‘Good health is everything’

An engagement project on health and wellbeing with non-UK born communities in the Wakefield District

Health Needs Assessment Report Number 3, September 2024

Wakefield District Health & Care Partnership

Migration Support

wakefieldcouncil

Contents

Photographs were all created during the course of the project by staff and participants.

Introduction

The Wakefield District is home to 353,400 people of whom just over 30,000 (9%) were not born in the UK (Office for National Statistics, 2021).

Non-UK born nationals are a very diverse group in terms of characteristics and the state of their health and wellbeing. Migration data for the Wakefield District is available in the Wakefield Joint Strategic Needs Assessment (Wakefield Council, 2024a).

There is a large literature about 'migrant health' in the UK. We know that on average, migrants are healthier than those born in the UK, known as the 'Healthy Immigrant Effect' (Fernández-Reino, 2020). This is partly because they tend to be younger and healthier than those who do not migrate, although this advantage diminishes over time.

However, this generalisation across the non-UK born population masks significant differences within this diverse group. We know that certain groups such as asylum seekers, Roma and people with insecure immigration status are particularly vulnerable and suffer from health inequalities and barriers to service access (OHID, 2022, Fox and Sivasathiaseelan, 2022). Further, since health needs change over time, the newest arrivals may have greater difficulty in understanding and navigating UK health structures.

An individual's perception of their own health and wellbeing is a somewhat different assessment. A person may consider themselves to be healthy and well despite having several well-managed medical conditions, for example, while another may appear to be objectively healthier but subjectively self-assess as having poor health and wellbeing. Some of this subjectivity is comparative, over time or in relation to other people, and some depends on people's expectations of their own health and health services in the UK.

This report explores subjective assessments of health and wellbeing by a sample of 370 non-UK born nationals living in the Wakefield District. The Public Health Team at Wakefield Council commissioned Migration Yorkshire in December 2023 to conduct stakeholder engagement activity with people residing in the Wakefield District who

have lived experience of moving from overseas to live in the UK. This piece of work contributes to a wider Health Needs Assessment project for people born outside the UK, being undertaken by the Public Health Team and Wakefield Integrated Care Board (ICB). The project was conducted between January and August 2024. In addition to this report, related outputs from the project include a summary of this report and a set of digital stories illustrating the stories of some of the project participants.

The purpose of this project was to hear and engage with communities and people with lived experience of migrating to the UK, while another project engaged with organisations and professionals working with those born outside the UK (Wakefield Council, 2024b). Our vision is that organisations and services will find the most relevant information to them within the series of Health Needs Assessment publications, enabling them to compile their own organisational recommendations and associated actions to shaping future services for non-UK born communities residing in the Wakefield District.

The report is structured as follows:

- It begins with a set of statements made by project participants about what wellbeing in Wakefield looks like in practice to them.
- The survey analysis section describes, mainly in quantitative terms, the responses of almost 350 non-UK born residents in the Wakefield District to a survey about their personal health and wellbeing as well as how they use health and wellbeing assets to support themselves.
- The qualitative analysis section dives much deeper into individual perspectives on health and wellbeing, drawing out important themes around adapting to using UK health systems, and the key influences on daily lives: access to nature and a healthy lifestyle, social relationships, their job and housing situation.
- The report draws conclusions about the differences within the overall non-UK born population, identifies existing resources, suggests priority areas for action and highlights some remaining challenges.
- Finally, we outline the methodological approach taken during the project, and for reference there is a glossary of key terms and phrases used in the report.

A separate technical appendix provides further numerical detail about the characteristics of participants in the project, as well as a full set of charts showing the answers given to the survey questions by the whole respondent group.

The title of this report, 'Good health is everything', comes from a focus group participant who was living temporarily in a hotel while awaiting the outcome of his asylum claim. In discussing what good health meant to him, he took a holistic view, making connections between health and all other aspects of daily life.

> **'To have good health is everything. It's everything. For example physical, mentally when you are feeling well you are a complete person but when you are not feeling good mentally or physically it's a big challenge. When you have good health you can make all the things, you can go your college, you can go to the gym, you can go with your community, everything, you can eat good, but if you don't have all of that you can't do anything. So to have good health, it's everything. It's a gold chalice.'**

Report summary

Methodology

370 non-UK born nationals took part in the project. Participants came from 66 countries and were aged from 17 to over 75 years.

Participants provided data through three main methods: a survey of 344 non-UK born nationals, 15 interviews and three focus groups with a total of 22 participants. Some participants also took part in further project activities, including a workshop for 12 participants and digital stories created by participants as case study examples of health and wellbeing.

Who is doing well and who is struggling?

- The report identifies higher self-reported health and wellbeing among those with certain characteristics, such as those in IT/tech and education occupations, those from Hong Kong and Nigeria, Cantonese speakers, and people who migrated to study.
- While respondents reported greater loneliness than the general population, the groups reporting least loneliness were those from sub-Saharan Africa, people in the 35 to 44 age group, and people living with parents.
- Health and wellbeing is perceived to be lowest for those who do not want to be identified by their ethnicity, people from Pakistan and Iraq or South Asia more broadly, as well as those identifying as of a Kurdish nationality, people without permission to work in the UK, those who live with people they don't know, and people with a disability.
- The group reporting the consistently highest levels of loneliness are those who are not currently in a marriage or civil partnership.

What are people's experiences of health and wellbeing services?

- Nine out of 10 survey respondents were registered with a GP, and interview participants found the registration process to be straightforward.
- Participants rated services differently, scoring pharmacies and opticians the highest while emergency hospital care and dentistry scored lowest.
- Generally, participants felt they were treated well particularly in relation to their faith requirements, being treated respectfully and knowing how to make appointments. They were less confident about knowing where to get help and

understanding information, which was partly affected by their migration reason. Waiting times and not thoroughly understanding their medical treatment were frequently raised issues of concern.

- Topics raised in more detailed discussion included information provision, medical treatment, communication challenges, waiting times, accessing care outside the Wakefield District, and mental health support.

What are the key issues affecting health and wellbeing?

Four issues stand out:

- Adapting to the UK health system
- Social connections here and abroad
- Green spaces and a healthy lifestyle
- Employment and housing circumstances

A range of practical influences help and hinder the health and wellbeing of non-UK born residents in relation to the delivery of health and wellbeing services as well as for each of the four issues identified.

Conclusions

- Non-UK born communities in the Wakefield District tend to report positively on their health and wellbeing, although some groups seem more able than others to attain better health and wellbeing. Resources could be focused on those doing less well.
- Non-UK born communities often highlight the needs of more vulnerable and newly-arrived members, and their priorities centre on having value, security, choice and connectedness.
- There are important assets in Wakefield and beyond that support health and wellbeing for non-UK born residents, including specific services as well as access to nature and opportunities to build social capital. It would be an easy win to share more accessible information more widely about these resources.
- Challenges, often presenting in combination, include loneliness, community tensions, worry for loved ones, a lack of knowledge about local resources and services, insecurity, and knowing how to act in different situations in a new culture. Some issues are shared with UK-born residents, whether waiting times or finding some opportunities beyond the Wakefield District boundary.
- A holistic approach to health and wellbeing would reflect the huge range of services, assets, social influences and constraints upon an individual, from health and wellbeing services to a good job, friendships and enjoying the outdoors. Such an approach would have implications for workforce development, how services work together and how they work with communities, such as using social prescribing.

Signs of wellbeing in Wakefield

There is wellbeing in Wakefield when...

I can be an active part of community life and it's easy to socialise with people I live near.

I wake in the morning and feel refreshed – I have had enough sleep.

I have the freedom to choose a job I like and is satisfying regardless of my migration status.

I wake up knowing I have a job that has a secure contract which gives me confidence that I can look after my family.

I have financial security.

I wake up in the morning and feel useful to society on a daily basis.

I wake up in the morning and I have meaningful activities planned for the day.

I have a secure place to live.

I can feel safe to let my children go out on their own.

When I can speak English well enough for my daily needs (for example, talking to the doctor or neighbour).

I wake up and don't feel isolated.

Authorities support me to break the language barrier so I can work in my profession.

When we have pets at home for company in the house and walks.

I can live my daily life independently in all situations.

I meet people in the street and they say hello regardless of how they look or their accent.

There is no bombing on a daily basis.

I can plan my near and distant future.

I have the chance to meet people from different backgrounds.

This list reflects some signs of wellbeing in the daily lives of a group of 12 project participants. During a workshop they were asked to complete the following sentence: 'There is wellbeing in Wakefield when…'. Having discussed the meaning of these statements of wellbeing, each participant voted on the five most important to them individually. These priorities are reflected in the order in which the statements are presented from top to bottom.

Project participants talk in these statements about broad wellbeing priorities in terms of themselves having value, security and peace, choice and feeling connected to other people. These are themes that are recognisable throughout this report, although not necessarily expressed in the same way. For example, ideas around security (including financial security, housing, and physical safety) overlap with different sections in this report (such as employment and housing as well as green spaces and leisure activities).

Part of the purpose of this activity was to create a list of measurable indicators. This could be adapted or used as a tool in different ways. For example, it could be used with a group of non-UK born residents as a discussion starter, to provide a baseline measurement prior to a change in a service or support offer, or to compare answers in the future following a change in strategic approach to health and wellbeing in the District, or a change in the socio-political or policy context.

Survey analysis

This chapter describes survey responses from 344 respondents in three ways: self-scores for health and wellbeing overall and specifically on loneliness; experiences of health and wellbeing services; and, wellbeing assets and activities. The overall response of the non-UK born cohort is provided, and the chapter also examines some variation within the group to identify which subgroups are doing better or less well than others.

Perceptions of personal health and wellbeing, and loneliness

Perceptions of own health and wellbeing

Survey respondents were asked to score their own health and wellbeing. The survey asked the following question:

> **On a scale of 1-10, with 1 being very poor and 10 being excellent, how would you score your health and wellbeing? This includes physical, emotional, social, and any other aspect of your wellbeing, it's not just about whether you are ill or not.**

Figure 1 shows the overall responses of the cohort. 336 people answered this question.

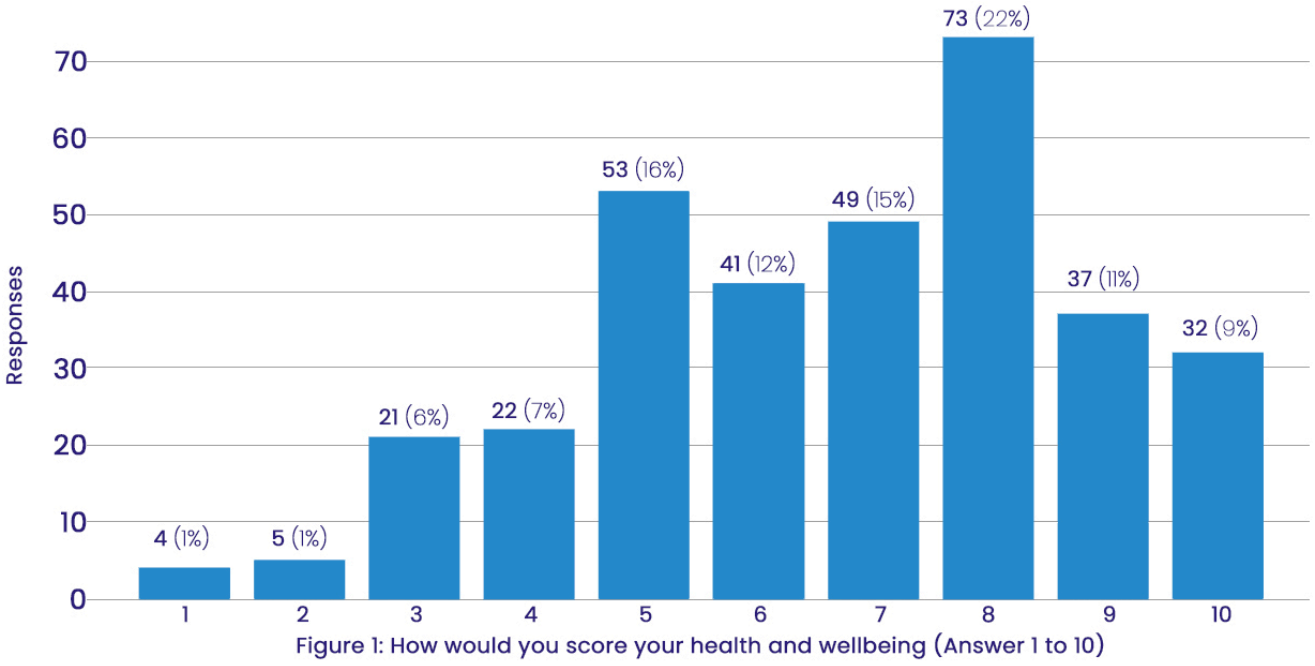


Figure 1: How would you score your health and wellbeing (Answer 1 to 10)

The chart shows a tendency to respond positively to this question, like most responses, with very small numbers selecting the lowest options of 1 or 2.

The 'average' answer fell between 6.7 and 8:

- the mean was 6.7 (summing the responses and dividing by the number of respondents)
- the median was 7 (middle answer when all responses are listed separately)
- the mode was 8 (most frequently selected).

Figure 2 provides further information about the distribution of scores amongst the whole cohort.

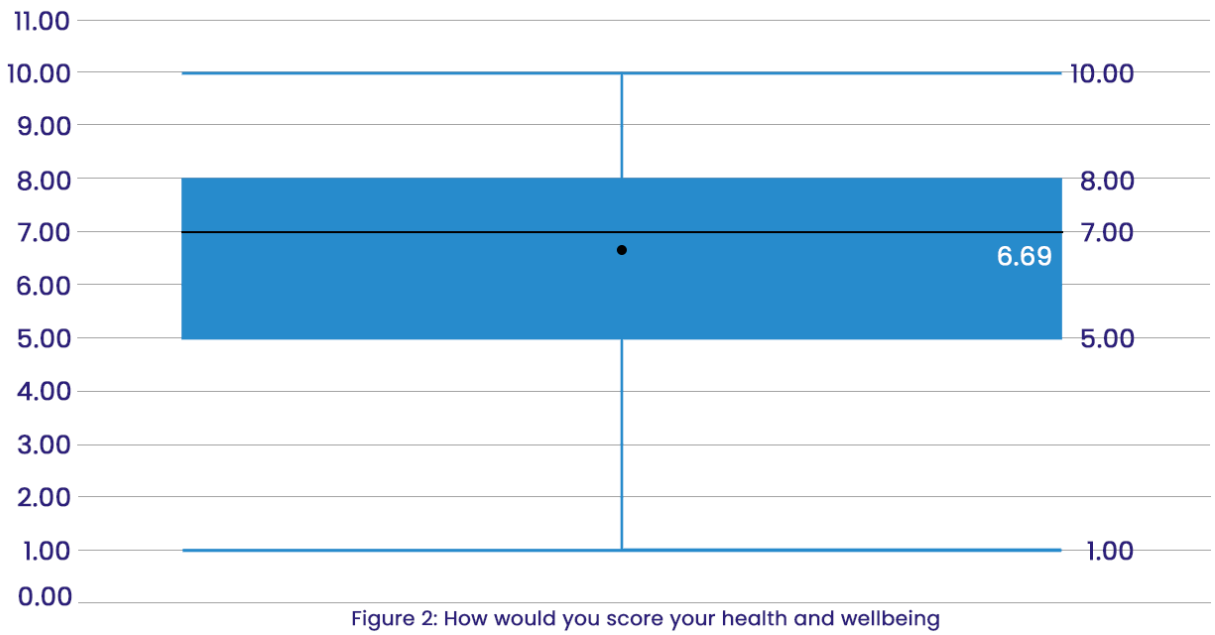


Figure 2: How would you score your health and wellbeing

The dot shows the mean, the line shows the median, and the blue box shows where the bulk (the middle 50% or the interquartile range) of the answers lie (between 5 and 8) and how spread they are. The thin lines ('whiskers') show the full range of answers, that is, respondents used the full range of possible scores between 1-10 available to them.

Respondents were also asked 'please tell us the reason for this score.' Those who did so tended to outline problems rather than what keeps them well. For example, people scoring themselves an 'average' score of 7 still described difficulties with their health and wellbeing, and often covered more than one topic in their explanations:

> **'Financial difficulties. I don't have a lot of friends in my area. I would like to take part in sports activities but I am not aware of any places which offer sports activities on the fresh air.'** (Man from Poland aged 25-34 who migrated to work, lived in Wakefield District over 5 years, working in a warehouse)

'As a full time mom and migrant to the UK, it's not easy to go out and have new local friends. It also feels a bit unsafe to walk around in some areas or later in the day.' (Woman from Hong Kong, lived in Wakefield District 1 to 2 years)

'My eyesight is getting worse (age related). I do not have a NHS dentist resulting in worse dental health as optimal dental care in the private sector is unsustainable due to the high cost.' (Retired woman from Finland, lived in Wakefield District over 40 years)

'Though diagnosed with BP [blood pressure], I am overall in good health' (Nigerian man aged 55-64 who migrated to work, lived in Wakefield District over 5 years, working in retail)

'Physically I feel ok, but emotionally feel so differently sometimes, when I realise that the war in Ukraine is still ongoing. Have to say it some kind of guilt that I feel because I am here but my relatives are in Ukraine, coping with enormous stress and struggling of consequences of war.' (Ukrainian woman aged 45-54, lived in Wakefield District between 2 and 5 years, working in social care)

'I am generally happy with my professional and personal life.' (Man from Georgia aged 25-34 who migrated to work, lived in Wakefield District between 2 and 5 years, working in IT/Tech)

The issues identified here by these 'average' scorers are typical of the themes arising in this report. Their personal characteristics hint at the variations we found for different types of people. This is explored further in the next section.

Who reports better and who reports worse health and wellbeing?

Given this context of overall answers, the key insights from this question can be found in the variation of average (mean) scores across different traits and characteristics such as age, country of birth, and household composition, as listed in the Methodology (Figure 25). This allows us to understand which subgroups perceive their own health and wellbeing to be better or worse than others.

Figures 3 and 5 summarise which subgroups rate themselves most highly and lowest, and the confidence we can have in these findings. The shaded boxes indicate the responses of most interest for their extreme average scores (≥7.5 or ≤5.5) and reliability. Results from the larger sample sizes are given in the left hand column in which we can have most confidence. Sometimes drilling down to different characteristics results in small sample sizes as per the right hand column; these findings should be treated with more caution and may indicate the need for further exploration. Each column generally lists the most extreme scores at the top of a bullet point list and within bullet points, although items grouped in categories within a bullet point may not have identical scores.

Through this analysis, we can conclude the following non-UK born national groups in Wakefield reported better health and wellbeing overall, in descending order: those in IT/tech and education occupations, those with Hong Kong and Nigerian nationalities and countries of birth, and more broadly from the East Asian region of origin, people who speak Cantonese as their first or preferred language, and people whose principal migration reason was to study in the UK.

Figure 3:

Subgroups that self-scored highest health and wellbeing

Who scored highest (average score of ≥7.5, broadly highest first):

Larger sample size (>10)

- IT/tech and education occupations
- Hong Konger and Nigerian nationalities
- Hong Kong and Nigeria countries of birth
- East Asian region of origin
- Cantonese as first/preferred language
- Study as migration reason.

Small sample size (≤10)

- Gay or lesbian sexual orientation
- Those living with a Homes for Ukraine sponsor
- Soninke and Farsi as first/preferred language
- Knottingley and Horbury places of residence
- Those who are pregnant
- China as country of birth
- W10 1, WF2 6 and WF2 7 postal code areas
- 16-17 year olds
- Buddhists.

Figure 3 continued:

Other high scorers (average score <7.5 but highest in their category)

Larger sample size (>10)

- NHS and social care occupations
- Studying then working as current work status
- Black ethnic origin
- Single relationship status
- Tertiary education reached
- 'Occupied' in work, study or volunteering
- Home owners and renters
- No disability
- Time in the UK and in Wakefield under 5 years.

Small sample size (≤10)

- In a registered civil partnership.

An example of subgroups self-scoring higher is shown in Figure 4, identifying the responses from the top scoring nationality groups Hong Konger (orange lower portion of the bar) and Nigerian (green higher portion of the bar).

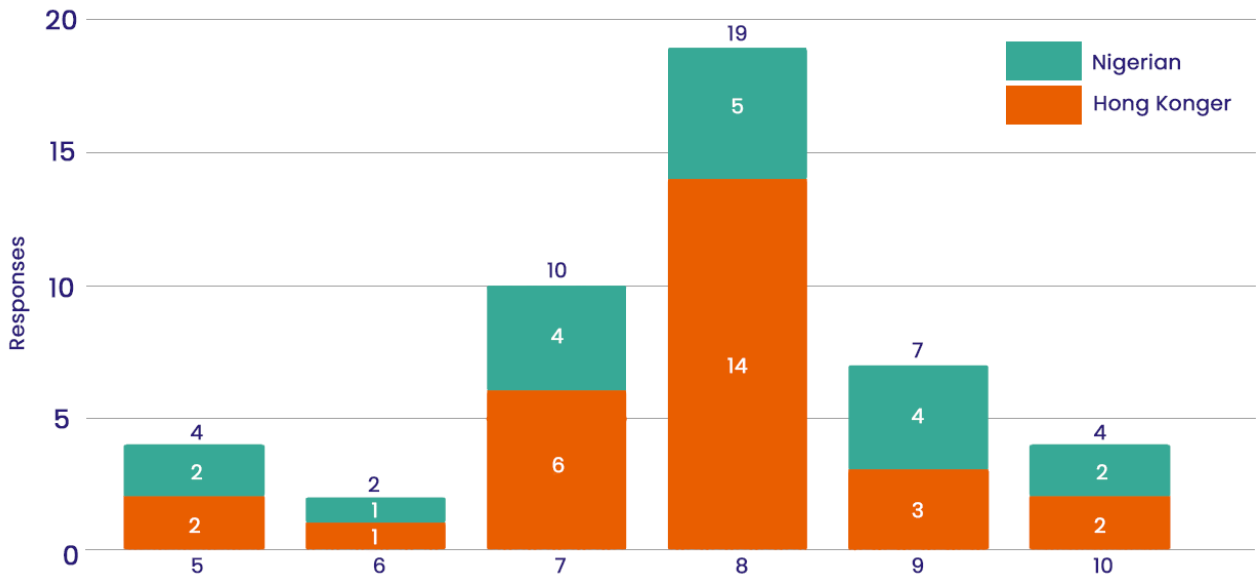


Figure 4: Top nationalities for health and wellbeing scores - How would you rate your wellbeing?

Comparing this distribution the overall scores for the entire respondent group in Figure 1, one notable feature is that none of the Hong Konger or Nigerian respondents scored themselves less than 5 on the scale.

Of those self-scoring the highest options (9 or 10 out of 10), people tended to describe more positive reasons for their scores:

> **'Physically I exercise indoors … I also take a long walk and eat fruits a lot. Emotionally, family is first. I have peace in my home and my environment is quiet so makes me have my quiet time and reflect on my goals.'** (Nigerian man aged 35-44, renting with family, migrated to join family, lived in the Wakefield District less than a year, working in social care, self-scored 9 out of 10)
>
> **'Great doctors … listen to patients, but some time we have to wait long time due to no spaces'** (Kurdish woman from Iraq aged 35-44, migrated to join family, renting with her husband, self-scored 9 out of 10)
>
> **'I don't get sick and I do go to the gym and work out twice a week'** (Nigerian man aged 18-24, migrated to work, renting with strangers, lived in the Wakefield District less than a year, working in social care, self-scored 10 out of 10)
>
> **'I know how to get a physical check-up, because I think it is necessary for my age, such as a dentist (adult check-up), and public transportation is another problem (I have a car and a license plate)'** (man from Hong Kong aged 55-64, homeowner living with family, not looking for work, lived in the Wakefield District between 2 and 5 years, self-scored 9 out of 10)
>
> **'I don't have any chronic illnesses'** (Nigerian woman aged 55-64, homeowner, migrated to join family, lived in the Wakefield District over 5 years, living with her husband, medical occupation, self-scored 9 out of 10)
>
> **'I am very healthy and have a very relaxed life with my wife'** (US man aged 25-34, homeowner, migrated to join family, lived in the Wakefield District over 5 years, working as a tradesperson, self-scored 9 out of 10)

Note that not all of the characteristics of high scorers fit neatly into Figure 3, which shows average findings.

We can also conclude the following non-UK born groups in Wakefield reported worse health and wellbeing overall, with the poorest scores first: people who did not want to identify along ethnicity lines, those whose country of birth is Pakistan then Iraq, those of Kurdish then Pakistani nationalities, those not allowed to work, those from the South Asian region of origin, those living in a household with strangers, and those with a disability.

Figure 5:

Subgroups that self-scored lowest health and wellbeing

Who scored lowest (average score of ≤5.5, broadly lowest first)

Larger sample size (>10)

- The group that did not want to identify along ethnicity lines
- Pakistan then Iraq as countries of birth
- Kurdish then Pakistani nationalities
- Those not allowed to work
- South Asian region of origin
- Those living in a household with strangers
- Those with a disability.

Small sample size (≤10)

- Those living in South Kirkby
- Those working in a charity then in finance
- Those who are homeless and staying in temporary accommodation provided by Wakefield Council and, within the asylum accommodation category: those in an asylum hotel and community-based asylum accommodation
- Bisexual sexual orientation
- Those not well enough to work
- Living in WF3 4 postal code area
- Widowed then separated people.

Other low scorers (average score of >5.5, but lowest in their category)

Larger sample size (>10)

- Primary education reached
- Kurdish as first/preferred language
- Those in any kind of asylum accommodation and those in temporary accommodation
- Those who prefer not to disclose their gender identity
- Not 'occupied' in work, study or volunteering
- Those who migrated for family and protection reasons
- Those who have been in the UK and Wakefield over 5 years
- Those who are not pregnant
- Females
- Religion: no notably low scores from any group

Small sample size (≤10)

- Scores decrease with age, with 65+ being lowest
- Farsi and Urdu as first/preferred language.

An example of subgroups scoring lower is shown in Figure 6, identifying the responses from the lowest scoring countries of birth, Pakistan and Iraq.

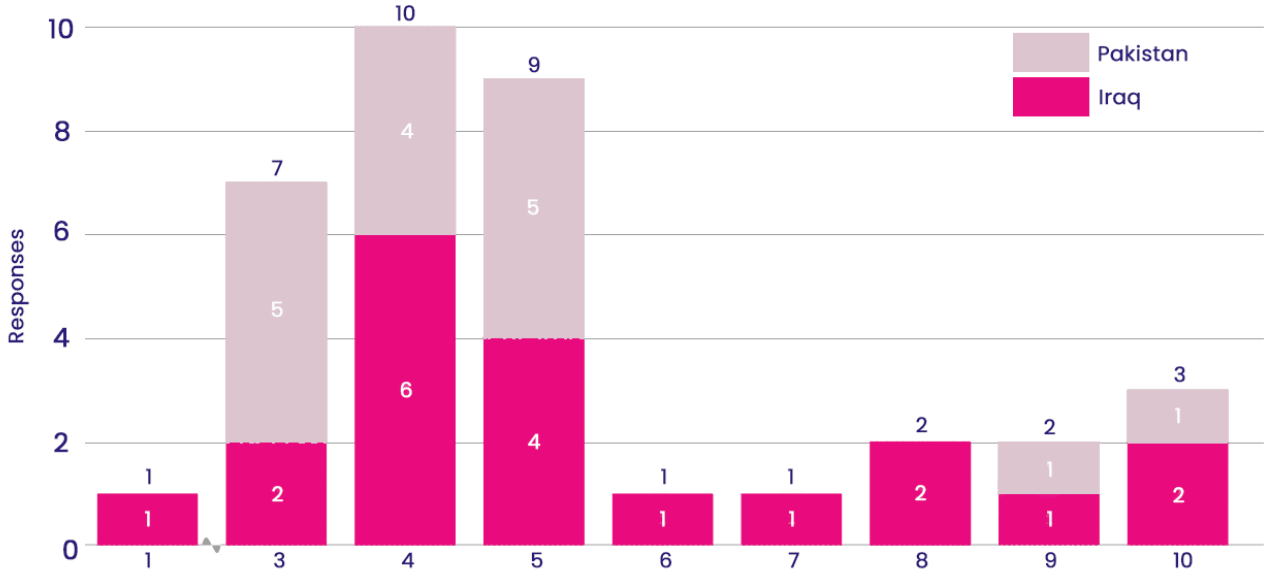


Figure 6: Countries of birth with lowest health and wellbeing scores - How would you rate your wellbeing?

In quite a contrast to the pattern for the overall respondent group, we can see that these respondents most commonly scored themselves between 3 and 5 on the scale.

