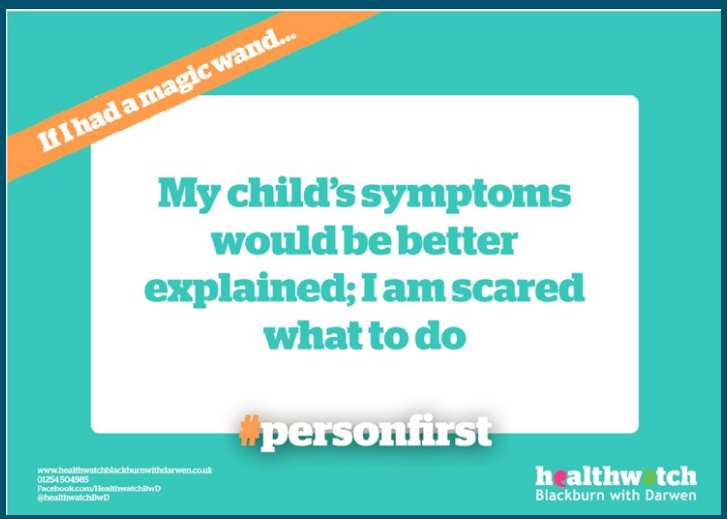
Residents told us they often had issues understanding their medication, and the side effects they may have.

It was also identified that there was confusion when trying to communicate and understand symptoms, especially when it involved their children.

It was highlighted that often the responsibility of translating fell on the children to assist with the language barrier between practitioners and non-English speaking residents. We were informed that improving the access to translating services, especially when dealing with front line staff such as receptionists, would improve the services accessed and improve confidentiality.







What would I like to see be improved

"There would be better communication"

"There would be better explanations after diagnosis"

"There would be more translators"

"I would understand my medications better"

"My children's symptoms would be better explained; I am scared what to do"

"People would introduce themselves"

Flexibility of Appointments

The method used to book appointments was highlighted as a common issue, as using a phone was not always practical. This can be because of the cost of making the call and communication barriers.

"They [Dental receptionist] couldn't understand me on the phone, so I went to the surgery to book an appointment. When I got there I was told I could only book an appointment on the phone."

A common theme was the need for increased appointment times with their GP. This would enable enough time to communicate their issue, understand the diagnosis, and to ask questions to help them understand.

To ensure they have enough time with services, many residents told us they had booked multiple appointments in a short period of time. This was due to not having enough time to talk about all their health concerns and understand the information being given to them.

What would I like to see be improved

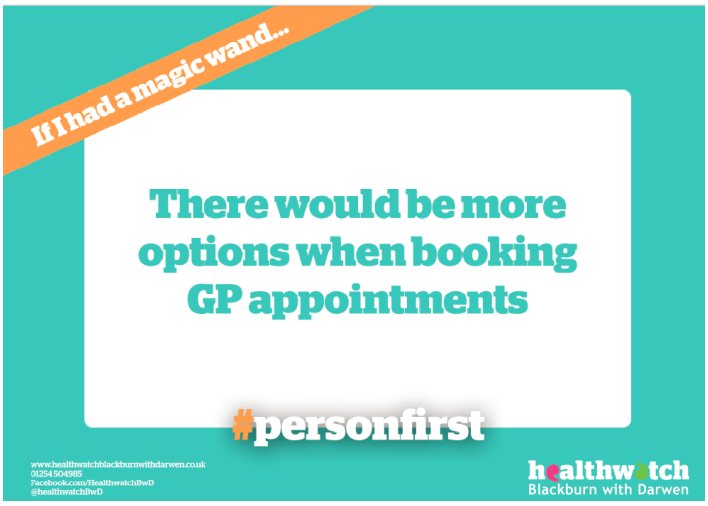
"There would be more options when booking GPs"

