

Asylum Seekers, Refugees and People from  
Emerging Communities:  
Health issues, inequalities and barriers in Kirklees



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# Executive Summary

People migrate for a variety of reasons, primarily for work, study or protection. Figures from Migration Yorkshire show that 2,523 new migrants came to Kirklees in 2016 and in the beginning of 2017, 623 people were being supported as asylum seekers. Kirklees Council agreed to resettle 131 Syrian refugees as part of the government resettlement programme, however exact numbers for refugees of other nationalities are unavailable.

Evidence shows that physical and mental health outcomes are poorer for the non-UK born population, who generally arrive relatively healthy but experience deteriorating health over time. In order to gain a better understanding of health issues, inequalities and barriers in newer migrants, Healthwatch Kirklees felt it was important to conduct engagement work in our area.

The points listed below relay the information we collected in Kirklees over the period of January 2017 to October 2017, when we visited various organisations that help migrants or deal with migrant health and wellbeing, in addition to attending meetings regarding asylum seekers or migrant-related issues.

- Mental health was the most prevalent issue raised; health barriers are caused by stigma, lack of sufficient information provided between healthcare services and insufficient services being available for children, in particular those who have experienced severe trauma.
- People struggle to understand how systems work in the UK, which is exacerbated by factors including staff confusion surrounding accessibility to services, financial difficulties, being fearful of financial penalties, negative consequences of completing forms incorrectly, and insufficient periods of time allocated to providing information to people unfamiliar with Kirklees or the UK in general.
- Women and children can be the most vulnerable and voiceless migrants.
- The way in which demographic information is currently collected is a missed opportunity to understand the views and feelings of people from emerging communities.
- Life is very challenging for people who lack or possess limited English literacy skills and accessing ESOL (English for Speakers of Other Languages) classes is very difficult due to high demand and financial pressures. In addition, people struggle to communicate without interpreters and this

sometimes acts as a barrier to accessing services.

- Lack of cultural awareness, or not taking into account cultural differences can lead to people who are new to the UK mistrusting advice or services, unnecessarily worrying about their health or feeling unnerved in a service setting.
- Migrants seem to be more accustomed to a comparatively more medicalised healthcare system than that in the UK.
- Cultural beliefs and expectations contribute to feelings of mistrust, stigma, taboos and myths. There is a need to acknowledge that cultural conflict exists for newer migrants by developing programmes to help people experience an easier acculturation process in the UK. However, more also needs to be done to promote the value of different cultures in order to help people feel accepted, welcome and encouraging integration. In addition, the health literacy in some migrant populations can lead to health disparities.

## 1. Introduction

People migrate for a variety of reasons, primarily for work, study or protection; various terms are used to describe the reason for which a person has come to reside in the UK:

- Migrant: someone who moves from one country to another in order to live there for more than a year<sup>1</sup>. Figures from Migration Yorkshire show that 2,523 new migrants came to Kirklees in 2016<sup>2</sup>.
- Asylum seeker: a person who has claimed asylum on the ground that they have a well-founded fear of persecution on account of race, religion, nationality, political belief or membership of a particular social group in their country of origin (Migration Watch, 2017). In the beginning of 2017, 623 people in Kirklees were being supported as asylum seekers<sup>3</sup>.
- Refugee: an asylum seeker whose application or subsequent appeal against initial refusal has been successful<sup>1</sup>. Kirklees Council agreed to resettle 131 Syrian refugees as part of the government resettlement programme, however information regarding the number of refugees from other countries is unavailable as people can choose to relocate once their application to remain is successful<sup>4</sup>.

The term “emerging community”, is defined as people who have come to the UK for social, political, cultural or economic reasons, who may potentially change the dynamics of a neighbourhood<sup>5</sup>.

## 2. Why are we focussing on health issues and inequalities in emerging communities?

Evidence shows that physical and mental health outcomes are poorer for non-UK born people, who generally arrive relatively healthy but experience deteriorating health over time<sup>6</sup>. Healthwatch Kirklees felt it was important to conduct engagement work locally in order to identify health issues, inequalities and barriers in newer migrants including asylum seekers, refugees and people from emerging communities such as Romania or Poland, to gain an understanding of the situation in Kirklees.



*“Physical and mental health outcomes are poorer for migrants, who generally arrive healthy but experience deteriorating health over time.”*



### 3. What did we do?

As part of our engagement work, Healthwatch Kirklees spoke to service providers and/or service users at:

- 611 Centre
- Asylum Matters
- Auntie Pam's
- Destitute Asylum Seekers Huddersfield
- Huddersfield Mission
- Locala
- The Reach Project
- Volunteers Together

We also attended multi-agency steering group meetings focussing on asylum seekers and refugees in Kirklees, spoke to academic staff at the University of Leeds regarding mental health issues, and with various people working in Kirklees Council's Public Health team.

## 4. Results

#### 4.1. Overview of issues affecting asylum seekers, refugees and people from emerging communities within Kirklees





A lot of positive work is being done in Kirklees to improve health and wellbeing for a large variety of people, including migrants, asylum seekers and refugees. We have met people who are working conscientiously to make things better for everyone who lives here and changes are being made to address inequalities and improve accessibility to information.

The following information is based purely on engagement work that was conducted by Healthwatch Kirklees over the period of January 2017 to October 2017, representing a snapshot of service provider and service user experiences, and perceptions of health issues and healthcare in Kirklees during this period.

## 4.2. Mental health

Mental health was by far the most common health issue voiced among all the people who were interviewed and a regular point that was brought up in meetings, particularly concerning asylum seekers and refugees.

### Mental health services

- Asylum seekers and refugees are at higher risk of developing mental health issues as a result of post-traumatic stress disorder, depression and anxiety, which is aggravated by tackling complex asylum processes, unemployment and lack of family support<sup>7</sup>.

*“I slept rough in Huddersfield for five years... I became depressed and developed mental health problems.”*

*“Generally, there are many problems with mental health, long-term anxiety and isolation.”*

*“The system aggravates the mental health of a person. One refugee is allowed to work, but is incapable due to having serious mental health issues. He was initially hospitalised and then chucked out...the social worker was not great.”*

- For refugees, asylum seekers, migrants and other vulnerable people in Kirklees, the Whitehouse Centre provides GP health services in addition to counselling, drug and alcohol services<sup>8</sup>. However, the need for help is in great demand and further aggravated by pressures on the mental health sector in general<sup>9</sup>, so for individuals who struggle with language and terminology, perhaps not wanting to admit or understand that they have a mental health issue and describing their condition in different ways, dealing with a health professional who is not culturally aware, or sympathetic, can be very challenging<sup>7</sup>. The process of helping the patient can be further hampered by the lack of information provided by GPs in the referral process, which could be the result of not having the skills or guidance to help this particular group of people<sup>10</sup>.

