



## Experiences of refugees accessing and using health and social care in BaNES and Swindon

**Practice track report for the degree of MSc Global and Public Health Policy**



# Aims of the project

- To understand the healthcare needs of refugees in Swindon and Bath and North East Somerset
- To understand what works and what doesn't for refugees when engaging with healthcare services
- To explore ways to improve how healthcare services can meet the needs and expectations of refugees.



## What did we do?

The Masters student from the University of Bath undertook research by:

- Interviewing refugees, third sector organisations who work with refugees and NHS staff.
- Visiting community cafes, food pantries, English language courses and hotels
- Undertaking a literature review of existing research.

# Who we spoke to:

- **Bath Welcomes Refugees**
- **Bath Council Refugee Team**
- The Harbour Project
- Swindon Borough Council Refugee Team
- **Royal United Hospital, Bath**
- Great Western Hospital, Bath
- Refugees in two hotels in Swindon
- Swindon City of Sanctuary
- **GP's working with refugees**
- **Visited food pantries and community cafes across BaNES and Swindon**

# Bath Welcomes Refugees

BWR support in all areas has included

- donations of furniture and household items;
- advice, referrals and signposting to services;
- translation and interpreting;
- language learning developed around managing health care services;
- accompaniment to appointments; and the sharing of health care advice and information;
- facilitating social support.

We don't provide any form of therapy as we are not structured to properly provide this and direct people to their GPs for access to care.

Bath Welcomes Refugees – Local people working directly with refugees and asylum seekers to build new lives

# What were the key themes identified?

- Language barrier
- Dental health
- Accessing services
- Mental health
- General Health and housing

# Language Barrier

Refugees spoke about the language barrier hindering them understanding the protocols and procedures for accessing the NHS.

They also spoke about how things were done very differently in their country of origin and not understanding how it worked in the UK.

- 'We'd prefer information in our language rather than in English'
- 'Better communication because my parents are old, they have troubles understanding English'
- 'I think getting translators on the spot would be really helpful, because my English is not good, even my mom struggles a lot with English'

# Language Barrier

- 'First and foremost is a language barrier that's why they don't understand the protocols and procedures for registering with the GP or any hospital'
- 'Also communication is the most common challenge because at times there are no translators present at the hospitals'
- 'They don't get interpreters during their appointments , its NHS's responsibility to provide translators for the refugees but they fail'
- 'One of the biggest challenge is language barrier, it sometimes creates confusion with their doctors appointments'
- 'Mental health cannot be translated in any other language that's why its pretty intense'



# Bath Welcomes Refugees (BWR) - language

Barriers to accessing GP appointments:

- voice mail options are too complicated & lack of English to book online (& some GPs will not accept appointments being made in person)

Misunderstandings – terminology and meaning:

- ‘passing water’ ... translates as ... ‘travelling over a river’
- how appointments work – in person or on the phone etc ?
- What are their ‘rights’ e.g. to second opinion or to interpreting

Different types of Arabic – an issue for interpreters:

Need to check first “Are you able to understand one another?”

# Dental Health

Refugees indicated they were frustrated and disappointed about the dental registration framework:

- 'Accessing dentists is a task in UK'
- 'I have a dislodged crown in my oral cavity and it's really bothering me. It's been more than a month and I still haven't gotten a dentist's appointment. I can barely eat now'
- 'I am having troubles accessing a dental appointment, I have even asked the organisation who's looking after us here in the hotel to do something about my appointment, but haven't heard from them either'
- 'I was advised for an extraction in Kabul, but couldn't get it done. Here I thought I'll get it done but unfortunately dental appointments are a task here'

# Accessing services

Every refugee we spoke to expressed frustration at access to services and the time it takes to get treatment; the perception was that as they were refugees they were being pushed to the back of the waiting list.

- 'I have been going to Ukraine every 3-4 months for my dental treatment and the thyroid problems.'
- 'I am aware of the difficult situation due to the war but we can't get help, its better to go back to the Ukraine for the treatment than dying of pain here for 12 months'
- 'They have been saying that it'll take at least 30-45 days for me to get an appointment for the specialist. I can't function with such a huge hernia on me. But now I have got no option but to wait. I might be disabled for life'

# Accessing Services

- 'They fail to understand that we need a proper doctor for my wife's eyes and Nobody's really responding to our requests'
- We just met with one cardiac doctor, and they said that she needs a surgery, but it's been more than 6 months now, we have still not got an appointment'
- 'Healthcare in our country was faster, quicker and much cheaper. We can go to a doctors office or walk into a hospital at any time of the day and we are sure that we get treatment immediately unlike here'
- 'I think in Ukraine its much simpler also it's not expensive at all. I would prefer getting treated in the Ukraine. At times even to get a doctors appointment is a task because of improper translator services in site.'

