

Creating Ground

SEL ICS Research Report 2022

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Introduction

As a community-led organisation based in South East London whose work is focused on promoting cross-cultural awareness, learning and sharing across different communities, we felt that taking part in this research would be very beneficial for both SEL ICS and for the people we work with. Creating Ground CIC (CG) uses participatory arts, social action and training to bring people together, improve wellbeing and create change at personal and collective levels. We mainly work with women from migrant backgrounds, including asylum seekers and refugees, a lot of whom are from African countries and are digitally excluded.

For this report we were able to engage at least 68 people, and we already believe the work to be beneficial as those we have engaged have been given the opportunity to speak and be listened to, and we only hope that we can play a small part in improving the situation for migrants living in SEL.

The following report looks into the demographics of the people we spoke to, the research methods used, their current circumstances, their main barriers to accessing healthcare systems and the possible solutions. We conclude by looking at ways to improve communication, five key recommendations and how our future work can continue to help inform better ways of working with migrant communities in South East London.

All quotes in the report are connotated with the details that participants were happy to share, and all names have been omitted to respect confidentiality. We received consent from each individual pictured to use the photos in this report.

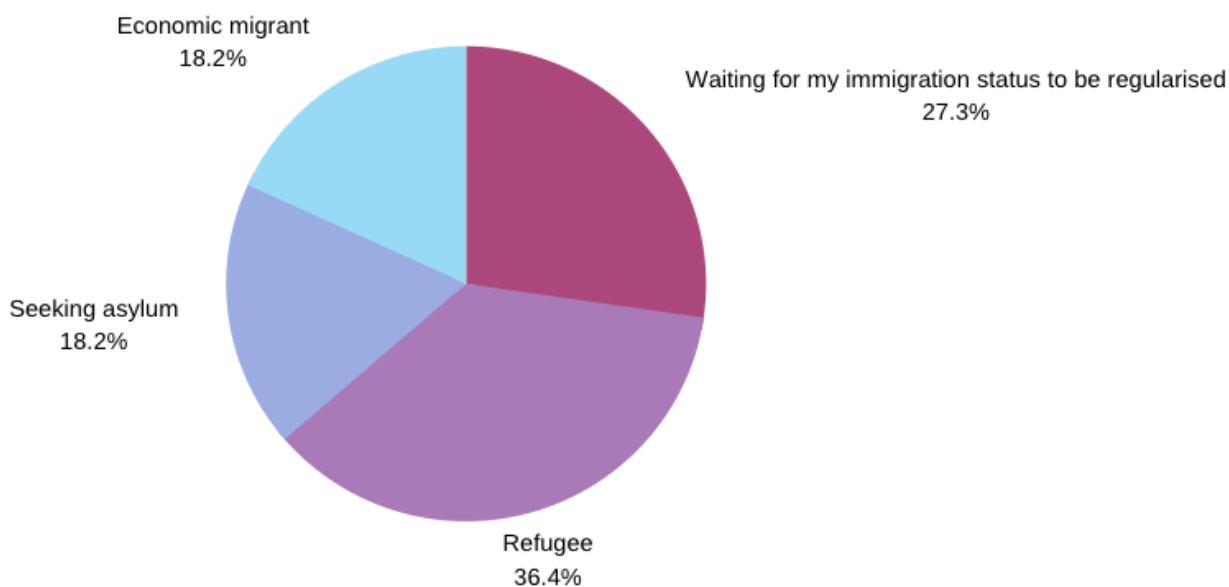
Demographics

Google survey - 16 female, 1 prefer not to say
Creative Families group - 8 female
Foxfield Primary School parents - 11 female
AFRIL parents - 2 female
ESOL students - 9 female, 1 male
Forum Theatre group - 4 female
Migreat! Theatre group - 8 female
Wellbeing Action Team and Stronger Together Leaders = 8 female