*“Mental health services are not in a good state and there are extensive waiting lists. Referrals are refused unless the person is granted leave to remain, as mental health is too difficult to deal with if the person is only here for a short time. Whitehouse is trying to bridge the gap by providing some mental health provision...”*

*“Whitehouse GPs mostly see mental health cases and it is very trying as this is not an area GPs specialise in. There is at times aggression and violence - more due to frustration.”*

*“GPs give very brief letter with little information on - it’s not helpful for mental health referrals.”*

*“There is a need for more early prevention as opposed to just concentrating on the clinical aspect.”*

*“Issues that come across are post-traumatic stress, psychological trauma of torture, children’s mental health, trafficked mental health and sleeplessness.”*

*“Asylum seekers can access a crisis intervention team, but it is hard for this team to help suicidal destitute people who have no fixed abode.”*

*“Mental health is the largest issue due to the journey of the client - death, war, loss, being scared, social isolation, communication issues and not being able to speak English.”*

*“Nearly all people who come here are on sleeping tablets.”*

However, there are some mental health services that have capacity and want to help, such as West Yorkshire - Finding Independence (WYFI) and Community Links.

*“We have only had one asylum seeker referred to us and we want to improve this.”*

*“We help people who are homeless, addicted or reoffenders. We haven’t any asylum seekers or refugees, but they’re allowed to be referred to us.”*

- Health trainers at Kirklees Council also play an important role in tackling mental health in the communities in which they work, which are primarily White British, Pakistani, Indian and Jamaican - so there is scope to engage with people from emerging communities.

*“We have a self-assessment document and help people understand their anxiety, which can come out as physical pain.”*

- For people who identify strongly with their religion (more so than their nationality), it is suggested that tailored adaptive therapy be used as this has a higher success rate when tackling mental health issues<sup>11</sup>. This could be useful for both larger ethnic groups in the UK in addition to asylum seekers, refugees and those from emerging communities.

### Children’s mental health

- Unaccompanied children and children of asylum seekers or refugees can have mental health issues as a result of what they have seen and experienced, such as trauma, the stresses and dangers associated with travelling, frequent relocation and domestic violence. This can manifest as behavioural issues and suicidal thoughts and if not tackled, can have the potential to affect brain development<sup>12</sup>.

*“Children have been affected by what they have seen in Syria are experiencing mental health issues.”*

*“CAMHS are not at a level where they can deal with children who have very complex psychological needs.”*

*“One girl is frightened every time she sees snow as she thinks she will get hurt as they might be bombs.”*

*“One girl is so traumatised [the only child remaining with brothers and sisters who have died] that she has stopped all eye contact, has nightmares, screams and doesn’t talk to anyone.”*

*“Some extremely complex cases are coming through, but it is especially tough for children.”*

*“The children had relocated with their mother due to having a violent father. They refused to go to school and wanted to go back to where they had lived previously...they wanted to commit suicide...G4S called social services, who asked them to refer the matter online and were not going to investigate this further as they believed the mother should have dealt with this issue. This was a safeguarding issue ignored by social services.”*

*“Children’s trauma is added by relocating them from town to town in the UK.”*

*“There is a negative impact of stress and trauma on the brain development of children.”*

*“A young girl had serious attachment issues and had stopped eating...G4S helped by getting her another [small pet] and she started eating again.”*

### Mental health issues of staff and volunteers

- The people who work with refugees and asylum seekers can also experience stress and mental health issues as a result of the high demand for their services, as well as the stories they listen to and the issues that they have to deal.

*“We are impacted upon. We’re exposed to the good and bad.”*

*“There is a massive lack of respecting the issues staff have to deal with. It affects staff’s mental health.”*

*“We are so busy now, we can’t spend the time people need...we can only just deal with their issue and don’t have time to talk.”*

### 4.3. Impact of “the system” on people from emerging communities

For clarification, “the system” relates to processes or pathways within organisations such as HMRC, the Department for Work and Pensions, healthcare and social care.

### Clarity regarding access to services provided by Kirklees Council and Health or Social Services

- Confusion exists among some staff working in council, healthcare and social care sectors regarding migrants - particularly in respect of what asylum seekers and refugees can or can’t access. A difference in interpretation also exists when staff consider what is or isn’t a protection issue. Greater clarification or more training should be provided in order to avoid delays in accessing help<sup>13</sup> and we have been informed that training has and is taking place in order to address this.

*“There has been confusion from other agencies as to whether or not help can be given to asylum seekers, but we are very clear that we can help refugees and asylum seekers.”*

- Untrained translators could potentially be detrimental to the person who is dependent on accurate and non-biased interpretation. In addition, if the translator is a relative or friend, the individual seeking help may not provide all relevant details to avoid stigma or embarrassment<sup>14</sup>.

*“Language, confidentiality, or fear of lack of confidentiality is a barrier.”*

### Changes to the way in which overseas visitors and migrants will be able to access free NHS care

- Information received from Asylum Matters has brought to light imminent changes that they believe will worsen health inequalities and prevent asylum

seekers, refugees and other vulnerable groups of people from getting the help they need, in addition to placing extra pressure on the NHS. These changes include charges being introduced for all community health services (except for GP surgeries), such as school nursing, community midwifery, mental health services and termination of pregnancy services. Public health services commissioned through local authorities are also likely to be affected. Up-front charging will be introduced and if an individual doesn't have proof of entitlement to free care, they will receive an estimated bill for the required treatment that will have to be paid in full if it is not classified as urgent or "immediately necessary"<sup>15</sup>.

*"...these damaging and unworkable proposals, which will cause unnecessary human suffering and add additional pressure to our over-stretched NHS. We are certain these changes will worsen health inequalities and prevent vulnerable people getting the care they need."*

- The Home Office also has the authority to ask the NHS to provide them with migrant patient data, which can make already vulnerable people wary of accessing healthcare services and also puts patient confidentiality in question<sup>16</sup>.

## Forms

- Some organisations are reluctant to help people complete forms that provide much-needed support, such as applications for asylum support or Personal Independent Payments (PIP), because they are fearful of aggravating the claimant's situation. This hampers progressing individuals' already stressful circumstances and has the potential to place them in an increasingly vulnerable situation<sup>17, 18</sup>.

