



Insight Report

Accessing health and social services within the local Filipino Community in London

Researched and compiled by Sport4Health in partnership with Healthwatch Central West London



healthwatch
Central West London



Introduction

Sport4Health Community Interest Company

Sport4Health provides physical, social, mental wellbeing activities for disadvantaged and marginalised communities in London. We are a BAME-led organisation working with the local Filipino community in Westminster and neighbouring areas - the only organisation specifically working with this community - and have done so for many years. In this area the majority of Filipino people (principally women) work either in domestic service or in health and social care, typically for very long hours and very low pay. Some of those in domestic service locally could be deemed as being exploited as they can often be required to be "on call" 12 hours per day for 6 days per week and on a low, fixed, daily rate of pay equating to much less than the Government's minimum wage. Those working in health and social care have also endured daily exposure to Covid since early 2020. Most have not had the comfort or support from their families who are back in the Philippines whilst they work here and for many of the women their children are there as well. After such a tumultuous time coping with the pandemic as either front-line workers or carers many have experienced complete physical exhaustion and long-term stress leading to mental health problems.



Methodology

Our focus group is mainly made up of Filipino women who are mainly working in domestic service, either as cleaners, maids or carers. Some of them are also in healthcare, working as front-line NHS workers facing and dealing with the pandemic all the time. We provided them with a questionnaire so they could answer with confidence and with anonymity and confidentiality. We then wanted to discuss with them the findings and elaborate more about their personal experiences of using health and social service provisions.

The survey focused on:

- Are they registered with their local health centre/GP?
- Did they know how to get an appointment to their local health centre/GP?
- How easy it was for them to get the help they need through their GP practice?
- How easy it was for them to access prescriptions and any other necessary non-emergency treatment?
- Did they know of any information that was available to them on health and social care support and services?
- Which health and social care services are they registered with? (besides GP)
- How was their experience with health care and/or social care services?
- How did they cope with the pandemic and where did they seek advice and/or help?
- Did they receive any type of support during the COVID-19 pandemic or were aware of any?
- Reasons why they (if applicable) do not access health and social care services

Who did we speak to?

This report includes the views of 30 people from the Filipino community.

25 people identified themselves as female, 4 identified themselves as male and 1 identified as transgender

The age range was 30-65

All of them worked in domestic service, either as cleaners, maids or carers for the elderly and/or disabled and well as in healthcare as nurses and porters.



Understanding and accessing health and social care services

The survey focused on:

90% of the focus group said that they were registered with a local GP

The 3 people who were not registered didn't know how to register and were aware they had to register before seeing a doctor.

70% made an appointment by phone, 20% online, 7% e-mail, 3% walk-in

Many cited there were unaware that they could book online and also had no idea how to do it.

Making an appointment by phone

Many found this was the easiest and most convenient way of booking an appointment although some experienced quite significant delays in getting through. However most did not mind as they had free calls on their mobiles as part of their phone package.

The online process of making an appointment

Those who were able to book online had already registered and were able to access the online booking system quite easily. Many of them were unaware that appointments could be made online but were not so interested as they either did not possess an electronic device and/or found the process too complicated as it required signing up with logins and passwords.

Email process of making an appointment

Those who were unable to get through on the phone would perhaps send an e-mail instead. Many preferred to wait on the phone as they were eager to get an appointment and feared that the e-mail would be a slower way to get a response and appointment.

Getting the right type of appointment (phone call, face to face, video call)

Many had not really realised the different type of appointments and were frustrated that a phone appointment from the GP would be the initial one. They all cited that there would find it difficult to talk on the phone at a specified time due to work commitments but also realised that there was no choice in the matter. Many felt that their employers would not like it if they were on the phone instead of working.

Helpfulness/efficiency of reception

All had good experiences with reception and were grateful for their assistance

Approachability/bedside manner/competency of GP

Most had good experiences with their GP saying they were polite and understanding, they did not mind who (out of several from their medical practice) but naturally a female doctor was preferred by most if they could choose.

In terms of frequency of visits:

Once per month or more often - 0

Once every 3 months - 0

Once every 6 months – 60%

Once every 12 months – 40%

Many mentioned reasons for not seeing their medical practice that frequently was no time to make or book an appointment, no time to actually go to that given appointment (due to overwork), they all try to self-diagnose and buy medication over the counter (although some cited they could not afford the medicine), unless the 'illness' was so severe they wouldn't bother as they cannot take the time off to go and see the doctor anyway.



Other services

Gynaecologist/Cervical screening – 40%

Dermatologist – 7%

These were the only 2 other services our focus group had used.
Regular Check-Ups (Wellman/Well women clinics)

All of our focus group participants did not think about attending or using health services for regular check-ups. The main reason was it did not occur to them to have regular health check-ups and that they only associated going to the medical centre/seeing a doctor when they were severely ill or could not manage to get better on their own.

Optometry Services

Nobody had seen or used services regarding their eye health. This includes going to see someone if they had experienced any eye disorders, or generally if their eye sight had deteriorated. The overriding reason for not looking after their eyes was financial and lower priority.

