



## **Macmillan Cancer & Healthwatch On Tour**

**Understanding Views & Raising Awareness on Cancer & Cancer Services from Asylum Seekers & Refugees in Blackburn with Darwen**

*May 2016*

## Acknowledgments

Darwen United Reformed Church

John East & Volunteers at Asylum Seeker & Refugee Drop In

Healthwatch Blackburn with Darwen & Healthwatch Lancashire Staff & Volunteers

Macmillan Cancer Support Staff & Volunteers

## Introduction

Healthwatch Blackburn with Darwen worked in partnership with Healthwatch Blackpool, Healthwatch Lancashire & Macmillan Cancer Support to deliver a series of interactive events to seldom heard groups across Lancashire, allowing them the opportunity to share their views on Cancer & Cancer Services.

### **More than 1 in 3 people will develop Cancer at some point in their lifetime**

The project also allowed both local Healthwatch & Macmillan Cancer Support to raise awareness on their roles and what part they can play in the Cancer journey.

#### **Why Asylum Seekers & Refugees?**

One of the core principles underpinning the health and social care system in the UK is that access to - and appropriate delivery of - the best quality care services is available to everyone. This applies irrespective of race, age, sexual orientation, gender or gender identity, income, disability or religion.

However, health consistently remains one of the great focal points of inequality - especially when it comes to cancer.

Macmillan Cancer Support is working hard to understand the complex issues driving these inequalities, and identify hidden needs, by engaging with seldom-heard-from groups. By working with these groups and our partners, including community partners, service providers and policy makers, we aim to understand specific needs, and co-design solutions that work, so we can help shape the future of cancer care - and ensure no-one faces cancer alone.

## Method

A 60 minute workshop was delivered by AFTA Thought, a drama based training company. They encouraged the group to share their views & experiences on Cancer & Cancer Services in an informal & interactive way.

Healthwatch & Macmillan staff and volunteers facilitated group discussions amongst small groups within the audience throughout in order to record the discussions being had.

The scenario acted out by AFTA thought were all relevant to Asylum Seekers & Refugees & were based on real life case studies.

#### Scenario 1

Q1. How is Oz feeling?

Q2. Do you think Oz will come back tomorrow?

#### Scenario 2

Q1. How do you feel Natalia is feeling?

Q2. What could the receptionist do to help Natalia feel okay?

Q3. Did you hear what Natalia was worried about?



## 26 Asylum Seekers & Refugees participated in this event

### Findings & Key Themes

#### Attitude of Health Professional

Participants spoke of health professionals not taking things seriously, as if they didn't care. They spoke about how they didn't feel they got the time & attention they deserved.

#### Appointments

Appointments were difficult to get & on numerous occasions participants were told to call back. This was difficult both to understand & execute especially with the language barrier and cost involved making numerous phone calls.

*'two weeks later can't make appointment, ring yourself to make appointment, told to call back'*

#### Communication

The way in which participants were spoken to had a huge impact; people spoke of being 'shouted at' rather than being talked to in a calm & quiet fashion. Receptionists need to ask questions in a straightforward & clear way.



#### Language Barrier

The language barrier could often cause frustration & misunderstanding; this had an impact on Asylum Seekers & Refugees accessing services & visits being successful in outcome.

A number of participants spoke about translators; often these weren't available and family members had to be used. When a translator could be accessed this wasn't always a positive experience, especially when having to tell them about 'a personal problem'.

*'Not understood at doctor, a problem which has been going on for a while, rely on friend to book appointment & attend GP with me'*

#### Privacy, Consent & Trust

The issue of GP receptionists came up numerous times, participants spoke of personal questions being asked in public areas and this became more of an issue when voices were raised due to lack of patience & understanding.

Those participating said they would prefer a private room where they could go, especially when talking about personal issues.

