People Seeking Asylum and Refugees' Experiences with Health Services in Wirral

Full Report

Qualitative Insight Team, Public Health – Wirral Council

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List of acronyms

PSA	People seeking asylum
PSA&R	People seeking asylum and refugees
GP	General Practitioner
VCFSE	Voluntary, Community, Faith and Social Enterprise
QIT	Qualitative Insight Team

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Project background

Wirral has experienced an increase in the number of people seeking asylum and refugees (PSA&R) housed through contingency accommodation and dispersal schemes. According to the 2023, Cheshire & Merseyside asylum seeker health service review and needs assessment, by 2023, over 2,000 people seeking asylum were accommodated across 21 contingency hotels in Cheshire and Merseyside, with numbers continuing to rise due to shifts in government policy and global resettlement pressures. Despite this growth, local service provision has struggled to keep pace. Health and care systems have responded reactively, often with limited preparation, resulting in fragmented and inconsistent models of delivery across the region.

To date, Wirral has not undertaken a place-based health needs assessment specifically focused on People Seeking Asylum and Refugees (PSA&R). Previous research has tended to concentrate on broader ethnic minority engagement, leaving a gap in understanding the lived experiences and health challenges of PSA&R communities.

In response, the Migrant Health Partnership Group was established in 2024 to address these gaps and inform future service design. This project represents Phase 1 of a two-year assessment programme:

- **Phase 1 (2025/26):** PSA&R
- **Phase 2 (2026/27):** Economic migrants and Gypsy, Roma, Traveller communities

As part of phase 1, the Qualitative Insight Team (QIT) was asked to explore the lived experiences of PSA&R in accessing health services in Wirral. This work complements parallel quantitative analysis and will be combined with qualitative evidence to inform a robust needs assessment, contributing directly to the Joint Strategic Needs Assessment (JSNA)

Summary of Findings

This summary presents a synthesis of findings by the QIT focused on the experiences of people seeking asylum and refugees (PSA&R) in accessing healthcare services in Wirral. The report draws on the voices of both professionals and community members to highlight the systemic challenges and opportunities for improving healthcare access.

Theme 1: Understanding and Navigating the Healthcare System

Many PSA&R arrive in the UK with limited knowledge of how the UK healthcare system operates. They often expect it to function similarly to systems in their home countries, where direct access to doctors without appointments is common and Healthcare costs may need to be covered directly by individuals This mismatch in expectations often leads to confusion, particularly around the importance of registering with a GP before accessing services, referral processes, prescription procedures, and understanding the different professional healthcare roles and their purpose.

Themes emerging from the insights also indicate a widely held perception that there is insufficient orientation about the UK healthcare system upon arrival in the UK, leaving many individuals uncertain about how to navigate the healthcare system. This often contributes to missed appointments and delayed or unmet health needs.

While health checks are offered in initial accommodation, they are often inconsistently attended, with some individuals eager to engage and others reluctant.

Medication continuity is also sometimes disrupted, as drugs brought from home may not be available or licensed in the UK, leading to frustration and delays in treatment.

Theme 2: Barriers to Access

Language remains one of the most significant barriers to accessing healthcare. Dialect mismatches, lack of gender-appropriate interpreters, and delays in interpreter availability further compound PSA&R experience. PSA&R frequently rely on family members or community volunteers to interpret for them, which can lead to miscommunication and breaches of confidentiality. While some organisations clearly stated that they do not permit family members to interpret for one another, concerns were raised about the quality and consistency of interpretation services, with poor translation seen as a risk to effective healthcare delivery and patient trust.

Digital exclusion also limits access, as many individuals lack the skills and or the confidence to use online systems for booking appointments or managing prescriptions. Booking same-day General Practice (GP) appointments is particularly difficult when support organisations open after 9am. Some PSA&R resort to calling 111 or visiting A&E directly, as these options feel more accessible.

Housing instability also emerged as another major barrier. Frequent relocations, driven by Home Office or housing transitions, disrupt care continuity, break community connections, and create logistical difficulties. During housing transitions, PSA&R often

miss medical letters, struggle to re-register with new GP practices in their new area and often face financial strain from increased travel costs if they have to travel to their GP.

Further, for families in particular, the lack of cooking facilities in temporary accommodation affects nutrition, particularly for children, and contributes to broader health concerns.

Mental health needs are prevalent in PSA&R communities but there is a shared view that they are poorly addressed in healthcare provision. Many PSA&R carry traumas from their journeys to the UK and experiences in their home countries. Professionals highlighted the importance of creating safe, stable environments before individuals can engage meaningfully with mental health services.

Cultural taboos around mental health, unfamiliarity with talking therapies, and the burden of repeatedly retelling traumatic stories all hinder access to appropriate support. Trauma can also affect memory and concentration levels, which can lead to missed appointments and reduced engagement.

Theme 3: Supportive Practices and Enablers

Despite the challenges above, several supportive practices and enablers were identified. One of the major themes identified was the vital role that community organisations play in helping PSA&R navigate the healthcare system. These organisations provide holistic support, including assistance with GP registration, appointment booking, and interpretation.

Collaborative working between health professionals and community organisations, such as joint home visits, has led to improved outcomes.

Informal drop-ins at community organisations and trusted relationships with professionals enhance engagement and reduce anxiety around accessing services.

Further, access to volunteering opportunities and peer support foster a sense of community and empowerment among PSA&R, helping individuals find purpose and build connections.

Professionals emphasised the importance of partnership working, advocating for voluntary sector involvement, and ensuring consistent funding to sustain these efforts.

PSA&R also highlighted the need for guided support rather than simple signposting. PSA&R benefit from being walked through processes such as registering for online consultation services (e.g. PATCHS) or navigating digital platforms. Long-term and follow-up support are essential to help individuals feel settled in Wirral and to become self-sufficient.

Theme 4: Ideas for Change and System Gaps

Insights collected show that there is an apparent need for translated materials and multilingual digital platforms to ensure equitable access to information. Education around the appropriate use of pharmacies versus GP appointments is also essential, as many PSA&R seek GP consultations for minor ailments due to lack of awareness.

Transition support following the granting of refugee status is often inadequate, leading to homelessness and increased mental stress.

Poor data sharing between agencies results in duplication and delays, while interpreter systems require reform to ensure quality, consistency, and cultural sensitivity.

Participants also stressed the importance of improving access to English language courses, particularly those tailored to navigating healthcare. These should be practical, informal, and accessible early in the resettlement process.

Professionals and PSA&R alike called for better integration of interpretation services, including matching interpreters by language, dialect, and gender, and ensuring availability during emergencies.

The co-design workshop

After the focus groups with the professionals and PSA&R, researchers held a co-design workshop that brought together PSA&R and professionals from various organisations to reflect on the themes that emerged from the focus groups. During these sessions, participants collaborated to brainstorm and prioritise practical actions through discussion and voting. The top solutions focused on improving communication and language support, enhancing education and training for both professionals and PSA&R, fostering cultural awareness, and ensuring better provision of information. These recommendations aim to address systemic barriers and create a more inclusive, responsive healthcare system that promotes equitable and dignified access for all.

Methodology

To ensure a comprehensive understanding of healthcare access challenges and opportunities, the Qualitative Insight Team (QIT) engaged with two distinct cohorts:

1. Professionals working within stakeholder organisations
2. People Seeking Asylum and Refugees[1] (PSA&R)

This dual approach was intentional and necessary. Both groups interact with the healthcare system, and have different vantage points, professionals as service providers and system navigators, and PSA&R as service users with lived experience of displacement, trauma, and adaptation. Although there were areas of overlap in the insights shared, the researchers observed meaningful divergences in how each group perceived and experienced the health system.

