healthwatch
Surrey C.I.C

Reducing Digital Inequalities in Maternity Services for Refugees & Asylum-Seeking women

July 2022

Executive summary

Executive Summary

Background, rationale, objectives and method

Healthwatch Surrey CIC is an independent community interest company that gives the people of Surrey a voice to improve, shape and get the best from health and social care services.

We were commissioned by Surrey Heartlands Health & Care Partnership to gather insights on the challenges faced by refugees and asylum-seeking women when accessing maternity services. The project aimed to identify ways Surrey Heartlands can optimise maternity support, with a focus on digital inequalities.

Interviews were undertaken with:

- Seven representatives from services, support and advocacy groups, focussed on supporting refugee and asylum-seeking women
- Eight refugee women (6 with babies and/or currently pregnant, living in temporary accommodation)

Interviews took place between May and July 2022 in Staines (North West Surrey) and Redhill (East Surrey).

Key Insights

> "The women have come from a war-torn country and are so grateful to be alive and free. They have treated NHS workers with the upmost respect. These women are not aware of their rights to equal care and would not also understand racism in the way we might. If they were treated badly, they would not know they could complain, would not know how and to whom and would not want to."
>
> Safeguarding lead midwife for Surrey and Sussex Healthcare NHS Trust

Overall, the women told us they felt well supported in their maternity care, and that they had good access to primary healthcare services. Services, support and advocacy groups, especially charities, were more concerned that the women were vulnerable to inequalities, however we heard about a

wide range of initiatives in place that were designed to mitigate the challenges faced by women.

Our study highlighted three issues that impact access to maternity services for these women:

1. **Language:** As expected, both the women and services, support and advocacy groups cited language and translation as a significant barrier: Access to translators is challenging; family translators raise questions around privacy and may not be able to translate medical language; some concepts and words are not translatable; dialect may impact comprehension.

2. **The women don't know what they don't know:** They are unfamiliar with the NHS, social services and UK charities; their assumptions and expectations of referral pathways, information sharing and the help available may well be incorrect.

3. **Digital success is about more than access:**
    a. Some women don't have good internet access / access to technology or awareness of digital.
    b. Others have excellent access to technology, but this does not mean they can or will access UK-based digital tools. Many prefer to access information created in their first language e.g., YouTube or by direct contact with friends and family via WhatsApp.

OVERALL THEMES	Services, support and advocacy groups	Refugee and Asylum-seeking women
Services	Inconsistency of access to and standard of services	Women are happy with the support they receive and feel well looked after
Access	Many good practice examples of access to services and care offered	Access to local GP and emergency services was well understood; access to health visitors was less clearly understood
Digital	Digital maternity platforms are available and women aware. Barriers include availability of equipment, credit allowance for phone use, poor WIFI and poor literacy	Digital maternity and translation tools are not being fully utilised. There was a preference to get maternity information in their own language via YouTube
Inequalities	Language, education, culture, finance, travel, lack of understanding of the NHS maternity process, lack of trauma informed care, no provision for siblings to be looked after during care	Language creates barriers for access to services. Women did not report experiencing discrimination
Priorities	Building trust	Suitable family housing to be reunited with family members who are displaced in the UK
Improvements	Tailored communication, understanding cultural differences, improved digital offer, simplified processes and signposting	Financial assistance, continuity of care, tailored communication, one point of contact

Recommendations

We recognise that much excellent work is being undertaken already to ensure refugee and asylum-seeking women receive high quality care. Our recommendations aim to encourage and share best practice:

1. **Continue work to bridge the language gaps**
   i. Efficient use of translation services and to raise awareness that this service is free and available
   ii. Attention to language detail – e.g., local dialects, accents, literacy
   iii. Develop workarounds – e.g., translated "Easy Read"/visualisation / videos

2. **Providers should ensure they take responsibility for signposting, explanation of pathways and for ensuring refugee and asylum-seeking women understand the expected standards of care for services.** The women don't know what they don't know. The system partners should collaborate to ensure gaps or assumptions are designed out. Ensure simple written guides explaining the role of primary care, hospitals, 999, 111 and key maternity/child services are available in as many languages and dialects as possible. Alternative methods e.g., video should be available for those that are unable to read.

3. **Identify those with poor access to digital information** to ensure information is provided to them in accessible formats.

4. **Focus digital development on core information relating directly to an individual's own care** – appointments, translations of key medical terms, local services. Aim to minimise the number of apps/websites women need to use – add services to existing apps/portals rather than create new ones. (e.g., the use of WhatsApp and YouTube were popular amongst the women we spoke to).

5. **Harness the power and credibility of other refugee and asylum-seeking women to bridge the cultural and language gaps** between the newly arrived women and local services. Recruit refugee women to be peer support (lived experience) experts, to contribute to co-design and co-production. Collaborating when developing materials and pathways, which will contribute to translations and enable signposting.

Main report

Main Report

Background and Approach

Healthwatch Surrey were commissioned by Surrey Heartlands Health & Care Partnership to gather insights on the challenges faced by refugees and asylum seekers when accessing maternity services and care. This project aims to identify how, as a joined-up ICS, Surrey Heartlands can support these women with a focus on reducing, amongst others, digital inequalities which will lead to better health outcomes for their children.

