



# Community Buddies Report:

Researching minoritised women's participation in healthcare research and understanding barriers to participation

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# 1. Introduction

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This research was undertaken as a part of the Community Buddies Programme supported by The British Science Association. The community leader Julia Wyscocka, Community Development Officer at International Community Organisation of Sunderland and Researcher Andrea Lawrence, lead researcher from County Durham and Darlington NHS Foundation Trust.

This report outlines findings from focus groups and creative research workshops undertaken with minority ethnic women living in North East. The purpose of this research project was to find out what barriers migrant women experience when accessing healthcare research and how it could be made more accessible to women.

The overarching aim of this research was to raise awareness of healthcare research among minoritised women (especially including women in pregnancy or child bearing age/ young children) and to create equal opportunities in research participation.

## 2. Key findings:

A total of 22 women took part in the research project (18 women took part in the focus groups and 8 women took part the creative workshops, 6 women participated in both research methods). Ethnicities of the women who took part in the research made up of 77% Eastern European (including Polish, Ukrainian, Russian and Estonian), 20% South Asian (including Bangladesh, Pakistan and India) and 10% Central and South American (including El Salvatore and Brazil). All women participants resided in the North East, areas included Tyne and Wear and Durham. The ages varied from 16-77 years old, 77% of women were ages 30-45. accessing healthcare research and how it could be made more accessible to women.

The overarching aim of this research was to raise awareness of healthcare research among minoritised women (especially including women in pregnancy or child bearing age/young children) and to create equal opportunities in research participation.



### Findings from focus groups highlighted barriers for minority ethnic women taking part in healthcare research

- Lack of knowledge and understanding among minoritised women regarding accessing healthcare research
- Being unable to take part due to language barrier and lack of understanding of English language
- Lack of opportunities to take part in healthcare research due to not being able to get diagnosed or having experiencing other barrier related to healthcare

Those who stated they were invited to take part in any research, have spoken very positively about their experience including receiving very patient focused care but expressed how language and understanding can be a big barrier for those whose English is a second language or those with communication barrier.

Findings from focus groups and creative research workshops also presented women's experiences and barriers in accessing healthcare services

**Access to interpreting:** including for those with complex needs whose English is a second language, fear of not being taken seriously by healthcare staff due to limited English language skills, interpreters not having enough training e.g. in medical terminology and wrong language interpreters being booked for appointments leading to longer waiting times for patients

**Access to information:** lack of access to information for those who first arrive in the UK, resources such as the website not being easily accessible, difficulties with accessing and registering with GP services

**Immigration status:** lack of knowledge and resources for those with pre-settled status, NHS fees levied under the immigration health surcharge are a legal barrier to healthcare for migrant women

**Changes after the COVID-19 pandemic:** more difficulty with accessing healthcare services including mental health services and dentists, new procedures with contacting GP services such as online contact forms or over the phone appointments create additional barriers for women with limited English language skills, difficulties with accessing tests, treatments and consultations including lack of referrals from a GP and long waiting times.

### 3. Recommendations:

The following recommendations are based on findings from focus groups and creative workshops with minoritised women residing in North East of England in relation to healthcare providers working with them: Primarily the aim of this project was to raise awareness of healthcare research among minoritised women (especially including women in pregnancy or child bearing age/young children) and to create equal opportunities in research participation. This cohort particularly are likely to be exposed to research opportunities as there is significant opportunity in maternity care, childbirth and paediatrics. Research gives patients and participants opportunity to be involved in activities that may be an occasion to find out more about the condition, or new advances and treatments. It can be empowering to have a say or influence on the care provided.

One of the women involved in the focus groups did indeed have this type of experience, having access to new treatment and a comprehensive series of planned follow-up, and ultimately this was a very positive experience. As concluded, access to research is limited by access to healthcare. Access to healthcare is the primary concern in this inclusion group.