Professionals often spoke from a systems-level perspective, highlighting structural constraints, resource limitations, and procedural complexities. In contrast, PSA&R participants shared deeply personal accounts of confusion, exclusion, and resilience in the face of systemic barriers. These differing perspectives not only enriched the data but also revealed gaps and assumptions that might otherwise go unnoticed. For this reason, the findings are presented separately under each thematic area, allowing for a more nuanced and layered understanding of the issues. This approach ensures that the depth of insight from both cohorts is preserved and that the distinct realities they face are acknowledged.

The data collection for the project took place between August and September 2025. The research adopted a qualitative mixed methods approach, designed to centre the voices of PSA&R and those who support them. This included three core components:

1. Focus Groups with people seeking asylum and refugees

Focus groups were conducted to facilitate peer-supported discussions. These settings proved effective in surfacing shared narratives of mistrust, confusion, isolation, and community-specific challenges.

2. Mini-focus groups with professionals

Mini focus groups were held with GPs, public health staff, interpreters, Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) organisations, and care workers. The initial plan was to hold 1:1 interviews with professionals and when insight gathering started it became clear that professionals preferred to speak as teams reflecting on their shared experiences as a team rather than as individuals. This led to the researchers holding eight mini-focus groups with professionals from eight teams. These explored the systemic and operational challenges in delivering inclusive and consistent care.

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[1] While we recognise that people seeking asylum and refugees represent distinct cohorts with different circumstances, their experiences are presented together in this report as the insights were collected together. Where relevant and necessary, differences between these groups are highlighted to ensure nuance

3. Co-design workshop

The final stage for insight collection was a co-design workshop that brought together PSA&R, community partners, and service staff to triangulate findings, map ideal versus real care pathways, and co-create recommendations for service improvement. Using storytelling and journey mapping techniques, participants collaboratively identified gaps and envisioned solutions.

The journey mapping exercises were particularly powerful in illustrating the lived realities of PSA&R. Scenarios such as a newly arrived mother with sick children, a young asylum seeker navigating digital barriers, and a relocated family losing access to ongoing treatment, revealed systemic weaknesses and opportunities for reform.

The focus groups helped identify the barriers, gaps, and enablers, while the workshop enabled participants to imagine what could be better, offering practical, community-informed solutions. This mixed-methods approach ensured that both the challenges and aspirations of PSA&R communities were captured, laying the groundwork for more inclusive, responsive, and equitable health services in Wirral.

Recruitment process

Participants for this project were recruited through a combination of stakeholder engagement and snowball sampling. The QIT worked closely with partner organisations across Wirral, including community groups, voluntary sector organisations, and health and care services, to identify and invite individuals with lived experience of seeking asylum or working professionally with PSA&R communities. These partners played a vital role in building trust and facilitating access to diverse voices.

In addition to direct outreach to partner organisations, a snowballing method was used, whereby initial participants referred other PSA&R within their personal and community networks to this work. This approach helped reach individuals who may not be connected to formal services, but whose insights were critical to understanding the broader landscape of PSA&R experience in Wirral. This recruitment strategy ensured a mix of perspectives across different languages, genders, and lived experiences, enriching the depth and diversity of the findings.

Data analysis

The insight gathered through this project was analysed using a qualitative thematic analysis approach. QIT researchers systematically examined data gathered via various research approaches, such as focus groups with PSA&R, mini-focus groups involving professionals, and the collaborative co-design workshop QIT researchers identified recurring themes, patterns, and ideas across the different data sources.
By comparing and contrasting the perspectives of professionals and PSA&R, QIT researchers were able to identify points of convergence and divergence of

perspectives, enriching the overall insight. This approach also ensured that the findings not only captured individual experiences but also revealed broader structural issues and opportunities for change within the healthcare system.

Names and quotes

To protect the identities of the residents and the organisations that took part in the research, no names are used.

Findings

1. Understanding and Navigating the UK Healthcare System

This section explores how people seeking asylum and refugees (PSA&R) engage with and make sense of the UK healthcare system upon arrival in Wirral. Drawing on insights from both professionals and PSA&R participants, it highlights the initial confusion that many face, the expectations they bring from their home countries, and the role of community organisations have in bridging knowledge gaps. It also examines the challenges of digital navigation, continuity of medication, and the importance of interpretation and communication in healthcare settings. The section presents a dual view of how professionals and PSA&R perceive the system, offering a nuanced understanding of the early stages of healthcare engagement and the factors that shape those experiences.

1.1. Insights from professionals

1. **UK health system knowledge and expectations**

Most PSA&R arrive in the UK with limited awareness of how the healthcare system operates which may differ significantly from what they are used to. Limited knowledge and understanding of services/organisations, professional roles and responsibilities, and referral processes (including wait times) can affect their access, experience, and expectations of UK healthcare. They often expect it to function like systems in their home countries, where access may be paid for directly and appointments are not required. This mismatch in expectations often leads to confusion and delays in accessing care.

> "They bring their understanding of their system… and think everything works like in their country."

2. **Translation of health information**

UK health terminology does not always translate directly into PSA&R's language or dialect. Terms like GP, surgery, or pharmacy may be unfamiliar or absent in previous healthcare systems they accessed, leading to confusion about what services or professionals do, and where/who to seek support from to address their health needs.

3. **Understanding different professional roles**

PSA&R may not understand the different roles of UK health professionals or who is responsible for their care. Confusion between named roles, such as doctors, midwives, and healthcare assistants, can lead to miscommunication and missed referrals or information sharing with relevant professionals/services. For example,

professionals shared that some PSA&R families are not aware about the different roles and responsibilities of midwives, health visitors, antenatal services appointments or public health messaging (such as around vaccinations and oral health), which had led to poor engagement with healthcare services and missed opportunities to provide healthcare to families. "A lot of families are presenting late within maternity services because they're not aware of the things that they need to do."

4. Understanding how prescriptions work

Professionals highlighted a key gap in PSA&R's ability to access healthcare, specifically their limited understanding of the prescription process. PSA&R don't always understand the prescription procedure, costs associated with prescriptions, how to access free prescriptions when you are seeking asylum or in receipt of Universal Credit (when refugee status is approved), and how to pay for prescriptions. "Nobody I've known knew about HC1, HC2 forms until we told them." They also sometimes do not know how and when to request repeat or advance medication. This can leave people having to pick up prescriptions often, if they do not know they can be extended. For some refugees who wanted to travel away from Wirral for a week or two, they were not aware that they had to request medication in advance to give the pharmacy adequate notice, so they did not have the medication they required for when they were away.

5. Continuity of medication and treatment

Medication continuity was another key theme. Medications brought from home countries may not be available or licensable in the UK, leading to frustration and delays in treatment. "They want to replicate medication from home, but sometimes it's not licensed here." One professional described supporting a PSA who required access to strong mental health medication. The PSA had accessed a GP Surgery when they only had two days of medication left but was told he was required to register first, which then delayed access to the medication he required for his condition. As the professional explained, "by the time he registers, by the time the week passes, the medication is run out… strong medication that you are not supposed to stop suddenly, it's a medication that has be weaned over months or weeks." Raising concerns about the wider impact this situation might have had on the person's immediate, short-term and long-term health.

6. Automated/Digital Systems

Professionals also shared that the automated GP systems in the UK affect PSA&R's ability to understand and navigate the UK healthcare system. Digital navigation presents a significant challenge, as booking appointments via online systems e.g. PATCHS or NHS apps is difficult for those with low digital literacy.

"Repeat prescriptions via NHS app are difficult for many."
"Some clients don't even know how to use a phone."

1.2. Insights from PSA&R

1. Knowledge and understanding of UK Health System

Insights from PSA&R echoed closely insights shared by the professionals on understanding and navigating the UK healthcare system. One of the common themes was the lack of knowledge and understanding of the UK healthcare system on arrival in the country. They shared that PSA&R frequently arrive without knowing how to access healthcare. PSA&R often find the UK health system unfamiliar and more complex than what they are used to in their home country. Some PSA&R perceive the UK system as less efficient due to appointment requirements, long wait times for appointments, and unclear processes. Lack of awareness about available services, and what health conditions can receive treatment, can lead to delayed access and unmet needs.

