The NHS and Healthcare in Sheffield:

Experiences and Opinions of Asylum Seekers and Refugees

City of Sanctuary Sheffield

In partnership with New Beginnings Project, ASSIST Sheffield, The British Red Cross, University of Sheffield School of Nursing and Midwifery, Buzz, Sexual Health Sheffield, Open Kitchen.

Funded by Healthwatch Sheffield

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Background

We used our Speak Up grant to run two health events for asylum seekers and refugees in Sheffield in May 2018, to listen to their experiences of local health services.

There is considerable evidence to show that asylum seekers in the UK face significant additional health challenges (including an increased likelihood of trauma, depression and other mental health problems, diseases from unhealthy living conditions and malnutrition) and yet face an increasing number of policy-led barriers in accessing healthcare (for example, charges for secondary healthcare, introduced as part of the 'hostile environment' for many groups of migrants.) There are also practical issues of English language skills and the availability of skilled interpreters, and different cultural beliefs about health and healthcare.

Aim

Our aim was to hear what the experience of healthcare is locally, identify problems we might address and good practice we could share.

We hoped to raise awareness about the health needs and experiences of asylum seekers and refugees with Healthwatch and with the local health community.

We also hope to use the findings to inform the development of what voluntary services working with asylum seekers and refugees can offer, in terms of health information, signposting, and potential services for health and wellbeing.

What we did

We held two events focusing on the health needs and experiences of asylum seekers and refugees in Sheffield.

The sessions were held at The Sanctuary, a new centre which provides a welcoming environment for refugees and asylum seekers at all stages of the asylum process, including new arrivals, those with successful asylum claims and those experiencing

destitution. They were run by a partnership of experienced volunteers and staff from the City of Sanctuary Sheffield, ASSIST Sheffield, the British Red Cross, the New Beginnings Project, Buzz, Sexual Health Sheffield and the University of Sheffield School of Nursing and Midwifery.

Participants were recruited by all the charities involved and at the weekly Wednesday afternoon multi-agency drop-in for asylum seekers and refugees. Between 20 and 30 people attended each event.

We endeavoured to create an open and inclusive environment. At both sessions we stressed the importance of confidentiality and treating different views with respect. Volunteer interpreters were available covering a range of languages (e.g. Arabic, Farsi, Amharic, Tamil.) Activities for children were provided so that parents could attend and take part. We used photographs and visual prompts to support the discussions (e.g. of local NHS buildings, or of healthcare activities.) Participants took part in facilitated group discussions: there was a women's group, a men's group and a mixed group. Students took notes of the proceedings, and participants could see that their views were being recorded.

The first session focused on all aspects of the NHS in general. We discussed the different services available and whether people had used them themselves, or their friends or family had used them. We encouraged people to tell us what was good about services, what was bad, and what should be changed.

The second session had a focus on mental health and emotional wellbeing. We used scenarios to generate discussion about people's experience of mental health problems, the support available and the support they might want for themselves or their families. Sheffield Sexual Health Service staff also were present to provide information and facilitate discussion about sexual health and wellbeing services.

Both events were catered by Open Kitchen social enterprise, with halal and vegetarian food provided. This helped to create a relaxed and friendly atmosphere and motivated people to attend.

Findings

The methods we used to create a friendly and open atmosphere appeared to be have been effective. Participants joined in and were very willing to talk and share their experiences and opinions. The women's group in particular shared their experiences of highly sensitive matters such as domestic violence and FGM.

We found a diversity of experiences and views among the participants: there were also some differences between the women's and men's comments, especially about mental health and wellbeing. Several participants stressed the importance of NHS staff seeing them as individuals, not as a category like 'asylum seeker' or 'African.'

From the discussions a number of themes emerged. We have included them under five broad headings: Expectations and experiences of services; stereotypes and attitudes; trust; health literacy and mental health.

Expectations and experiences of services

Both positive and negative experiences of services were reported.