**Inclusion health aims to tackle inequitable access to healthcare, and health outcomes. (NHS England Health Inequalities Strategy). The aim is to;**

- Protect the most vulnerable from COVID-19
- Restore NHS services inclusively
- Develop digitally enabled care pathways in ways which increase inclusion
- Accelerate preventative programmes which proactively engage those at risk of poor health outcomes
- Particularly support those who suffer mental ill-health
- Strengthen leadership and accountability
- Ensure datasets are complete and timely
- Collaborate locally in planning and delivering action

**The main barriers in this cohort that need to be addressed to allow equity of access include;**

**Communication:** Language and interpretation services.

More evidence is required to determine the availability and appropriateness of interpreters. Incorrect language, inability to understand or relay complex medical information, lack of

patient involvement in the discussion have all been identified as a barrier.

Clear advice and guidance for HCP on what to do if an interpreter is not available – using a nominated family member/friend, voice interpretation apps, or document interpretation sites for letters etc. Accessible communication tools like pictures or images that may support the patient.

**Access to information:** Websites with accessible healthcare information in a range of languages. Clear and timely information on what services are available and how and when to use and access them appropriately.

**Training:** For those in direct communication such as GP reception staff – identifying a champion.

Digital Systems: Access that allows non-English speaking patients to relay information  
Text or email service.

Online appointment booking.

Further research into this cohort across the NENC region and nationally is required to fully understand the barriers faced by this inclusion group, and what services are aligned to support equity of access.

## 4. Research Methodology :

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The overall methodology for this research was using qualitative methods including focus groups and creative research workshops with migrant women residing in the North East. The advantages of using qualitative data in this research include understanding personal experiences relating to healthcare research and access to healthcare.

Focus group discussion is a research methodology in which a small group of participants gather together to discuss a specified topic or an issue. Focus groups are effective for study of sensitive issues. It is a useful way of working with groups who have limited literacy or those whose first language is not English, and more vulnerable (NHS England, 2016) individuals.

Using creative and art-based methods in research can be a benefit when researching sensitive topics such as health and social care, innovative approaches can make participants feel more comfortable and safer whilst providing insightful and rich data. Art-based research methods can be effective in exploring peoples' subjective experiences, abstract concepts where verbal descriptions may not be sufficient to explore or understand them, sensitive topics (Social Change UK, a brief guide to creative research methods, 2018) and can also be an effective research method when research experiences of those from minorities backgrounds with limited English language skills.



## 5. Qualitative Findings: Focus Groups

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### 5.1. Taking part in healthcare research, women's experiences:

Majority of women who took part in the focus groups, never did take part in healthcare research due to a number of reasons such as not having the opportunity to or due to language barriers. Some women who participated never even knew healthcare research opportunities had even existed and needed clarification what healthcare research meant.

*"No, no, no, didn't have any opportunity to have it." (P2)*

*"I have quite complex disability so far nobody asked me and never heard anything." (P5)*

During the focus groups two women had stated that they had the opportunity to take part in healthcare research, they explained that their experiences have been very positive, they stated that they have been well informed, looked after and included in their care. One participant explained,

*"The first sentence from the consultant do you want to be involved in a clinical trial? Because we've got one and it will speed up your treatment. So I'll be cleared of the virus as a result.... I could contact with the nurse and kind of the day, really if something was wrong and the schedule of the follow up visits was absolutely amazing." (P14)*

Another participant who took part in healthcare research stated,

*"I've got invitation from the GP because I had irritable bowel syndrome, so I got communication from the GP and they asked me if I wanted to take part in some research" (P11)*

The women also discussed the barriers of accessing healthcare research which included language barrier and lack of understanding of English language, without lack of interpreters and translated research material they were unable to take part.

*"My uncle and my aunt. Umm, they both received some invitations for the research. Generally, it's a long thing to fill that form in and they bring me all the documents and all the letters to translate. So that they had in invitations sent several times through NHS, but because they did not provide interpreter services." (P11)*

*"I would struggle understanding anything. It's simple things like uh, write your name, address, date of birth" (P3)*



## **5.2. Access to Interpreting:**

One of the biggest problems highlighted and discussed in depth by the women who participated in the focus groups was access to interpreters and the issues associated with this such as lack of trust, lack of training for interpreters and lack of knowledge of how to access interpreting services. Including when attending appointments with at the GP's, consultations, treatments, tests and hospital stays. This was also an identified issue for those who were interested in accessing healthcare research opportunities.

