healthwatch Lancashire

Narratives of refugees in Lancashire

A review of the health and wellbeing of Refugees in Lancashire during the COVID-19 pandemic

March 2021

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Executive Summary

Introduction

Healthwatch Lancashire wanted to gain insight into the lives of refugees, particularly during the COVID-19 pandemic.

This piece of work is part of a wider project which aims to raise awareness of the concerns and inequalities faced by different communities in Lancashire, by looking at the experiences of black, minority and ethnic groups.

The focus of this section of the project was understanding refugee's experiences of health and wellbeing in Lancashire. Gaining an insight into their experiences of; Covid-19 and its impact, accessing and attending health appointments and services, and mental health to identify opportunities to improve health and wellbeing.

Methodology

We interviewed eight refugee families in October 2020, using semi-structured interviews. The interviews were between one and two hours long.

We framed the interviews around the following questions:

- What has your experience of COVID-19 lockdown been?
- Would you know what to do if you felt you needed support in accessing health services for example, support from advocacy services?
- What are your experiences of accessing healthcare? For example, with dentists, doctors, pharmacies, or hospital services?
- Have you had any difficulties getting mental health support?
- What changes would you like to see/ what would help you the most?
- Have you had any difficulties booking an appointment at the dentist, doctors, or hospital services?
- Has the coronavirus situation made healthcare better or worse when accessing healthcare?

Key Findings

The following themes emerged from the conversations that took place with eight refugee families in Lancashire. A more detailed version of these are in the Findings section on page 9 of this report.

Covid19 pandemic related difficulties

Participants expressed that they have struggled with the restrictions that were put in place due to lockdown. There were concerns for their children who they felt were going backwards in their education and learning of the English language, because they were not attending school and socialising with their peers. There were further difficulties in following lessons online due to language barriers. In addition, support

provided by schools, such as receiving vegetables and vitamins, was reduced, or not being offered during this time.

Participants expressed fear around catching Covid-19 and that they struggled to understand the Government guidelines. It was highlighted to be an isolating experience for participants, especially with not being permitted to see friends and family.

Services moving online

For the participants, the transfer of many services to online, including ESOL (English to Speakers of Other Languages) and health appointments, made these services harder to follow than the previous face to face interactions and learning environment.

Poor quality health services due to lack of adaptation

Language barriers were a main obstacle for participants receiving quality healthcare and feeling confident in the health care they were receiving.

Interpretation services were considered vital although were not always available and were not always successful in conveying accurate messages.

Participants said that dentists did not provide interpretation services at all, which was also highlighted as the most problematic health service for participants. However, this response has been received from NHS England and NHS Improvement – North West:

Providers and commissioners and education Commissioners of primary healthcare services need to ensure that providers are aware of the entitlement of asylum seekers to full and free access to their services. They also need to ensure that providers arrange high quality translation services, following the advice of NHS England and the GMC.

The timeframe provided to learn the English language whilst still receiving interpretation support by services, was not always adequate.

Receiving official paperwork, other forms of communication and prescriptions solely in the English language caused barriers for participants, for example not having their applications approved.

Financial Difficulties

Financial difficulties meant that some participants struggled to attend various appointments or connect with family and friends. It also meant they were sometimes unable to have dental appointments due to the cost of attending and paying for treatment.

Case workers

Case workers were praised for their support and referred to as a lifeline by some. However, it was felt that case workers should be more available and more accessible for a longer period.

Mental Health

Mental health was often not accessed by participants, not available or misunderstood. This caused serious implications for participants and results in the potential for deepening deterioration in their mental health and wellbeing.

Awareness of Services

Participants were not always aware of services available to them and to others in the community, particularly advocacy and mental health and wellbeing services.

Recommendations

The recommendations below have been developed from the concerns and experiences that emerged during conversations with eight refugee families in Lancashire.

Covid -19

- Establish communication methods with refugees to ensure they are understood fully and able to ask and answer any questions.
- Make information more available or accessible in Arabic and other languages of refugees in Lancashire.
- Increase activities and support for children and parents, such as drop-in sessions.
- Fill in or make more available the support relied upon being provided by schools, such as receiving vegetables and vitamins.
- Establish or increase availability of English language learning options for children.

