

MAKE MY VOICE HEARD



Experiences of Women Seeking International Protection

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Identifying need

Commissioned to undertake a Personal and Public Involvement project with a specific focus on services for mothers and children seeking international protection.

To hear about their experience:

- Navigating Health and Social Care in Northern Ireland
- Accessibility of services
- Cultural and gendered attitudes to accessing services
- Experience of services

Using a trauma informed lens

Services:

- Maternity Services
- Public Health Nursing
- Social Services
- Mental Health Services

Recommendations for service improvement



Our approach



Intelligence - Group expertise – professional and academic input

Personal and public involvement - Engage directly with women through community and voluntary sector

HSC Leadership Centre – independent and regional consistency



Working together



Excellence



Openness & Honesty



Compassion



Our working understanding

People seeking international protection:

‘to capture people seeking asylum; refugee’s; UK Syrian Vulnerable Persons Resettlement Scheme (VPRS) participants; Afghan Citizens Resettlement Scheme (ACRS) participants and Ukraine Scheme visa participants’



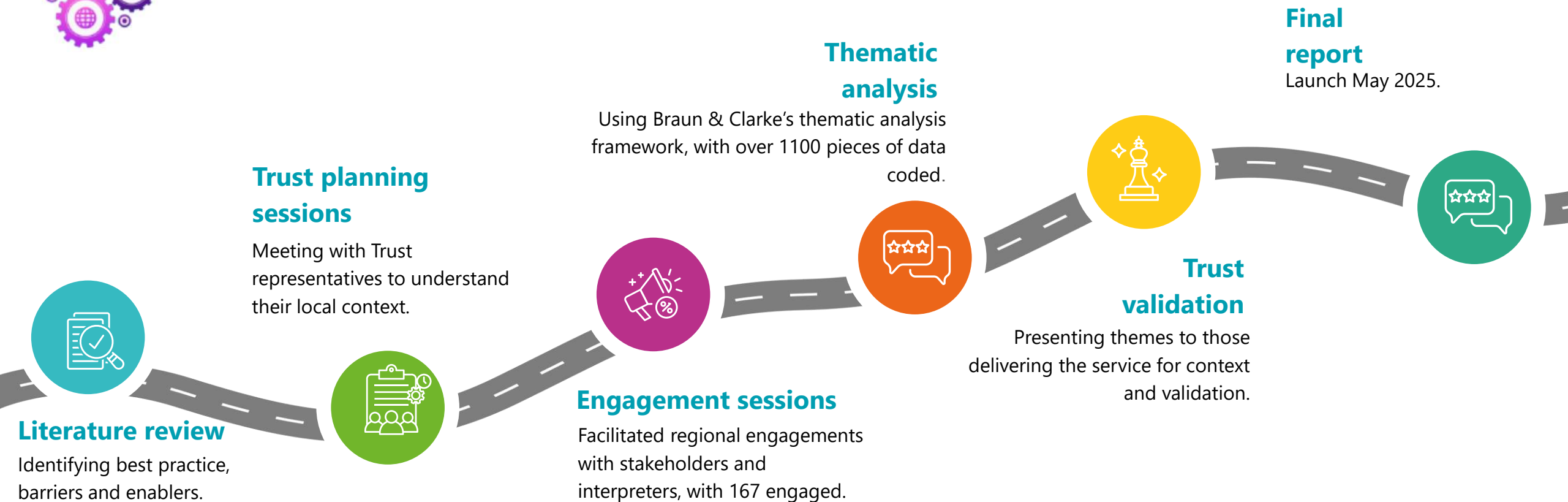
Introducing our title:

**Make my
voice heard.**



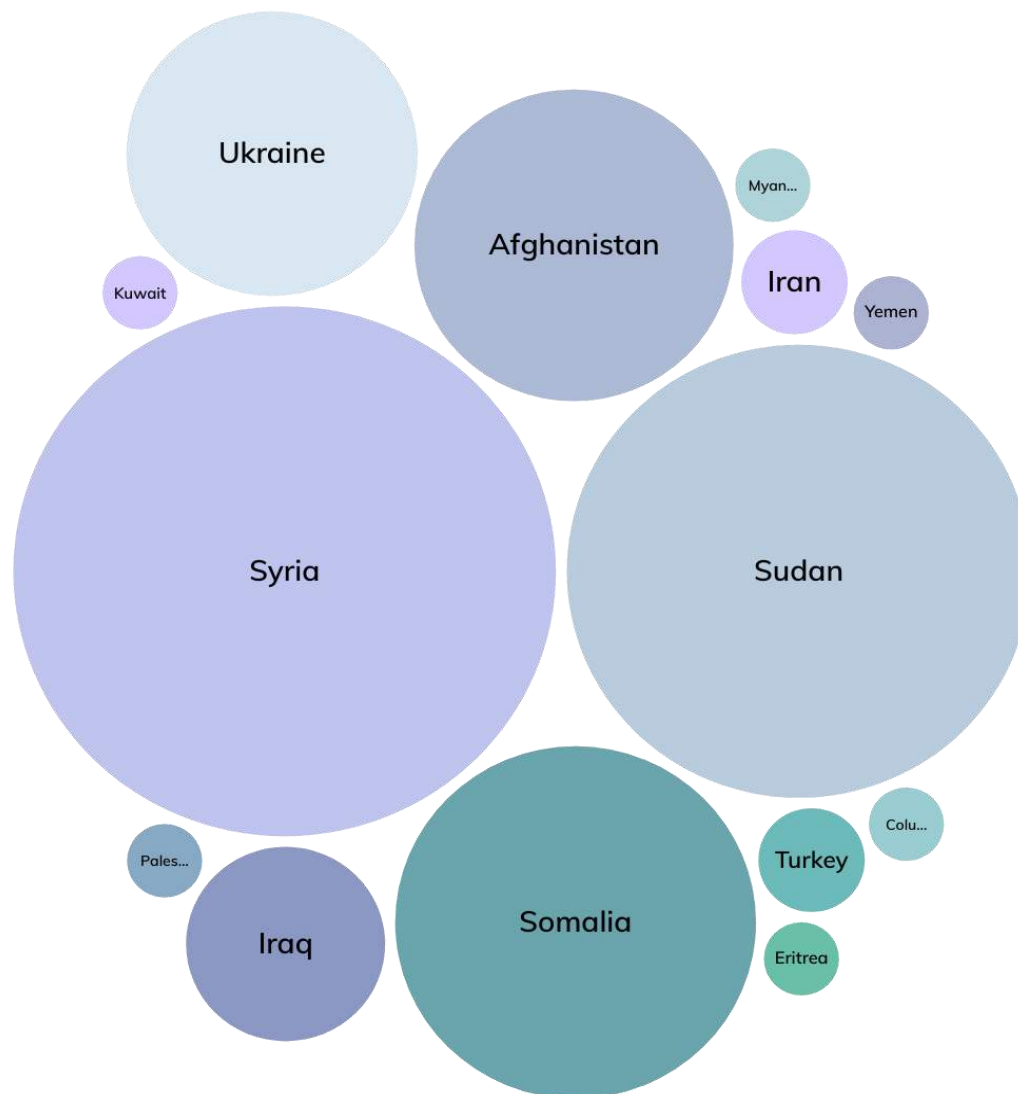


Our approach:





Who we engaged with:





What we heard:

- ⦿ GP Services
- ⦿ Mental Health Services
- ⦿ Maternity Services
- ⦿ Public Health Nursing
- ⦿ Social Services
- ⦿ Language Barriers
- ⦿ Medication
- ⦿ Navigating Services

“The doctors and nurses were really kind, and treated my son like a king”
Ukrainian

“It's a different culture and background. Some options weren't helpful but that's not their fault. They suggested her having a dog, for our culture we cannot really have a dog in our home and I physically cannot look after.”
Syrian

“Whenever they prescribe antibiotics, Doctors treat antibiotics like fine jewelry”
Syrian





Bringing it to life:

19



ENGAGEMENT SESSIONS

20 sessions scheduled and 19 sessions conducted.

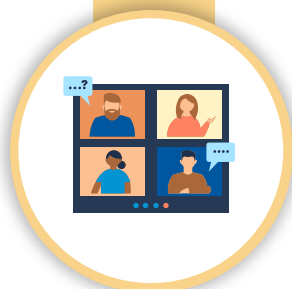
40



HOURS OF ENGAGEMENT

Approximately 40 hours of engagement across sessions including 1-1 support.

28



TRUST REPRESENTATIVES

Trust validation sessions were attended by 28 representatives.

9.5



TRUST VALIDATION

9.5 hours of Trust engagement representing the five Trust areas.

13



INTERPRETERS

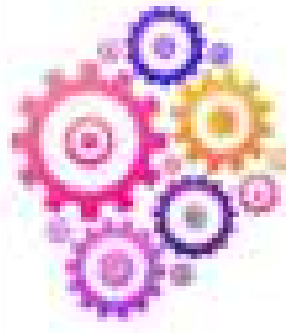
13 interpreters supported the process, with 3 attending multiple sessions.

900



MILES

Approximately 900 miles covered to capture perspectives.



Our lessons:



Availability of 1-1 contributions

Whilst group discussion allowed successful conversations, for a cohort 1-1 sessions were requested and allowed for rich stories to be shared. Therefore it is critical to build in a flexible schedule.



Recruitment through C & V sector

The use of recruitment through C & V created benefits of a neutral location, clarity of purpose and higher engagement. Strong partnerships exist and should be utilised for engagement projects.



Role of interpreters

Skilled interpreters were critical in facilitating the successful engagements for this project, having the same experienced interpreters present at a number of sessions further enhanced engagements.



Group composition

Sessions conducted with groups from the same geographical location and Nationality the engagement was less open and required more 1-1 than the regional sessions. Having the same language group in one session is critical for flow.



Audit of best practice across Trust areas

Conduct a regional review to document and share successful initiatives, ensuring consistent and equitable care. Support Trusts in understanding best practices and scaling up successful models.



Co-ordination and consistency of support services across Trust

Establish a standardised approach to support services, ensuring access across different regions. This includes mapping existing roles, evaluating caseloads and securing sustainable funding.



Promoting best practice in interpreting services and translations

BSO Interpreting Services are to continue to engage HSC Trusts and relevant partners to strengthen the awareness campaign to educate health and social care professionals about availability of interpreting services and how these can be accessed. This should extend to the translation of written communications.



Cultural competence framework embedded across HSCNI

The integration and further development of the cultural competence framework across healthcare and social services, this should be underpinned by clear governance and accountability structures and defined roles and responsibility.



Provision of a centralised resource

We recommend the provision of a centralised resource or optimisation of a current resource, to support people seeking international protection in navigating health and social care services across all Trusts.



Building health literacy

We recommend the development of a comprehensive health awareness initiative that empowers women seeking international protection to understand and navigate health and social care services, as well as education on health conditions and management.