*"There are no organisations to help people fill in forms to access benefits...no one wants to because if you get it wrong, it can be a risk to that person."*

- HC2 certificates provide access to free dental care, prescriptions and eye tests, but are only valid for six months; people who need to renew them are required to fill in an HC1 form, which are recommended to be completed four weeks prior to expiry. However, not all asylum seekers and refugees have these certificates and further form filling, particularly if an individual doesn't speak English or has limited literacy skills, becomes another hurdle for people to tackle<sup>19</sup>.

*"The HC2 form is a health barrier...some people don't have it. Without it, there are no meds."*

*"People who have an HC2 form...are still having problems accessing these services."*

*“The [asylum seeker] had high blood pressure and was feeling unwell. The pharmacy refused her medication because she had no HC2 form.”*

## Finances

- Asylum seekers and refugees can experience extreme financial hardship and depend on the goodwill of individuals and charities in order to access basic human requirements, such as food or healthcare. More needs to be done to tackle this issue as it can have further ramifications on health, such as not eating the right foods or accessing vital health guidance for conditions (e.g. diabetes), or establishing unhealthy eating behaviours and relationships with food, such as food hoarding by children. Health and social care services would then have to deal with the consequences of worsening physical or mental health due to delayed diagnosis and treatment<sup>20, 21</sup>.

*“Money is tight so at times an asylum seeker or refugee may have no money for food.”*

*“Long-term refused asylum seekers are living on £23 per week and depend on food handouts.”*

- PIP assessments and its associated processes can cause stress, feelings of worthlessness and exasperate feelings of “otherness”, especially when people from emerging communities may not realise that British people can also experience the same difficulties when trying to access this financial help<sup>22</sup>.

*“I’m worried about money. They stopped my DLA after a PIP assessment. They don’t believe I am disabled and my GP is helping me. There is no justice.”*

- Access to financial benefits can be an empowering tool for women, especially those who may not have previously experienced any control over money. This has the potential to improve the family’s overall health and wellbeing, with women being able to make some financial decisions on food or activities for the family.

*“Some women feel more empowered when they come here. They ask for child benefit to be put in THEIR name.”*

## Migrants from the European Union/fluid migrants

- This group of migrants are currently an unknown quantity; “White Other” is too broad a category when analysing demographics to try and understand or differentiate challenges or requirements for this group of people<sup>23</sup>.

*“EU migrants are harder to deal with ... they fall under a huge “White Other” group of people. They come and go, or may not be in the system or even understand it.”*

*“There is a growing gap in health inequalities surrounding Eastern Europeans - there is an unknown quantity of who is out there.”*

- There are people who may not be registered in council or government systems, which places themselves and their families in vulnerable situations or open to exploitation, as they may not know how processes work in the UK (e.g. access to healthcare, benefits or employment). They are dependent on the advice, knowledge or (selected) information that people provide them. This seems to especially be the case for women, who are more likely to be subjected to gatekeeping by male relatives.

*“A [Eastern European] couple struggled to register their newborn child as they needed £35 to pay for a translator and didn’t have the money. They don’t understand the system so have no National Insurance number, are paid in cash and have no access to benefits.”*

*“There is a lot of misunderstanding about what is free and what isn’t - especially for Polish women.”*

This is also relevant to other people from emerging communities and even those who are more settled, so different methods should be used to engage with these groups of people in order to improve health, but also tackle issues around safeguarding.

*“Language issues for women means that men become gatekeepers of women’s health. How do we access the women?”*

*“Sometimes the best places to access women are at schools, as this is a venue known to their men.”*

- Even when fluid migrants are registered in government systems, they are still unaware of how processes work and are dependent on information from work colleagues, friends and relatives.

*“I came here four years ago and I didn’t know anything about the system here. I had a lot of surprises - things are different here than in Poland.”*

*“When my partner wanted to find out about paternity leave his friends told him what to do.”*

- There is a fear of being labelled as a “freeloader” (i.e. someone whose sole purpose is to come to the UK to claim benefits), so people are reluctant to ask for advice surrounding entitled financial support.

*“We are here, alone, without family to ask for help. I did not know about child benefit or working tax credits and it is hard if you don’t feel confident when you speak English. I didn’t want to ask*



*because I didn't want to look like I came here for benefits even though I always have had work."*

#### G4S

- Administrative processes at G4S impact people's access to "the system". In addition, it seems that G4S don't always spend the time that is needed during the induction process in order to allow people to absorb all the information they are being provided with, or to ask questions and access the help that they need.

*"G4S need to be more accurate when inputting people's names - this can affect their ability to get a national insurance number or a bank account."*

- The conditions of some homes (e.g. inappropriate, unfit for purpose, filthy and vermin-infested) where asylum seekers and refugees are housed is an issue repeatedly raised with G4S, who don't always seem to take the matter seriously.

*"They [asylum seekers and refugees] say it is dirty, but it isn't really that bad."*

*"A lady was trying to get G4S to help her deal with the vermin in her house. She had slept in a chair for three days and her toddler in a pram. G4S told her they'd deal with it in four weeks...this is the kind of thing that also negatively affects mental health."*

*"A lady with a [very young] baby and a toddler had been moved into a house by G4S that has very steep steps. She can't take her double buggy up and has been told that nothing can be done about it."*

- Kirklees Council works closely with Migration Yorkshire and other Yorkshire and Humber councils that are asylum dispersal areas, in order to ensure that the spread of asylum seekers is as equitable as possible. However, not all local authorities across the country or region have asylum seekers living in dispersal accommodation, which leads to added pressures in areas that already accommodate asylum seekers.

## 4.4. Language

### English literacy

- Learning English is hugely beneficial to non-English speakers and the wider community for many reasons; it has the ability to reduce feelings of isolation, improves chances of gaining employment and community cohesion, and is an asset to the economy<sup>24</sup>. ESOL (English for Speakers of Other Languages) classes are available in Kirklees but are only free if an individual is a refugee or has been an asylum seeker for over six months,



or if an individual has evidence of obtaining particular benefits - otherwise classes must be paid for, whereas countries such as Sweden provide host-language classes free of charge for all migrants<sup>25</sup>.

- ESOL classes are in huge demand and there are long waiting lists in Kirklees College<sup>26</sup>. People who can't access them then rely on informal English lessons, such as those provided by various agencies that work with asylum seekers and refugees in Kirklees. When a person experiences financial hardship and health problems, not being able to speak English can have a seriously detrimental effect on health:

*“An asylum seeker who doesn't speak any English is receiving NASS payments, but the money is very limited. He is coughing up blood and is undergoing investigative procedures in hospital. The problem is transport; he can't afford to go to his appointments, so we are helping him with bus fares but we can't help him too much as it is costly and unfair to others. He is told to claim the money back at hospital, but he can't speak English - he needs someone with him.”*

*“Universal credit will be rolled out on the 1<sup>st</sup> of November. All claims must be done online, which will impact service users. People are also turned away from job centres and are not always offered translators.”*

- Not being able to speak English can lead to people feeling and/or being isolated; this is more pronounced for mothers from emerging communities who may find it difficult to (or can't) access crèche facilities for their children, making it hard to have dedicated time to develop English language skills<sup>27</sup>.