Health Services (these could be extended to other services, including local government)

- Health care providers and commissioners to be trained in the barriers faced by refugees in receiving good quality healthcare, such as difficulties with interpretation, relying on family and friends, difficulties in understanding each other and what can be done about this, such as speaking in a way people are able to better understand, understanding that Google Translate, and Language Line do not always work or are not always available.
- Health care providers to be trained on the emotional difficulties often faced by refugees, such as depression, disappointment, stress, feeling overwhelmed, scared, worried, anxious, desperate and/or having negative thoughts which are impacting on their health and wellbeing. Training should bring awareness to the fact that there may be some cultural differences in the way these feelings are expressed.
- Understand if interpreters are a mandatory provision for dentists, and if so, identify the barriers to this being provided. Arrange training and information to providers.

- Information written in Arabic or other languages of refugees in Lancashire to be available or more accessible.
- Interpreters to prepare more with patients, to fully establish their concerns.
- Allow extra time in health and other appointments to compensate for language barriers and other challenges that refugees may face.
- Improve or provide training for refugees to understand how to book appointments online to make this process easier.

Access to English language teaching

- ESOL to be made available for a longer or indefinite period.
- Understand the best ways for refugees to learn the English language and adapt.

Pharmacy services

- Pharmacy services were widely praised by the participants – see how this service could be developed to enable more accessible and available health care.
- Relevant services to ensure patients fully understand medication and how to use it.

Financial

- Explore options to support refugees paying for transport to appointments and for paid services such as dentists.

Support services

- Lengthen the time that refugees have with case workers and make more time available.

Mental health

- To establish coproduced groups with refugees in Lancashire, focusing on the key opportunities to improve health and wellbeing, in particular, mental health and tackling stigma, mental health and education and mental health and awareness of services.

Awareness of services

- Make available or more accessible services to improve health and wellbeing, as well as advocacy services.

Information

- Provide refugees with suitable contact information of a range of available services through a trusted individual (such as their caseworker/doctor/pharmacist)

About Healthwatch Lancashire

Healthwatch Lancashire (HWL) was established in April 2013 as part of the implementation of the Health and Care Act 2012.

Healthwatch England acts as the national consumer champion for all local Healthwatch organisations, enabling and supporting HWL to bring important issues to the attention of decisions makers nationally.

We champion the views of people who use health and care services in their local area, seeking to ensure that their experiences inform the improvement of services.

HWL are constantly listening, recording and reporting on the views of local people on a wide range of health and care issues, ensuring that people in the county are able to express their views and have a voice in improving their local health and care services.

Introduction

This piece of work is part of a wider project which aims to raise awareness of the concerns and inequalities faced by different communities in Lancashire, by looking at the experiences of black, minority and ethnic groups.

The focus of this section of the project was understanding refugee's experiences of health and wellbeing in Lancashire. We wanted to gain an insight into their experiences of; Covid-19 and its impact, accessing and attending health appointments and services, and mental health to identify opportunities to improve health and wellbeing.

Healthwatch Lancashire worked in partnership with Lancashire County Council to gather insights into the lives of refugees resettled in Lancashire.

Background

Since 2016 the Refugee Resettlement Programme resettled 130 refugee families in Lancashire which equates to around 600 individuals. Most of the refugees were Syrian. The Programme supports the resettled refugee families in various ways, including the provision of casework support to help the families settle in their new communities and access mainstream services. It also provides ESOL (English for Speakers of Other Languages) classes and interpreting and translation support.

Pre-existing literature on the health needs of refugees in Lancashire

A needs assessment was carried out, by Rethink Rebuild Society and Lancashire Care Foundation Trust in 2018, with resettled refugees in Lancashire. This was to identify unmet needs, to understand issues with mental health, and to identify opportunities to improve health.

