



Polish and Eastern
European needs
assessment

In partnership with

healthwatch
Merton

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About us

POLISH FAMILY ASSOCIATION

The Polish Family Association (PFA) was established in 2007 and registered as a charity in 2011. It started as a playgroup for Polish parents but has since expanded its activities into many areas in response to the needs of the Polish and Eastern European communities in South West London. They have a proven track record of delivering high quality bi and multilingual projects and services within the local community of Merton.

They have, for a number of years, developed and delivered a range of targeted activities for local Polish and Eastern European migrants, adults, children, and families. Their 15 years of community activity in Merton have led to them having expertise, insight, connections and experience in their community. This has built trust, vital when delivering frontline services.

HEALTHWATCH MERTON

Healthwatch Merton works to help local people get the best out of their local health and social care services. Whether it's improving them today or helping shape them for tomorrow. It's all about voices being able to influence the delivery and design of local services, not just for people who need to use them now, but anyone who might need to in future.

Healthwatch Merton will play a role nationally through Healthwatch England and at a local level as one of over 150 community focused local Healthwatch across the country. Together we form the Healthwatch network, working closely to ensure consumers' views are represented nationally and locally.

Introduction and Context

The Borough of Merton is no stranger to evolving diversity. From the end of the second world war where it saw a large population increase due to a trend of moving to the suburbs (*Clapson 2005, Porter 1998*), to the latter half of the 20th century where Merton's diversity was significantly increased by migration from Commonwealth countries particularly from Caribbean, Southeast Asia, and Africa (*Webster 2011*). In Europe, the expansion of the European union (EU) in 2004, allowing people to freely live and work in member states, marked a significant turning point in migration trends. This new opportunity for a better life attracted an influx of Polish and Eastern European's (EEs) to migrate to the United Kingdom, including the borough of Merton. According to data, occurring during the last two decades Polish nationals have become the largest foreign-born group (*UK census- 2011: 3.5%, 2021: 3.2%*), as well as the largest group when it came to settlement status applications (18.4%) in Merton. There are also a significant number of foreign-born citizens coming from other Eastern European countries such as Romania, Lithuania, Bulgaria, and Ukraine to name a few. (*Merton Council Population size and Growth 2022*)

This report focuses on the above mentioned Eastern European countries, as it is well known that there is a shared sense of solidarity and collective identity among these nations characterised by common experiences, communism and struggles for independence. This different background is rooted culturally and linguistically, all Eastern European languages stemming from Balto-Slavic (excluding Romanian, the only Eastern Latin-based language). This shared culture and easiness of communication cross Eastern European languages has caused a similarity of approach in the way these communities think, act, and interact with their surroundings.

While this evolving ethnic diversity cause by migration has brought economic benefit and cultural diversity to the UK, it has come with new challenges for the NHS. Common issues in accessing care due to unfamiliarity of the healthcare system are compounded and perpetuated by the experiences that come with the status of being a migrant. Stress and social isolation, to name a few, adversely impact physical and mental health. The past decade in the UK has also been characterised by socio-political events with long lasting impact which have further complicated the health landscape for EEs. The Brexit referendum voted for in 2016 which took place on the 31st of January 2020, marked a change in atmosphere with uncertainty and fear arising amongst many migrants. This uncertainty was further exasperated by the Covid-19 pandemic, which unfairly affected minority ethnic groups to a greater proportion and brought to light existing disparities in health. A notable point being inability to access appropriate preventative care, in this case vaccines. The recent and ongoing cost of living crisis has also led to a rise in financial stress impacting mental health and access to healthcare.

All these factors erode trust in public institutions, among other things, leading to a decline in participation in health initiatives made by the local health system which affect the community's health outcomes. This needs assessment is therefore essential to provide insight into these communities, explore how they access and engage with healthcare, which can then inform us on effecting change.

Conclusions & Recommendations

The needs assessment conducted by The Polish Family Association (PFA) and Healthwatch Merton, focuses on the Polish and Eastern European (EE) community, aimed to investigate the disparities in healthcare for these populations within the Borough of Merton. The assessment engaged 176 individuals attending PFA services through surveys alongside five focus groups and two in-depth interviews with healthcare professionals.

Conclusions

To effectively address the healthcare challenges faced by the Eastern European community in Merton, it is important to bridge the existing gaps in engagement, communication, and trust. These gaps can lead to misinformation for example, fuelled by tight-knit networks, particularly around preventative care and vaccinations. Another example is the cultural and language barriers complicating access to essential services, resulting in frequent reliance on emergency services, private clinics, or even healthcare in their home countries. This pattern of disengagement is neither sustainable nor conducive to positive health outcomes.

Aging Population and Health Risks:

Reflecting on the demographic data, there exists a significant portion of aging Eastern Europeans in Merton (**63.1% are over 39 years of age**).

For this group there exist aging associated health risks including increases of obesity, cardiovascular diseases, diabetes, and musculoskeletal problems. This underutilisation of NHS services, such as screening programs and lifestyle interventions, could lead to a rise in preventable chronic conditions, placing further pressures on healthcare resources.

49.4% of participants reporting no engagement in physical activity.

58.5% not well-informed about how lifestyle factors impact health.

Vaccine Hesitancy and Preventative Care Gaps:

Vaccine hesitancy is alarmingly high within the Eastern European community, **only 10.8% of individuals staying up-to-date on vaccinations**.

With the spread of misinformation within tight-knit networks, coupled with a lack of engagement with NHS preventative care services, is leading to low participation in vital health interventions. This hesitancy threatens public health by undermining herd immunity and increasing the risk of vaccine-preventable diseases within the community.

32% feeling poorly informed.

Mental Health Concerns and Lack of Support:

Mental health struggles are prevalent among the Eastern European community in Merton; However, significant barriers exist in accessing culturally appropriate mental health support, leaving many without the care they need.

49.4% of participants experiencing mild depressive or anxious symptoms since moving to the UK.

Overuse of A&E:

The A&E is used as a first point of call for most Eastern Europeans. The broad disengagement has caused poor knowledge of where to turn when in need, leading to the A&E being commonly used instead of the GP and the use of A&E in non-crisis situations.

92.6% of participants have visited A&E.

42.6% would attend A&E outside of hours for non-emergencies, while **22.7%** are unsure of what they would do.

only **34.7%** would call 111 for out of hours assistance.

Barriers to Accessing Mainstream NHS Services:

Language and cultural barriers significantly hinder the Eastern European community's access to NHS services. There is a clear disconnect between this community and mainstream healthcare.

Despite the availability of free NHS services, Poles and EE relaying on alternative healthcare options which increases financial strain, especially during a cost-of-living crisis, and reflects broader disengagement from the NHS.

94.3% seek healthcare in their home countries.

88.6% choice to use private clinics in Merton (The Polish Medical Centre).

This disconnect between the Eastern European community and the NHS, places excess pressure on services and impacting health outcomes.

68.2% of participants reporting difficulties in booking appointments.

67% (118 individuals) stating they are unaware of how to further engage with the NHS

31.3% reporting multiple visits in the past year.

Our assessment highlights critical areas requiring attention: a significant lack of health awareness, with many unaware of how lifestyle factors impact their well-being, pervasive vaccine hesitancy, and widespread confusion about navigating the healthcare system. Addressing these issues through culturally appropriate information and targeted initiatives is essential. By promoting accurate, accessible health information and fostering a stronger connection between this community and the NHS, we can enhance their engagement, improve preventative care practices, and ultimately support better health outcomes for Eastern Europeans in Merton.

Recommendations and/or next steps

1. Sustainable Community Engagement with the NHS:

Implementation of long-term engagement strategies that focus on two-way dialogues, encouraging community members to proactively engage with healthcare services are essential. This would require working with local organisations whom already have established trust within the Polish/EE communities to utilise their existing links to the community to support the NHS to build trust and rapport locally by meeting communities where they are, both physically and culturally; For example, organising workshops, community drives and community medical camps which are based in places of existing community engagement. The NHS long term plan mentions a budget of 4.5 billion pounds to be set aside for community care (NHS long term plan, 2019). Utilisation of these funds for the events listed above can help build trust between the NHS and the EE community while also reducing unnecessary hospital spells as another outcome.