> "In our country there's no like GP at all. We have some clinic, so when you feel sick, when you have symptoms of an infection, you will go directly. There's no appointment needed. You will face-to-face go there. As a walk-in, wait for it, see a doctor, and when you see the doctor, you will talk about your issue. We should pay for the medication… and everything is paid".

As a result, many PSA&R rely on community organisations to support them to access healthcare in Wirral. "{…} organisation helped us with everything."

2. GP registration

There is widespread confusion around GP registration. Many do not realise they must register before accessing services, and some are turned away when they attempt to seek care. "I didn't know why I need to go and register because I'm not sick. I only go to the GP if I'm sick in my country, so why will I go… I didn't know that that it is a requirement." PSA&R also shared examples of being unaware of the 28 day wait/transition period for their medical records to be transferred from one GP surgery to another, for example if they moved to a new area in Wirral following Home Office housing relocation decisions. PSA&R shared they were not aware they could not access their prescription in their new surgery during this 28 day wait/transition period, sharing that more PSA&R should be told to get at least one month of prescription medication in advance to avoid lapses in treatment and reduce any stress caused.

3. Waiting for confirmation of health conditions

PSA&R shared frustration with needing UK doctors to confirm health conditions before receiving treatment. For some PSA&R, this required long wait times for specialist appointments whilst living in pain, leading to increased frustration and people feeling like they should 'give up'. One refugee shared his experience of waiting one year for a physiotherapy appointment. When he eventually attended his appointment, the physiotherapist showed him videos to watch on YouTube. The participant was disappointed as he was still living in pain from his original injury that he did not feel was addressed. "I have my pain, the leg is not properly healed and I'm in pain, so I'm

waiting a long time to see the physiotherapist, and he shows me YouTube channel. So, what's the point?"

4. **Sharing health needs and concerns, particularly on arrival**

Language barriers may prevent PSA from sharing health concerns when they first arrive in Wirral. For example, PSA arriving in the asylum hotel do not always know how to share their health concerns with staff/professionals in their preferred language. This affects the care they are able to receive. The situation is often worsened when interpreter access is inconsistent. PSA&R often have to rely on family members or other PSA housed in the asylum hotel to translate their health needs in this setting, which can compromise the quality and confidentiality of communication.

"Sometimes I interpret for my mother."
"Even if I don't speak their language, I try to help using sign language."

5. **Digital Literacy**

PSA&R also shared that digital literacy affects their ability to understand the UK healthcare system as most GP systems are automated and online. Digital literacy varies widely among PSA&R, with younger residents more likely to be tech-savvy, and older individuals more likely to struggle with basic digital tasks, affecting their ability to understand and adapt to the UK healthcare system.

"Some people don't even know how to send messages."

6. **Choosing to access alternative healthcare**

Due to frustration with the UK health system and many of the factors above, some PSA&R may choose to seek out healthcare diagnosis, treatment and medication from their home country. For example, one PSA shared that she was disappointed that she was offered only paracetamol from her GP after sharing concerns about an ongoing lung condition. With help from others, she contacted a specialist in her home country, in her own language, who advised her to ask for a chest x-ray for her lungs and echocardiogram for her heart. She returned to her GP Surgery to request the tests that were completed, and the root cause of her issue was found. She explained that she had more confidence in her doctors and specialists in her home country, than in the UK.

2. Barriers to access

This section explores the multifaceted barriers that people seeking asylum and refugees (PSA&R) face when trying to access healthcare services in Wirral. Drawing on insights from both professionals and PSA&R, the findings reveal how language, digital exclusion and housing instability create significant obstacles to equitable care. These barriers not only affect access to appointments and treatment but also shape the overall experience of navigating the health system, often leading to frustration, disengagement, and unmet health needs.

2.1. Insights from professionals

1. Language and Translation

Professionals consistently identified language differences as a major barrier to effective communication. Access to interpretation is essential to facilitate access to healthcare services and appointments for non-English speakers. PSA&R benefit from access to interpretation at point of access or as soon as possible, to ensure their health needs are communicated and that healthcare and treatment can be provided. As one professional explained, "It's making sure that we don't take that voice away from them and that they are able to put forward their thoughts on their own. We're there to capture it, but we're not their voice. We need to, as professionals, give them the chance to speak for themselves."

However, whilst interpretation may be available for PSA&R, it can be inconsistent, and people using these services can face challenges that hinder effective communication and understanding. Below are some examples of the challenges people face while accessing interpreter services:

- **Gender:** PSA&R cannot always access interpreters in their preferred gender, which can limit the information they share with professionals, as one professional explained, "when we've gone out to the house, it's been like silence and there's been no communication. And then I read the room and thought, right, this isn't working with a male interpreter".
- **Dialect:** PSA&R may be able to access an interpreter for their preferred language but not in the specific dialect they require to communicate their health needs, "I could tell they understood some of the language, but the dialect was off, and it wasn't flowing between the interpreter and the family."
- **Urgent/emergency situations:** PSA&R may not be able to access interpreters in urgent or emergency situations, due to service availability and access. "…if the baby's got a rash that needs looking at, sometimes I've had GPs say, 'oh well, the next pre-bookable, because they need to book an interpreter isn't until next week'…but if this baby's got a rash, it can't wait, it needs to be seen".
  - Another professional explained their client went into labour suddenly during the night, but there was no interpreter available at that time, so her labour was a frightening experience for her.

- **Booking GP appointments:** Professionals and volunteers shared they assist many PSA&R to call their GP to book appointments due to the language barrier. Professionals shared the importance of PSA&R having the support of a trusted person, volunteer or professional to do this, due to the sensitive and personal nature of discussing health conditions, symptoms and treatment. For some PSA&R, booking appointments feels too complicated or overwhelming, leading them to go directly to A&E instead. "They cannot manage that whole process, it's too complicated, they don't understand. So, a lot of them will just call 111 and say I need the ambulance, or they just go to the hospital, because it's an easier process, you get seen there."
- **Consistent interpreters:** Professionals shared that using the same interpreter across appointments builds trust and avoids repeated trauma and would be ideal though it is not always possible. "They're not repeating their same story about something that's happened to them with a stranger, you know, in the room."
- **Inconsistent quality of interpreters:** Professionals shared that access to good interpreters can support engagement with PSA&R but those who are bad may cause more problems. "I think when you've got a good one out there, you hold onto them because it can be really, really helpful. But if you've got one that isn't that good or, you know, then it can cause more work and cause more problems." Another professional explained, "I've had one patient who asked to stop one of the sessions because of the interpreter, because they weren't happy with what the interpreter was doing during the session."

Other language and translation issues faced by PSA&R include:

- **Professional use of Google Translate:** When interpretation services are not available for healthcare professionals, some use Google Translate, and other/AI translation platforms and applications, to aid communication. However, professionals explained the accuracy of translated information cannot be guaranteed.
- **Accessing appointments via PATCHS and the NHS App:** PATCHs also requires the inputting of detailed health information that people may not be to translate. "People with the language barrier, they can't talk proper through PATCHs because you have to explain what's your problem and write a brief summary about your condition."
- **Accessing pharmacies, prescriptions and medication**: Prescriptions are provided in English rather than in patient's preferred language. This can cause misinterpretation of information, including which medication to use, correct dosage, and how and when to take medication. "I would prefer to see that when a person has a prescription, it is printed out in the language that they can understand… I have a client who lost her eyesight because of not understanding the prescription."

2. Fears around seeking help and disclosing healthcare needs

PSA may avoid seeking help due to fear their health disclosures may be shared with the Home Office and affect their asylum claims. Professionals highlighted the need for

building trust with PSA through consistent support and providing ongoing reassurance that information will remain confidential.

> "They need to feel safe and be given time to build trust with professionals."

