



'Good health is everything'

Summary report

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

Health Needs Assessment Report Number 3a, September 2024



Wakefield District
Health & Care
Partnership



Migration
Support



wakefieldcouncil

'Good health is everything': summary report

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

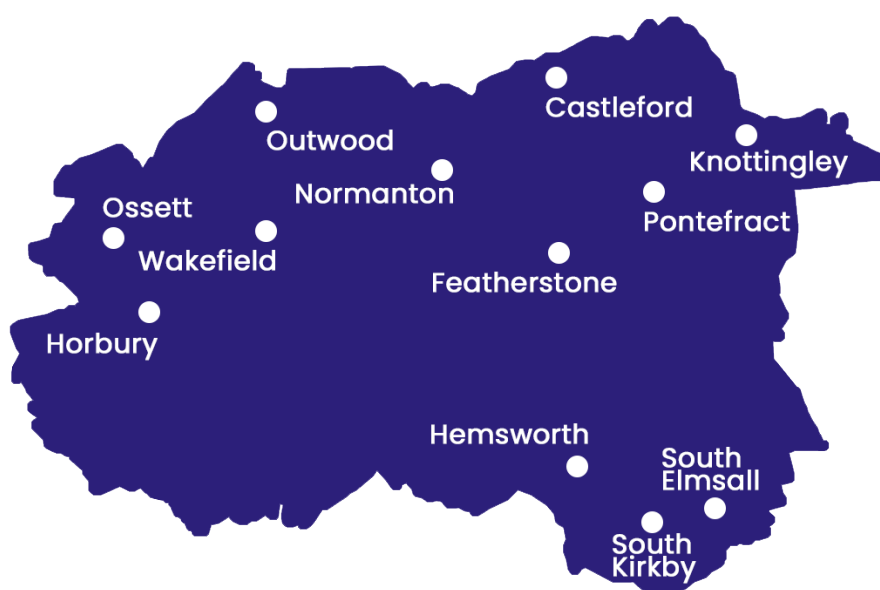
Context

The Wakefield District is home to just over 30,000 people who were not born in the UK.

The project forms part of the Health Needs Assessment for people born outside the UK, by the Public Health Team at Wakefield Council and Wakefield Integrated Care Board.

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).

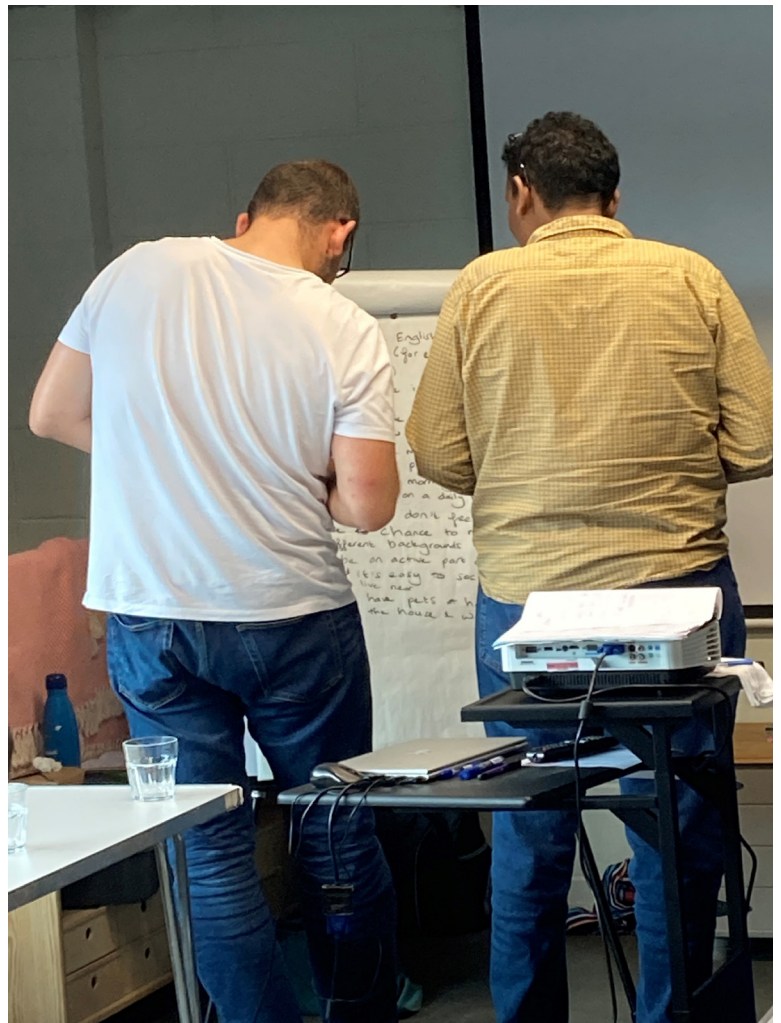
This project asked: What does good health and wellbeing look like to non-UK born communities in the Wakefield District? The purpose of the project was to hear and engage with communities and people with lived experience of moving to the UK, while another project engaged with organisations and professionals working with those born outside the UK. 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 title of this report, 'Good health is everything', comes from a focus group participant.