2. Designing Targeted Interventions:

The focus for targeted interventions should lay, in the communities, these need to be developed to address the specific health inequalities faced by Eastern European communities. The interventions should be culturally tailored and involve collaboration between local organisations already working with Polish/EE communities and healthcare providers to ensure services are well informed and to assure cultural competence. Examples of such interventions include organising events, meetings, workshops, and focus groups that bring together professionals and community members. These community-based activities will help bridge the understanding of the NHS and other healthcare concerns among the Eastern European population and will help in facilitating their integration into the healthcare system.

Research conducted by the University of Southampton (Gafari, 2023) as part of a nationwide consortium in the UK highlighted those strategies like meeting in the community, co-production of interventions and utilising community partners have been effective in overcoming distrust and disengagement. Underscoring the practicality and effectiveness of recommendations 1,2 in their potential for successful implementation with the Eastern European community.

3. Culturally Sensitive Health Care Promotion:

To enhance community understanding and involvement, it is essential to develop and implement culturally sensitive health promotion materials and campaigns that resonate with the Eastern European population. This can be promoted through already existing networks that engage with the community. By actively involving community members in the creation and dissemination of these materials, a stronger trusted relationship can be built and ensures that health promotion efforts are both effective and well-received.

4. Training and Capacity Building within Existing Community Organisations Already Supporting Polish/Eastern Europeans:

A key aspect of improving healthcare access for Eastern European communities is equipping the community organisations that engage with this population with the necessary skills and knowledge. Training should focus on relevant issues addressing health disparities specific to this demographic. This can be achieved by offering workshops and skill-building sessions for both healthcare professionals and community family support work. Additionally, providing ongoing training materials and capacity-building support to community organisations will strengthen their ability to serve as effective mediators between the healthcare system and the community.

5. Implementation of Interventions and Evaluation:

Once the tailored interventions and programs are developed, they should be launched in a phased approach to ensure smooth implementation and gradual building of trust and engagement. Continuous monitoring and evaluation of these programs is essential to make real-time adjustments based on community feedback and observed outcomes. This process will help refine the interventions and maximise their impact on the Polish and Eastern European population.

6. Advocacy for Policy Change:

There needs to be change in policy addressing the invisibility of the EE community in the CORE20PLUS5 analysis. Currently they are underrepresented or misclassified as 'white'/'white other'. The Polish Family Association by participating in Optum Evaluation and Monitoring exercise (funded by the ICB) found that there are fundamental issues with demographic representation and data monitoring. For example, when new preventative services are designed for disadvantaged communities, they do not target Polish and Eastern European communities, as they are not correctly represented in CORE20PLUS5 analysis. It is necessary that within wider policy a separate characteristic is created for the Eastern European community, this does not have to go into specifics but there needs to be a separate Eastern European characteristic that differentiates from White Other. This would allow them to be heard rather than being classed inappropriately and being culturally invisible to the system.

Methodology

The Polish Family Association's (PFA) Team conducted 176 questionnaire surveys, 5 focus Groups and 2 detailed interviews with appropriate professionals: (1) Ukrainian Community Champion, (2) Polish GP with 28 years of experience.

Surveys procedure:

These were completed with individuals on a 1 to 1 basis. The survey's questions were in English, the PFA colleagues conducting these questionnaires were fluent in an EE language, helping them be translators in cases where it was necessary.

The surveys were conducted over a 10-week period with members attending the services provided by the PFA. These include English language classes, Upskill classes, the Playgroup, the Food Bank, Bike Hut, Information/Support services.

Focus group procedure:

Participants who engaged in the survey at the PFA's group-based services were asked if they were interested in joining a focus group discussion later. Those who responded positively were asked to discuss on themes addressed in the survey questions.

Interviews procedure:

Two semi structured interviews were conducted. A wide range of questions were prepared for the many themes of interest to allow the professionals to expand on the themes they see as most important issues within this community. Naturally exploring and diving deeper into the topics that appeared most relevant.

Demographics

The participants were individuals from the community who were asked by one of the PFA colleagues to complete a survey with them. All surveys contained basic demographic questions to fill out at the start of the survey. Gender, Ethnicity, Age category, Employment status, the amount of time the individual has lived in the UK and Postcode.

Out of 176 responses:

Gender:

21 Identified that they were male (11.9%), 155 identified as Female (88.1%) with no one selecting the prefer not to say option.

Age:

3 individuals fell within the age categories of 18-25 (1.7%), 24 within the 25-32 range (13.6%), 38 within the 32-39 range (21.6%), 43 within the 39-46 range (24.4%), 57 within the 46-53 (32.4%) and 11 individuals were of 53+ (6.3%).

Ethnicity:

142 reported being Polish (80.7%), 13 reported being Ukrainian (7.4%), reported being Bulgarian (5.1%), 8 reported being Romanian (4.5%) and 4 reported being of another Eastern European Background (2.3%).

Employment Status:

105 said they are unemployed (59.7%), 58 stating that they are employed (33.0%), 11 stating that they are retired (6.3%) with 2 stating that they are students (1.1%).

Time Lived in the UK:

77 stated that they have lived in the UK for 15+ years (43.8%), 46 stated that they have lived in the UK for 10-15 years (26.1%), 33 stated that they have lived in the UK for 5-10 years (18.8%), 18 stated that they have lived in the UK for 1-5 years (10.2%) and 2 stating they have lived in the UK for less than a year (1.1%).

This section contains Quantitative analysis,
Qualitative Comments from focus groups and
Specialists one-to-one findings

Access to Healthcare

Question 1:

Participants were asked to recall how long it took them to sign up to a GP from first arriving in the UK, and to choose which of the responses best related to what they could recall. (Figure 1)

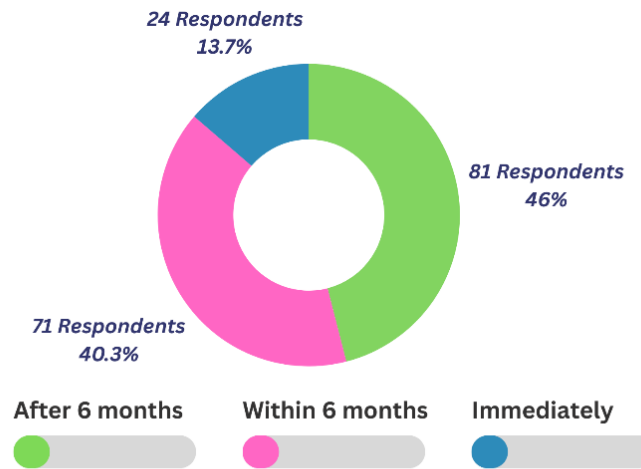


Fig.1: Time taken to sign up with a GP

- 81 said Later than 6 Months (46%)
- 71 Within 6 Months (40.3%)
- 24 responding Immediately (13.7%).

Participant Comments on signing up for the GP:

“When I first came, it took me more than six months to get my family registered with a GP because I didn’t understand the process, and there was barely anything in Polish back then. I don’t know about now.”

“Registering my baby with a GP was delayed because I wasn’t aware of the importance of doing it until I needed to do children vaccinations.”

“I didn’t register with a GP until much later because it all made me anxious since I didn’t understand.”

“I managed to register with a GP, but it took a lot of effort and help from my children to get it done.”

“It was stressful process and I had to ask for help from other mothers to do it.”

“I didn’t register with GP until after year I didn’t understand how important it was.”