Fears of information being shared goes beyond the Home Office, as some PSA&R fear their personal information will be shared with their communities. One professional shared their client did not want an interpreter at all, for fear her community would be told where she lives and what her problems were. One PSA confirmed this during the co-design workshop when she shared how one of the interpreters, she had on her appointment was someone from her community who went on to tell people about the sex of her unborn child along with more personal details about her. Due to her limited knowledge of what she can do in that situation she never took any steps to address the issue and just let it go and vowed not to go that GP again.

Professionals shared that previous experience/distrust of authority figures can cause PSA&R to fear and distrust professionals in the UK. They explained that PSA&R's 'past story', including negative experiences of people of authority in their home country, can impact how they engage with professionals in UK health settings. Such negative experiences often create fear of stigma or discrimination which can delay engagement with services. As one professional explained, one PSA&R client living with HIV took a long time to make their first appointment with a service provider due to her previous negative experience of stigma and her fear she would have the same experience again.

3. Gaps in medical History

Professionals also shared that some PSA&R may not have access to, or have limited information about, their previous medical records. This can limit GPs ability to capture an accurate account of medical histories, particularly when language and translation are also a factor in communicating with patients. Access to medical records support healthcare professionals to provide appropriate care and treatment in a timely way. Without these records, PSA&R can face delays in confirming health conditions and accessing healthcare treatment. For example, when PSA&R families do not have access to their child's full immunisation records.

4. Housing insecurity and instability

Professionals also highlighted the impact of housing instability. PSA&R are a group that have greater levels of housing insecurity, as they can be required to move housing at any time by the Home Office. These issues are relevant to PSA&R who relocate within Wirral and those who move into and out of Wirral.

PSA&R may be required to move at short notice, affecting their ability to maintain GP registration, access prescriptions, and attend appointments. Posted medical letters and appointments can be missed when PSA&R move, particularly if they do not know how to update their address with health providers in their new location.

"Sometimes families are moved before the child can even have the first, for example eight-week vaccinations."

"They were living in another area, and I think they lived there for about two weeks, and they put in the request for the HC2 certificate so they could access free healthcare. But before the certificate could be delivered, they were then moved to Wirral and so they never actually got the certificate. Mum then went and got a prescription, and then a couple of weeks later she's received a fine because she's not kind of shown the proof so… because a family's been moved on so quickly, them kind of processes haven't followed through with them as well."

Professionals may not know where PSA&R are moving to or know what organisations can support them in their new location, so may not be able to provide transitional support. Due to these pressures, professionals shared PSA&R need to prioritise housing because "it's such a source of worry", before they can prioritise their health. PSA&R may need to feel safe, stable and secure first.

Housing changes are unpredictable and can act as a stressor to health treatment. For PSA&R who are engaged in therapeutic treatment in particular, professionals questioned "if it's the right time" to continue with mental health treatment/therapy when housing and other practical issues occur that can "tip them over the edge of being able then to engage fully".

Professionals also do not know the timelines for PSA's asylum applications and how asylum decisions will affect their ability to access healthcare. As one professional explained,

"He asked to cancel his appointment because he was going to be moving house because he'd been granted refugee status, and so he'd lost his support he was getting as an asylum seeker. And then next time I spoke to him a few weeks later, he'd moved to a different place, they had to stay in a hotel, his kids were on a different floor to where he was, their school was now a long way. And he was just, his anxiety just shot up, and all the work we've done was sort of undone by that."

Housing changes that occur when people receive their refugee status sometimes also present barriers to their ability to access healthcare. When PSA gain their refugee states, they have a short amount of time to secure housing and have to navigate Wirral's complex housing and benefits system. During this transition period, there is a huge risk of homelessness, particularly for single males. There is also a myriad of other challenges such as:

- Significant stress experienced in having to secure suitable housing and move to new locations that may be far from the communities they have already settled in and the connections/relationships they have already built.
- Registering with a GP in a new location, having to wait for medical records to be transferred, not having access to prescriptions from their new GP Surgery during this transition. (This is also an issue for PSA who have to relocate due to Home Office housing decisions).

- Health communications can be missed in these moves, "They're moving on even though it should be a time of celebration and it is to a point, but there's just so much change and then everything gets lost in communication anyway".

5. Nutrition in temporary accommodation

Professionals also shared how nutrition was affected by lack of cooking facilities in temporary accommodation. Families are often located in temporary accommodation where they don't have access to cooking facilities. Professionals explained this then impacts their health because they're not able to cook fresh food, they may need to live on things they can prepare using a kettle. As a result, the whole family's nutrition is affected. One professional explained,

"…especially with young children, who obviously need them nutrients, we do find that a lot of families say the children become constipated, or they're not eating because they don't like the foods that the mum and dad are able to provide through no fault of their own, it's just that they don't have access to cooking facilities."

Professionals also shared that PSA&R parents often prioritise their children's health needs and neglect their own. Professionals highlighted the importance of asking parents specific questions to encourage health disclosures to ensure they are supported, alongside their children:

"I'll say is there any health needs and they'll say, you know my son's got this, my daughter's got this, and then they won't mention anything to do with their own health until it comes to the next time."

6. Accessing healthcare around childcare

Professionals also raised concerns about the availability of childcare, which can prevent parents from attending appointments. Urgent/emergency situations provide a significant concern and source of anxiety for parents who require healthcare for themselves or one of their children, as they may need to bring their other children with them. As one professional explained,

"I think it can be quite daunting for families that have gone along to like walking centres or A&E and quite often they don't have any family and friends who can sit with the other children. So, they will have to take the whole family with them, if they're say a single parent. And often hospitals… don't want the whole family to come along [due to infection control], but there isn't anyone else to have the other children, and we have that quite often with our pregnant mums."

7. Travel costs

Travel costs were a recurring issue shared by professionals. The cost of travel can be a burden for PSA&R who need to use public transport to attend healthcare appointments. PSA who are housed in the asylum hotel do receive support to travel to healthcare appointments, but this is lost when people are dispersed to further temporary accommodation. Needing to attend regular health appointments can

decimate PSA&R finances, impact on their wider financial situation and require PSA&R to make financial choices on how to use the funds they have: between the cost of travel versus food and other essentials. *"If their child has a health need and they're having to go to regular paediatrician appointments or go to see the SEND team regularly or anything like that, it's going to put a financial strain on the family, which might not help them to prioritise that situation".*

Travel costs also vary significantly depending on where you live in Wirral and how far you have to travel to healthcare locations.

"They're moved from Hoylake to Seacombe, and their GP is still in Hoylake."

Travelling out of Wirral for healthcare is also particularly costly. Professionals explained that some PSA&R need to access care in settings such as Alder Hey or Liverpool Royal Hospital, which incur additional travel costs. Professionals shared that PSA&R had benefited from the support of community organisations to provide vital transport via staff and volunteers when there was no alternative, but this needs to be arranged, may not be available, and puts a strain on organisations.

8. Mental health and trauma

Mental health and trauma were highlighted as significant but under-addressed issues. Many PSA&R carry complex trauma and are not ready to engage with mental health services.

"I think the majority have got some background of trauma."
"The trauma isn't treated… we're not getting to the root cause."

Mental health stigma and fear, particularly among single males, were noted as barriers to engagement.

"Single males rarely engage unless they're ill."

Professionals shared how cultural taboos and unfamiliarity with talking therapy hinder engagement with mental health services. Professionals explained PSA&R may 'carry trauma with them' but may not be ready to talk about their experiences.

"They're not socialised to that idea of therapy and coming to talk about what you've been through."
"They might have had to tell their story a million times before."

9. Registering with dentists and accessing dental care

Professionals also shared the unique set of challenges that come with trying to register with a dentist. They shared that supporting their clients to access other healthcare providers and services was often far easier than supporting their clients to access dentists. Some professionals shared that PSA may have greater need to access dental care if they have not had access to dental hygiene when fleeing their home country and on their journey to the UK. For children, their teeth may have started to breakdown due to limited access to dental hygiene and dental checkups/treatment.

10. Digital skills, confidence and exclusion

Digital exclusion was another key concern. Many PSA&R lack the skills or confidence to use online systems, making it difficult to book appointments or access services.