On the one hand, the NHS was highly valued. People reported that the principle of free health care, 24 hours a day, was remarkable:

'Services being free, that it enables the feeling of respect and individual value.'

'Being able to contact doctors out of hours'

They highlighted their positive experiences of cooperative, caring health professionals who took the time to listen to patients.

'*When I gave birth to my daughter the midwifery was really generous, they took care of me, they were understanding. My mother told me 'If I had kids in this country I would have about 5 kids!'*

'My GP is always co-operative and listens.'

Good communication from NHS staff was essential, and is appreciated:

'*Everyone listens well - good experience most of the time.'*

'The receptionists are always kind and helpful. They do a good job.'

Many participants were worried about communication: they had difficulty understanding NHS staff, or found it difficult to find the right words to describe their conditions.

'*Difficulty communicating with the doctors'*

'Receptionist and doctor speak too fast, knowing I don't speak English well.'

More than one participant suggested that interpreters were extremely helpful, and essential for some people whose English was not good:

'The good thing about the GP practice is the translator or interpreters - they really useful and helpful.'

However, the interpreters need to be sensitive to issues of confidentiality and cultural differences.

'*Bad translation from the interpreters - there are many different translations of Arabic from different countries.'*

Being from the same culture helps, but it can also raise fears of being talked about. One of the interpreters present at the event also acts as an NHS interpreter. She explained how she works:

'*The first thing I say is that this is different from back home - it's the confidentiality. I say that everything they say stays in the room and I don't talk about it outside. We have to reassure them 100 times or they don't trust us.'*

People noted that some GP practices were much more accessible than others. Practices in ethnically diverse areas (e.g. Page Hall Medical Centre) and the specialist Mulberry Practice were seen as the best and were praised.

Frustrations with the system were identified. Many of these concerns would be shared by many other Sheffield residents: for example, waiting times or difficulties securing a doctor's appointment.

'I was taking my daughter to the children hospital for really bad ear pain - it wasn't a good experience for me because I had to wait up to 6 hours so I had to exaggerate my daughter condition for them to see my daughter quickly".

'Waiting times is really long. I could be waiting for weeks or months'.

There was a universal hatred of the '*8.30am scramble*' to get a GP appointment. This was made worse for people with poor English who had to try to book appointments by telephone.

Apart from the long waiting times, A&E services were generally liked, and A&E was seen as one of the best things about the NHS:

'*Very helpful over the phone'*
'Very quick calling an ambulance'

There were some negative findings about NHS dentistry, which was seen as not as good as other NHS services by some participants. Dental pain was an issue:

'*I was in lots of pain after a regular check-up.'*

One participant highlighted a lack of tests to detect dental problems early:

'*They often wait until you complain, until problems arise.'*

Health education and wellbeing advice was appreciated by many

'*The doctors told me how to keep well. Gave me advice about diet. I get asked about diet according to the medical condition or treatment.'*
'Understand the importance of keeping well such as exercising, running.'

However, others felt that some wellbeing advice lacked awareness of cultural differences:

'Not enough nutritional advice (that is able to consider different foods etc.)'

Some participants did not understand why they were being asked questions (e.g. about diet, exercise or smoking) when all they wanted was a prescription.

Finally, some people reported that their expectations of the quality of services were not met and they felt that the healthcare that they received in their home country was often better. This is in direct contrast to a common claim regarding 'health tourism.'

Stereotypes and negative attitudes

Although participants were appreciative of the positive and helpful attitudes of many NHS staff, they suggested that they often felt negatively stereotyped by some health care professionals, who they felt made assumptions based on their background and life history.

'*The doctor did not listen to me and just came to a conclusion about my symptoms based on my nationality.'*
'The doctor assumes that me and my daughter could be at risk for TB, so they forced me and my daughter to take a TB test. There is a belief and stereotypes that all Africans have TB. I was really upset for my daughter behalf.'