Question 2:

The 176 respondents then were asked if they are currently registered with a Merton/Wandsworth GP. (Figure 2)

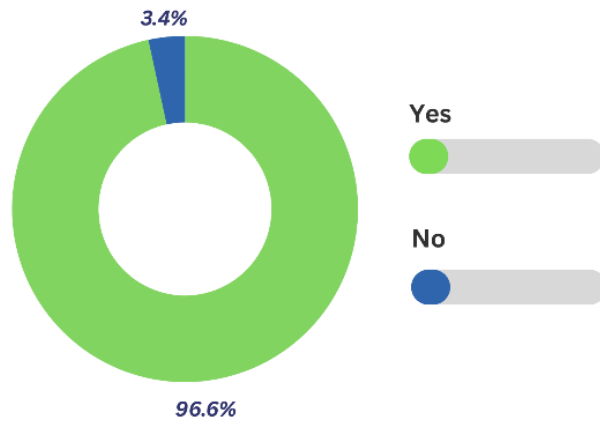


Fig.2: Currently registered with a GP

- 96.6% responded with Yes
- 3.4% with No

Participant Comments on currently being signed up with GP:

“Now that we are settled, we are registered with a GP, but it was a stressful process and I had to ask for help from other mothers to do it.”

“It’s a relief to be registered now, but the process was confusing, and I needed help from community support groups.”

“We are registered with a GP now, but I wish I had done it sooner it would have saved me a lot of worry, but it just wasn’t very clear. The school made me do it because my children needed the MMR vaccine.”

“Getting registered was a challenge, especially because of the language barrier, but I’m finally with a GP now, and I am happy I did. I like my GP.”

Question 3:

Have you ever had issues accessing Health services, e.g., difficulty booking appointments?

(Figure 3)

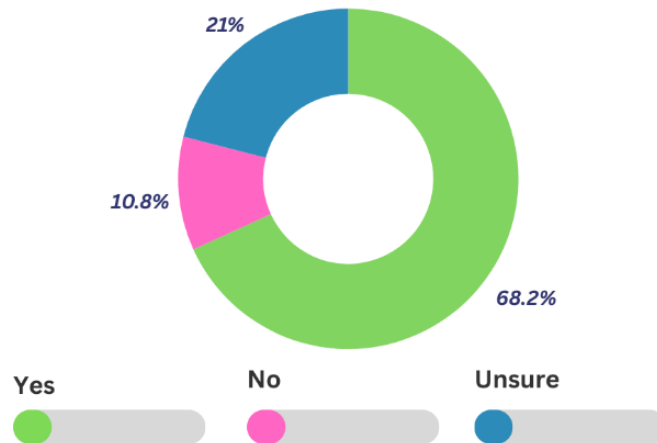


Fig.3: Did you have issues accessing Healthcare?

- 120 participants reporting having an issue with access, responding ‘Yes’ (68.2%)
- 37 stating that they are ‘unsure’ if they have encountered an issue (21%)
- With 19 reporting encountering ‘No’ issues with access (10.8%)

Participant Comments on booking appointments:

“Booking appointments for my child is difficult because the system is confusing, and I often struggle to find the right information that I can understand easily, especially when I don’t know how to find what I need properly or where to go.”

“I’ve had trouble accessing the services I need because the system is hard to understand, and I don’t know where to go for help.”

“Getting the healthcare, I need has been difficult because I’m not sure how to navigate the system properly.”

“Booking appointments has been a struggle especially with the language barrier and not knowing the right procedures.”

Question 4:

When communicating with a Healthcare professional/Doctor, have you ever experienced a struggle to communicate due to language barriers? (Figure 4)

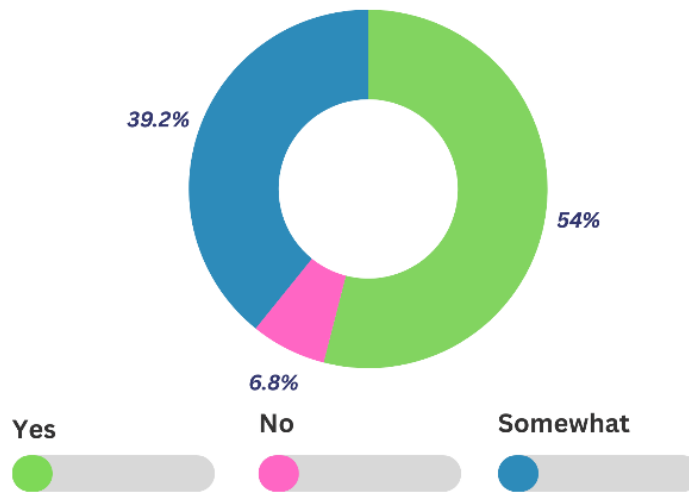


Fig.4: Have you experienced a language barrier?

- From the 176, 95 reported 'Yes' (54%)
- 69 said 'Somewhat' (39.2%)
- With 12 reporting 'No' (6.8%)

Participant Comments on their language barriers:

"I've struggled to explain my child's needs."

"I worry about misunderstandings."

"I've had issues with language when talking to healthcare professionals. It makes me stressed."

"I've struggled to explain my health issues to healthcare professionals because of my limited English. The lessons help, but the special medicine names are impossible."

Question 5:

Have you ever requested translation for an appointment or visit, and how was it? (Figure 5)

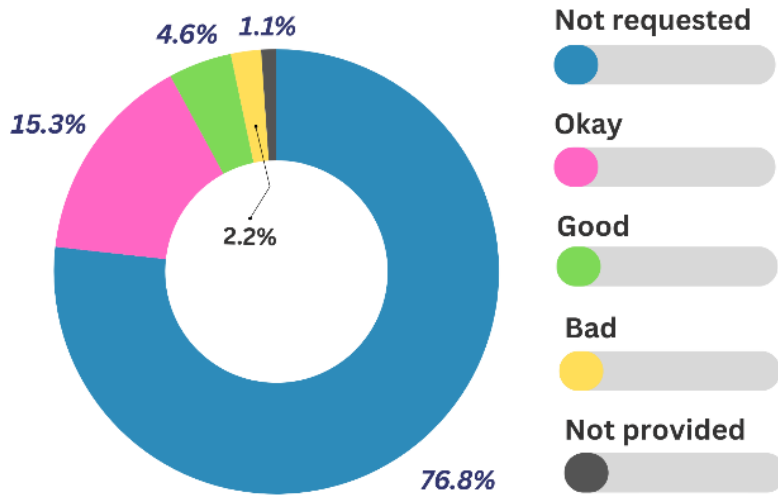


Fig.5: Experience with translation service

- 76.7% had stated that they have not requested translation
- 15.3% reporting they have accessed translation and that it was okay
- 4.6% reporting that the translation was good
- 2.3% reporting it was bad
- 1.1% reporting that translation was not provided upon requesting it

Participant Comments on their experience with Translation services:

“I’ve heard about translation services, but I’ve never used them because I’m not sure how to access them.”

“Using translation services has been necessary, but they’re not always reliable, which can make the visit more stressful.”

“I needed a translator for my baby’s appointment, but it didn’t go as smoothly as I hoped, and communication was still an issue.”

“I know it is an option, but I have no idea how to do it, but I heard some people use it and they say it is not great.”

Question 6:

Outside of hours, if you needed to access help, would you? (Not an emergency) (Figure 6)

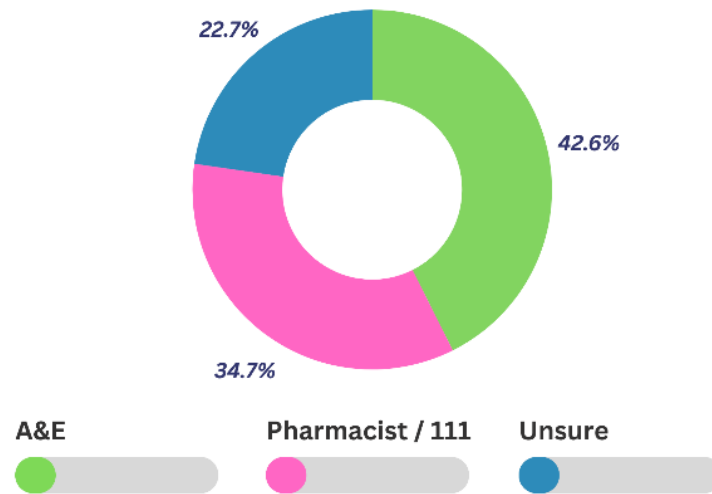


Fig.6: Getting after-hours medical assistance

- 42.6% reported that they would go to A&E if they required (no emergency) help outside of hours
- 34.7% responded that they could visit a community Pharmacist/ Call 111
- 22.7% reported they would be unsure of how to reach services

Participant Comments on accessing services outside of hours:

“We’ve relied on A&E more than the GP when it is sudden health issues. The GP process is slow when I need to see a professional.”