The participants talked about not being provided interpreters during important appointments, hospital stays and procedures when they have requested them, leading to them making complaints and asking outside agencies and organisations for support. One participant talked about not being provided an interpreter in a hospital for her mother, *"Last year, my mum situation was horrible, horrible... sometimes she had the translator, sometimes not. At all times I was fighting with the manager of the ward. 'Please give me a polish interpreter, for my mom or me!'... 'Please understand what it is like for me, because maybe I have question, my English is not good'."* (P3)

Moreover, women expressed their worries about not having access to an interpreter for family members including those who are over 65 years old, during invasive procedures and operations. Some women did not even know how to ask for an interpreter for their appointments and family members being asked to support with interpreting. One woman talked about her experience of having to rely on her niece, *"...I'm 77 years old so it's not easy. My problem is I wouldn't even know how to organise an interpreter. At the moment I have to use my niece to do this for me ... I am unable to communicate, not even to call emergency services or ambulance and this is a big problem for me, and I would love to have a solution to this problem ...At this moment I feel useless and unable to deal with this problem...It's causing me a lot of stress being unable to communicate and unable to do anything about it."* (P10)

Women expressed their worries about how not having interpreters puts a lot of pressure on them and their family, causing stress. Participants highlighted that often they have been asked to interpret for their family members or friends which they don't feel comfortable with. *"It's supposed to be a non-family translator. There should be a translator there."* (P9)

The women discussed that more work should be done to avoid issues relating to access to interpreting, but also communication should be improved for those whose English is a second language or have limited English language skills and also suffer from hearing and/or mental health problems. One woman talked about a family member with complex needs, finding it difficult to access services, *"She doesn't make phone calls ...and also, she relies on a lip reading so she won't. Uh, you know the communication absolutely overwhelming for all different reasons."* (P14)



Women expressed their worries about not being taken seriously by healthcare staff when their English language is limited. One participant stated,

*“If you go there and you could speak broken English, I’m sorry. Then you won’t be taken seriously, I’m afraid. Yeah, you won’t be taken seriously. You will be seen as inferior.”* (P17)

Discussions highlighted that interpreters need further training. Women stated that often they get ignored by interpreters and instead the interpreters have conversations with the GP’s, doctors or consultants instead of interpreting word after word. Women stated that interpreters are a barrier themselves as many of them do not have the knowledge or background of medical terminology, which causes confusion during appointments.

*“Interpreters come from different walks of life, and you don’t know a thing. In my experience is that interpreters are basically taken from factories...”* (P9)

*“I am aware that interpreters here, are just the people who know the ordinary language and nothing else... They have no knowledge of anatomy, Physiology, pathology, whatever else, pharmacology and things like that, and it’s really, really simplifies the conversation, and the interpreter is a barrier to the conversation.”* (P14)

Participants discussed there being issues with agencies used for interpreting, that wrong language interpreters get booked in for appointments. One participant shared her experience,

*“My original language is Spanish, but she doesn’t speak Spanish. She speaks Portuguese and I really can’t understand what she say and have to stop there and I say sorry I don’t understand what you say. ...I’m speaking Spanish. We can speak similar, but it’s not the same language and she don’t speak with me. She just speaks with the doctor and she doesn’t translate. So at the end, I was very upset because is very sensitive. It’s something very personal, very important. So the next time I book the interpreter and she come back again, the same person, I can’t believe that because I told them, this person, she don’t speak Spanish, she speaks Portuguese and they book again.”* (P17)

Another participant stated,

*“...they book interpreter, but was Chinese, so I said ‘I’m sorry, Polish and Chinese? ‘It’s not even close. Like, who did you send to us?’ It was like Polish has nothing to do with Chinese, so they had to cancel their appointment again and then the wait. It’s really long.”* (P9)

Issues with booking wrong interpreters can lead to women having to wait longer for further appointments and consultations.