Some NHS staff made a point of telling people how expensive services are, for example, saying

'*Well, that NHS ambulance you came in cost £xx'* or '*Staying another night in hospital costs £yy.'*

There is increasing anxiety among asylum seekers and refugees about charges for some NHS treatments, and how to make sure they have the free NHS care they are entitled to. Comments about costs, on top of the need to produce the correct forms to prove they have entitlement to free NHS care, seems insensitive at best.

Trust

Trust in health services and health professionals was commonly discussed.

One major barrier to trust was the lack of a family GP. People highlighted problems associated with having to explain their issues to a new GP every time they had an appointment. They also felt that often different GPs would give them different, sometimes conflicting advice. Of course, these issues are not isolated to asylum seeking and refugee groups accessing health services: they are a barrier to many people in the UK accessing primary care. However, for asylum seeking and refugee people, they were confounded by additional language and health literacy barriers that these groups often face.

'*You get used to one doctor and the next time you go there is another one and you start from the beginning,'*

'It is a problem because I must every time explain what my illness is.'

Fears about confidentiality and the NHS sharing information were raised by some participants. In addition to the fears about interpreters keeping information confidential (see above), some people described how social services had been informed, without their knowledge or consent, after health consultations:

'*Because my friend had had it (FGM) they assumed her daughter was at risk and the social services came. But they didn't ask her. But because she had had it, she would never let it happen to her daughter.'*

'The doctor gave me medication (for my mental health) and he didn't tell me but he told social services. They came to see my child to see if I could look after (my child)... Of course I could... I didn't go back to the doctor and I stopped taking the medication.'

Health literacy - finding your way in the NHS

Health literacy refers to people's ability to navigate health services. People identified that the health system is confusing, in terms of registration with primary care or understanding which services to access when. Some people were unfamiliar with the role of the GP and the referral process, and did not understand why they could not go straight to a hospital specialist.

While everyone knew about A&E, no-one knew about alternatives like the Walk-in Centre on Broad Lane.

Although leaflets are available to provide information about the different NHS services locally, few had seen them and it was suggested that these can often be difficult to read due to too much text. Thus, there are clear barriers in terms of how information about health services is communicated to asylum seeking and refugee groups.

People new to the UK were not necessarily familiar with the NHS and its processes, for example about being on time for appointments, rather than turning up and waiting to be seen. Some people complained that they lost their appointments because they were just a few minutes late.

Some people felt that mobile technology could be drawn on more effectively, for example text reminders of appointments. It was suggested that this could also be used to cut down on the number of paper letters that people often receive and struggle to comprehend. Information about medications or appointments was seen by many participants as too long and too complicated.

Other people suggested that triage systems in place at GP surgeries, involving a requirement to explain your symptoms over the phone, made it very difficult for certain people who rely on non-verbal cues:

'*The patient cannot show or explain her symptoms using body language over the phone.'*

Mental health needs

We found that participants were very willing to talk about their feelings and wellbeing at the event focusing on mental health and wellbeing: using photos and scenarios was helpful to generate discussions. There was a perception that:

'Within the UK culture the British people keep lots more bottled up and behind closed doors. Yet within other cultures problems are talked about more.'

Several participants talked about the ways in which the asylum process impacted on their mental health, and that of their friends or family:

'Waiting for the status leads to a stressful or anxious life - even medication from the doctor doesn't really help.'

'Rejects or the wait for the asylum status leads them to being very depressed, distressed, they can't sleep or eat.'

These pressures were in addition to the traumas experienced in home countries and on the journey to the UK, the loss of family and friends, the differences between life in the UK and life at home.

'(*I feel unhappy when) remembering bad things in the past'*

'When I do not see my family'

'No-one knows if you are ok because people do not talk as much. For example, in Africa families help each other out and look after each other's children. Whereas here people look after themselves more'

There was a general feeling that more support should be available to help people with problems of stress, anxiety, sleep and mood disturbance and trauma and that there was not enough support for mental health problems. However, this was not necessarily seen as 'mental health' by some participants, and talking about feeling unhappy or worried, or describing behavioural changes like not going out or not sleeping helped people contribute more to the discussions.