“I’ve taken my children to A&E several times because getting GP appointments on short notice has most times been impossible.”

“I found myself using A&E services more than I expected because it was difficult to get timely GP appointments for my kids.”

Question 7:

How would you rate your knowledge of the Healthcare system as a whole? (Rating Scale)
(Figure 7)

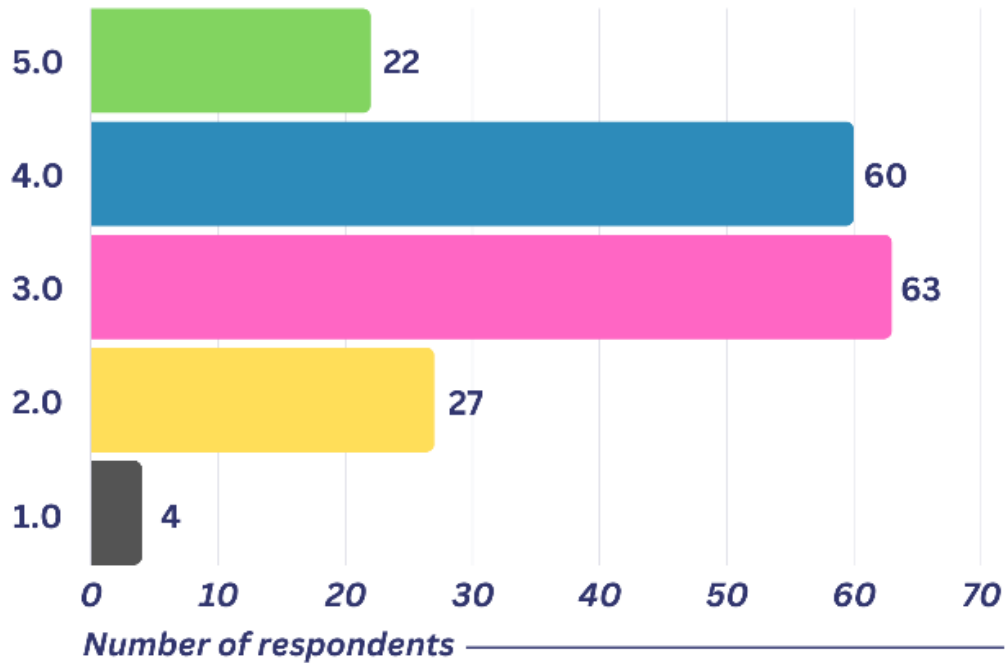


Fig.7: Healthcare knowledge ratings

- 5.0: 22 responses (12.5%)
- 4.0: 60 responses (34.1%)
- 3.0: 63 responses (35.8%)
- 2.0: 27 responses (15.3%)
- 1.0: 4 responses (2.3%)

Utilisation of Healthcare services

Question 8:

Have you or a member of your family ever attended the A&E department? (Figure 8)

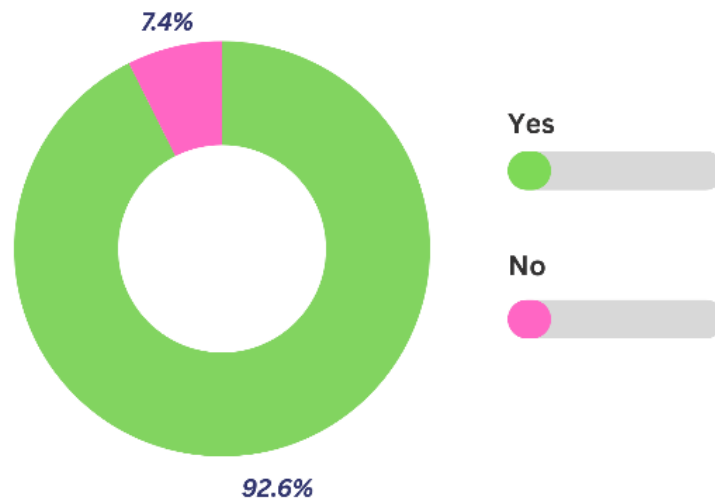


Fig.8: Have you attended A&E

- 92.6% responded Yes
- 7.4% responded No

Participant Comments on use of A&E:

"We've relied on A&E more than the GP when it is sudden health issues."

"I've been to A&E a few times because I couldn't get an appointment with my GP when I needed it urgently."

Question 9:

If yes, how many times have you or your immediate family attended A&E in the past year?

(Figure

9)

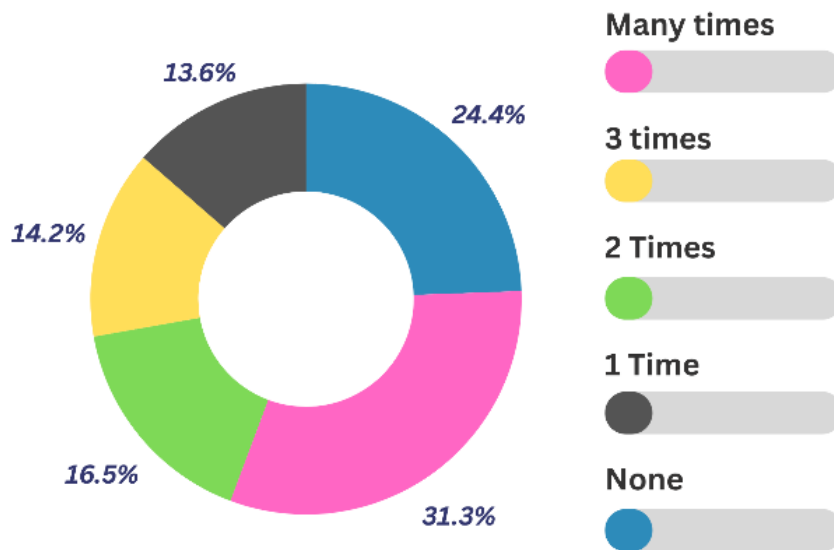


Fig.9: Frequency of A&E attendance

- 31.3% of responses reported attending A&E ‘Many Times’
- 16.5% responded ‘2 times’
- 14.2% responded ‘3 times’
- 13.6% responded ‘1 time’
- 24.4% reporting attending A&E ‘0 (None) times’ in the past year

Participant Comments on frequency of use:

“I had to take my child to A&E three times last year because I couldn’t get a GP appointment and with a small child, I do not want to wait.”

“I’ve taken my children to A&E several times because getting GP appointments on short notice has most times been impossible.”

Question 10:

Have you ever requested to see a specific Doctor at the GP and why? (Figure 10)

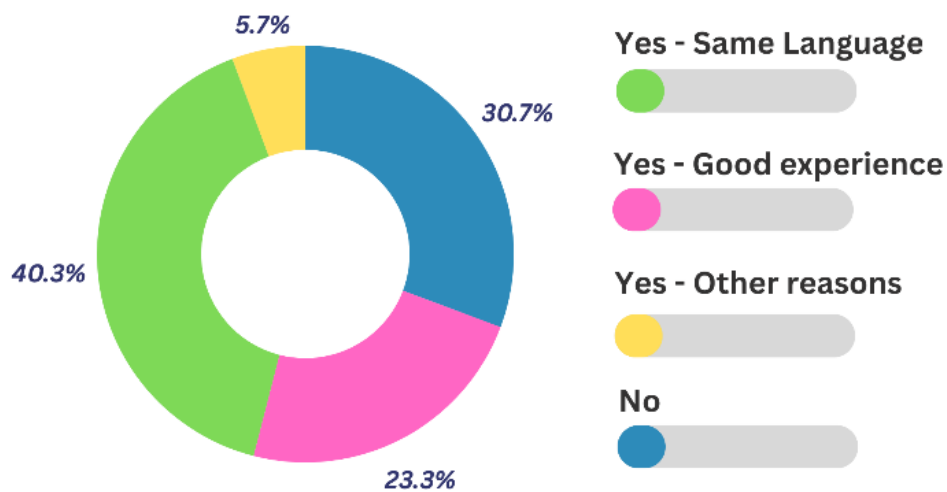


Fig.10: Reasons for requesting a specific Doctor

- 40.3% of responses selected the 'Yes, because they speak my language'
- 30.7% responded that they have 'Never requested a specific Doctor'
- 23.3% responded 'Yes, because I had a good experience with them'
- 5.7% responded 'Yes, for other reasons'

Participant Comments requesting specific Doctors:

"Having a GP who knows my family's medical history is important, so we go to the same one who speaks our language."