*“So you really wait another couple weeks, at least for another appointment. If it’s specialist then they put you on the back of the list so you wait even longer, just because there is no interpreter.”* (P16)



### **5.3. Access to information:**

Participants discussed the lack of access to information when they first arrived in the UK. Not knowing what their rights were when accessing GP services or hospitals, or what services they could access as the healthcare service was different in their countries of origin. For example, participants did not know that food in hospital was free or that they could request a home visit from a GP. One woman stated,

*“When I was in hospital for the first time, when they brought me a menu to actually choose from what I would like to have for breakfast and for lunch, I thought this is like a private restaurant. You have to pay for, so I said No, no, no. And I was without food for the whole day. Because I didn’t know that. Actually in different countries, it’s a huge difference between those things.”* (P9)

Another participant stated,

*“it’s not something that they would consider Doctor coming, but then she was shocked that actually Doctor came to have a look... for home visits, you know?”* (P14)

Participants discussed that the current resources provided by NHS such as website and other information is not user friendly or easily accessible for people from minoritised backgrounds who may struggle with understanding the language.

*“not very user friendly”*(P2)  
*“it’s hard for me understand because everything is online”* (P17)  
*“So for me, so difficult to understand the bureaucracy”* (P8)

Participants highlighted that there are difficulties with accessing and registering with a GP service, especially for those without documentation which caused issues with accessing hospital care when it was much needed, one woman talked about her experience of not being able to access hospital care during two miscarriages, and her rights as a woman were not respected,

*“I was in London, I was pregnant and I miscarried at home, I didn’t have doctor and my friend took me in the hospital. She said ‘I don’t care if you have a doctor or not, but Doctor will be checking.’ You know, it’s a problem. So they took me to the hospital and they didn’t check me. So you don’t have doctor, you are lady, you have to respect the human being. You know? I couldn’t stop the blood, but they said ‘No. Sorry I can’t do anything and then I come back home’.... I’ll go and I miscarried 2nd time. The same happens. No doctor. As I have just one son now, it’s a blessing. So I say it’s a miracle.. This country is famous for their woman rights. With that, I’m so disappointed because of women, like me, who are suffering? I just pray for them.”* (P16)

Moreover, another woman talked about her problems with registering with a GP and explained how there is a lack of knowledge of rights and who is allowed to access healthcare services in the UK, patients are unaware of their rights,

*“I was working as a lorry driver, so I tried to register with the GP... they didn’t know what to do with us, and especially lack of information, lack of knowledge of our rights, what is our rights as a patient, as a human being, uh and when they have to accept us on the emergency basis.”* (P9)



#### **5.4. Issues with immigration status and accessing healthcare:**

One of the issues participants talked about across all focus groups was problems with their immigration status and accessing healthcare. Participants talked about not knowing or understanding their families' rights relating to their status and that it is not clear who can and who can't access healthcare in the UK. One woman stated,

*"I don't know about the accessibility for people who have a settled status or don't have a settled status and them who just came into the country. I know that hasn't been an issue in the past.*

*Now there will be new rules. It's not relevant to me specifically, but my family members."* (P18)

One woman stated that more information is needed to raise the knowledge and understanding of people's rights to free healthcare in the UK.

*"I think publicising that knowledge and understanding of do they need primary healthcare; can they access it? If they start work, what is the expectation from them?"* (P8)

Additionally, migrant women are especially affected by NHS fees levied under the immigration healthcare surcharge, which can be a legal barrier to healthcare for migrant women. Women talked about their experience with paying their NHS fees and financial pressure it has put on their families, one woman stated she had to pay double due to an administrative issue,

*"I had to pay double"* (P15)

*"How many people we have, we have to pay and it just fees as well."*(P16)



### 5.5. Changes to healthcare services after the COVID-19 pandemic:

Participants felt that it is now even more difficult to access healthcare than pre COVID-19 pandemic. Women felt that the healthcare system is now broken due to new procedures within some GP practices e.g. needing to fill out forms to contact a GP or having an appointment over the phone.