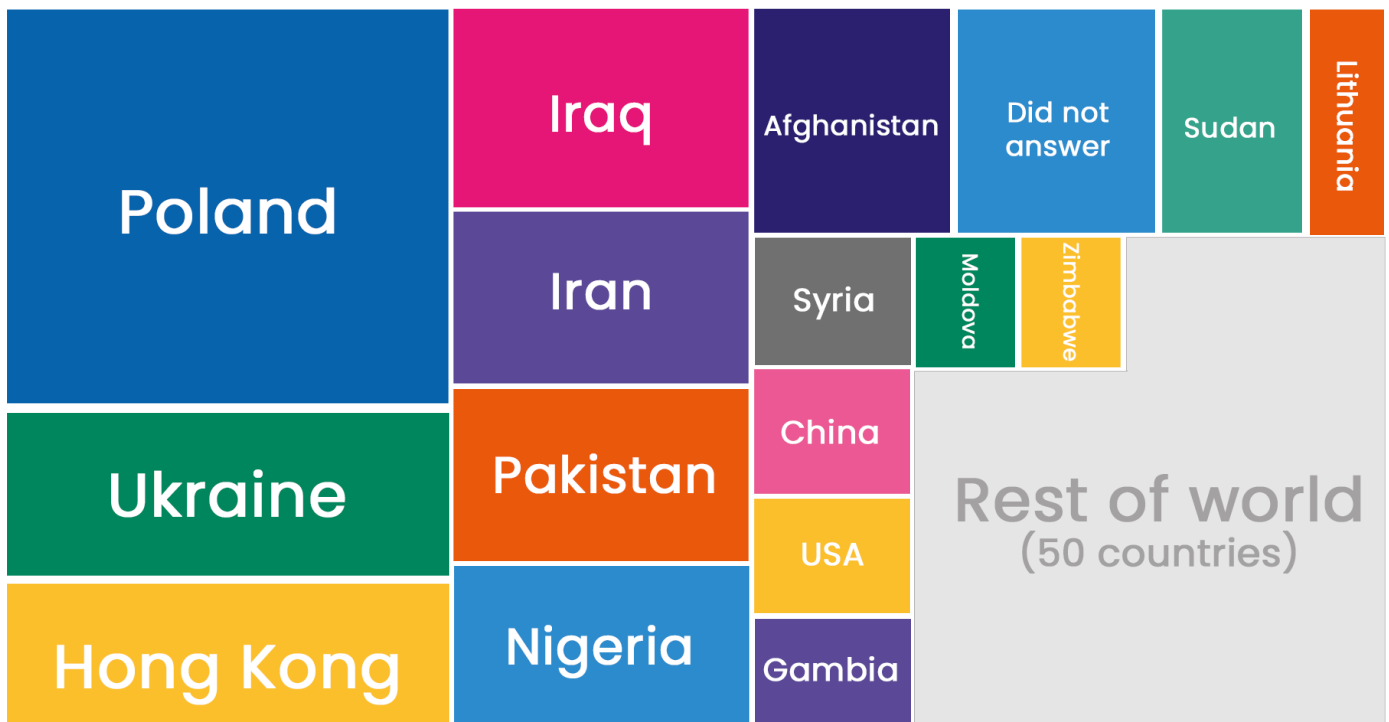
Participants

370 non-UK born nationals now living in different parts of the Wakefield District took part in the project during early 2024. Their ages were from 17 to over 75 years, and they came from 66 countries. Participants took part by filling in a survey, joining a focus group or being interviewed, while a further select group also took part in a workshop or created digital stories about their experiences. To reach as many different people as possible, the project was promoted in partnership with many local agencies, through engagement activities and extensive publicity.



Countries of birth of survey participants

Top countries of birth are shown in proportion to the number of survey submissions, where the number of people is at least five.