"They're afraid of devices…they used to live their own life and never used them."

2.2. Insights from PSA&R

1. Language and translation

PSA&R echoed many of the concerns raised by professionals, particularly around how language barriers significantly affect their ability to communicate their health needs and access interpreter services. Healthcare communications are primarily delivered in English as default, including phone calls, letters, emails, and text messages. This requires the patient to translate important health information that they may not understand. As a result, they miss appointments and important updates, because these reminders are in English.

In addition to the multiple challenges with interpretation that were identified by professionals, PSA&R also identified some further challenges:

- **Access to interpretation before GP registration:** PSA may require language translation for health appointments they attend before they have been able to register with a GP, such as for health conditions that need immediate support when they arrive in Wirral. PSA explained that accessing interpretation for appointments in this situation is difficult.
- **Booking GP appointments:** In order to book same-day GP appointments, many GP surgeries require patients to contact them over the phone or via PATCHS at 8am. The number of appointments available can be limited and may be offered on a first-come first-served basis. PSA&R who have a language barrier and require support to contact their GP over the phone or via PATCHS cannot access support from community organisations at this time. Most organisations open at 9am, when staff and volunteers may be available to support them, but not at 8am. PSA&R shared that if they cannot access the appointment, they need that day, they remain ill.
- **Dentists**: Many PSA&R shared that interpretation support was not available to them at their dentist surgery. Accessing interpretation at GP surgeries was described as much easier to do. One participant shared their dentist has asked them to bring an interpreter with them as one could not be provided, and other participant shared they attended the dentist with their mum to translate for her. "It would help if the dentist provided an interpreter with you or maybe on the telephone".
- **Specific languages:** Whilst interpretation services may be available, PSA&R may not be able to access interpretation for their preferred language.
- **Delays:** PSA&R may be required to wait for access to interpreters or wait for an appointment slot with an interpreter available. This was described as frustrating, particularly if they had immediate or emerging needs. PSA&R shared that waiting for interpretation delays the care they can receive for their health issue.
- **Access to online translators:** When online interpretation services are provided, PSA&R may face difficulties in accessing these services. For

example, if they need to access WIFI or require data on their phone/device, that they may not be able to afford.

- **Availability:** Interpreters may be provided but may not be available at time of patient need. "GP Surgery may only have one person to translate. What if they are ill? You never get answers". Delays or cancellations were considered very common. "Sometimes they say there's no interpreter and give another time." "They gave her an appointment but there was no interpreter, so it was cancelled."

PSA&R shared that some people find it easier and more trustworthy to consult a doctor or specialist in their home country, because they can access them quicker, can speak in their own language, and receive information/support quicker in comparison to the UK health system.

Further, cultural communication styles, such as nodding out of respect, can be misinterpreted by health professionals as understanding.

Stress, pain, and anxiety further hinder communication. "I can't express myself or explain my illness."

Some PSA&R who were required to move to a new area in Wirral chose to remain registered with their former GPs, which may have been far away, due to language barriers and feelings of familiarity.

"Sometimes you find your GP good, so you prefer staying… even if it's far away."

2. Wait times

Long waiting times and cost barriers were frequently mentioned.

"They gave us a date and said if we don't hear back, call them…and we never heard back"

3. Cost of dental care

Dental care and prescriptions are often unaffordable without HC2 forms.

"We can't afford to take out a tooth for £300."

4. Digital/phone access

Digital and phone access issues were widespread. PSA&R struggled to find contact numbers and faced long hold times.

"It's hard to find the right number…even for us young people…I had to search online everywhere to find the right phone number."
"They put us on hold, and we wait extra two hours."

5. Transport

Transport costs and lack of familiarity with local transport options were major barriers also identified by PSA&R. People who move to a new area may not be familiar with

the area and may not know how to access transport (i.e. bus routes or local taxis) Lack of public transport at night can limit access to healthcare appointments and services.

For PSA&R who used public transport to attend appointments out of Wirral, issues with public transport had resulted in them arriving late to their appointment and being turned away, having to wait months for another appointment.

3. Supportive Practices and Enablers

This section explores the positive practices, support systems, and enabling factors that help people seeking asylum and refugees (PSA&R) access and engage with healthcare services in Wirral. While previous themes have highlighted systemic barriers, this section focuses on what works well, particularly the role of community organisations, peer support, and collaborative working. Insights from both professionals and residents reveal how trust, cultural understanding, and practical assistance can significantly improve healthcare experiences and outcomes.

3.1. Insights from professionals

1. **The vital role of community organisations in Wirral**

Professionals consistently praised the role of community organisations in Wirral, describing them as essential lifelines for PSA&R. Voluntary organisations provide vital, wide-ranging support offers to PSA&R and enable them to connect with other PSA&R, local residents and communities. PSA&R benefit from access to multiples services and activities in community settings they trust i.e. one setting they can go to and access healthcare appointments, community activities, wellbeing services, and build connections to other people. This can help PSA&R to build confidence to engage with different services. The use of informal drop-ins with no appointment needed was described as particularly beneficial.

Professionals shared that health services do not always have to be provided in health/medical settings, as community settings can provide multiple benefits to PSA&R and organisations.

> "We are fortunate in Wirral to have a wide range of organisations that can provide PSA&R with support for many different issues."
> "Wirral Change is brilliant; they help with everything."
> "WMO is amazing… they don't leave any stone unturned."

Providing informal community activities so that PSA&R have 'something to do' whilst they wait for appointments can provide an added benefit to wellbeing and connection. Professionals emphasised the importance of community-based support settings.

2. **Collaborative and partnership working**

Collaborative working across services was highlighted as a key enabler to supporting PSA&R to access healthcare and other support.

Partnership working was seen as essential, with professionals stressing the need to link PSA&R to multiple organisations and build on each other's strengths.

> "It would always be helpful… for them to be aware of any external support they can have, and they can move on to."

Professionals also advocated for organisations inviting other organisations into their spaces to increase engagement and access.

"Inviting other organisations to use your space… makes it easier for PSA&R to access support in a trusted setting."

Professionals provided examples of where collaborative working had significantly improved PSA&R experience of healthcare in Wirral. Arranging joint visits was seen to be particularly beneficial in providing wider support to PSA&R, improving outcomes and reducing barriers.

"We did a joint home visit with midwifery… they booked home visits instead of hospital appointments."

"Macmillan supported a Ukrainian family with home care before the grandfather passed away."

Professionals understanding what support other organisations provide, to support information sharing, signposting and referrals at the right time, was also seen as essential.

3. Building independence

Support should go beyond signposting. Professionals described helping PSA&R download apps and navigate digital platforms to build independence.

"We'll help them to… download apps on their phone that can support them to access things."
"Gives them that little bit of empowerment and to kind of take charge of their own health needs."

Professionals raised concerns about inconsistent funding streams that limit what Community, Voluntary and Faith sector organisations can provide, that can also threaten long-term service delivery. Encouraging and empowering PSA&R to build independence can help them to have more agency and mitigate against the limitations of organisations.

"Eventually you know we won't be there for them, and we want to make sure that they are empowered."

4. Learning from best practice

Learning from refugee resettlement schemes was seen as valuable. These schemes offer structured, one-to-one support that helps refugees settle and access services.

"They're dropped off in their dispersal accommodation… and then it's always through word of mouth that they end up finding [refugee support organisations]."

5. Listening to PSA&R to understand their needs to inform service delivery

Professionals stressed the importance of listening to PSA&R and developing support offers based on their feedback.

"They don't want to complain… but it's important to encourage honest feedback."

6. Access to travel vouchers/support

Support with travel was also noted as important to enable PSA&R to access services easily, without the cost of travel affecting their wider financial situation. Access to bus passes and vouchers were seen to reduce stress and enable PSA&R not only to attend appointments but to use their voucher for wider travel/opportunities.

"Volunteers and staff of refugee support organisations had supported PSA&R to attend appointments… but this is not something that is typically funded."

