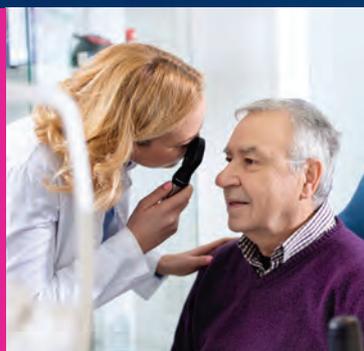


# The Health Experiences of Asylum Seekers and Refugees in Wales



Executive Summary of the HEAR Study  
March 2019

Swansea University Medical School  
Ysgol Feddygaeth Prifysgol Abertawe



BritishRedCross



Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Executive Summary

## Background

Asylum seekers have been dispersed to Cardiff, Swansea, Newport and Wrexham from other parts of the UK since 2001. Although there was a decline in the number of people seeking sanctuary (including asylum seekers, those refused asylum, and refugees) in Wales from the early 2000s to 2012, the number has steadily increased since then. International conflict and human rights abuse has contributed to the rise throughout Europe. Following the war in Syria and the introduction of the UK Vulnerable Persons Resettlement Scheme (VPRS) in 2014, all 22 Welsh local authorities are now home to people seeking sanctuary. There are now over 800 Syrian and associated refugees in Wales.

Wales is working toward being the world's first *Nation of Sanctuary*, building on the UK-wide City of Sanctuary movement, which aims to create a hospitable environment for those in need of sanctuary. The Welsh Government recently published its *Nation of Sanctuary – Refugee and Asylum Seeker Plan*, which details a number of actions relating to health. These are further detailed by the recently published Policy Implementation Guidance on the Health and Well-being Provision for Refugees and Asylum Seekers. The ambition to make Wales a Nation of Sanctuary is in the context of the Well-being of Future Generations Act, which aims to improve the social, economic, environmental and cultural well-being of Wales. The Well-being of Future Generations Act furthermore provides the legislative framework for a rights-based approach to health.

There has been concern that some of those seeking sanctuary have unmet health needs and experience difficulty in accessing services, but there is little evidence other than anecdotal. There has also been concern that possible stigma of disclosing mental and physical health problems, and fear of adverse effects on their immigration status, can deter individuals from accessing care. In 2017, the National Assembly for Wales' Equality, Local Government and Communities Committee Inquiry produced the report *I used to be someone: Refugees and Asylum Seekers in Wales*. The inquiry found that refugees' and asylum seekers' experience of service provision across Wales generally lacked consistency. However, there has been little progress or research to understand the effect health service experiences have on the health and well-being of adult asylum seekers and refugees in Wales. This study addresses these gaps to inform policy and practice with the view to realising Wales' ambition to become a *Nation of Sanctuary*, and supporting universal health coverage in line with the Well-being of Future Generations Act.



## Aims

To investigate the health, well-being and healthcare experiences of adult asylum seekers and refugees in Wales, including the views and experiences of both healthcare recipients and providers.

To establish what helped or hindered the healthcare access and experiences of those seeking sanctuary.

## Methods

We searched electronic databases to identify published evidence about factors influencing access to and use of health and related services by people seeking sanctuary in high income countries. We mapped findings against themes we identified in the literature.

We conducted a survey of 210 people seeking sanctuary to explore their experiences of accessing health services, including what helped or hindered obtaining care. We recruited a team of eight voluntary peer researchers from sanctuary seeking communities and trained them to administer the survey. They worked in small groups with support from team members. Respondents were recruited through third sector organisations, at multicultural events and through the peer researchers' own networks. We used IBM SPSS Statistics for Windows Version 25 to describe, analyse and present results.

We conducted eight focus groups across Wales with 57 people seeking sanctuary and those employed or volunteering to support those seeking sanctuary. Interpreters were present when needed. We asked about experiences of accessing and receiving care.

We also interviewed 32 health professionals and third sector support workers individually by telephone about their experiences of delivering care or supporting patients from this population. We digitally recorded and transcribed all interviews and focus groups. We used framework analysis to analyse transcripts according to our research aims.

