SAVTE: #SpeakUp project report

Accessing healthcare as an English-language learner; the experiences of refugees, asylum seekers, and new arrivals

#SpeakUp: SAVTE

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.

SAVTE

Sheffield Association for the Voluntary Teaching of English (SAVTE) helps speakers of other languages take their first steps to develop the necessary skills and confidence to learn functional English. This helps them to become more active and empowered citizens in their communities. They work in partnership with disadvantaged communities in Sheffield to create a variety of opportunities that bring people from all backgrounds to share and learn together.

SAVTE's provision is person-centred and needs-based and ultimately aims to help learners develop language skills, knowledge, and confidence for real-life day to day contexts such as health and education.

Healthwatch Sheffield

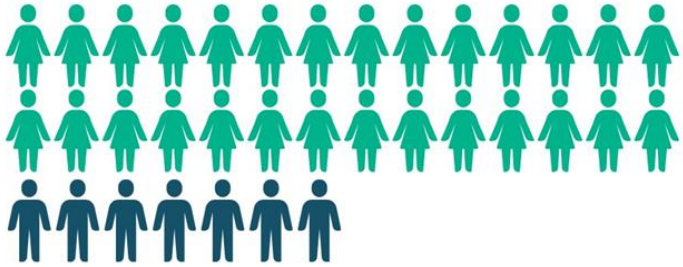
Healthwatch Sheffield Healthwatch Sheffield helps adults, children and young people influence and improve how NHS and Social Care services are designed and run. We're completely independent and not part of the NHS or Sheffield City Council. We want to understand your experiences, and help your views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

Introduction

Who did we speak to?

Between November 2023 and January 2024, SAVTE consulted 35 participants across three conversation groups – at High Hazel School in Darnall, Fatima Centre in Burngreave, and Oasis Community Hub in Fir Vale.

All participants were English Language learners of functional English in a Conversation Group setting.



28 participants were women and 7 were men. They were aged from 20 to 68 years old.

Some participants had been in the UK a matter of months, while others had been here over 30 years. Their first languages included Arabic, Urdu, French, Tigrinya, Oromo, Turkish, Somali, and Romanian.

Why did we carry out this project?

SAVTE's approach is to ensure that all volunteering and learning activities facilitate community connections which both help develop language further and make a valuable contribution to health and well-being, reducing social isolation and accelerating participation in society.

SAVTE volunteers had reported to SAVTE workers that learners often requested support about health and well-being, and that they sometimes felt they lacked the

knowledge or resources to support language learning in these areas. We wanted to be clearer what information learners needed and what barriers learners faced so we could produce appropriate resources.

What did we do?

It was recognised that for the conversation group participants to be able to express opinions on their experiences of the UK healthcare system, they needed to know some relevant vocabulary. At the first stage of the process, Community and Volunteer Development Worker Naomi Hinch worked closely with volunteer Angela Sanders and other conversation group volunteers to produce a Conversation Group resource pack that could be used to introduce the vocabulary needed for the participants to engage in a discourse about the barriers they face in accessing health care.