*"... before pandemic it was ok, time after pandemic it's Broken" (P6)*

*"...treatment by phone, not by eye to eye... Uh, they give you link and you could write to GP, they have five days to reply." (P4)*

*"You can't get to him. You can't take appointment for GP, but always when you go there, there is no one inside. So I'm curious how, how? What they do there, if you wait, waiting 45 minutes on the line starting 8:00 o'clock. And she said, oh, sorry, there is no more appointment for today. And 10 minutes later, I go to pharmacy next to this GP practice and there is absolutely no one inside." (P1)*

Which is also a barrier for women who have English language barriers and are unable to communicate over the phone with their GP.

Participants highlighted that it now takes a lot longer to be seen by a GP or not getting the appropriate medication which leads to more people accessing emergency care in hospitals. Women talked about long waiting times and barriers they have experienced as a result of this,

*"I was waiting 3 1/2 hours. I was at the doctor for three days before that and he gave me naproxen and I went to emergency because it was worse and this tablets didn't help me" (P7)*

*"it's two months ago I have some problems with blood coming from my nose. I just sitting like that and that and the blood was coming and coming. Non, stop. So I go to the emergency. They don't care about me anything." (P16)*

Additionally, participants stated that they have been having problems with accessing dentists since the COVID 19 pandemic and women who arrived in the UK as Ukrainian refugees have not been able to register in the UK with a dentist. One participant stated that she had to visit a dentist in Croatia,

*"Had the opportunity to be not in Ukraine, but in Croatia, so we use this time to went to dentist to make some fillings because here it's very expensive" (P10)*

Similarly, a woman who had moved to the North East from London also



hasn't had an opportunity to access the dentist so she has had to go for a treatment to Poland,

*"I moved from London three years ago. It was pandemic and I tried to find dentist in here but I can't. Yeah, they don't take new patient anywhere so now I have to go to Poland."* (P5)

Another woman also stated that they also access dental services in Poland,

*"One service that I always use in Poland is the dentist. I'm not entitled to free NHS dental treatment."* (P16)

Another participant stated she has never accessed the dentist in the UK since arriving from Ukraine,

*"I didn't have the opportunity to go to dentist."* (P11)

Findings from the focus groups also highlighted problems with accessing mental health services including long waiting times. One woman stated that the wait to see someone is around two years due to the impact of COVID-19,

*"Around two years when you go to see somebody...because everyone's still quite stressed in hospitals, but. It's like it's trauma that people are experiencing now."* (P4)

*"We would wait for another six months, one year we would get nowhere."* (P6)

Another woman stated that mental health services need improvement as her son did not have positive experiences,

*"mental health services and that's actually a massive area that needs to improve. And my son has been accessing it in the past. Very negative experiences. He had several people that he had to speak to, about very sensitive matters."* (P2)



## 5.6. Difficulty accessing tests and treatments:

Findings also highlighted issues with women not being able to access tests, most common one that women have discussed was a blood test. One woman stated that her son has never had a blood test in England, *"I have seven years old son and till now in England, he doesn't have blood test."* (P4)

Another woman stated that she felt that GP's don't want to refer for blood tests due to the costs associated, *"..Like we can't send you for a blood test because nothing is wrong with you. And these tests are really expensive, so we will not spend this money"* (P1)

Another woman talked about wanting more information about her test results, instead of being told there is no further action, understanding her results would be more valuable, *"Lack of sufficient explanation for the patient, everything is explained very kind of basic types. You get a blood test, I don't really feel well but they say like 'your results were normal'. Yeah. No. Tell me what my results were. Don't tell me that they were normal...Can you print it out or can you basically save it as a PDF and send me? The actual results. I need numbers."* (P13)

One of the biggest problems women discussed across all focus group is that because they couldn't access specific services in the UK due to long waiting times or not being able to get a referral, they accessed private healthcare in other countries. One woman felt frustrated that she didn't receive appropriate care in England, she has accessed private healthcare in Poland, *"...Honestly the GP. They didn't help me. Uhm, I flew to Poland and I paid everything for private in private hospitals. I was really sad because I always work here. I paid all the taxes and I didn't take any benefits and they don't have your back."* (P17)