## Results

### 1. Evidence map

We identified five themes from our literature search which help or hinder people seeking sanctuary in accessing healthcare. These were: language and communication; cultural understanding and values; the presence or absence of trusting relationships; structural barriers, such as out of pocket expenses; and knowledge of the health system.

### 2. Cross-sectional Survey

Of the 210 total respondents, different numbers replied to different questions. For example, only 90% (190) reported their asylum status; these comprised 47% (90) asylum seekers, 47% (89) refugees and 6% (11) refused asylum. Of 201 respondents who reported whether they had received an initial health assessment on arriving in Wales, 79% (159) had attended. Reassuringly, 94% (182 out of 193 respondents) reported that they were currently registered with a GP; however, only 36% (64 of 178) found it easy or very easy to make an appointment. Awareness of other services was mixed. The best known was the 999 emergency service, with 77% (142 of 185) of respondents reporting that they could access it. Sixty-six per cent (132 of 199) of respondents

reported using healthcare services within working hours (8am – 6:30pm Monday to Friday), and 28% (54 of 194) reported using services out of hours. Barriers to access included: language and communication difficulties; cultural factors; and knowledge of, and ability to navigate, the systems of NHS Wales.

### 3. Focus groups

---

Asylum seekers and refugees said specialist health professionals and support workers helped them to access health services. Reported barriers included: feeling their needs were not recognised; language difficulties, including lack of interpreters; and out of pocket expenses, particularly for travelling to appointments, both for themselves and for those family members or friends who travelled with them to support and sometimes help interpret. Respondents generally understood GPs' roles in providing and coordinating care, and accepted that they themselves also had responsibility for maintaining their own health. They acknowledged the importance of mental health and expressed regret at the poor provision of mental healthcare. Some asserted that the stress of being an asylum seeker or refugee contributed to their poor physical and mental health.

### 4. Interviews

---

Specialist health professionals and support workers acknowledged that they potentially had resources and skills to help people seeking sanctuary, notably knowledge, time and flexibility. In comparison, mainstream health professionals reported that they lacked adequate resources to deliver healthcare effectively to these groups, notably staff time, specific knowledge relating to people seeking sanctuary (available healthcare in person's country of origin for example) and information resources in appropriate languages. They recognised that such patients sometimes needed repeated contacts to receive appropriate healthcare. Providers suggested that pressures on the healthcare system in general and the lack of appropriate tailored services to meet the needs of people seeking sanctuary combined with their isolated social conditions, contribute to poor mental and physical health outcomes. Further, that lack of understanding of the NHS by people seeking sanctuary may lead to inefficient use of services.

## Discussion

This is a rare study that reports the experiences of people seeking sanctuary of health and healthcare services from multiple perspectives, and is the largest exploring this topic in Wales. It describes the health experiences of people seeking sanctuary living in Wales, including both barriers and enablers to accessing healthcare services. Although health is a devolved matter, many of this study's findings will have relevance to other countries within the UK, particularly where they arise from the nature of seeking sanctuary or from UK-wide asylum policy rather than country-specific health policy.

Our discussion covers five overlapping themes:

1. **Beliefs of people seeking sanctuary about what helps and hinders them to access services;**
2. **Views of people seeking sanctuary of the role of primary and secondary care health services in improving their health and well-being;**
3. **Primary care professionals' views on facilitating access to, and use of, health services by people seeking sanctuary**
4. **Level of awareness amongst health professionals of the care needs of people seeking sanctuary**
5. **The impact of social determinants of health**

## Beliefs of people seeking sanctuary about what helps and hinders them to access services

The value of specialist health and support services was clear throughout the study, both in helping people navigate new systems and building trust that is essential to access to services. The study provides evidence of challenges for people seeking sanctuary in making appointments and barriers created by out of pocket expenses. The most common challenge that people seeking sanctuary identified was language and communication. We found that interpretation services are essential in NHS services, but are not currently universally available. NHS staff would benefit from training and clear procedures on how to use interpretation services. Individuals, who felt they had to take friends or family members with them to appointments to interpret, had to bear the relatively high cost of transport when managing on an allowance of £37.75 a week per person. Refugees on resettlement programmes were more likely to report lack of English as a barrier to accessing health services, perhaps owing to having spent less time in the UK than other groups of people seeking sanctuary. These issues highlight the importance of access both to English for Speakers of Other Languages (ESOL) classes, and information about services in relevant languages soon after arrival, as well as provision of interpreting services.