"I liked going consistently to a doctor who speaks my language as I could communicate without stress, but it took several weeks to see the same one."

"I requested GP who was recommended by other mothers but in the end, they were limited, and I had to go somewhere else."

"I tried to see a doctor who speaks my language but it was hard to find one."

Question 11:

When encountering issues with the Healthcare system, have you been able to report/further deal with the issues you've experienced? (Figure 11)

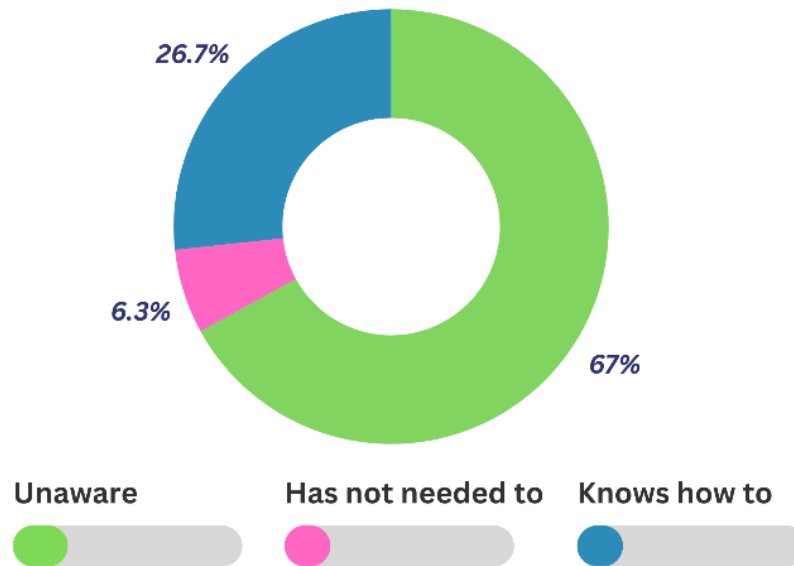


Fig.11: Engagement with issues

- 118 participants said that they are 'unaware of how to report/engage further' (67.0%)
- 47 said that they have 'not had a need to further engage' (26.7%)
- 11 said that they were 'able to further engage' (6.3%)

Participant Comments on engagement when encountering issues:

"I called the PALS people because I needed to cancel an appointment and I was listening to music on the ringing and waiting for 2 hours when the voice was saying it is 5 minutes wait. When they picked up, they heard I didn't speak well and just hung up. I think they were lazy."

"I'm not sure who to contact or how to explain my concerns."

Question 12:

Have you ever used any services provided by a private Polish/Other Medicare Clinic in the UK?
(Figure 12)

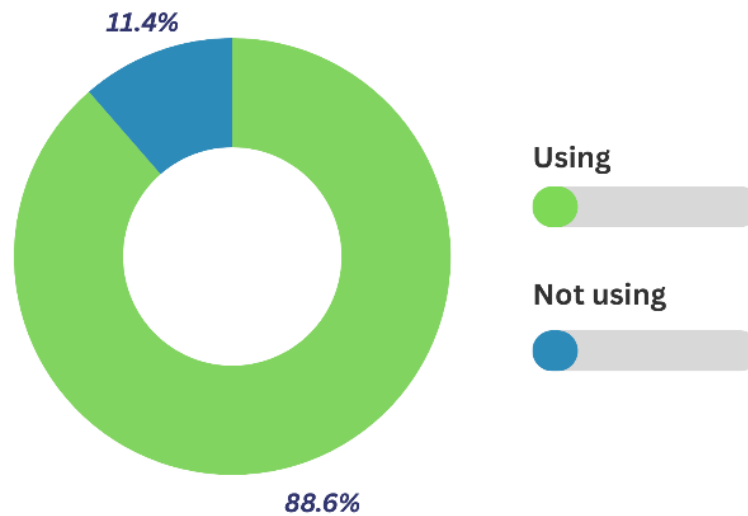


Fig.12: Use of private medicare clinics

- 88.6% of participants reported use of Private Clinics
- 11.4% reported not using Private Clinics

Participant Comments on Private Clinics:

“I use private Polish clinics because it’s faster and they give me what I want. The NHS services do not listen.”

“Private clinics are sometimes more convenient because I can get an appointment quickly and the doctors understand my needs and deal fast.”

“I prefer private clinics for my child’s care because the doctors speak Polish, which makes it easier for me.”

“We use private clinics to avoid long waits with the NHS especially when my children or mum need quick attention. Private healthcare is often more convenient for us because my mother can speak to them.”

Question 13:

Since living in the UK, have you or your family ever travelled back to Poland, to receive Healthcare services there (including dental care)? (Figure 13)

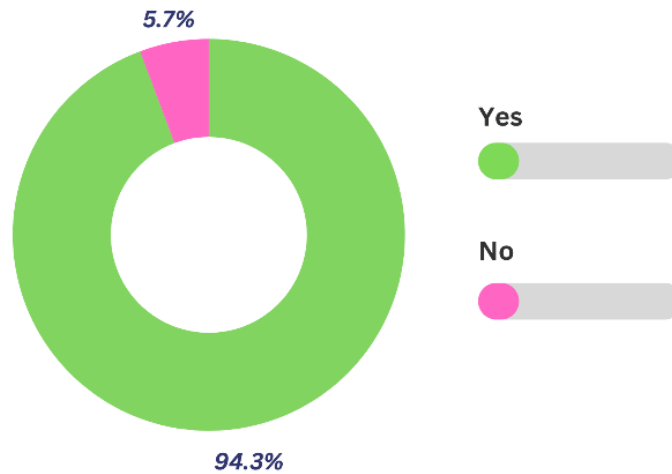


Fig.13: Have you travelled back to Poland for healthcare?

- 94.3% reported that they have travelled back to receive healthcare in a home country
- 5.75% stating that they have not

Participant Comments on Travelling to Home Countries for Healthcare:

“Travelling back to Poland for healthcare is easier for us because the services are quicker and more familiar.”

“I prefer private clinics for my child’s care because the doctors speak Polish, which makes it easier for me.”

“We sometimes travel back to Poland for healthcare because I trust the doctors there with my child’s care.”

“It’s easier to get dental care and other treatments in Poland so we do it when we travel back to see my parents.”

“We use private clinics to avoid long waits with the NHS, especially when my children or mum need quick attention. Private healthcare is often more convenient for us because my mother can speak to them.”

“I only use the NHS is if its super urgent then I will go A and E but otherwise I like to wait until I go back home then I can talk to my old doctor and I know how to do it all.”