3.2. Insights from PSA&R

1. Volunteering and peer support

Residents shared how volunteering and peer support helped them find purpose and build community. Reflecting on his volunteering experience with a local organisation one young man seeking asylum shared, "I get happy when I help people that struggle… I know how hard it is… I love the community… it's very multicultural." "Even if I don't speak their language, I try to help using sign language."

2. Positive experiences with professionals

To most PSA&R positive healthcare experiences were often linked to the presence of interpreters and kind, supportive staff. Speaking on the support his mother received one PSA shared, "They gave her an appointment and helped her take out her tooth... the GP referred her to a surgeon and gave her the help she needed."

3. Organisational support

PSA&R described the value of organisational support in helping them access and attend healthcare appointments. "We would struggle without this support."

4. Understanding cultural background

PSA&R also appreciated professionals and volunteers who understood their cultural background and shared similar lived experience.

5. Long-term support

PSA&R also expressed a desire for long-term support that extends beyond immediate health needs. They wanted help from arrival through to securing housing, employment, and feeling settled in Wirral.

6. Guided support and navigation

Guided support was preferred over simple signposting. PSA&R valued being walked through processes like registering on PATCHS, rather than just being given information as one off.

7. Travel support and vouchers

Support with travel was also appreciated. Access to transport reduced worry and enabled attendance at appointments. Access to bus passes and vouchers aided transport to healthcare appointments. PSA&R and professionals shared examples were volunteers and staff of refugee support organisations had supported PSA&R to attend appointments Wirral and beyond. This provided vital access to healthcare for these individuals but is not something that is typically funded.

8. Opportunities to influence service design

They also expressed appreciation for the ability to influence service design and decision-making, something they had not experienced in their home countries.

> It's here in the UK that we are hearing that we have the power to change. In some of our countries, we don't have those questions. You accept it as it is. That's the system. The one that will change it is the government, not the people. So, to ask this question, you are asking people. We haven't had that opportunity to say, what would I change? Because it's an impossible thing from where we are coming from. If you see if that makes sense.

4. Ideas for Change and System Gaps (Recommendations)

This section focuses on the practical and strategic changes needed to improve healthcare access and experiences for people seeking asylum and refugees (PSA&R) in Wirral. Drawing on insights from both professionals and residents, the findings highlight gaps in system design, communication, and service coordination. Participants offered concrete suggestions for short- and long-term improvements, including better language support, digital inclusion, trauma-informed care, and more joined-up working across sectors. These ideas reflect both lived experience and frontline expertise, offering a roadmap for more inclusive and responsive healthcare.

4.1. Insights from professionals

1. Clear, accessible information in PSA&R preferred language

Professionals emphasised the need for clear, accessible information about the UK healthcare system, delivered in PSA&R's preferred languages. This includes guidance on available services, how to access them, and what to expect during referrals or discharge.

> "I think knowledge and understanding of who we are, what we offer, how to get help, and [understanding the need for PSA&R to have] readiness for change… would help them refer at the right point and engage knowing what to expect."

Early provision of this information, especially upon arrival at asylum hotels, was seen as critical to reducing delays, confusion, and missed appointments. Creative formats such as cartoon strips were suggested to aid understanding.

> "Understanding what languages PSA&R speak in Wirral to support interpretation/translation offers and tailor future support."

2. Building relationships

Professionals also stressed the importance of building relationships with PSA&R and other organisations. Being visible in community settings, attending drop-ins, and maintaining long-term partnerships were seen as key to building trust and improving engagement.

3. Comprehensive healthcare appointments

Comprehensive healthcare appointments were recommended, ideally in PSA&R's preferred language and with appropriate interpreters. These should not be limited to initial arrival but available at multiple points, allowing time for trust to develop.

4. Mental health support

Mental health support was another priority. Professionals called for improved awareness of how services work, culturally sensitive resources, and trauma-informed care. They highlighted the need for PSA&R to feel safe and stable before engaging with therapy.

> "Provide simple resources, in PSA&R preferred language."
> "Support PSA&R around issues with concentration and memory i.e. sending text reminders on the day…"

5. Improving Interpreter services

Professionals recommended matching interpreters by language, dialect, and gender, and funding high-quality interpreters for emergency and first-contact situations. They also shared examples of best practice:

> "We will try to pull everyone together and use the one visit with the one interpreter, if we can… so we'll fund the interpreter, but they can also use it for other aspects."

Professionals also suggested hands-on digital literacy training using comic-format resources with minimal text and arranging visits when PSA&R are with trusted people who can translate informally.

> "They need repetition…someone to sit next to them and show them.". "Early and ongoing access to English language courses could help PSA&R become confident and proficient…"

Short-term actions proposed included:

- Translating key materials into Arabic, Farsi, and other languages.
- Improving interpreter access at all stages of care.
- Offering digital literacy and health navigation workshops.
- Providing transport vouchers for health-related travel.

Long-term actions included

- Strengthening partnerships between NHS, VCSE, and local authorities.
- Developing a centralised system for tracking health needs across relocations.
- Ensuring continuity of care during transitions (e.g., refugee status, housing moves).
- Creating feedback mechanisms for interpreter quality and service access.

Responsibility for these actions was shared across sectors:

- **NHS:** Interpreter services, digital access, pharmacy education.
- **VCSE:** Community-based support, digital inclusion.
- **Local Authority:** Housing, transport, transition support.

4.2. Insights from PSA&R

1. Language and interpretation

Residents echoed many of the professionals' concerns, particularly around language and interpretation:

- Ensuring interpreters match the patient's preferred language, dialect, and gender.
- Funding more professional/high-quality interpreters, especially for emergency and first-contact situations.
- Translated documents/resources that support PSA&R to navigate healthcare settings, understand what professionals/services do.
- Healthcare communications shared in PSA&R preferred language to support understanding and informed decision-making.
- Only using AI platforms to translate when there is no interpreter available or in urgent/emergency situations. Use of platforms like Google Translate to support communication with PSA&R should not be encouraged, as PSA&R and professionals alike cannot guarantee translations the quality of translation.
- Language Line could be used in reception of GP practices, and other health settings, to aid communication in the patient's preferred language and dialect to ensure health needs are understood fully and can be addressed.

2. Clear signposting and contact information

Clear signposting and contact information were also needed. Residents described struggling to find the right numbers and services. "Sometimes I have to search online everywhere to find the right phone number."

3. Digital literacy training

Residents also highlighted the need for digital literacy training, especially repetition-based learning because once of training don't really ensure that people fully understand. They shared that they would also appreciate one-on-one support instead of group sessions where comprehending capabilities may differ affecting some people in the classes.

4. Improving access to English language courses

Improving access to English language courses was a priority to PSA&R. They would appreciate practical, informal learning focused on healthcare navigation. A few suggestions were provided on how to improve access to English language courses, including access to learning that focuses on navigating healthcare services.

- Increase and improve access to more informal English language support/courses, reduce eligibility criteria for formal courses, reduce waiting times.

- Design learning offers to practical healthcare needs (e.g., booking appointments, speaking to GPs, navigating A&E and dental services).
- Early and ongoing access to English language courses could help PSA&R become confident and proficient in communicating in the English language and feel more independent and self-sufficient in communicating with health providers and accessing healthcare settings.
- Shared responsibility of professionals, to assess language needs and signpost to suitable courses, and service users, to commit to learning and attending courses.

5. Greater access to interpretation services at point of contact

Residents called for greater access to interpretation services at key points of contact, such as GP receptions, pharmacies, and upon arrival in temporary accommodation.