*“Childcare is a key barrier to female refugees and asylum seekers to learning English and getting work”*

### Interpreting services

- GPs and dentists don't always want to pay for, or even deny interpreting services to people who can't speak English, which can delay diagnosis and treatment and put further strain on other services<sup>28</sup>.

*“The GP did not want to call a translator and asked her to bring a friend or a family member. She felt uncomfortable as it was a private issue, didn't go back for ages and was eventually diagnosed with cancer.”*

*“A Vietnamese family don't speak English and tried to make an appointment with their GP, but the GP would not use a translator. They have no one to go with them and because they don't speak English, the doctor refuses to provide treatment.”*

*“...the wife [of a Syrian employed in the UK] doesn’t speak English and the dentist refused to treat her without a translator. He works so he can’t get to her appointments to help.”*

*“If there is a language barrier with a new GP, they then go to A&E.”*

- Services are reporting difficulties accessing interpreters<sup>29</sup>, both face-to-face and over the phone. Using translators also comes with issues:
  - Interpreters don’t always understand medical terminology<sup>30</sup>.
  - Face-to-face interpreting is very beneficial to both the patient and doctor due to the level of detail that can be provided, especially when dealing with more complex issues. However, these appointments take double the amount of time in comparison to telephone appointments<sup>31</sup>.
  - It can be hard to tackle more sensitive issues such as domestic violence or sexual abuse when revealing experiences to an interpreter<sup>28</sup>.
  - Sometimes people are provided with an interpreter who shares the same nationality, but who doesn’t speak the same language<sup>32</sup>.

*“Telephone interpreters - it can be hard to get hold of them. Also it’s difficult because of very personal subjects, like domestic violence but also GPs getting health messages across.”*

*“An Iranian man spoke Farsi, but he was provided with a Kurdish-Iranian translator, who spoke Kurdish.”*

*“Interpreters don’t always understand the meaning of certain phrases and face-to-face interpretations are much better for this cohort of patients as a result.”*

*“It is very hard to assess someone’s mental health through an interpreter.”*

- It can be difficult to convey health messages (e.g. dental care, good nutrition, hygiene and communicable diseases) through an interpreter due to the complexities of cultural norms and circumstances in which people find themselves<sup>33</sup>.

*“[People from certain nationality] have awful teeth. It’s just not a priority for them and getting adults up to speed to bring their children’s dental health up to speed is very difficult.”*

*“Health services need to employ people who represent the population they are serving - this is more important than raising the awareness of the system through translation or languages.”*

## 4.5. Issues relating specifically to women and children

### Services promoting health and wellbeing for women and children

- The Women Centre in Huddersfield and Dewsbury are points of access for all girls and women (regardless of immigration status) aged fifteen and over, that can be self- or service-referred and run five days and two evenings per week. The centres cover eighteen languages and do a variety of different things to bring women together, in addition to having services around immediate health and wellbeing using accredited counsellors, encouraging women to draw on their strengths as opposed to viewing them as victims<sup>34</sup>.
- Auntie Pam's based in Dewsbury and Huddersfield supports pregnant women by offering help, guidance and information ranging from breastfeeding support, helping women find somewhere to live, providing benefit and financial advice, and tackling issues such as abuse or dealing with familial pressures<sup>35</sup>.
- The Children's Place Foundation is developing a training programme to help children's services and health practitioners better support refugee children<sup>36</sup>.

### Cultural barriers and health literacy

- Health and social care service providers need to be more aware or sensitive to cultural differences and help women from emerging communities understand how their care pathways works, explaining that this is the same for all people in the UK in order to tackle feelings of doubt, fear and "otherness"<sup>37, 38</sup>.

*"Some women have never been alone or away from their relatives before and are scared in hospital [maternity ward]."*

*"It is nice that the community midwife comes to you...also I had a breastfeeding consultation and help with breastfeeding...my mum said they really care here."*

*"...when my contractions were getting worse I called the hospital and they said "oh, it is your first baby, relax, it is not time, take paracetamol...it was a surprise!"*

- From the information collected from this engagement work, it also seems that a more medicalised or specialist-centric model of maternity and child health services exists in Eastern Europe.

*"There is a tendency to register pregnancy later on and sometimes these women just turn up in labour."*

*"Expectations regarding maternity care and children's health can be very different - we get "so when will we see a paediatrician", when a GP can help and services have to explain that they only see a specialist if there is a problem."*

*“My child was vomiting so I went to A&E early in the morning and had to wait for three hours. Why did it take such a long time for the doctors to see my child?”*

*“I had to ask other Polish people what I had to do to have a smear test, who said I had to register with a GP. I didn’t know what is a GP - in Poland you have someone called a family doctor... you go to a gynaecologist for smear tests in Poland, so you wonder when you see the nurse, is this person qualified.”*

*“When you’re pregnant you see the gynaecologist in Poland and have scans every two weeks [privately paid]. It is more common to go private as they think it is better.”*

*“I stayed in hospital for three days after giving birth, which is very short compared to Poland where one week is normal.”*

- Various comments were made, implying that the health literacy of some mothers from emerging communities needs to be improved upon.

*“Overly lengthy use of bottles and dummies - it’s damaging to speech and oral muscles.”*

*“Stillbirths at term are still an issue in Kirklees and Bradford due to mothers’ negative health behaviours.”*

*“There are high rates of smoking - maternal and general.”*

### Ante-natal and post-natal depression

- Women from emerging communities who experience mental health issues during or after pregnancy may not feel able to express themselves due to social isolation<sup>39</sup>, being separated from their family, cultural stigma, or being unable to explain how they are feeling as a result of poor English skills or difficulties accessing an interpreter. In addition, they may be unaware that help is available, but even if that knowledge exists, they can find themselves having to wait a long time to access counselling, which is worrying because 42% of migrant women can be affected by post-natal depression<sup>40</sup>. However SWYPFT (South West Yorkshire Partnership Foundation Trust) have some funding specifically for services to support women with postnatal depression, so the situation may get better for all women when this is in place.