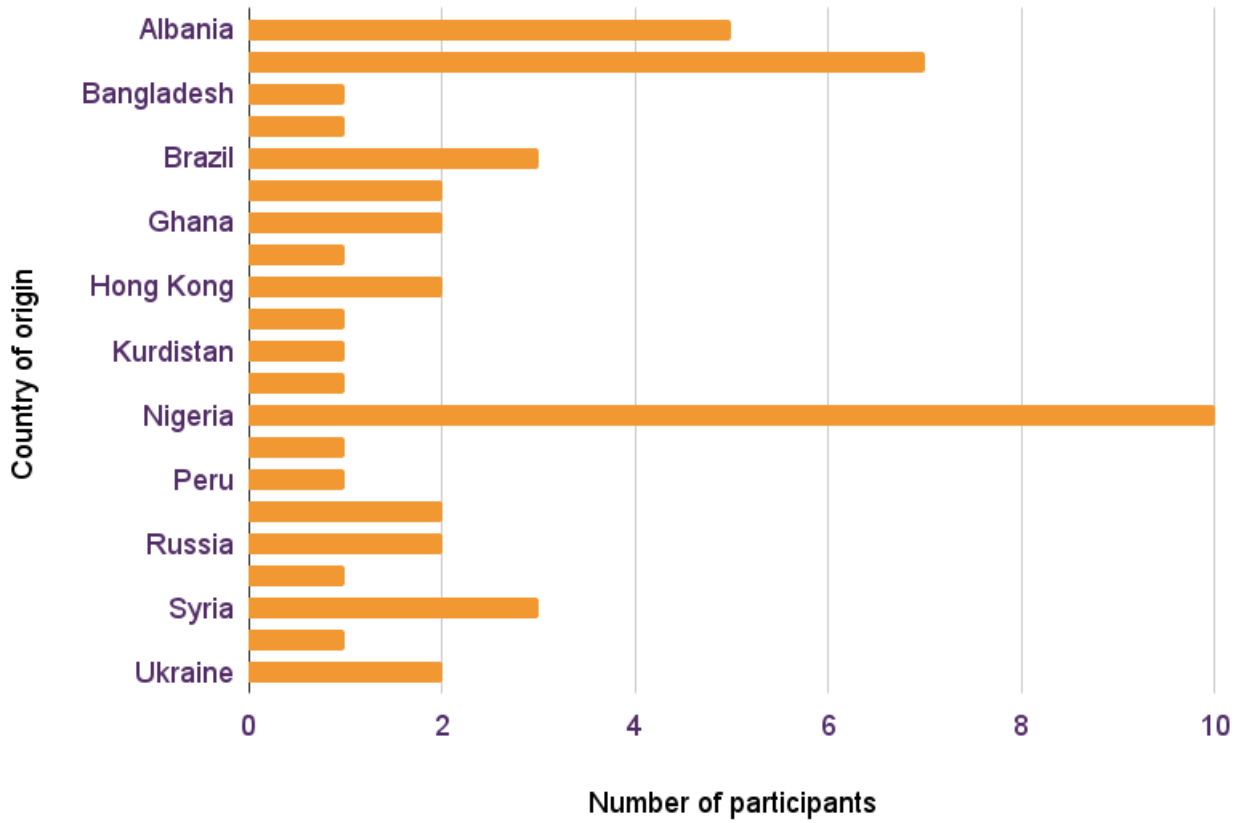
66 female
1 male
1 prefer not to say

TOTAL = 68 engagements

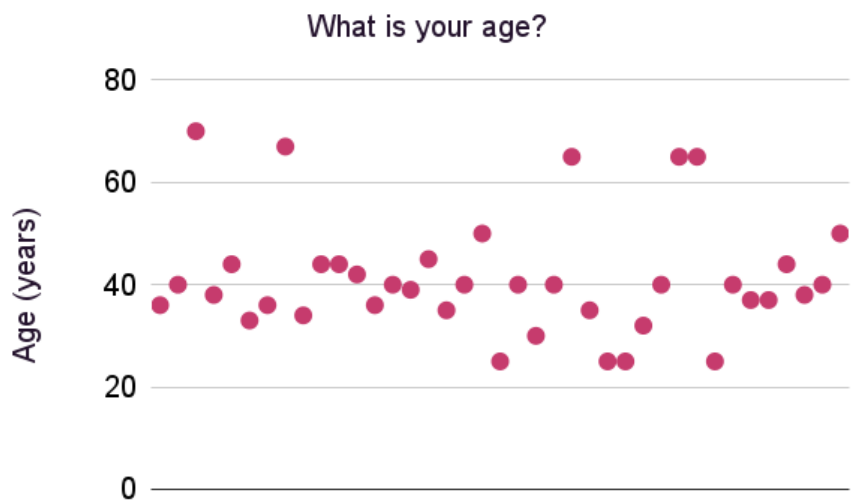
The majority of those that participated in our research were from the Royal Borough of Greenwich and Lewisham, but we also had a few from Southwark and Newham. Participants are from varying migration backgrounds, and of those who were happy to shared the following:



The bar chart below shows the country of origin of those who we spoke to that were happy to share that information. Just over 40% are from African countries.



Most of those who we spoke to were between the ages of 20 and 60 with the majority lying around the 40 year mark.