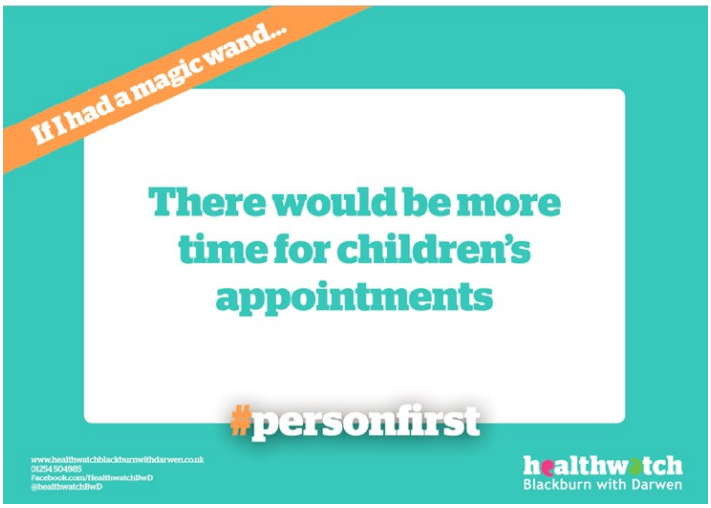
"There would be more time for children's appointments"

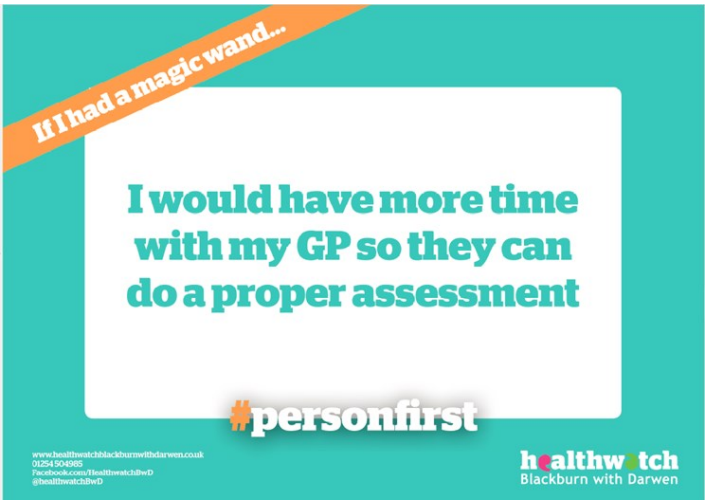
"I wouldn't need to call to book appointments, it's expensive & sometimes I don't have credit"

"I would have more time with my GP so they can do a proper assessment"

"My children are tired for school because they have been at hospital all night"