Findings

Project participants talked about broad wellbeing priorities in terms of themselves having value, security, choice and feeling connected to other people. The findings in this summary are organised into the following themes:

1. Who is doing well and who is struggling?
2. What are people's experiences of health and wellbeing?
3. What are the key issues affecting health and wellbeing?
4. What are the enablers and hindrances?
5. Conclusions.



Signs of wellbeing in Wakefield

A group of 12 project participants was asked to complete the following sentence: 'There is wellbeing in Wakefield when...'. Part of the purpose of this activity was to share some community-defined statements of wellbeing, and they may be useful as potential service or project baseline outcome measures. Having discussed the meaning of these statements of wellbeing, each participant voted on which five were most important to them individually. This list, presented in priority order from top to bottom, reflects some signs of wellbeing in their daily lives.

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

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

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

I have a secure place to live.

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

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

There is no bombing on a daily basis.

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

There is wellbeing in Wakefield when...

I wake up and don't feel isolated.

I can live my daily life independently in all situations.

I can plan my near and distant future.

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

I have financial security.

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

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

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

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

I have the chance to meet people from different backgrounds.

1

Who is doing well and who is struggling?

The project found that while non-UK born populations broadly score their health and wellbeing positively, certain groups feel that their health and wellbeing is better than others in general, and in relation to loneliness specifically.

- The strongest evidence here points to higher self-reported health and wellbeing among those who are in IT/tech and education occupations, those with Hong Konger and Nigerian nationalities (and likewise, those whose country of birth is Hong Kong or Nigeria, and more generically those whose world region of origin is East Asia), people speaking Cantonese as their first or preferred language, and people who migrated primarily to undertake studies.
- 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 who were born in Pakistan or have Pakistani nationality, those born in Iraq and those identifying as having Kurdish nationality, people without permission to work in the UK, people who were born in South Asia, 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 currently either not married or not in a registered civil partnership.
- Improving health and wellbeing for these groups is further complicated by things that can make it harder for a person to use support services, such as money, time, local knowledge and other people to rely on.



'I don't get sick and I do go to the gym and work out twice a week.'

Nigerian man aged 18-24, working in social care, explaining his self-score of 10 out of 10 for his health and wellbeing.



'Stress and depression.'

Woman from India aged 45 to 54 years with a disability, widowed, explaining her self-score of 1 out of 10 for her health and wellbeing.

2

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

- A large majority of survey participants (89%) were registered with a GP, and participants found the registration process 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 they have been given. This was partly affected by their migration reason, for example people who moved to the UK to work tended to have received less information on arrival than others.
- Waiting times and not thoroughly understanding their medical treatment were frequently raised issues of concern.
- Interviewees and focus groups discussed in more detail both positive and negative experiences of using health and wellbeing services. Topics they raised included the information they received, medical treatment, language and communication challenges, waiting times, accessing care outside the Wakefield District, and mental health support.

‘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.’

(Omar, from Pakistan)

‘They don’t have to waste another appointment but just a leaflet to find out where I can find the support or advice.’

(Siu, from Hong Kong)

3

What are the key issues affecting health and wellbeing?

Four important issues stand out that commonly affect the health and wellbeing of Wakefield residents who were born overseas.

Adapting to the UK health system

A person born overseas brings an almost unique experience to the UK: they have routinely used a healthcare system in another country. It is very likely that they will compare that experience to using the NHS. With this set of experiences, a person who needs support with their health and wellbeing might respond, act or choose differently to what is usually expected of someone who was born in the UK and has only used the NHS.

A new arrival must also work out when it is appropriate to be accepting and unquestioning as a patient in the UK, and when they can be more proactive and assertive. These judgements might be different in the UK than in the country they came from.

‘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.’

(Svetlana, from Ukraine)

‘When my husband was unwell and he needed endoscopy here, they told him that he will be waiting like months and months. ... So he basically flew to Poland, paid for endoscopy, had it done same day, and results the same day.’

(Marta, from Poland)

Social connections here and abroad

A new arrival will find that getting used to life in the UK and their neighbourhood is easier when they have friendships and other trusted social relationships here. Part of settling in involves using health and wellbeing services; registering with a GP, for example, or knowing who to call in an emergency. Social contacts can help answer questions and give advice about these kinds of situations. It also means that people use services efficiently; for example, knowing when it's appropriate to go to the GP, the walk-in centre, or the hospital. Further, knowing people in the local area can help a new arrival to feel that they are welcome and can belong here, and encourage them to feel at ease.