*“Health visitors are there for ante- and post-natal pregnancy only, not mental health. Women can be left for a long time before they get help.”*

*“Mental health and postnatal depression services - there just isn’t as there is so much demand...the level of uptake can be poor due to them feeling okay at the time or stigma.”*

### Health Visiting

- Health visitors at times have to deal very quickly with families or groups of women and children to Kirklees. Their positive role of supporting and signposting individuals or families to groups not only supports health but also wellbeing, by addressing isolation or loneliness.

*“Based on the first moving-in visit, we decide if the family is okay or if they need further help/signposting. We can refer them to Volunteers Together, who will invite them in to help them feel less isolated as well as providing Home Office help.”*

### Abuse

- Women can experience various forms of abuse related to negative health behaviours of their spouses, cultural preferences or low health literacy.

*“Domestic abuse is an issue.”*

*“Women might have ALOT of issues, including sexual abuse, being blamed and physically abused by their husbands for having a miscarriage or giving birth to a child of an undesired sex.”*

### Essentials

- There is a need to help women who have come to the UK with very little, or those who suffer extreme economic pressures, to access information in order to help improve their lives and that of their families.

*“There are lots of pregnant women who don’t know they can apply for a grant to obtain a pram for their babies.”*

## 4.6. Primary Care Services

### GPs

- Asylum seekers use the Whitehouse Centre in Huddersfield. However, when refugee status is granted, they are given six weeks to find a GP surgery close to where they live and are provided with four weeks’ worth of medication. Some people can become distressed because they have formed an attachment to the centre and don’t understand why they have to leave to use another GP. This negative sentiment can be aggravated by some GP practices that have been perceived as being unwelcoming towards migrants, or are not prepared to deal with or do not understand the challenges of caring for people with complex health needs, which can lead to service users mistrusting the service being provided<sup>41</sup>.

*“The Whitehouse Centre is brilliant, but there is still too little manpower to deal with such a huge issue.”*

*“Some GP practices are particularly unfriendly towards immigrants”*

*“A mother and daughter had been in the UK for two weeks. The mother had diabetes, a heart condition and high blood pressure. She had run out of medication...had tried to register with a local GP but the GP practice was blasé and unhelpful.”*

*“GPs ask too many questions. All I want is a proper appointment for my [underweight] baby. Why doesn't he give me medicine? I had to go and see him three times before he gave me medicine.”*

*“People don't want to leave the Whitehouse Centre.”*

- Visiting GPs can be an unnerving experience for people from emerging communities, who are used to seeing the same doctor at every visit but are also more accustomed to a more medicalised model of healthcare<sup>42</sup>. This can also make service users fear that their concerns are being undermined<sup>43</sup>, but can also be harmful to the wider population's health.

*“It is strange to see a different GP every time. In Poland it is one doctor who knows your history and has your notes. You have to explain everything every time to your GP here.”*

*“My child had a cough and I thought it was very strange when my doctor said “there is nothing to worry about”...I asked if I should use cough syrup and Vicks and the doctor said “if you think it will help”...”*

*“Doctors are more relaxed here, but I am surprised how much they know here and they see you for every type of infection.”*

*“I had blood tests and the receptionist just called to say something had showed and gave me an appointment for a few days later. I didn't like waiting for my appointment and I was worried. I thought that the doctor would want to see me quickly.”*

*“In Poland, you have a poorly child, you go to the family doctor, wait and then see the doctor. Here you call at 8 o'clock, then you can't reach anyone or the surgery is closed, so then you go to A&E because your child has a fever and sore throat. In Poland you get proper medicine or antibiotics, here you get Calpol. I understand it now, but it was a worry before.”*

*“...problems aren't taken seriously - go and buy paracetamol or vitamins...”*

*“Some groups of immigrants are unhappy with medication provided to them...Sometimes bring in their own supplies of antibiotics or medications from abroad.”*

- Accounts of GPs imposing their own personal views and religious beliefs ahead of the needs of their service users have also come to light. This may be because the GP assumes service users share aspects of similar beliefs because they have come from a particular region of the world, but this can also be a way of being (or being perceived as) openly judgmental and critical of lack of piety. Whatever the reason, this goes against General Medical Council guidance<sup>44</sup>.

*“The GP tells them to pray or visit the mosque to deal with their medical problems...they feel the GP is prejudiced against Iranian people.”*

### Dentists

- Accessing dentists in the some parts of the UK is generally very challenging - healthcare services and charities recommend different ways for people to get help, but more needs to be done in order to help people find a dentist in an easy-to-understand and transparent way.

*“If a person can’t access a dentist, we tell them to go to HRI.”*

*“Dentistry is free for pregnant mums and under-16s, but the NHS Choices website is not the easiest website to use. Finding a dentist is a massive issue for any client and you can never get through the free phone number. I sometimes tell clients to just go to the dentist in case they have a spare appointment, which can sometimes be successful.”*

## 4.7. Disease

### Infectious and communicable diseases

- Communicable diseases are disproportionately represented in minority ethnicities<sup>45</sup>; strains of infectious and communicable diseases most commonly mentioned by the various agencies we visited in Kirklees include HIV, tuberculosis and hepatitis.

*“There is a need to provide education surrounding hygiene”*

*“Other health issues include TB, HIV and hepatitis. TB is particularly more prevalent in those coming from African nations.”*

## 4.8. Negative health behaviours

### Nutrition

- Food choice is dependent on a wide variety of factors and it is well known that making poor nutritional decisions such as eating too many sweet foods and/or



frequent consumption of sugary drinks impacts negatively on health, which can be worsened by additional factors such as lower levels of physical activity and genetics<sup>46, 47</sup>. Food choices are made as a result of a range of aspects, including the novelty of food products, affordability, availability, and associations to status or emotions. It is good to see initiatives are in place to help tackle rising obesity levels and hopefully more will be done to encourage engagement with “harder-to-reach” groups of people, such as migrants from emerging communities.

*“Nutrition is also a massive issue - eating too many sweet foods and consuming too many fizzy drinks”*

*“Somalians seem especially keen to eat sugar. They come here slim and soon become obese.”*

*“We like oil, sugar and salt.”*

*“Sudanese mother...had diabetes...”*

*“The mum had high blood pressure...”*

*“There’s a children’s obesity issue in Ravensthorpe. FINE are looking at focussing on 0 to 5 nutrition and healthy eating in that area.”*

*“Eastern Europeans don’t see obesity as an issue, or the relevance of physical activity...to approach that would be a delicate manner”*

*“We aren’t hard-to-reach - you know where we are.”*

## Smoking

- Another common negative health behaviour is smoking cigarettes and shisha, or water pipes. Cigarette smoking is reportedly high among Eastern European migrants<sup>48</sup>. However, the Middle East continues to see a rise in the use of tobacco products and is also seeing a surge in waterpipe smoking, which is now a public health challenge in the UK<sup>49, 50</sup>. Furthermore, some studies suggest male Iranian and Vietnamese refugees have increased odds of tobacco use<sup>48</sup>.