A significant and wide-ranging number of health challenges were identified, all of which could be improved or were preventable. These included but were not limited to:

- A majority had physical and psychological health needs.
- Previous, limited access to mental health services.
- Issues with dealing with UK systems; learning English; specific worries about children; not feeling part of a community; hostility and hate crime; finances and housing amongst others, and the impact on individuals' emotional health.
- Problems with healthcare services, in particular access to interpreters, discrimination, and general issues with NHS services.

In the report, 'Build Back Fairer: The COVID-19 Marmot Review', by Professor Sir Michael Marmot and his team, states the need for short, medium and long term change, to reduce inequalities.

The report identified a close association between underlying health conditions, deprivation, occupation, ethnicity, and COVID-19, encouraging the acceleration of regional inequalities in the North West of England. Additionally, in the report,

systemic disadvantages among ethnic minority communities, such as living conditions and exposure to the virus at both work and home, were identified to be a result of structural racism.

Methodology

An interview schedule was arranged by a member of Lancashire County Council, who supports refugees in Lancashire.

Interpreters were used to translate questions and conversations from Arabic to English and vice versa.

Due to the COVID-19 pandemic, interviews were conducted online via Zoom or by telephone.

All participants were interviewed by Healthwatch Lancashire with the support of the University of Central Lancashire students who were on placement with us at the time.

We interviewed eight refugee families in October 2020, using semi-structured interviews. The interviews were between one and two hours long.

We framed the interviews around the following questions:

- What has your experience of COVID-19 lockdown been?
- Would you know what to do if you felt you needed support in accessing health services for example, support from advocacy services?
- What are your experiences of accessing healthcare? For example, with dentists, doctors, pharmacies, or hospital services?
- Have you had any difficulties getting mental health support?
- What changes would you like to see/ what would help you the most?
- Have you had any difficulties booking an appointment at the dentist, doctors, or hospital services?
- Has the coronavirus situation made healthcare better or worse when accessing healthcare?

Also, we spoke to two professionals from Lancashire County Council working with refugees in Lancashire, enquiring about their insight into the challenges faced by refugees in the area.

Finally, we conducted a review of the pre-existing literature on the health needs of refugees in Lancashire and compared these to our findings.

Findings

Below are detailed themes that emerged from the conversations that took place with eight refugees in Lancashire.

General feelings

Throughout the interviews, participants often expressed feelings of depression, disappointment, stress, feeling overwhelmed, scared, worried, anxious, desperate and/or having negative thoughts which are impacting on their health and wellbeing.

COVID-19

In general, the pandemic posed new and different challenges to the interview participants and was often described as a difficult period.

"Very difficult during the lockdown, especially when I do shopping, when I go for shopping and come back" "I was a bit worried that I might pass on something or infect my son, because me going out and trying to communicate with the people outside."

"Main concern we couldn't take him out anywhere we had to keep him in the house because he is ill and he is [susceptible] to the virus."

Fear of catching Coronavirus

There was feeling of worry around contracting the virus, highlighted by multiple participants. This sense of fear was especially evident in the interviews where the participant mentioned being high risk themselves or have a family member which is (including children with disabilities).

Most participants declared that these fears around Covid-19 led them to follow rules strictly and make attempts to reduce the risk of catching the virus. The type of precautions that were mentioned in the interviews, included: wearing PPE, maintaining social distancing (when going to shops or visiting health services), extra cleaning, and generally keeping inside their homes as much as possible.

"I am really, really scared of getting infected with Coronavirus because of my immune system is very weak."

Following national Covid-19 guidelines

There was a general consensus amongst the interview participants that they are following the government national Covid-19 guidelines to the best of their ability. However, it was occasionally mentioned that the rules were not always clear to understand, and that the language barrier can add an extra level of difficulty to understanding.

It was said by a few participants that they would just stay indoors as much as possible to limit the amount of contact they had with other people. This was to reduce the chance of catching the virus from others, and thus passing it onto vulnerable family members.

One participant discussed their anxiety and worry about food stores. They explained that they were worried about touching items which were potentially contaminated, and that it was difficult to (despite trying) keep socially distanced between other people in the shops, especially when the stores were busy. Another participant mentioned trying to arrange deliveries for food parcels during the pandemic (they were refused this service), which indicated their reluctance to go into the stores themselves.