Building relationships in the UK takes time and requires opportunities to meet new people and find things in common, whether within a person's own social group or the local 'host' community. Some of the practical functions provided by social contacts can be substituted by service providers but they cannot replace friendships entirely. Loneliness, isolation and community tensions can occur if social connections are lacking between new arrivals and their local communities.

It's also important for people from another country to maintain their relationships with friends and family overseas, in part to minimise anxiety caused by that separation. Access to the internet and the phone are extremely important in this case.

‘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.’

(Kesandu, from Nigeria)



‘Sometimes when we contact them [family in Afghanistan] ... they send some photos. They may come together in one house or in a park, and make like a party. In that time ... my wife, she feels kind of alone.’

(Bahman, from Afghanistan)

Green spaces and a healthy lifestyle

Everyday life conditions governing home and work have a huge impact on health and wellbeing, and for many people their immigration status further impacts upon their ability to control these circumstances. People who were born outside the UK value having a healthy lifestyle but, because of their circumstances, they sometimes struggle to prioritise this.

Having clean, safe spaces across the District is critical. Being able to enjoy nature is a particular favourite activity for many people, providing peace, familiarity, the opportunity for physical activity, and social interaction.

Leisure activities are also greatly valued, but they can be difficult to reach and use. It can make a big difference when activities have been designed to take into account things like low or no costs, their availability, sessions aimed at particular groups, and instructions in a familiar language.

This wordcloud illustrates the green spaces named by focus group participants as their favourite places in the Wakefield District (the names provided are not necessarily the formal names of these places).

‘We ladies want our own place for swimming but we are not comfortable with everyone, mixed swimming ... We really like it, but the thing is, ... we tried, but there is months and months waiting list.’

(Women from Pakistan in a focus group)

Normanton
Stanley Park Pugneys
Ferry Thornes Park Country
Newmillerdam Park
Sandal Castle Pinderfields

Employment and housing circumstances

Everyday life conditions governing home and work have a huge impact on everyone's health and wellbeing. Workplace issues for people born outside the UK often include being unable to apply for benefits or housing assistance, underemployment and low pay, unpredictable or shift work.

Conditions at work and at home can be improved by, for example, employability support to understand the expectations of UK employers, information about rights and entitlements (including sick pay or free prescriptions), English language support and opportunities to make progress at work.



‘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.’

(Aneni, from Zimbabwe, now a care worker in the Wakefield District)

‘This [home] 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.’

(Omar, from Pakistan)

4

What are the enablers and hindrances?

Specific, important influences on health and wellbeing within each of the report themes are outlined below and may inspire practical adjustments to the design and delivery of different services and initiatives.

What can help?

Clear communication about systems and procedures, and the purpose and reasons for treatment

Systems like 'Patches' for communicating with GPs

Good quality and comprehensive interpretation and translation provision

Anticipation of additional needs such as interpreters and travel arrangements

Delivery of health and wellbeing services

What can hinder?

When treatment seems ineffective or superficial

When there are problems with interpreting and translation

A fear or perception of unequal treatment

What can help?

Relevant information available on arrival, including for people arriving for work and joining family, with translation and interpreting availability clearly displayed, and on topics that may be less expected such as mental health

Getting confirmation from trusted sources

Talking with family members about interpreting practices

Getting used to UK health systems

What can hinder?

Unexpected waiting times and short appointments

Too brief explanations of treatment

Lack of alternatives to phone booking systems

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

Social connections here and abroad

What can hinder?

Uncertain conditions for family overseas

Separation from extended family support network

Feeling excluded or unwelcome in the neighbourhood

Low income

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

Green spaces and a healthy lifestyle

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

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

Employment and housing circumstances

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)

