Asylum Seekers, Refugees, and People from Emerging Communities: Health issues, inequalities and barriers in Kirklees

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Aims

Healthwatch spoke to a number of stakeholders between January 2017 and October 2017 to gain a better understanding of health issues, inequalities and barriers faced by newer migrants – including refugees, people seeking asylum and new EU communities – in Kirklees.

Methodology

To gather data, Healthwatch Kirklees conducted interviews with eight organisations that support migrants or deal with migrant health and wellbeing between January 2017 and October 2017. The researcher also attended meetings regarding refugee or migrant-related issues, spoke to academic staff at the University of Huddersfield, and Kirklees Council's Public Health team.

The research is clear that it only provides a snapshot of service provider and service user experiences, and perceptions, of health issues and healthcare in Kirklees at this period. However, the report does not make clear how the researcher gathered views from service users during the data collection period.

Key issues

The report found that the general hypothesis that physical and mental health outcomes are poorer for the non-UK born population was true for the Kirklees area. Specific findings included:

- Mental health was a key issue for new migrant communities in Kirklees, and was the most common health issue voiced among interviewees. Poor mental health amongst emerging migrant communities was reported to be particularly prevalent amongst refugees and asylum seekers, often compounded by stigma. Whilst there was some basic provision available, there were still specific gaps in service provision such as specialist care for children who have experienced severe trauma, and vicarious trauma experienced by staff and volunteers was raised as a specific

concern;
- Health literacy across new migrant communities is low, with some struggling to understand how systems work in the UK. This can be exacerbated by staff confusion, financial difficulties, and concerns around charging. Additionally, health literacy remains low as insufficient time is allocated to providing information on the UK health system to people unfamiliar with Kirklees or the UK;
- Additional and intersecting factors can mean that particular communities are more vulnerable to poor health. Women and children were identified as being particularly vulnerable and voiceless; and those who have lower English skills were also identified as a group who may struggle to access services;
- The report also found that a lack of cultural awareness from health services can mean that new and emerging migrant communities develop a negative impression of institutional health settings.

Conclusion

The report made the following conclusions:

Communication: Those who cannot communicate effectively in English should be provided with interpreters when accessing health services. There should be no assumption that family or friends can be used as interpreters, and if family and friends are used, every effort should be used to ask the individual if they are

happy with this.

Cultural Awareness: Staff and service providers should receive cultural awareness training to ensure they understand the particular challenges faced by migrant communities. Similarly, accessible information should be made available to help migrants better understand the UK health system. This is important to improve the health literacy of some migrant populations.

Specific Health Issues: Interventions should be made to engage with particularly vulnerable groups, such as women and children, in order to address health inequalities. Additionally, more targeted work needs to be done to tackle negative health behaviours such as poor nutrition, smoking, alcohol and substance misuse.

External Factors: Efforts should be made to tackle extreme financial hardship and poverty as this significantly impacts on the health of all communities. The report makes recommendations that free courses on welfare rights and budgeting – particularly for women – may help address this.

Attitudes: The report also calls for a bigger effort to education the wider public on facts and figures related to migration in order to tackle negative attitudes towards migrants. The report also suggests that services should increase the diversity of their workforce in order to better meet the needs of changing communities.

Web Link

https://healthwatchkirklees.co.uk/emerging-communities/
Migrant Group
Asylum seekers
EU migrants
Non-EU migrants
Refugees
Refused asylum seekers
Undocumented
Topic
Access to healthcare
Community
Equality groups
Health
Health needs
Mental health
Place
West Yorkshire
Year
2017
Resource Type
Report
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communities-health-issues-inequalities