

Summary Report

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

My Voice Matters: A Summary of dissertation report
prepared by a MSc Student from the University of Bath.

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My Voice Matters is ensuring the voice of people with diverse lived experiences and backgrounds are heard.

We are proud to be able to give the opportunity for seldom heard voices to be heard by providers and wider organisations in their own words.

Purpose of report

This summary report is a condensed version pulling out the key findings of a Practice track report for the degree of MSc Global and Public Health Policy undertaken by Dr Aanchal Rana who studied at the University of Bath. The report explores the Experiences of refugees accessing and using health and social care in Bath and North East Somerset (BaNES) and Swindon.

The full report is available on our website

[My Voice Matters: Experiences of refugees accessing and using health and social care in BaNES and Swindon | Healthwatch Swindon](#)

[My Voice Matters: Experiences of refugees accessing and using health and social care in BaNES and Swindon | Healthwatch Bathnes](#)

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

What were the key themes identified?

The key themes identified were:

- 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'
- 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, it's NHS's responsibility to provide translators for the refugees but they fail'
- 'One of the biggest challenges is language barrier, it sometimes creates confusion with their doctor's appointments'
- 'Mental health cannot be translated in any other language that's why it's pretty intense'

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'
- '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 as 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'
- '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

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'
- 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'

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 to the start with their NHS support

Project Summary Poster

Display of the project designed by Dr Aanchal Rana



UNIVERSITY OF
BATH



Understanding experiences of refugees with accessing and using healthcare services in Swindon and Bath and North East Somerset

Background:

- Undocumented immigrants are at risk of detention and deportation, being exploited on the job, working in precarious positions, including prostitution, modern slavery, and having *limited or no access to essential services like healthcare* (Bragg and Feldmann, 2011)
- Refugees and healthcare needs & NHS entitlements .
- Healthwatch and its role.



To understand the health care needs of refugees in Swindon and Bath and North East Somerset.

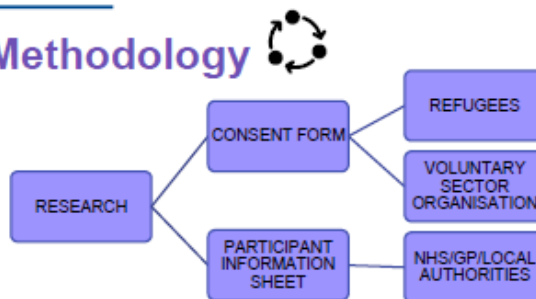
Aims

To understand what works and what doesn't work for refugees when engaging with health care services in Swindon and Bath and North East Somerset.

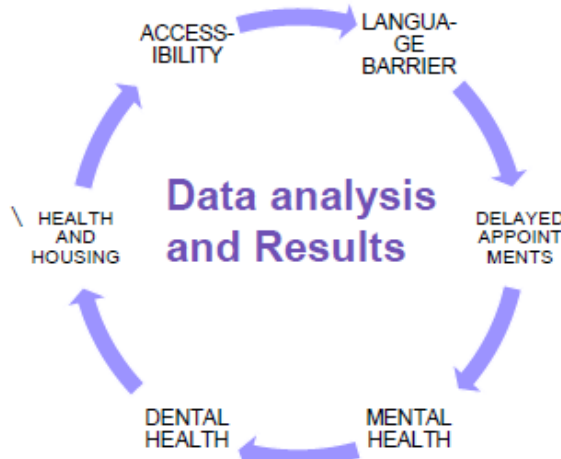


To explore ways to improve how health care services could meet the needs and expectations of refugees, for example, in terms of better communicating how healthcare services work.

Methodology



INTERVIEWS



Data analysis and Results

Recommendations



Government to put most needy and disadvantaged members of society first in order to provide healthcare i.e. more sympathetic and equitable for everybody (Asif & Kienzer, 2022).

Addressing the underlying root causes of poor health, i.e. discriminatory laws, racism, and exclusion (Asif & Kienzer, 2022).

Inform them of their rights under the NHS and free services they are entitled to, which will improve their ability to access services.

Encourage to talk about mental health.

GP offices & hospitals to be sufficiently staffed and sourced along with high quality translators and interpreters.

-DR. AANCHAL RANA

Bragg, R. and Feldman, R., 2011. 'An Increasingly Uncomfortable Environment': Access to Health Care for Documented and Undocumented Migrants in the UK [Online]. *Migration and Social Protection* [Online], pp.143–183. Available from: https://doi.org/10.1057/9780230306554_6.
 Asif, Z. and Kienzer, H., 2022. Structural barriers to refugee, asylum seeker and undocumented migrant healthcare access. Perceptions of Doctors of the World caseworkers in the UK [Online]. *SSM - Mental Health* [Online], 2(1), p.100088. Available from: <https://doi.org/10.1018/j.ssmh.2022.100088>



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