The project was divided into 2 phases:

1) Interviews with key services, support and advocacy groups to learn about the maternity services and support available to refugees and the barriers which services, support and advocacy groups believe women may face in accessing them.
2) Direct immersive, face to face engagement with women in North West Surrey (using an online interpreter and family members for translation) and telephone interviews with women in East Surrey, building on the insights gathered in phase 1.

Note: We experienced difficulties in obtaining translators who spoke Pashto due to a lack of available translators in the area. We were told by services, support and advocacy groups that this is an on-going issue in Surrey.

Sample

Services, support and advocacy groups

Individual interviews with representatives from 7 services, support and advocacy groups who provide maternity and support services, namely:

1. Happy Baby Community Doula - supporting refugee and asylum-seeking women in East Surrey
2. Happy Baby Community manager - supporting refugee and asylum-seeking women in East Surrey

3. Stripey Stork - Surrey baby bank charity in East Surrey
4. Welcare - Christian charity working with families and children in East Surrey
5. Safeguarding lead midwife for Surrey and Sussex Healthcare NHS Trust (East Surrey Hospital)
6. Perinatal Mental Health Midwife, Willows Team Leader -Ashford and St Peter's Hospital, North West Surrey
7. Maternity Voice Partnership chair for Epsom & St Helier, Surrey Downs

We also had contact with Elmbridge Borough Council, Stanwell Foodbank and First Community Health.

Discussions were structured around the process of accessing maternity information and support, inequalities, barriers, gaps, what works well and how systems could be improved.

Refugee and asylum-seeking women

Women from North West Surrey (Staines) and East Surrey (Redhill) were interviewed. Based on the phase 1 findings, the following themes were explored: support, priorities, digital, challenges, access, and improvements. Two flyers were also produced in Albanian and Yoruba to try and engage with women in East Surrey (please see appendix).

North West Surrey

Individual interviews with 6 Afghan women, 4 of whom had recently given birth and / or were pregnant and currently living in Staines (Bridging hotel). Interviews were conducted with either a remote interpreter via video link or with the help of a family member to translate.

East Surrey

Two women were interviewed individually (1 Albanian and 1 Eritrean) using a telephone translation service. It is of note that it was difficult

to reach these women due to a tight 'protective' shield around them from the organisations supporting them.

Main Insights

Services, support and advocacy group findings

1. Inconsistent access and standard of services

Services, support and advocacy groups told us there is a lack of consistency both geographically and from different services. For example, they reported a poor standard of accommodation and available services at Quadrant House (East Surrey) compared with positive reports from Staines. (North West).

There are also different perceptions of the information and care available amongst different services, support and advocacy groups. For example, the support organisations described more unaddressed barriers than healthcare professionals.

2. There were some examples of good practice for access to services and care

MVP Chair Epsom & St Helier reported that they have a 'Maternity Cultural Transformation Team' which provides a range of services to address language barriers and ensures that women without access to their digital maternity platform are given written notes.

The Perinatal Mental Health Midwife at Ashford and St Peter's Hospital explained that the women from Staines bridging hotel have access to a GP and receive a lot of support from the midwife and the health visitor team including help with digital access, translation services, education, and hospital appointments. Midwives report that the women seem happy, and they are servicing their needs by visiting the hotel.

3. We found some barriers and inequalities in accessing care and information

The most common barriers described by all services, support and advocacy groups were language difficulties, both for communicating and understanding information. There were also cultural differences which leads to a lack of trust between people and services. Financial hardship creates challenges for digital connectivity, travel to hospital and sourcing baby equipment.

Other challenges included understanding the complexity of the process of maternity care services, a lack of accessible information, education, poor understanding of trauma informed care within the health profession and no childcare provision for siblings.

4. There were some digital successes and some digital barriers

The MVP Chair Epsom & St Helier told us that the maternity package is on a digital platform, and they work with the women to ensure that they understand the app functions including accessing appointment details, scan reports and translation apps.

The Perinatal Mental Health Midwife at Ashford and St Peter's Hospital described how the women use 'Badger notes,' an app which gives women instant access to their maternity notes and sends reminders for appointments. She told us that most of the women in Staines have smart phones, do not have an issue with credit and have free WIFI access at the hotel. In addition, Surrey Heartlands have created an app for women to download translated versions of maternity information and advice.

However, for some women the barriers to digital access include availability of equipment, credit allowance for phone use, poor WIFI and poor literacy.

5. Services, support and advocacy groups view of priorities for service improvement

Building trusted relationships with these women underpins their healthcare experiences. To achieve this, communication needs to be improved and language barriers consistently addressed:

> "Good information, good advice and glossaries of medical terms in their own language" -Services, support and advocacy group engagement

There also needs to be better understanding of cultural differences and trauma informed education for healthcare professionals involved in their care.

> "The most successful outreach is from community leaders with lived experience" -Services, support and advocacy group engagement

Careful thought needs to be given to process and signposting to create an agile and person-centred system.

> "Do not imagine you can create a service to suit all. Recognise individual needs and address these. Every community will have unique needs." -Services, support and advocacy group engagement

Investment should be made into improving the digital offer to help overcome healthcare inequalities.

> "A swipe system to access resources in their language and somewhere they could sit with WIFI and privacy to read information." -Services, support and advocacy group engagement

The availability of more local services would help to ease the financial and cultural burden of travel to appointments.