*'Sometimes the receptionists think they know more than they actually do and they could be giving the wrong information'*

## Referral Time

The time spent waiting for a referral to see a specialist was raised a number of times, the agreement for a referral to be made in the first place was also mentioned.

*'Had cancer five years ago, knew I had a problem but doctors don't like referring to specialist, no translator, hard to get point across, had to ask to see specialist myself, to see a specialist takes a long time'*

## Stigma

Participants spoke of how they sometimes felt they were treated differently by professionals because they were an Asylum Seeker or Refugee.

*'Doctors ask what you do for a living, why?'*

## Participant's Positive Experiences

*'Darwen Health Centre very good, I like the GP although they aren't specialised'*

*'My doctor speaks my language, I only go to see a doctor that speaks my language'*

*'I'm confident with my language but I like to see the same doctor'*

## Participant's Negative Experiences

*'Had to wait three years to see consultant'*

*'Sometimes the receptionists asks me too many private questions'*

*'Dentist removed tooth without my permission, I was stressed & upset'*

## Participants Feedback

*'It was a good experience for me, before the meetings I didn't know some things, I feel confident'*

*'I thought it was very good'*

*'I learnt that if we go to our GP and they don't understand there are people that help'*

*'they gave us good education'*

*'I liked the scenarios, I thought it was very beneficial'* Volunteer

*'Always welcome to support Healthwatch Blackburn with Darwen, an interesting presentation which hopefully will be the start of more activities for perhaps one of the most vulnerable and isolated groups'* John East



## Conclusion

Asylum Seekers & Refugees faced a number of challenges when it came to accessing services which may support them or a family member with Cancer:

The attitude of the Health professional was crucial when it came to ongoing engagement with an individual.

Making appointments was a challenge, this was frustrating for individuals, a lack of consistency in how appointments should be made was identified.

Communication was often a barrier both in regards to the language barrier but also the way in which individuals were spoken to, impacting their future engagement with services.

Individuals were often wary of sharing information in public areas especially when it came to personal issues. This made them feel uncomfortable & again impacted on their future engagement.

Many of the individuals we spoke to felt stigmatised as an Asylum Seeker or Refugee, often being treated differently by professionals.

## Recommendations

Healthcare professionals need to be trained & confident in engaging with & providing an effective service to our diverse population including Asylum Seekers & Refugees. Local services should review their Equality & Diversity training to support this.

The way in which appointments are made needs to be consistent, being flexible in method and understanding individuals needs to ensure the process is as accessible as possible. (In line with NICE guideline C9138 1.3.1)

GP's should make individuals know they are entitled to a translator at all times and not rely on family members to provide this service.

Healthcare professionals should respect individual's privacy & only ask questions that won't reveal sensitive information. When sensitive information is being shared a private room or area away from the general public should be used. (In line with NICE guideline C9138 1.2.1)

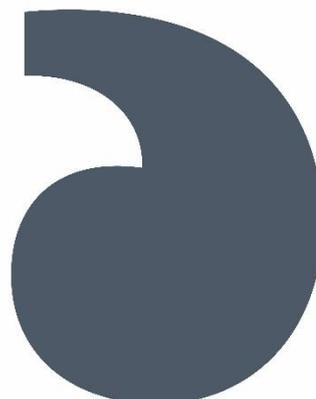
## NICE Guidelines

Patient experience in adult NHS services: improving the experience of care for people using adult NHS services

1.2.1 All staff involved in providing NHS services should:

- treat patients with respect, kindness, dignity, compassion, understanding, courtesy and honesty
- respect the patient's right to confidentiality
- not discuss the patient in their presence without involving them in the discussion.

1.3.1 Adopt an individualised approach to healthcare services that is tailored to the patient's needs and circumstances, taking into account their ability to access services, personal preferences and coexisting conditions. Review the patient's needs and circumstances regularly.



If you would like more information about Healthwatch Blackburn with Darwen, a hard copy of this report or to find out how you can get involved in future projects please get in touch:

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