Of those self-scoring the lowest options (1 or 2 out of 10), people described a range of negative reasons for their scores

> **'Stress and depression.'** (Woman from India aged 45 to 54 years with a disability, widowed, migrated to join family, self-scored 1 out of 10)
>
> **'Back pain, obesity.'** (Woman from Poland aged 25-34, renting with her children, working in finance, self-scored 2 out of 10)
>
> **'Difficulty of seeing doctors, not receiving proper treatment and neglecting patients. Social life and relationships have deteriorated for me over the years, both in terms of poor housing and homelessness … I live in a one-room unit. Mental illnesses live around you.'** (Kurdish man aged 25-34, migrated for protection reasons, self-scored 1 out of 10)

Self-reporting of loneliness

The survey asked the following question: Do you ever feel lonely? Respondents were given three options as shown in Figure 7. 267 people answered this question.

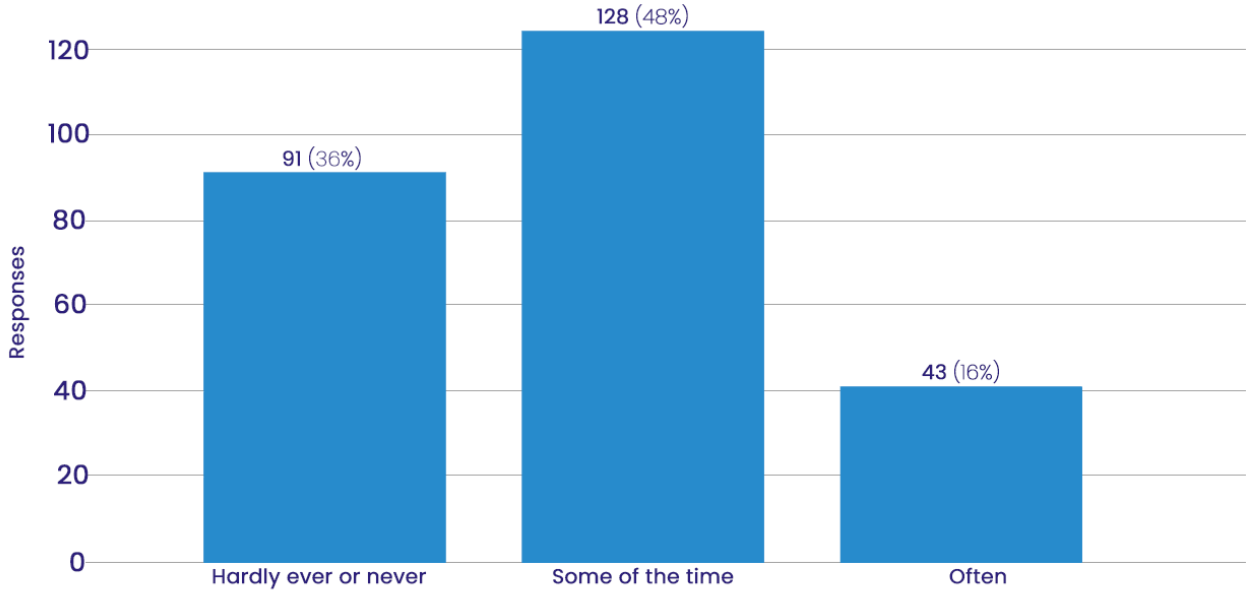


Figure 7: Do you ever feel lonely?

The most common response was to agree that a person feels lonely some of the time, with almost half of those who answered (48%) selecting this response. It seems reasonable to expect most people feel lonely some of the time.

The more extreme answers give an indication of those who are doing well or less well. For the overall group, over a third (36%) feel lonely 'hardly ever or never', while one in six (16%) said they 'often' feel lonely.

When compared with national figures, it seems that our respondents are more likely to experience loneliness than the general population. When asked 'How often do you feel lonely?', the Community Life Survey (DCMS, 2023) for people aged 16+ in England in 2021/2022 found that:

- 53% 'hardly ever' or 'never' feel lonely (only 36% in our survey chose 'hardly ever or never')
- 41% feel lonely 'some of the time' or 'occasionally' (more in our survey, 48%, chose 'some of the time')
- 6% feel lonely 'often or always' (far more chose 'often' in our survey, at 16%)

Who is least lonely, and who is most lonely?

Figures 8 and 9 summarise which groups rate themselves least and most lonely, and the confidence we can have in these findings. The table lists the subgroups where the proportion of each subgroup who selected this answer was higher than average (over 36% of the subgroup identifying as hardly ever or never lonely, or over 16% of the subgroup being often lonely). Subgroups in bold show those more than 10% higher than the average response. The shaded boxes in the left hand column indicate the subgroups in which we can have most confidence, as they come from a larger sized

subgroup sample (the number of people selecting that response being over 10). The subgroups in the right hand column should be treated with more caution due to their small sample size, and may indicate the need for further exploration. Each column generally lists the most extreme scores at the top of a bullet point list.

Through this analysis, we can conclude the following non-UK born national groups in the Wakefield District reported they are least lonely, in descending order: those living with parents, people from sub-Saharan Africa, and 35-44 year olds. In contrast, the most lonely are not currently in a marriage or civil partnership (this includes people who are divorced, separated, have dissolved their civil partnership, are widowed, or have never been married or been in a civil partnership).

Note that some subgroups fall in both the most and least lonely categories (such as Pakistani Asian within the ethnic groups category). This shows that people identifying this way score themselves more at both extremes for this question than average.

Figure 8:

People who are least lonely

Who scored least lonely (≥36% of subgroup answering 'hardly ever or never' to 'Do you ever feel lonely?', broadly highest first. Subgroups with highest scores ≥46% appear in bold):

Larger sample size*:

- **sub-Saharan Africa** and the EU as regions of origin (note the Accession EU subgroup scores highly in its own right)
- 35-44 year olds
- Black and White ethnic groups
- English and Polish speakers (as first or preferred language)
- Home owners and renters (within which renters using a private landlord is even higher)
- Married or in a civil partnership
- Lived more than 5 years in the UK
- Currently in work
- Lived in Wakefield more than 2 years
- Migrated for work or family reasons
- Reached tertiary education
- Living with family or relatives (within which even higher are: **those living with parents**, those with a partner, husband or wife, those with children of any age)
- Christian religion
- Polish nationality
- Males
- Those with no disability.

*both figures in equation >10

Small sample size*:

- Those preferring not to share their gender identity
- British, Nigerian and Pakistani nationalities
- Those currently working in IT/tech, education, hospitality and leisure, NHS/ medicine and manufacturing
- People in the UK less than a year
- Those whose first or preferred language is Kurdish
- Those who are currently studying
- Those identifying as having a 'mixed' ethnic origin or as Pakistani Asian.

*respondents in half of the equation ≤10

Figure 9:

People who are most lonely

Who scored most lonely (≥16% of subgroup answering 'often' to 'Do you ever feel lonely?', broadly highest first. Subgroups with highest scores ≥26% appear in bold.):

Larger sample size*:

- **Not currently in a marriage or civil partnership**
- Not working
- Muslim
- Protection as the migration reason
- Secondary level of education
- 25-34 year olds
- People who have lived in Wakefield more than 5 years or 1-2 years
- Polish as first or preferred language
- Male
- Asian or White ethnic origin
- People who have lived less than 5 years in the UK (and slightly more so for 1-5 years in the UK)
- Same gender identity as registered at birth
- Living situation: renters

*both figures in equation >10

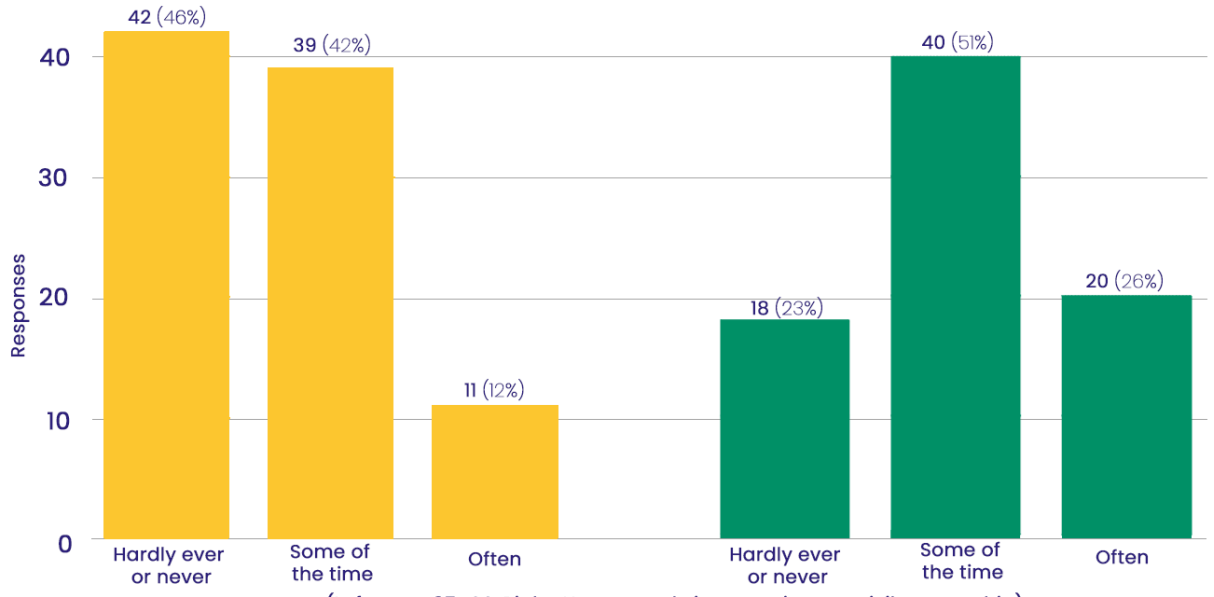
Smaller sample size*:

- Living in temporary accommodation (rising for those in some form of asylum accommodation), and renters from WDH
- People living with strangers and those living with children over 18
- Kurdish, Ukrainian or English as first or preferred language
- Pakistani Asian as ethnic origin and those who prefer not to identify their ethnicity
- Middle East and Central Asia, South Asia, Middle East, Central Asia and North Africa, and non-EU Europe world regions of origin
- No education or primary education level
- Social care or manufacturing as current work area
- Ukrainian nationality
- People with a disability
- 55-64 year olds

*respondents in half of the equation ≤10

The Community Life Survey (DCMS, 2023) found that among the general population, and similar to our survey, males were more likely than females to never feel lonely. They also found the most lonely were young people aged 16-24 (our survey highlighted people aged 25-34) and those with a disability (as did our survey, but with a small sample size). Unlike our survey, they did not find differences across ethnic groups (noting their survey tested statistical significance of a statistically representative population, which is particularly robust).

As an example of subgroup variations, Figure 10 demonstrates the difference in the pattern of responses between people aged 35-44 (a least lonely subgroup) and people who are not currently in a marriage or civil partnership (the most lonely subgroup).



(Left: Ages 35-44; Right: Not currently in a marriage or civil partnership)

Figure 10: Least and most lonely subgroups – Do you ever feel lonely?

Experiences of health and wellbeing services

Obtaining support and services in relation to health and wellbeing

In a range of questions asking how accessible and user-friendly respondents find health and wellbeing services overall, the overwhelming response was positive. For each of the 11 questions in this section where respondents could answer from 'strongly disagree' to 'strongly agree', the most common (modal) response was always to 'agree' with the statement.

Given this tendency of respondents to be positive about the accessibility of services, in order to differentiate the data further we looked at how much more respondents gave a positive response (strongly agree or agree) compared with a negative response (strongly disagree or disagree). Figure 11 shows the results in descending order, with the most strongly positive responses for the top answer.

The statements highlighted green in Figure 11 show the most extreme results. They suggest that non-UK born nationals' experiences of services in the Wakefield District are most positive in relation to meeting their faith needs, being treated respectfully, and knowing how to make an appointment. While still positive, there is less extreme agreement in relation to non-UK born nationals' knowledge about services, for example in relation to the clarity of information shared and knowledge of where to seek support.

Differential strengths of agreement across survey respondents can be illustrated by comparing the pattern of responses for the top (first column) and lowest answers (third column) in terms of strength of positive response, as per Figures 12 and 13.

Figure 11:

Accessibility of health and wellbeing services

For each statement:
Top response = mode.
Strength of positive response = difference between combined agrees and disagrees.

'My faith needs are met':
Top response: Agree
Strength of positive response: 15x.
(illustrated in Figure 12)

'I am treated respectfully and without discrimination':
Top response: Agree
Strength of positive response: 12x.

'I know how to make an appointment':
Top response: Agree
Strength of positive response: 12x.

'I am able to obtain the medicines I need':
Top response: Agree
Strength of positive response: 9x.

'I am able to travel to appointments easily':
Top response: Agree
Strength of positive response: 7x.

' I can get into and move around buildings comfortably':
Top response: Agree
Strength of positive response: 7x.

'Staff members and I can understand each other well':
Top response: Agree
Strength of positive response: 4x.

'My cultural needs are met':
Top response: Agree
Strength of positive response: 4x.

'If you have experienced trauma, staff are caring':
Top response: Agree (more 'neither' answers than usual)
Strength of positive response: 3x

'If I need support with my health and wellbeing I always know where to get help':
Top response: Agree
Strength of positive response: 3x.

'Information I've seen about healthcare is clear and easy to understand':
Top response: Agree
Strength of positive response: 3x.
(illustrated in Figure 13)

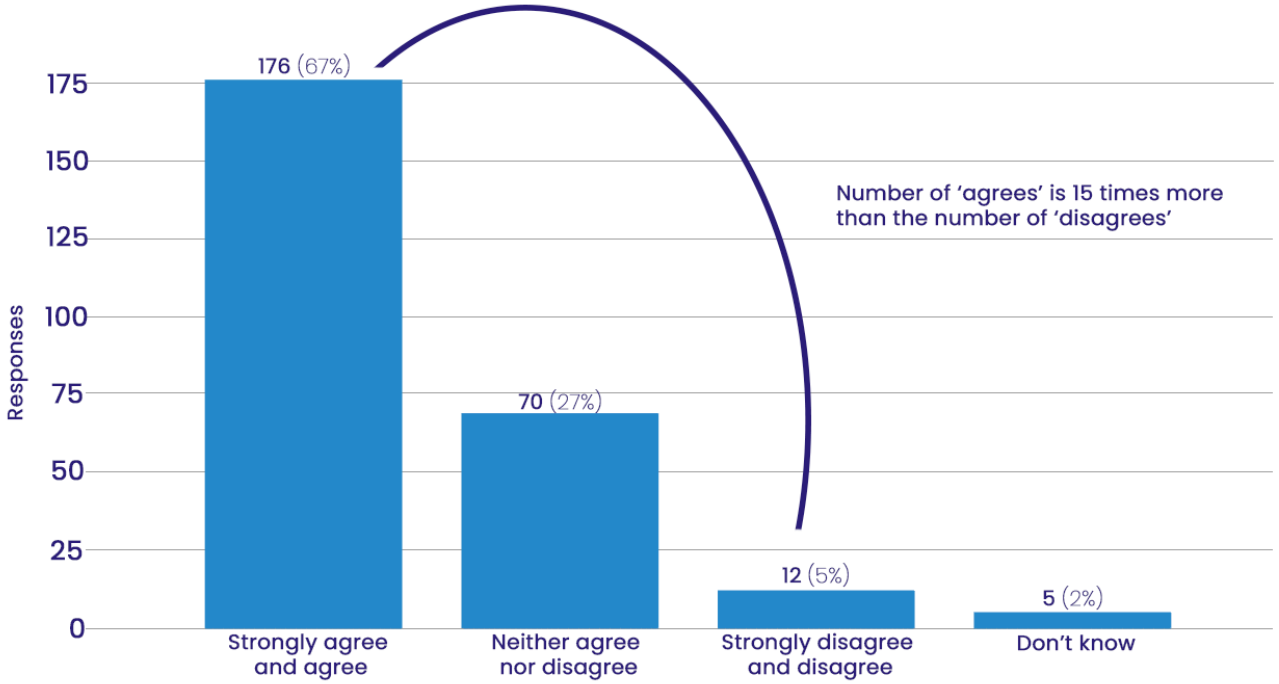


Figure 12: My faith needs are met

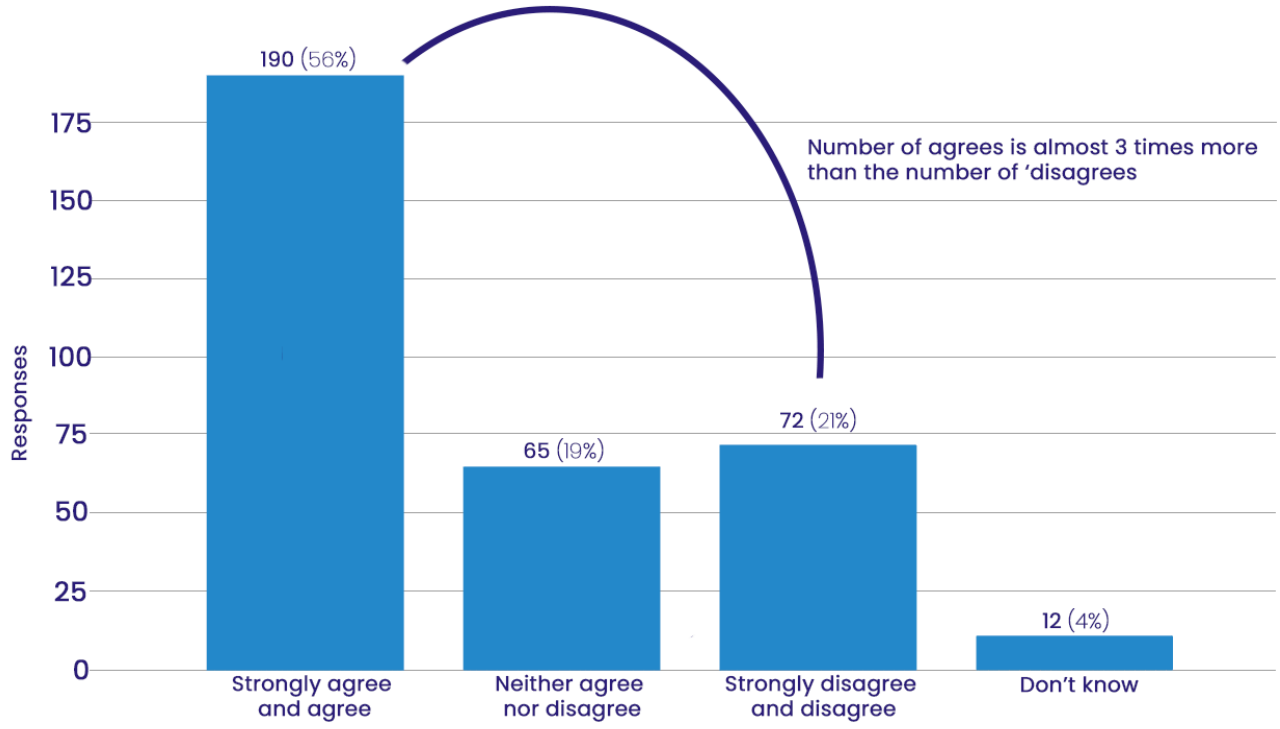


Figure 13: Information I've seen about healthcare is clear and easy to understand

Experience of specific health and wellbeing services

A large majority of survey participants (89%) were registered with a GP, as shown in Figure 14. It is difficult to compare with average registration figures for the general population (GP registration data shows more people are registered with a GP than the size of the general population in 2021, for example) (NHS England, 2022). However, our GP registration results seem high given the known barriers to accessing healthcare amongst non-UK born nationals (Nylander, 2019, Ciftci and Blane, 2022) and the health inequalities they face. The qualitative findings section explores further the experience of registering with a GP.

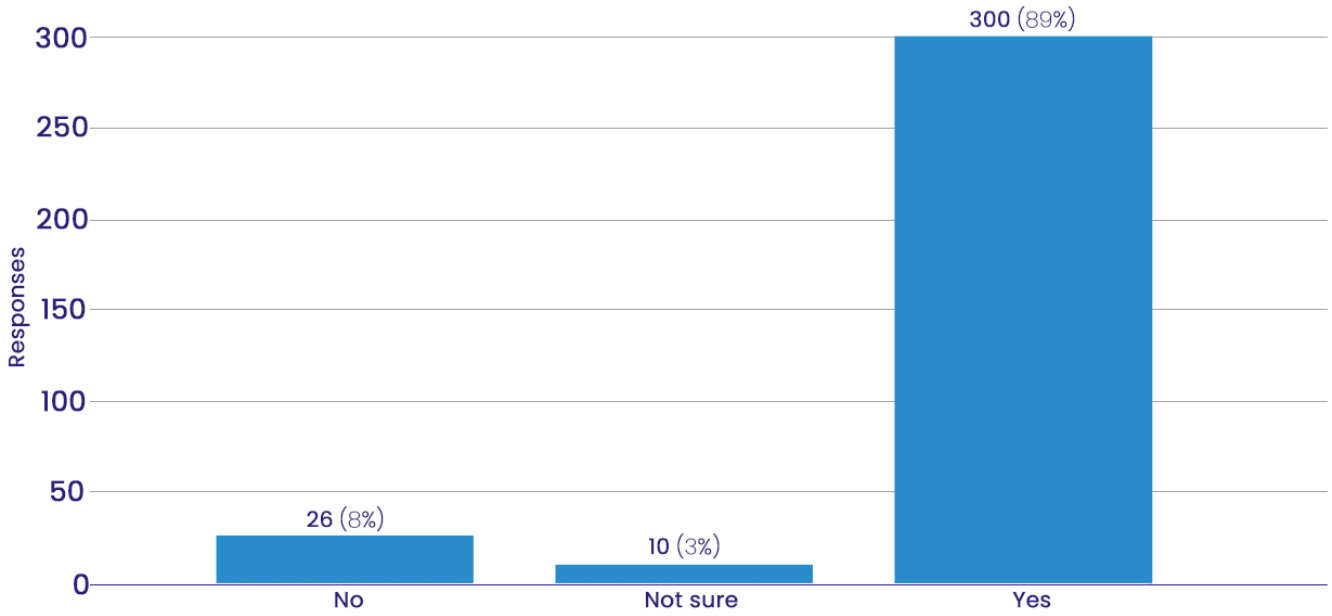


Figure 14: Are you registered with a GP (local doctor)?

We cannot draw firm conclusions about those who were either not or not sure if they were registered with a GP, as this is a fairly small group (36 people). However, the data suggests that the unregistered participants were more likely to be young (aged 17-24), living in temporary accommodation, or preferred not to disclose their sexual orientation.

While the GP is a common entry point to the NHS, there is of course a wide range of health and wellbeing services that might be used by residents. Respondents were asked to score 18 different health and wellbeing services that they have used in the Wakefield District, on a scale of 1 (very poor) to 10 (excellent). Figure 15 shows the average (mean) score for the survey respondents. Scores are broadly positive, with the range from 5.3 to 7.5 out of 10.

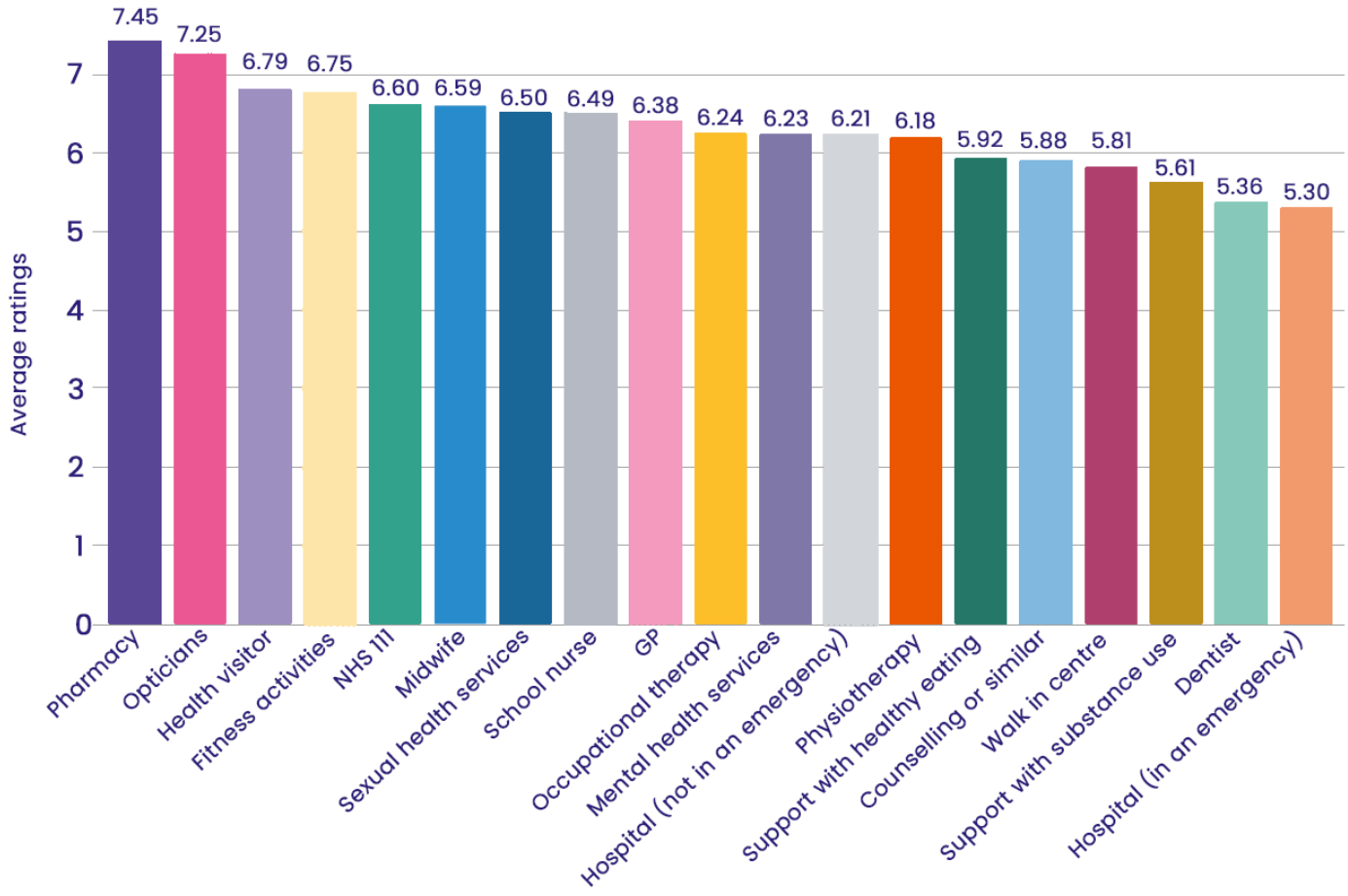


Figure 15: Average scores for health and wellbeing services (chart)

The chart shows the most positive experiences of services were in specific primary care services (pharmacy and opticians), with other categories of care also scoring highly such as community health services (health visitor, fitness activities and sexual health services) and secondary and urgent care (NHS 111 and midwife) all rating above 6.5 out of 10.

The services scored least well by respondents were emergency hospital services and dentistry, as well as substance use support, walk-in centres, counselling and support with healthy eating. These all scored less than 6 out of 10.

Figure 16 shows the variation in scores for each service, indicating how closely the respondents were in agreement. The order of each bar matches the previous chart. Dots indicate the mean score, and the box indicates the range of the middle 50% of responses. The full length of the thin vertical line shows that the full range of scores were used for each service.

A notable insight from this way of looking at the data is that dentistry (the next to last bar) is the service where there is a much wider range of responses across the survey respondents than for other services, with the middle 50% of scores spread across the range of 1 to 8 in contrast to, for example, the highest scored service pharmacy (first bar), with an interquartile range of 6 to 9, indicating much greater agreement.

