

Reducing barriers to healthcare access using a trauma-informed approach



South West Yorkshire Partnership Teaching
NHS Foundation Trust

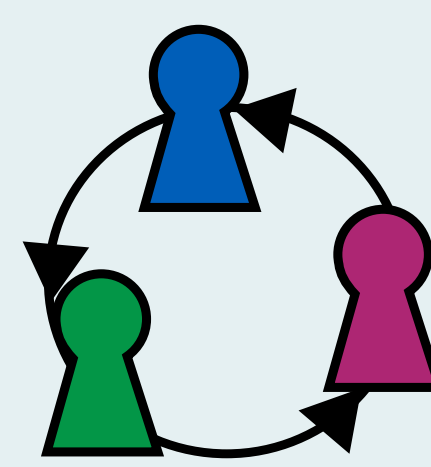
Introduction

High Did Not Attend (DNA) rates for new entrant screening appointments present a barrier to equitable healthcare access, particularly for migrant populations. This project applies a trauma-informed approach to understand non-attendance and improve service engagement by incorporating service user perspectives and co-production.



Method

A service improvement initiative was undertaken to explore barriers to attendance and redesign invitation materials using the Trust's six step quality improvement methodology with involvement approach. Engagement included one-to-one and group discussions with service users and partners including the refugee, asylum-seeker and migrant women's group. Participants reviewed existing appointment letters and provided feedback on envelope type, content, and format. Co-production methods were used to develop easy read materials and service logo concepts, supported by visual prompts to facilitate inclusive discussion.



Results

Barriers identified:

- Brown envelopes: Triggered fear due to associations with government and immigration decisions; often unopened or ignored.
- Letter content: Language barriers, complex terminology, and lack of understanding of NHS systems led to confusion and mistrust.

Facilitators identified:

- Easy-read materials: Viewed as welcoming; use of images improved understanding and reduced anxiety.
- Service branding: A recognisable logo increased trust and likelihood of opening correspondence.

Preferred logo features:

- Circular design with healthcare building imagery
- Supporting hands symbolising care and safety
- NHS blue colour for professionalism and calmness

Implementing changes:

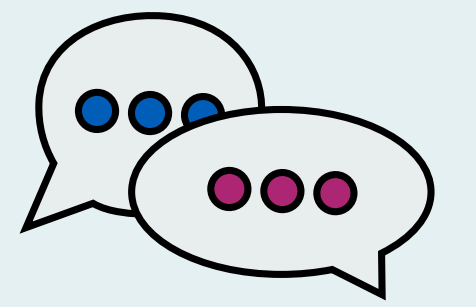
- Service logo designed
- New appointment communication system includes white envelopes with stamped logo, revised letter content and easy read leaflet.
- The co-produced logo is now displayed in the building and adapted into colouring sheets for children.

Environmental improvements:

- Redesigned reception area with softer lighting, natural elements, and improved layout
- Removal of clutter and outdated materials; introduction of relevant resources and community information
- Child-friendly spaces with toys and activities

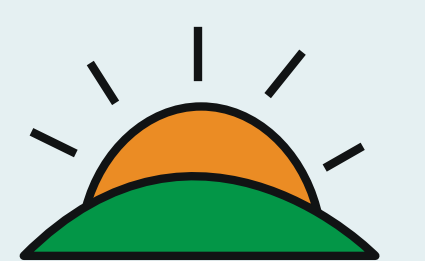
Discussion

Findings highlight the importance of trauma-informed communication in reducing healthcare inequalities. Fear, mistrust, and unfamiliarity with healthcare systems contribute significantly to non-attendance. Co-produced materials and environments improved accessibility, cultural sensitivity, and perceptions of care. These changes emphasise the role of trust-building and inclusive design in healthcare engagement.



Conclusion

A trauma-informed, co-produced approach can reduce barriers to healthcare access and support improved attendance at screening appointments. By embedding service user voices, services can enhance communication, increase trust, and promote health inclusion for migrant communities.



Acknowledgements

We thank all service users who contributed their experiences and insights, particularly participants from local refugee and asylum seeker groups. We also acknowledge partner organisations, community groups, and staff for supporting co-production activities and service improvements.

"Working alongside the Refugee Council and service users listening, learning and designing together has been a powerful example of true co-production. Insights shared have designed a logo that reflects safety, welcoming and inclusion at the heart of our health services."



With all of us in mind.