

healthwatch

Sunderland



REFUGEE ENGAGEMENT EVENT

FRIDAY, 27 MARCH 2015

Healthwatch Sunderland, 112a High Street West, Sunderland, SR1 1TX

1 Introduction

1.1 About Regional Refugee Forum North East

The Regional Refugee Forum is an independent membership organisation of the North East region's Refugee-led Community Organisations (RCOs), enabling their collective voice to be heard by decision makers so as to influence the way that policy and services are designed and delivered.

Each member organisation supports the settlement and integration of communities in exile from across the world. As new members of the regional community, they want to participate in and contribute to the social, economic and cultural vitality and future of the North East, as active citizens.

Through the Regional Refugee Forum (RRF) they work together to:

- Gather evidence about specific and additional challenges faced by asylum seekers and refugees
- Identify what works best in securing social and economic inclusion
- Present their collective voice to local and regional policy makers and service providers to inform the development of evidence based policy and practice.

The RRF is member of the North East Migration Network, and co-chair its Economic Inclusion subgroup. They work closely with the North of England Refugee Service, the Refugee Council and with refugee led networks across the UK to share and exchange learning and ideas about what works.

1.2 About Healthwatch Sunderland

Local Healthwatch has been set up across England to create a strong, independent consumer champion whose aim is to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs

- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting
- To encourage and support people and groups to share their views about services; listen to people's needs and experiences of services.

Healthwatch Sunderland will work with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This doesn't just mean improving services today but influencing and shaping services to meet the needs of the local communities tomorrow.

1.3 Why we hosted this event

Healthwatch Sunderland was keen to ensure that the local refugee community was given a voice regarding the health and social care services that they access (or don't access) in Sunderland.

Healthwatch Sunderland is the local independent champion for health and social care services. As such, the organisation gathers experiences from the local community and we were keen to work with the RRF to extend our reach to the refugee and migrant community in Sunderland. The event was designed to be the first stage of establishing a sustainable network and link with the refugee and migrant community.

2 The Event

2.2 Format of the Event

The event was held on 27 March 2015 at the Sunderland Bangladeshi International Centre. Sixteen refugees/asylum seekers attended the event. The attendees were from ten different countries: Gambia, Sierra Leon, Angola, Congo, Afghanistan, Ghana, Zimbabwe, Guinea, Sudan, Eritrea and Liberia. The attendees were seated in groups at three tables facilitated by a RRF Working Group member. Healthwatch Sunderland Volunteers acted as scribes on each of the tables. The morning was split into three sessions covering the following topics:

Session One

- Mental Health Issues
- Weight Management
- Improving Access to Psychological Therapies (IAPT)

Session Two

- Mapping Exercise - what services do you use?
- What is important to the people of Sunderland?
- What is working well/not working well/what would you change?

Session 3

- Promotion of Healthwatch Sunderland
- How can you feedback?
- How can RRF better support their members?
- Evaluation

2.3 Key points raised by RRF members

- The consistent theme or issue raised by the NRR members was the lack of readily available and accessible sources of information regarding Health and Social Care provision in Sunderland. Members expressed the view that once refugees/asylum seekers arrived in an area, they were largely left to their own devices with little information or support regarding their health.
- This lack of information was viewed as a barrier to accessing services: if people did not know what was available, how could they access services and treatment?
- A lack of knowledge about interpreter services was mentioned by a number of members. Some refugees speak no English and often have to rely on their children to interpret for them. This can be embarrassing for the adults having to divulge personal health matters to their children. They are unaware of the availability of language services and as result can remain 'invisible' through being reluctant or unable to seek services.
- Overall, the issue of mental health was raised on all three tables. The discussion centred on the prevalence of the condition and the circumstances which may potentially exacerbate the illness.
- The effect of having to wait for a decision regarding asylum and the uncertainty and insecurity that brings, was mentioned as a possible factor leading to stress and anxiety. In addition to this, some refugees had the added trauma of having left family members behind in their country of origin.

- Social isolation was also mentioned as a contributory factor to mental health illness. Refugees/Asylum seekers are allocated housing in areas that they are unfamiliar with both culturally and geographically leading to anxiety, depression and other mental health related illnesses. Overcrowding was also mentioned as a factor that created both mental and physical health problems.
- The issue of mental health illness was, members believed, exacerbated by the lack of knowledge about how to get treatment. Conditions worsened as no diagnosis had been made due to lack of engagement with health and social care services. A lack of information on maintaining mental health and wellbeing was also highlighted.
- The issue of stigma attached to mental health was raised as a barrier to engagement and treatment. Cultural attitudes to mental health were also raised. In some cultures, people suffering from mental health illness often faced prejudice within their community and this was seen as a further barrier to diagnosis to treatment as individuals could be reluctant to seek help.
- There was a view that members needed more information around the law regarding what practises were considered to be classed as child abuse in the UK. Some members said that they were aware of people who had had their children taken from them by social services because of cultural preferences in regard to child rearing.
- Poor diet leading to ill health was also raised as an issue. The issue of cultural differences in food preparation was mentioned - too much salt or sugar in diets. Again, the subject of information was raised in that members needed more awareness of healthy eating and having a balanced diet.
- Poverty was seen as a significant factor relating to unhealthy eating. The vouchers that asylum seekers receive can only be used in selective venues such as supermarkets thus recipients cannot shop at markets or smaller local venues where fruit and vegetables are often cheaper in price. Instead, there is a reliance on processed, less healthy supermarket foods.
- Lack of opportunities to exercise (due to cost or lack of awareness of facilities) was also highlighted. This was cited as a further issue contributing to the poor mental health as well a physical. This was particularly a problem for women who wanted to use woman only sessions such as swimming.
- Some members mentioned that there was a need for attitude change within some health service providers. There was a belief from some of the attendees that they were not treated fairly or

equally from staff because of their status as refugees or asylum seekers.

3 Next steps

The information from all three tables showed some overlap in that there was a broad agreement that asylum seekers/Refugees were largely left to their own devices regarding access to health and social care. Cultural and linguistic differences often left individuals and families feeling isolated and unable to engage with mainstream health and social care.

A lack of information available to members about how to access health and social care services was cited by most people present. As a key issue.

Healthwatch Sunderland would recommend that a further meeting take place with the RRF in order to determine the best way to bring representatives from health and social care providers and RRF Members together so that further dialogue can take place around the issues raised and to explore ways bringing about better engagement and communication.