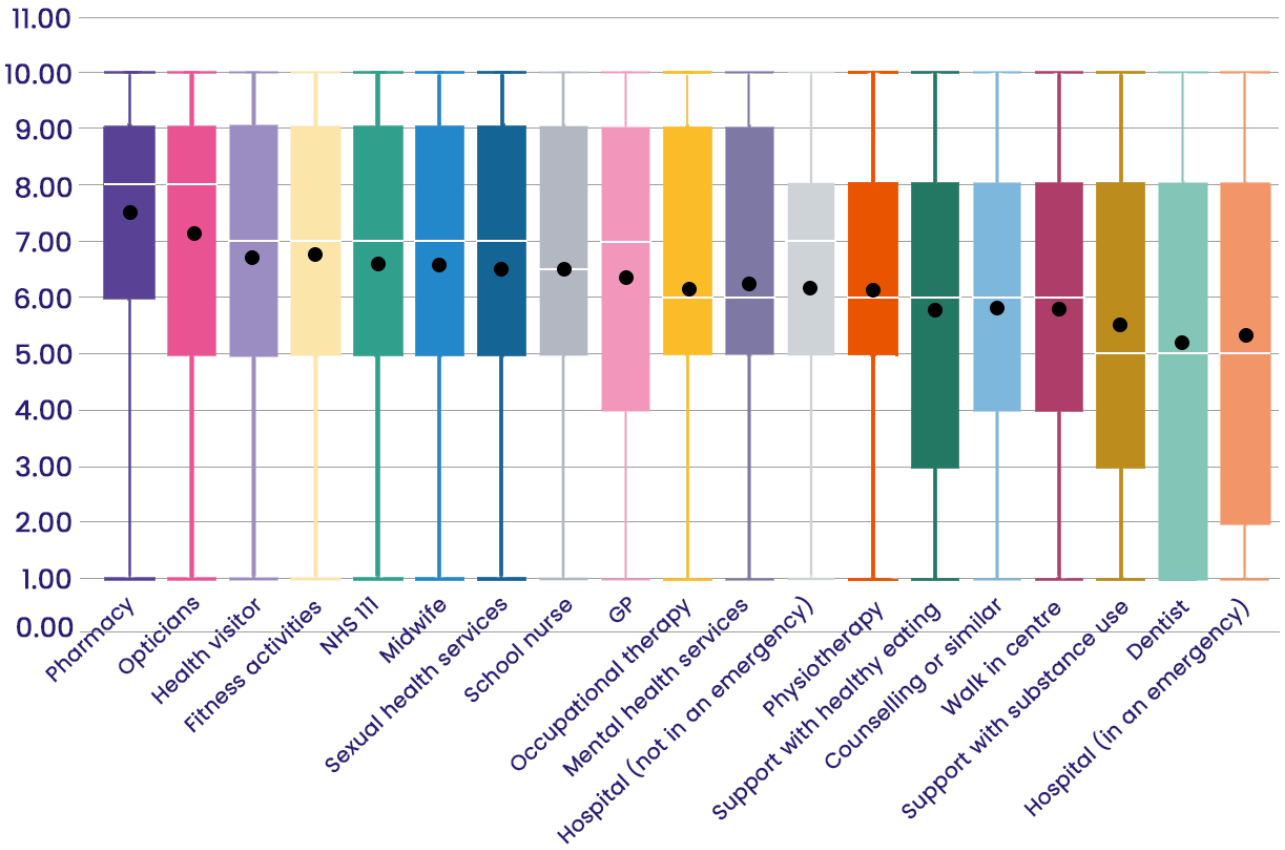


Figure 16: Average scores for health and wellbeing services (boxplot)

39 respondents also provided some explanation for their scores. In contrast to the generally positive scoring overall as shown in the chart, almost all written explanations for survey scores about rating health services are negative ones (there were 11 positive comments and 31 negative comments).

Positive comments were short and vague (such as 'all fairly good'), not enabling a further understanding for higher scores.

The most common complaints concern waiting times (13 commented on booking appointments and 10 discussed waiting at Accident and Emergency). There were quite a few (7) complaints about the quality of GP services. The nature of these was mixed but included: lack of response/follow up/test results, using internet information or not investigating thoroughly, phone appointments being unsuitable, lack of alternatives to medication for issues, poor mental health support.

Small numbers of people commented on lack of dentists (3) and women-only facilities (these 3 were all Pakistani women aged 25-55, married with families, here over 5 years, scoring rather low on their self score for health and wellbeing between 3-5).

Wellbeing assets and activity

A wellbeing asset is a resource that enables a person to maintain and sustain their health and wellbeing, like a buffer against life's stresses. Assets include things like skills, knowledge, a person's interests, social contacts, community groups, services, and physical resources.

The final set of survey questions covered activities that can be enjoyed independently in the community, rather than a person having to be eligible or referred by a service. The topics suggested by the questions were based on research evidence about these being important for wellbeing amongst non-UK born national populations, so were expected to rate highly. This section tests their relative importance for respondents.

Responses to the seven questions in this section were positive overall, with the most common (modal) response being to agree or say yes. Like with a previous set of questions, the relative strength of agreement was calculated to provide a measure of how far the resource in question, or the ability to enjoy it, was agreed upon by respondents compared to disagreement.

Figure 17:

Value of wellbeing assets

For each statement:
Top response = mode.
Strength of positive response = difference between combined positives and negatives.

'Visiting green space (such as parks or countryside) is important for my health and wellbeing':
Top response: Strongly agree
Strength of positive response: 79x.
(illustrated in Figure 18)

'Regularly meeting my friends or people in the community is important for my wellbeing':
Top response: Agree
Strength of positive response: 44x.

'Being able to visit leisure facilities such as a swimming pool or gym is important for my health and wellbeing':
Top response: Agree
Strength of positive response: 26x.

'Having shops selling food from my culture is important for my health and wellbeing':
Top response: Agree
Strength of positive response: 18x.

The importance of green space stands out amongst these proposed assets, with 'strongly agree' being the only time this was the most common response, and the agree/strongly agree responses outweighing disagree/strongly disagree responses by almost 80 times. Figure 18 illustrates the responses to this specific question.

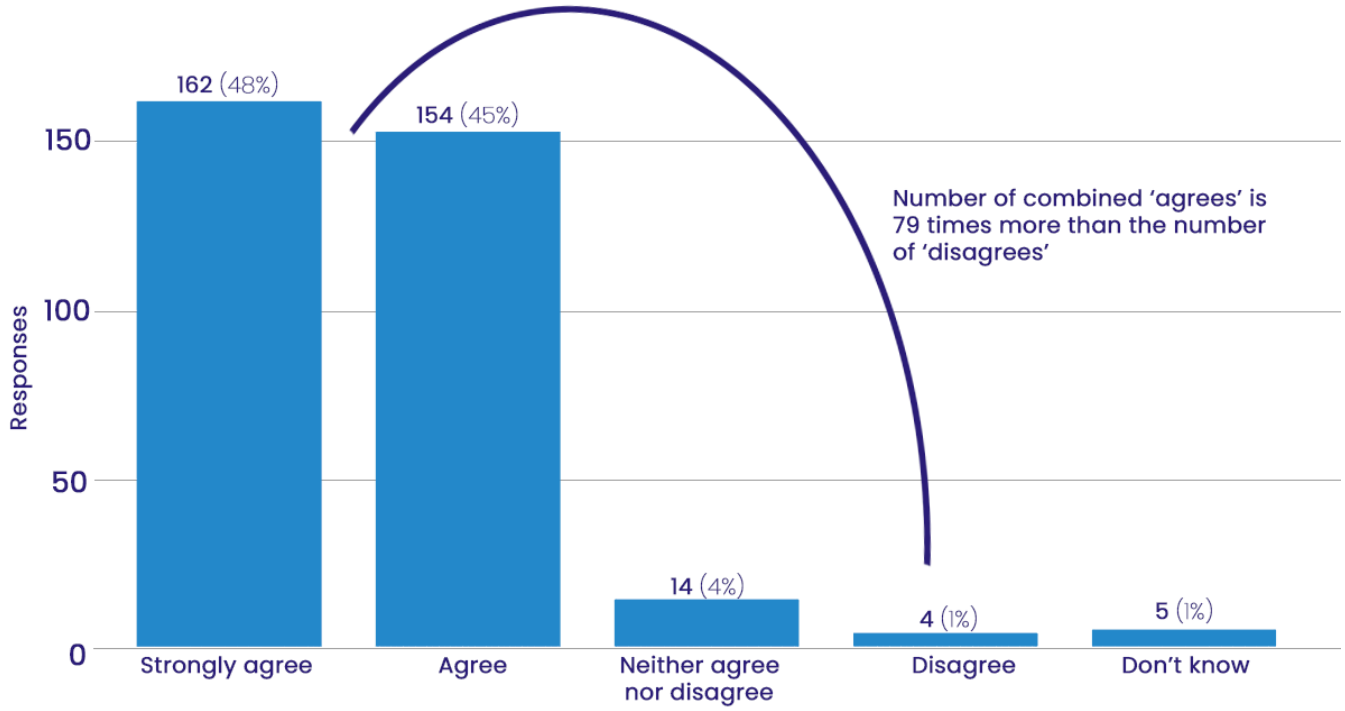


Figure 18: Visiting green space is important for my health and wellbeing

Figure 19:

Access to wellbeing assets

For each statement:
Top response = mode.
Strength of positive responses = percentage of responses.

'From where I live it is easy to visit shops selling food from my culture':
Top response: Yes
Strength of positive response: 70% of responses

'I am able to visit leisure facilities such as a swimming pool or gym':
Top response: Yes
Strength of positive response: 67% of responses

'I meet with my friends or people in the community often':
Top response: Yes
Strength of positive response: 64% of responses

The ability to enjoy wellbeing resources is less strong, with approximately two thirds of respondents agreeing that they are able to visit shops selling food from their culture, visit leisure facilities and meeting with friends and acquaintances as shown in Figure 19.

What supports health and wellbeing, and for whom?

There is a tendency among respondents to be positive about most questions they are asked: self-scoring their personal health and wellbeing, and their experiences of services. We do not know from this method whether this is a true reflection of respondents' feelings, or whether there are other influences on their scoring such as fear of appearing ungrateful for service provision or any potential impact on their immigration status, regardless of reassurances about participating confidentially.

Specific non-UK born communities in the Wakefield District reported better health and wellbeing overall. We can have most confidence in concluding this is the case for those in IT/tech and education occupations, those with Hong Kong and Nigerian nationalities and countries of birth, and more broadly from the East Asian region of origin, people who speak Cantonese as their first or preferred language, and people whose principal migration reason was to study in the UK. On a different measure, non-UK born communities in the Wakefield District reporting they are least lonely were slightly different: those living with parents, people from sub-Saharan Africa, and 35-44 year olds.

Other non-UK born groups in Wakefield reported worse health and wellbeing overall: people who did not want to identify along ethnicity lines, those whose country of birth is Pakistan then Iraq, those of Kurdish then Pakistani nationalities, those not allowed to work, those from the South Asian region of origin, those living in a household with strangers, and those with a disability. On a different measure, those who are the most lonely are those who are not currently in a marriage or civil partnership.

Further results relying on very small sample sizes indicate a potential future line of enquiry into those specific groups.

Where respondents gave more strongly positive responses than others about their experiences of health and wellbeing services, we can draw some inferences. Non-UK born residents are most positive in relation to services meeting their faith needs, being treated respectfully, and knowing how to make an appointment. While still positive, there is less extreme agreement in relation to their knowledge about services, for example in relation to the clarity of information shared and knowledge of where to seek support.

Pharmacy and optician primary care services score highest among respondents that have used them, while emergency hospital services and dentistry were rated lowest. Waiting times were the most commonly provided reason for low scores.

The importance of green spaces, such as parks or countryside, stands out amongst wellbeing assets that people can enjoy independently of service provision, followed by being able to socialise with friends or acquaintances locally.

Qualitative analysis

This chapter allows for meaningful exploration of the issues identified or hinted at through the survey findings, examining the reasons underlying self-reporting about health and wellbeing and experiences of services. They discuss in depth the results of the qualitative data collection for the project across interviews and focus groups with 37 people from diverse non-UK born communities.

This chapter is structured across five key themes:

- Adapting to the UK health system
- Varied experiences of health and wellbeing services
- The importance of social connections
- The influence of green spaces and a healthy lifestyle
- The impact of employment and housing circumstances

The focus group discussions in themselves offer a collective view of health and wellbeing from the perspective of particular subgroups of non-UK born communities. To complement the quotations from individuals throughout the text, a summary of the discussion from each focus group is included here to give a flavour of the different themes and priorities for these participants that arose in dialogue.

Focus group with women from Pakistan

This group of seven participants was convened by a contact within the community reached through project promotion at an Eid event. All the women were born in Pakistan, and their ages ranged from 35 to 65. Six had moved to the UK to join family members, with the other woman having moved for work. Two had lived in the UK for one year or less, while the rest had been here more than five years.

While the women appreciated the parks and green spaces available in the Wakefield District, they expressed concerns about the cleanliness and safety of their local environment. They also talked about accessibility and cost issues in relation to leisure facilities and sports activities for themselves and their children, for example mentioning a need for women only swimming and gym sessions.

In terms of health services, the main issues discussed related to waiting times for GP appointments and referral to specialists. Participants talked about returning to Pakistan for medical treatment which they could access quickly due to the cheaper cost of private healthcare. Some classes at a local community centre in Wakefield had helped improve awareness of mental health issues.

Focus group with men awaiting a decision on their asylum claims

This group of seven men was invited by staff working at local asylum accommodation, six staying in contingency accommodation (a hotel) and the other man in an initial accommodation centre. The group took place next to a large sculpture park. Participant ages ranged from 21 and 41, and most had been in the UK for less than one year (one man had been here between one and two years). All were from African countries, other than one man from Afghanistan.

An overriding concern for the participants was a need for meaningful activity such as attending college or volunteering while waiting for their asylum decision, and this was linked to a strong desire to feel part of the community.

Parks and other green spaces were seen as beneficial for mental wellbeing, and this was evident during the guided walk around part of the park which took place after our discussion. The men also emphasised the importance of Wi-Fi in order to keep in touch with family members.

There were some positive experiences of accessing primary care, but a lack of awareness of available mental health services. In contrast to the other two focus groups, the health system here was compared favourably with that in some African countries, for example.

Focus group with women from Poland

We spoke to a group of eight women, invited due to their existing connection with a support organisation. All the women were born in Poland, and their ages ranged from 47 to 69. All had lived in the UK for more than five years. Two had moved here to join family, while the others came for work.

It was notable that despite all the women having lived in the UK for more than five years, experiences of isolation and language barriers were concerns for the group. A desire was expressed for more activities and places aimed at the Polish community.

In terms of health services, there were similarities with the group of Pakistani women, with some frustrations around approaches to treatment in comparison within Poland, and a view that it was worth returning there in order to access private medical care rather than waiting for free NHS treatment (although there were some positive experiences of specialists in the UK).

Like the Pakistani women, participants enjoyed the green spaces in the district, but spoke about barriers to accessing leisure facilities and exercise classes. They also mentioned feeling unsafe, for example in the evenings in the town centre.

Adapting to the UK health system

Participants shared their experiences of adjusting to the healthcare system in the UK and the Wakefield District. In some cases, participants viewed their healthcare experiences in their countries of origin more positively than in the UK and Wakefield, although there were also comments about the system being better here. Sometimes, approaches to healing are simply quite different, as Ibrahim described in his digital story.

A Polish woman, who took part in a focus group, talked about how she was afraid to go to a GP appointment when she first moved here because of the language barrier. When she attended the surgery, she felt that the service was comparable to that in Poland 20 years earlier. Even some participants who had lived in the UK for many years were still taking decisions to access healthcare elsewhere.

We explored this perspective with participants to understand the factors that lay behind it. These included issues relating to trust, access to specialists, the cost of private medicine, waiting times, differences in approach to treatment, experiences of GP appointments, and availability of treatment and medicines.

Positive perceptions of UK healthcare

In some cases, participants reported their experiences of healthcare as being more positive in the UK than elsewhere. A woman from Pakistan who took part in a focus group said:

> **'You have a much better experience with the doctors here than abroad, because … abroad they treat you rudely. Here they treat you with respect … You can trust the doctors here that they'll treat you accordingly, whereas in Pakistan they treat you according to what you pay.'**

Similarly, a man waiting for his asylum claim to be decided, told us in a focus group that:

> **'The health system is very different … they care, they help you a lot. When you go first time they check everything … in our country I think it's most African countries if you go the first thing they ask you is money. And if you don't pay, they don't help you. So here at least it's not like this.'**

Aneni compared UK emergency healthcare provision favourably with that in Zimbabwe:

> **'Well here, I might say here in the UK, you can ring 999 and you can get an ambulance, even though it takes forever sometimes to come but it's good, that is really good. Where back home, you've got to make your own way to the hospital, if you can't make your own way, you might live or die. But here, at least if it's an emergency, you've got access to ring 111 or 999, then you can get an ambulance to take you to hospital, I think that's good.'**

Trust

Siu felt she can trust healthcare staff here in the same way as she used to be able to in Hong Kong before the recent political changes, and said: 'They respect people's choices here … they treat you as a human.' However, trust was an issue for some participants. Svetlana, who moved to the UK on the Homes for Ukraine scheme, spoke about how she still contacts her doctor in Ukraine for advice, or to seek reassurance about what she has been told by her GP in Wakefield:

> **'First I have my therapist from Ukraine, like from my past he always helping me if I need … we all have in Ukraine … you can ask questions if you need to, I have some doctor that he can advise me about physical health and, but they all advised me to go to GP now because like, if it's like problem with mental health, he can speak on phone, like online, but if it's problem with physical I need to go to GP … and wait, it's big problem …**
>
> **Because there is just, when you are alone, you not trust these UK doctors so far, and UK doctor will tell you this, you call to the Ukrainian doctor and he will tell same and it's like ok. You know because we don't know, we just came … when I had experience with my daughter, you always need to ask couple of opinions of every problem, just a couple of doctors need to tell you the same and you is like, ok.'**

Svetlana's comments suggested that if there is a lack of trust, it may relate to the unfamiliarity of life in the UK in general:

> **'It is just different country. Maybe it's because of trust, they don't trust anyone because even you, if you are tourists you come in different country you will feel not comfortable. Language is different, people are different and food is different as well. All is different. Oh, the weather!'**

In relation to mental health, Svetlana suggested that UK doctors would not necessarily be well placed to provide support because they lack similar lived experience. She considered why she had not sought mental health support in the UK – this partly related to a perceived lack of understanding, and also to language issues:

> **'Maybe because I didn't feel that he can understand my problem. Yeah. Because he's not from Ukraine and he doesn't know what war means in your life. Maybe this … So, if I'm worried about my parents, he cannot advise me … Because I called my doctor for mental health in Ukraine two times, I think. I called to speak like, when I remembered I was feeling guilty. Because I moved from Ukraine and I left my parents alone … A lot of people are feeling guilty … He told me good point like, but you saved two lives … you saved kids from war … and it helps me …**
>
> **But I didn't call I think maybe now because I thought that my English is not so good to call, … it's problem with language barrier as well. Yes, I think if people if people know that there are translators, doctors from Ukraine or Russia, they will call more.'**

Mihail was unhappy with the way his work-related knee injury had been treated in the UK, and his trust of healthcare staff was clearly low:

> **'When I speak with the GP doctor, I just see no doctor, I just see people from outside who just sit in chair, I not see the smart doctor, this just strange person for me who just tell nothing what I can use for me better. In Ukraine, when you come to a doctor, he tells you what can happen or how you can fix this.'**

From Marta's perspective, the work ethic is different in the UK:

> **'I feel like how British people work is different how Polish people work. When we work, we work well and we work hard, and they don't often. I feel like everything is slow here, like people are not really putting …'**

Her lack of trust of the system stemmed partly from her own experience of having worked in healthcare in the UK.

While we did not hear specific examples of experiences of racism in healthcare services (and most survey respondents said they were treated respectfully and without discrimination), lower trust in services was linked with concerns relating to this, by Garai, who moved here from Zimbabwe. He was asked about his trust of healthcare staff and responded 'I would say maybe fifty percent in terms of trust.' We asked why, and his response provides some insight into the wariness people from some backgrounds may feel when accessing services:

> **'I don't know, I will say this … people have different tendencies and people have their way of doing things, maybe they just want to see "What would happen to this woman if I do this, this, this." So I would say fifty percent I trust the health services, I would say just fifty percent because I feel like some people, it might**

> **be a stereotype because when you are talking about the health services, it's an interaction between one person and another person. So what if that person is maybe racist or if that person is stereotype or that person has got some unconscious bias?'**

Lena, who moved to the UK from Poland, recalled an incident when she had to take her child to hospital following an accident at home. She was perturbed by the questions she was asked by medical staff:

> **'They start asking very strange question and I was like, "What the …", you know what I mean? … I almost feel like I did that to my kid, you know what I mean? They was asking, "Where did you been when this happened?", "Why this?", for example … She said, this lady, I don't know if it was doctor or nurse, was like that they have to … tell social service. I said, "Yeah, no problem, you come," and two days later, I had the phone call from the social service and they was asking about … our life.'**

Subsequently Lena spoke to a nurse friend, who reassured her that this is normal procedure. It was unclear whether Lena's experience of this incident was in any way affected by having moved from outside the UK, but this story highlights the importance of clear communication to ensure that parents understand why certain questions are being asked in this kind of scenario.

Svetlana highlighted another issue related to parenting, saying that 'In Ukraine where the kids have runny nose, they don't go to school but in UK you have to go in school, because if you don't they will call you and they will tell it to social services.'

Omar, from Pakistan, has a number of health conditions and was unhappy with the treatment he has received, particularly in hospital. This informed his view that he would not be well treated in a care home in the future, if he needed to access this type of provision. (It is worth noting here that in the survey, people from Pakistan formed one of the lowest scoring respondent groups in terms of how they rated their overall health and wellbeing, scoring themselves less than 5.5 on average, on a scale of 1-10, with 1 being poor and 10 being excellent).

> **'I'm not sure if I should say this or not, but English people they go to care home things, when they're this stage they go there, they get all the treatment there, but Asian people we do not go to the care home things … I think because all these years, when you have all this experience going to hospitals, doctors, you've been treated not like first class, if that makes sense? If you're not treating by first class, you felt you're treated by second class there. When you go to anything like that, caring things, people have it in their mind that they're going to be treating me like a second class there as well, so what's the point going there? The main thing is Asian people they stay home, they don't go to care home things.'**

Travelling abroad for treatment

We heard several examples of people returning to countries including Poland and Pakistan for dental and other medical treatment. Steve, who had been hosting Mihail who arrived on the Homes for Ukraine scheme, told us:

> **'In terms of dental care, he's not been able to find a dentist at all so he's had absolutely no access to dental care at all. Again, that's not too dissimilar to British people but having gone from … Ukraine where you can walk into any dentist and get an appointment for tomorrow, to come here and you need to be on a waiting list for two or three years before you can get an appointment … if Mihail needed urgent dental treatment, he would be forced to go back through to Moldova or Ukraine purely for dental treatment.'**

Steve told us about the experience of friends he and Mihail have from other eastern European countries, who use their annual leave to fly back for dental and other medical treatment:

> **'It's a common theme that I'm hearing from people from eastern Europe, it seems that here they have a long wait and what they would call poor treatment, for them it's easier to go back to their home country to access healthcare faster, and it is apparently of a higher standard …**
>
> **I think for British nationals, there is a perception that people from other countries come here to access the free healthcare and I think that view, compared to the reality, is so different. The reality is that they have to go back to their home country because healthcare is faster, cheaper and quicker to here.'**

It was not only people who moved to the UK relatively recently who travelled overseas for healthcare. Marta, who has lived in the UK for over 10 years, told us that her husband returned for Poland for a private endoscopy, as the alternative was to wait for several months to have the same procedure on the NHS:

> **'When my husband was unwell and he needed endoscopy here, they told him that he will be waiting like months and months. Obviously the waiting list was very long. So he basically flew to Poland, paid for endoscopy, had it done same day, and results the same day and everything, so obviously in Poland you can also access health privately, easily, and then you pay and you are seen when you want.'**

Speed of services

Participants from certain countries expressed surprise at the waiting times for appointments and treatment in the UK. As suggested by Marta's comment above, it was apparent that many people had been able to self-fund healthcare before moving to the UK, and that private healthcare was available much more cheaply elsewhere. This meant they were not always used to having to wait long for medical appointments.

Lena who moved to the UK from Poland, told us:

> **'In Poland, you can do everything private … private health is cheaper than private health in England … This is the difference between Poland and England … If I can't do something in England, I just call to my mum and she's booking for me everything what I need and … you've got this private visit in a few weeks' time waiting. But it's not that expensive. Like if you want to go privately down here – because I was checking, for example, private visit in England for something. It's £500, so it's not for my pocket but in Poland, for example, for private you will pay like £30, £40.'**

Garai, who moved here from Zimbabwe, commented on the cost of dentistry there compared with the UK:

> **'Compared to Africa, you just pay with US$5 … and then the dentist will check you, and then you would say "I will get this tooth removed" and it would cost maybe US$10, which is £8. So dental services in Africa are way cheaper and just a matter of walking in.'**

Similarly, Omar said that in Pakistan 'If you've got money you can go to the doctor and get checked straightaway.'

Primary care

One point of comparison related to the experience of GP appointments, particularly waiting for appointments, the length of appointments, and being able to see the same doctor each time. Svetlana, who moved here from Ukraine, told us:

> **'This is the main thing, waiting. It is that you need to wait for appointment for GP, and then the GP will send you to different doctors, and you need to wait for another appointment as well. And it's hard because if you have something or a problem, and you're worried you want to be healthy.'**

Aneni, who moved here from Zimbabwe, told us:

> **'There was a time when I could ring and get in straightaway and see the GP, but there was a time also when I rang and I said, "Can I see that same GP I saw?" With that medical centre, this time you see this GP and then the other time you see a different one, it's a different story, they're going their own way … back home, I know the health system is bad but I had my own doctor who knows me, they have this consistency.**
>
> **So I told the receptionist, I went "Can I please see that GP I saw last time?" and she went, "I've got only one appointment left", not with that GP, "I only have one appointment now for today and it's with someone else, it's up to you." So I had to go see someone else and some of them, they don't even have time to listen as well, if you meet a different person, at least if we could have the same GP maybe or something? …**

> I think they are timed as well, someone told me they've got specific time? I don't know. The other day I was like, "Can I tell you the other issue?" and the GP told me, "You have to book another appointment for that because you've come with too many issues on one appointment." But back home I could say, "I've got issues with my back, I also have a cough, also my leg."'

Ekele, who moved here from Nigeria, agreed:

> 'I think it's something, it's a new system, quite different from where we're coming from, because where we're coming from you can see your GP or your doctor very easily, but here it's not easy to see a GP or a doctor, so I think this is the challenging part. You can't see a doctor, the only time you see a doctor for anything, it's either the doctor has just 10 minutes with you, five minutes with you, the doctor will be telling you, "This is the only time I'm being given to attend to you, so I can't do more than my time", so you won't have this time to speak about other things that are bothering you, so you just talk about the headache or the things. I think to access the GP is not very easy.'

Access to medicines and treatment

Some participants also said that it is easier to obtain medicines outside the UK. Bahman's comment implies this may be because some medicines are more likely to be available over the counter elsewhere, rather than needing a prescription:

> 'It is very different. It is totally different. It is hard to have medicine in this country by yourself. You can't have it at all. You need a doctor prescription. But when you need it, the GP or the doctor will see you and prescribes it, then it's very easy.'

There was a perception that it is harder to obtain antibiotics in the UK than in some other places. Lena, who moved here from Poland, said:

> 'Oh, yeah … it's a joke … "If you have any problem, just take paracetamol." … They never give the antibiotics. You have to die and then they give you antibiotics here … This was strange for us because in our country, if you just go to the doctor and you say, "Oh, I've got a very bad cough and …", "I give you antibiotics." But here, they give you a paracetamol. If you nearly die, they'll give you antibiotics, so this is the difference.'

Marta shared a similar view in relation to children, and explained that her family stocks up on medication when on holiday in Poland:

> 'And also, for children, I feel like here, you can't really get any medication, because the only thing they give you is like Calpol, whereas obviously in Poland you are given, I don't know, antibiotics and things like that for your children when they're poorly and whatever. Here they always tell you that it's a viral infection and you just need to wait … I think in Poland, well often when we go for

> **holidays and things, we will go to the doctor just to say, "Well I need this and this and this, and I need some antibiotics to take with me, or I need something else," and then they will give you whatever you need and want, and then we take it.'**

Svetlana understood why people wanted doctors to prescribe antibiotics, but in her experience the advice to take painkillers and wait had been effective:

> **'To be honest, if my girl got sick, they always advise like ibuprofen, like Panadol and to wait and relax, and sleep; and it helps because three or five days later they will say it's okay … The problem is some people don't believe that if you give kids paracetamol and ibuprofen it helps. Because in Ukraine, there are all forms of antibiotics. And when they don't give it here, people are like why they don't want to help? … They think that they can get stronger medicine, not just wait, and sleep and relax.'**

Mihail, who had a work-related injury, had some pain relief medication that he had brought from Ukraine, but nothing as strong as this is available over the counter in the UK, and the GP advised him to stop taking the tablets from Ukraine. He had also been using a steroid cream for a skin condition in Ukraine, but his GP was reluctant to prescribe this and suggested he use an over-the-counter cream.

Some participants felt that certain conditions are treated differently in the UK compared with elsewhere. One participant who suffers from migraines said they are not treated here in the same way as in Pakistan. She described how her migraines have caused depression due to being so debilitating as to prevent her undertaking normal daily activities and leaving the house. In order to address this she has been obtaining medicine from Pakistan.