Another woman stated that she is aware of many people who do the same, *"I know a lot of people who do exactly that because they suffer for condition for months and months and they get nowhere. So then they get private testing done in Poland."* (P4)

Similarly, women who arrived in the UK as refugees expressed differences within healthcare and treatments in both countries, which can cause confusion on what the right treatment is, one woman expressed, *'It wasn't the same thing that doctors in Ukraine told me. In Ukraine I was told that I need to be operated'* (P11)

Women from Poland and Ukraine talked about medicine being more accessible in terms of costs in England, *"When talking about medication or that there are differences between the UK and Poland, is that in the UK medication is much more accessible."* (P17)

*"It's a matter of being able to afford the medication the same in Ukraine"* (P10)



### 5.7. Positive Experiences:

During the focus groups women also highlighted their positive experiences in accessing healthcare and especially certain departments in local hospitals where their family members have received quality care, the women stated,

*“Very good team, helped to my mom. It’s the best ICU”* (P3)

*“When my son was at the hospital, is provided with a very good level of care...it was very pleasant and child focused”* (P5)

One participant also talked about accessing healthcare quickly and efficiently regarding serious medical concerns,

*“The care is very good and I’ve had an issue last year where I’ve had something on my breast that I checked.”* (P11)

One woman from Ukraine also felt that they received good care when she first arrived in England,

*“Doctors invited us and they wanted to see us, ask many questions as it was very pleasant because when I spoke with my friends from Ukraine and told I was shocked because the first days we came and doctors worried about us. It was very pleasant.”* (P10)

### 5.8. What would you like to be different?

During the focus groups we have asked women for their voice on what changes they would like to see. Focus group findings highlighted that having a more diverse workforce can lead to a greater understanding of different cultures and languages in the sector. One woman stated,

*“...Hire the different community, the nationality people, so it’s going to benefit whole community”* (P16)

One woman stated that it would be beneficial for volunteers from different ethnic background to volunteer on wards to support those from different backgrounds, by making them feel safe.

*“I think we had this before when they were volunteers and, you know, bring it to you and coffees and things like that and then to check if they have volunteers with such languages.*

*So the patient feels more, you know, assured that heal better when you feel safe, isn’t it?”* (P9)

Women also talked about wanting to be more involved in making decisions about their care,

*“I want to be involved in making decisions and I want to be notified every step of the way what happens.”* (P14)

Another woman talked about GP’s knowing their patients well, would be a benefit,

*“I suppose that flexibility would be the key, and knowing your patient...”* (P16)

Additionally, women stressed that having their voices heard was an important factor in relation to their care and treatment, as well as having the correct access to information,

*“I think more opportunities for having our voices... or improving access and services for people who come across the globe.”* (P13)







*"I drew a person who is trying to get a referral to a consultant through a GP, it links to many problems, it is very difficult to get support through a consultation with a specialist. It's a very long journey of waiting."*

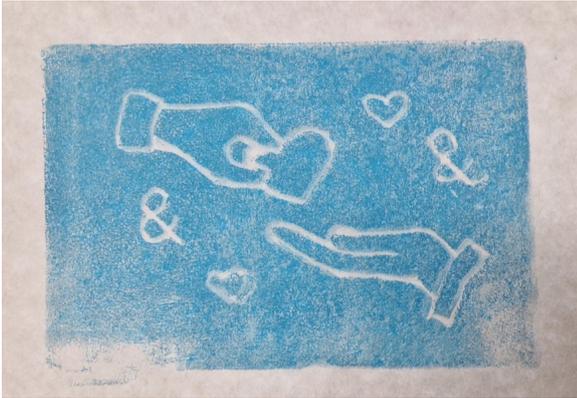
*"I have drawn a syringe. Form me there is a problem with healthcare to receive appropriate support, often you receive the support too late or never"*



Participants expressed positive experience in relation to nurses, using symbols to represent good care and support they and their family have received from nurses. One participant drawn an image of a pregnant woman explaining that a nurse was a 'life saviour' in relation to her pregnancy.



