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Understanding the experiences and inequity of refugees and asylum seekers in accessing health services and receiving care

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Understanding the experiences and inequity of refugees and asylum seekers in accessing health services and receiving care - summary

Introduction

Sanctuary on Sea (SoS), a refugee and asylum-seeking support organisation, provided access to a range of participants and in-house delivery and translation of research materials. SoS are an umbrella organisation convening the intelligence of other support organisations across Brighton and Hove and also have direct access to refugees and asylum seekers (R/AS) through various activities. SoS engages with an established group of R/AS throughout Brighton and Hove. SoS hears from R/AS via organisations represented on their Steering Group and directly at various support events.

The partner organisation, Healthwatch Brighton and Hove (HWBH), is an independent organisation that focusses on capturing the voice of service-users to drive service improvements. HWBH have experience of engaging inclusion groups such as young people who use substances, people for whom English is not their first language, and Black and Racially Minoritised people. This partnership brings Healthwatch expertise in researching the access to and delivery of health and social care services.

1. Summary of key findings and recommendations

This project engaged a total of 49 R/AS through an 'orientation' focus group at the start, followed by a survey, and completed with a final focus group. The project engaged a wide ranging sample in terms of age, gender, ethnic background, length of time in the UK and varied accommodation status.

The project aim was to hear about the experiences and inequity of refugees and asylum seekers in accessing health services and receiving care.

1.1 Key findings

Many of the widely understood issues around GP **access** are shared by R/AS.
Access issues are compounded among this community where there are language barriers and where there are complex processes to register for a GP.
Seeing a GP was often viewed as the 'last resort' when accessing health care, with alternative sources of advice used (e.g. friend/family, looking online).

Seeking **alternative health care advice** may be a product of the barriers R/AS face in accessing GPs (e.g. language, digital exclusion, knowing how the health system

works or cultural barriers), the long waiting times for appointments (the leading issue people would 'like the NHS to focus on'), and their general distrust of the care they receive - 18% of R/AS said that their needs were 'not at all' met at their last GP appointment, which is higher than the national average (10%).

Excessive waiting times for appointments and **language barriers** were repetitive themes throughout both focus groups. Additional barriers to access support were digital exclusion, lack of available interpreters, and perceptions towards poor quality of care from health professionals.

In explaining the beliefs about poor care, people spoke about being **"not taken seriously"** with the focus on helping people to "get back to work" rather than curing the condition. The quality of care was thought to be hindered by a failing health system, too wrapped up in protocols and management, and the stepped care model which prevents direct and quick contact with consultants, something very different to people's country of origin.

Cultural issues such as wanting to be touched by a GP (to express their treatment was taken seriously) and understanding the roles of nurses and pharmacists were additional themes mentioned.

To counter access issues, people spoke about "**bypassing the system**", through visiting A&E or exaggerating symptoms.

In terms of accessing health services, there is much reliance on **informal forms of support** such as friends and family, community centres and support groups. Only 5% have been helped by a social worker and 18% by a community support worker.

The support for **mental health**, often more enhanced for R/AS, is not available or suited to their often traumatic backgrounds. The cultural issues of some R/AS not understanding mental health and not always acknowledging it as a condition compounds the difficulties in accessing support.

However, most people held a **positive perception from the care provided** through GPs, hospitals and mental health services. This implies that once the hurdles of access are overcome by R/AS, people are reasonably content with the care provided.

In terms of a solution-focused approach, people also spoke about increasing awareness of the health system, through **group work** led by a member of the community.

1.2 Recommendations

We asked participants what they would ideally like to improve and these serve as the recommendations from this study:

1. Provide group support to help people access health care from people who know the health system – this needs to be led by someone known to people from their own community.

2. Address the leading barriers to accessing health care, such as language, literacy, digital exclusion, and excessive waiting times.

3. Have interpreters, in different languages, available 24/7 and allow friends or family to deputise (which is currently not always allowed).

4. For GPs to be more culturally informed especially about how to convey care quality through touching and examining patients.

5. Change the protocol from getting people back to work to address the root cause of the health problem.

6. Raise awareness of the role of pharmacists and nurses.

7. Increase awareness about how to find an NHS dentist and change the dentist culture from tooth extraction to repair.