"The rules change every day and we don't even know what they are anymore, so we are sticking to the first ones."

"We would have felt very nervous or worried because of the lockdown, and we didn't know the procedures, we didn't know what to do or where to go if anything had happened."

Difficulties for children

Most of the interview participants described the pandemic as a difficult time, however, there were specific concerns raised around how challenging a time it has been for their children (by those participants who had children). This included worries about healthcare and receiving treatment, their education (especially the loss of support that the school often provided) and keeping them occupied.

It was mentioned by some interview participants that the pandemic has caused some health treatments and support to be put on hold or made harder to access. One participant mentioned that they were waiting for specialist support for their son's hearing and speech problems, but due to the pandemic they have not been able to receive this help.

There were worries expressed by the participants who were parents about their children's education. This often related to the language barrier and the issues that it causes. One participant mentioned that their English was not good and thus they struggled to help their children with their schoolwork which was being sent home during lockdown. Another participant discussed that they were concerned that their children's English was not improving during the pandemic, as they could not learn by communicating with others.

A participant praised their disabled son's school and how supportive they had been during the lockdown. They had been sending her son videos to help encourage him, which gave him hope and made him happy. However, the participants also mentioned that the schools would help by supporting their children's diets, by providing them with vegetables and vitamins, and during lockdown this aid was not being provided.

Participants mentioned that keeping a positive morale during the pandemic was difficult, and some explained that it was essential to keep a positive atmosphere in the home for their children. They wanted to keep themselves and their children busy throughout lockdown, but it was hard to get and find services/activities to help with this. Also, with schools being closed during lockdown, the responsibility to keep children occupied during the day shifted more onto the parents, which was deemed to be difficult by some participants.

"They are struggling at home at the moment, so she finds it difficult that they are not going outside to learn the language, to improve themselves in terms of learning the language."

"Really hard for the parents, especially when the schools are sending them homework and how they are supposed to teach them while themselves don't know how to speak the language."

"Before he used to go to school, and I knew at school they will give him lots of vitamins through vegetables and making him healthy food."

QUALITY HEALTH SERVICES

The majority of participants indicated that to some degree, language barriers presented them with challenges. A participant did share that they wished that some healthcare workers would be more understanding of this barrier.

Interpreters/Translation

It was common for participants to say that they could book their own medical appointments using certain English words and phrases, by phone. They also stated that they could ask for an interpreter for these appointments.

The interview participants commonly said that they would receive an interpreter for their GP/hospital appointments if they asked for one. However, it was stated by multiple participants that dentist appointments would not provide an interpreter even when they asked.

There was a consensus that interpreters were helpful during medical appointments. However, it was mentioned by a couple of participants that communicating through an interpreter was not always easy. This was because interpreters do not always say everything that the individual wants to say; they can paraphrase, add dialogue, or spin the conversation, which can cause miscommunication and misunderstandings. Furthermore, Arabic has many dialects and sometimes the individual and the interpreter speak different dialects, which can cause additional confusion.

Family members and friends are often asked and relied upon for help by participants; to translate letters, reports, texts, or interactions. One participant's English was very good, and they explained that they would help other family members to translate. There was a shared opinion amongst the participants that there are difficulties around family members understanding medical terms. Also, sometimes there are issues with how things are phrased, because despite being common phrases/knowledge to native English speakers, it does not always translate well.

If there is not an interpreter (or a family member or friend which can help translate) the participants said they would often rely on Google Translate to interpret and communicate with healthcare professionals. It was stated that this method is not always reliable, as Google Translate is not accurate and Language Line is not always available.

It was mentioned by a few participants that the quality of healthcare treatment depends on the competency of the English language that the participant has. Sometimes, because of difficulties in expressing what is wrong to the doctor, the participants do not receive the treatment that they need. It was stated that their health and treatments have improved as their English language abilities have improved.