Research Methods

We sent an initial Google survey to our members at CG, and to our partner organisations, including English For Action (EFA), Action For Refugees in Lewisham (AFRIL), Lewisham Migrant and Refugee Network (LRMN), GRIP and Borough of Sanctuary in Greenwich. Between 7/4/22 and 5/5/22 we received 17 responses in total.

We also ran creative activities and interviews with existing Creating Ground members, and also ran sessions and focus groups with groups with EFA and the English club at Foxfield Primary School. These included:

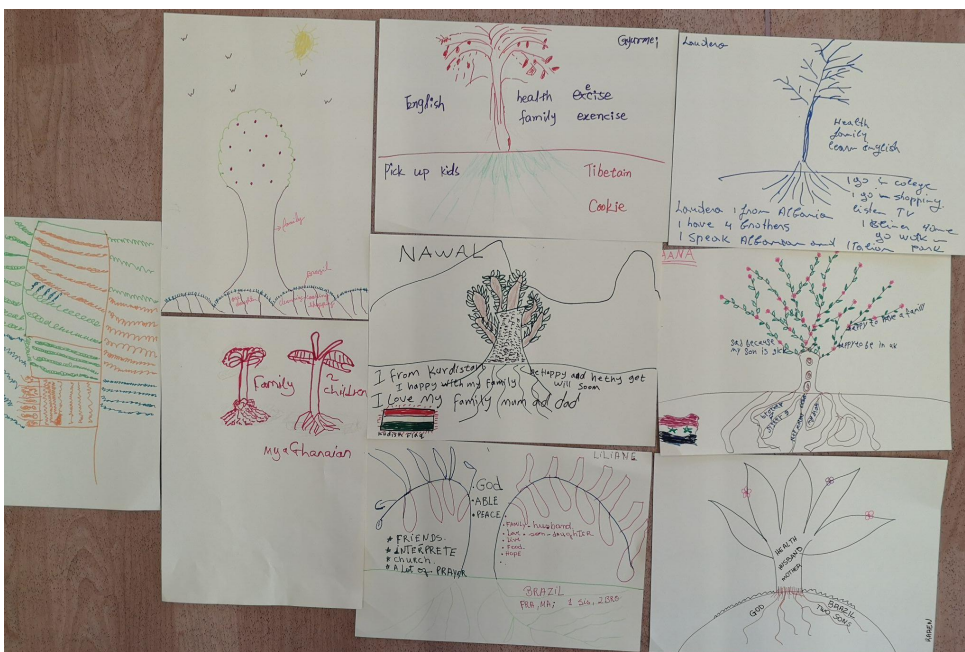
- 09/05/22 1 forum theatre session
- 03/05/22 1 creative families session
- 20/04/22 1 focus group with EFA students and Robert Owen's Children's Centre
- 20/04/22 1 Migreat! theatre workshop with Robert Owen's Children's Centre students
- 30/04/22 1 focus group with AFRIL parents' group
- 27/04/22 1 creative workshop with students of the English Club at Foxfield Primary School
- 11/04/22 1 focus group with the Stronger Together Leaders and the Wellbeing Action Team



Creative Families session in which we drew around our hands, cut them out and then we wrote our problems in the middle and our solutions on the fingers. We put them together on this tree to represent how we grow together through helping each other through tough situations.



Forum Theatre session in which we explored specific situations that members of the group have experienced. We hope to present a scene to ICS in June/July to continue the conversation and see how we can improve access to services for migrant communities, especially asylum seekers.