There were differences between the men's and the women's groups. No-one in the men's group said they had used mental health services or knew anyone who had, and they did not know what might be available. They were clear that they would use the support of their extended family and community to help with these kinds of problems.

Many of the women, in contrast, had sought and received help, most successfully from the voluntary sector. This came in the form of being listened to and taken seriously, practical help and emotional support - being given time to talk. They had some mixed, but often negative, experiences of primary care support for mental health problems. None of them had accessed secondary mental health care. The Child and Adolescent

Mental Health Service (CAMHS) was not seen as accessible or helpful when their children were experiencing difficulties.

The women talked about the support and help from families and community too, but added

'What if it is your husband or your family who are causing the problem?' (for example, domestic violence or coercive control.)

There was an awareness that some individuals were isolated from their communities, and so needed more help. As with physical health concerns, the importance of good communication from health professionals was essential, especially for people whose English was not good.

'*Communicating problems can be difficult due to language barrier.'*

Recommendations

1) Help people new to the UK understand the NHS and how it works

- An introduction to the NHS course for new arrivals and others should be made available, backed up by simple written information to keep. This would explain how the NHS works, where to go for help with different problems, appointments and referral systems. It could tell people about the alternatives to emergency care. It could also help people with the paperwork (HC1) to apply for free NHS care, and explain how and when this must be renewed.

2) Think about communicating effectively with people whose first language is not English

- Give people time to talk
- Listen

- Texts for appointment reminders should be made routinely available, and texts offered as a way of communicating/ reinforcing critical information (e.g. about medications)
- Any written information intended for people whose English is not good should be simple and reinforced by photographs and pictures.

- Skilled, appropriate and confidential interpreting is crucial and needs support.

3) Find out more about what works well and share it

- Good practice in the more accessible GP practices should be celebrated, and shared, especially with practices in less diverse areas.

4) Educate and raise awareness of NHS staff about the lives of asylum seekers and refugees

- Training for NHS staff at all stages of their career, but especially for students, should include awareness raising about the reality of the lives of asylum seekers and refugees in the UK. This could be delivered by trained asylum seeker volunteers. Negative attitudes in some staff are a cause for concern.
- We recommend awareness raising and dialogue with Complaints and the Patient Advice and Liaison Service (PALS) staff about how to support asylum seekers who have experienced negative comments from NHS staff, or who have failed to access the appropriate NHS services because of staff lack of knowledge e.g. about entitlements to NHS care.

5) Improve mental health support

- More funding for mental health services. These are more likely to be successful if they are done by trusted people, working in partnership with voluntary sector groups and communities. There needs to be an openness to work with different cultural understandings of mental health and wellbeing.
- Find ways to make mental health support more accessible for men and children
- People who are isolated from their community especially need opportunities for social and emotional support.
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6) Increase clarity over NHS charges and challenge the ‘hostile environment’

- We believe the introduction of NHS charges for refused and destitute asylum seekers, as part of the ‘hostile environment’, should be challenged. Asylum seekers who are destitute and unable to return home should not be charged for essential health care, which they cannot possibly pay for.
- Locally, there should be easily accessible information and clarity for NHS staff about the charges, where and when they apply. If in doubt, we would recommend not charging.
- More support is needed to help people with the paperwork for free NHS care, and especially to help them renew it in time.

About Healthwatch Sheffield

Healthwatch Sheffield is the city's local consumer watchdog for health and social care services. The organisation exists to help adults, children and young people to influence and improve the way health and social care services are designed and run in the city. Healthwatch Sheffield is completely independent from the NHS and Sheffield City Council.

About the #SpeakUp grants

In 2017/18 Healthwatch Sheffield ran a small grants programme called 'Speak Up'. The programme was designed to enable local organisations and community groups to gather views and experiences of health and social care services from Sheffield residents, especially from those who do not traditionally have a voice. The aim is to ensure that health and social care decision makers in the city hear from a diverse range of people about their experiences of services.

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