*“Smoking and drinking are common...they don’t know who to go for support and that it is free.”*

*“Shisha is very popular among the young. It’s very harmful, not just for the smoke and chemical inhalation, but also because of the sharing of the pipe and inhaling germs.”*

- Newer migrants to the UK may not yet have developed the same sentiments towards smoking as the general population, where there has been a shift towards being smoke-free<sup>51</sup>. The smoking-related comment (below) came from



a Kurdish shopkeeper trying to upsell cigarettes to the report's author - an example of how the “stop smoking” message has not reached this community and the lack of awareness that promoting cigarettes in a shop (although not on display) is not seen as acceptable.

*“...do you want cigarettes with that?”*

### Alcohol and substance abuse

- When speaking with various organisations, drinking alcohol regularly and in excess was particularly associated with Eastern European men. However, further research has shown that alcohol and substance abuse among asylum seekers and refugees are a cause for concern and that as many as 33% of forced migrants in particular may drink alcohol in harmful or hazardous ways<sup>52</sup>.
- During our engagement work, domestic violence was often linked to negative health behaviours such as drinking, which is a difficult subject to broach and made harder due to language barriers.

*“Drinking and associated domestic abuse is a legacy of cheap alcohol from the former communist bloc.”*

*“[Asylum seeker] We see our women change, they change their clothes, they get boyfriends and we become stressed and drink, smoke, take drugs. Some men even commit suicide.”*

## 4.9. Cultural differences and expectations

In addition to the cultural differences and expectations already highlighted in previous sections of this document, other factors are health barriers:

*“Barriers include language, education, culture - they need the right approach in order to make that specific culture engage with them....If we don't understand them, then how do we help them? We need to be relatable.”*

### Mistrust of professionals

Certain nationalities or ethnicities mistrust professionals, which can make it challenging to help or signpost them and lead to delayed diagnosis, people seeking inappropriate care and long-term health issues<sup>53, 54</sup>.

*“Hungarians are generally very suspicious around professionals and have a tendency to move around a lot and even change their names.”*

*“Trust is the main issue - they don't have that at home and there is corruption.”*

### Stigma, taboos and myths

Cultural beliefs and associations with gender-related issues, sexual or mental health can prevent people from accessing or receiving preventative healthcare or community-based care (or even realising that they need it) - there is a fear that other people may think or discover that the person has something seen as being shameful<sup>53, 55</sup>.

*“Everyone in the community knows your GP, and your GP knows everyone in your community.”*

*“Culturally, refugees don’t want to be labelled with having mental health issues, especially the single ones who feel it could damage marriage prospects.”*

*“Taboos are a cultural barrier to health.”*

*“We have to knock on the door and get in quickly...when we come out, people ask why we were there and we say things like, I was checking the gas meter.”*

*“There is a need to educate in order to dissolve myths that exist within cultures.”*

*“People sometimes don’t even realise that they have depression - the sleeplessness, the flashbacks. When they do find out, they’re embarrassed and ashamed...they don’t want to take their mental health seriously and are worried about stigma/judgment.”*

### Cultural conflict

The clashing of different values, behaviours and beliefs can impact on mental health in particular, as migrants lose their cultural norms, religious customs, social support system and have to adjust to a new culture and changes to identity<sup>56</sup>.

*“People once had fantastic lives back at home with a nice house and a swimming pool, now feel like a second class citizen.”*

*“Asylum seekers don’t understand the language and experience cultural conflict.”*

*“One man is distraught because of the break-up of his family - his wife came to the UK before him and he can’t deal with how she has accustomed herself better than he has.”*

## 5. Conclusion

- Good communication should be encouraged to prevent barriers to healthcare. People should be provided with interpreters, or at the very least, processes should be implemented in order to ask the individual (either through an interpreter or a translated document presented to the individual) if they are happy to use relatives or friends as interpreters, instead of assuming that this is acceptable.
- There is a need for more staff/service provider cultural awareness training surrounding the challenges different migrants experience, in order to reduce negative preconceptions and better understand service user behaviours.
- More information also needs to be available and accessible to help migrants understand the UK's healthcare system, which has the potential to help address feelings of mistrust and "otherness", e.g. the system works in certain ways for anyone who uses a particular service who resides permanently in the UK, irrespective of nationality.
- More needs to be done to tackle extreme financial hardship, as this has ramifications on health, such as not eating the right foods, or developing negative health behaviours.
- It may be worthwhile to consider offering free courses to women from emerging communities to help them realise what their rights are, particularly when it comes to benefits and offer free sessions on spending money effectively, such as creating well-balanced meals on a small budget.
- It would be beneficial to add popular emerging groups to demographic information being requested, such as Romanian or Polish (in addition to "White Other". When considering demographics, it would also be important to have greater consideration for ethnic sensitivities. For example, there are many Iranian migrants in Kirklees (regularly being among the top five nationalities of migrants) - they would not always select "Arab" as their ethnicity (sometimes choosing "Asian Other" or "British Asian"), so it may be necessary to consider a broader term such as "Middle Eastern" in order to capture data from this group of people<sup>23</sup>.
- A bigger push should be made to educate the wider British population with regards to benefit claimant statistics to tackle negative attitudes towards migrants, as well as making information more accessible to migrants (particularly fluid migrants), who may not be registered in any UK systems and thereby potentially being unaware of what they are or are not entitled to.
- In order to tackle language and cultural barriers in addition to better relaying health messages, services need to employ a greater diversity of people by

employing different techniques to encourage people to apply for jobs and opportunities for development<sup>33</sup>.

- Health literacy of some migrant populations needs to be improved in order to improve health outcomes, reduce stigma and prevent the spread of disease. There is also a need to challenge or rectify alarmist or inaccurate messages that have the power to influence people's health and wellbeing. More also needs to be done to engage with women and children in order to tackle health literacy, but also factors such as gatekeeping, abuse, isolation and mental health.
- More education and signposting needs to be undertaken to tackle negative health behaviours including poor nutrition, smoking, alcohol and substance abuse in migrant populations from various ethnicities and cultures.
- Good communication/improved information sharing is vital between agencies for both the wellbeing of the individual and health of the wider community.