Dental Services

Main reasons for not registering with a dentist were many of them are frightened to go, many of them will only seek help if they experience severe teeth issues, many feel they will not be able to afford dental work if they need it.

A&E

Many have not ever visited A&E as they believe it is only for life threatening situations

Hospital

Nobody had mentioned that they had visited or stayed in hospital for any period of time

Sexual Health Clinics

Many are unaware of these services and would feel embarrassed to go along to them as well as associate extra costs to visiting them so do not prioritise them as necessary.

Mental Health Services

All of them were unaware of these services as most, if not all, felt there was a negative stigma associated with mental health and that it was not talked about nor recognised in their society.





How the pandemic affected our focus group

Gaining weight/Binge eating

Many if not all gained weight significantly. This was due to being lockdown, some with their employers, so were asked to work or help out all the time with little rest. Those who were working front-line often went home to their dorm alone and isolated and as a stress release binge ate.

Limited social interaction

Many who were working through the lockdown periods either with their employers or as front-line NHS workers felt there was very little outside social contact with others as they were very busy working all the time. Many are alone here in London and have limited social interaction with their families in the Philippines as the time difference does not fit in with their work schedules either.

Feeling sad

Many felt very sad during this period as they felt there was no support for them and nobody to turn to as the pandemic was new to everyone. They often felt 'trapped' by their employers who relied even more so on them during the lockdown periods. Naturally facing the pandemic in its initial stages was so frightening for them as there was no protection in place with many of their Filipino colleagues/friends catching the COVID and dying.

Feeling lonely and isolated

Those working front-line often lived in dorms or accommodation within the hospital as they are unable to afford much else. This often meant they were always alone which many had cited was not good as there was no way for them to vent their issues and frustrations from the day. Many could not 'switch off' saying that they found it very difficult to relax and sleep which made them even more exhausted physically and mentally.

Fear of long term 'long-COVID' effects

With many of our focus group having caught the pandemic they all fear the long-term physical and mental effects it would have on them. They feared they would get sick from 'long-COVID' which meant they were unable to work and provide for their families back in the Philippines.





Conclusion

There is a common theme amongst the focus group and within the Filipino community here in London and that is COST. Many, if not all, are working in low-paid jobs which often means they have to work longer hours to make ends meet. It is also a fact that those working here in London will be sending money back home to the Philippines to care for and help their immediate families as well as extended families. In essence, any spare money they have will be sent home to provide their families with food and shelter.

As a result their physical and mental health suffers and with little spare money they are unable to afford medication if they become ill, lose work if they become ill, and become more stressed about their finances.

Although most if not all of our health and social care services are free, or heavily subsidised, many of our participants are unaware of this. Although these services have no or little cost to them they still feel that unless something serious is wrong they will not access them. The main reason for this is the time out it takes to attend as they lose work and money, or even their job entirely.

Many of them also cite that it is a question of priorities. They need to work to pay for their bills, to pay for their food and to send money back home to the Philippines. If nothing is wrong with their eyes, their teeth and nothing serious is wrong with their health then they will just carry on working as much as they can.

They are a quiet, unassuming community, working hard, not complaining and extremely self-sufficient. They sacrifice so much to keep us Londoners safe and healthy but at a cost and detriment of their physical and mental health.

Questionnaire

This questionnaire is part of a project to make health services more accessible and welcoming for everyone. By taking part you will help them better meet your needs.

Please be assured all information is non-attributable and cannot be used to identify any individual

What was the sex you were assigned at birth?

Male

Female

Intersex

What age group are you in?

18-29

30-64

65+

Do you have children (aged 0 -18) living at home with you?

Yes

No

If so, have you registered them with a GP?

Yes

No

Are you registered with a GP?

Yes

No

If not, why?

How often would you see/contact your GP?

Once per month or more often

Once every 3 months

Once every 6 months

Once a year

Less than once a year

How do you make an appointment to see your GP?

Online

Phone

E-mail

Walk in/In person

Do you know the name of your GP?

Yes

No

Do you see a male or female GP?

Yes

No

Do you go for regular check- ups?

Yes

No

Do you (and your children if living with you) have all your immunisations?

Yes

No

Which ones do you or your children not have that you think you should? Please specify.

Do you feel that you can communicate well with your GP?

Yes

No

Do you feel that you are able to speak frankly to your GP?

Yes

No

Do you use other NHS health services (e.g. specialist clinics such as sexual health, physiotherapy, dietician)?

Yes

No

If so, which ones?

What could the GP or other health services do to make you or your family feel more comfortable about using them?

Have you visited A&E in the past 12 months?

Yes

No

If so, what for?

Have you had need to attend a hospital as a patient in the last 12 months?

Yes

No

If so, what for?

Are you registered with a dental practice?

Yes

No

If not, why?

Have you experienced any mental wellbeing issues?

Yes

No

Have you sought help for any mental wellbeing issues?

Yes

No

If not, why?

How has the pandemic affected your health or wellbeing? Please explain.

Do you feel well informed about the pandemic?

Yes

No

How has the social distancing measures affected you? Please explain.

Do you know where to seek help regarding the pandemic?

Yes

No

Anything else you'd like to mention that would make health services better for you or your family?

Thank you for completing this questionnaire!