> "If the appointments could be held in GP surgeries, it would be easier for the women to get there, they would not have to worry so much about taking their child along with them. It might be easier to get the necessary language support. It would also be less frightening than heading off to a big hospital." – Services, support and advocacy group engagement

Refugee and asylum-seeking women findings

1. **Women's priorities are wider than maternity care – including housing, finance, school access for older children**

Quality of life was negatively impacted because they are not currently living with their husbands or extended family as a family unit.

> "I had to come back to the hotel alone. It would make my life much better if we could all live together." -Refugee engagement

2. **Women are happy with the support they receive**

Women felt well looked after, citing provision of equipment, food, and healthcare as good and they did not report experiencing discrimination.

> "I have been given everything I need for the baby just by asking." -Refugee engagement

3. **Language creates barriers for access to services and impacts lived experiences**

Language barriers were a theme across all areas explored and addressing them should be a priority to improve daily life and support independence.

> "On only one occasion they found me an interpreter. This made me feel anxious as I do understand some English, but I just can't speak it very well." -Refugee engagement

4. **Access to local GP and emergency services was well understood but access to health visitors was less clear**

Women who were registered with their local GP, knew how to contact them and could walk to their surgery.

> "I used to see the health visitor, but I don't know if she comes anymore. I don't have a phone number for her." -Refugee engagement

5. **Digital maternity and translation tools are not being accessed effectively**

Whilst women had access to devices and WIFI at the hotel they were not accessing digital maternity tools. They preferred to use the internet to access resources in their first language.

> "I don't use my phone for health at all. Don't use apps or websites for kids. Just not aware of any. Maybe once I'm used to the system in the UK I will." - Refugee engagement

6. **Women's views of how their life in the UK could be improved**

Financial assistance, addressing language barriers and providing accommodation for families to be together would improve their quality of life. In addition, women would like the paperwork to enable them to live, study and work in the UK.

> "For me, having an interpreter is the most important thing in my maternity experience." – Refugee engagement

DETAILED FINDINGS: PHASE 1 SERVICES, SUPPORT AND ADVOCACY GROUPS

Detailed Findings

Services, support and advocacy groups

The insights fell into 5 broad sections:

1. **Disparity of accessing information and support across different localities in Surrey**

We asked services, support and advocacy groups how refugees and asylum-seeking women in Surrey, currently access maternity services and what part digital plays in this process.

The services, support and advocacy groups we engaged with ranged from Third Sector organisations to midwives and hospital representatives from across Surrey, therefore the referral and access pathways were varied depending on where the women were living.

Happy Baby Community supports pregnant women and women with children referred to them upon arrival in the UK through 'Migrant Help Charity:

> "Some women have been trafficked and do not know or are not ready to admit that they are pregnant whilst others may have a partner with them e.g., couples fleeing war zone."

Women are initially housed in 'bedsit' type accommodation, and they receive a smart phone with a translator app and limited data credit for receiving calls but not for outgoing calls. Happy Baby Community also support a range of women having subsequent in the UK.

Stripey Stork is a baby bank collecting donations of clothes, toys and essential items for babies and children for local families experiencing hardship. They receive referrals from the inclusion team, but families can make their contact with midwifes. When they receive a referral, they verify

contact details and explain terms and conditions but do not ask people how they have found out about them. They also note that they typically deal with the same people repeatedly adding that:

> "Using our service is not a one-off arrangement; families can come back to us as deemed necessary by the health professional who is accessing our service."

The **Welcare** charity works with families and children who receive referrals through the Homeless and Inclusion Team or via an alert to the team by a housing provider. The women can also access services themselves through their GP but "digital access is low down in their priorities because they don't speak the language." When accessing services, in a dispersal unit *(initial temporary accommodation)* women get more help:

> "They have been placed, are known about, supported and signposted where needed, and may have a migrant caseworker. There is a refugee co-ordinator in the local area but if women do not have this support, then there are "huge barriers to accessing services and there is no 'one size fits all' approach."

The Ashford and St Peter's midwifery team were invited in September by the Elmbridge Family Support team to support the group at the bridging hotel in Staines. The Perinatal mental health midwife explained that the team is already set up to bring the care to the person and are experienced in dealing with a range of vulnerable women e.g., substance misuse, prisoners, asylum seekers. Main dating / anomaly scans are done at hospital. (The Perinatal Mental Health Midwife at Ashford and St Peter's Hospital).

The MVP Chair Epsom & St Helier told us that women can be referred via a GP or Trust website and that:

> "These groups come under our vulnerable women category so are under the Vulnerable Women Team. We have a robust

approach to notice any missed appointments and we would visit them to follow up rather than a phone call or letter. All our ladies on that pathway are discussed at a monthly forum of the Social Care Team, Health Visiting Team, and Family Nurse Partnership. This ensures that they are aware, and a Social Services referral can be made if necessary" (MVP Chair at Epsom & St Helier)

2 Types of support and information available to the women

We asked about the maternity services, support, and information available to refugees and asylum seekers and what works well?

Once again, the support and information services offered, varied depending on the services, support and advocacy group interviewed.

Happy Baby Community (East Surrey), provide support and information through an 'on-call' phone number which the women can use for general queries and in face-to-face meeting drop-in sessions. Pregnant women are then offered the support of a doula.

Stripey Stork baby bank (East Surrey) are active on social media and the First 1000 days board, but many people find them by word of mouth. They are based in Reigate do not have a geographical boundary and their services are available to all families in need in Surrey and beyond.