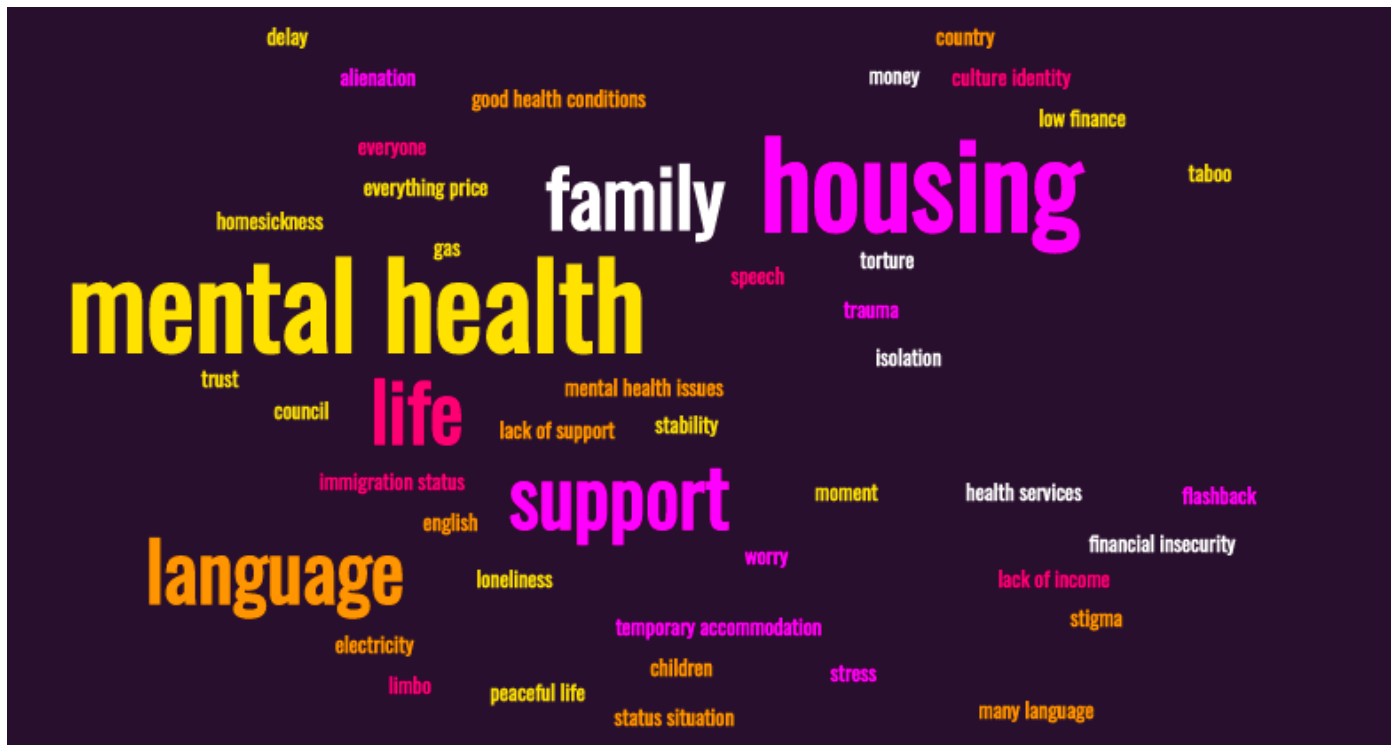
As part of an English Conversation Club at Foxfield Primary School in Woolwich we used this art activity to discuss the problems people face in accessing health services, some possible solutions, and how to build trust.

How individual circumstances affect day to day lives and health and wellbeing

Below is a list of responses when we asked participants how their individual circumstances affect their day to day lives and health and wellbeing. Those in bold were mentioned by multiple participants:

- Isolation
- Alienation
- Family worries
- **Immigration status waiting in limbo, not knowing when and if things will improve**
- Homesickness
- Flashback and trauma from torture
- Culture identity
- Children having a delay in speech because of speaking too many languages
- **Low finance / financial insecurity**
- **Housing**
- Loneliness
- **Mental health difficulties**
- Lack of support
- Worries about increase in prices of gas, electricity or everything
- Being far from my family, not having money to travel and visit them, not in a good health condition
- **Language / lack of English**
- **Being in temporary accommodation with the council without how long you will be there for, when you will be moved and where you will be moved to.**
- Stress
- There is no trust in health services
- Mental health is a stigma in some countries so accessing support can be a taboo for some of us
- Cultural differences - embarrassment to talk about health issues in front of other people

This Word Cloud below uses the same information as above, but it displays the most commonly used words as larger:



The people we work with and those who have given their time to be a part of this research have experienced a multitude of different situations and challenges when trying to access UK healthcare. Not all have been bad with one woman saying,

'My experience with health care in Greenwich is good. I don't like that much GP – because they don't help you that much. However, in the hospital they were very helpful. For example, when I gave birth to my daughter, she got sick

when she was 3 weeks old – she had urinary infection and I sent her to Queen Elizabeth Hospital, and they helped me a lot. They did all blood tests for her to find out where this problem came from. They kept an eye on her for 6 months until every check up was ok. For me this was very helpful and ‘calmful’ (reassuring). Also the midwife helped me a lot when I was pregnant. They did every month check up which is good for every pregnant woman. In my country this doesn’t happen. Also, when I gave birth to my kids, they helped me a lot and I am very grateful to them.’