Preventative Care

Health Awareness

Question 14:

Are you aware that factors such as unhealthy diet, smoking, lack of physical activity, and alcohol can cause premature death? (Figure 14)

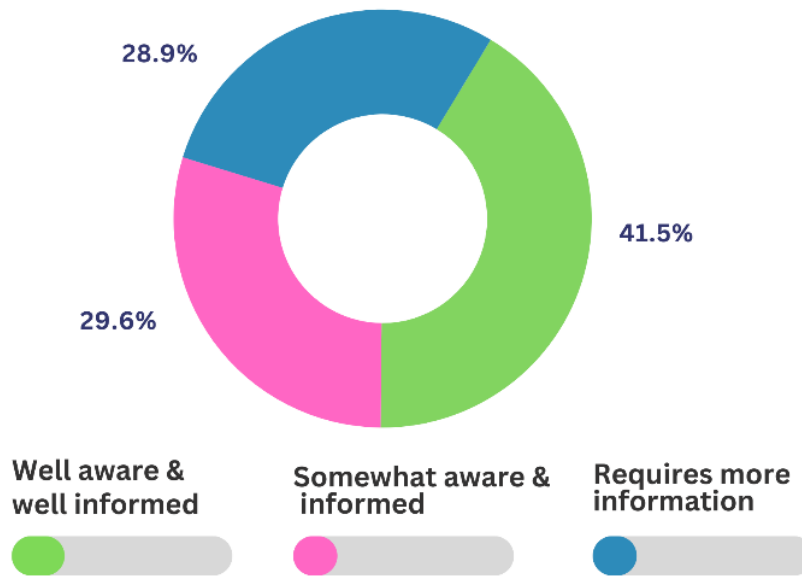


Fig.14: Awareness of health risk factors

- 41.5% stated that they are aware and well informed
- 29.6% stated that they are somewhat aware and informed
- 28.9% stating that they require more information

Participant Comments on Health factors:

"I'm aware of the health risks like unhealthy eating and smoking so I try to make sure my family follows a healthy lifestyle. For my children, it's easy but my husband does what he wants."

"Yes, I know some (Information on health factors) in the mums group chat we send info."

"I'm aware of the health risks so I try to make better choices even though it's sometimes difficult."

It is important to note that in most cases the participants stated that they had read their information online rather than received information from a service.

Question 15:

How often do you engage in physical activity? (Figure 15)

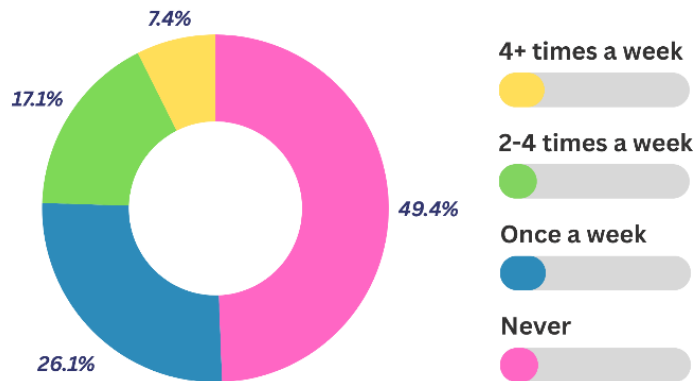


Fig.15: Frequency of physical activity

- 7.4% ‘4+ times per week’
- 17.1% ‘2-4 times per week’
- 26.1% ‘Once a week’
- 49.4% reported that they ‘Never’ engage in physical activity

Participant Comments on engagement in physical activity:

“I try to keep my family active by organising activities like family walks or playing sports together, but it doesn’t work out often.”

“It’s difficult to be active with my child, and we don’t spend as much time outdoors as I would like.”

“Physical activity is not a priority in our household. My husband is too tired after work to do anything but lay down.”

“I try to stay active by walking even though my mobility isn’t as good as it used to be, but I often take the bus instead. I like the buses in London; they are very good.”

“I struggle to stay active and don’t get to take walks with my baby every day because it’s hard to find the time.”

“I rarely engage in physical activities like baby yoga but it’s hard to stay motivated and find the time.”

Vaccination

Question 16:

Have you or your immediate family been vaccinated? (Figure 16)

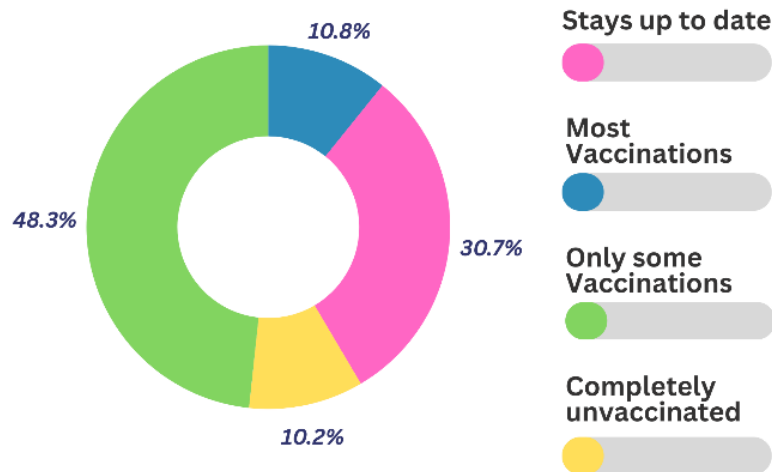


Fig.16: Vaccination status

- 10.8% reported that they stay to date with vaccinations
- 30.7% reported they have most vaccinations
- 48.3% reported that they only have some vaccinations
- 10.2% reported that they are completely unvaccinated

Participant comments on their Vaccination habits:

"I haven't managed to keep my child up-to-date with all their vaccinations because keeping track of everything is too stressful."

"We stopped following all the vaccination recommendations after the pandemic because we don't trust them."

"I make sure my children are up-to-date with their vaccinations, but I sometimes find it hard to keep track of everything. They have all of them apart from COVID."

"The last ones I got done in Ukraine. I do not trust the English government."

Question 17:

With vaccinations, how well informed and kept up to date do you feel? (Figure 17)

Rating scale responses 1 (Not at all informed)- 5 (Very well informed)

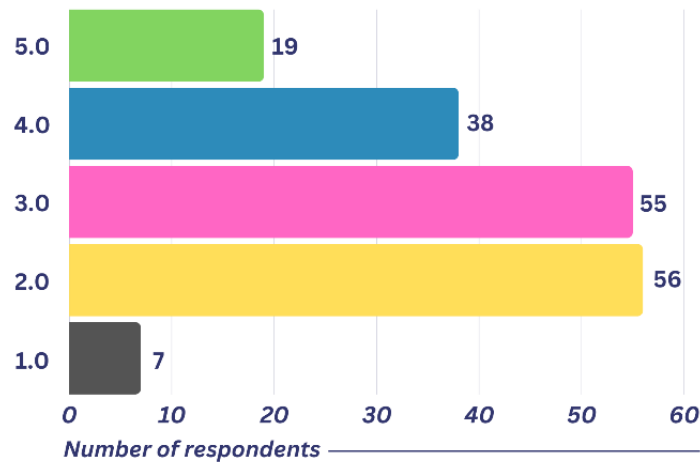


Fig.17: Info levels of self-reported vaccinations

- 19 rated a '5' (10.9%)
- 38 rated a '4' (21.7%)
- 55 rated a '3' (31.4%)
- 56 rated a '2' (32.0%)
- 7 rated a '1' (4.0%)

Participant Comments on how informed they feel about vaccines:

"I don't feel well-informed about my child's vaccinations and after COVID 19 do not trust them."

"Getting all the information in English is very challenging."

"We try to stay informed about vaccinations, but it's often too hard to keep up with the latest recommendations."

"We stopped following all the vaccination after the pandemic, was a scam since then we don't want any vaccinations."

"I've tried to keep up with my vaccinations but sometimes I'm not sure what I need to do next or where to find information."