Polish women who shared their experiences in a focus group spoke about how thresholds for the treatment of thyroid conditions appeared to vary between the UK and Poland. One woman had had a sonograph in Poland and reported that her GP in Wakefield wouldn't accept this and wasn't prepared to prescribe the same medication as the Polish doctor or to conduct an examination. She returned to Poland for an examination and the medication. In contrast, another woman described how her GP agreed to accept the results of an examination by a Polish doctor if it was translated into English, and the participant was happy that treatment was continued by the Wakefield GP on this basis.

Participants from Poland said that it was possible to easily access specialists such as gynaecologists and paediatricians there without being referred, and there was some frustration with the system here. Marta said:

> **'If you've got a child you can go to a paediatrician, whereas here, obviously to see a paediatrician, you will have to go through like months and months of waiting, and GPs are not really paediatricians are they, so they don't really know a lot about children.'**

A Polish woman who took part in a focus group was unhappy that she often has to speak to a male doctor about gynaecological issues, whereas in Poland she had easy access to a female gynaecologist.

Natalia's story – an illustration of challenges in adapting to UK healthcare

Natalia's experience is a good illustration of some of the issues described in this section. Natalia came to the UK from Lithuania more than five years ago. She initially lived elsewhere in the UK but moved to a town in Wakefield district two years ago and works in a warehouse. When asked to compare her experience of the health system here with that in Lithuania, she said:

> **'I would say to get appointment it's a little bit quicker in my country. Like from my friend's experience … she had some problems and she need to wait for appointment for few months, and so I would rather go back home. I will spend money, because you know, like if you need urgent, you need to pay money. I would rather pay some amount of money there to get straightaway, for not to wait.**
>
> **Because you know, maybe it's something very, very, very important and you don't have that two months, and if you're feeling unwell you want to check it straightaway … And if you want to for a private, it's very expensive, but in my country it's like affordable.'**

Last year she was unwell with a high temperature and visited the GP, but was unhappy that they told her to drink water and wait to get better – she was hoping they would prescribe medicine to help her recover quickly so she could return to work: 'Maybe it was the way how it's working here because, for example, in my country, if I will go, they will give me a list of medicine I need to take.'

Natalia had been diagnosed with a cholesterol problem in Lithuania. She asked her GP surgery for a blood test to check her level, and was surprised to be told there wasn't a problem: 'They said, "Yeah, everything fine." But like from the childhood I had the problem. And then I went to do in my country the full test, and they told, yes, it's still high.'

Each year Natalia visits her family for a month and while there has a health check: 'Every year for a month I'm going back home, and I am doing a full check … It's easier for me, because the doctor knows me a lot and I know where to go.'

She had been pleased to be invited to take part in a research study in the UK which involved checking markers such as cholesterol and blood pressure.

Natalia knows how to obtain medication via a prescription, but has never done this – so far she has purchased any medication she needs while visiting family: 'I have a full cupboard with medicine from my country … even my mum can send it to me, so it's not a problem.'

Natalia also returns to Lithuania for dental treatment: 'For dentist I'm going home. It's very cheap.'

Overall, Natalia did not express particular dissatisfaction with the health system here, for example she was happy with the way she was treated when she had the blood test to check her cholesterol. Her preference to continue accessing healthcare in Lithuania seemed to relate to familiarity with the system and doctors, and being able to access treatment and medication quickly and easily. When asked about her level of trust of healthcare professionals here she said it was similar to Lithuania, but said that she has limited experience of health services here. Her approach was to rely on UK health services only in emergency situations:

> **'So just here for emergency, because sometimes you don't know if it will be a good service or not, and you just don't want to stress yourself and feeling unwell, you know.'**

Finally, Natalia was aware that her employer provided support lines for people struggling with mental health, and this focus on mental health was new to her:

> **'Let's say honestly, before moving to UK, I even didn't know that there is something like mental health. I knew that I can feel unwell, I can feel sad. I knew that some people had depression, but I never had it before. So let's say, yeah, five years ago, just realised that there is something, you know, like mental health … Nobody was talking about in my country, nothing.'**

Health and wellbeing services in Wakefield

We have seen that survey respondents generally saw health and wellbeing services as accessible and user-friendly, and rated services positively (with pharmacies and opticians scoring highest). Discussion with participants in interviews and focus groups allowed for a more detailed exploration of experiences of services in the Wakefield District, which varied.

People who arrived via a protection route were more likely to report receiving initial support to access and navigate services. Awareness of mental health varied, both as a topic and in terms of available support. GP registration was seen as straightforward, but there were concerns relating to waits for appointments, as well as around consistency and flexibility. Examples of positive primary care experiences included accessing opticians, and vaccination offers. Being prescribed desired medication was seen by some as challenging, but access to pharmacies was generally trouble free.

It was recognised that access to dentistry is a general issue affecting residents across the District and beyond. Some participants' experiences indicated a concern relating to the thoroughness of treatment, with a perception that health issues are sometimes addressed at a superficial level, alongside concerns around waiting times to see specialists. Uncertainty about administrative procedures, including expectations of patients, was an issue for some. There were mixed experiences of interpretation and translation provision. There were reports of some healthcare needs having to be met outside the District.

Information on arrival

Participants reported mixed experiences of receiving information about healthcare services. Survey respondents were more likely to agree than disagree that they know where to get help and that information is clear and easy to understand, however these questions were not answered as positively as those relating to other aspects of accessibility and user-friendliness. Participants who had arrived via a protection route tended to have been given at least some information about accessing healthcare and some initial support, for example, with GP registration. Bahman, who arrived on an Afghan resettlement scheme, had been given translated information and his caseworker had completed the GP registration forms for him.

> **'When I came first, the [name of organisation] gave me a list of papers with many organisations on it. And the first point of contact is ... my caseworker, I can contact them if anything happens about health and wellbeing. About any problem really.'**

Ibrahim, from Sudan, who had arrived as an unaccompanied child, had received healthcare information from college, and his social worker had helped with GP registration.

Participants who had come to the UK to work tended to have had to find information themselves. Some had searched online, or been advised by community members. Garai for example, who came from Zimbabwe to work in social care, couldn't remember having received any information about healthcare. The only contact he had had with the local authority related to his council tax. However, he had taken steps to understand the healthcare system:

> **'I think it depends how you interact with these things or how you think. For me, I'm trying to stay ahead, one step ahead of everything, in the case that such and such a thing happens, I do this, this, this. It's like more of planning and more of knowing. I would think that a regular migrant might not know all these things, that's the honest truth.'**

Sanuthi, who initially came from Sri Lanka to study but is now working, explained that her university provided relevant information – in fact there was an online meeting before she came to the UK. The university was in a different local authority; Sanuthi said that when she and her husband moved to Wakefield they easily found information on the Council website.

Svetlana, from Ukraine, suggested the Council should provide translated information about how to access healthcare as well as reminders to access vaccinations, for example. She also thought annual health checks should be available:

> **'Like once per year every family can go and check for their general health. It also help people not to be scared of the doctors. I think it will be nice … I know that in India for example when people come in, they do like a general health check.'**

Mihail's experience is a good example of the difference that support can make to navigating the health system, and indeed other aspects of life in the UK. Steve, who hosted Mihail when he first moved to Wakefield, reflected on this in relation to GP registration, and on helping Mihail to navigate the system when he needed hospital treatment:

> **'Because he came here under the Homes for Ukraine scheme, the Council had a special team, even though it was small, that were helping Ukrainian people with it. So because of that, he would have had help from them but it was very limited and very basic help, so it would have been a case of, "You need to go to the GP and register" and that would be the level of help. Nobody would go with him or help him with the forms or anything like that … I think he would have been able to do it because he's quite an intelligent person but there's certain barriers there …**
>
> **His GP only booked him onto the surgical assessment unit because I knew that a GP could do that and I asked the GP to do that. Had I not been there, the likelihood is Mihail would have been told to go to accident and emergency where he would have had a really long wait, and then be transferred to the surgical assessment unit, probably not in the private room that he got. So he would have received a different pathway to the care that he got but it was because I knew about things that they can do and I pushed the GP to do that.**
>
> **I think overall, if Mihail was left to navigate the healthcare services on his own, I do feel very strongly he would have got a different service level and a worse level of care than what he got.'**

Many of Mihail's colleagues have moved from outside the UK to work in the same warehouse, but because they have arrived via a different route they do not receive any support, as Steve noted:

> **'They're relying on other friends or other colleagues that have perhaps been here longer, that have gone through these experiences before, they're drawing on their experiences … Like people from Romania, for example, there is no Romanian scheme, there is no point of contact at the Council for help, they aren't assigned a sponsor when they come here so a lot of what Mihail has gone through, they go through on their own.'**

He gave the example of one of Mihail's colleagues who had paid for a private GP appointment because she was struggling to get a prescription for antibiotics for an infection:

> **'I feel that perhaps she shouldn't have had to do that, whether was treated differently at the GP or whether the GP didn't understand perhaps what [name of person] was needing or asking for … which obviously an English person, a British national wouldn't consider that [paying for a private GP] they would be throwing a tantrum in the GP waiting room until they get their prescription.'**

Mental health

Mental health risk factors for people who have migrated are well-evidenced (for example in WHO, 2023). We can see throughout this report the impact of different aspects of the migration experience on participants' mental wellbeing, whether that relates to unfamiliarity, trauma, separation from loved ones, isolation, or the practicalities of trying to make a life here such as the struggle to find work. This comment from Svetlana, who was talking about the challenges of settling in the UK, conveys something of the daily struggle experienced by some:

> **'I always talk with Ukrainian people, just try and try, don't give up and try step by step, little steps if you don't make it today, try to do it tomorrow. If you cannot learn English, just watch films, just do something, anything. Just do. Because if you stop and you cry, your kids are watching you.'**

Awareness of available mental health provision varied among participants. Aneni, who moved here from Zimbabwe and works in social care, said:

> **'Then wellbeing, I would say I'm not much aware on who to speak to when I'm maybe emotionally not feeling well or mentally not feeling well. I'm not speaking about me only, I'm speaking about masses of people from work because where I work, it's more African dominated and I think in my own situation, maybe if I'm not feeling well emotionally or mentally, I would go to church but I have my other colleagues that doesn't go to church.'**

A focus group participant awaiting the outcome of his asylum claim felt that people aren't always aware of how to access mental health support: 'If you want you can call and have access … but not everyone can read it. So even if information is here, but a lot of people don't know.'

A focus group participant from Pakistan was struggling to know how best to support her daughter through teenage hormonal changes:

> **'I can't find any support, how to support her … I don't know how to help her, as a mother, to help her mental health … on those days. I'm trying my best … she's only 14.'**

Kesandu, who moved from Nigeria, had worked in the NHS herself and was aware that mental health services are available. Lena, from Poland, knew of a city centre organisation providing mental health support but had heard from her friend who had accessed this service that there are long waiting lists. She said a local community organisation is able to provide help as well, offering groups for older people, and interpretation support.

Awareness of mental health as a topic also varied. This was discussed in a focus group of women from Pakistan:

> **'We're talking about mental health, because there's no awareness about that, about those things, and how I can say, not taken seriously. Especially in the ladies.'**

There had been some information sessions at a local community centre on mental health and other topics, which were described as positive and as helping to raise awareness.

We saw in the previous section that the concept of mental health was quite unfamiliar to Natalia before she moved to the UK from Lithuania. She considered seeking support when she felt depressed during a difficult time at work, but said that in general for her the GP is the 'last option':

> **'I decided that I can do it myself … I think I've been brought up like not to go all the time and see the doctor, so if I'm really, really unwell, almost dying, yeah, I will go and see GP, but we used to live like that. I know that especially in the UK there is a lot of people that, something wrong, they're straightaway going to GP. It's time, let's say. I'm very busy at work, doing work all the time, so it's time, and trying somehow myself, you know, to go through all this.'**

The possibility of unidentified and unmet mental health need was suggested in this comment from Ekele, from Nigeria, who was talking about the importance of this project:

> **'I am happy for this research, because it's going to unveil so many things that the Council and other sectors, so there are several things that will be unveiled through this research. And I want to say you should keep going, so if there is any way the government can support, it's very necessary because it's going to bring out so many persons that might end up maybe committing suicide. You find out they have their help through this system.'**

GP practices

Survey respondents were more likely to score GP practices positively than negatively, but they fell approximately mid-way in terms of the ranking of services overall. The vast majority of survey respondents said they were registered with a GP, and typically, interview and focus group participants had found the process of registering with a GP straightforward:

> **'It was very easy because I came to reception, and I had my BRP [identity document].'**

> **'It was fairly straightforward to be honest, you just go online.'**

None reported any particular barriers with the process, although Natalia, who had searched online for a GP and then registered online, didn't receive a response to her application:

> **'I applied through the internet, but I didn't hear back nothing, so after a few weeks we just went there and asked like, are we still, you know, are we already with you or no, and they told yes. So we didn't get any letters, no notification, nothing.'**

Bahman, who arrived via a resettlement scheme, had support from his caseworker with GP registration, but when he moved to a new part of the district was able to complete the forms himself to register with a different practice.

Siu, who moved here from Hong Kong, explained that members of the community share information on social media about GP surgeries, and advise people to read Google reviews to 'see which GP is not too rude.'

We will see from Siu's experience in the section on green spaces and healthy lifestyle, that for some people it is difficult to prioritise health when they arrive here, due to all the other competing concerns. Aneni, who moved here from Zimbabwe to work in social care, did not register with a GP until the rest of her family arrived a few months later:

> **'I came first and then I had to find accommodation and get settled … Well, I didn't even try it [registering with a GP] I was just busy … on shifts and running around… I think I wasn't really concerned about my health, honestly, I think I missed that one! … When they [her family] came, that's when I was saying, "now let me register me and my family, let's try to find a GP" just in case one of my children falls sick.'**

We saw in the section on adapting to the UK healthcare system, that some participants were used to being able to access primary care immediately in their countries of origin. There were complaints about the waiting time for a GP appointment. For example, Ekele's wife was unwell and couldn't get a GP appointment as quickly as they wanted:

> **'The time that she was able to see the GP was a bit far, because at that time she was really sick, but she was being booked for an appointment, it was very far. They want to know if the situation is very critical, but if they find out that you're talking, they'll say, "OK, we'll give you a date to come", but I think those times to approach or to have your treatment, it's far. It ought to be at least 24 hours or less to see GP or to have a solution to your health challenges. There is a delay.'**

Overall, though, Ekele was happy with the medical treatment his wife had received.

Three week waits for GP appointments were mentioned in a focus group of Pakistani women. They wanted improved appointment systems, reduced waiting times, and for the service generally to respond more quickly: 'Especially on the GP side as well, if we do complain or anything, it should be speedy process.'

Omar, from Pakistan, struggles to get through on the phone, so walks down to the surgery if he needs to book an appointment. Polish women taking part in a focus group said they would like to be able to book same-day appointments, saying that instead, often reception staff arrange for the GP to call them to discuss the issue and then book an appointment if needed. Not knowing when the call would be was an issue for some – for example on one occasion a woman hadn't felt able to go to work due to waiting for the call, and people with mobility issues aren't able to get to the phone quickly enough.

Natalia, who moved here from Lithuania and works in a warehouse, would prefer if she could book GP appointments online in advance rather than having to call on the day, because she is too busy to ring.

On the other hand, Sanuthi was pleased that she and her husband had managed to get same-day appointments when they came down with chicken pox, saying 'I have never been in the queue like two to three weeks.' She was happy with the outcome, as the doctor prescribed medication to ease their symptoms.

A woman from Pakistan who took part in a focus group, spoke positively of her experience of the 'Patchs' online system for communicating with the GP practice:

> **'I like the Patchs … it's online from the GP … you need to just write it down then doctor will read it and then they will ring you back. If it is face to face appointment needed, they will tell you, you need to come at this time. So I like that. It's recorded everything, which I like … when you are busy, and you have ongoing problem …'**

On the other hand Lena, from Poland, felt the system was not very accessible to older people – she did not think people from outside the UK were treated differently but saw this as an issue for older people in general. She says that her older British neighbour is told that there are no appointments that day and she should use Patchs – she thinks

there should be more support: 'Sometimes I feel that people which are working there are like robots. They just want to just, "Next, next, next."' Indeed, access issues were not confined to older people. A male survey respondent from South Africa in the 25-34 age category, commented that 'GP online systems are very difficult and frustrating to use.'

However, Lena was happy with the large city centre practice she is registered with – a Polish acquaintance had recommended she go there 'Because it's a big one and they have good doctors and there is lots of doctors' - she compared this favourably to the more local smaller surgery where it is apparently harder to book appointments.

There was a wide range of comments, including some that were critical, for example from Marta:

> **'The GP service is rubbish. It's really bad. They're under-trained. They don't know what to do. Usually you don't even see a GP. You see maybe a nurse practitioner or somebody like that … When my daughter was once poorly, they didn't know – like I saw five different GPs, every time it was a different GP who said something completely different, that she had something different.'**

A Polish woman responding to the survey was unhappy with the lack of opportunity for in-person appointments:

> **'It's a miracle to get an appointment with a GP - everything has to be done over the phone or online. It's very hard to get through on the phone. You are 20th in line! And if you go to the GP in-person, there is no one there. Doctors didn't want to refer us for an X-ray, we had to fly to Poland and pay to get one privately. It turned out that my husband had pneumonia and it was downplayed here. My son suffers from asthma and he never has in-person appointments, always online!'**

In the section on adapting to the UK healthcare system we saw that participants felt it was difficult to see the same doctor each time in the UK, and that appointments were not long enough. This was echoed in a focus group of Polish women – one said that if you see a doctor you haven't seen before, they need to understand the problem but the appointment isn't long enough for this – 'They are expecting that the patient will describe the problem from the beginning.' She said that she was prescribed medication that she shouldn't have been given in combination with something she was already taking, but that the doctor hadn't seen what had already been prescribed. A woman in the same focus group was 'really disappointed' with her GP, complaining that they search online when deciding what to prescribe.

Bahman, from Afghanistan, told a story which suggests the system isn't always able to offer flexibility to those who are new to the country:

> **'Once we had an appointment with the GP and we had no car and I had to walk and take a bus. When I got there, my appointment was four minutes late and**

> **they cancelled my appointment. And they say you're not on time … and I was waiting another two weeks for them to give me another appointment.'**

A Polish woman taking part in a focus group spoke about her surprise to find that she had been removed from her GP practice after moving house – it was unclear how this had happened, but she had not moved far and wanted to stay registered there.

Svetlana highlighted the opportunity for vaccinations as a positive experience, partly because there was only a short wait for this. Her comments highlighted that staying well in order to work and care for their families was often a priority for participants.

> **'I got measles vaccination … It is great. No money for all free. Good … And now I'm confident that no measles … positive experience … I always take vaccination for flu or Covid, because I am not the kind of person who want to get poorly. I just get up and run … People are scared like if you get measles, you cannot go to office for like one month. What you will you do at home? Just watch films and how will you pay for your bills? … I am scared to be sick because I always need to pay my bills. I like being in the office and try to do sport as well, I look after myself and my kids.'**

Other primary care services

We have seen that pharmacies were typically rated highly by survey respondents. No obvious reasons for this were evident in the interviews and focus groups. One possible explanation is that the process of obtaining a prescription can be challenging for some - once the medication has been prescribed, procuring it is then a relatively straightforward procedure. This is related to the view expressed by some participants (in the section on adapting to the UK healthcare system) that it is easier to access certain medication overseas than in the UK. There was a sense from some participants of frustration at the time taken to access a GP appointment and obtain a prescription – this was seen as the challenging part of the process. Omar, from Pakistan, who has lived in the UK for nearly 40 years, said:

> **'Getting my prescription is no problem … To get an appointment with the doctor, that's hard. Once you've seen the doctor then you get all these things.'**

Steve, who had hosted Mihail, agreed:

> **'So the ease is that when they give you a prescription, you can go collect the prescription and you either pay or it's free and off you go. So in terms of that service level, that's easy. The hard part is getting the doctor to prescribe something that you want.'**

Lena, from Poland, however, said that she doesn't always feel safe in the pharmacy queue due to the behaviour of people waiting for their substance use medication: 'I was not feel safe because I didn't know they will push me or they will start arguing or whatever.'

A Polish woman taking part in a focus group said that following recent staff changes at her local pharmacy there were longer waiting times and dispensing errors. There was a comment in the same group that many pharmacies have closed and that more are needed as there are long queues.

A focus group participant who was awaiting the outcome of his asylum claim, phoned 111 and was told to collect his prescription from a supermarket pharmacy. The pharmacy said he needed to pay for his prescription, even though he told them he had a HC2 form. It was unclear exactly how this confusion had arisen, but the participant called 111 again who advised him to go to accident and emergency, where he spent all night waiting and was eventually given the medication the next morning. Others agreed that accessing free prescriptions could be an issue, saying that people may not be aware how of how to obtain the HC2 form.

Although walk-in centres were among the lowest rated services in the survey, Garai, from Zimbabwe, was happy with his experience of accessing a walk-in centre in Wakefield when he had a skin problem, describing it as a straightforward process with the outcome of being prescribed the medication he needed.

Opticians were highly rated by survey respondents. Only one participant from the qualitative element of the research spoke about an experience of this type of service, but this may provide some insight into the high rating. When asked to share a positive experience of healthcare in the UK, a focus group participant awaiting a decision on his asylum claim, mentioned a very good experience at the optician. His comments suggest that his reasons for rating this experience highly related mainly to the way he was treated and listened to – it seems that the participant felt the optician was genuinely interested in his wellbeing. Perhaps the experience of an optician's appointment feels more relaxed and subject to less time pressure than a typical ten minute GP appointment.

> **'They're asking me a lot of questions, how I'm feeling, when I'm working without glasses, anything. Even when I take my sunglasses, they send me email after two week and they are asking me how I'm feeling, you know.'**

As mentioned in the previous section, access to dentistry is problematic in Wakefield as elsewhere – this is highlighted by Omar who has lived in the UK for nearly 40 years, illustrating that this is also an issue for longer term residents, not just for recent arrivals:

> **'If anything happened to me teeth wise or my son's we've got no dentist, we have to go to hospital. I think this is the most important thing, not just for me, for all the Wakefield area, people we've been having this problem for a long time in Wakefield, there's no dentists.'**

Svetlana has registered with a private dentist as she couldn't access an NHS service, and was surprised to find that even people already in the UK were struggling to access dentists:

> **'But even my previous manager told me that she doesn't have dentist. I was like what! You don't have dentist! It is like a common problem with dentist.'**

Concerns about thoroughness

Some participants seemed to feel that their health issues were dealt with in quite a superficial way, with services not always thoroughly investigating in order to be able to address the cause of the issue, with a sense that some people felt they had been 'left'.

For example Omar, from Pakistan, spoke about his experience in accident and emergency:

> **'They checked me and they sent me home, he says, "You're okay." But if I'm saying to the doctor I'm having pain, they should check properly. They did routine things and they said, "You're okay, you can go." I was very disappointed that day.'**

He felt there should be a special unit for older people like himself with health conditions, that he could access without having the long waits in accident and emergency departments: 'There isn't any special treatment or anything they can see you or check you straightaway.' He also feels there is not enough regular monitoring of his diabetes.

A Pakistani woman taking part in a focus group said that she had tests when she arrived in the UK a year ago, relating to her thyroid problem and other issues, but that nothing has been followed up yet. In Pakistan she had been told she may need a hysterectomy, but this hasn't been explored here. Others in the group had similar stories – one woman had a cyst and was concerned this was not being taken seriously as there had been no follow up after eight months. A woman reported that her son had back problems and nine months after the GP referred him for treatment he was still waiting.

We will see in the section on green spaces and a healthy lifestyle, that Siu struggled to look after her health when she first moved to the UK, due to other competing priorities – as she says:

> **'I feel like I do more focus on my worst problems I should fix in my life. I spend more time focused on the problem than my health basically.'**

Siu's eating patterns when she arrived in the UK from Hong Kong resulted in weight loss, and culminated in an emergency hospital visit due to an irregular heartbeat and other symptoms – the doctor linked this to malnutrition. They advised her to take vitamin supplements and she was discharged with no further follow up. Siu had some knowledge of nutrition from previous study so was able to take action to improve her diet, but felt there should have been more advice and support:

> **'It would be great if they can just tell people where they can find advice … they don't have to waste another appointment but just a leaflet to find out where I can find the support or advice.'**

We will read in the section about employment, about Mihail's work-related injury to his knee. He was frustrated, thinking that more effort should have been made to diagnose the problem. Echoing comments made by other participants in the section on adapting to the UK healthcare system, Mihail felt this injury would have been treated more comprehensively and effectively in Ukraine.

> **'If this happen in Kyiv he make me all check my body, he do scan, he give me medication and then, and I already make next appointment and … again do same scan and check how well medication work … fix problem. But here, he just tell me paracetamol and ibuprofen and rest. But he do this for anybody.**
>
> **If you in Ukraine, you feel like more better with your health because it's easy, you can go, same day check your health, you can go in private clinic if you want to do this so you have choice. Here, I not have choice because many months, GP doctor not give me scan my knee, he just touch my knee but I don't understand how he can understand what's inside, maybe it's magic!'**

He said that even if he chose to wait for a free scan in Ukraine that would only take about two weeks. Steve, his former host, said that Mihail thought there would have been a '…clear path to a diagnosis. Whereas here, it's perhaps classed as a low level, minor injury, sort of go away and come back when it gets worse kind of attitude.' He had reassured Mihail that his experience is not affected by his migration status: 'I've explained to him he hasn't been treated this way because he's not from the UK, I've explained that all people from the UK receive this healthcare.'

Mihail was initially advised to take painkillers and rest. He had seen a consultant who thought there was a build-up of fluid that would be resolved with exercise.

> **'He give me paracetamol, ibuprofen and I need rest. And this is all what he do. So of course, this not fixed problems … because I little rest, I feel better but it's not fixed problem so problem is still with me.'**

He was referred to physiotherapy which helped a little, but felt this did not fully address the issue. He is considering returning to Ukraine where he could pay for a private MRI scan much more cheaply than he could here.

> **'He's saying he just do for me exercise but he still in this time not know what happened with my knee, what inside, maybe it's infection, maybe it's something bad and he still not know about it. He just touch my knee and "do exercise".'**

However, he did speak positively about the online system for recording his exercises, which could be seen by healthcare staff.

At one point the injury flared up and the knee was significantly swollen. Mihail went to hospital where an X-ray and blood tests were carried out. However, once hospital staff

were satisfied that there was no infection, he was discharged and told to rest and take pain relief. Again, Mihail felt that an opportunity had been missed to investigate the issue more thoroughly.

Aneni, who came from Zimbabwe to work in social care, was referred to physiotherapy after starting to experience back pain. She was surprised at what this treatment entailed and didn't find it particularly helpful:

> **'Honestly speaking, I was like … "Wow, is this what it's all about?", maybe it's just me, maybe it's just my culture or how I feel but I was just like, "Seriously? Is this what the appointment was all about?". When they said to me, "you can keep coming", I was like "No"! I can't, well I can't keep coming for this, I was like what it is all about. I had thought maybe it was something better, well what can I say … that's how they feel they could help but I didn't quite find it helpful.'**

Aneni's shift work also made it difficult for her to attend what she described as the physiotherapy club she was invited to, but she was sent some videos to follow at home that she sometimes uses.

In contrast to these experiences, another participant reported a positive experience of physiotherapy that helped resolve an issue with her arm.

Ekele, from Nigeria, was in a very stressful and challenging situation relating to his work. We will hear more about this in the section on the impact of employment, but he described the impact this had on his physical relationship with his wife. He approached the GP for help but was unhappy with the outcome – blood tests were carried out, but the results did not reveal a cause. Ekele believed the problem was related to the stress he was feeling, and felt the GP should have understood that and acted accordingly:

> **'It didn't meet my needs at that time … I think the best thing my GP would have done is to see beyond what I was complaining of … I was being prescribed … which I never bothered to go for because I realised this was a mental health … because that was not the solution. I was expecting to have a feedback to know if this complaint has changed. There was no, I think what I would have needed at that time was a follow up to know if this thing is still there. I didn't have the solution of what I was complaining of, there was no follow up, so I never bothered to approach the GP ever since.'**

Overall, he thought that the GP surgery should have a stronger focus on mental health, with direct access to a family GP and family counselling (and without having to explain the issue to a receptionist):

> **'I think what we'd actually need, it's if we can have a family GP, or a practitioner who can easily assess, because this going through receptionist, asking you, "Do you feel this? Do you feel that? Are you hot? Are you cold." … I think where we register, they want to look after your physical wellbeing, so not really about this**

> **mental state that people are really going through. I think what we actually need is an access to family GP or someone we can talk to.'**

Marta expressed concern about the availability of children's mental health services, saying that a crisis point has to be reached before help is provided:

> **'There is no health and wellbeing services really for children … There is CAMHS [Child and Adolescent Mental Health Service], but CAMHS only see children when they're suicidal or something, and if you've got like a child who is struggling maybe a little bit with a mental health, but they're not kind of dying yet and things'.**

Unclear communication and procedures

An experience related by Aneni, from Zimbabwe, highlights that it may not always be clear when the patient is expected to follow up in regard to a particular issue. She had been prescribed a new intra-uterine device (IUD) which she needed to collect from the pharmacy later because it wasn't in stock. After some time they hadn't contacted her to say it was ready, and when she rang they said they didn't have it and she should ask the GP to prescribe a different device. The surgery was unwilling to do this and she had to try other pharmacies until she was able to get the correct device. She said 'If I hadn't made a follow-up, then I would have never gotten it on time.'