Female, Albania, 20s

The majority of those we spoke to have experienced difficulties with their GPs and a lot of the individual circumstances affecting people have been due to their status as asylum seekers or refugees. Not having their status regularised, living in uncertain, precarious and vulnerable conditions, experiencing problems with lack or bad housing have a huge effect on people’s health and wellbeing.

Our research has confirmed Maslow’s theory on the hierarchy of needs. When people do not have their basic needs met, they do not feel safe. If people do not feel safe, they lack a sense of connection and belonging. Without a sense of belonging and feeling isolated and lonely, people lack self esteem and without self-esteem, they cannot really achieve their potential and be the best they can be. Addressing the basic and safety needs of people is fundamental to facilitate better access to health for migrant communities.

GP Safe Surgeries

Safe Surgeries are GP practices that are committed to helping people access healthcare services regardless of their nationality or immigration status. They promote the health of everyone in the community including pregnant women, those who have fled war, survivors of human trafficking, and many others in vulnerable situations. Safe Surgeries exist to tackle the barriers preventing people from accessing primary health care.

“We go around and around but all problems start from here, from not having the right papers to stay in this country, from immigration issues”

Foxfield Primary School Parent in focus group

When asylum seekers go into secondary service they have to pay, and this includes paying for emergency operations including C sections, even if the procedure was not planned. This fear of having to pay and not having the means to pay for the birth of your child can have extreme negative implications on a woman’s emotional and mental health.

One woman shared her terrible story of receiving a bill for her emergency C section despite having unfortunately lost her child.



Identifying main barriers, and possible solutions and suggestions

1. Communication: Lack of accessible information for migrants and lack of information about how the system works

Many respondents and workshop participants spoke about finding it difficult to access information on how the health system works, particularly how to register for health services. In a one-to-one interview a woman said,

'I drew this picture during the pandemic when I was living in the south in temporary accommodation ... it was in a hotel, just one room so life there was really difficult and I was sick, especially I had a tooth pain. I was suffering from tooth pain and I couldn't access dentist because of my status ... Because of my status I need to have HC2 certification to register to the dentist but unfortunately nobody informed me that I need this certificate ... the home office didn't inform me ... I didn't know how to access dentist ...'

'... it was so hard for me cos I waited for more than 3 months and I had my tooth infected and swollen and I was suffering from pain and I couldn't get access to the dentist and even don't have money to pay private dentist so it was a nightmare for me ...'

I was crying but not only crying, I felt I am crying blood, not tears as other people, but I felt that I'm crying the blood and my heart is broken, is bleeding from pain, I felt so emotional about my situation, so upset. I felt I couldn't speak, no one could hear my pain, physical pain, no one can hear my mental pain, my emotional pain, no one can hear me and hear my voice and I just keep silent because ... no one is hearing me, hearing that I am struggling, I'm human, I need really to access these services because I am human, I need urgent care, so why why these difficulties? Why these inequalities? So you can't imagine my situation so this is why I drew the picture because I was bleeding, bleeding from my heart, I was crying blood, I was silent because no one was hearing me, just myself, just trying to speak to myself and express my situations through the drawing and writing'



Female, Algeria, 34

Possible solutions and suggestions included:

- Collaborate with the Home Office to ensure all migrants receive the correct information in a way that is easy to understand
- Connect people from certain countries and speaking certain languages to workers who speak the same language and/or are from the same country
- Provide information in key places like GPs, schools, councils, religious places, trusted places in the community etc.
- Use simple and visual information
- Communicate with migrants through clear leaflets and speaking face to face

'Running free courses about Health Care to make people understand about health'
Female, Syria, 44

'ICS need to still work with migrant centres, churches and other community hubs'
Female, Nigeria, 42

2. Lack of knowledge of different migrant experiences and how best to support

In a one-to-one interview one woman told us that she approached her GP as she wanted to find out about having another child. She told us,

'They said, "we don't treat women when they become more than 39 years old. Go to private and treat yourself ... they spoke to me like this." When they said to me 'go to private' how can I afford this? I don't have money to treat myself for this ... I need to know why ... The only thing she told me 'this is a rule' and they didn't give me any reason for that. Only she said 'it is a rule' ... I have been angry until now ... since she told me 'go to private and treat yourself' I've been angry since that time'

Female, Syria, 44

'When we contact the NHS services sometimes, when I say asylum seeker they don't know, they don't know how we can access. They say "sorry I cannot provide you any information"'

Female, Algeria, 34

'They asked me if you did not have anyone in this country, why did you come in the first place? I did not know what to answer'

Forum Theatre Participant

Another woman wrote a poem about her experience as an asylum seeker trying to access health services.