The **Welcare** charity (East Surrey) reported that:

"The homeless and Inclusion Team (**First Community Health**) is amazing and have worked well by signposting pregnant women to maternity services."

In addition, they are qualified to level 3 safeguarding (just below statutory children's services) and receive referrals as Family Support Workers to work with people with more complicated requirements".

The Perinatal Mental Health Midwife atAshford and St Peter's Hospital, (North West Surrey) explained that the Elmbridge family support worker helped set women up on Universal Credit which gave them access to a 'Healthy Start' funded debit card sent to them in post (they use hotel address) to be used for healthy food. The hotel serves 3 main meals a day. They have also received help from 'Baby Basics' and Staines Rotary club who donated equipment and clothes and from their own donations campaign such that "women I support are well looked after so it is hard to know how they will cope once in private accommodation"

Stanwell Foodbank also have offered 'top up' food to the women at the bridging hotel for the women who have other children and might like snacks over the weekend or after school. After we carried out the engagement, we connected Stanwell and Elmbridge Borough Council together to provide extra baby equipment. The Home Office would not fund further items for the women at the bridging hotel and Elmbridge unaware of Stanwell Foodbank's offering.

The MVP Chair Epsom & St Helier (Surrey Downs) explained that they work with the women to ensure that they understand their appointments, which will all be on their app. They use the same midwives for their appointments, ensuring any information they did not understand can be translated and/or explained. They only use the official translation services as sometimes a family member might not understand the document they are translating which can then ead to inaccurate communication of information.

3 Positive examples – what has worked well?

Language and digital access

The MVP Chair Epsom & St Helier (Surrey Downs) reported that they have a 'Maternity Cultural Transformation Team' which aims to translate as much of the maternity information as possible into the most frequently

encountered languages and ensure access to interpretation services for women. They are looking into using Card Medic (this puts wording into a level of language suitable for a 9-year-old) and they already use 'Language Line' and face to face interpreting services.

Their maternity package is on a digital platform, but they ensure that women without a smart phone or who need support to access their pregnancy information are given written notes. They work with the women to ensure that they understand the app functions including accessing appointment details and scan reports.

The Perinatal Mental Health Midwife at Ashford and St Peter's Hospital (North West Surrey), explained that the women at the bridging hotel have access to a GP and they have their maternity notes app on their phone which also reminds them of appointments (BadgerNet). This was initially complicated to set-up, but she helped them. The women all have smart phones, do not have an issue with credit and have free WIFI access at the hotel. She added that she books an afternoon with translator for 3 hours in a conference room at the hotel to see all the women individually or with their partners. She also tries to schedule hospital appointments for them when she can facilitate them. She has educated them about maternity care and worked with Surrey Heartlands & the Lullaby Trust to get leaflets translated for printed materials to leave with them. Also, Surrey Heartlands have created an app (Papillon) for women to download translated versions of maternity advice such as labour and monitoring baby's movements. However, not many of the women we spoke to, were aware of this app.

> "In our area of Northwest Surrey, the women seem happy. We are servicing their needs by the Willow Team visiting the hotel. "(Perinatal Mental Health Midwife at Ashford and St Peter's Hospital, North West Surrey)

Culture and education

Example of good practise and positive attitudes towards cultural differences were also shared:

> "I like to see the women alone as much as I can to also check they feel safe and let them have a quiet, safe space. When they arrived, they knew nothing of the NHS. They had no expectation of what maternity services are and no real concept of choice. I work closely with the health visitors, and I hand over my patients to her to look after until their child is 5. (Perinatal Mental Health Midwife at Ashford and St Peter's Hospital, North West Surrey)

Transport

The Perinatal Mental Health Midwife at Ashford and St Peter's Hospital, reported that none of the family members drive as the women do not have a license in their own country and their partners do not have a UK driving license or access to a car:

> "If need to get to hospital for a scan or in an emergency, the hotel reception books them a cab on account which is covered by Family Support."

4 Barriers, Gaps, and Inequalities

We asked about gaps in services, how the women may be disadvantaged due to inequalities and the reasons why women cannot or do not access the maternity pathways available to them.

The insights on barriers and inequalities faced by refugee and asylum-seeing women fell into 2 overarching themes, namely:

- Relationships: Language, culture, education, and trust
- Practical: Process, access, consistency, digital, transport and childcare

Relationships

Language

Language barriers were common to all services, support and advocacy groups and were considered the biggest obstacle to overcome in accessing care services and understanding information:

> "Language barriers present problems in making appointments and accessing care. For example, when contacting a GP, many women are unable to ask their GP for a translator or unaware that this service is available. At Ashford and St Peters, the partners speak better English and often will call the helpline on the women's behalf and save up several questions. The women do not tend to call as they feel intimidated by the language." (Perinatal Mental Health Midwife at Ashford and St Peter's Hospital, North West Surrey)

Culture and Education

There is a sense that in some cultures, women are not entitled to the same respect, to access services, or to be treated the same as others. These women have a lower expectation of what they could ask for or be entitled to.