Kesandu, from Nigeria, had a similar experience when she was prescribed some medication by a consultant, but when she needed a repeat prescription from the GP she could not obtain this from the surgery – 'I tried and tried to get the repeat prescription. They didn't acknowledge it, either because the letter from the clinic wasn't – or they didn't read it, I don't know … The GP clinic, they just could not pick up that.' A Polish woman taking part in a focus group reported a similar communication issue where she understood the hospital was supposed to write to the GP asking them to prescribe some medication, but the GP said they had not received the letter.

Similarly, Lena, from Poland, saw a need to be proactive in order to reach the desired outcome:

> **'It's just I think if you are strong personality, you can do everything and you can find out, you can do, sort it, everything … If someone is, I feel if someone is pushing me over, I'm never let them do it, you know? … For example, if they're saying, "We have no appointments for today," I said, "OK, so can you book me for tomorrow?"'**

She has regular blood tests for her thyroid condition, and at one of these asked why she had never had blood tests for anything else despite being here for nearly 20 years. She then found out that she was eligible for a health check: 'She explained me everything. Sometimes you need to ask for something and they very helpful and they always telling you … If you don't ask, they will not tell you.'

Waiting times

Waiting times were most the commonly mentioned issue by those survey respondents who added comments to explain their scoring of health and wellbeing services. In interviews and focus groups, some participants were disappointed at what they see as the slowness of the system here. Bahman, who arrived here on an Afghan resettlement scheme, said:

> **'What I find about healthcare system in the UK, and which surprised me, is that it is just slow. It's very slow. Honestly, it's very slow. And when I think, it really makes me unhappy and surprised.'**

Svetlana took a similar view, surprised at the eight hour wait in accident and emergency with her daughter:

> **'In Ukraine, you don't have to wait for anything … That's why I called my doctor to Ukraine. Because I was waiting eight hours in the queue … but it's great that it's for free … It's a very different culture that you have to wait, and we didn't expect to.'**

Concerns often related to long waits for issues to be investigated. Aneni, from Zimbabwe, said:

> **'The health service is there, I can't say they don't meet my needs, it's just it takes time but eventually, after a couple of months … but honestly, it takes too long to meet the needs and sometimes their investigations, because they kind of investigate using scans and on and on, it takes forever … and then what if something is getting worse or something? … You might die before they find the problem.'**

A Polish woman taking part in a focus group saw a number of different specialists before being referred to a doctor who could treat her, so it was a long wait for treatment during which time her health worsened.

We saw in the previous section that some participants felt it was easier to access specialists in the countries they had moved from. A Pakistani woman taking part in a focus group said it was not always easy to be referred here:

> **'Family is the priority … if we are satisfied that when we call when we need them there will be somebody for us to listen that's the really most important thing for us … it's really hard nowadays when you call … then it's the nurse, then she needs to ask the doctor, on and on, so we need to do a lot of calls for one thing … they are not referring us very easily.'**

It was suggested that patients should be able to self-refer rather than having to rely on the GP: 'If you want to be referred for a particular reason, then you should be able to, because sometimes doctors will put you off saying we can't do that.'

A Pakistani woman taking part in a focus group was frustrated because she was having difficult accessing fertility treatment, having been told she couldn't be treated because of her diabetes. Her account indicates the impact this situation was having on her wellbeing:

> **'I've been to the doctors because I have problems conceiving, and they're not taking no notice. Every time I go in … "you are overweight, you have this, you have this, we can't treat you, we can't do anything" … and I've conceived but I had a miscarriage two times and they're still not doing anything. Now they're saying "you're diabetic, we can't treat you." Why? And they've like discharged me from hospital and they're not even doing anything about my diabetes. They've put me on insulin, I've been doing insulin since for the last five months and they've not even called me up to see what's going on and what's happening. It's affecting me because I want to have a baby … and sometimes I feel like I don't want to go out, I just want to stay in, and that affects you more because then I'm thinking too much. But it's good I have all my friends.'**

The participant had previously lived in another place in Yorkshire and reported that a doctor there said she couldn't be treated because she was '"Too fat" … He didn't do anything and then I started losing weight and you know all that stress and headaches.'

The participant said she has lost weight and her diabetes is now under control but that nothing had progressed:

> **'I've been doing my insulin and everything. I've been checking my sugar levels, they're ok, but they've not given me any appointments to check me out, like what's going on.'**

She was aware of other people in similar circumstances receiving treatment so couldn't understand why she was not able to access this. The value of peer support was evident from the reactions of other members of the focus group, with participants showing their support and advising her what she could do to follow up to try to get a referral for treatment.

Kesandu, who moved from Nigeria more than 25 years previously, observed that waiting times to see a specialist had increased over time, and that it is now harder to get a same-day GP appointment, feeling that the NHS was now under greater pressure and that more people are choosing to pay for private healthcare.

Lena, from Poland, thought it was not easy to be referred to a specialist but had had a very positive experience once she had been referred. She also thought the waiting times here were not unusual in comparison with other countries. Others agreed that once they had gained access to a specialist, it was a positive experience. One woman had been referred to a clinic in Leeds for breast cancer treatment and was very happy with the care she received – mentioning in particular that on the same day she had been able to see a specialist, have some examinations and see a psychologist.

On a very practical level a focus group participant, awaiting the outcome of his asylum claim, was grateful that taxis were arranged to and from hospital appointments, which would have been difficult to attend otherwise.

Language issues

Unsurprisingly, language was mentioned as an issue by several participants. This was sometimes in a general sense; workshop participants chose one of their 'signs of wellbeing' to be when you can speak English well enough for daily needs, and in his digital story Ibrahim shares that he needed to learn English quickly to increase his familiarity with most aspects of life here.

The survey results suggest that overall, respondents have positive experiences of communicating with healthcare staff, with most agreeing that 'Staff members and I can understand each other well.' Bahman, who moved from Afghanistan through a resettlement scheme, explained that he had given a high score for his health and wellbeing because he feels safe here, and because he feels confident that services would be available if he needed them – this seemed to be at least partially linked to his language skills:

> **'The first thing I'm safe here; and the second thing I'm sure that if anything happened to me, I can go to the GP or to the hospital. I can get an ambulance. Everything's available for me. It's very easy to reach for me I can speak English. I can work with internet and on a computer. I can get online through all the systems.'**

However, he expressed frustration that he was not allowed to interpret for his wife – on a couple of occasions his wife's appointment was cancelled as no interpreter had been arranged and she had to wait another two weeks to be seen:

> **'Sometimes when I contact hospital for appointment, I can tell them to book an interpreter for me. But when it's referred by GP to the hospital, or the hospital send the letter by itself for an appointment, they are not aware of interpreter and after a few weeks or months waiting when we go there, they cancel our appointment and they say we didn't book an interpreter.'**

In contrast, Siu had been encouraged by her GP to interpret for her parents, although she found the experience of interpreting for a relative in some ways difficult. This was following a negative experience with an interpreter:

> **'It turned out it's a lady that's Chinese instead of Cantonese fluent speaker … I wasn't there on that day, so I just been told she don't really understand what my dad's saying … they understand what the doctor is saying, they just don't know how to answer … They just interpret the questions, instead of helping my dad to answer it … Maybe my dad wants to say, "No," but she said, "Yes," she'll say, "Yes," in her language.'**

An older Pakistani women who responded to the survey was unhappy with her experience:

> **'I have memory difficulties and my carer takes me to appointments etc. I am forced to have an interpreter who in many cases has been unsuitable or male when accompanying me for an appointment. Even though an interpreter can ask me if I'm happy for my carer to assist me I am not allowed and many mistakes have occurred as a result of my carer not being allowed into an appointment with me.'**

We also heard about someone who had accessed phone interpretation at medical appointments, but on most occasions there was a problem with the line breaking.

However, a focus group participant, currently awaiting the outcome of his asylum claim, was surprised and pleased to find an interpreter already in the waiting room at a medical centre. Similarly, a Polish woman taking part in a focus group was happy with the care taken by a hospital in Wakefield – if the interpreter didn't turn up, she said the staff would try to translate information on the computer and print it for her. A woman from Sri Lanka who responded to the survey didn't need an interpreter, but was also happy with how staff communicated with her: 'In medical things staff are very polite and they speak slowly and clearly so I can understand well. I get confident to explain what I need.'

Mihail, who arrived on the Homes for Ukraine scheme, has had a lot of support from his former host, Steve, to navigate the healthcare system. There was a time when he needed a GP appointment – this was after Mihail had been in Wakefield for a while and moved to his own accommodation. Until then Steve had booked appointments for him, but on this occasion suggested it would be a good step towards greater independence if Mihail called the GP himself. Unfortunately, Mihail was unable to navigate the phone menu because he couldn't understand the recorded message, as Steve relates here:

> **'It's "press option 1 for this, option 2 for that" and so he rung at 8am on the dot, got that message, then he called me back and said, "I've tried, I can't do it, there's some sort of automated message," and then I'm like, "okay, I'll ring for you" but at that point, you're then number 20 in the queue and it was like an hour to get through. So there was a barrier there.'**

Lena, who moved to the UK from Poland, talked about her experience of post-natal depression, and her reluctance to seek help which she attributed partially to language issues:

> **'The midwife was coming and asking me about my feelings and everything but … I'm not that person to say to anyone what I'm feeling, so I was saying to them, "No, everything is fine," so nobody knows … I think it's me. I always am happy to help someone but I have problem with asking for help. To myself, I'm still learning this part of feelings … I was sorting this with myself and then I can say that I did sort but I was, it was take one year to come back to normal …**

> **For I think six weeks, the ladies came and check and talk to me and speak to me and they always were saying that, "If you need help, you can always call blah-blah-blah," "If you need help, you can go to your GP and tell," "If you need help, you can use this number and we are help any time," so I knew it that someone could help me. But at that time, I had I think bigger barrier, language barrier and yeah, and like I said, I think it's just me.'**

Lena had other subsequent health problems and never accessed interpreters, describing how she used to prepare for appointments by writing down what she wanted to say:

> **'I never used translator or whatever. I always came with mobile. I was always prepare myself with everything. For example, if I'm going with my legs, I'd go, just before, I sit in and I write to myself everything what I want to say, everything what – because I understand lots. I have sometimes problem with find actually what word I want to actually, the accurate word to say something. But I'm always going prepared.'**

We heard that language could also present a barrier for people accessing other types of provision. When asked what is most important for supporting or improving health and wellbeing, Polish women taking part in a focus group said that healthy eating workshops for people who are overweight or diabetic would be helpful. One participant had been referred to some online sessions which she did find beneficial – for example scales and a recipe book were provided at the start of the course. Although she appreciated the fact that accompanying materials were available in Polish, she was not able to fully engage with the online meetings due to her level of English language ability. Another participant had a similar experience with in-person classes on the topic of diabetes and lifestyle changes, which again she found useful but 'couldn't understand everything they talked about.'

Accessing healthcare outside Wakefield

There were examples of participants accessing healthcare outside the Wakefield District. Mihail, for example, approached a sexual health service in Wakefield but was told that they could not treat his specific condition and that he should access a clinic in Leeds instead. Steve, who had hosted Mihail, took the view that the Wakefield service was difficult to access: 'It's never very busy … But to try and get an appointment, if I was to telephone now for an appointment, it would be barrier after barrier and I would not get an appointment.' Nevertheless, Mihail was very happy with the service in Leeds: 'This clinic in Leeds, this more looks like private clinic in Kyiv. Same time to do all tests.'

Kesandu's husband was receiving specialist treatment in Leeds, and understood why it may not be practical to provide this closer to home: 'It might be a waste of resources if you put it in every city, because like we used to have appointment once every ten months, so why should it be in Wakefield if there are going to be very few people going to it?'

Social connection

Most survey respondents agreed that regularly meeting their friends or people in the community is important for their wellbeing, and to be an active part of community life was the most important 'sign of wellbeing' for workshop participants. Notably however, being able to act on this is different, with more than a third disagreeing with the statement 'I meet with my friends or people in the community often.'

Interview and focus group participants spoke about how social relationships support their health and wellbeing. Attending college, working or volunteering were described as helping with this, as well as finding other ways to make links both with people from a similar background and members of the local community. However, there were challenges that made it harder to form meaningful connections and address isolation, for example relating to participants' migration route, their employment situation, and the attitude of longer-term residents. The impact of being away from family members was evident, for example in relation to parenting and childcare. While positive experiences were reported, some participants struggled to feel accepted in their local community. Given that survey results showed that respondents generally felt well treated by services, perhaps it is at a neighbourhood level where more work is needed to ensure new arrivals feel welcomed and able to settle.

Importance for mental health

Natalia moved from Lithuania to work, and her story highlights the importance of social interaction for mental health. Earlier in the year she had considered approaching the doctor to ask for medication, as she felt depressed about a difficult situation at work. However, she said that her friendships had supported her through this period, as well as taking action to change things at work. She explained that the concept of mental health was new to her and that she had been brought up only to approach the doctor as the 'last option.'

When asked which aspect of her health and wellbeing was most important to look after or improve, she said this was her mental health:

> **'If you have a pain, you can go to pharmacy, you can buy something, and tomorrow can be all right. But the mental health, you can't treat it like this. It can't be treated like in one week.'**

When asked what could be done to support people's mental health, Natalia described a food festival she had enjoyed in Leeds: 'You forgot about, you know, all your problems. You're just enjoying …' She suggested there should be similar events in Wakefield. Natalia also said that although she didn't have many friends in Wakefield, she had decided she has enough friends – however there was a sense of perhaps a certain wariness: 'I think I am just afraid, you know, just afraid to start like talking with, you know …'

Kesandu, who moved to the UK to join family over 25 years ago, described the importance of social relationships for her mental health, including those made through

her church: 'I think people from Africa, we go to church here a lot, so a lot of people rely on their churches.'

When asked to score her *social* wellbeing on a scale of 1-10 (with 1 being very poor and 10 being excellent) she scored it as a 9:

> **'I'm always in touch with my Nigerian people and I go to church as well … I interact with mostly English people in my church, and I'm friendly with my neighbours, so I'm fairly all right.'**

She described having developed relationships over time through church, the Nigerian community, and her children's school. She gave her mental wellbeing a score of 7 due to the anxiety she experiences, but described how she manages this through support from friends:

> **'Well I make sure that I'm not too anxious about anything. I have friends I talk to when things are heavy. I don't hide things … I think if you have a medical problem and you, you know, and it's dealt with, it's easier, but if your issue's more of anxiety, maybe talking to somebody might be a good thing … I'm not crazy. I just – you worry about certain things, so if you have somebody who probably understands it or gives you a bit of support, and not isolating yourself, try and be with people, that makes a big difference as well. For me, I think relationships are important. It doesn't have to be even, you know, myself or my husband might not be, because you might worry about saying too much and making him more anxious. So friends provide it for me anyway … I have friends who are prepared to listen. I use my friends. I'm working hard to make sure my anxiety levels are within what I can cope with.'**

Being away from family

Aneni, from Zimbabwe, talked about finding it hard to be away from her mother:

> **'Sometimes they ring, they say "She's sick" and it disturbs me because I think "How many hours am I from her, got to get on the plane ..?" and I can't do that, you know, it's quite different, it's not like how it used to be back home, like I can just … get into a car and drive. I have to get off days and I can't even see her and I need to see my own mum when she's sick, I am not there for her. I'm just thinking "Goodness me, what if one day I hear that she's died and without me even seeing her?" So sometimes it disturbs me really.'**

Ekele, from Nigeria, missed his extended family but was very glad to have his wife and child with him in the UK, saying that he didn't think he would be able to cope without them – 'Because they are here with me, I no longer have a divided mind.'

Svetlana who moved here from Ukraine, spoke about the impact of her situation on her emotional wellbeing when asked to score this on a scale of 1-10 (with 1 being very poor and 10 being excellent):

> **'I can put 6 or 7 because I cannot put 8, 9 because I'm still half in Ukraine and half in UK. And if my parents are in danger, I cannot be calm. I tried to be very strong woman and always smiling and always be calm and let go emotions, but all people from Ukraine cannot be 10 out of 10. Because you know a lot of my friends died already and a lot of my relatives died; and every day we receive news, and I cannot check news now because I can be too upset.'**

We interviewed two young people who had arrived in very different circumstances, and their experiences highlighted the difference that family support can make.

Sulayman moved to the UK from The Gambia with his family nearly two years ago, to join his father who had already moved here. He talked about the support he received from his family and presented as feeling confident and settled, saying 'I really feel happy with my parents, they help me a lot … If I feel stressed or not happy about things I will talk to my dad.' He has made friends through school and college.

Ibrahim is seeking sanctuary in the UK, having arrived here from Sudan as an unaccompanied child. He lost close family members in tragic circumstances before fleeing to the UK and he described the impact of this on his health:

> **'Because what happened … When I think about this it affects my body and I can feel some pain … When I think about this in the night, it makes me feel very bad … it makes me feel sick … I get headaches.'**

In contrast to Sulayman, Ibrahim presented as low in confidence and mood generally. However, his story also illustrated the factors that can help to support the health and wellbeing of people in such difficult circumstances as he was facing. He talked about the benefits of attending college, where he had met a lot of friends from different countries – 'It makes me feel good … When I come to the college I feel well.' When asked to tell us about a time when he felt particularly well, he said 'It is when I read, it makes me feel good. I feel good at home for example when I open my books and read.'

Ibrahim appeared to feel well supported, saying he felt able to talk to his social worker when he doesn't feel well and that she helped him register with a GP, access a dentist, and get medicine for his headaches. He had received information about healthcare from the college. When asked about trust of healthcare staff he said: 'Yes, I trust them because for any problem I can talk to them. Or I can tell the teachers in college.' He also talked about the benefits of exercise, enjoying going to the gym, playing football with friends, and taking walks with a friend in his neighbourhood. You can hear more from Ibrahim in his digital story.

A participant in a focus group of men seeking asylum spoke about the impact of being without family, related to the importance of safety:

> ‘Safety is the most important thing for me. Having your family here with you. If you don’t have your family members here you always have this anxiety you know, stress … When you’re not safe you can’t work, you can’t sleep, so safety, being safe, I think, is the most important thing.’

Bahman also talked about the emotional impact of being away from family in Afghanistan, particularly for his wife:

> ‘Sometimes when we contact them and they say ‘Oh, today we’re all together and we share some foods,’ and they send some photos. They may come together in one house or in a park, and make like a party. In that time, not really me but my wife, she feels kind of alone she says ‘Oh look at them. They are all in the same area and they can see each other.’ Yes, so sometimes it affects my wife’s emotional wellbeing.’

When asked about suggestions to improve health and wellbeing services, he said that more should be done to support Afghan women refugees:

> ‘The main problem they face in this country is depression and sadness and to be in alone. If the [names of organisations] arranged like once a week or twice a week a gathering for them in the main town; so that they can come for just one hour, two hours, weekly and see each other. If they can come and share information; they can share their experiences, that’s a good way that they can keep them busy and not alone … If my wife is for example is alone at home, she wouldn’t hear anything from anyone. But if they come together and she see five or ten other women from different areas, they can share their experiences about their children, about the Council, about houses, how to look after each other.’

The challenges of parenting without extended family support

An incident described by Bahman, who arrived on a resettlement scheme, highlights the difficulties of caring for children without extended family support. When we asked him to tell us about a time in his life when he felt particularly unwell, he told us about an occasion after moving to the UK when his wife was ill and he had to take her to hospital. His feelings of being isolated and lacking support are apparent in this story.

> ‘Once I felt bad, really weak. I thought: “I’m totally alone and I have no one in this country.” My wife was sick. I took her to the hospital … and I needed to go and collect my kids from the school. But I couldn’t at the same time leave my wife alone because she couldn’t speak English. And I had no one to pick up my kids from the school. In that time, I was thinking about what to do? I said “Oh my god, I can’t leave her here alone and I can’t go there.” And the distance between the hospital and the school was 20 to 25 minutes by car. And I was really feeling bad … because I thought that I had no one around me, there’s no one in my family or anyone to help me. If I knew someone here or a relative from my country, from my people, I could call them now and come to stay with my wife or go to collect

> **my kids from the school. I managed it later. I spoke with a doctor I told him that I must leave my wife here alone … I had two concerns at the same time. And both had to be handled by me and I couldn't split myself into two parts. That's why I was worried.'**

Marta's story also reveals the challenges that parents can face without the support of extended family which they might have had elsewhere. Marta moved to the UK from Poland 12 years ago. She describes the difficult time she experienced after her child was born, which culminated in her accessing counselling. For financial reasons she had to return to work six months after the birth:

> **'I didn't have any support from family. I haven't got any family here, any friends, anybody like that who could help me, even physically help me. We were like me and my husband, we arranged our jobs so he could stay two days with her, I was staying three days with her … because also we couldn't afford to put her in a nursery for a long time.'**

However Marta did talk about having accessed family-friendly activities and resources available in the Wakefield District:

> **'When she was younger we were going to various playgroups and places for kids, and the library and like, you know, all those things. We definitely used a lot of that kind of children's offer.'**

She talked about missing her family in Poland, including at the height of the pandemic when she wasn't able to see them for a long time: 'There was a million times that I thought, oh my god, I wish my mum just lived somewhere nearer or like, you know, I wish I could just go to my sister.'

These circumstances affected her relationship with her husband:

> **'For three years we didn't have any time together either … So it was very isolated, and also for our relationship, that wasn't good, because … first of all obviously the baby … changes the dynamic of the relationship, and my focus and attention was very much on the baby and the job … So after those three years when things maybe settled a little bit, like she went to full-time nursery … I felt like my relationship wasn't great with my husband.'**

Parenting is still a challenge for Marta, and something she feels 'on her own' with because her husband is 'not a really active parent.'

> **'It is cultural. It's definitely cultural … because in Polish culture, usually the man is the one who provides for the family and works and things. In our relationship it's my career has always been a priority, because he doesn't have a career. He still works in the same place where he started in 2012 when he came here …**

> **He was never able to pursue his career or anything like that … But he's also not … like I would say a modern parent, so he's very much often stuck in those old-fashioned ways of parenting.'**

Marta has struggled to find support with parenting. She looked on the Council website but could only find support relating to additional needs, rather than more general parenting support. She clearly linked this issue, and her relationships with her family more generally, to her health and wellbeing:

> **'I would probably say that for my health and wellbeing, the most important things is my motherhood and my relationship with my child, my relationship with my husband, which obviously we both find that when it's not going great, our health and wellbeing is really deteriorating, whereas obviously if there is a time that it's going better, then obviously our health and wellbeing is better. But it's also because we haven't got anybody else. So let's say that my relationship with my husband is not going great, then I haven't got any other relationships that I could go to.'**

Sanuthi's story – the emotional challenges of settling

Sanuthi's story illustrates some of the emotional challenges involved in getting used to life in the UK. Her experience shows that it's possible to feel isolated even when living with a partner, being busy working, having social connections in the area and maintaining links with one's country of origin, for example through faith practices.

Sanuthi spoke about the challenges of settling into life in the UK. She came from Sri Lanka to the UK as a student about 18 months before we spoke to her. She initially lived elsewhere in Yorkshire while studying for her masters degree, but moved to Pontefract with her husband when he started work at a warehouse in the Wakefield district. She has now completed her degree and is on a Graduate visa, currently working in social care while looking for a job in her studied field.

She spoke about how she and her husband miss their families:

> **'Emotionally and mentally it's very hard because … our family's not here. Just me and my husband only. So our family is in our country. So it's really hard to go through this situation … We have some friends, but they are working and they are very busy … it's really hard without our families.'**

They can't yet afford to return to Sri Lanka for a visit. She reported that people in her local area of Pontefract are friendly – 'The people here are very good and they are talking with us sometimes.' They try to join in with community events, for

example they attended the Christmas light switch on, but aren't always able to because of work. She and her husband have connected with the local Sri Lankan community: 'They are doing some events so we can participate for that. I think it's very good because it's emotionally very good.' They go to the Buddhist temple in Leeds but don't manage it very often due to work commitments.

Sanuthi and her husband have friends living in the area who also moved from Sri Lanka to study at the same time, but find it difficult to meet up as they are all busy and have different working patterns. Also, Sanuthi and her husband both work shifts and are not often off work at the same time.

Sanuthi also spoke about the challenges of adjusting to the 'different culture, different language, different people … even the weather.' She recognised that it will take time to adjust to life here: 'It's sometimes because we just move. It takes some time to getting used to everything.'

Neighbourhoods

Having good relations with their neighbours made a difference to participants' wellbeing and, in her digital story, Lena describes how saying hello to people she passes outdoors has a positive impact. Natalia described having quite a superficial relationship with her neighbours, but was happy with this:

> **'I like to be in a good relationship with our neighbours, because let's say if you needed something, they can always help you, yeah, so we're not quite friends. We're just hello, bye, and that's it, but if something happened like this, they helped us … So you know, that small things like let's say we're not friends, but that relationship that they can help us, we can help them.'**

Bahman described the friendly relationship his family has with their next door neighbour:

> **'She's a really nice lady. Every morning she says "Hi, good morning" to my kids. She shakes hands with my kids. We share everything like in the afternoon my kids came in from her garden. Whenever she goes shopping, she brings chocolates and stuff for my kids. The same we do when we go to Wakefield and buy some halal foods. We take some halal foods and … we give her all the time things like fruits or something. She is a good neighbour … Every day when something happens, they come to my house, and they ask if everything is fine. Every day honestly, my neighbours tell me if you had just a small problem, let us know we will help you. Yes, that's very nice.'**

Svetlana lived with a relative when she first moved from Ukraine but they found it challenging accommodating both her and her children, and asked her to leave. She approached the local authority as homeless, and was placed in a hotel, and then in

temporary accommodation. She initially found it difficult to adapt to the diversity of the new area, but explained how a good relationship developed with her new neighbours:

> **'I was just one not Muslim, not from Pakistan person and when I came, I was so worried, I was crying … they were not so friendly. And I was like oh my goodness … But next day I came to my neighbour. Her name is [], and I came with presents for her, for her kids, from Ukraine some chocolates, sweets. I kissed her hand, and I told her: "Sister I am alone, I have kids" … and after, they were so nice, we spent like, I was on iftar, I was on Eid last year. We spent all holidays parties like altogether like good neighbours. Good connection … You know we don't have a lot of Muslim communities in Ukraine.'**

Svetlana also talked about another neighbour who was an English teacher and supported her with her English language learning.

In contrast Garai, who moved here from Zimbabwe, related a difficult and upsetting experience with a neighbour when he first arrived which impacted negatively on his wellbeing. He was living in a studio apartment which was divided from the adjoining apartment just by wooden boards. His neighbour complained about his phone calls to his wife:

> **'My neighbour who was the other side wasn't happy about that because he said, "You are speaking with a different language that we don't understand" … So he kept on complaining, "You're making a lot of noise" but little did he know that the same, if he is talking on the phone in his own room, I could hear also, he kept on banging, then another day he banged on my door, "You're making a lot of noise!" … So I remember that day, I went to work, then … I came back, then I asked to see him, then we started talking and he was rude to me … he started saying a lot of things, started swearing and everything … later on … he came in, apologised, … but already, it broke me, you know?'**

As a result of this incident, Garai moved to different accommodation. Fortunately, he has had much more positive experiences with his new neighbours.

On a related theme, Garai felt that the local authority should do more to ensure that new arrivals are accepted:

> **'I think there has to be awareness … in terms of clearly explaining to the general populus, I think Wakefield Council has got a job to do, I think they play a major part to get us accepted in the community. If they could try to engage with the community so that it becomes easy for us to be accepted as … migrants from another country because what we did is we came to assist them … yes, I might be a person of colour but at the end of the day, I'm the same as another person next to me …**

> **If I'm really being honest, I feel like … if a Polish or Belgian or Swedish or French comes into Wakefield right now, that French would have been white, they would be just accepted there and then. But if a French comes and they're black, it's difficult for them to get integrated …**
>
> **I think Wakefield Council has got a mandate to try and get us integrated perfectly into the community … Some of them, they are really brilliant, I'm telling you but there is a certain community where people can just start swearing at you for no reason.'**

Aneni also referred to race as an issue, saying that her children had reported bullying behaviour which they thought had a racial element.