Letters and application forms seem to only arrive to the participants in English, which has caused problems. One participant filled out a form with his caseworker to apply for disability status. The application was denied due to an error on the form. The error was done by the caseworker who apologised, but the participant believes the error would have been avoided if the application form were in Arabic and he could have filled it out himself. The participant has tried to reapply and has been denied disability status three times. Their case is going to court for an appeal, but they are still waiting for a date to be set as it has been put back until further notice due to Covid-19.

Another participant had an issue with a letter that they received in English which included a deadline. Due to the language barrier, the participant did not understand that there was a deadline on the letter and thus they did not respond in time. This meant that they did not receive their tax credit payment which they were entitled to. Their caseworker helped them resolve the issue and they started to receive their payments again, but if the letter were in Arabic, they felt they would not have had to go through the stress and frustration that this situation caused.

As previously mentioned, one of the interview participant's English was very good, however, they expressed that they felt that, despite their English improving since they first arrived, that it still needed to be better. Especially, if they wanted to achieve their goal of going to university or into further study.

"It is a great struggle, because I don't understand what the doctor is saying, and the doctor don't understand what I am talking about."

"Healthcare providers should be more understanding, more expecting, that someone who doesn't know the language would have some difficulties."

"Very difficult because sometimes the letters they stipulate that we should reply to the letter we received within a week or 2 or 3 weeks and so we need help within that time to understand the letter and try to reply to that letter."

"They are using google translate most of the time, and as we said before, google translate is not accurate."

ACCESSING PHYSICAL HEALTH SERVICES

General access

Participants stated that they could book their own medical appointments by phone through using certain English words and phrases. They also expressed that, generally, booking appointments online was far harder than doing it over the phone.

It was expressed by participants that the biggest hurdle to accessing medical care was the lack of provision of interpreters to help with language barriers. Some participants shared their personal negative experiences which have discouraged them from seeking future professional healthcare help.

Waiting times were criticised by a participant in an interview, claiming that they were too long.

Some participants did mention that the UK healthcare system was complicated, and it is not always made clear what to do or where to go. This was especially an issue during the pandemic, as services were sometimes limited and/or changed frequently and with little notice.

Financial limitations

Many participants shared a common theme of facing limitations when trying to access different healthcare services and appointments due to their economic situation.

One participant explained that the only way that they could have a baby was through IVF treatment. But because of the huge cost, they could not afford to have this, which caused them a lot of distress.

Another participant shared that the cost of getting dental care was very expensive, which meant they could not access this service.

Participants mentioned that they had to consider the cost of transport when going to appointments. They also expressed that it would have been helpful to have received support in sorting out transport arrangements.

Caseworkers

In many of the participants interviews, they explained that their caseworkers would help them to get things done if they were not able to do so themselves. But this can cause issues if the participants are not able to get in touch with their caseworkers.

"We didn't know what to do, we didn't know how to react to it, so lucky the caseworker was willing to help us."

Dentistry

Dentistry was identified as the healthcare service which caused the participants the most issues. This was mainly because dentists would not always provide an interpreter even if the participants asked for one. Multiple participants also mentioned that getting access to a dentist appointment was difficult.

"Every time when they are making appointment with the GP they ask for interpreter they will provide one, but with the dentist completely different story they don't provide interpreters there."

"They have been having teeth problems, so much pain, the oldest daughter and the youngest one is also having the same problem, and they have been going on with this problem for months now."

Prescriptions

Participants did not seem to have access issues with prescriptions. It was indicated that they were easily accessible from pharmacies, or the GP, or on some occasions during the pandemic participants got medication delivered to their home, which they found helpful.

"Every month we go and the medication is ready, we pick it up and then we come back, we had no problem with that."

"There is a chemist near me, I used to go to that chemist and speak to them. I try to communicate with them to have the help."

However, participants did mention some issues involving medication. It was said that sometimes the medication that the participants received were incorrect, incomplete, or insufficient in working. Also, sometimes it was not made clear what the medication was supposed to help with.

"The medication that my daughter received is not very convincing, it's not up to the standard."

RECEIVING SUPPORT

Caseworkers

There was a mixed response from participants about the helpfulness of the caseworkers. Some praised and thanked them for their help. These participants often expressed that they would have difficulties if they could not get in touch with their caseworker.