> "The women have come from a war-torn country and are so grateful to be alive and free. They have treated NHS workers with the upmost respect. These women are not aware of their rights to equal care and would not also understand racism in the way we might. If they were treated badly, they would not know they could complain, would not know how and to whom and would not want." (Safeguarding lead midwife, East Surrey Hospital)

A lack of education means that women may not have received sex-education and may not understand why they are pregnant. Poor understanding of pregnancy has created a service gap:

> "As a midwife I have a tougher job as all this is new to them. Yes, they may have birthed before, but it is so different here for them and they are living in a hotel now. I created a feeding support event with an interpreter to go through breast feeding, sterilising, and support. Things like this are needed for the women and the feedback was positive." (Happy Baby Community Doula)

Trust and trauma informed care

A lack of trust is an issue which can create barriers due to fear of prejudice and judgement which can lead to inequality of care.

Women may be suspicious of people and feel unable to engage with services:

> "They need to see the same person/team for that continuity and to establish a rapport so they feel safe and can ask questions" (MVP Chair Epsom & St Helier, Surrey Downs) and "I try and be at all stages of the maternity journey for women such as it really helps with their continuity of care and building their trust." (Perinatal Mental Health Midwife at Ashford and St Peter's Hospital, North West Surrey).

Training needs to be extended beyond healthcare professionals to all the touch points with these women to enable them to trust again. A negative example which illustrated this was shared:

> "The security guards at Quadrant House in Redhill are awful: I had to make a complaint as he was scaring everyone including the women and he wasn't letting anyone in." (Safeguarding lead midwife, East Surrey Hospital)

It was also felt that there is a danger in being overprotective of these women and effectively cutting them off such that they can only be accessed through certain organisations:

> "If these women don't get to share their experiences of services, how can we make things better for them?" (Safeguarding lead midwife, East Surrey Hospital)

Practical barriers

Understanding the NHS process

Happy Baby Community also reported a lack of understanding of the NHS system citing an example of "a woman (in a Gatwick hotel) who had no idea which healthcare professional she had seen, hadn't had a scan and had no idea who she should see to access that maternity care."

Access to resources and support

One organisation supporting migrant women explained that they often arrive with little and have nothing for their baby. Even if they have access to funds, which can take a while to arrange, they may not have the means and access to buy the things they need and the support network to know where to go to get them:

The MVP Chair Epsom & St Helier asked:

> "How do they find info on nurseries, weaning, schools, they need relevant keyworkers to hold their hands to help them access employment and housing information. They do not know what they do not know." (MVP Chair Epsom & St Helier, Surrey Downs)

Another noted that there are Parentcraft and NCT classes for other pregnant women, but there is nowhere for these women to go for support. Furthermore, they are not seeking out the support they need for fear of cost. For example, two women did not want to report lumps they had found in their breasts as they expected this to cost money that they did not have,

and women think that will have to pay if they go to a sexual health clinic. (Happy Baby Community, East Surrey)

Consistency

Concerns were raised about a lack of consistency in sharing and receiving information about available support including accessing translation services and practical help:

> "It is surprising the random ways that people have stumbled into support. One person was suffering domestic violence. The police were called, and the local East Surrey Domestic Abuse services signposted the woman to maternity services once the police had made them aware of the woman. That argument was the only reason she gained that access." (Welcare, East Surrey)

Digital Barriers

As services and information increasingly move to digital platforms, it is important to ensure that this does not increase health inequalities. Not all the women have digital access and those who do are unlikely to have quality phones, tablets, or computers. They often only receive a small allowance so this does not allow everyone to have an internet package and they may only be able to receive incoming texts. In addition, the WIFI (at Quadrant House), where a group of our women live, is not particularly good. (Welcare, East Surrey)

Although women with phones can use translation apps, they are not always suitable, for example:

> "The women can access zoom calls on the phone but if they need a translator service, then zoom meetings don't work because they need the phone for the translation app so there are barriers to digital access." (Happy Baby Community Doula, East Surrey)

> "The women that are not literate don't use mobile phones either, so apps are also irrelevant." (Safeguarding lead midwife, East Surrey Hospital).

Transport

Financial hardships create barriers when attending hospital appointments where women cannot afford taxis, it is too far to walk, and buses are complicated. They can claim some prescription and transport costs, but they must pay up front, and claim back with forms written in English. (Welcare, East Surrey)

The Safeguarding lead midwife at East Surrey Hospital reported that:

> "Financially, women are not in a good position. The hotel was paying for taxi to the hospital and back but now Home Office said no further charges. They receive a weekly income, but it is not enough to factor in travel. We had to ask ESH to cover costs for a taxi home for a woman to return to hotel after giving birth (Aurora Hotel). Women are missing ante natal appointments because they cannot afford to travel and things like scans must be done on site at the hospital."

Childcare

Lack of childcare can present barriers as do not always have access to childcare through partners or family even when giving birth:

> "These women are here without support and other children are not welcomed at appointments. Midwives have been very understanding where possible, but women would not necessarily know before going to an appointment that the allowance would be made, so some women may not attend for this reason." (Welcare, East Surrey)

Improvements

If Surrey Heartlands could make one change, to improve access to maternity care for refugee and asylum-seeking women, what would you choose?

This section shares, in their own words, the suggestions made by the services, support and advocacy groups.