*"I had only positive experience with NHS in UK. Always got appointments with specialist and help from them. When I've been in emergency with bad back doctor check not only back but bladder and kidney's. GP calling me for annual blood test."*

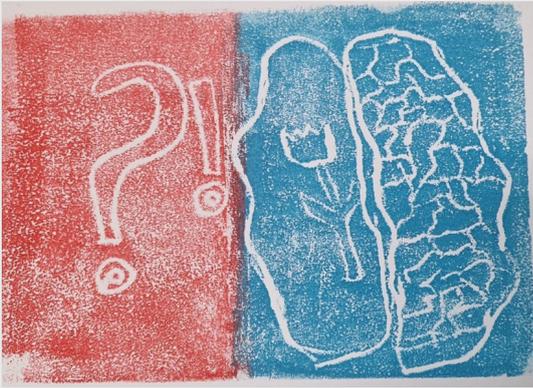


Moreover, one participant stated that she has only had positive experiences in relation to healthcare, stating she receives an invite for an annual blood tests and always received appointments when needed.

Multiple art pieces shown concerns around mental health and stress. Participants represented problems through their drawings with people being unable to receive appropriate support in relation to mental health services, or taking a very long time to receive the help that they need.

*“I’m living. I have posttraumatic stress disorder, and I am struggling with getting the proper therapy or treatment from 2021. I have talking therapy but I need the relevant treatment. I follow all order the GP doctor said, I got pills, but it’s not just about pills. Is about how can help me? I don’t know.”*





*“My drawing represents mental health. Many people need help and they don’t receive it in reality.”*

Other issues represented through art work included problems with accessing dentists, healthcare being expensive for students and those with no recourse to public funds and patients not having their voice heard within health and social care.





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*“My work says that I find it very difficult to get to the dentist, especially with a tooth ache. It’s a very big problem for me.”*



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*“Every Patient voice count! Everyone should have their voice heard.”*

## 7. Conclusion

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Results from this research with minoritised women living in the North East, highlighted the main barrier to accessing healthcare research is access to healthcare itself, if women are not aware of their health conditions or their conditions have not been diagnosed, they will not be able to take part in healthcare research. There are not enough opportunities for women to take part in healthcare research due to lack of communication skills, lack of information and access to healthcare.

Women highlighted negative impacts of COVID-19 pandemic on healthcare services, with NHS being under pressure, women have not had the opportunity to access healthcare services including mental health and dentists, not being unable to register with dentists, or receive appropriate support from the GP for referrals for testing and consultations, results in women accessing private healthcare and treatments abroad, this includes Ukrainian refugees who had fled to the UK for safety.

Additionally, health inequalities linked to immigration status have also been highlighted in the research. Lack of information and understanding of women's and their family's rights with accessing healthcare with EU Settlement Scheme pre-settled status. Additionally, registering with GP services and access to maternity care for migrant women with asylum seeker status has been a barrier for most vulnerable women in the community. Fear of receiving unaffordable bills for healthcare, deters women from seeking and accessing essential antenatal care, contributing to poorer outcomes for these women and their babies (RCOG, 2022).

Additionally, language barrier has been one of the main issues highlighted when accessing healthcare research, women who have been invited to take part in the past have been unable to due to not understating English language or having to rely on family members for interpretation due to the lack of access to interpreters. In general, access to interpreting has been an identified issue to accessing healthcare. Women with limited English language skills are not aware of interpreting services due to lack of information of how to access them, when interpreters were booked sometimes they did not turn up or wrong language interpreters have been booked for appointments, which then led to longer waiting times for next appointments for women.

Moreover, women from ethnic background who experience language barriers struggle at all points of their healthcare journey. They find it difficult to register with a GP, access urgent care, explain their problems (Lost for words Healthwatch Evidence on how language barriers contribute to health inequalities, 2022), access treatments or communicate with their doctors due to lack of access of information and system-related barriers, leading to greater health inequalities among migrant women living in the North East of England

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