Mental Health

Question 18:

How has your mental health been since being in the UK? Select the most appropriate response:
(Figure 18)

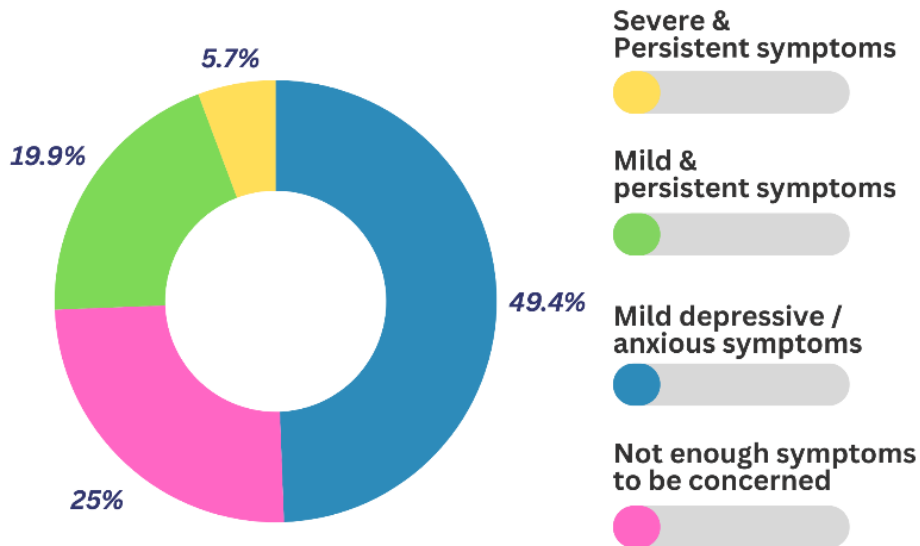


Fig.18: Mental health impact since being in the UK

- 87 responses (49.4%) said that they have ‘experienced mild depressive/anxious symptoms’
- 44 responses (25.0%) said that they have not ‘experienced enough depressive/anxious symptoms to be concerned’
- 35 responses (19.9%) said they had ‘experienced mild and persistent depressive/anxious symptoms that have affected daily life’
- 10 responses (5.7%) said they have experienced ‘severe and persistent depressive/anxious symptoms that have severely impacted daily life’

Participant Comments on their mental health and engagement with mental health services:

“Since moving to the UK, my mental health has been a struggle, especially with the stress of adjusting to a new environment and raising a baby.”

“My mental health has been affected by the isolation I feel here. At first, it was worse, but after I made some friends, it got better.”

“Living in the UK makes me miss my home country, and it makes everything harder.”

“Mental health services seem hard to reach and I’m not sure where to go for help that’s understanding of my situation. I looked for somethings online but didn’t find much.”

“The NHS did put me on a list with some people in Wimbledon, but I waited for a long time, and nothing happened.”

“I’ve wanted to seek help for my mental health but finding the right services has been difficult especially with language I wish I could do something in my language.”

“It’s been hard to access mental health services that understand my background and the specific challenges I face as a migrant mother but there are many of us in this situation.”

“I often feel that seeking mental health support is a luxury I can’t afford.”

“The stigma around mental health combined with the difficulties of accessing care makes me not want support I will manage alone somehow.”

“Living in a new country did make me feel unsupported it was confusing times it taken an effect on my mental health but I’m trying to be positive.”

“I’ve felt quite isolated at times which has impacted my mental health it’s hard to find the support I need as a new mother, but the playgroup is a great help I made so many friends in a similar situation.”

“Reaching out for mental health support has been challenge because I don’t know where to go and I can’t ask because I worry about the stigma in the polish community.”

“I’ve felt scared to ask for help for my mental health because I don’t think they will understand my experience anyway.”

“Finding time to focus on my mental health while caring for my child is tough and I often put my own needs last.”

“I’ve found it difficult to access mental health services because I don’t really know any but I am too scared to go to GP as it seems silly.”

Specialist one-to-one findings

Access to Healthcare

Understanding and navigating the NHS:

The EE community in Merton has always faced challenges in Navigating and understanding the NHS. Here, the healthcare system operates differently from their home countries, where patients often directly access specialists without interacting with a GP. This major difference in the journey of navigating British healthcare, one where the GP acts as a gate keeper for secondary care as well as the lack of understanding from the community as to why specialists cannot be accessed and the need for referrals, often leads to frustrations.

Interview 1 (A Polish GP with 28 years of experience working in Merton):

“One of the fundamental differences between healthcare in Poland and the UK is that in the UK the GP is a gatekeeper and decides the routes for secondary care. The role of the GP in the UK is much wider than that of the family doctor in Poland. GPs in the UK make the decision as to whether a referral to secondary care is required. There can be frustration because the Polish community is used to making appointments privately with secondary care consultants or demanding referrals which doesn't work the same way here.”

A similar sentiment was reflected in the second interview,

Interview 2 (A Ukrainian Community Champion):

“In Ukraine, healthcare is more direct, you can often go straight to a specialist without needing a referral and private care is more affordable. Here the system is different, and it takes time to understand and accept that you need to go through a GP first. This difference leads to frustration and sometimes a reluctance to seek care.”

These structural differences between the British NHS and the Eastern European healthcare systems causes a mismatch in expectations, often causing dissatisfaction and disengagement.

Health Literacy and Misinformation:

There exists a divide within the Eastern European community when it comes to Health literacy. Individuals who have better assimilated are better educated in how the NHS works while others those who are more disadvantaged usually tend to have very limited knowledge. This lack of knowledge is compounded by years of disengagement and anxiety when it comes to Health seeking of UK healthcare services.

Interview 1:

“Most Poles think they know all there is to know about health issues which can be challenging. The most disadvantaged tend to have less knowledge of the NHS and worry about accessing it.”

Additionally, it is valuable to noted that Eastern European communities heavily rely on word-of-mouth as their primary source of information, often causing misinformation and further complicating accessing healthcare.

Interview 2:

“The Eastern European community isn’t well informed at all... Newcomers have to rely heavily on word of mouth to figure out how things work, which isn’t always reliable or accurate.”

Language Barriers

Language barriers are not new and unheard of to the UK, it is an issue which all non-English speaking migrants face. These barriers no matter how common still present challenges, anxieties, and fears. Difficulties to communicate health concerns and understanding advice and treatments, contribute to a diminished confidence in the healthcare system.

Interview 1:

“Language barriers cause anxiety and fear... not just in the Polish community but also among other cultural groups like Muslim women who avoid male practitioners and have limited English.”

Interview 2:

“Language barriers create a lot of obstacles. They can’t respond to phone calls and miss important information updates or available slots. If the call is missed, it’s hard for them to get back to the caller because they have problems navigating the phone system and explaining the situation. Even if they speak some English medical terminology is often beyond their grasp which complicates their ability to communicate effectively with healthcare providers.”

Utilisation of Healthcare

Preference for A&E and Specialist Services:

The Eastern European community have notable differences in how they utilise healthcare, including the reluctance to use GPs, for reasons of cultural expectations, language issues and misunderstandings of the NHS. Leading to over utilisation of other services, including the A&E as the community view this as their first and main point of contact for healthcare.

Interview 1:

“There is no doubt that when there is a precarious lifestyle particularly for people who have not built up a relationship with a general practice their first port of call will be A&E if something goes wrong.”

They also observed that the complexity of accessing specialist services, such as neurologists or cardiologists, adds to the difficulty, leading many to underutilise these critical services.

Interview 2:

“Those who are employed especially in low wage jobs often don’t have the time or flexibility to navigate the healthcare system effectively. They might only seek help when they reach a crisis point like needing to go to A&E.”

Use of Private Clinics and Returning to Home Country:

The disengagement of the Eastern European community from normal NHS route of healthcare significantly affects where they seek help when they need it. The use of Private Polish/EE clinics, and delaying healthcare concerns until they return to their home countries are extremely common occurrences. Using trips back home to visit family, as opportunities to incorporate healthcare. However, delaying healthcare brings risks of worsened health outcomes.

Interview 1:

“One gentleman lost sight in his eye because he delayed treatment until a trip to Poland.”

Interview 2:

“People prefer to return to Ukraine for treatment because they are more comfortable with the system there.”

Private clinics are an unsustainable solution, as the patient are a viewed as a customer, so demands and expectations are more readily accommodated. Which leads to unrealistic expectations when the community choses to engage with the NHS.

Interview 1:

“No personal experience but sceptical. Private clinics may accommodate desires, appropriate or not, leading to unreasonable expectations from the NHS. Examples include patients wanting antibiotics on demand then comparing NHS unfavourably to Polish clinics where they pay for services.”

These patterns of healthcare usage highlight the need for targeted education and support for these EE communities in order to have better engagement with NHS services, ensuring timely and appropriate care to avoid severe outcomes.

Preventative Care

Vaccination:

The GP highlighted several challenges related to preventative care within the Polish community, particularly around vaccination and general health behaviours. Vaccine hesitancy was a significant issue during the COVID-19 pandemic, fuelled by misinformation and mistrust. The GP pointed out that this was a particular challenge within the Polish community, where mixed messages and scepticism imported from Poland led to widespread reluctance to vaccinate.