Relationships

Improve communication and address language barriers

> "Thinking about our work, making sure the information about the voluntary and community sector is consistently available and that all teams know how to access that." (Stripey Stork, East Surrey)

> "It would be helpful to have a digital or printed 'how to access information and services guide' in a step-by-step way." (Welcare, East Surrey)

> "Easily accessible interpreter and freely available information in their own languages or multilingual family support" (Perinatal Mental Health Midwife at Ashford and St Peter's Hospital, North West Surrey)

> "It would be helpful to have a female translator available for what can be quite personal conversations and quite personal examinations. We need to be getting it right from the very beginning." (MVP Chair Epsom & St Helier, Surrey Downs)

Build relationships and nurture trust

> "Build trust by having conversations in their language to prepare them for childbirth and trauma informed care training as

standard for midwives." (Happy Baby Community Doula, East Surrey)

"We are told over and again that practical help is a bridge builder: these families are scared and vulnerable, they do not trust who they do not know." (Stripey Stork, East Surrey)

Navigating the system

"One top thing of value would be to have someone visiting the hotels where women are housed, and for them to find the pregnant women, ask if they know where they need to go and how to get there, help them with what they need." (Happy Baby Community, East Surrey).

Access including digital offer

"Give the teams time to access our services – we are starting to see that some partners use their lunch break or a day off to come to collect as they do not have time in their workday, and we have not currently got funding to be able to deliver." (Stripey Stork, East Surrey)

"Investing in digital access for these women could help overcome healthcare inequalities." (Welcare, East Surrey)

More local services

"If the appointments could be held in GP surgeries, it would be easier for the women to get there, they would not have to worry so much about taking their child along with them. It might be easier to get the necessary language support. It would also be less frightening than heading off to a big hospital."

Detailed findings: Phase 2 Refugee and Asylum-seeking women

Refugee and asylum-seeking women

Support

We asked the women about the support they had received since arriving in the UK in relation to their maternity care and children.

North West Surrey

Their responses were generally positive both in terms of provision of equipment, food and healthcare. For example, we heard from the women that:

> "We've been given everything for feeding and clothing for my two boys. Everything I've asked for I've got."

One woman who was happy with the provision of equipment for her older children was, however, concerned about the baby she was expecting:

> "I've not received anything for the baby which is making me anxious."

The women also talked positively about the food in the hotel stating that:

> "We eat 3 times a day in hotel restaurant. Food here is very nice."

They told us that they had been happy with their healthcare support both in practical terms and in feeling respected and valued. For example, we heard that:

> "I've been happy with the care I have received so far: My baby's movements slowed around 5 months, but I was seen and reassured."

> "It is important for me to have the same midwife it helps build up trust and confidence."

> "I trust that the midwife knows best. My husband was with me throughout even with examinations."

> "My baby couldn't latch on and Leila [Breastfeeding counsellor] came and really helped us and told me I could express and move to bottle feeding - she did give me a lot of support."

There was, however, concern that the provision of transport for hospital appointments had changed so that taxis were no longer offered. This was a cause of anxiety for the women who are already facing financial challenges:

> "If I had to go to the hospital, the hotel would arrange a taxi free of charge. But now if I need to go, we have to pay for a bus or taxi."

East Surrey

These women had been in the UK for a couple of years and have both recently had their second babies since their arrival so they were aware of the charities which could support them and how to access maternity services. When they were pregnant with their first children, they found this information from the other women in their accommodation.

> "I knew how to access GP, HV and midwife through support from Happy Baby Community and Migrant Help."

> "In my second pregnancy I had a doula from Happy Baby Community who talked to me a lot about my birth plan and what I needed or wanted. She phoned me every week leading up to the birth and a couple of times a week afterwards for a few weeks. She was also at the birth to support me."

Priorities

North West Surrey

As the women we spoke to were happy with their healthcare, their priorities were around the quality of life which was negatively impacted because they could not live with their husbands as a family unit. Indeed, their partners and in-laws often lived an hour or more away.

> "I had to come back to the hotel alone (after having my baby) as my husband lives away. It would make my life much better if we could all live together. Here we all live in one room."

Addressing language barriers was also seen as a priority for a good standard of healthcare:

> "For me, having an interpreter is the most important thing in my maternity experience. My language from Afghan has different dialects. When I get an interpreter, they aren't always my dialect so there are some words that I don't understand or find difficult."

Access to local school places for their older children was also a priority:

> "I'm waiting for a school a bit nearer as it takes me 45 mins to walk with the pushchair."

East Surrey

For these women, their priorities were to receive the best maternity care and information:

> "Just the reassurance of being able to have a scan, see the baby and knowing that everything was okay. "

> "I just want the people who look after my care to know what they are doing and to give me the correct and appropriate care. That

> is all that matters to me, that I am getting the right care for my needs."

Digital findings

Here, we wanted to learn about both access, attitude and barriers to digital technologies including smart phones and use of maternity and translation tools such as BadgerNet and Papillon.

North West Surrey

There was a mixed response but, whilst women had access to devices and WIFI at the hotel, they were not accessing digital maternity tools and preferred to use the internet to keep in touch with family, for translation and to search for pregnancy advice.

> "I can't access anything on my phone. I wait for the midwife to come and visit the hotel."

> "I can read some English but find the websites on my phone hard to navigate and read. When the midwife comes here, she has a translator."

> "I did use Papillion for translated information in my own language but find YouTube better. I searched how to breastfeed on there and it helped me as in my own language and we use the hotel's WIFI."