Pain

*I'm feeling I'm not a human but I'm an object
I'm feeling my physical pain in my body
I'm feeling my mental pain in my mind
I'm feeling my emotional pain in my heart
I'm feeling hopeless, living in an empty world
I'm trying to find the way to justice, even if everything is dark
I'm struggling with myself to find the correct place
Sometimes I feel that I'm alone, and no one hears my voice*

'Sometimes you feel you never belong to this society'

Forum Theatre participant

Pain

I'm feeling that I'm not a human but I'm an object .

I'm feeling my physical pain in my body .

I'm feeling my mental pain in my mind .

I'm feeling my emotional pain in my heart .

I'm feeling hopeless , living in an empty world .

I'm trying to find the way to justice , even if everything is dark .

I'm struggling with myself to find the correct place .

Sometimes I feel that I'm alone , and no one hears my voice .

Possible solutions and suggestions included:

- Training - cross cultural awareness training for health practitioners and NHS staff
- Empathy training for staff and professionals to help humanising their practice
- Educate NHS staff on different migration situations
- Understanding that the concept of health is not the same in every culture
- Organise a survey to give out to professionals to also understand their problems/challenges and try to find a solution together
- Listen to real life stories and make face to face human connections with migrant communities

*'Treating people with patient-specific services with empathy, respect and dignity',
Anonymous survey respondent, Female, 38*

*'There are people who are more effected than others by the hostile environment'
ICS needs to 'see what am going through and to verify it and am ready to share anything, and to talk',
Survey respondent, Female, Ghana, 40*

3. Fear / stress / lack of trust

'One lady told me I will report you to the Home Office and this will give you a bad house'
Forum Theatre participant

There are multiple layers to this. People who have had bad experiences with the healthcare system in the UK are lacking in trust, as well as those who have had bad experiences with other UK services, specifically as an asylum seeker or refugee, and as a parent. There is also a fear of how personal data will be used by services and for what purpose.

'People are scared to be reported and that if they disclose their problems especially their mental health challenges their children will be taken away from them'
Forum Theatre participant

'People are scared about how the information is going to be used by services'
Forum Theatre participant

'It's unfair that the NHS won't cater for people with no recourse to public funds'
Anonymous survey respondent, African, 30-35 years

'I don't know who is responsible for asylum seekers but if it is the Home Office they should think about facilitating access to the services for asylum seekers. I think they should provide the right information, the necessary information'
Female, Algeria, 34

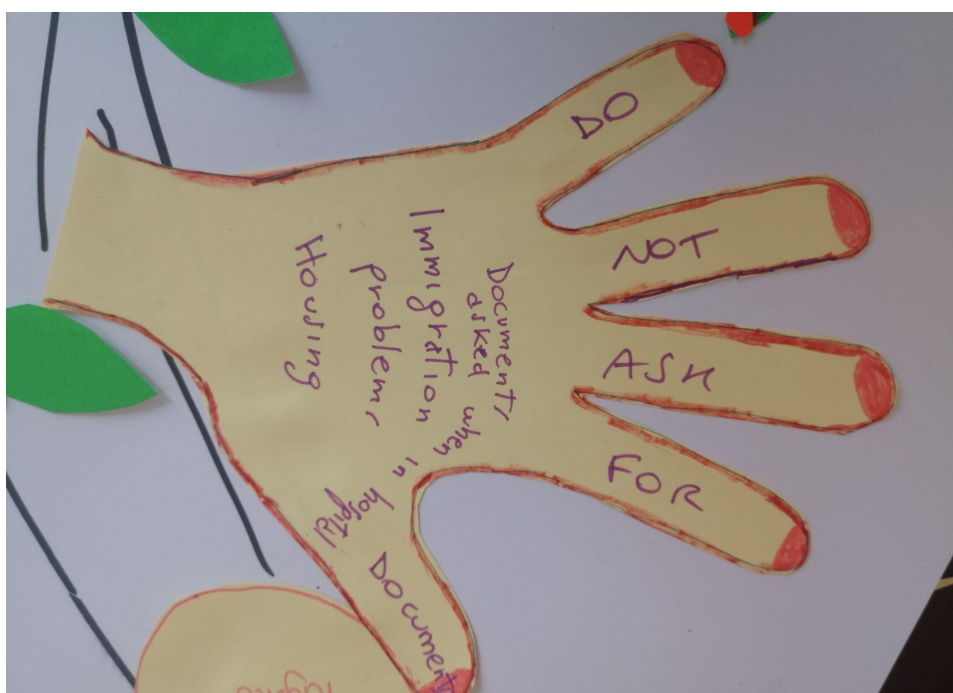
'When services ask so many questions, you do not know why'
Forum theatre participant