The interviews highlighted that preventative care particularly around vaccinations and general health behaviours are a challenge in the EE communities. Vaccine hesitancy fuelled by misinformation and mistrust was a significant issue with the Polish and EE communities during the pandemic. Misinformation appears as a persistent issue, a lack of support from the NHS has caused the community to rely on word of mouth and group chats as primary sources of information.

Interview 1:

“Very common and problematic. People share misinformation firmly believed to be true, creating echo chambers that perpetuate mistrust and misinformation about vaccinations.”

Since a lot of these people lack valid sources of information, they simply do not have the right information to understand the importance of these issues.

Interview 2:

“Vaccinations are a complex issue within the Eastern European community... The language barrier complicates things further as they may not fully understand the importance of certain vaccines or how to access them.”

Health Promotion and Smoking:

The GP also emphasised the lack of targeted health promotion materials available in Polish. While some efforts have been made locally to provide some resources in Polish, they are not as comprehensive or as easily accessible as those available in English. If the intention is to assimilate these peoples into the British healthcare system, it is essential they are well informed.

Interview 1:

“There is not enough information... The richness of English literature is not replicated in Polish.”

Especially since it appears that there is a higher propensity in the EE communities for poor health behaviours. The GP noted that smoking, both tobacco/illicit drugs and alcoholism are issues amongst Polish men which contributes significantly to their poor health outcomes.

Interview 1:

“For unemployed men, smoking (tobacco or illicit drugs) and alcohol abuse are prevalent and linked to their situation. These factors can perpetuate their poor health conditions.”

This concern was echoed, mentioning that the most common chronic diseases are often stemming and exacerbated by poor lifestyle choices.

Interview 2:

“The most common health issues are chronic diseases like diabetes, osteoporosis, and blood thickness. Many people arrive with pre-existing conditions that have been managed differently in Ukraine.”

The GP also touched on the community's awareness on topics of healthy living, mentioning that while some are informed usually from internet sources shared in group chats, there is still a considerable need for more accessible and practical information on healthy lifestyle choices, such as diet, physical activity, and smoking.

Interview 1:

“There is a need for more comprehensive health promotion and prevention information including stopping smoking services and healthy eating. Efforts should be made to ensure that this information is practical and accessible to the Polish community.”

Barriers to Accessing Services:

The GP emphasised that accessing mental health services is particularly challenging for the Polish community. Language barriers are a major obstacle, as they make it difficult for patients to express their mental health concerns fully and for healthcare providers to deliver effective care. The use of interpreters, while helpful, is not always ideal, especially for sensitive issues such as mental health and sexual health.

Stigma is an overarching issue in these communities. In areas of care that require a sensitive approach, particularly surrounding mental health and sexual health, individuals do not want to ask for support from family members in managing their concerns. However, translation or third-party involvement present their own challenges, both in access and comfort, direct conversation would bypass unpleasanties.

Interview 1:

“Even simple measures like counselling can be hard to access with long waiting lists and virtual counselling not being ideal. Health and well-being coaches exist but having direct conversations without a third-party interpreter is crucial especially for mental and sexual health issues.”

Interview 2:

“British therapists might not fully understand the cultural background of Ukrainian migrants which can lead to misunderstandings and ineffective treatment.”

The lack of access to culturally sensitive mental health services further compounds these issues, leaving many without the support they need to manage their mental health effectively.

Interview 1:

“Mental health services are already challenging to access for everyone, and the Polish community faces additional barriers.”

The second interview pointed out that while there are some charities offering mental health support specifically for EE, these resources are often limited and overburdened, highlighting the need for more integrated culturally specific mental health services within the broader NHS framework.

Interview 2:

“There are some charities that offer mental health support specifically for Ukrainians which is a big help. However, these resources are limited and often overburdened.”

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Appendix

Needs Assessment Survey

* Indicates required question

1. What Ethnic Group do you identify as? *

Mark only one oval.

Polish Ukrainian Romanian Bulgarian

Other Eastern European Other white

2. What age group do you fit in? *

Mark only one oval.

18-25

25-32

32-39

39-46

46-53

53+

3. How long have you been in the UK? *

Mark only one oval.

Less than a year 1-5 years

5-10 years

10-15 years

15+

4. How would you describe your employment status?

Mark only one oval.

Employed Unemployed Student Retired

5. What is the start of your postcode? (E.g. SW18) *

1. Thinking about when you first arrived in the UK, did you and your family
register with a GP? *

Mark only one oval.

Yes, Immediately

Yes, within the first 6 months

No/ Later than 6 months

2. Are you and your family currently registered with a G.P in Merton/Wandsworth? *

Mark only one oval.

Yes No

3. Have you or a member of your family ever attended the A&E department? *

Mark only one oval.

Yes No

4. If yes, how many times have you or your immediate family attended A&E in the past year? *

Mark only one oval.

None

1

2

3

Many times

5. Have you ever used any services provided by a private Polish/Other Medicare Clinic in the UK?*

Mark only one oval.

Yes No

6. Since living in the UK, have you or your family ever travelled back to Poland to receive healthcare services there (including dental care)? *

Mark only one oval.

Yes No

7. Are you aware that factors such as unhealthy diet, smoking, lack of physical activity, and alcohol can cause premature death? *

Mark only one oval.

I am well aware and well informed

I am somewhat aware and somewhat informed

I require more information

8. How often do you engage in physical activity?

Mark only one oval.

Never

Once a week

2-4 times a week

4+

9. Have you ever had issues accessing Health services, e.g., transportation, difficulty booking appointments... *

Mark only one oval.

Yes

I am unsure

No

10. When communicating with a Healthcare professional/ Doctor have you ever experienced a struggle to communicate due to language barriers? *

Mark only one oval.

Yes Somewhat No

11. Have you ever requested translation for a appointment or visit and how was it?

Mark only one oval.

I have not requested Translation

They provided and it was good

They provided and it was okay

They provided and it was bad

They did not provide Translation upon request

12. Have you ever requested to see a specific Doctor at the GP and why? *

Mark only one oval.

Yes, because they speak my language

Yes, because I had a good experience with them

Yes, for other reasons

No, I have never requested a specific Doctor

13. When encountering issues with the Healthcare system have you been able to report/further deal with the issues you've experienced? *

Mark only one oval.

Yes, I was able to engage further

No, I am unaware of how to report/engage further

No, I have never had the need to further engage

14. How has your mental health been since being in the UK, select the most appropriate response: *

Mark only one oval.

I have Not Experienced enough depressive/anxious symptoms to be concerned

I have Experienced mild depressive/anxious symptoms

I have Experienced mild and persistent depressive/anxious symptoms that have affected daily life

I have Experienced severe and persistent depressive/anxious symptoms that have severely impacted daily life

15. Outside of hours, if you needed to access help would you? (Not an emergency) *

Mark only one oval.

Not know how to reach services

Go to A&E

Visit a community pharmacist/ Call 111

16. Have you or your immediate family been vaccinated? *

Mark only one oval.

Yes, we stay to day with vaccinations Yes, we are mostly vaccinated

Yes, we only have some No, we are not vaccinated

17. With vaccinations how well informed and kept up to date do you feel?

Mark only one oval.

Uninformed 1 2 3 4 5 Well Informed

18. How would you rate your knowledge of the healthcare system as a whole? *

Mark only one oval.

Uninformed 1 2 3 4 5 Well Informed

a) *Only answer if you have children (If N/A then skip question)

How well do you think the health and wellbeing needs of your child/ children are met?

Mark only one oval.

They are fully met They are mostly met

They are somewhat met They are not met

b) Where would you place your child's engagement with the following: Healthy eating, staying active, brushing teeth daily.

Mark only one oval.

Not at All 1 2 3 4 5 Fully

c) If your child was born in the UK can you recall after the birth of your child, how well you were informed about postnatal services?

Mark only one oval.

Very well informed Somewhat informed Poorly informed Not informed at all