> "I do use BadgerNet to remind me of appointments. I have looked at antenatal videos on You Tube in my own language and look for these myself. If someone from NHS gave me these in my own dialect I would watch. "

The challenges appeared to be language barriers, log-in issues and awareness and support needed to learn how to use the digital tools available.

"I'm not aware of any health or pregnancy apps, if I was, I would use resources if in my own language."

I don't use my phone for health at all. Don't use apps or websites for kids. Just not aware of any. Maybe once I'm used to the system in the UK I will."

"I haven't got an email address so was not able to use BadgerNet for my notes."

"I am confident with using my phone, I just don't have my own email address."

"I don't use my smart phone for anything baby or child related."

"I don't access anything about health on my phone."

"I use WhatsApp to chat to my family and friends and YouTube for videos in my own language."

East Surrey

As for North West Surrey, despite owning smart phones, these women did not access maternity apps or notes on them. They gave several reasons including being unaware of the apps, not having the help they needed to use them, and that they preferred to find information online or call the midwife.

"I don't know if my notes are even on my phone. It wasn't helpful for me to look at them, so I didn't look. I didn't use any apps or websites. If I had a problem in the pregnancy, I just called the midwife or the hospital and asked for help."

"In my first pregnancy I was told about an app, and I used it to look at my notes monthly, as I was told to do this by the midwife. I

was not told about it for my second pregnancy or helped to use it as I had been the first time, so I didn't use it. "

Challenges

We asked the women if they experienced anything within their maternity care which was difficult or upsetting for them.

North West Surrey

A couple of examples were shared where women had not been offered a choice of delivery. For example, in response to her request for a c-section, one was told 'No, you can do it' and a woman who had hoped for a natural labour was induced and told us:

'I wasn't given the choice not to be induced as they said my baby is too big and might be harmful to me or him'.

Other challenges were caused by language barriers, non-ideal accommodation, and a lack of local family support.

"I had to use my niece on the phone as an interpreter (when delivering my child). On only one occasion they found me an interpreter. This made me feel anxious as I do understand some English, but I just can't speak it very well."

"I wish he (husband) could come here and help me, but he is not allowed. I need my sister-in-law to help me with my other children when the baby arrives."

East Surrey

These women had some difficult birthing experiences in their pregnancies relating to both physical childbirth where complications were not explained clearly and practical issues of homelessness and childcare.

"I was given an episiotomy which I didn't like. I didn't know she was going to do that. I felt it and I didn't like it."

"I had a bad tear in my second labour and needed to go to theatre for the repair. I had an epidural which was very scary for me. I didn't understand properly what would happen to my legs and it was scary to not be able to move."

"I also had a problem after the baby was born and had to come back to hospital to be treated for a retained placenta. The hospital did not notice before I was sent home, which I am not happy about, and made me sit in a waiting room in pain and bleeding."

"With my first baby, I was homeless when I gave birth, and it was the start of the pandemic. The hospital wanted me to leave before I had anywhere to go, so it was very difficult. The hospital staff did everything they could for me, but it was very difficult. I stayed for more than 10 days, and social services found me accommodation."

"My labour was very fast and started in the middle of the night – I didn't have anyone who could look after my older child at that time, so I brought her with me to the hospital which was hard. I had a doula from Happy Baby Community who should have been with me but had to stay with my daughter instead."

Access to primary care

We wanted to understand how confident the women were in accessing health care such as their GP, health visitor and in an emergency.

North West Surrey

Most of the women were registered with their local GP and knew how to contact them and could walk to their surgery. They had accessed services such as vaccination clinics.

> "I am registered with Staines Health centre. I can walk there with the buggy from the hotel."

> "I've spoken to the GP over the phone for medication. I can just about understand but if it gets too complicated, I will need help."

> "I've been to Staines Health centre for his vaccinations, they have booked these for me. I can walk there quickly."

The women weren't as clear on when to expect or how to reach their health visitor and they were not all aware that health visitors can support their child up until the age of 5.

> "I used to see the health visitor, but I don't know if she comes anymore. I don't have a phone number for her. "

There was also some uncertainty and confusion over access to emergency services and the women said that they would call their husbands who live elsewhere to help.

> "I am aware of 999 and 111. I have needed 999 before. I felt ill and came down to reception and they called an ambulance and *took* me to St Peters and properly checked me over which was good. My husband met us there."

> "In an emergency, I would call my husband who speaks fairly good English, before 111 or 999."

East Surrey

These women were registered with and were able to access their GPs both by phone and to walk to their surgery. They were also aware to call 999 in an emergency but were less sure about accessing non-urgent out of hours 111 services and how to contact their health visitor.

> "I don't know how to access the Health Visitor. I would probably just call the GP and ask for an appointment."

> "I also know 111 which I called once for a dentist appointment, but I don't know how to get non urgent medical help if my GP is shut."

> "I know how to contact a Health Visitor or my GP. My GP is very close to where I live, I can walk there."

Improvements

We asked the women what would make their lives better for them in the UK.

North West Surrey

We heard that financial assistance, addressing language barriers and providing accommodation for families to be together would improve their quality of life.

> "It would be good if I could get more help (financial)with my other two children and not just my baby."

> "If I could change one thing it would be to speak same language as everyone else. Access to language classes would be nice."

> "I have been at (Bridging hotel) Staines for 7 months. We are waiting for news about permanent housing. I want to live with my husband and sister in laws. My husband is in lives somewhere else. My baby misses him and so do I."