Some participants commented that UK neighbourhoods seem to be less sociable than elsewhere. For example, Ekele from Nigeria, said:

> **'I think it's a very different system. Sometimes in six months you won't know if your neighbour is living or they won't know if you are existing in that neighbourhood. I think it's very poor, it's very poor in the UK, you hardly meet your neighbour, you don't have anyone around to talk to.'**

Similarly, Aneni, who moved here from Zimbabwe, said:

> **'Because it's a foreign land, I don't socialise as much as I do back home because in this country, everyone minds their own business. In Africa, they're on the outside, everybody knows you, now I'm in my house, minding my own business, that kind of thing.'**

These reflections echo findings from recent research that explored, among other topics, the impact of the weather on experiences of settlement in Yorkshire and Humber. The research found that, partly because of contrasting climate, social interaction often tended to happen out of doors and more spontaneously in some places outside the UK, and that adapting to this difference could be challenging (Čelebičić, 2021). Omar, from Pakistan, mentioned that as he and other Muslims don't go to the pub, this can limit opportunities for socialising.

A recent project, exploring how to address social isolation in Yorkshire for people new to the UK, emphasised the value of meaningful social interactions as opposed to fleeting and superficial contact (Mort et al, 2022). A story told by Bahman, who moved here through an Afghan resettlement scheme, illustrates this point well. We asked him to tell us about a time when he felt particularly well, and he shared an incident when he helped a neighbour, also a refugee, who had been the victim of anti-social behaviour from local teenagers. Bahman called the police; this resolved the problem and there was no recurrence of the issue. His words show how good it made him feel to be able to help his neighbour, as well as how the episode increased his confidence:

'I really felt proud of me, and I really felt that I was at the highest level of my emotion and things … I felt oh my god, I solved someone's problem. I helped them … I felt really proud, and I thought I'm in the highest level of my whole experience … Before that situation happened sometime, I thought in myself if anything happened to me, can I resolve it? I was thinking about whom I should call first to help me, who will be the first one to be contacted if this happened to me? And who is the closest one to me in this area to help me if I face this situation? But when this situation happened to my neighbour, and that I had the courage to go out to stop them. Then I said, oh, if a problem happens to me here, then I am fine, I can manage it … I resolved the situation; I knew the system. I knew what to do, and I was able to do it. That's the first point. And the second point is that I helped someone. He couldn't manage that situation and he was totally panicked. He locked his door, and he couldn't come outside. He couldn't speak and he couldn't do anything then I helped him.'

Siu's story – the challenge of becoming part of the local community

In this section we see examples of participants going outside Wakefield to connect with people from similar backgrounds and visit places of worship, as well as to obtain foods that were familiar and important to them. In some cases, this made it more difficult to develop social relationships in their local communities. Siu's story is a good illustration of this.

Siu moved to the UK from Hong Kong on the BN(O) visa about two years ago. She lives with her parents in north Wakefield. She has a busy life here, which includes working, studying and volunteering, as well as supporting her parents, who rely on her English language skills. When asked to score her social wellbeing on a scale of 1-10 (where 1 is very poor and 10 is excellent), Siu said that it would be 8 overall, but in relation to Wakefield, only 6. She feels she has made good connections with the Hongkonger community in Wakefield, but not beyond that: 'If I want to be involved … if I want to be a little bit talking to other people, I have to go to Leeds.' For this reason she describes feeling isolated:

'I feel isolated because … I don't feel [I know] what's going on in our community. It would be great to know more about what will happen in our community. I realise that in 2024 Wakefield will have 'Our Year' 2024 in Wakefield and there will be lots of events going on hopefully. Also, cultural events going on, so it would be nice to participate. Actually, there was a group of the Hong Kong community who shared our events and what's going on in our community around … Sometimes I feel when the Hong Kong community share that information, everyone goes to that event and it becomes the event, we will just gather together, it's still in the same group of people.'

Siu had attended some wellbeing sessions in the library in Leeds. While she found these very beneficial, they strengthened her connection with Leeds rather than Wakefield. For example, she applied to a college in Leeds rather than Wakefield, because one of the other session participants recommended it to her.

Feeling part of the wider community was obviously important to Siu. When asked to share a time when she felt particularly well, Siu talked about an event at the Ridings shopping centre that aimed to share Hong Kong culture: 'It was great … in the shopping centre everyone was there, not only our community, we can just promote it. We are here in the UK, we're trying to, not just living here, be part of the community.'

She has tried to access activities in Wakefield. For example, she attended an art and craft session, but found the experience uncomfortable as some other Hongkongers who registered didn't attend, and the other participants in the group were unhappy about it. She said 'I try to talk but there's no one interested in talking to me' – she attributed this to potentially being due to the age difference between her and the other participants. She had also left a message about activities at another community venue but had not received a response.

Siu also said she would like more opportunities to learn about Wakefield, and what is going on in the community:

> **'Sometimes there is lots of local events, like the Rhubarb Festival, a lot of events that we can go to. But for new immigrants sometimes we don't really know about what's going on in our community, local community … it's sometimes difficult for us to get the information.'**

Finally, Siu recognised the importance of social interaction for supporting her mental health. When asked whether she had ever needed to access emotional support, she said 'I don't feel I went to a level that I have to find a specialist to deal with my mental health … I just joined the activities, talk to people and that's all good for me.'

Hear more from Siu in her digital story.

Familiar connections

As well as having friendly relations with anyone in the local community, it was evident that participants also valued opportunities to connect with people of similar backgrounds. This echoes findings from Mort et al (2022) who highlighted the importance of 'shared identity' connections. Bahman lives in a small town in the district, he likes the area and has friendly neighbours. However, he told us:

> **'In the area we live, the most important thing we miss is a Muslim community. We don't many Muslims around and a mosque for prayer. The most important**

> **thing that we needed every day is halal shops, or halal foods. And for those things we go to Wakefield town for prayers, for mosque and halal foods.'**

Women who took part in a focus group talked about the importance of connecting with the Polish community, feeling that there weren't enough places in Wakefield where they could come together. They would like a bigger Polish community centre, where activities could take place organised mainly for the Polish community. They expressed an interest in arts and crafts workshops, and wellbeing sessions on topics such as meditation, and dealing with stress. They talked about some events that have recently been funded for people at risk of experiencing loneliness within the Polish community – these have included craft sessions and day trips. The participants had benefited from the opportunity to meet people and spend time together but were unsure if funding was going to be available for the project to continue.

A stakeholder involved in the focus group said:

> **'Some of them are feeling isolated where they are living … because not in every part of Wakefield but in some parts of Wakefield … English people are not really happy to open to neighbours which are not British and so some of them are feeling isolated. So places and events where they can mix with other Polish people and speak, spend time, have big impact on their wellbeing, on their mental health, on their stress.'**

Opportunities to experience familiar culture were also seen as important. Garai, from Zimbabwe, told us:

> **'Lately, there has been an influx of African musical shows that have been happening across the UK, which is good for my health and wellbeing … artists from our country, they are recognising that there is a community in the UK.'**

Svetlana, from Ukraine, expressed the link between the lack of familiarity, and feelings of loneliness:

> **'It is a problem of all refugees and asylum seekers. When you come in from your country, and you didn't choose … It's a beautiful country but it's all not like at home. Food for example … I cannot say that I don't like fish and chips because I will lose all my opportunities! But it's like it's all different. As always, we are feeling lonely, always.'**

It was important to Svetlana that her children had exposure to Ukrainian culture, and she was involved in a weekend Ukrainian school in a place outside Wakefield – 'I don't want them to lose their culture.' This activity also helped address feelings of isolation: 'You feel lonely to be honest … We are waiting all week and came on Saturday to meet people who have same problems.'

Observing her own children's experiences of settling here, she felt that it is easier for younger children to adapt, but explained the challenges her teenage daughter has faced:

> **'She always feels lonely, always, always … She has all her life and all her friends in a different country … She didn't expect the war and she was like she was scared. She understands that she has good opportunities. She will have British education, she will have all this, but she always complains … And she's like different, even if she speaks Yorkshire accent but how she looks like, her clothes, we love this way of clothing, but it's different. I understand but for teenagers' groups it's hard to accept that the person is different.'**

Svetlana suggested that to help address this isolation, there should be opportunities such as organised activities or trips, bringing teenagers from Ukraine together. She also suggested a 24-hour support line for Ukrainians, staffed by Ukrainian therapists or with interpretation: 'If people are feeling lonely, they can call and always have translator.'

Because Kesandu, originally from Nigeria, has been living in the UK for many years, she has an interesting perspective on changes over time. For example, she commented on it now being easier to connect with family abroad: 'Before you used to write letter and then your letter might get there or not.' She has also seen the Nigerian community in Wakefield grow, and mentioned that a Nigerian shop has recently opened, whereas previously certain food could only be obtained in Leeds or Bradford. Having been through the process of settling here Kesandu feels she has something to offer the community and encourages others to get involved in Nigerian community activities: 'I'm older and I have gone through some of these things. I have brought up children. I've lived here. I've worked.'

Connecting with people of similar ages and with common interests is another important way to build shared identities. Siu describes this in her digital story, where she bonded with peers 'who were chasing the same dream' through performing arts.

Marta's story – longer-term impact of migration on social connection

Marta's story shows us that even for people who have lived in the UK for a long time, their experience of migration can affect their social connections.

Marta moved here from Poland 12 years ago and is settled with her family, happy that she is doing the job she qualified for before moving to the UK. However, although she has met people through work, in her local neighbourhood, and through having a child, she has struggled to develop meaningful social connections.

> ‘Obviously I’ve been here for a very long time and I feel like I assimilated all right. You do find people living in little communities of their own origin and things like that, and I’m a little bit in the middle, because I feel like I’m not fully kind of – I’m not feeling British, like I’m not a fully integrated kind of person, like you know, I do have a strong sense of not fully belonging here, that obviously my background is foreign.
>
> But I also don’t really like to stick to Polish communities either, so I find myself kind of in the middle of being quite okay to socialise with British part of society, but it’s on a kind of maybe shallow level. I haven’t got deep friendships, if you say that. I haven’t got any really real friends that would be British, but also I don’t have any friends that are not British kind of thing …
>
> With my colleagues at work … majority of them are British, I do have good relationships or okay work relationships, but we do see the differences in how we approach things, because of the cultural background. I always say that with me, you can definitely see that eastern Europe kind of accent in the way I approach things. But I have learnt to fit in the British work kind of society. But outside of work I don’t really see them. I don’t really feel like I want to meet with them, basically. And with the Polish community I don’t really see myself fitting in there either, because most of them are people who work in a warehouse.’

She describes feeling she doesn’t quite ‘fit’ in the local community, even though the neighbours are friendly; similarly, she has met people through having a child: ‘But again, it’s not that kind of proper deep relationship.’ She describes her close relationships as being with her family: ‘We are quite close, like I’ve got a small family here … but we are kind of sticking together … and I feel like often we are in that little bubble of just three of us.’

Faith-based connections

Several participants spoke about the importance of faith communities for their wellbeing. At the start of a focus group with women from Pakistan, we asked about their favourite places in Wakefield. One mentioned the mosque she attends, saying that she feels peaceful there.

Ekele, who moved here from Nigeria on the Health and Care Worker visa but has not been allocated the work as promised, received very practical help, being given money for food by people at his church:

> ‘After about roughly two months of us staying in Wakefield, we started making friends with people in our place of worship, so I was able to speak to someone and he said, “Yes, they understand our situation”, they offer help at that time.’

He had also made friends through the Nigerian community in Wakefield that had helped him realise there are others in similar circumstances.

Garai, from Zimbabwe, also explained that his church helped forge connections which then formed part of people's support network:

> **'In Wakefield, we have a church from the same country that I come from … that we attend, that is okay … it's a community where people can open up if they are encountering certain problems, maybe at work, their colleagues … just meeting and greeting each other, it's more like networking, getting to know the people that are around you in Wakefield, that could help you with something. For example, let's say I have found a certain problem, I might be open enough to tell the people at church what's going on … that "such and such a thing is happening to me and I need your help".'**

Aneni, who moved to the UK from Zimbabwe, spoke about the importance of church for her wellbeing, including the support available from the pastors and elders. However, her work in a care home makes it difficult to find time to attend church, finding herself choosing an extra shift at work rather than going to church:

> **'I can choose to go to church or to go for a shift, to go to church and socialise or to go to a shift but because I need to pay bills, I end up neglecting my social wellbeing, my emotional wellbeing, to go and worship and then I choose to go to work because I need money.'**

She has to travel to Leeds to attend the church of her choice, which she finds rather far away. Because of this her connections tend to be in Leeds, rather than the town where she lives:

> **'I don't really make social connection with people in [my town]. It's just people I worship with at my church and we also have a Zimbabwe Leeds community group, where we meet sometimes for some celebrations.'**

The community group organises celebrations, and members contribute to support someone if there is a bereavement, for example. She finds the group helpful 'Because I get to chat with people from back home and sometimes we discuss about the issues back in our country.'

People claiming asylum

People currently awaiting a decision on their asylum claim, and staying in a hotel or initial accommodation centre, talked in a focus group about their strong desire to connect with and be part of their local community. Linked to this they highlighted the importance of meaningful activity such as attending college or volunteering: 'We want to connect with this community, we want the social life. Church, school, work, charity.' Particularly for those staying in the hotel, financial restrictions made it difficult for them to travel to Wakefield city centre to access activities and visit the mosque, for example.

One participant was glad to get a college place: 'It's very good. I am very pleased because after six months I was waiting … so now I am very happy … It makes you, for future, you feel happy.'

Participants did appreciate the assistance that was available for them: 'In Eritrea we didn't have internet, we didn't have any system … when you come to Europe, for us it's amazing … we have this system, people, charity, who cares about me … amazing.' They valued the support they were receiving from charities and other organisations in Wakefield, to help them learn English for example, and to provide volunteering opportunities.

There was concern about the impact of the news on their mental wellbeing – 'Rwanda – we worry too much.' As well as combating isolation, activities were important for these participants to occupy their time while awaiting the outcome of their asylum claims:

> **'One good thing for health is if they keep you busy. If you are busy you don't think a lot. So if you are doing voluntary or you have college … improve your health a lot.'**

The weather

Partly related to the theme of familiarity we have already talked about, some participants mentioned the UK weather as one of the challenges in settling here (echoing findings from Čelebičić, 2021) and, as we have already seen, people spoke about the difficulties of adjusting to different patterns of socialising in the UK which are in some ways related to the climate. Bahman, from Afghanistan, talked about how it was taking his wife a while to get used to the culture and the weather in this country:

> **'We moved from a country like Afghanistan to here and it is different. We don't have the same weather; we don't have sun here. The weather has too much effect on our health care, especially my wife because she needs more vitamin D. And she can't get it from the sun here and the weather's always raining. That's why I try to support my family with vitamin D supplements.'**

Svetlana agreed about the importance of vitamin D supplements:

> **'If you are from hot country, they should give vitamin D. This helps them feel home, and advise them to eat more fruits like orange. And it helps to be more positive when you eat more yellow fruits.'**

Svetlana had seen a study ranking the UK as having the second lowest mental wellbeing globally, and wondered if this could be attributed to the climate.

Garai, from Zimbabwe, described the difference good weather can make to his

wellbeing: 'You know, when that high temperatures rise, obviously you feel more confident and you'll be happy, it affects your mood, it pushes you, it does have an impact.'

Libraries

Libraries were mentioned by some participants as important spaces for them, not necessarily to support making social connections in an overt way, but they were clearly valued as peaceful, as well as practically beneficial, places which helped to make people feel welcome in the district. For example, at the start of a focus group of people waiting for a decision on their asylum claim, we asked them what their favourite places were in Wakefield. One participant responded that it is the library where he goes once a week to read: 'It's calm, you can stay in there, reading … not too much noisy so, I like this place.' Ibrahim was studying ESOL (English for Speakers of Other Languages) at college and told us how much he enjoyed reading his English books – after we spoke to him he planned to visit the library to change his books and was clearly looking forward to this.

Svetlana, from Ukraine, was grateful for the library when she first arrived as a free child-friendly space she could access:

> **'They have free internet, it is great because you can study. I was working and my [name of daughter] was playing all day … It's very good this Wakefield library. They given a lot.'**

She also appreciated the activities available at other venues in Wakefield:

> **'We have [name of cultural venue] as well in Wakefield … On Sunday you can come with your kids and they can have free activities all day … If you are from Wakefield, you just show your letter that you are from Wakefield and it will be free. It's great like [name of organisation], … they do a lot for people they do gardening club … they do English-speaking club. It's a lot and I think all these clubs will help people.'**

Kesandu, who moved from Nigeria over 25 years ago, spoke about how she encourages people in her community to access resources such as the library in Wakefield:

> **'There are opportunities in Wakefield … like this week is mid-term holiday, they will set up some shows for children and stuff like that … Wakefield has a website they call 'Experience Wakefield' … there are things in Wakefield that are free … I try to encourage my community to take their children to the library, because during holidays, they might have maybe a reading or something … so it's people using what is available.'**

Some participants discussed the availability and cost of books in their first language. They expressed a desire for a greater range of books to be available in Wakefield libraries.

Green spaces and a healthy lifestyle

The benefits of the outdoors for health and wellbeing is well-evidenced (for example Twohig-Bennett and Jones, 2018). We have seen that survey respondents strongly agreed that visiting green space is important for their health and wellbeing. These benefits were also evident from interview and focus group participants' responses. These are considered here, along with the importance of exercise and eating well. Existing assets and facilities in the district were appreciated, although there were some suggestions about improving their accessibility. In general, participants tended to recognise the value of a healthy lifestyle but because of their circumstances, sometimes struggled to prioritise this.

Benefits of green spaces

At the start of each focus group, we asked participants to tell us their favourite places in the Wakefield District, and why this was. In all three focus groups, parks and other green spaces were mentioned more than any other type of place. These are illustrated as a word cloud (the names provided are not necessarily the formal names of these places). A participant in a focus group of men awaiting the outcome of their asylum claim, said 'Park, because quiet and peace … It's quiet, and when I see people … they give me smile and they say hello, I feel good.'

A woman from Pakistan taking part in another focus group mentioned Sandal Castle, saying 'My soul is happy there'. The women talked about how they enjoyed climbing to the top of the steps to take in the view.

Participants talked about these places being peaceful – for example Lena (who moved to the UK from Poland) told us how important her daily dog walks are to her local nature reserve:

> **'Yeah, so every day, I'm going there. If, for example, I'm fed up or things like that, I know that I can find peace there because there are animals, there are woods, water and lots of people go in there.'**

Lena chose to highlight this theme in her digital story.

Svetlana, from Ukraine, also lives near this place and spoke about the benefits of going there after a busy day at work with her daughter, to walk or play football or volleyball: 'It helps mental health.'

A focus group participant who was staying in a hotel also talked about how 'fresh air really helps' and linked being indoors too much with his wife's feelings of depression. This focus group took place on a beautifully sunny day at a venue surrounded by green space, and following the discussion there was a guided walk for participants and researchers. The participants said they enjoyed the opportunity to visit and several were keen to return on another occasion. Meeting friendly people visiting the park made them feel welcomed. During the walk participants spoke about how they liked seeing a new landscape, as well as trees that they recognised from the countries they had moved from, keen to share their knowledge of species names, and different uses for the leaves.

As the comment at the start of this section suggests, there can also be an important social aspect to the experience of accessing parks and other green spaces. Participants staying in a hotel talked about their struggle to feel part of the community so opportunities even for small, friendly, social interactions, such as greeting others in the park, were clearly important to them.

The parks and green spaces in Wakefield district are clearly valuable assets for supporting the health and wellbeing of all residents, including people born outside the UK – this is something to celebrate and build on. Many people are not in a position to live in a property with a garden when they first move to the UK, elevating the importance of publicly accessible green spaces for this group. Mihail, who moved to the UK under the Homes for Ukraine Scheme and is now living in a private rented property, did have a garden and explained how this helped support his wellbeing:

> **'I have garden, this make me relax … I have small garden … I always buy something for the garden and then now I always busy with garden, this make better because this more good for mental health … Any hobbies is important because this make people happy because you're busy.'**

Neighbourhood cleanliness and safety

Participants in a focus group of Pakistani women spoke about parks they like to visit, and how their children enjoy seeing the ducks, for example. However, concerns were raised about the cleanliness and safety of local parks, due to broken glass and dog mess for example. It was also mentioned that sometimes the grass is too long for the children to play on.

Women in this group were unhappy about being able to smell illegal substances being smoked in parks and near their homes:

> **'We don't want that smell, especially with the children. Sometimes in the morning in the park when we do the round circle with the children, it's there as well … So where is safe? I mean we need good, clean environment.'**

There was also a fear of allowing children to go to the park on their own, even if they are old enough for this level of independence:

> **'If we want to send our kids to the park we're a bit reluctant because we listen a lot of rumours about the drugs and stuff … They can't go without me and I need to do a lot of things even though you know it's exactly in front of us but I can't send them because of these drug issues all these things … so I'm not feeling secure.'**

Similar concerns were expressed about their local streets being dirty, with a comment made about a lack of street cleaning. One participant spoke about how she likes her street because the whole community works together to keep it clean.

Lena, from Poland, spoke about not feeling safe in the town centre, especially in the evenings, expressing unhappiness with what she saw as a low police presence.

At the workshop that took place at the end of the project, participants chose one of their signs of wellbeing as feeling safe to let their children go out alone. They also made several recommendations of measures to improve the parks and green spaces in the Wakefield District.

Exercise

Exercise was recognised as important for both physical and mental wellbeing. Natalia, who moved from Lithuania to work, said: 'After all this depression in February, I am playing tennis now on Mondays. That's what I used to do in my country.'

Survey respondents agreed that being able to visit leisure facilities such as a swimming pool or gym is important for their health and wellbeing. However, when asked about access to these, although most agreed that they were able to visit such amenities, 17 percent said they were not. Interviews and focus groups provided opportunities to explore this in more depth.

Svetlana, from Ukraine, appreciated the availability of free or low-cost activities in Wakefield:

> **'You can do a lot of things and a lot of them are free. There is a lot of community centres they help people to do, like I'm doing in [local area] Zumba for free. You can have it in [name of local community centre] you can have any courses for one pound or for free. And it's amazing because you can go after office, and you don't need to spend money. And you have a very good coach who can help you with this.'**

However, she was attending online yoga classes with her Ukrainian teacher because the low-cost class was too far away for her to get to, and more local classes were too expensive.

Polish women who took part in a focus group talked about wanting the opportunity to access activities such as Zumba and yoga. They didn't think these classes needed to be delivered in Polish as they could copy the moves. They also suggested it would be beneficial to have more exercise equipment available in parks.

Participants living in a hotel while awaiting a decision on their asylum claims, spoke about how playing football together made them happy, although they said there isn't enough green space on the hotel site for the number of people accommodated there. For them, activity such as sport was important to help them stay busy: 'You are just inside no activities … For us activity, you know gym, like sports activity, good for us.' Ibrahim, who arrived as an unaccompanied child and is seeking asylum, enjoyed going to the gym, playing football, and taking walks with a friend.

Participants in a focus group of Pakistani women talked about the need for women only swimming sessions (including female lifeguards). They had not managed to find provision to meet their needs in the Wakefield District and were trying to access facilities in another local authority area, although this was also a struggle due to high demand.

> **'We ladies want our own place for swimming but we are not comfortable with everyone, mixed swimming, we just want ladies swimming. We really like it, but the thing is, because, in [name of town outside the Wakefield District] we tried, but there is months and months waiting list.'**

This was seen as being an issue for women more broadly, not just those following certain practices for religious reasons:

> **'Honestly a lot of non-Muslims as well I did speak to them and they said we don't want to go to the mixed as well. It's our religion, but honestly they're not comfortable as well.'**

A participant who came to the UK under an Afghan resettlement scheme raised a similar issue about the accessibility of gym facilities:

> **'My wife … was raised in an Islamic country. And when she goes to the gym, she needs to be like in full cover of her body. Sometimes the gyms and their equipment are not designed for that. She knows that she need exercise. The only thing she could do is walking. She walks sometimes early in the morning or late in the afternoon, but she does not attend the gym. Yeah, I can't say exactly which barrier stops her but what I think it can be religious or cultural or traditional or any barrier, but she does not want to attend the gym.'**

Several survey respondents also mentioned a need for women only swimming and gym facilities, including a Pakistani woman who scored her physical health as 3 (on a scale of 1-10 where 1 is very poor and 10 is excellent). She also commented that 'Not enough was done to help me overcome pre-diabetes, so I've ended up with diabetes.'

Another Pakistani woman who responded to the survey commented similarly:

> **'I want to improve my health and lose weight but no one helps. I'm worried about getting diabetes and high blood pressure. I can't go to the gym feel shy in front of men … I want to join gym but they are no women only places and I can't afford to pay. I want ladies only gym or health advice.'**

Others also cited the cost of leisure activities as a barrier– this related both to Council run leisure centres, and children's activities such as cricket and karate. Availability was also mentioned as an issue - one participant said that her son had been on the waiting list for swimming lessons for several months, and that he plays basketball in Sheffield because of a lack of provision in Wakefield.

The importance of age-appropriate provision was raised, with Polish women participating in a focus group commenting on the importance of exercise classes aimed at older people, where activities can be done in a seated position, for example. There was an issue in accessing these for some, due to classes starting too early for older people to use their entitlement to free bus travel.

Prioritising a healthy lifestyle

While appreciating the health benefits of exercise, it was apparent that prioritising this can be challenging for people new to the country. Siu, who moved to the UK from Hong Kong on a BN(O) visa spoke about this when explaining why she scored her physical health as 5 (on a scale of 1 to 10 where 1 is very poor and 10 is excellent). The main reason for her low score was what she saw as her poor diet (which had at one point resulted in her being hospitalised) but she also mentioned not prioritising exercise:

> **'Because when I arrived in the UK, so why I feel that way, I have to sort other problems, rather than prioritise my physical health … that is the reason. My parents mainly rely on me to communicate with people here, the bills, landlord, everything we have to sort. I go to work as well, I feel like eating unhealthy food**

> **is easier … then also I spend less time to do sports and things … I try to keep myself busy, to polish a bit my CV and live my life, prioritised this rather than my health.'**

Svetlana, from Ukraine, was pleased with the advice she received to improve her diet, at her GP appointment relating to oral contraception, although she found it difficult to follow all the guidance:

> **Svetlana**: **'When I came to GP to get appointment with my doctor about oral contraception, and she told me that I need to eat properly, to eat more vegetables, fruits, and it's helps me to be more like good mental health and walking a lot.'**
>
> **Researcher**: 'Did it help at all?'
>
> **Svetlana**: **'I don't know, to be honest, I'm just I'm too busy to follow all this. I just do my yoga; I think yoga helps.'**

Aneni, who moved from Zimbabwe to work in social care and is working shifts as well as caring for her family, struggled to prioritise exercise: 'Maybe I've got to get time to go to the gym but sometimes I don't have time for that … the gym is just close by. But I seem to just not have time for it!'

In contrast, Sulayman, who moved to the UK to join family, spoke about the importance to him of a healthy lifestyle, which he described as involving eating healthy food and doing exercise. He enjoys the fruit that his father buys for the family. He had played in a football team – the coach had returned to The Gambia, but a friend was helping him to find another team. He goes running with friends, in fields near where they live. This participant receives strong support from his family and came across as confident and settled – arguably making him better placed to find the time and energy to prioritise a healthy lifestyle.

The importance of diet also arose in a focus group of women who moved to the UK from Pakistan, who said that fruit is expensive, and that 'junk food' is cheaper than healthy food. We saw in the previous section on exercise that some participants wanted to be more active due to concerns about their physical health, but spoke about barriers to this. They similarly made links between diet, and addressing health issues. A woman from Pakistan made the following comments in her survey response, illustrating the multiplicity of factors at play in terms of addressing lifestyle issues. She scored her health and wellbeing as 4, on a scale of 1-10 with 1 being very poor and 10 being excellent.

> **'I'm overweight and can't lose it. I tried diet programmes but not working. Gym is not for women only it's mixed I can't go. My area not feel safe so I don't go out for walking. I don't always feel like going out people look at me. If I can sort out my health I would work. Need more health classes for women.'**

Pakistani women taking part in the focus group said that Asian food and halal meat are expensive although they can obtain them locally (for appropriate clothing, however, they talked about needing to travel to Bradford or Dewsbury). Participants from Zimbabwe talked about having to drive to Bradford for African shops. Aneni told us:

> **'I miss my food back home, what I used to eat but I don't really have much access to it. Even if I have, it's quite expensive, sometimes if I see someone going back home, I say, "Can you bring the food?" but I've heard at the borders, they are now searching and taking the food.'**

However, a participant from Nigeria who has lived in Wakefield for more than 25 years observed that there is greater availability of African food now than in the past. Most survey respondents said that having shops selling food from their culture was important for their health and wellbeing, and agreed with the statement 'From where I live it is easy to visit shops selling food from my culture.'

