Peer research on the right to health

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Aim

- What does a human rights based approach mean in practice?

- Viewed through experiences of people experiencing inequalities

  – homelessness and refugee/asylum seeking (women)

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Community based action research

Participatory, action-focused
Collective design & reflection

Peer researchers (6)
Skilled as volunteers & advocates

Mental Health Foundation

NHS Health Scotland

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Method

	Homelessness	Refugee and asylum seeking women
Focus groups	19*across 3 groups	49 across 5 groups
Individual interview only	15	0
Total participants	34	49

*18 of focus group participants also had an individual interview

N=83

"The decision is made for you before you walk into that surgery"

Findings – people experiencing homelessness

- **P**articipation (lack of participation)
- **A**ccountability (Negative experience of services, poor service response, barriers to accessing services)
- **N**on-discrimination (stigma, being judged, lack of respect, lack of dignity, not being listened to)
- **E**mpowerment (Difficulty making complaints, lack of knowledge about rights, value of lived experience)
- **L**egality (Poor information on rights and entitlements)

> "Everyone talks about you have a right..you have a right to this in the UK, you have a right to that... where is it?"

Findings – asylum seekers and refugees

- **P**articipation (varied experiences of participation)

- **A**ccountability (good experience of services, lack of continuity of care, underestimating impact of seeking asylum on health)

- **N**on-discrimination (stigma, racism/islamophobia, language barriers)

- **E**mpowerment (Good knowledge of rights and access to information, poor knowledge of rights, difficulty making complaints)

- **L**egality (rights violated, asylum process)

Recommendations – health and homelessness

- Challenge stigma and negative stereotyping

- Promote knowledge of rights and how to claim them

- Improve complaints mechanisms

Recommendations – health and homelessness

- Better access to mental health outreach

- Increase participation of people with lived experience in homelessness services

- Co-ordinate responses to intervene earlier and address complexity

Recommendations - women refugees/asylum seekers

- Address impact of asylum system on mental health as a priority

- Extend and sustain funding for groups that support wellbeing of women refugees

- Build anti discrimination into person centred practice

Recommendations – primary care

- Improve practice on use of interpreters
- Mainstream use of peer advocacy workers within services – link worker model?
- Tell people their rights in an accessible way
- Train staff about asylum process

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SNAP – Health and
Social Care Action
Group

Conclusions and next steps

- Mental health a key priority

- Untapped potential of people with lived experience in research and advocacy for improvement

- Film of experiences to raise awareness & event with Health and Social Care Academy

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