Possible solutions and suggestions included:

- Make all GPs practices 'Safe Surgeries'
- Do not ask documents from people when accessing health services
- Remove charges for NRPF
- All GPs in Lewisham and Greenwich should become safe practices and have this logo clearly displayed
- Provide more information about walk in centres
- Home Office should provide all relevant information to those seeking asylum
- Plan initiatives that can be tailored to individual needs

'ICS need to still work with migrant centres, churches and other community hubs. To support people in sharing their experiences and views of healthcare, way of questionnaires, and one to one testimony might also be of help.'
Survey respondent, Female, Nigeria, 42

'Use less forms, ask for less information. Many people do not access services as they are scared'
Foxfield Primary School Parent in focus group



4. Online or phone appointments only

A common experience was that it is generally harder for people whose first language isn't English to understand over the phone or online. The language barrier can make it a lot harder to describe sensitive problems and to discuss the diagnosis over the phone or online.

In a one-to-one interview one woman told us,

'If you call to book an appointment to make blood test, the queue on the phone is very long. I wait a long time on the phone. I try online but the system says that there is a problem. I try my best but I do not have anybody to help me. My son is very busy with his work. I do not want to disturb him. Before we could make an appointment face to face but now they have changed the system. You have to phone to book an appointment. It is expensive and also tiring. Pharmacy doctor is more helpful than the GP receptionist. I feel they know me, I have a connection. I feel free to ask them any questions I have.'

It is very difficult to speak with the doctor to ask for any clarification. These problems make me struggle even more. It is not fair for old people.

Once I had itchy skin on my neck, I went to the GP. The receptionist told me to phone. I tried to explain my situation but how could I show him the affected area on the phone. After two weeks, when I was at the practice for my husband, I showed the doctor and he finally gave me the right cream.

One day my friend made an appointment and argued with the receptionist. The receptionist told him to call but he said "I do not speak english, how can I do it?"

Female, 60s

Possible solutions and suggestions included:

-A number of respondents suggested having in-person wellbeing spaces that people can visit before contacting their GPs

-Some respondents asked that their notes or records could clearly state that they are in need of face-to-face appointments due to language barriers, age, or other needs

*'Facilitate booking appointments and providing translators'
Survey respondent, Female, Syria, 35*



*'Having families health and wellbeing Hubs'
Survey respondent, Female, Nigeria, 42*

*'They should stop referring people to the phone especially if they see we are old, not well and we do not speak English ...
Freedom pass - some appointments should consider the times for the freedom pass or peak hours. They should not give us appointments in peak hours'
One-to-one interview, Female, China, 60s*

Improving communication and how to work differently to better support communities

These were some of the main areas discussed, but not all. Regular and consistent communication is key to improving relationships and building trust.

1. Understanding cultural differences

'When I was making an appointment with a receptionist, she asked many personal questions, the other people waiting there could hear it – it made me feel really uncomfortable.'

One-to-one interview, Female, China, 60s

'Consider gender and culture when allocating doctors to people'

AFRIL Parent in focus group

2. Working with trusted figures in the communities

'Identify key community leaders in each area as many of the migrant communities rely on word of mouth'

Foxfield Primary School Parent in focus group

'Use the communities places where the community goes, use word of mouth through key community leaders more. Through religious places, gavs, schools. Gps you can reach more people in the community. Leaflets do not work really.'

Foxfield Primary School Parent in focus group

3. Creating spaces for people to talk

'Single mothers need some support to rest from their children and family commitments'

AFRIL Parent in focus group

'Create places, spaces for women to share and to be together like this group'

Creative Families session participant

'Run free exercise and ESOL classes in the community'

Foxfield Primary School Parent in focus group

4. Using social media and other media

'Connect with the informal community groups available on social media, especially facebook and instagram'

Foxfield Primary School Parent in focus group

'Use media, perhaps TV, radio local and national, as well as community radios for information and awareness'

Foxfield Primary School Parent in focus group



'Have more cultures represented in positions of power'

Creative Families session participant

Drawing by a member of the Migreat! Group

Five key recommendations

1. Review current information available for non-native speakers and improve how and where this information is provided

- Make it visual and easy to understand
- Collaborate with other services in the area
- Identify which languages other than English staff can speak at all services in the area and try to match patients to those speaking the same language
- Liaise with home office/council to make sure that all asylum seekers/migrants are informed of services available to them and how to access them