Men staying in a hotel while waiting for their asylum claims to be processed said that although halal meat is available for those requiring it, the hotel doesn't always cater for the diverse dietary preferences there. It was recognised that this is challenging, and the provision of meals was appreciated, particularly given that some came from countries with a food shortage.

Employment and housing circumstances

It was clear that participants' overall wellbeing was closely linked with their employment situation. We saw the importance of meaningful activity as it was prioritised as a 'sign of wellbeing' in the participant workshop, in the section on social connection, and the desire for voluntary or paid work expressed by those restricted by their immigration status. This section focuses on those who were in work, and the impact of this on their health and wellbeing. Some participants undertaking physically onerous work reported consequences for their health. Factors relating to mental and social wellbeing included whether work matched existing skills and experience (language skills had a bearing on this), the impact of working patterns on family and social relationships, and the potential for precarity for those on a work visa. Here we also consider the importance of secure and good quality housing.

Svetlana's story – the importance of employment for wellbeing

For Svetlana, work was important in relation to financial security, confidence, and the desire to restore the level of stability to her life that she had experienced in Ukraine:

'For me it is very important for my health like physical and wellbeing to have a job. When I came, I was searching and looking to have full time job. I don't like this … benefits. I don't like to go and ask, I just need an office full time job. If I have full time job, I feel comfortable. I mean it is like oh I can pay bills, I can go shop and buy products, I can buy clothes for kids, I can … become settled …

Then this is the most important aspect for me to feel healthy because what Russians did to us, like I had eight rooms house in Ukraine. I had good job … I have two master's degree and I was feeling like "Oh, life is easy." You know what I mean … they like stole our life our peace. And the most important is to be in peace, not to be worried. Like in Yorkshire people they are planning for … one year holiday. But I cannot plan it now because I don't know what it will be next. Even now we were worried about our visa, we don't know. They gave us 18 months, but we don't know after.'

Svetlana had managed to find work after receiving support from an employability programme in Wakefield. They helped her to access English courses, and to prepare her CV: 'My CV was rubbish. It was like Ukrainian way. I didn't know for example that I needed to put my volunteer's job in my CV … They helped me a lot.'

Work and physical health

Participants who were working tended to be doing physically onerous jobs in settings such as care homes and warehouses, and spoke about the impact this had on their health. Aneni, for example, had started experiencing back pain since working in social care. She was referred to physiotherapy but did not find this particularly helpful and struggles to make time for the recommended exercises. When asked what could help improve her wellbeing, she said:

> **'Maybe I just need to make a few adjustments in terms of my work and find more time for socialising as well, to have time with my children and my family as well, and then to have time to go for some physical activity as well.'**

Mihail, who was working in a warehouse, had been suffering from a work-related knee injury for nearly two years. The problem developed when he was doing a particularly onerous physical task. He says the situation has not been well handled by his employer and even though he was signed off for three weeks, did not feel able to stay off work for this long, because two weeks of sickness absence triggers HR manager meetings. He took annual leave on one occasion instead of sick leave, because he was worried

about his employer's attendance policy. Despite Mihail's record of high productivity, following his sickness absence he was upset to be issued with a 'letter of concern'. When he appealed against this it emerged that the problem hadn't been recorded as a workplace injury. His former host Steve advocated on his behalf and he is no longer doing the same type of task, but is doing packing work which is still not good for his knee as it involves a lot of standing. He expressed unhappiness with the attitude of his employer: 'Just too hard job I have and … company not care about people … not care about health.'

Part of his frustration about not recovering from his injury was related to his need to work: 'I am not old, I need to work, I need to live, no debt, and just again I'm feeling my knee pain.'

Work and mental or social wellbeing

The impact of some participants' work situations in terms of associated financial stress, was clearly significant for their health and wellbeing. When asked to give reasons for their health and wellbeing score, survey respondents commonly mentioned financial difficulties, with some referring to their struggle to find employment. A Polish man who completed the survey said: 'I have depression due to my financial difficulties. I also have a problem finding a suitable job.' We will see later in the section that some participants experienced particular precarity that could affect their health and wellbeing.

Some interview and focus group participants spoke about the impact of their work on their mental wellbeing. This sometimes related to the work itself, or to participants' circumstances in general. For instance, Aneni, who moved from Zimbabwe to work in social care, said:

> **'Emotionally as well, sometimes it's quite stressful, work wise, the kind of work I'm doing is not what I used to do back home, it's the kind of thing I just have to do so it's quite stressful sometimes with back-to-back shifts, to try and make ends meet.'**

Natalia, from Lithuania, was aware that her company provided support phone lines for people who need to speak to someone about mental health issues, although she had not accessed this herself. She scored her mental wellbeing as 5 (on a scale of 1-10 with 1 being very poor and 10 being excellent) attributing this to the impact of her job. When asked about a time she felt particularly well and a time she felt particularly unwell, both responses related to her job, illustrating the potential impact of work on wellbeing. She had been promoted the previous year and said this had been a really good time for her; she enjoyed the problem-solving work she was given and felt she was using her brain:

> **'I was promoted for team lead, and let's say all that year before I was just doing the same job, and then my manager gave me opportunity to grow. I was doing well and my manager, she was giving me support, and I was feeling like, you**

> **know, like flying, I can do everything. So yeah, that time was specially, like I can tell that it was like even not 100, it was like even more.'**

However, this was only a temporary promotion, and a few months later she was put back onto packing work – she identified this as a time when she felt particularly unwell.

> **'It was for a few months, and I wanted to go to the doctor to ask for maybe some medicine, because I was really, really unwell, like almost depression. But then I decided that I need to change the shift, so I changed the shift and now I feel better.'**

She didn't think that her treatment at work related to her migration status, as she said most of her colleagues were also from outside the UK.

Many participants were working shifts, and this affected their ability to socialise and spend time with their families. For example, Sanuthi was working in a care home and her husband was working in a warehouse, saying 'It is sometimes hard to find time when you're off work together.'

We saw in the earlier section about the importance of social connection, that childcare could be difficult for those without the support of extended family in the UK. Garai and his wife are both working and because they are not entitled to support with childcare, they coordinate their working patterns so one of them can always be with their child, which obviously limits the time they can spend as a family.

Aneni told us that 'My work disturbs my social life as well because I concentrate on work to get money, and then I can't socialise much, you know?' We have already seen that she felt that she needed to prioritise work over attending church. She told us:

> **'Our contract, you have to work weekends, it's a must, you can't say "I don't want to go on Sunday", like you do back home or like we've got our special days where we say, "On this day, I don't work." Well here, we've got a rota and you've got to do according to the rota and the contract says you've got to work weekends, so you can only alternate but you can't choose "I don't work weekends, I go to church every Sunday."'**

She also missed the Zimbabwean independence celebration in Leeds due to being on the rota at work.

Finding suitable work

Having the opportunity to choose a job was one of the top 'signs of wellbeing' for workshop participants.

In contrast to Natalia, when asked about a time when she felt particularly well Marta said that this was the current time, and this seemed to mainly relate to her work. She qualified as a healthcare professional in Poland; it took a few years to establish a career in the same field in the UK, something she was very happy to have achieved. Her

story illustrates the challenges faced by those hoping to find work commensurate with existing qualifications, skills and experience. She initially worked in a warehouse:

> **'When I came here, my first thing was that I needed to find a job to start earning money, so I got that job. Yeah, it was awful in every way … I did want to do what I trained to do, what I graduated to be, and it wasn't such an easy journey for me, being from abroad and having my qualifications from abroad, and it took me some time to first of all get to NHS job.'**

She managed to get a job related to her profession, not commensurate with her qualifications, but her employer supported her to get the professional registration she needed and arranged some relevant work experience. Even so it was still a struggle to get her first NHS job:

> **'I went maybe for like 15 interviews before I got my first job, because I didn't have experience in NHS … and I really needed to relearn everything that I learnt, because I learnt first of all in Polish, so I didn't know the English terminology and everything … I think I've done really well and I'm really pleased with where I am … That's definitely a contributing factor, like, you know, a very important factor for my health and wellbeing.'**

Some participants were clearly overqualified for the work they were doing. Sanuthi came to the UK to study for a master's degree, and since graduating has been working as a care assistant in a care home. While she is not finding her current role as a care assistant problematic, her aim is to find work related to her recently completed master's and she is struggling with this:

> **'I have applied so many jobs here in my studied area, so it's very difficult to find a job … Yeah, because I don't have any experience in UK because I just moved. So I have experience in my home country. I think that is the main reason.'**

Sanuthi feels she would benefit from opportunities for work experience or internships. She is currently on the Graduate visa, but needs to find an employer sponsor within two years in order to be able to stay in the UK. 'That's very important … if I can do a job in my studied field.'

A Polish woman who responded to the survey explained the impact of her warehouse job, and the difficulties of finding opportunities to develop new skills in order to improve employment prospects.

> **'My work in the warehouse for four days for 12 hours is a reason why I have a low mood. I would like to find any other job but because of the work, I am unable to enrol for any courses to get new qualifications. I am working in the same warehouse for more than four years and I am still a temporary worker.'**

Aneni had had an office job in Zimbabwe; working in a physically demanding social

care job in the UK was a big change for her. When asked to share a time when she felt particularly well, she said this was when she was working in her old job in Zimbabwe. She talked about the trade-offs involved in moving to the UK and adjusting to life here:

> **'It was more comfortable and because it was what I was qualified for, you know? The truth is we come here on a healthcare visa but we leave our own jobs, we leave our own jobs what we are trained for, what we are qualified but we don't really have a choice because it's greener pastures isn't it here? …**
>
> **The way I enjoy life back home was better in terms of everything else, it's just the money part because back home it's low salaries and all. But back home it's a good job you're doing and suits your qualifications and you're comfortable, but in terms of remuneration, it's very low.**
>
> **But emotionally and all, you're in your own country, you socialise with your own people and stuff like that, you are used to it, you have your own food to eat, you know what you've always been eating. But here it's quite different food, you have got to adjust to what you are not used to and sometimes, well you just have to try and get used to it, you know?'**

Unpredictable work migration routes

We spoke to a number of people working in the social care sector and heard about the challenges of working long hours to secure living costs (with no access to public funds), resulting in limited time for rest and socialising. The vulnerability of people from abroad working in this sector in the post-Brexit labour market has been well documented in recent months (see for example Thiemann et al, 2024). Having a secure contract and financial security were important 'signs of wellbeing' for workshop participants.

Ekele's story – the impact of an unpredictable work migration route

Ekele was in a particularly difficult situation as his sponsor had not allocated him the work he expected. His story powerfully illustrates the impact of employment uncertainty and related financial precarity on health and wellbeing. After securing a job in the social care sector through being sponsored to come to the UK on the Health and Care Worker visa, Ekele moved from Nigeria to the UK with his wife and baby. He saw moving to the UK as an opportunity for him to offer a better life to his family, especially his daughter, saying 'I want to change the narrative of my next generation.'

Unfortunately, the promised work did not transpire and the family have had to manage mainly on the money his wife earns from her part-time work in a factory. According to the terms of his visa, Ekele can only work up to 20 hours per week for an employer other than his sponsor, and the only employment he has secured is

on a zero hours contract - the work is sporadic and unpredictable. At the same time, he and his wife are caring for their young daughter without any external support as they are not entitled to public funds. Their health visitor advised them to move to a larger property as she said their one-bedroom private rented place was too small for the family – they have now moved to a two-bedroomed property, but this has added to their financial pressures. As a new resident in the UK and Wakefield, Ekele does not have any support network except the church he attends; friends there gave them money for food and advised them to register with a GP. He has also connected with the Nigerian community.

Ekele reported that this situation has dramatically affected his mental wellbeing and he desperately wanted regular employment:

> **'I want to have a sponsorship, I need to have a job so I can look after my family, because I think that's what is really challenging and why I'm being depressed most times, because I'm always doing applications, then they keep on refusing these applications.**
>
> **I think what I actually need at this time is … I need to work. I just need to have a full-time job. I have to have a permanent job … I wake up every morning I should have a diagram of how my week will look like, and take care of my needs. I think I just need the support to have a job, not this zero hours contract.'**

We saw in the section on experiences of health and wellbeing services in Wakefield, that this situation also affected Ekele's physical relationship with his wife, and that he approached the GP whose intervention didn't resolve the issue. It is clear to him that this is a result of his depression due to his employment situation. He was not referred to counselling services and did not know where to seek help.

When asked about a time in his life when he felt particularly well, Ekele said:

> **'My health was very okay before I came [to the UK], because I am someone who in my lifetime I don't usually go to hospital. It is very rare. The only medication I often take is paracetamol, whatever the issue can be, and the illness goes away. But since I am here, it has not been all right. It still getting low and low. Myself I think sometimes it is not something I can need a pill for. I just call it mental wellbeing … Most times you find out this situation you're going through, you're not the only person, so you just have to smile as if things are all right, which definitely they are not.'**

Garai, from Zimbabwe, was unsure whether he was entitled to free prescriptions, and had not explored this as he was anxious it could have a bearing on his immigration status:

> **'It brings a lot of uncertainty, in the fact that the Skilled Worker visa that you have, you're not entitled to any public funds so … it means when you access the GP services, you might need to pay your prescriptions, that's the way I understand that, I don't know on paper, in black and white if it's the way how it works but that's how I understand it … I went to a chemist with that prescription and then the pharmacist asked me, "Are you paying for this or it's covered by the NHS?", but I feared that I wouldn't want to breach my immigration rules and laws by accessing public funds, which I'm not entitled to. So I was happy to pay for my own prescription for that reason … I just paid for it because I didn't want to breach the immigration rules.'**

Sanuthi's experience also illustrates the potential vulnerability of new arrivals who are not entitled to access public funds. At the time of interview, Sanuthi and her husband were recovering from chicken pox. This had caused anxiety because they had both had to take a couple of weeks off work, and Sanuthi was unsure whether they were entitled to any sick pay, especially as she had only been working at the care home for a few weeks. Her parents were planning to send some money from Sri Lanka, but that was also difficult due to their own financial situation.

Likewise, Natalia, who moved from Lithuania and was working in a warehouse, was afraid of having to take time off work due to illness:

> **'For one week I had a high temperature, and I went to GP because I needed, you know, some medicine, because I can't stay long at home. I need to work. I can't afford to be sick for long, and I told that for a week I had a high temperature. They measured everything and they told that everything all right, it's just infection, you need like time and drink water. It's not the answer I wanted to get. I wanted to get well quicker … For one week I was still, you know, like sick … I needed like maybe some medicine just to get well quicker.'**

English language for work

Workshop participants identified the important role of those who can support with English language at work, in their 'signs of wellbeing'.

When asked what was most important to support his health and wellbeing, Mihail said this was English language, as this would enable him to get a better job. He had been a regional manager in a retail chain in Ukraine. He was entitled to free ESOL when he arrived but not now that he is working. His employer offers some online English language teaching, but this is a self-taught programme and he was not finding it as helpful as class teaching and experienced some technical problems with the system.

Svetlana, also from Ukraine, talked about the relationship between language and employment prospects:

> **'You know all people do not speak English and it's hard to learn English for them. They try but it's so hard. Some people they spend like ten years, I know about them, and they don't talk, they just work in cleaning companies they just clean and they don't have any like friends you know because of English.'**

Lena, from Poland, was working in a supermarket and as a cleaner. She had some physical health problems and thought her health would improve if she was doing an office job. She had a degree from a Polish university and her good English language skills were evident in the research interview for this project, but her comments suggested she lacked the confidence to seek different work in the UK: 'I'm not feeling ready for work like that … Need very good English. I'm not ready for, no … Maybe I don't believe in myself.'

Housing circumstances

The link between housing circumstances and wellbeing is well-evidenced, for example in recent work exploring refugee housing experiences (Brown et al, 2022). Some participants spoke about the impact their housing situation had on their health and wellbeing.

Omar, who moved from Pakistan nearly 40 years previously, spoke warmly about his home:

> **'This is the only place that gives me so much comfort. When I'm inside I feel this is my own and this is the place, you won't give me anything else, more comfort than living in here … I feel secure in here.'**

Mihail was happy with his privately rented property and as Steve, his former host, explained:

> **'He's fortunate because his landlord recognised the circumstances that Mihail is in, he's subsidising the rent, so he's got a well below market rental rate which has allowed him to live in such a nice area.'**

Natalia appreciated living in a quiet area, which she liked returning to after long shifts in the warehouse – 'You just want to go back home with the peace and quiet.'

Svetlana had recently moved into a social housing property and was very happy with both the house and the area, having experienced homelessness soon after she arrived in the UK, when a relative who was accommodating her asked her and her children to move out.

Aneni spoke about how her private landlord is slow to complete repairs, for example taking too long to fix the toilet. Similar issues about housing quality arose in a focus

group of women from Pakistan. One participant said that there is damp in her social housing property: 'I'm asthmatic so it's impacting on my health.' Sanuthi complained that her private landlord leaves rubbish uncollected in the hallway which she says is not healthy.

Bahman, who came from Afghanistan on a resettlement scheme, was happy that he and his family are safe in the UK but was finding his three-bedroom property too small for his family of six.

> **'You know, all the properties in this country, are not designed for Muslim people. Because we need separate showers and different places to do ablutions. But we can manage that … the main point is that we convince ourselves that we are not here in this country for a luxury life. We are here just for safety and for a good future for our kids' education. That's the main point. We are here and left everything behind. We were not poor in our country. We had a good house. We had all the facilities, and we were living in the capital of Afghanistan, the Kabul city, with everything but the only thing we had not was safety and a good future for kids; there was no education at all … That's why we convince ourselves to accept this situation.'**

(On a very practical level, Bahman also suggested newly arrived refugees needed more support to use the equipment they have been provided with, like microwaves, that they are not used to).

Elsewhere in this report we have heard about the impact of financial insecurity on participants, and the high cost of living was mentioned by some, including the cost of housing, as well as childcare, utility bills, food and children's activities.

Conclusions

What does 'good health and wellbeing' look like to non-UK born national communities in the Wakefield District? This research question drove our approach to this needs assessment.

This report has explored a holistic look at health and wellbeing as experienced by the non-UK born residents of the Wakefield District. The tapestry that makes up health and wellbeing for an individual is composed of a huge range of services, resources and influences from society upon that person. Public health services are one element of this tapestry. Health and wellbeing levels could be dependent on suitable housing and employment, language support and friendship groups, as well as clinical treatment and an appropriate prescription. This is recognised by the inclusion of social prescribing as part of the primary care offer. Efforts to improve health and wellbeing doubtless recognise this complexity and overlap, and the need to work collaboratively with others seeking similar aims. Thus, the levers and interventions that a person needs in order to improve their health and wellbeing are likely to be derived from a particular set of conditions, all operating together to enable that outcome.

Discussion

Non-UK born communities in the Wakefield District tend to report positively on their health and wellbeing. This strong starting point reflects a large majority of project participants being registered with a GP, consistency in the value they place on public parks and other green spaces freely accessible to residents, high overall levels of satisfaction with services and the positive way that non-UK born service users feel treated, and a high level of willingness among those communities to fit in with UK systems and express appreciation for them. Where social capital is offered, whether in the form of social organisations or friendly neighbours, it is much welcomed by people who are new to the country. These strengths in Wakefield are deeply valued by non-UK born communities and it is important to maintain these high standards.

However, where individuals feel let down in one of these areas it can have a great impact on their wellbeing. Such an admission will not be shared lightly by a respondent; we should assume that a non-UK born national answering questions about their personal experiences of public services in the UK will be mindful of their immigration status while responding. And where they have trusted us with this knowledge, they have also expressed gratitude for our interest. It took many resources and approaches to gather the views and experiences of over 350 individuals for this project (indeed, less than 5% of survey respondents were happy to be contacted in

relation to further research). If there is appetite for continuing to engage with non-UK born communities on health and wellbeing topics, it is worth considering investment in sustaining the relationships with those already most engaged with this work.

Some distinct non-UK born groups seem more able than others to make the most of these strengths and assets found in the Wakefield District; examples include those from Hong Kong and Nigeria, students and people working in IT or education. Conversely, others are less able to do so - and may benefit from targeted interventions to enable them to enjoy health and wellbeing levels that have been attained by their peers. Mindful that correlation does not equate to causation, we cannot have certainty about *why* some groups do less well than others (although the qualitative fieldwork helps to shed some light on this). Some markers of such subgroups seem likely to relate to gaps in meeting their most basic needs such as stable housing, sufficient income and the ability to communicate well, as is well understood through Maslow's hierarchy of needs. For others, a more complex set of (potentially structural) factors cause this disadvantage, such as immigration policies and practices, and social environments. These might be experienced by those from certain parts of the world such as Pakistan and Iraq, those prohibited from working or unable to choose with whom they live, and those with a disability.

Project participants told us of their priority concerns about their health and wellbeing, and that of others. They talked about everyday needs that can be conceptualised as having value, security, choice and connectedness for themselves, their families, and others they saw as the most vulnerable new arrivals including older people, children, spouses, those seeking asylum and those who do not speak English fluently. They talked about how they adjust to the UK health and wellbeing support systems but have lingering concerns such as how and why they are diagnosed and medically treated in a particular way, or a lack of awareness that certain options and services are available to them. For themselves in the longer term, they talked about evolving priorities, such as those around specific medical conditions and the impact of everyday conditions upon their lives, such as their homes, jobs, and raising a family in a safe, tolerant environment. These longer-term priorities should grab our attention since people's perceptions of their own health and wellbeing appear to decline with both age and length of time in the UK.

Lots of things work well in the Wakefield District for health and wellbeing among non-UK born nationals. Participants confirmed that being able to meet socially, buy culturally familiar foodstuffs, and take part in hobby and leisure activities are important ways that they can look after themselves and feel well, with accessing green spaces by far the most emphatic – and in appreciation of the abundance of beautiful places in this part of Yorkshire and Humber. In general, health services have been successful in making themselves accessible to non-UK born communities, and there may be lessons to explore further from specific services that provide the best experiences, such as pharmacies and opticians. Where they are able, some non-UK born nationals

also seek reassurance from trusted healthcare professionals in their home countries about diagnoses and treatment here. Back in the Wakefield District, many community-based services, staff and institutions offer ways for new arrivals to build their personal resilience, social welfare network and employment prospects (through faith groups, colleges, libraries, creative projects, key workers, neighbours). Where stability can be found (in accommodation, relationships and in ways to meaningfully occupy time), these are protective factors against loneliness.

One of the unique experiences that a non-UK born national brings to the UK is their previous use of a healthcare system in another country. Making a comparison to another healthcare system is inevitable, and patients can believe the UK system to compare favourably, unfavourably or simply to be different. Recognising this inevitable practice of comparing, and exploring patient expectations with curiosity about their prior health system experiences, could assist professionals to understand patient behaviour or responses that are unexpected or unclear, and therefore improve health outcomes.

The importance of social capital to wellbeing for new arrivals to a country (whether with a person's own social group or the 'host' society) is also well understood for being able to navigate the new area and to affirm a sense of belonging and identity. In the Wakefield District, many non-UK born nationals find opportunities to create social ties in the longer term through community groups and neighbours. For people not yet with many connections, sometimes the practical functions provided by social contacts can be substituted to a degree by service providers, such as those providing employment advice, children's activities, parenting support, 'life' advice, and ways to diffuse community tensions. Many of these services could be considered to be using a social prescribing approach which is clearly valued by service users. Similarly, maintaining longstanding ties to other countries also contributes significantly to wellbeing, and this can be facilitated by something as simple as providing internet access, for example, access to books in a range of preferred languages, or by encouraging celebratory events that share different cultural practices.

Many gaps and challenges specifically relate to moving to the UK. Loneliness and isolation, community tensions, exclusion and even overt discrimination are concerns of new arrivals and can last indefinitely. The lack of social capital for those who are fairly isolated can be difficult to build – and even more so for those such as parents, those who are disabled, who cannot communicate easily in English, who do not understand how UK systems work or what cultural nuances exist. Responsibility and worry for others can seem out of a person's control, with no shoulder to cry on, and some are unable to plan for their future due to uncertainties both in the UK and back home. A lack of knowledge about local assets and services might make a simple, safe walk impossible, a prescription too prohibitive or failing to arrive on time for an appointment. Making a judgement call in a new culture about how to behave is filled with potential

pitfalls: how far should one be proactive or assertive versus accepting and patient of professional advice and direction? A combination of such challenges might prove almost impossible to overcome. These difficulties are not the preserve of any particular non-UK born group but, for those seeking to address such challenges, we observed that people whose reason for migration related to protection (namely refugees and asylum seekers) tended to recall being given more information and support to access healthcare, and were easier for us to find and engage with this project, compared to those moving for reasons such as work, to join family or to study. This situation may shift somewhat, with likely changes to immigration policy and process under the new government from 2024. However, people already here will still experience the legacy of this lack of information through their life course, so gaps may remain in future years.

Many of the priorities, resources and gaps in health and wellbeing commonly identified by project participants are linked to or affected further by the migration experience. For example, being able to choose a job matching your skills will be affected by whether you have permission to work in that field, how far you understand how the UK job market works, and how fluently you can communicate in English. Being able to find and build friendships with peers depends on how much choice you have about where you live and your ability to find out about social groups you could join. Being able to treat a health problem depends on your knowledge of existing services, understanding how and why they function as they do, and how precisely practitioners can communicate with you. The experience of having migrated exacerbates some of the barriers or hindrances to wellbeing. Some of these issues, however, are shared with UK born residents (such as long waiting times) and so provide the opportunity for investment in remedies that would benefit the whole community.

The combination of hindrances to health and wellbeing are particular to each individual, and so the more things available to help overcome them, and in combination, the better chance of success. That is, the more levers available, the more likely that a non-UK born national can gain from the intervention or asset that improves health and wellbeing. Amongst these levers should be options to support specific subgroups of people who are not doing so well as others in relation to their health and wellbeing (such as those who are socially isolated or those from particular demographic subgroups highlighted in this report). Further, some levers might include the option to travel beyond Wakefield to meet certain support needs (such as to make and maintain social bonds) at least in the short term where they are not yet available locally.

There are some needs and frustrations aired by project participants that may be familiar to all Wakefield residents. It is a common understanding amongst health and wellbeing services that waiting times for appointments are often a frustration for residents. Living in a small city in proximity to larger cities means that people sometimes travel for wellbeing purposes; to meet friends or access specific opportunities including services, work and leisure. Our places of work and home and

the corridors in-between affect our health and wellbeing in a myriad of ways. Our ability to make time to prioritise our health amid busy lifestyles is a common hurdle. Perhaps these commonalities can bring us together in some way.

A summary of enablers and hindrances

Specific, important influences on the health and wellbeing of non-UK born communities in the Wakefield District are summarised in Figure 20. They are suggestions that come from each of the report themes and the contributions of project participants. They may inspire discussion amongst service planners and commissioners about potential practical adjustments to the design and delivery of different initiatives.

Figure 20

Social connections here and abroad

What can help?

Cultural and faith activities

Relevant social groups to join

A welcoming and friendly local community

Opportunities for meaningful activity such as education and volunteering

Welcoming and accessible spaces such as libraries, galleries and charity-run activities and drop-ins

What can hinder?

Uncertain conditions for family overseas

Separation from extended family support network

Feeling excluded or unwelcome in the neighbourhood

Low income

Green spaces and a healthy lifestyle

What can help?

Free, accessible, clean and safe public parks and countryside

Local leisure and fitness activities that are open, safe, understandable and affordable options

Access to familiar and healthy food, and support with diet and nutrition

What can hinder?

Shift work, long working hours and low incomes

Lack of knowledge about what's available

Lack of appropriate childcare or children's activities

Employment and housing circumstances

What can help?

Reliable, decent, appropriate work with opportunities

Employability support, including understanding rights and entitlements, plus ESOL for the work environment

Secure, good quality, affordable housing

What can hinder?

Feeling insecure in relation to immigration status, work status and/or finances

Physically onerous tasks and stressful working conditions (such as long hours and shift work)

Future key considerations

1. **Apply the learning:** Consider how understanding the four key issues affecting health and wellbeing of non-UK born communities (getting used to UK health systems; social connections here and abroad; employment and housing circumstances; green spaces and a healthy lifestyle) should be applied to planning, strategy and workforce development in the health and wellbeing sector in the Wakefield District.

2. **Update information:** Review information about health and wellbeing services in the Wakefield District (and beyond) and how effectively this is communicated to residents who were born outside the UK.

3. **Focus resources on specific subgroups:** Commission or direct investment and support to those groups in the Wakefield District who score their own health and wellbeing lower than others (South Asian/ Pakistani groups, Iraqi/Kurdish groups, asylum seekers, disabled groups and single people). A well-integrated proactive social prescribing approach could be beneficial for these subgroups, linking them to mainstream opportunities.

4. **Work together:** Work with all relevant service planners, service providers and communities in the Wakefield District on the issues raised in this assessment for a holistic approach (for example, including employers and those responsible for public spaces).

