

Developing the West Yorkshire Health and Care Partnership of Sanctuary plan:

Summary of pre-existing insight from migrants in vulnerable circumstances

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Introduction

This briefing paper summarises the insight collated from partners across West Yorkshire (WY) regarding the experiences of health and healthcare services among migrants in vulnerable circumstances. The aim of this work was to identify how the Health and Care Partnership of Sanctuary plan can meet the needs of migrants in vulnerable circumstances in West Yorkshire and how further engagement with experts-by-experience could inform the development and delivery of this plan.

Definitions

‘Migrants in vulnerable circumstances’ – this includes asylum seekers, refugees, undocumented migrants, unaccompanied minors, and people who have been trafficked.

‘Healthcare services’ – this includes all NHS-funded healthcare services commissioned by NHSEI or CCGs and delivered within West Yorkshire, including but not limited to: mental health services, urgent and emergency care, planned hospital care, maternity care, community care services, primary care, community pharmacy, opticians, dental care, and screening and immunisation services.

‘Expert-by-experience’ - is someone who is able to articulate lessons and suggestions from their own ‘lived’ experience of migration and health challenges. Their expertise is based on their own individual experiences, enabling them to speak with authenticity.

Methods

We invited organisations across West Yorkshire Health and Care Partnership (WY HCP) to contribute any pre-existing local and regional engagement work that they had undertaken with migrants in vulnerable circumstances in the previous five years. Partnership organisations include primary, secondary and community health and care commissioners and providers, VCSE organisations, user-group representative organisations and Local Authorities. This invitation was shared at the WY HCP Health Inequalities Network meeting on 19/10/2021, and via email to the members of the WY HCP Inequalities Network, WY Migrant Health Community of Practice, the WY Communication and Engagement Local Place-based Leads and the Yorkshire and Humber (YH) Office for Health Improvement and Disparities (OHID) Migrant Health Group.

Description of the reports

In total, four reports of engagement activities based solely in West Yorkshire were identified and one report was identified which undertook engagement activities across the Yorkshire and Humber region. The engagement activities were undertaken by a range of organisations; a CCG, a local Healthwatch, a specialist healthcare provider that is a community interest company, a Voluntary, Community or Social Enterprise (VCSE) organisation and the regional Strategic Migration Partnership. The five reports were published between 2017 and 2021. The engagement activities included focus groups, round table discussions and informal discussion with migrants in vulnerable circumstances. Not all the reports included detail on the numbers of migrants in vulnerable circumstances who were involved in the engagement activities or the types of vulnerable circumstances they were in. However, the findings represent the experiences and opinions of at least 45 migrants in vulnerable circumstances across West Yorkshire.

Findings

The findings from the reports are summarised here under the following themes: healthy behaviours, wider determinants of health, mental health, access to health care services and the impact of COVID-19.

Healthy behaviours

Some participants were keen to adopt healthy behaviours:

- To have a healthy diet and awareness of good foods to eat
- To participate in exercise, particularly walking

However, barriers faced when trying to adopt healthy behaviours include:

- The high cost of fresh produce
- High cost and limited accessibility of exercise sessions
- Lack of gender-specific provision at gyms and swimming pools
- Poor weather conditions in the UK which prohibit participation in outdoor activities

Wider determinants of health

Participants discussed issues concerning the wider determinants which impact on health, including housing, education, skills and employment, transport, income and community integration.

- Housing – numerous issues relating to poor housing were identified:
 - Too small and overcrowded
 - Poor quality furniture
 - Vermin-infested
 - Not fit for purpose – for example steep steps for mother with pram
 - Not conducive for socialising, and presenting a challenge to build relationships and integrate into the community

- Education, skills and employment
 - Lack of English language and literacy skills makes people feel isolated and makes life challenging
 - Lack of meaningful activities or employment while waiting for processing of their asylum claim
 - Accessing ESOL (English for Speakers of Other Languages) classes is very difficult due to high demand and financial pressures and there are long waiting times between courses
 - There is a lack of childcare support to enable access to education, skills development and employment
 - There is a need for digital skills training
 - There is the need for more support to enrol children in school and some children may need additional support in school
 - More support is needed to access employment

- Transport
 - High prices make public transport inaccessible
 - Driving lessons are also not affordable
 - There is a lack of awareness about how to navigate public transport

- Income
 - Many migrants in vulnerable circumstances are experiencing extreme financial hardship and depend on the goodwill of individuals or charities to access basic requirements such as food or healthcare