Other participants had issues with the caseworker's effectiveness in helping them. They felt that the caseworkers could do more to help. One participant said that they wanted support from the caseworker by them attending or at least helping to arrange transport to go to hospital appointments that were far away from where they lived, which the caseworker did neither. Another participant had problems with their housing and despite the caseworker trying to help, they were not successful in doing so.

"Case worker don't help me, don't come with me, should come with me, to support me."

"They know this country, the system how its working, I don't know."

Schools

The interview participants mentioned that schools often help by supporting children's diets, by providing them with vegetables and vitamins.

One participant stated that the school supported their disabled son during the pandemic. The school had sent their son videos to help encourage him, which gave him hope and made him happy.

"When he used to go to school, I knew at school they will give him lots of vitamins and vegetables and making him healthy food."

"Only the school [has been in touch to offer support], no one called, only the school they used to call every week or 2 weeks just to see how my son is doing and on his well-being."

Financial issues

Participants explained that due to financial limitations they could not always afford certain things that would be beneficial to their health. Thus, support in this area would be appreciated. It was mentioned by multiple participants that vegetables, which are an essential factor in a healthy balanced diet, are too expensive.

Translators

The interview participants often stated that they found interpreters to be very helpful at medical appointments, but that they were not always available. A participant expressed the desire for this support to be made more regularly and widely available (especially at dentist appointments).

Not receiving the required support

It was mentioned by participants that the specialist help that was required was not always being received. One participant explained that since they were denied disability status, they were not able to receive the support that they needed, including the correct wheelchair. Another participant stated that they were still waiting to receive the specialist support for their son (hearing and speech support) but that it had been further delayed due to the pandemic.

Participants mentioned that they felt neglected and that they were not cared about when they did not receive support. One participant said that they once shared personal problems with healthcare staff and instead of receiving empathy and help, they were met with sarcasm and mockery; this discouraged them from seeking help in the future.

A common theme was that participants were not always aware of the health services they could access for support, including both mental health and advocacy services. Some participants expressed that they would access more support if they were made aware of what was available.

"It's a moral thing, that's so I can feel like I am not a lair, I am really a disabled person and when I applied for it, I am honest and truthful, at least that recognition would give me that comfort."

"We felt a bit being neglected and not caring about us because my son situation is very specific and he has a special condition so not asking, of course, yes, is a bit frustrating."

MENTAL HEALTH

Awareness/access

Multiple participants mentioned that they were not aware of the mental health services which could help them, what they were or where to go. The participants

that were made aware of these types of services, felt that they had been signposted to the wrong ones.

One participant went to the GP to discuss their mental health, but after the initial appointment, there were no follow ups. This participant was under the impression that no further mental health support would be provided and thus did not seek out help again.

Due to the language barrier, a participant explained that they found it hard to express and communicate their feelings. Indicating that they might not be getting the support they need and are entitled to.

"I didn't even know there was a service like that."

"I really appreciate if someone could help, because I am always feeling sad inside."

"That would have been very difficult because we wouldn't know where to go or who to contact regarding this health services, the mental health services."

Stigma

It was implied by a few participants that mental health had a negative stigma attached to it. Meaning that seeking or asking for help would be difficult and not something they necessarily wanted to do.

One participant indicated that it would be useful to be automatically offered mental health support, instead of being something that had to be asked for. They suggested that it would be even better if getting mental health support was done in a way that did not seem like that was what they were receiving.

"So many people who have it, wouldn't disclose to having any mental issues or would even deny having them when you ask them."

Causes

Participants expressed feelings of high hope when they first arrived in the UK, which has been lost overtime due to issues they faced that were/are not getting resolved.

One participant mentioned that the length of time they had to wait for an operation caused this loss of hope.

Issues with money and paying for things (transport, food, health services, housing) contributed to the participants stress and mental wellbeing.

Participants mentioned leaving their families, coming to a new country, not being able to get a job, not having suitable housing, all impacted on their mental health negatively.

Other areas that impacted on their mental health, was not receiving the medical support that they wanted or needed, for example not being able to get disability status, not being able to have IVF, and not getting the right help for their disabled child.