5. **Work with communities:** Build on established relationships with non-UK born communities on a regular basis to share multi-directional messages, and seek to expand on these for less heard groups such as people who migrated to join family, Europeans from a wide range of countries, those aged over 65, and Roma communities.

Methodology

Research questions

The project set out to answer one key question: What does good health and wellbeing look like to non-UK born communities in the Wakefield District?

The question was to be answered by considering a related set of research questions, as follows:

1. What are non-UK born nationals' priorities in relation to their health and wellbeing?
2. What are the key assets that non-UK born communities say contribute to their health and wellbeing, and how are these related?
3. What are the key needs, gaps and challenges relating to non-UK born communities' health and wellbeing in Wakefield?
4. In what important ways do non-UK born nationals' ideas and experiences of health and wellbeing vary across different groups, demographics and combinations of these characteristics?
5. In what ways do people from non-UK born communities prefer to be given the opportunity to influence service policy and planning?

Participants

This engagement project used a wide range of methods over a six month period to engage with and reflect different non-UK born groups residing in the Wakefield District. In order to be eligible to participate, an individual had to be born outside the UK and currently be living within the Wakefield District.

In total an estimated 370 individual non-UK born nationals actively participated in, and provided data for, the project. This excludes duplications for those who participated in more than one aspect of the project. They cover over 57 nationalities across 66 countries of birth, from age 17 to over 75 years. Countries of birth, world regions of origin and top nationalities are shown in Figures 21, 22 and 23. Note that throughout this report, numbers smaller than 5 in the statistical data are suppressed within a category (such as '1-4') in order to protect identities.

Further details of participant characteristics are provided in the Technical Appendix.

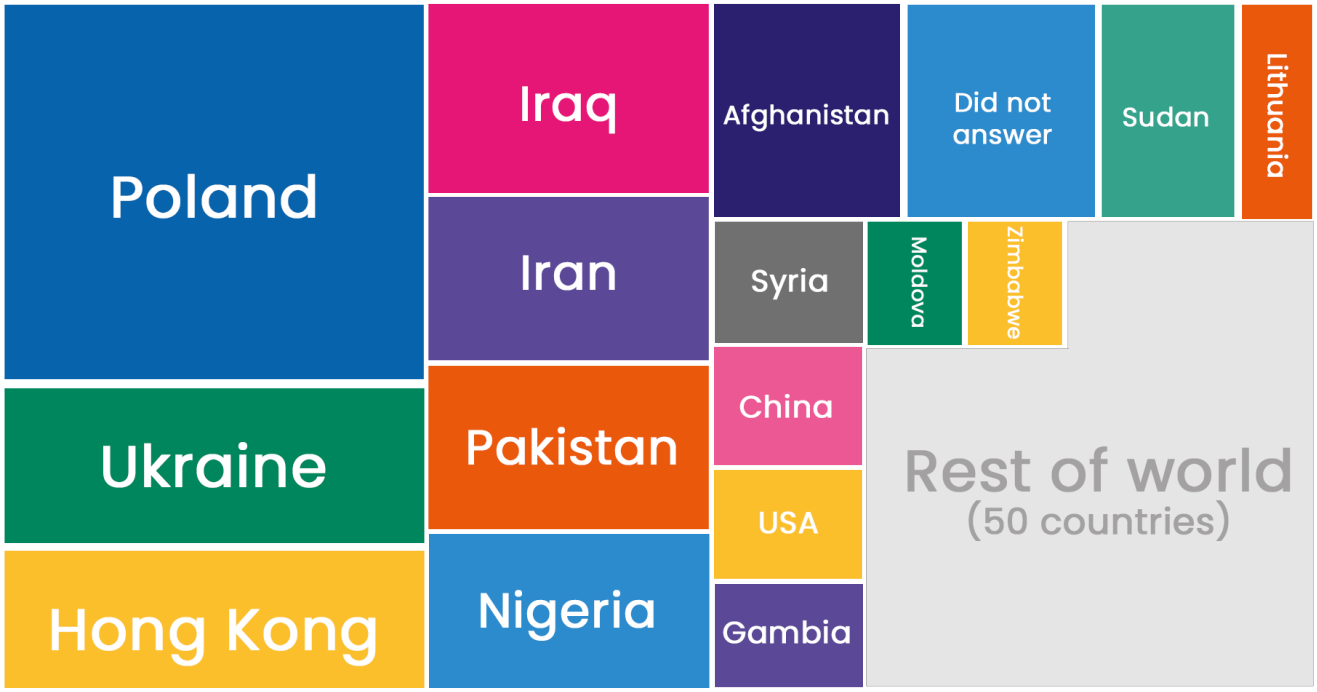


Figure 21: Countries of birth of survey respondents
(Top countries of birth are shown in proportion to the number of survey submissions, where the number of people is at least five)

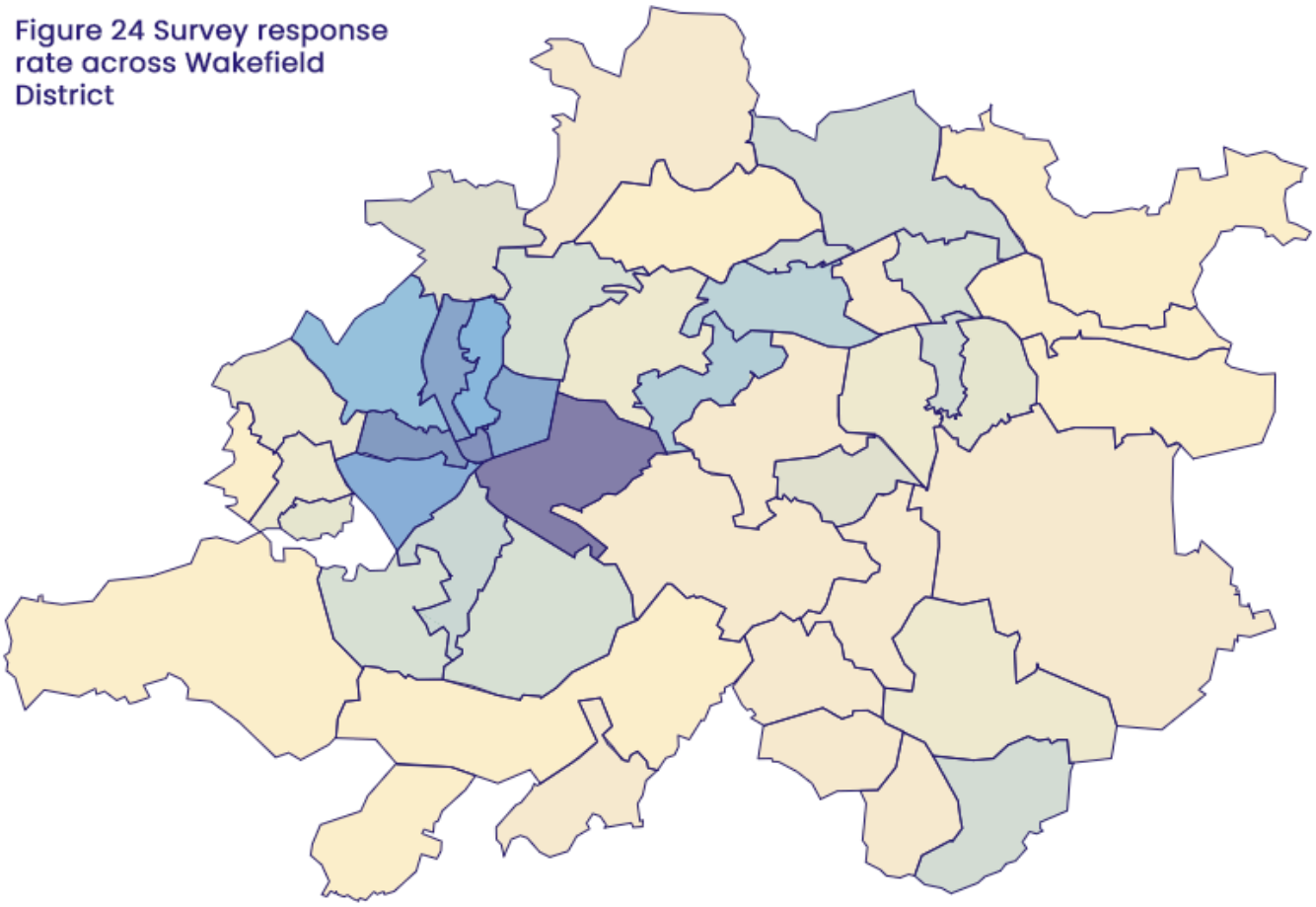
Figure 22 **World regions of origin of survey respondents:**	
Asia	128
Middle East and Central Asia	66
East Asia	30
South Asia	26
South East Asia	6
EU	94
EU2	1-5
EU8	79
EU14	11
Rest of the world	65
Central and South America	1-5
Oceania	1-5
Sub-Saharan Africa	40
North Africa	15
North America	7
Non-EU (other Europe)	39
Other – Kurdistan	1-5
Did not answer	16
Total	**344**

Figure 23 **Top nationalities of survey respondents:**	
Polish	63
Hong Konger	28
Ukrainian	27
Nigerian	19
Afghan	17
British	17
Pakistani	16
Iranian	15
Kurdish	12
Sudanese	11
Total	**225**

Note that 'British' is one of the top nationalities amongst project participants, since a person born overseas can be granted British citizenship.

Non-UK born residents from almost all parts of the Wakefield District took part in this project. Figure 24 shows the distribution of survey respondents, forming the majority of project participants. Greatest numbers (indicated by the darker colours) reflect areas with higher populations and non-UK born communities that were targeted with publicity materials.

Figure 24 Survey response rate across Wakefield District



WF1 5	35	WF10 3	6	WF4 4	1-4
WF1 1	29	WF2 6	6	WF4 6	1-4
WF2 9	27	WF3 4	6	WF5 0	1-4
WF1 2	24	WF4 3	6	WF5 8	1-4
WF 1 4	23	WF3 3	5	WF5 9	1-4
WF2 8	21	WF7 5	5	WF6 2	1-4
WF1 3	19	LS26 8	1-4	WF7 6	1-4
WF2 0	15	LS26 9	1-4	WF7 7	1-4
WF6 1	11	S71 4	1-4	WF8 2	1-4
WF10 5	10	S75 5	1-4	WF8 3	1-4
WF2 7	8	WF10 4	1-4	WF8 4	1-4
WF8 1	7	WF11 0	1-4	WF9 1	1-4
WF10 1	7	WF11 8	1-4	WF9 3	1-4
WF10 2	7	WF11 9	1-4	WF9 4	1-4
WF8 1	7	WF4 1	1-4	WF9 5	1-4
WF9 2	7	WF4 2	1-4		

Data collection

Three principal fieldwork methods were used to collect data for this exercise:

- A survey of 344 non-UK born nationals provided a broad range and high number of participants, including those less likely to form social groups such as family joiners, those who migrated for work reasons and those less likely to be recruited through migrant-specific support services. The survey ran over 12 weeks between 27 March and 24 June 2024. Just over 400 surveys were submitted in total, then subsequently 59 ineligible responses were removed. 274 eligible surveys were submitted online via the Migration Yorkshire website (available in 11 top languages for Wakefield based on available data) plus 70 paper surveys were returned. Paper surveys were a slightly shorter, simplified version in order to facilitate completion by ESOL students at Wakefield College.
- 15 semi-structured, one to one interviews gave depth to insight on health and wellbeing, taking place between April and June 2024. One interviewee brought their host (under the Homes for Ukraine scheme) with them to the interview.
- Three focus groups with a total of 22 participants took place in May 2024, capturing discussion and cross-fertilisation of ideas in different locations and targeting specific demographics.

Fieldwork materials, including the participant information sheet and the survey, were piloted with several individuals who were born outside the UK and are now living in Wakefield.

The more traditional survey, focus group and interview methods were complemented by further activities with existing participants to confirm and enhance understanding of their contributions about health and wellbeing:

- One citizens' jury-style workshop with a diverse group of 12 project participants who heard from expert speakers, reflected on research findings then created a shared vision of wellbeing in Wakefield. They shared what health and wellbeing meant to them, and reflected on the research findings and suggested what they might recommend as a result to health professionals in Wakefield. These contributions have shaped this final report. Further, together the group created a shared list of statements of wellbeing in their communities in Wakefield, replicated in 'Signs of wellbeing in Wakefield'. They were asked to complete the sentence: 'There is wellbeing in Wakefield when…' with specific examples expressed in the same words that would be used by community members. Having discussed the meaning of these indicators or signs of wellbeing, each participant voted on which five were most important to them individually.
- Three digital stories created by three existing participants, Ibrahim, Siu and Lena, as case study examples of health and wellbeing. Digital stories are short

vignettes of personal experience that make use of narrative, sounds, and still or moving images. They use art-based methods of presentation such as drawings, photography and video, with audio voiceovers and subtitles.

To protect identities, all participants who are quoted in this report and all other project outputs have been given a pseudonym. Small numbers in survey data are suppressed, with numbers under 5 being displayed as the category '1-4'.

The raw data was analysed in different ways.

- For surveys completed on paper, data entry was undertaken by a member of the project team. Numerical survey data was 'cleaned'; removing ineligible submissions, for example, from people who were born in the UK, and deciding how to categorise responses that did not fit the survey's predetermined fields, such as entries made under the 'other' option for many questions. Any responses written in languages other than English were translated. The data was processed using Excel and PowerBi software to assist with descriptive statistics and visual analysis.
- Qualitative data (from the survey open questions, interviews and focus groups) was subjected to thematic analysis.
- The workshop and digital stories confirmed themes and findings derived from the other methods, as a form of triangulation, and explored some of these a little further.

Approach to understanding the statistical data

Although almost all survey questions were not compulsory (except for a question about residential postcode area, ensuring eligibility), those completing the survey answered most questions, with a very high completion rate of 94% of questions answered. With a relatively large survey sample and a high completion rate, it is possible to consider both the overall responses of the non-UK born cohort in Wakefield, as well as delve into the differences within this very diverse group. The survey analysis chapter thus considers which subgroups are doing better or worse in personal self-ratings of health and wellbeing, and in relation to loneliness.

For each survey question asked, most people responded positively. While this is good news, we recognise that this overall response might in part reflect pressures amongst people who feel vulnerable or insecure due to their immigration status and acceptance in the UK, and may feel they need to appear grateful for services and positive about their own health and wellbeing.

In order to gain a more nuanced understanding of participant reactions and observe any differences between respondent subgroups, we compared the average (mean) responses across 24 traits and characteristics (summarised in Figure 25) to identify where subgroups answered perhaps surprisingly, disproportionately or in a more extreme way than expected. Those characteristics with the strongest results are presented.

Figure 25: 24 characteristics of survey respondents		
nationality	time in UK	ethnic origin
country of birth	time in Wakefield	pregnancy
world region of origin	migration reason	maternity leave
place in Wakefield	language	recently giving birth
postal code area	education level	age
ethnic origin	work status	disability
living situation	area of current work	religion
household composition	sex	legal relationship status
	gender identity	sexual orientation

Results relying on very small sample sizes (under 10) are less reliable but may indicate a future line of enquiry. If a trait is not listed in the survey analysis tables, no inference should be made as often the sample size is too small to draw any conclusion (for example, people who are gay or lesbian are neither listed as being particularly lonely or not lonely because the number of respondents answering this question was less than 10; we cannot conclude anything about their level of loneliness from this survey).

Engagement and recruitment

In order to maximise the range and number of participants in the project, recruitment took a 'scattergun' approach but through planned means over a 12 week period from March to June 2024. This period included events that affected the project activities. Refugee Week (17-23 June 2024), for example, provided additional opportunities to encourage recruitment for the survey, while the pre-election periods (prior to local elections on 2 May 2024 and the General Election on 4 July 2024) precluded engagement work with elected members.

Our engagement work was designed to reach the different populations and geographies shown in the population data. The methodology was carefully designed with an aim to reach as representative a sample as possible. We scoped the data relating to the non-UK born population in Wakefield, targeted the most numerous groups in particular, selected 11 languages to translate into according to numbers and vulnerabilities among this population, and visited specific locations and groups with information about the project. Through careful monitoring, we adjusted our approaches to reach those who were underrepresented.

Publicity materials (4,800 flyers and 1,400 posters in 11 languages and 2 designs, verbal and email information) were shared in online (through multiple emails to over 100 contacts including Health Needs Assessment working group members with their own networks, online meetings, social media) and physical spaces (through mail, and in-person visits), drawing on the support of a large range of local organisations. This includes the voluntary and community sector, social media for specific nationalities, the migrant support sector, larger employers and business organisations, schools, the

public sector, the private sector (such as care homes and recruitment agencies), and Migration Yorkshire's contacts with individual non-UK born nationals in the Wakefield District.

Physical visits were undertaken to at least 25 places and groups, from voluntary and community sector drop-in sessions to ESOL classes, women's groups and Eid events. Further flyers were hand delivered to libraries, markets, food shops, places of worship and other community venues in different locations across the district. These visits targeted locations with the highest numbers of non-UK born nationals including Wakefield centre, Castleford, Pontefract, Knottingley, Normanton, Stanley and Outwood East, South Elmsall and South Kirkby.

Interview and focus group participants were carefully recruited in order to ensure a diverse participant profile through stakeholder and Migration Yorkshire contacts, with specific support from Umbrella Family Centre CIC, Wakefield College and health professionals sitting on the Health Needs Assessment working group. Gaps in the participant profile were filled by approaching selected survey respondents.

A range of incentives were offered to project participants in recognition of the time and information they shared for the purposes of this project. Survey respondents were entered into a prize draw for £25 shopping vouchers and a family art pack; interviewees, focus group members and workshop participants received a thank you payment of £25 for up to a half day; and, those providing case studies had the opportunity to learn new skills in putting their digital story together. In addition, participant expenses for subsistence, travel and childcare were also made available.

In order to encourage participation among the Polish community, the top non-UK country of birth of residents in the Wakefield District (ONS – Census 2021), the Umbrella Family Centre CIC was commissioned to undertake a number of activities. These included recruiting participants, hosting and interpreting for a focus group, supporting people to complete the survey, and promoting the project on social media.

Reflections on the project design

This project presents the information, views and experiences of those people who agreed to engage with us. A number of individual participants expressed gratitude for being able to take part in the project, including interviewees during interviews, and workshop participants in follow up contact.

The rate at which the online surveys were submitted was slow and steady. From time to time there was an increase in submissions following in-person visits by members of the project team to a specific venue in order to encourage survey completion. In these instances, quite a lot of intensive support was required from project staff to ensure that an individual completed their survey. We also observed that a survey did not suit everyone as a method of participation; some submissions showed that certain respondents had misunderstood the questions being asked, for example, despite the survey being available in a range of languages. In some cases, those completing the

survey were ineligible to participate (for reasons such as living outside of the Wakefield District, or having been born in the UK), while some responses did not seem to be genuine submissions due to the unlikely combinations of their responses to different questions. We determined that approximately 60 survey responses were unreliable for a range of reasons, and they were excluded from analysis.

Organisations have to decide whether or not to offer some form of incentive for participation in a project, according to various considerations such as the expected motivations of the target group and whether this will affect or bias the responses of participants. In this case, Migration Yorkshire was guided by its own internal incentives policy, offering a standard thank you payment of £25 (or equivalent value in vouchers) for up to a half day of time in a focus group, interview or workshop. Further, we offered prizes to a random selection of survey respondents following a prize draw.

Despite these incentives, some target groups did not respond in large numbers to the survey. In particular, we struggled to recruit as many survey participants as we had expected from the EU, people who migrated to join family and people aged over 65, according to our expectations from available demographic data about the non-UK born population in the Wakefield District. Conversely, we recruited more participants than expected from the Middle East and Asia, and people who arrived in the UK for protection reasons.

However, some people more overtly declined to get involved in the project after being approached by a member of the project team. The reasons for not participating, when shared, often concerned the belief that it would not lead to positive, tangible change for that individual or their community. We expect this element of distrust or disillusionment to be a significant barrier to any engagement with some local residents by institutions such as Wakefield Council.

Working with the Umbrella Family Centre CIC resulted in much greater engagement with the project than would have been possible without this input. The Managing Director of Umbrella CIC reflected on the organisation's involvement in the project:

> **'Thank you for a chance to take part in the project. It was a good time for community members to share their experiences and opinions. Community members felt that someone was listening to them and that their opinions mattered. They feel that they have some impact on the positive changes which might happen. It's improved their self-confidence and I am sure that some of them will be happy to join the groups/discussions in the future.**
>
> **The workshop gave an opportunity to find out what people from other communities are thinking and to be able to discuss it.**
>
> **I think that this project might make a big difference because community members had a chance to share living experiences.'**

We cannot be certain whether or not people from a Roma background participated in this project. Due to the scale of the project and the need to encourage a wide range of participants from across the non-UK born population, capacity was limited for meaningful engagement with Roma specifically. Efforts to recruit people specifically from a Roma background included approaching relevant stakeholders in the Wakefield District, including schools known to have Roma pupils, as well as Migration Yorkshire's existing contacts. Unfortunately, no participant chose to identify themselves as being from a 'Roma' ethnic group, although we recognise that there are reasons why people from a Roma background avoid being identified in this way. Further, many participants came from countries of birth that are known to have significant Roma populations (such as Romania, Poland, Czechia and Slovakia) and so it is possible, but not known, that the project results do include people of a Roma background.

Our previous experience of working with Roma communities suggests considerable investment of time and resource and more meaningful, direct involvement from within the Roma community itself is needed to increase the likelihood of participation by Roma people. This could be as members of staff, 'champions', peer researchers or in similar roles. Health and wellbeing partners in Wakefield may wish to consider a separate piece of work to engage with this group in the future.

Participants in the workshop day submitted their views on future engagement with Wakefield Council and how this could be designed practically in order to make it most accessible to them. These are summarised in Figure 26.

Figure 26: Suggested conditions for future engagement
Subsistence:
Participants appreciate the offer of drinks and food during an engagement event. Most, but not all, felt that some form of payment for attendance would secure their participation, including but not limited to travel expenses.
Time and frequency of meeting:
Participants preferred to meet on a regular basis, with suggested frequencies varying between once a month and once a year. All respondents preferred daytime during the weekend to meet. Of course, this group met initially on a weekend, and thus were perhaps more likely than other people to find this a suitable time of the week.
Location:
All participants preferred in-person meetings, again reflecting the conditions under which they had already convened. There were mixed feelings about the possibility of online meetings. They were open to different types of venues around the Wakefield area in which to meet, some suggesting community centres or parks.
Topics and guests:
Participants suggested relevant topics for such a group to discuss could include support to refugees and asylum seekers, and life and educational topics, in addition to health and wellbeing. Participants most frequently suggested Council officers to also be invited to future meetings. Some also suggested Home Office staff and representatives from different service areas (doctor, dentist, police) as well as other types of participants (including those who do not speak English, and people from other countries in addition to the participants from the workshop day). As an alternative, one participant suggested Council officers could go themselves to community centres to meet with people already there.

References

Brown, P., Gill, S., & Halsall, J. P. (2022) The impact of housing on refugees: an evidence synthesis. Housing Studies, 39(1), 227–271.

Čelebičić, V. (2021) Living the weathers and other stories. Migration Yorkshire.

Ciftci, Y. and Blane, D.N. (2022) Improving GP registration and access for migrant health. British Journal of General Practice Feb 2022, 72(715): 56-57.

Department for Culture, Media and Sport (DCMS) (2023) Community Life Survey 2021/22: Wellbeing and loneliness.

Fernández-Reino, M. (2020) The health of migrants in the UK. Migration Observatory, Oxford.

Foot, J. and Hopkins, T. (2010) A Glass Half-full: How an asset approach can improve community health and well-being. Improvement and Development Agency (IDeA)

Fox, H. and Sivasathiaseelan, D. (2022) Access to health care for migrants: why restrictive policies are failing. BJGP Life, 18 April 2022

Mort, L., Qureshi, A., Liuta, J., Mahmood, S. and Yemane, T. (2022) Building the foundations for social connections in Yorkshire and the Humber, IPPR.

NHS England (2022) Patients Registered at a GP Practice, August 2022.

Nylander, A. (2019) Overcoming barriers. In: BMA refugee and asylum seeker health resource. Refugee and asylum seeker patient health toolkit. British Medical Association; London.

Office for Health Improvement and Disparities (2022) Improving Roma health: a guide for health and care professionals. Guidance.

Office for National Statistics (2021) Wakefield Local Authority, Yorkshire and The Humber Region and England Country: 2021 Census Area Profile.

Thiemann, I., Polomarkakis, K.A., Sedacca, N., Dias-Abey, M., Jiang, J., Boswell, C., Fisher, O., Cueva, S., Miranda, P., Sitilonga, N.F., Hayashi, M. and Priyatna, E. (2024) UK agriculture and care visas: worker exploitation and obstacles to redress. Modern Slavery and Human Rights Policy and Evidence Centre.

Twohig-Bennett, C., Jones, A. (2018) The health benefits of the great outdoors: A systematic review and meta-analysis of greenspace exposure and health outcomes. Environmental Research, 166, 628-637.

Wakefield Council (2024a) Wakefield Joint Strategic Needs Assessment (JSNA).

Wakefield Council (2024b) Organisational Stakeholder Engagement. Wakefield Migrant Health Needs Assessment. Summary Report: Number 1.

World Health Organization (2023) Mental health of refugees and migrants: risk and protective factors and access to care.

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Migration Yorkshire (MY) supports people and organisations to achieve the most positive outcomes of migration for everyone in the Yorkshire and Humber region. We provide leadership and coordination, evidence, and practical assistance to organisations from all sectors at local, regional and national level. We believe in improving understanding, supporting the integration of migrants and maximising opportunities for all to create a more equal and enriched society. Migration Yorkshire is a partnership of councils working across the whole of the Yorkshire and Humber region and is based in Leeds.

Migration Yorkshire's expertise across Yorkshire and Humber has particular emphasis on supporting local authorities to respond to migration. We were delighted to undertake this engagement project since Wakefield is a key part of our region's history in relation to all types of modern migration, and health and wellbeing is a thread running through much of MY's work.

Through Migration Support, part of MY, we provide additional services for a wider audience to share the experience, skills and best practice built up over 20 years by MY. Migration Support aims to increase expertise, capacity and support for organisations from all sectors across the UK to deliver better understanding and outcomes of migration.

Glossary

Asset

A protective factor or resource (such as skills, knowledge, a person's interests, social capital, community groups, services, physical resources) that enables a person to maintain and sustain their health and wellbeing, like a buffer against life's stresses (adapted from Foot and Hopkins, 2010). The ability of a community to address their needs is thought to increase when we start thinking about what communities have (their assets) rather than what they don't have (needs).

ESOL

English for Speakers of Other Languages

EU2, EU8, EU14

EU member states can be categorised according to when they joined the EU. EU14 refers to the 14 members prior to 2004, EU8 covers 8 countries of central and eastern Europe joining in 2004 (Czechia, Estonia, Hungary, Lithuania, Latvia, Poland, Slovakia, and Slovenia), and EU2 refers to those two who joined in 2007 (Bulgaria and Romania).

Integrated Care Board (ICB)

An Integrated Care Board is an NHS organisation. The ICB covering Wakefield is called NHS West Yorkshire ICB. They bring the NHS and partners together locally to improve health and care. The job of the ICB is to plan and buy health and care services local people need. They will also make sure all services work well. Since 2022, the work of NHS West Yorkshire Clinical Commissioning Group (CCG) is now done by NHS West Yorkshire ICB.

Joint Strategic Needs Assessment

The Wakefield Joint Strategic Needs Assessment is a source of information about the health and wellbeing needs and characteristics of the Wakefield District population, including services and initiatives that support this. It is developed and maintained by the Public Health Intelligence team in collaboration with health, social care and other partners.

Migrant

The term 'migrant' refers to people with a wide range of different types of immigration status who have moved to live in the UK. They include: refugees, people seeking asylum, refused asylum seekers, trafficked persons, undocumented migrants, migrant workers, family migrants and international students.

Non-UK born national

A person who was born outside the UK. This report uses this term to reflect all residents in the Wakefield District who were born outside the UK (regardless of their immigration status, reason for migration or vulnerability).

Social capital

Social capital refers to all the resources and advantages that you can draw on through your contacts with other people. This network is made up of people that you know ('social ties') such as friends, family, colleagues, and neighbours. Some contacts are people very similar to you ('social bonds') and some are quite different ('social bridges'). Social capital is built up over time and through repeated interactions to build a trusting relationship. People who have recently arrived in a place are likely to have less social capital to rely on as they settle in and make adjustments. For example, parents often rely on extended family members or friends to help out with childcare, but a newly-arrived person may not know someone well enough to be able to request this support and, even when they do, they may not trust the person enough yet to leave children in their care.

Migration Support

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