## Views of people seeking sanctuary of the role of primary and secondary care health services in improving their health and well-being

Although the findings of this study portray informed, responsible use of NHS primary care services within daytime hours, there is also evidence of a significant lack of awareness about services out of hours, particularly pharmacy and primary care. This is aggravated by variable awareness of the entitlements provided by the HC2 certificate. As a result, the majority of respondents used primary care services in the daytime but did not know how to access care out of hours. There was also lack of awareness of services like cancer screening or specialist clinics, such as drug and alcohol services.

Far fewer resettled refugees reported finding registration, and booking an appointment with a GP easy, compared with other respondents, namely other refugees and all asylum seekers. While this is an area that warrants further investigation, this is likely due to the differences in time spent in the UK. Resettled refugees had spent significantly less time than other refugees or Section 95 asylum seekers, who had in turn spent less time in the UK than other asylum seekers.

## Primary care professionals' views on facilitating access to and use of health services by people seeking sanctuary

---

While mainstream services understand the need for person-centred care, we found that they often lack the resources or training to tailor the service to the needs of people seeking sanctuary. It is difficult to book longer appointments to allow time for interpretation, for example.

Mental health was a key concern raised throughout the study, linked to trauma experienced before or during the journey to the UK and to social exclusion experienced during the asylum process. Our findings point to the need for accessible foundation-level mental health promotion resources, to encourage self-help and mental well-being, and early access to adult primary mental health services or Child and Adolescent Mental Health Services (CAMHS) when needed to avoid escalation and greater need for resource later.

## Level of awareness amongst health professionals of the care needs of people seeking sanctuary

---

We found a critical need for training to enable mainstream services to meet the needs of people seeking sanctuary better, and to empower more health professionals to contribute effectively to the health and well-being of this population. This training should cover health and healthcare issues associated with seeking sanctuary, but also include the legal and social circumstances of refugees and asylum seekers. In addition, it is essential that there are visible champions of the needs of people seeking sanctuary within the health sector, to advocate for them in planning processes.

## The impact of social determinants of health

---

The adverse impact of seeking sanctuary in a new country subject to Home Office policies and procedures was clear throughout this study. Financial challenges came up in relation to transport and childcare, particularly for asylum seekers. People seeking sanctuary and health professionals both spoke of the detrimental effect of unexpected, short notice relocation of asylum seekers through the Home Office commissioned dispersal and accommodation, particularly for those with chronic conditions or during pregnancy. We found evidence that health outcomes and equity would improve if dispersal decisions considered the cultural, community and health circumstances of people seeking sanctuary.

### Conclusion

This study provides valuable insight into asylum seekers' and refugees' experiences of health in Wales. It suggests that a compassionate, non-judgemental approach to providing care supports people seeking sanctuary to access healthcare with potential to reduce health inequities. These findings will be shared with NHS Wales providers and consideration given to providing: additional resources to train and support healthcare staff; specialist service support where needed such as designated health visiting and maternity services; and swift access to mental health support for those who have suffered trauma. Interpretation (oral) and translation (written) services should be accessible to both service providers and healthcare recipients. Statutory services should continue to work closely with the voluntary sector to enhance the ability of people seeking sanctuary to navigate NHS services and improve their health literacy.

## Recommendations arising from this research

**To reduce barriers to services, and improve the experiences of asylum seekers and refugees, we offer the following recommendations.**

**We could improve integration, health and well-being of people seeking sanctuary in Wales by:**

### **Improving the ability of people seeking sanctuary to access health and well-being services by:**

---

1. Providing people seeking sanctuary in Wales with written introductory information (in their own language wherever possible) about their rights and entitlements to NHS services upon arrival.
2. Improving health literacy of people seeking sanctuary, particularly through orientation support, advice, and translated literature.