## 6. Limitations of the study

This project was a scoping exercise to gain a better conceptual understanding of the health issues and barriers that exist within the asylum seeker, refugee and emerging communities populations within Kirklees, offering a snapshot (rather than an extensive study) of service provider and service user experiences over the period of January 2017 to October 2017.

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## Bibliography

1. Migration Watch (2017). *The distinction between asylum seekers and refugees*. Retrieved from <https://www.migrationwatchuk.org/briefingPaper/document/70>
2. Migration Yorkshire (2016). *Kirklees' newcomers in 2016*. Retrieved from: <https://www.migrationyorkshire.org.uk/userfiles/file/PolicyandResearch/statistics/newcomers/MY-Kirklees-newcomers-2016.pdf>
3. Migration Yorkshire (2017). *Kirklees - Local migration profile*. Retrieved from <http://www.migrationyorkshire.org.uk/userfiles/attachments/pages/664/kirkleesImp-summary-jun2017.pdf>
4. Kirklees Joint Strategic Assessment (2016). *How is the population changing?* Retrieved from: <http://observatory.kirklees.gov.uk/jsna/population>
5. National Policing Improvement Agency [n.d.]. *Working with new and emerging communities: A guide for neighbourhood policing teams and partners*. Retrieved from <http://www.npiadocuments.co.uk/CommunitiesGuidance.pdf>
6. Jayaweera, H. (2014). *Health of Migrants in the UK: What Do We Know?* Retrieved from [http://www.migrationobservatory.ox.ac.uk/wp-content/uploads/2016/04/Briefing-Health\\_of\\_Migrants\\_in\\_the\\_UK.pdf](http://www.migrationobservatory.ox.ac.uk/wp-content/uploads/2016/04/Briefing-Health_of_Migrants_in_the_UK.pdf)
7. Sen, P. (2016). *The mental health needs of asylum seekers and refugees - challenges and solutions*. Retrieved from [https://www.rcpsych.ac.uk/pdf/PUBNS\\_IPv13n2\\_30.pdf](https://www.rcpsych.ac.uk/pdf/PUBNS_IPv13n2_30.pdf)
8. Migration Yorkshire (2017). *Whitehouse Centre*. Retrieved from <https://www.migrationyorkshire.org.uk/?page=allorganisationsprint1&itemid=W&template=none>
9. The Kings Fund (2015). *Mental health under pressure*. Retrieved from <https://www.kingsfund.org.uk/publications/mental-health-under-pressure>
10. Royal College of General Practitioners (2015). *Asylum seekers and vulnerable migrants*. Retrieved from <http://www.rcgp.org.uk/policy/rcgp-policy-areas/asylum-seekers-and-vulnerable-migrants.aspx>
11. Mir et al. (2015). *Adapted behavioural activation for the treatment of depression in Muslims*. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0165032715002086>
12. The Children's Society [n.d.]. *Into the unknown: Children's journeys through the asylum process*. Retrieved from <https://www.childrenssociety.org.uk/sites/default/files/tcs/into-the-unknown--childrens-journeys-through-the-asylum-process--the-childrens-society.pdf>
13. Doctors of the World (2017). *How healthcare bills impact UK's refugees and migrants*. Retrieved from <https://www.doctorsoftheworld.org.uk/news/the-impact-of-healthcare-charges-on-the-uks-refugees-and-migrants>
14. NHS England [n.d.]. *Principles for high quality interpreting and translation services*. Retrieved from [https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/it\\_principles.pdf](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/it_principles.pdf)
15. Legislation.gov.uk (2017). *The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017*. Retrieved from <http://www.legislation.gov.uk/ukSI/2017/756/contents/made>
16. Doctors of the World (2017). *Take action against the Home Office accessing NHS data*. Retrieved from <https://www.doctorsoftheworld.org.uk/news/medics-mobilise-against-nhs-patient-data-sharing>
17. British Red Cross (2013). *Family fortunes rely on an impossible forms*. Retrieved from <http://blogs.redcross.org.uk/uk/2013/07/family-fortunes-rely-on-an-impossible-form/>