- Community integration

Participants identified the need for support for a range of issues relating to integration into the community including:

- Understanding life, laws and culture in the UK
- How to make social connections,
- Signposting to local support organisations
- How to navigate the local area

Mental health

Many participants described experiences of poor mental health in themselves or their children including post-traumatic stress disorder, anxiety or depression, which was aggravated by complex asylum processes, unemployment and financial deprivation, lack of family support and moves when relocated or dispersed. However, they also identified issues with accessing mental health care including:

- The impact of stigma which remains attached to mental health issues in some vulnerable migrant communities
- Lack of information about mental health and services for migrants in vulnerable circumstances
- Failure to refer for support – NHS staff seeing all issues including an individual’s mental health problem as rooted in someone’s asylum case and not referring for treatment

- Lack of availability of appropriate services and long waiting times
- Lack of interpreting provision
- Available mental health services not being aware of the needs of refugees and asylum seekers
- Difficulty in accessing treatment in NHS services until granted leave to remain
- Insufficient services being available for children, in particular those who have experienced severe trauma

Accessing healthcare

Migrants in vulnerable circumstances highlighted that it is important to develop trusting relationship with practitioners and services and that they prefer continuity of care. They also identified that peer mentors could support them to access and navigate the healthcare system

Numerous barriers to accessing healthcare were identified, some of these were personal factors and some were related healthcare providers and healthcare systems:

Personal factors

- Lack of awareness among migrants in vulnerable circumstances about their entitlement to healthcare
- Poor health literacy and unaware of how to navigate the UK healthcare system
- Fear of being apprehended by immigration authorities if they accessed care
- Fear of or previous experiences of being charged if accessing health services
- Lack of English language skills

Health systems and providers

- Lack of cultural awareness among staff, or not taking into account cultural differences can lead to people who are new to the UK mistrusting advice or services, unnecessarily worrying about their health or feeling unnerved in a service setting.
- Lack of awareness among some providers about the immigration system, and rights and entitlements of refugees and asylum seekers
- GP practices demanding full ID or proof of address for registration, or asking about immigration status, none of which are necessary for registering a patient.
- Being denied GP registration and subsequently lacking an NHS number which is required to access other services.
- Waiting time to get through to a GP surgery – some participants have waited so long on the phone that their credit runs out.
- Appointments being insufficiently long to address needs
- Language barriers - this relates to both availability, quality and appropriateness of interpreting services (e.g. female patients requiring female interpreters) and reluctance among some staff to use an interpreter.
- Limited provision of NHS dental services
- Charging for some secondary health services which leads to avoidance of healthcare.
- Difficulties securing an HC2 certificate (to get full help with health costs) and the complexity of filling out an HC1 form (16 pages long and in English)
- Failure to transfer patient records and ensure ongoing care when transferring between services within the NHS in different geographical areas

Impact of COVID-19

Some specific issues were raised about experiences in the context of the COVID-19 pandemic. These included:

- Increased social isolation, lack of activity, and lack of WiFi, leading to increased anxiety, depression and other mental health issues
- Difficulty accessing appropriate public health information about COVID-19 in a variety of languages and appropriate formats.
- Challenge of staying safe when housed in houses of multiple occupancy, where individuals have no control of what others in the house do, for example bringing friends in, seeing others outside the house but not complying with public health guidance
- Increased risk of exposure to COVID-19 in initial accommodation centres
- Being housed in contingency accommodation where accessing initial health screening and health services is more difficult
- Some work situations made it difficult to socially distance and stay safe
- Loss of income for working refugees during lockdown
- Difficulty accessing COVID-19 testing
- Reliance on phone/internet-based methods of communication for testing and vaccination which requires data that migrants in vulnerable circumstances may not have
- Restrictions and closure of some services, including statutory and voluntary sector support
- Some GP practices have developed new online systems which can be difficult for those with limited English and impossible for digitally excluded people

Conclusion

This report has summarised the pre-existing insight from migrants in vulnerable circumstances about their experiences of health and healthcare in West Yorkshire. However, there are many important gaps which have not been addressed here, including:

- Experiences of and opinions on:
 - Maternity care
 - End of life care
 - Secondary care
 - Dental services
 - Optometry
 - Pharmacy
 - Other community services
 - Urgent and emergency care
 - Initial health screening
- The experiences and opinions of children and young people who are migrants in vulnerable circumstances
- The views of migrants in vulnerable circumstances about how improve services and co-produce models of health and care services to better meet their needs.

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