### **Improving support for people seeking sanctuary in health and well-being settings by:**

---

3. Training health professionals on the social and legal issues affecting people seeking sanctuary, as well as cultural health issues and health status and infrastructure in countries from where people seek sanctuary.
4. Providing adequate and appropriate access to interpretation and translation services at all levels of interaction with health services, and training for health professionals to access this resource.
5. Providing and promoting specialist services that meet the specific needs of people seeking sanctuary, especially in dispersal areas, including asylum nursing and designated health visiting services.
6. Providing accessible, foundation-level mental health promotion courses or resources, to encourage self-help and mental well-being and to prevent deterioration of mental health. This should be complemented by prompt access to adult primary mental health services or Child and Adolescent Mental Health Services where appropriate.

### **Employing a multi-agency approach to address the social determinants of health by:**

---

7. Liaison with the Home Office and the asylum accommodation provider to settle people seeking sanctuary in areas with diverse communities or explicitly committed to supporting people seeking sanctuary, where possible. Short-term, temporary placements should be avoided and the Home Office accommodation and dispersal services should give careful credence to letters from medical practitioners requesting a delay in dispersal to ensure treatment is completed before patients are dispersed. In particular, we recommend that no woman should be relocated in the last trimester of pregnancy unless that yields a clear advantage.
8. Supporting initiatives to train people seeking sanctuary in legitimate volunteering roles such as peer supporters, interpreters or translators.
9. Continuing to ensure access to English for Speakers of Other Languages (ESOL) at the earliest opportunity, and Welsh when feasible, especially in areas with a high proportion of first language Welsh speakers.
10. Continuing to work with third sector partners to maximise support for those seeking sanctuary, including refused asylum seekers.

## Authors

Ashrafunessa Khanom<sup>1</sup>; Wdad Alanazy<sup>1</sup>; Lauren Ellis<sup>2</sup>; Bridie Angela Evans<sup>1</sup>; Lucy Fagan<sup>2</sup>; Alex Glendenning<sup>1</sup>; Matthew Jones<sup>1</sup>; Ann John<sup>1</sup>; Talha Khan<sup>3</sup>; Mark Rhys Kingston<sup>1</sup>; Cathrin Manning<sup>4</sup>; Sam Moyo<sup>5</sup>; Alison Porter<sup>1</sup>; Melody Rhydderch<sup>6</sup>; Gill Richardson<sup>2</sup>; Grace Rungua<sup>5</sup>; Daphne Russell<sup>1</sup>; Ian Russell<sup>1</sup>; Rebecca Scott<sup>2,6</sup>; Anna Stielke<sup>2</sup>; Victoria Williams<sup>1</sup>; Helen Snooks<sup>1</sup>

1: Swansea University

3: University College Cork

5: Patient and public involvement members

2: Public Health Wales

4: British Red Cross

6: Displaced People in Action (DPIA)

Authors' names are in alphabetical order by surname, with the exception of the first and last authors.

For information, contact:

Health Services Research Team

Patient and Population, Health and Informatics

Swansea University Medical School, ILS2, Singleton Campus, Swansea SA2 8PP

a.khanom@swansea.ac.uk



## Acknowledgements

The authors thank all those who completed questionnaires or took part in interviews and focus groups to provide data for this study. We thank the members of the Research Management Group for their support throughout the study, the third sector collaborators for their support in facilitating data collection, and in particular the peer researchers for administering the questionnaires. The research team are very grateful to Neil Jenkinson for administrative support across the study, to Rebecca Cushen and Charlotte Grey for proof-reading and to Claudine Anderson and Professor Mark Bellis. Finally, we thank the peer reviewers Dr Robert W Aldridge, Rachel Burns, Dr Alisha Davies and Professor Mark Johnson.

Public Health Wales is an NHS organisation providing professionally independent public health advice and services to protect and improve the health and well-being of the population of Wales. Public Health Wales funded this study and report, and collaborated on the research design, analysis, authorship and review of this report.

March 2019

ISBN 978-1-78986-068-9

© 2019 Public Health Wales NHS Trust, Swansea University.

Material contained in this document may be reproduced under the terms of the Open Government Licence (OGL) [www.nationalarchives.gov.uk/doc/open-government-licence/version/3/](http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/) provided it is done so accurately and is not used in a misleading context. Acknowledgement to Public Health Wales NHS Trust to be stated.

Copyright in the typographical arrangement, design and layout belongs to Public Health Wales NHS Trust, Swansea University.