18. Refugee Council (2014). *28 days later: experiences of new refugees in the UK*. Retrieved from [https://www.refugeecouncil.org.uk/assets/0003/1769/28\\_days\\_later.pdf](https://www.refugeecouncil.org.uk/assets/0003/1769/28_days_later.pdf)
19. Positive Action for Refugees and Asylum Seekers (2009). *Beyond the edges of healthcare provision: refused asylum seekers and access to healthcare*. Retrieved from [http://www.pafras.org.uk/wpcontent/uploads/2010/09/11\\_Beyond\\_the\\_edges\\_of\\_healthcare\\_provision.pdf](http://www.pafras.org.uk/wpcontent/uploads/2010/09/11_Beyond_the_edges_of_healthcare_provision.pdf)
20. Refugee Council (2012). *The facts about asylum*. Retrieved from [https://www.refugeecouncil.org.uk/policy\\_research/the\\_truth\\_about\\_asylum/facts\\_about\\_asylum\\_-\\_page\\_1](https://www.refugeecouncil.org.uk/policy_research/the_truth_about_asylum/facts_about_asylum_-_page_1)
21. Refugee Council (2016). *England's forgotten refugees*. Retrieved from [https://www.refugeecouncil.org.uk/assets/0003/7935/England\\_s\\_Forgotten\\_Refugees\\_final.pdf](https://www.refugeecouncil.org.uk/assets/0003/7935/England_s_Forgotten_Refugees_final.pdf)
22. European Commission (2015). *Experiences of young migrant men and their well-being: an empirical study from seven European countries*. Retrieved from [http://www.pafras.org.uk/wp-content/uploads/2010/09/11\\_Beyond\\_the\\_edges\\_of\\_healthcare\\_provision.pdf](http://www.pafras.org.uk/wp-content/uploads/2010/09/11_Beyond_the_edges_of_healthcare_provision.pdf)
23. Office for National Statistics (2005). *Who are the 'Other' ethnic groups?* Retrieved from <https://www.ons.gov.uk/...other.../who-are-the--other--ethnic-groups--article.pdf?>
24. Refugee Action (2016). *Let refugees learn: challenges and opportunities to improve language provision to refugees in England*. Retrieved from <http://www.refugee-action.org.uk/wp-content/uploads/2016/11/letrefugeeslearnfullreport.pdf>
25. Stockholms Stad [n.d.]. *Swedish for immigrants, information in other languages*. Retrieved from <http://www.stockholm.se/ForskolaSkola/Vuxenutbildning/SFI---Utbildning-i-svenska-for-invandrare/Swedish-for-immigrants-/>
26. Kirklees College [n.d.]. *ESOL (English for speakers of other languages)*. Retrieved from <https://www.kirkleescollege.ac.uk/courses/esol-english-for-speakers-of-other-languages/>
27. Joseph Rowntree Foundation (2017). *Barriers to inclusion and successful engagement of parents in mainstream services*. Retrieved from <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/barriers-inclusion-parents.pdf>
28. NHS England [n.d.]. *Primary Care Medical Services Interpretation and Translation Framework: Project Initiation Document*. Retrieved from <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/it-pid.pdf>
29. Healthwatch England (2015). *Primary care: A review of local Healthwatch reports*. Retrieved from <http://www.healthwatch.co.uk/resource/primary-care-review-local-healthwatch-reports>
30. Healthwatch Hackney (2012). *Translation and Interpreting in Health and Social Care Services*. Retrieved from <http://healthwatchhackney.co.uk/sites/default/files/uploads/Translation%20and%20Interpreting%20-%20Comments%20from%20Patients.doc>
31. The King's Fund (2016). *Understanding pressures in general practice*. Retrieved from [http://cdn.basw.co.uk/upload/basw\\_53043-7.pdf](http://cdn.basw.co.uk/upload/basw_53043-7.pdf)
32. Joseph Rowntree Foundation (2004). *Access to services with interpreters*. Retrieved from <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/1859352294.pdf>
33. Mir, G. (2004). *Effective communication with service users*. Retrieved from <https://www.lemosandcrane.co.uk/dev/resources/REF%20-%20Effective%20communication%20with%20service%20users.pdf>
34. Women Centre [n.d.]. *Women centre services*. Retrieved from <http://womenscentre.org.uk/services/>
35. Kirklees Council [n.d.]. *Welcome to Auntie Pam's*. Retrieved from <http://www.kirklees.gov.uk/beta/auntie-pams/welcome.aspx>
36. Children's Place Foundation [n.d.]. *Children's Place Foundation - About Us*. Retrieved from <http://www.childrensplacefoundation.org/new-page/>
37. Degrie et al. (2017). *How do ethnic minority patients experience the intercultural care encounter in hospitals? A systematic review of qualitative research*. Retrieved from <https://bmcmethics.biomedcentral.com/articles/10.1186/s12910-016-0163-8>
38. European Commission (2008). *Quality in and equality of access to healthcare services*. Retrieved from [http://www.euro.centre.org/data/1237457784\\_41597.pdf](http://www.euro.centre.org/data/1237457784_41597.pdf)
39. European Commission (2014). *Roma health report*. Retrieved from [https://ec.europa.eu/health/sites/health/files/social\\_determinants/docs/2014\\_roma\\_health\\_report\\_en.pdf](https://ec.europa.eu/health/sites/health/files/social_determinants/docs/2014_roma_health_report_en.pdf)



40. Collins et al. (2011). *Refugee, asylum seeker, immigrant women and postnatal depression: rates and risk factors*. Retrieved from <http://researchonline.lshtm.ac.uk/1147/>
41. Farrington, R. (2016). *Health care for refugees: time to get our act together*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4758483/>
42. Dempsey & Peeren (2016). *Keeping things under control: exploring migrant Eastern European women's' experiences of pregnancy in Ireland*. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/02646838.2016.1175552?journalCode=cjri20>
43. Madden et al (2017). "Always paracetamol, they give them paracetamol for everything": a qualitative study examining Eastern European migrants' experiences of the UK health service. Retrieved from <https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-017-2526-3?site=bmchealthservres.biomedcentral.com>
44. General Medical Council (2013). *Personal beliefs and medical practice*. Retrieved from [http://www.gmc-uk.org/Personal\\_beliefs\\_and\\_medical\\_practice.pdf\\_58833376.pdf](http://www.gmc-uk.org/Personal_beliefs_and_medical_practice.pdf_58833376.pdf)
45. Mavrodaris [n.d.]. *Migrant health in Coventry*. Retrieved from [www.coventry.gov.uk/download/downloads/id/.../migrant\\_health\\_in\\_coventry.docx](http://www.coventry.gov.uk/download/downloads/id/.../migrant_health_in_coventry.docx)
46. Chowbey & Harrop (2016). *Healthy eating in UK minority ethnic households: influences and way forward*. Retrieved from <http://shura.shu.ac.uk/12926/3/Healthy%20eating%20and%20minority%20ethnic%20households%20final.pdf>
47. Goulao et al. (2015). *The impact of migration on body weight: a review*. Retrieved from [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0102-311X2015000200229](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2015000200229)
48. The Migration Observatory (2014). *Health of migrants in the UK: what do we know?* Retrieved from <http://www.migrationobservatory.ox.ac.uk/resources/briefings/health-of-migrants-in-the-uk-what-do-we-know/>
49. Jawad, M. (2016). *Differences in tobacco smoking prevalence and frequency between adolescent Palestine refugee and non-refugee populations in Jordan, Lebanon, Syria, and the West Bank: cross-sectional analysis of the Global Youth Tobacco Survey*. Retrieved from <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-016-0087-4>
50. Public Health England (2017). *Waterpipe smoking (shisha) in England: The public health challenge*. Retrieved from [www.adph.org.uk/wp-content/uploads/2017/03/PHE-ADPH-Shisha-Report-February-2017-.pdf](http://www.adph.org.uk/wp-content/uploads/2017/03/PHE-ADPH-Shisha-Report-February-2017-.pdf)
51. Action on Smoking and Health (2017). *Smokefree: The first ten years*. Retrieved from <http://ash.org.uk/wp-content/uploads/2017/06/170107-Smokefree-the-first-ten-years-FINAL.pdf>
52. Horyniak et al. (2016). *Epidemiology of substance use amongst forced migrants: a global systematic review*. Retrieved from <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0159134>
53. Honer, D. (2004). *The enigma of the Gypsy patient*. Retrieved from <http://www.modernmedicine.com/modern-medicine/content/enigma-gypsy-patient>
54. Roma Support Group (2016). *The Roma community*. Retrieved from <https://www.england.nhs.uk/wp-content/uploads/2016/07/roma-info-leaflet.pdf>
55. Healthwatch Kirklees (2014). *The barriers to cervical screening for South Asian women aged 25-49 in North Kirklees*. Retrieved from <https://healthwatchkirklees.co.uk/wp-content/uploads/2015/04/The-barriers-to-cervical-screening-for-South-Asian-women-aged-25-49-in-North-Kirklees..pdf>
56. Bhugra & Becker (2005). *Migration, cultural bereavement and cultural identity*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414713/>



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