In addition, participants were worried that they are not able to provide the best lifestyle for them or their children.

"We can't go forward or go back, because it has been a year since we arrived and still haven't got anything done for our son."

"It is not just happiness, there is always a little bit of sadness deep inside."

"Coming to a different country, where sometimes I am not able to express inner feelings."

"Not just the physical illness that cause the issues, sometimes the mental illness that causes the wound that won't go away and wouldn't heal by itself."

"sometimes when we smile, we are not smiling, because deep inside we are feeling the burn."

"My health situation has affected my mental health as well."

"I am highly disappointed and highly depressed."

"I have no hope at all."

Recommendations

The recommendations below have been developed from the concerns and experiences that emerged during conversations with eight refugee families in Lancashire.

Covid -19

- Establish communication methods with refugees to ensure they are understood fully and able to ask and answer any questions.
- Make information more available or accessible in Arabic and other languages of refugees in Lancashire.
- Increase activities and support for children and parents, such as drop-in sessions.
- Fill in or make more available the support relied upon being provided by schools, such as receiving vegetables and vitamins.
- Establish or increase availability of English language learning options for children.

Health Services (these could be extended to other services, including local government)

- Health care providers and commissioners to be trained in the barriers faced by refugees in receiving good quality healthcare, such as difficulties with interpretation, relying on family and friends, difficulties in understanding each other and what can be done about this, such as speaking in a way people are able to better understand, understanding that Google Translate, and Language Line do not always work or are not always available.
- Health care providers to be trained on the emotional difficulties often faced by refugees, such as depression, disappointment, stress, feeling overwhelmed, scared, worried, anxious, desperate and/or having negative thoughts which are impacting on their health and wellbeing. Training should bring awareness to the fact that there may be some cultural differences in the way these feelings are expressed.
- Understand if interpreters are a mandatory provision for dentists, and if so, identify the barriers to this being provided. Arrange training and information to providers.
- Information written in Arabic or other languages of refugees in Lancashire to be available or more accessible.
- Interpreters to prepare more with patients, to fully establish their concerns.
- Allow extra time in health and other appointments to compensate for language barriers and other challenges that refugees may face.
- Improve or provide training for refugees to understand how to book appointments online to make this process easier.

Access to English language teaching

- ESOL to be made available for a longer or indefinite period.

- Understand the best ways for refugees to learn the English language and adapt.

Pharmacy services

- Pharmacy services were widely praised by the participants – see how this service could be developed to enable more accessible and available health care.
- Relevant services to ensure patients fully understand medication and how to use it.

Financial

- Explore options to support refugees paying for transport to appointments and for paid services such as dentists.

Support services

- Lengthen the time that refugees have with case workers and make more time available.

Mental health

- To establish coproduced groups with refugees in Lancashire, focusing on the key opportunities to improve health and wellbeing, in particular, mental health and tackling stigma, mental health and education and mental health and awareness of services.

Awareness of services

- Make available or more accessible services to improve health and wellbeing, as well as advocacy services.

Information

- Provide refugees with suitable contact information of a range of available services through a trusted individual (such as their caseworker/doctor/pharmacist)

Acknowledgements

This project was made in collaboration and partnership with Lancashire County Council, who spent considerable time supporting the recruitment and engagement of refugees. They provided translation services and gave their full commitments to the aims of this project and to improving health outcomes of refugees in Lancashire.

We would mostly like to express our gratitude to the refugees that spoke to us about their lives and shared their personal stories. We support their bravery and will ensure the experiences they shared will be heard by providers and commissioners.

References

Alison Summers, Mustafa Alachkar, Ruth Wells (2018) Health and wellbeing of refugees resettled in Lancashire; An assessment of needs for Lancashire Refugee Resettlement Programme. Rethink Rebuild Society https://www.rrsoc.org/sites/default/files/pdf/Lancashire_Refugee_Health_Needs_Assessment_(public).pdf

Michael Marmot, Jessica Allen, Peter Goldblatt, Eleanor Herd, Joana Morrison (2020). Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England. London: Institute of Health Equity