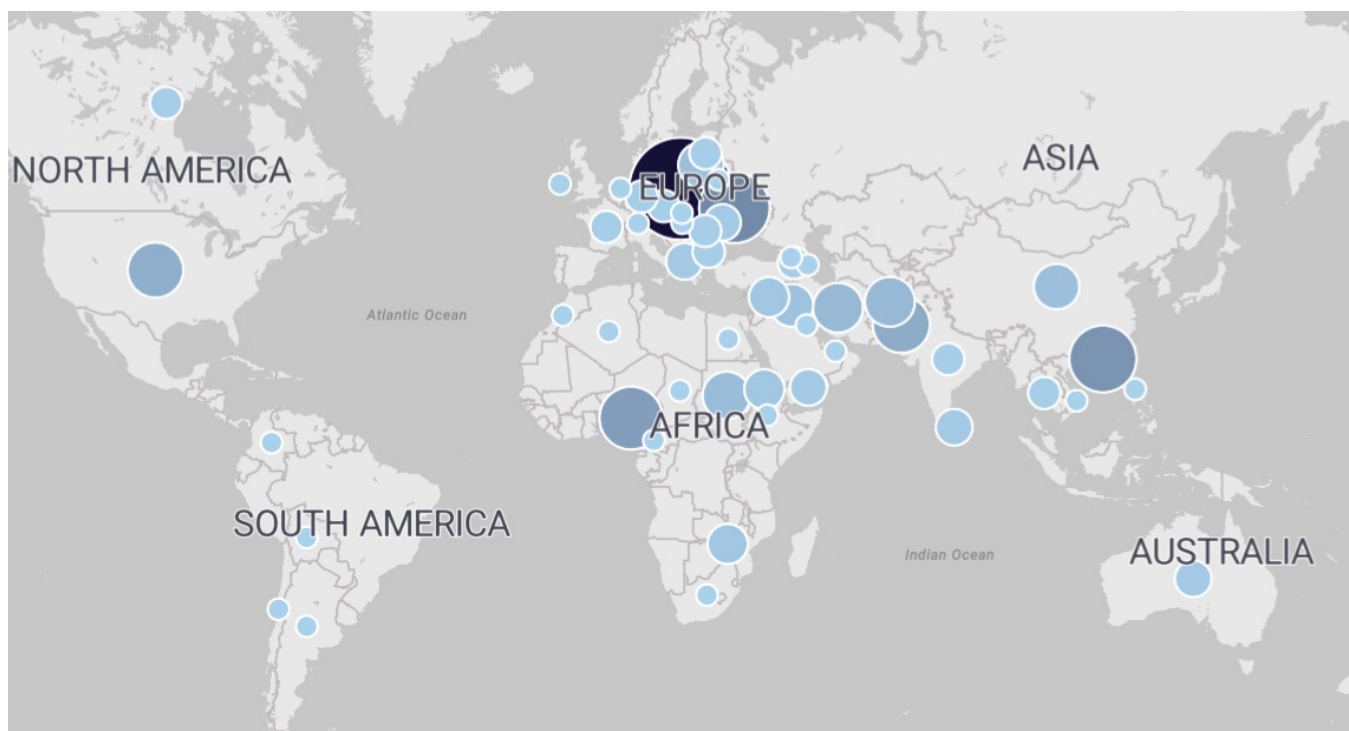
5

Conclusions and key considerations

- Non-UK born communities in the Wakefield District tend to report positively on their health and wellbeing.
- Accessible services, amenities and opportunities to connect socially in Wakefield are deeply valued by non-UK born communities and need to be invested in and protected.
- Non-UK born residents bring unique experiences to the Wakefield District, such as previous use of a healthcare system in another country and social ties and responsibilities overseas.
- Some distinct groups seem more able than others to attain better health and wellbeing.
- Although we cannot have certainty about why some groups do less well than others in relation to their health and wellbeing, it is likely they relate to meeting basic needs as well as more complex, structural factors such as immigration policies and social environments.



- Priorities for non-UK born communities often highlight the needs of more vulnerable and newly-arrived members, and can be summed up as having value, security, choice and connectedness.
- Important assets or resources in Wakefield that support health and wellbeing for non-UK born residents, in addition to specific services, include access to green spaces, and building social capital through faith groups, institutions for learning, trusted people in authority and neighbours.
- Stability and predictability (in the home, in work, and in relationships) are important aspects of keeping well.
- Some people also go beyond Wakefield for reasons important to their health and wellbeing, whether nearby or overseas.
- Challenges, often presenting in combination, include isolation, community tensions, worry for loved ones, a lack of knowledge about local assets and services, insecurity, and not knowing quite how to act in different situations in a new culture.
- Some issues are shared with UK-born residents, whether waiting times or feeling compelled to travel beyond the Wakefield District boundary for certain work, social and leisure opportunities.
- The more levers available to address barriers, the greater the likelihood of success.
- A holistic approach to health and wellbeing would reflect the huge range of services, resources, social influences and constraints upon a person, from health and wellbeing services to a good job, friendships and enjoying the outdoors.



Countries of birth of survey participants

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 different communities.

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.



Migration
Support

Understand. Adapt. Get ahead.

migrationsupport.org.uk

4 Floor west, Merrion House, 110 Merrion Centre, Leeds, LS2 8LX | admin@migrationsupport.org.uk | 0113 378 8188



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