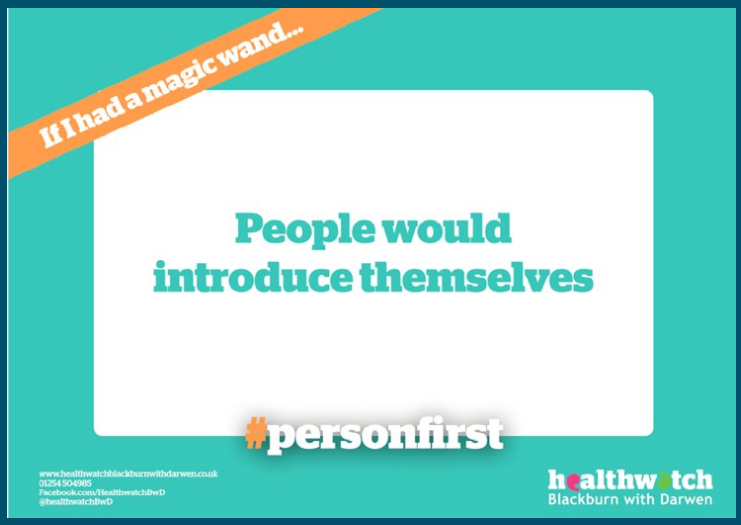
Staff Attitude

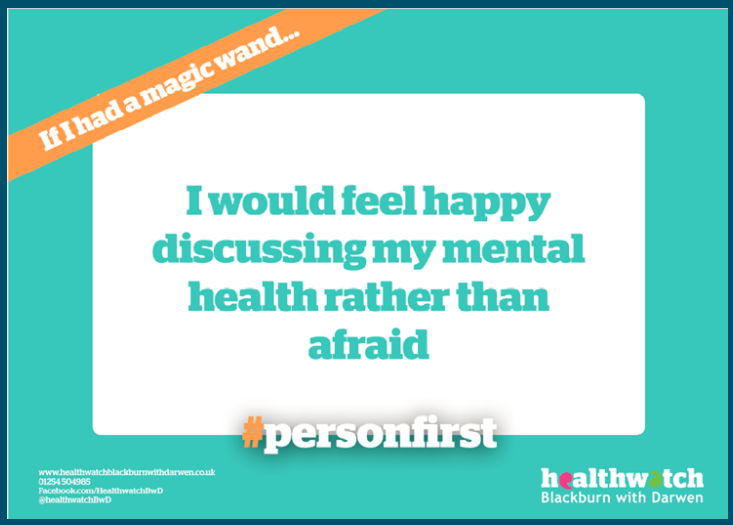
The last key issue which residents informed us of was the attitude of professionals, and how this made residents feel.

Many felt they were looked down upon, and not taken seriously. This perception led to residents telling us they did not feel comfortable to ask professionals questions, or able to discuss certain issues.

There was also an issue with trust, confidentiality & not understanding clearly what happened to information once shared. This resulted in one resident informing us they had not shared their mental health concerns with their GP.

The perception of staff attitude, and the concerns regarding data sharing, had resulted in residents leaving appointments without fully understanding their care and not fully disclosing their concerns.





What would I like to see be improved

I would trust my GP & feel comfortable that information isn't being shared

I would feel happy discussing my mental health rather than afraid

I wouldn't feel so helpless

I wouldn't be looked down upon

Conclusion

There was an common issue with the communication barriers between Asylum Seekers & Refugees and professionals. Often this communication barrier resulted in residents leaving appointments without fully understanding their condition, the medication they were prescribed, and any side effects they may encounter.

Residents told us that not having a full understanding of their care would result in a heightened level of anxiety over their own health and their family's health.

This language barrier can also have an impact on appointment times, as it takes longer to explain concerns, understand the diagnosis, and ask further questions. Many participants felt they needed longer with their GP, and had booked numerous appointments in a short period of time to ensure they have enough time.

We were informed that family members often acted as translators, which could have a negative impact on confidentiality and patients fully opening up to their health care professions.

There was also an issue with trust, confidentiality, and not understanding clearly what would happen to their information. This resulted in one resident telling us they would not feel confident to discuss their mental health.

The method in which appointments are booked seemed to be a common issue, as using a phone wasn't always simple. This can be because of the cost of making the call, and also language barriers.

Staff attitude was another theme within the engagement which was continuously highlighted. Many residents felt they were looked down upon, and not taken seriously. This perception led to residents not feeling comfortable to ask professionals questions or able to discuss certain issues.

Recommendations

1. In line with NICE clinical guidance 138 General Practitioners should ensure Asylum Seekers and Refugees understand their care pathway. GP's should review their appointment time to ensure residents are able to fully understand the care they will require, and have enough time to ask questions.

2. General Practitioners should ensure patients are able to access a translator, and know they're entitled to this service. This will ensure patients do not relay on family members to act as translators.

3. General Practitioners should ensure that patients are able to make appointments in different ways. This should include bookings via telephone and in person. Patients should also be made aware of these options.

4. Local services should review their Equality and Diversity training to ensure staff are training and the needs of Asylum Seekers and Refugees are included.

NICE clinical guidance 138 (2012) Give the patient information, and the support they need to make use of the information, in order to promote their active participation in care and self-management.

If you would like more information about Healthwatch BwD, a hard copy of the report, or to see how you can get involved in future work please get in touch.

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