2. Cross-cultural training for staff

- Develop cross-cultural understanding by offering training to NHS staff and services
- Speak with real people about their experiences
- Develop strategies to implement in the workplace

3. Make all GP practices Safe Surgeries

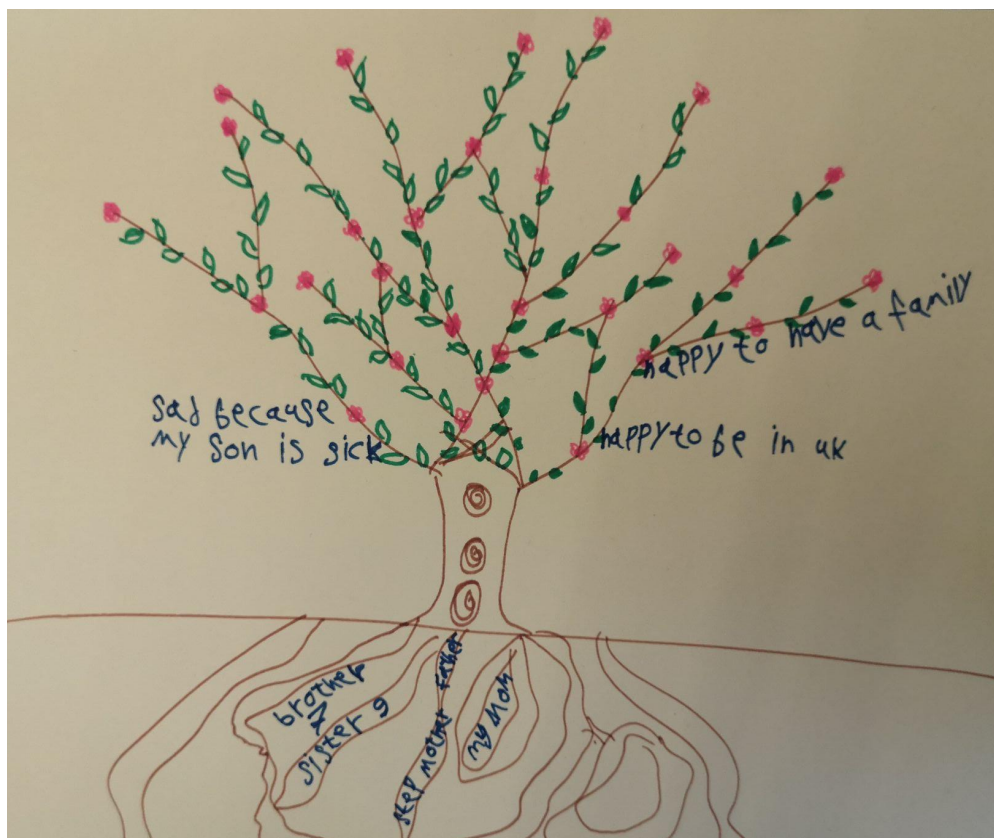
- Advocate to make all GP practices in Greenwich and Lewisham Safe Surgeries
- Make sure all staff including receptionist know how to make their practices more accessible, friendly and safe

4. Involve community, especially community leaders in decision-making and training

- Create taskforce, steering groups made up by key community leaders to actively involve people in creating solutions together (similar to what the South London Listens Campaign with Citizens UK has done)
- Involve key migrant groups in sharing their experiences and training staff and services on how to work cross-culturally

5. Build Trust

- Have workers embedded in the community by attending activities, events, sessions in places already trusted by people



Conclusions

We hope that this report has provided useful insight and inputs on how to improve access to health services for migrant communities, especially asylum seekers and refugees in Greenwich and Lewisham.

Cross-cultural understanding and awareness, empathy, respect and active listening are crucial to earn trust and respect from communities very often frightened and scared by hostile practices.

Always looking at things from a different perspective and engaging actively those we want to support is also key to effective communication. Those impacted by inequalities should be actively engaged to find solutions together rather than being consulted or advocated for. They are the best to know what needs to be done and what can be done to improve not only access but also their experience of health services. This would also prove to be a cost effective solution as whatever will be done will come directly from the people we want to support and is definitely what is needed.

Creating Ground is part of Greenwich Citizens and the Borough of Sanctuary. Through these networks as well as through our role in the community, we would love to work with ICS more actively and we hope this report can be the beginning of a further collaboration.

We would love to present the Forum Theatre scene we have worked on at one of ICS's meetings in June or July 2022 as a starting point to finding solutions together.

Trust is built by establishing and nurturing relationships where trust already exists.