East Surrey

The women we heard from would like information in their own language and paperwork to enable them to live, study and work in the UK.

Please note that the experiences we took are only representative of those we spoke to on the engagements and may not represent the views of all refugee and asylum-seeking women in Surrey.

We would like to say thankyou to all the stakeholders and women that we spoke with and all the services that helped us with the engagement process.

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Appendix 1

healthwatch
Surrey

Kohët e fundit ke bërë një fëmijë apo pret një fëmijë?

Ne do të donim të dëgjonim përvojën tuaj të përdorimit të shërbimeve lokale të kujdesit shëndetësor të maternitetit në zonën tuaj në Surrey. A keni marrë pjesë në takime dhe skanime në spitalin East Surrey apo keni parë një mami të komunitetit?

A jeni ndier të mbështetur gjatë shtatzënisë dhe keni akses në gjithçka që ju nevojitet?

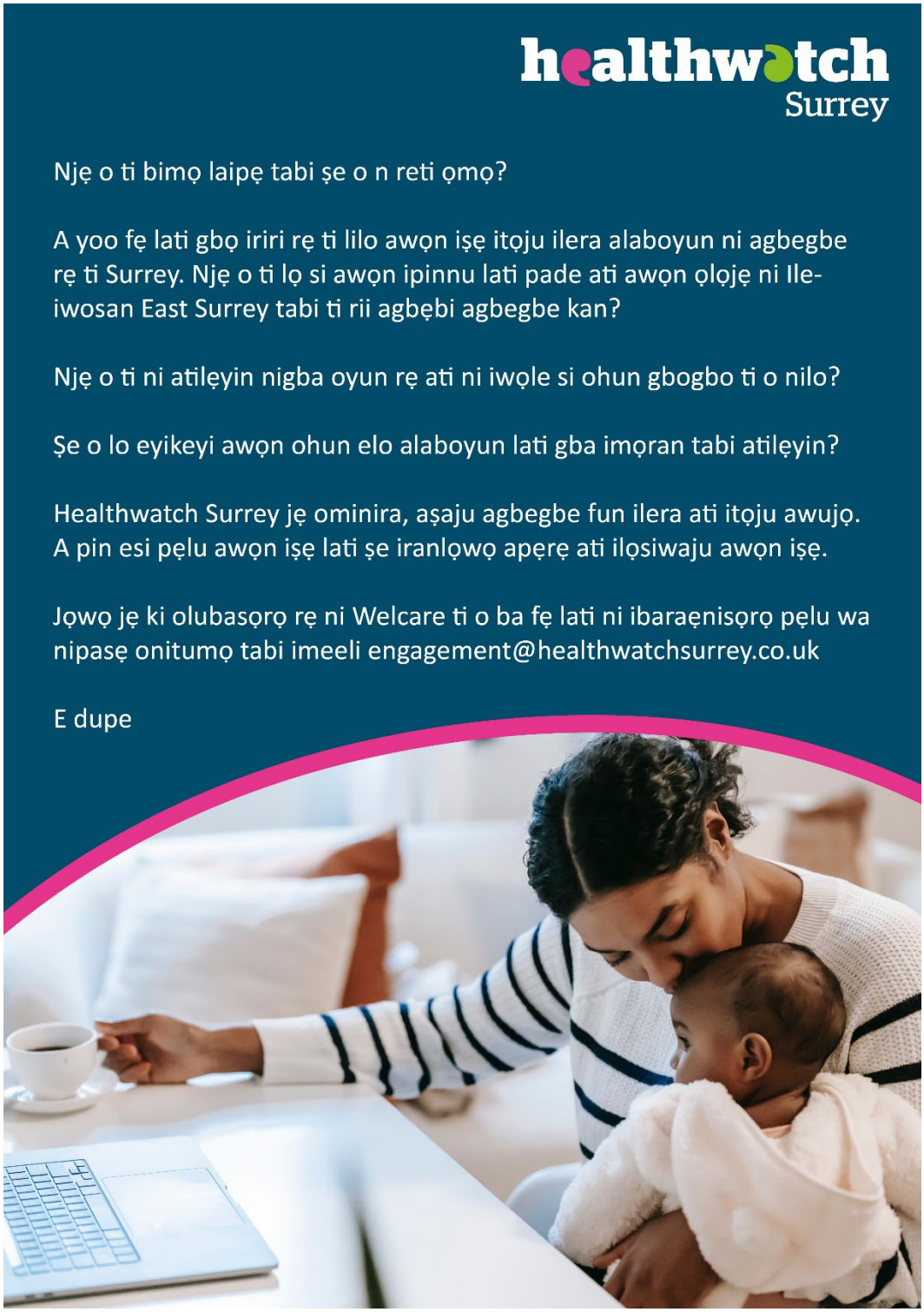
A përdorni ndonjë metodë materniteti për të marrë këshilla ose mbështetje?

Healthwatch Surrey janë një kampion i pavarur, vendas për shëndetin dhe kujdesin shoqëror. Ne ndajmë feedback me shërbimet për të ndihmuar në formësimin dhe përmirësimin e shërbimeve.

Ju lutem lini kontaktin tuaj në Welcare nëse dëshironi të keni një bisedë me ne nëpërmjet një përkthyesi ose email engagement@healthwatchsurrey.co.uk

Faleminderit.

Albanian flyer



Yoruba flyer