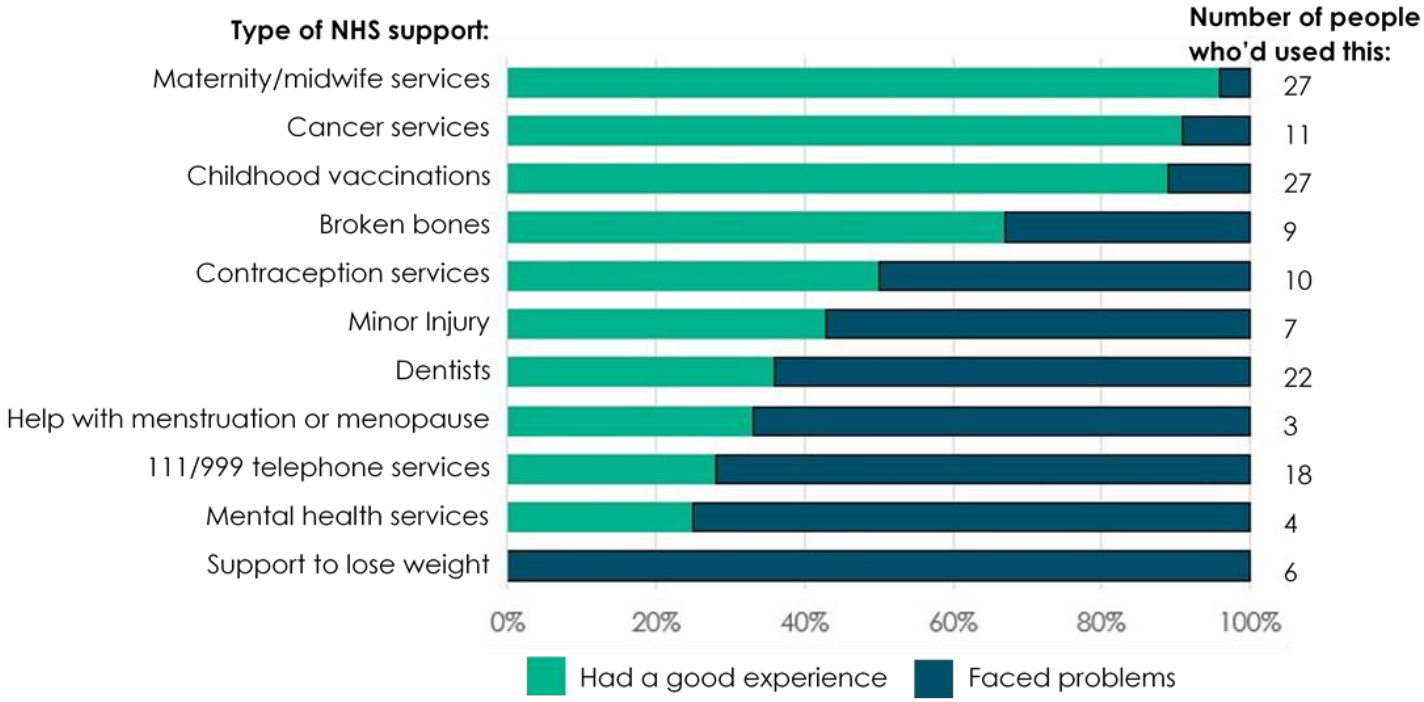
This pack included picture flashcards, games and activities to elicit the vocabulary for different types of healthcare provision and various health related incidents and scenarios. Naomi and Angela then took this to three Conversation Groups and facilitated discussions to identify which healthcare provision participants were familiar with, which provision they didn't recognise and which provision they had accessed in the UK. These conversations and discussions also highlighted taboo subjects, gaps in knowledge and any misconceptions.

Each two-hour session was consolidated with a simple feedback form. This used easy to understand language, symbols and images and enabled participants to share when they had had negative experiences of accessing healthcare and what could have made it better. Participants were supported by volunteers to complete the form. Each session had three facilitators; a group leader, support for participants and someone who took notes and made observations.

Findings

Experiences of using NHS services

We asked people about their experience of using some NHS services in the past – which ones they had used, and whether they'd had a positive experience, or had faced issues. You can see their responses below:



We also asked people about their experiences of NHS support to quit smoking or reduce/stop drinking alcohol, but nobody had tried to access this support.

We can see that some experiences have been largely positive – particularly **maternity care** and early support for children in the form of **routine childhood vaccines**.

Cancer services were viewed positively by most who had used them:

> "I had breast cancer and got very good care but did not always understand"

People had access urgent and emergency care too – for **broken bones** and **minor injuries** – and had mixed experiences.

Dentists largely came up as an issue because people hadn't been able to find an NHS dentist:

"Can't get dentist"

In mixed gender groups, female participants were reluctant to talk about **contraception services**, and **support with menstruation issues or the menopause** and even put the relevant flashcards turned over to one side. In a women-only group, the women more freely talked about these issues – they talked about natural remedies they shared with each other as well as the formal support they've tried to access:

"Can't get GP appointment about my coil. Don't want to take husband"

"Bad periods no help"

The difficulties faced by people using **111/999 telephone services** mostly came down to language barriers, and lack of confidence using the phone:

"Didn't understand person on 111"

"Needed 999 for heart attack. Wife couldn't speak English. I was too sick. Got help but was so scared"

"Have to ask husband to call. Not confident using phone"

People were able to tell us when they might need to use **mental health services**, and what they could be for, but not many had accessed them, and those who had didn't have very good experiences.

Nobody who had sought support from their GP to lose weight said they had a good experience. However several people in the group expressed a desire for weight loss advice too:

"Where can I get help to lose weight?"

What are the barriers to accessing healthcare?

