Health Needs Assessment Refugees and Asylum Seekers in Calderdale

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Aims

This health needs assessment aims to better understand the health needs of refugees and people seeking asylum in Calderdale. The assessment will consider trends in the population of refugees and people seeking asylum and the current health and social care service provision available to this population, in order to consider unmet need. The report then identities key areas for action to improve the health and wellbeing of refugees and people seeking asylum in Calderdale.

Methodology

Research was conducted in 2016 in Calderdale, West Yorkshire. The researcher assessed available quantitative data – including

records from local refugee and asylum seeker support charity St Augustine’s Centre – as well as conducting a structured collection of knowledge and views with key stakeholders. The study recognises the value of knowledge held by those involved in local services, and therefore includes the views of professionals, political bodies, and users. The study was contexualised through a full literature review.

Primary qualitative data was also gathered through five facilitated focus groups with refugees and people seeking asylum. The demographics of each group were as follows:

- Arabic speaking refugees;
- Arabic speaking asylum seekers;
- Tigrinya speaking asylum seekers;
- African women (conducted in English) who were asylum seekers;
- Farsi speaking asylum seekers.

All groups were mixed gender apart from the group of African women. Participants signed consent forms to participate in the research. One key limitation of this approach is that all participants will already be accessing key support services in Calderdale as access has been achieved through a key third sector agency. The views of those who are not in receipt of additional support have not been included in this study.

Key issues

Quantitative data taken from records at St Augustine's Centre in 2015 revealed the following demographic picture of the refugee and asylum seeking population in Calderdale:

- 72% men / 28% women;
- 40% from Africa; 43% from Middle East; 12% from Asia; less than 5% from Americas, Europe and other;
- 31% less than 25 years old; 45% between 25 – 39 years old; 24% older than 40.

The results of the focus groups conducted at St Augustine's Centre broadly reflects the issues identified in the literature review, although some issues and health needs were given more weight.

This health needs assessment identified the following needs amongst the refugee and asylum seeking population of Calderdale:

- Physical health needs across the population were variable, ranging from chronic conditions that presented in country of origin to conditions that may have been exacerbated by their journey to the UK and their experiences here. Some concerns were raised about respiratory difficulties amongst children that some felt were connected to damp housing. Dental problems were a common concern for refugees and asylum seekers.
- Refugees generally reported better health than those who were still seeking asylum. They felt that they had more opportunities to access better healthcare, the psychological

stress was less intense following a positive grant of status, and they were more aware of available services.

- Women who had given birth in the UK reported minimal problems. However, whilst sexual health and FGM were not discussed in the focus group, the literature review suggests this could be a key consideration.
- Mental health was a prominent issue in the focus groups and literature review, although it was addressed in different ways. Some spoke specifically about poor mental health, whilst others referred to stress and other emotional concerns. General concerns about stigma and the impact of mental health on the success of an individual's asylum claim were also raised, particularly by Tigrinya speakers who were also had made their asylum claims most recently.
- Both Arabic speaking refugees and Farsi speaking asylum seekers reported anxieties about the lack of psychological services made available to them through their GP.
- Whilst some refugees reported that the psychological distress associated with the asylum system eases following a positive grant of status, the sense of instability and fear of being sent back remains for a long time.
- Screening was identified as a key health priority for refugees and people seeking asylum who were interviewed, particularly for the Tigrinya speaking group and the African women. Some participants felt that the screening process on arrival was insufficient (and in some cases non-existent), and reported anxiety about the impact of traumatic and arduous journeys on their health. Groups that spoke about

screening were particularly interested about screening for conditions such as TB and HIV. Many were also keen to receive the influenza vaccination on arrival.
- Concerns around access to healthcare were prominent in each focus group, reflecting the evidence in the literature review. Focus group participants relied heavily on staff at St Augustines to negotiate access to local GP practices and to sign post to relevant services. There was also a lack of understanding about the structure of health services in the UK.
- Access to dentists was noted as a particular issue, notably problems registering, and a refusal to treat unless the patient brings someone with them to interpret.

When focus groups were asked what could be done to improve their health in Calderdale, half of the groups mentioned that exercise could improve their mental and physical health. All participants also felt that being able to access the support and services at St Augustines allowed them to improve their physical and mental health, and without this support, many would struggle.

Recommendations

This health needs assessment made the following recommendations:

- Improve GP registration by arranging a particular time for new asylum seekers to register with practices away from

‘peak’ GP time;

- Ensure that all services are aware of what services are available for refugees and asylum seekers in the area;
- Ensure that all GP practices are aware of the current GP registration guidance which stipulates that a patient’s lack of identity documents does not constitute reasonable grounds to refuse patient registration;
- Whilst physical activities are provided by the voluntary sector – particularly St Augustines Centre – focus group participants suggested that access to gyms could improve both physical and mental health;
- Mental health services must make efforts to develop culturally sensitive approaches that recognise the specific experiences of refugees and people seeking asylum, rather than expecting them to adapt to standard methods;
- The mental health of staff at St Augustines and key support services should also be noted as an unmet need. Workforce development will be contacted to consider a form of external debriefing system for staff;
- The health needs assessment will be used as a means of raising awareness of the mental health needs of this group with Public Health and other bodies;
- The housing provider (G4S) should be informed that several members of the focus group felt that poor accommodation standards – including damp – had a negative impact on their health;
- Further conversations about health screenings for refugees and asylum seekers will be had with NHS England and service providers in Calderdale. Initial findings suggest that

in order for health screenings to work effectively, GP registration must be more robust;
- The proforma for the new patient health check could be provided in advance and also translated into different languages, to empower new patients to better understand their appointments

Web Link
https://www.calderdale.gov.uk/v2/sites/default/files/refugees-asylum-seekers-hn...
Migrant Group
Asylum seekers
Refugees
Refused asylum seekers
Topic
Access to healthcare
Community and society
Health
Health needs
HIV / AIDS
Mental health
Sexual health
Place
Calderdale
West Yorkshire
Year
2016
Resource Type
Report

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