5.   Co-design Workshop

After the focus groups with the professionals and PSA&R, researchers held a co-design workshop that brought together PSA&R and professionals from various organisations. The co-design workshop formed a critical part of the qualitative research process, bringing PSA&R, professionals, and community partners together to collaboratively explore and triangulate emerging themes identified from previous the focus groups. This co-design approach enabled a deeper understanding of lived experiences and frontline challenges, while also generating practical ideas for service improvement. The workshop findings are presented in three sections:

1. **Insight reflection exercise** – seeking to triangulate and/or challenge the themes that had emerged from focus groups.
2. **Journey mapping exercise** – using different scenarios to brainstorm ideal experiences versus realistic experiences.
3. **Solution sprint exercise** – brainstorming practical solutions to address the gaps identified in the journey maps and reviewed insights.

These findings directly connect to the broader themes of the report, offering grounded, community-informed recommendations for improving healthcare access and equity in Wirral.

5.1. Insight Review Exercise

Participants were asked to reflect on fifteen key insights drawn from earlier focus groups. Their responses confirmed, challenged, or expanded on these insights, offering nuanced perspectives:

Insight 1: Language and literacy are the greatest access barriers: PSA&R often struggle with understanding written materials, and systems to access interpreters are not always consistent.

- **Mixed views:** Many participants highlighted that interpreters sometimes omit critical information during appointments due to dialect differences or lack of medical terminology. One participant stressed that "one word can change everything in medical situations" underscoring the risk of miscommunication. Practical issues were also raised, such as interpreters arriving at the wrong hospital (e.g., scheduled for Clatterbridge but turning up at Arrowe Park). Confidentiality breaches were a major concern, participants shared examples of interpreters gossiping about private matters, such as revealing the sex of an unborn child at church without consent.

- A few participants felt cultural misunderstanding by healthcare professionals was a bigger barrier than language itself, arguing that professionals' lack of cultural awareness creates deeper systemic challenges.

Insight 2: Digital health systems are excluding many: online GP systems require internet access and English proficiency, which many people seeking asylum may not have.

- **Agreement:** Participants described online GP systems like PATCHS as "just not accessible", citing barriers such as lack of internet access and English proficiency. They emphasized this issue is not unique to people seeking asylum and refugees (PSA&R) but affects many UK residents, suggesting a broader systemic problem.

Insight 3: Disruption due to relocation breaks care continuity: frequent moves in accommodation/housing break GP and healthcare access continuity.

- **Agreement:** Frequent moves break continuity of care, especially for those needing specialist treatment. Participants described the emotional toll of repeatedly explaining their health history to new doctors and interpreters, which adds stress and delays care planning.

Insight 4: Lack of orientation and clear information early on affect people's ability to access health care. People who are new arrivals are not consistently briefed on how to navigate the health system.

- **Agreement:** New arrivals often lack clear guidance on how to navigate the NHS. Participants noted confusion about NHS processes, entitlements and wait times.

Insight 5: Frustration is common among professionals and people seeking support alike: everyone is firefighting with no one owning the whole picture. 'Firefighting' mentality (reactive, short-term fixes rather than proactive, joined-up care) prevents proactive care.

- **Mixed views:** Participants found this insight hard to reflect on. Instead, they pointed to practical issues like staff shortages, difficulties booking GP appointments (especially at 8am), and the need for long-term support options. These comments suggest the insight may need reframing toward systemic capacity issues rather than individual attitudes.

Insight 8: Assumptions of English fluency creates service gaps: Some services assume clients can understand basic spoken or written English, leading to misunderstandings, missed appointments, or failed follow-ups.

- **Mixed views:** While participants agreed language is a barrier, they stressed that cultural understanding is equally critical. Suggestions included training healthcare professionals and the public to work effectively with diverse communities and improving access to organisations that provide language support.

Insight 9: Information is fragmented and often only verbal. People are often told things verbally with no written or translated follow-up. If they forget or mishear, there's no clear way to check back.

- **Mixed views:** Participants reported that information is often given only in English and verbally, making it hard to retain or share. They called for written materials and media-based resources in preferred languages. Some noted that interpreter support partially addresses this gap, though delays in arranging interpreters remain a challenge.

Insight 10: Access to transport and transport costs are a barrier to accessing health care**.**

- **Agreement:** Travel costs were described as a significant barrier, especially for people with disabilities or those living far from services. Participants mentioned unpredictability of urgent health needs, difficulty finding transport, and the benefit of travel passes or vouchers.

Insight 11: Fear of the asylum system discourages open engagement. Some people fear that asking too many questions or asking for help might affect their asylum claim.

- **Agreement:** Participants shared examples of people withholding health information due to fear of repercussions within the asylum process, indicating this is a real and pervasive barrier to care.

Insight 12: There is need for a dedicated health liaison role because currently in some services there is no consistent 'bridge' role to help people understand and navigate the health system from the beginning.

- **Mixed views:** While not explicitly discussed as a standalone insight, repeated calls for guided support and someone to "walk alongside" new arrivals strongly suggested agreement with this need.

Insight 13: Interpreting systems are sometimes inflexible and not really fit for purpose.

- **Mixed views:** Many agreed the system needs better training and responsiveness, especially for short-notice interpretation requests. However, interpreters themselves noted that flexibility exists through options like phone interpretation and gender choice, indicating differing perspectives between service users and providers.

Insight 14: Family/peer support often replaces professional guidance, as professional guidance is not always available on time or in the right language.

- **Mixed views:** Some participants said family interpretation is allowed and often necessary when professional interpreters aren't available. Others noted that certain organisations prohibit family members from interpreting. Several participants said, "it depends on the situation", reflecting nuanced views.

Insight 15: On arrival people seeking asylum face delays in accessing prescription medication due to UK health system processes.

- **Agreement d:** Participants shared concrete examples of missed medication due to delays in GP registration, highlighting the health risks of administrative bottlenecks.

Figure 1: Insight validation exercise example
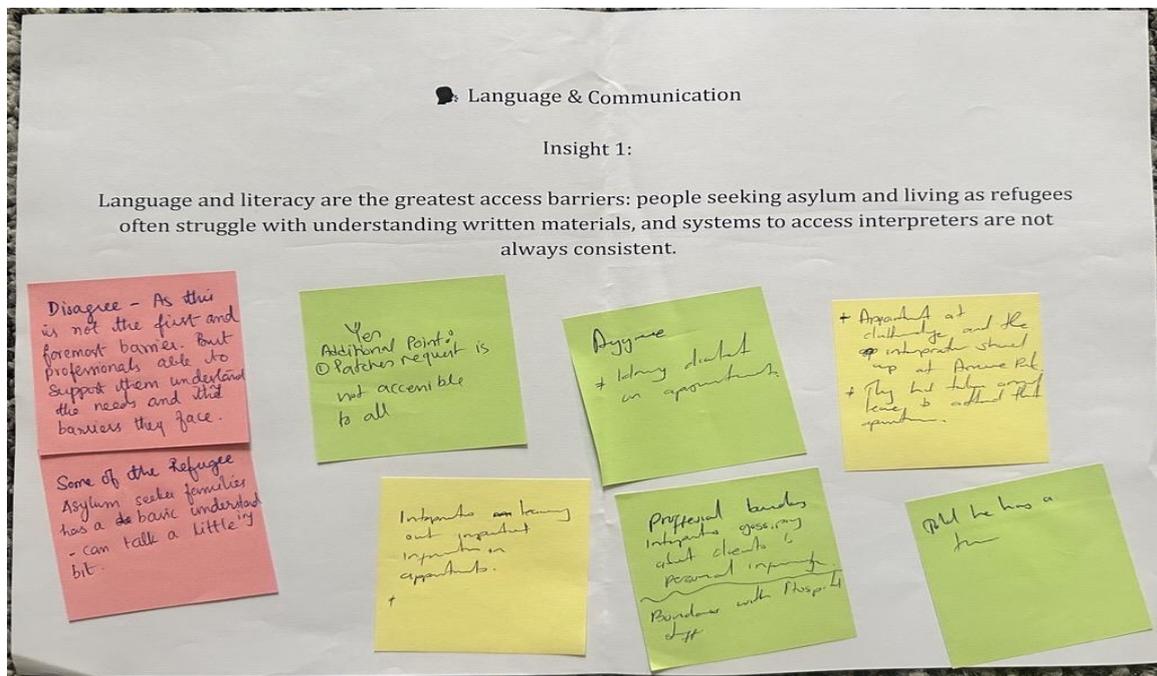
a. Journey Mapping Exercise

Participants worked through fictional but realistic scenarios based on examples of lived experiences shared by PSA&R and professionals in the previous focus groups. These journey maps illustrate the lived experience of navigating healthcare as a PSA&R.