Language barriers

Many of the comments participants made were to do with language barriers, which we saw some of in relation to calling 111 or 999 above. This was also an issue when phoning other services, as well as talking to people face-to-face. Some people said they **couldn't understand health professionals**:

> "Didn't understand the doctor"
>
> "Nurse speak too quickly"
>
> "Sometimes feel rushed and don't understand"
>
> "Dentist not patient with me. In pain. Hard to understand"
>
> "Had a long wait in A&E - hard to understand staff"

Another theme that came out strongly was that people were **having to rely on friends and family members** to make appointments or speak to doctors on their behalf. This sometimes caused a practical barrier if that person wasn't always available. Other times, people didn't want to have to do this because they wanted privacy or independence. This was a big driver for them wanting to learn English:

> "Child had to speak for me as husband working"
>
> "I rely on husband and child"
>
> "Need daughter to call but she's at school"
>
> "To go to doctors alone. I want privacy"
>
> "I need my husband and children to call doctors which means I have no privacy. I want to do things for myself. I want to know how to call 999 and 111"

The final language-related barrier was a **lack of confidence** – some people did have the language skills to phone services, but lacked confidence doing so:

> "I need to improve my confidence"
>
> "Sometimes I want to ask questions about my child but not confident"
>
> "Scared to use phone to speak"

Some people in the group sessions said they preferred going to the GP practice in person to book an appointment, rather than phoning, as it's easier to overcome a language barrier. However, we know that this isn't practical for everyone depending on where their GP practice is located.

We also heard that phoning services in a stressful situation – such as calling 999 in an emergency – was a prospect that really frightened people.

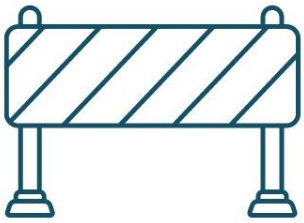
Knowing what services are available

Many people weren't sure what support was available to them, or didn't know which was the right service to contact:

> "I don't know about 111"
>
> "When do I call 999?"
>
> "Been sad when moved to UK and didn't know where (to get) help. My daughter's school helped me"
>
> "Felt sad when first moved here. Didn't know where to get help."
>
> "Not sure how to get help with mental health"
>
> "Called 999 and should have called 111"

Linked to knowing what services are available, we also learned that nobody knew what PALS (Patient Advice and Liaison Service) was – and no one was sure what they could do if they were unhappy with the service they'd received, or wanted a second opinion on their health.

Difficulties accessing services



For some people, even when they knew which service to access, they reported problems doing so. Finding a dentist was mentioned most often, but GPs and hospitals were also raised as issues:

> "Very long wait at A&E"
>
> "I could not get dentist appointment"
>
> "Can't get dentist"
>
> "Long wait on phone for GP"

What would help improve access to healthcare?

In each group there was a reluctance to be negative about the NHS as the participants were generally very grateful for any support they had received and were thankful it was free to access. When the question was reframed to "What could have made your experience better?", this elicited more discussion and suggestions.

Many suggestions linked directly to the barriers participants had previously raised. They included more English classes, with a focus on health and body vocabulary, and the right words to use when talking to health professionals:

> "More English groups about health to improve confidence"
>
> "Teacher to help with words for body"
>
> "More English groups learning about health"
>
> "To know more dentist words"

"To learn how" (to call the doctor)

"To learn words to use in doctors"

"To understand phone calls"

"English classes. Learn words for help"

Some people mentioned other things that would help with language barriers:

"More translators"

"Staff speak more slowly"

"Have pictures to point to"

It was interesting that most participants did not mention independent interpreting services throughout the sessions – they were used to relying on family and friends, and many didn't know there was an alternative or hadn't been offered it before.

People also wanted to develop their confidence, not just their language skills. A lot of this centered around confidence speaking on the phone:

"More confidence using phone"

"Help with using phone"

"Need help ring 999"

Developing resources to address these gaps

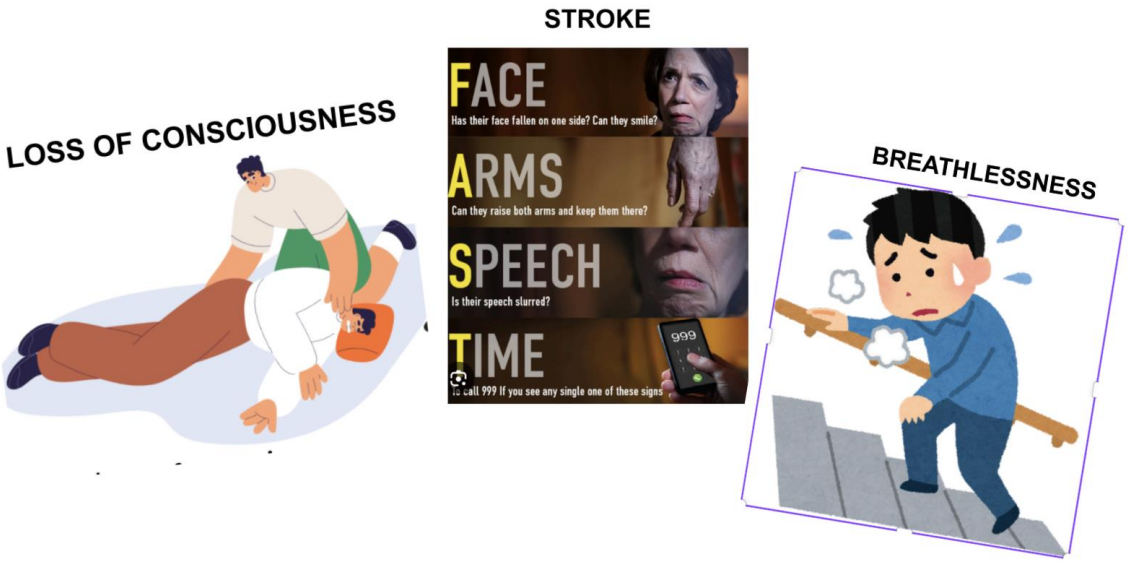
The consultation made it clear that participants wanted to be empowered to be able to access health services independently.

