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Refugee COVID report 1: Getting the message. On official advice around COVID19 for asylum seeking and refugee communities in Bradford

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CSAG – Community Soft Intelligence Briefing Paper

<p>Refugee COVID Report 1: Getting the Message</p> <p>On official advice around COVID19 for asylum seeking and refugee communities in Bradford District</p>	<p>Date: 25-01-2021 Mel Cooper & Marcus Rattray, University of Bradford; April Wareham, Working with Everyone; Rose McCarthy, Refugee Council</p> <p>Funded by the University of Bradford and NHS England</p>
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Executive summary

- In this report we focus on refugee and asylum seekers views on receiving, understanding, and improving messages about public health advice.
- Refugees and asylum seekers as a group have incomplete access to Television and WIFI or data to access the information they need in the way they prefer.
- Refugees and asylum seekers have constructive suggestions on how to improve key messages so they can be better understood.
- There is an ongoing risk to refugee and asylum seeker health, and population health if people are unable to receive official messages in a way that is relevant to them,
- Because of the high use of social media/internet, without complete access to television, there is an ongoing risk that the official messages are missed, and that the main information people receive (e.g. about vaccination) may be incorrect or misleading.
- Our key recommendations are
 - Ensure free and functional WIFI access in all asylum accommodation including hostels, hotels, army barracks and initial accommodation centres and ensure data allowance provision so that people can access official public health information as well as maintaining social connections and the ability to access services. Supply smartphones to the tiny minority of refugees/asylum seekers who do not already have one.
 - Use link workers and community organisations to ensure every person receives ongoing contact and has access to official information in a way that is meaningfully and preferred by them, that might include printed information, translated information and conversations with trusted people.
 - Ensure that all refugees and asylum seekers are registered with a GP and make use of GP/NHS text message systems to people in this group can receive messages from a trusted source in their preferred language e.g., containing links to trusted websites with advice tailored for these groups to support self-care, symptom recognition, access to services and public health advice and adherence to rules and guidelines.
 - Involve refugees and asylum seekers in the development, testing and refinement of messages so that the messages are more likely to be clear, consistent, understandable, and well-received.

Background

- In July 2020 we surveyed the health and wellbeing of 100 asylum seekers and refugees, 81 recruited through Bradford and wider West Yorkshire Centres, to understand the impact of the first lockdown. In depth telephone interviews were carried out by 20 community peer researchers.
- Most refugees/asylum seekers were in the 30-44 age range, 60% are women. The survey included people from a wide range of countries, and both recently arrived and more settled people.
- The survey focused on the impact of COVID-19 restrictions on various aspects of life including health care access, physical and mental health, social wellbeing and support, housing, finances, food security, digital access, and access to the COVID-19 public health messages.
- The same survey was carried out with 49 people from other vulnerable groups in England allowing the comparison of factors, to find those that are specific or more common in refugees and asylum seekers.
- We highlight those factors which we believe are particularly relevant to the current situation in relation to reaching and supporting the asylum seeking and refugee population.

Summary of the Key Concerns of Refugees and Asylum Seekers

- Increasing social isolation and barriers to accessing key public health messages. This is in addition to language and cultural barriers influencing understanding of these messages. The focus of this report.
- Shared accommodation, including bedrooms made shielding, self-isolating and social distancing difficult or impossible.
- Paused asylum process led to delays in receiving financial support and moving into appropriate housing
- Food insecurity and, in some cases hunger, caused by inadequate food in shared accommodation, in cases unhealthy, sparse, and not culturally sensitive. Difficulties with food parcels and food banks.
- Deterioration of mental health and increased social isolation on a background of low mental health to begin with, caused by the closing of key voluntary sector services which provide face-to-face support for this population including drop-in sessions (welfare, language, and social support), voluntary sector mental health services, peer support services, services providing activities such as conversation clubs, art therapy, Pilates, clothing exchanges.
- Difficulty in registering with health services in some cases, with a lack of familiarity of health services and systems for those recently arrived.