# Mental Health

It was mentioned that mental health is seen something that was not culturally acceptable; but they need help and more trauma informed support

- ‘Yes, I feel I want to talk to someone about my mental health, but I am not sure whom to talk to or approach’
- ‘I am happy that we are here, and we are safe but I have depression, I am battling with it since more than a year now but I am not seeking any help because it’s not normal for us. We don’t talk about it to anyone’
- ‘My elder child needs help, he is not doing well mentally’
- ‘Most common health issues are Trauma-related mental health issues, its very traumatic because many women have shared that they have been raped during their journey to UK’

# Mental health

- ‘Also, I have observed that adjusting life in a new country is really difficult for people, they leave their homes and families behind and move to a new country in search of security , shelter and food but that leaves a huge impact on their mental health’
- ‘I would also like to add that Mental health goes undiagnosed during all this for the refugees , because they never talk about it on their own. It’s still a stigma and taboo for them’
- It is also clear from interviews that refugees are struggling to enter the work force which is impacting on their mental and physical health

# BWR - Mental health

- Particularly for refugees from the Middle East mental health care is scarce and seen as taboo
- Concepts like counselling and therapy are unfamiliar and/or seen negatively.
- Tendency to focus on somatic symptoms because of cultural taboos
- Health professionals and other services need to use language of wellbeing and emotional health rather than “mental health/illness
- Also, the cultural and practical importance of extended family and therefore impact of isolation of nuclear family in UK

# General Health and Housing

Living in fear of eviction and being moved was bought up by every refugee, this is having a significant impact on their mental and physical wellbeing.

- 'We are waiting for a permanent accommodation because we are living in a hotel for a really long time and my wife is getting in depression'
- 'I think me and my family everyone is dealing with a lot of stress and anxiety issues. We left our country, home, and friends, so it's not easy for us to live here, that too we are living in a hotel'
- 'We have applied for permanent housing here in Swindon, its almost been more than a year haven't heard anything. I am so stressed out, worrying about my mother and siblings. I am the eldest child in my family, and I don't know if we will ever get proper house, food and facilities'



# General Health and Housing

- Here they are living in a hotel room or in someone else's homes. So it's very overwhelming'
- 'They live in hotels where the tariff is 7-8 pounds per day , with poor hygiene and really bad food'
- 'Refugees have been living with the host families in Bath, mostly Ukrainians, and they have to relocate or move to a different house after a year, which leads to change in GP practice'
- 'At times they don't get their prescriptions on time due to this housing issue. Also, delayed appointments due to change in houses and post code'
- 'We have children, and one hotel room is really small to raise kids'

# BWR – cultural issues

- Cultural variations and expectations may not be visible but they can have a significant impact

Examples:

- Mould and damp in houses can be exacerbated by the different ways of washing and bathing - are we providing enough information and advice to prevent this ?
- Ramadan and expectations around fasting - GPs and pharmacists need to ask the question about taking medication during Ramadan when no food or water is taken – so meds might end up being taken all at night
- Culture of silence around domestic violence in some communities exacerbated by the loss of family support which is not available as a refuge
- High sugar diets - cheapness v obesity and dental issues

# BWR - experience of supporting 50 asylum seekers in a hotel

BWR's experience of when a hotel was used highlights some of same issues as raised in Swindon ...

- Residents arrived in mid-December with insufficient warm clothing or footwear
- Food brought in from outside, often in plastic containers & supposedly 'culturally appropriate'. One diabetic was concerned about the fact that rice (high sugar content) was a major component of all her meals with insufficient fresh fruit or vegetables.
- Disabilities were largely ignored. Some rooms were overcrowded and damp, one or two with water dripping from the ceiling.
- Many different nationalities were housed together with insufficient use of translation services.
- These conditions and the precarity of their future all served to negatively impact upon the mental and physical health of those housed here.
- One positive was the exceptional support of the doctor assigned to the residents from Combe Down surgery.

# Key findings & recommendations

- Overall the process of registering with the GP worked well in both areas.
- There is a lack of understanding with refugees of how the NHS works and this leads to confusion and frustration.
- There is a perception that refugees are placed at the back of the waiting list.
- Translation services could be improved, this includes support to book appointments with GPs.
- Dental Access needs to be improved
- Specialist mental health support is needed for refugees
- The impact of housing instability on physical and mental health needs to be recognised
- There is a systemic issue that when refugees have to change area, they go back the start with their NHS support

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