The biggest barrier was language and the majority of participants wanted to be equipped with the English needed to engage with services themselves rather than relying on family members. They wanted access to more opportunities to learn health related vocabulary. The conversation group resource pack was a positive first

step, as it can be used in the future to create lessons which focus on language relating to health and bodies.

In February 2024 SAVTE had Pravidya Mudalige, a third year medical student, join them as part of The University of Sheffield Deep End Student Selected Component. This is a 6-week student placement for medical students to experience how GP practices & community organisations work together to care for their local population; focusing on disadvantaged groups, and health inequity.

In response to the consultation findings, Naomi and Pravi worked together to develop the first in a series of Conversation Group Resource packs. Conversations had revealed that many participants did not know about 111, were unsure when they would ring 999 and did not feel confident using the telephone. The bespoke resource pack included information on when to call 111 and 999, what constitutes a medical emergency, the vocabulary needed and a role-playing exercise for calling 999 in a medical emergency.



Naomi and Pravi trialled these new resources at the ACT Fir Vale Conversation Group on 27th March 2024. SAVTE trustee and conversation group leader Rosemary Telfer, observed the session and said:

"On 27th March Pravi facilitated a conversation class at ACT with Naomi Hinch from SAVTE. The 16 learners ranged in ability from pre-entry to almost fluent in spoken English and most needed help and guidance with written work.

The information was given in a simple and clear manner and the facilitators were careful to include all the learners. The handouts were clear and vocabulary could be explained by those helping in the class. They engaged all the learners in discussion about the need to understand the difference between a health concern and an emergency and gave good, clear examples of incidents when professionals should be called in.

Most of the people in the class have been in the UK for a short time and are still learning about our health services. Over half of them are women with small children and the opportunity to learn and question a health professional is invaluable.

The learners appreciated the session very much. It was conducted by Naomi and Pravi in such a way that any questions or concerns were covered and the learners were fully engaged. The thank yous, smiles and applause at the end of the class said it all"

Next steps

In response to this consultation, SAVTE would like to develop more health-related resources, specifically around:

- Accessing a dentist
- Diet and Fitness
- Anatomy vocabulary
- Using the telephone

We would also like to explore the possibility of working with GP practices to run health related conversation groups.

Recommendations

Migrants, refugees and asylum seekers, as well as vulnerable members of minority communities, would benefit from opportunities to develop their language skills, confidence and understanding of healthcare in the UK in order to help them access the services they need.

NHS South Yorkshire Integrated Care Board (ICB) and system partners could facilitate this by:

1 Health Conversation Groups

Working with individual GP practices and Primary Care Networks to link in with and support the development of new groups, and running of existing groups, which focus on language around health. This should primarily focussed in areas where there are high levels of need in the local population.

2 Learning Resources and Information

Supporting collaboration between GPs and other healthcare professionals to input into the development of further learning resources, and information resources about navigating health and social care services. A working group of healthcare professionals and language teachers would provide a strategic approach to the development of resources to ensure accuracy and usefulness of learning materials.

Resources could include key vocabulary/glossaries, role play activities, action learning activities, video and information/advice materials.

3 Inclusion and access

Considering the findings in this report as part of the Inclusion Health strand of the ICB's work, and using it to help inform action to address the health needs of vulnerable migrants, refugees and asylum seekers.

This particularly includes a proactive approach to resourcing independent interpreting services, rather than relying on family members, and clear/accessible messaging in healthcare settings about what people can expect in relation to this.

4 Resources

Identifying and allocating resources to support this work. This could include linking in with existing organisations for collaborative work. Community sector organisations are well placed to identify needs in the local population, can develop materials for learning, and are able to provide language support, but need appropriate resources in order to deliver this.