Information preferences

- Refugees and asylum seekers, like other populations, show major diversity in the ways they would prefer to receive public health messages about the pandemic and health advice.
- There is no single medium that matches the majority of preferences

- Newspapers (2%) and radio (2%) are the least popular. Email (5%) is also not popular
- Television (24%), Post (20%) text messages (18%) are all popular
- Social Media (18%) and Internet (14%) are also popular
- Receiving messages from other people is not the most preferred method by many people in this group (4%), though we note this is the way many refugees and asylum seekers currently receive their advice from other people (see below)
- We note that some refugees/asylum seekers (7%), without prompting, expressed a desire to receive messages from trusted Health Providers e.g., GPs and the NHS.
- We also note that 15% of the participants were not registered with a GP, an obvious barrier in relation to access to essential health services, and shortly, vaccinations.

How information was received

- There is a diversity in the ways in which people received the advice, that did not exactly match people's preferences and relate in part to access.
- Our insights show that people found the internet and social media and from other people are more important than traditional channels (television, radio, media, newspapers).
 - The most common ways of receiving information were through the Internet and by Social Media, with half of people using these media. 40% of people got information from Television, 39% from other people, 27% from posted material.
 - Whilst most refugees/asylum seekers used multiple means of accessing information, some people are dependent on a single media: Internet/Social media (11%), Television (10%), from other people (8%) from posted material (7%)
 - Around 10% of people used the radio or newspapers for information, but nobody in these groups solely used those forms of communication.
 - A small but important proportion of people (3%) told us they had no access to government advice at all.

Barriers to receiving Public Health information

- While Television is the single most preferred media, less than 50% of people surveyed had access to a Television. The reason for this is that many people are staying in provided accommodation, and in many cases were confined to bedrooms with little access to communal areas, or other people.
- Over 90% of people have access to a Smartphone or other device that connects to the internet.
- There are significant barriers to accessing the internet. Less than 35% of people had WIFI in the places they were living, less than 10% had a phone contract.
- Only 40% told us they had enough mobile data to access what they needed, with the barriers being almost exclusively financial (money to buy data for phone) where there is no free WIFI available in the accommodation.

- We note that many people who are unfamiliar with the UK (recently arrived) can lack the knowledge and appropriate social networks to be able to find the most appropriate sources for information using the internet.

Improving Public Health advice

We asked refugees and asylum seekers ways that they thought messages could be made more relevant for themselves, and for others.

- We note that a sizeable proportion of people told us that the public health information they received during the first lockdown was appropriate and useful.
- Of the many suggestions for improvement, the following themes emerged:
 - Language that people can understand (simple, adjusted to different groups and their level of understanding, using pictures as well as words, in different spoken languages)
 - Using Support workers/community groups to explain information, use of printed material, translated if needed (e.g. leaflets), delivered door to door.
 - Consistency in messages, which many found confusing
 - Use of some more in-depth messages, for example providing numbers, statistics, and explanations behind the advice, including explanations of symptoms of Covid19.
 - Providing more self-care information, and information on who people can contact, for those who are not yet familiar with the UK systems.

Additional researcher-led considerations for improving Public Health advice

- For context we note that 86% of refugees and asylum seekers told us they speak English as an additional language (14% have English as first language). In addition, 75% of refugees told us they can read English, 19% read English partially, and 6% read no English at all. For these reasons when considering improvements of messages, the English wording in addition to the language used should both be considered. Not all refugees/asylum seekers are able to read their own spoken languages any better than English.
- We note that some refugees/asylum seekers, particularly recent arrivals, are not familiar with health services available or all the terminology around health services, and so guidance to these is essential, as well as supporting registration with a GP.
- Refugees and Asylum seekers are ideally placed to be engaged to support the development of appropriate messages for people in their communities.