6. **Young Asylum Seeker:** A 19-year-old arrives alone in the UK with no smartphone, limited English, and no clear information.
7. **Support Worker Experience**: A support worker attempts to help a client access healthcare but faces challenges arranging interpreters and ensuring follow-up care.
8. **New Arrival at the Hotel:** A woman arrives at temporary accommodation with her children after a long journey. She is tired, speaks limited English, and one child has a mild fever.
9. **Relocated Family:** A family receiving ongoing treatment is suddenly relocated, disrupting care continuity. to map out what currently happens, what should happen, and where the gaps are.

Summary of insight captured in journey mapping exercise

The journey mapping exercises provided a rich, scenario-based lens into the lived experiences of PSA&R individuals and the professionals supporting them. Across all scenarios, participants consistently highlighted the importance of reassurance, clear communication, and culturally sensitive support. Language barriers emerged as a dominant theme, affecting every stage of the healthcare journey, from registration to follow-up care. The lack of orientation, digital exclusion, and inconsistent access to interpreters were repeatedly cited as critical gaps. These maps also revealed how informal networks, such as family or peers, often fill the void left by formal systems, though not always safely or effectively.

Crucially, the journey maps underscored the emotional and practical toll of navigating fragmented systems, especially during moments of vulnerability. Participants described feelings of isolation, confusion, and resignation when faced with inaccessible services or unclear processes. The absence of follow-up support and the reliance on reactive, short-term fixes were seen as emblematic of broader systemic issues. The journey maps not only Agreement the insights gathered earlier but also offer a compelling case for designing services around the real needs of those they aim to serve.

Figure 2: Journey mapping exercise example

Journey Mapping Template: Relocated Family

This is a fictional but realistic scenario designed to help you think about the journey someone might go through when trying to access health services as an asylum seeker, refugee, or professional. Please fill in each step as a group and reflect on what currently happens, what should happen, and where the gaps are.

LOCAL SERVICES ARE CRUCIAL IN FILLING THE GAPS FOR AS & R.
SOLUTION - BETTER CO-ORDINATION OF INFO & SERVICES TO JOIN UP THE DOTS.

Scenario:

A family who had started care in one area is suddenly relocated with limited warning, disrupting ongoing treatment for one of the children.

Journey Mapping Table

RELOCATING AS FAMILY IS PSYCHOLOGICALLY CHALLENGING FOR SCHOOLS, GP, NEIGHBOURS, COMMUNITY IE SHOPS ETC.

Stage	What Currently Happens	What Should Happen	Gaps / Barriers
1. Registered with local GP	INFO PROVIDED BY HOUSING PROVIDER CAN BE HIT & MISS DEPENDING ON HOUSING MGR OR VOLUNTARY SECTOR THAT IS ACTIVE, WORD OF MOUTH OR SELF HELP RESEARCH	SERCO SHOULD BE OBLIGATED TO PROVIDE INFORMATION TO AVOID CONFUSION & RESOLVE DELAYS. OR IF RESETTLEMENT TEAM ARE INFORMED THEY COULD ASSIST.	INFO THAT IS CASCADED FROM SERCO IS NOT SHARED WIDE ENOUGH TO INFORM SERVICES & OPERATIONAL LEVEL.
2. Sudden relocation notice	DIFFERING NOTICE PERIODS WERE MENTIONED FROM 24HRS TO 10 DAYS TO 28 DAYS.	CONSISTENT APPROACH & PROCESS COULD HELP WITH PLANNING & PREPARING MORE = REDUCTION IN HARMFUL IMPACT	PEOPLE LOSE LOCAL CONNECTIONS WHEN RELOCATING. IMPACT DEPENDS ON LANGUAGE, DIGITAL AWARENESS. PRACTICAL GAP IN CHANGING ADDRESS WITH BANK. *DIGITAL BARRIER EVIDENT*
3. Not registered with new GP/ GP records not transferred	AGREE PEOPLE WHO ARE MOVED AREN'T TRANSFERRED. EVEN PEOPLE UNDER HOSPITAL CARE ARE LEFT ALONE. CHANGE IN CARE MEANS PEOPLE START FROM SCRATCH.	SERCO SHOULD HAVE RESPONSIBILITY AS INFO HOLDER TO ENSURE RELEVANT INFO IS SHARED TO ENSURE PEOPLE ARE MOVED EFFECTIVELY	HEALTH INEQUALITIES ARE INCREASED DUE TO THESE SITUATIONS. EDUCATION PROVISION IS DISRUPTED.
4. Missed follow-up care			
5. Pays to travel back to old GP	NOT SURE GP BUT IF SEEKING HOSPITAL CARE / APPOINTMENTS THIS IS HAPPENING.	TRANSFER OF INFO SHOULD ENABLE EFFECTIVE TRANSFER OF PATIENTS	PRESCRIPTION REQUIREMENTS CAN BE MISSED. LACK OF FUNDS. LACK OF KNOWLEDGE OF HEALTH SYSTEM. LACK OF COMMUNITY AWARENESS OF NEW AREA. OTHER PRACTICAL ISSUES ARE PRIORITISED.

b. Solution Sprint Exercise:

Participants brainstormed practical solutions to address the gaps identified in the journey maps and agreed insights. These were prioritised through voting and discussion.

Top Priorities Identified:

1. **Communication and Language (24 votes)**
   - Improve interpreter access
   - Translate materials into key languages
   - Ensure GP appointments are offered in preferred language

2. **Education and Training (15 votes)**
   - For both professionals and PSA&R
   - Focus on cultural awareness and system navigation

3. **Understanding and Respecting Cultural Differences (15 votes)**
   - Embed cultural competence in service delivery

4. **Improving Information Provision (11 votes)**
   - Clear signposting, translated resources, and visual aids

5. **Support with Making Appointments (8 votes)**
   - Guided assistance, especially for digital systems

6. **Joined-Up Approach (7 votes)**
   - Better coordination across services and sectors

7. **Translation/Interpretation Systems (5 votes)**
   - More interpreters, better matching by dialect and gender

8. **Digital Skills (4 votes)**
   - Repetition-based learning and one-on-one support

9. **Procedural Differences (4 votes)**
   - Clarify differences between UK and home country health systems

Who should be responsible:

- **Government**: Policy and funding
- **Council**: Local coordination and housing
- **Serco Staff**: Information provision and accommodation transitions
- **Community Organisations**: Ongoing support and advocacy
- **Everyone**: Shared responsibility for inclusion and equity

6.   Conclusion

This report delivers insights into how people seeking asylum and refugees (PSA&R) in Wirral experience the UK healthcare system. Through a multi-method qualitative approach, it identifies systemic barriers, enabling practices, and community-driven solutions that reflect both individual and structural realities. This work lays the foundation for inclusive, responsive service design and policy.

Findings reveal a complex landscape shaped by four themes: confusion in navigating healthcare, structural and interpersonal barriers to access, the enabling role of community organisations and trusted relationships, and practical recommendations for systemic change. Priorities emerging from the co-design process include improving communication and language support, embedding trauma-informed care, strengthening digital literacy, and fostering cultural competence across health and voluntary sectors.

Collectively, these insights call for a Wirral system that moves beyond removing obstacles to actively creating equitable pathways to care. The voices captured here offer a roadmap for reform grounded in empathy, inclusion, and shared responsibility, ensuring every PSA&R can access healthcare with confidence and dignity.

Appendices

Appendix A: Journey map Scenario 1

A 19-year-old arrives alone, with limited English and no smartphone.

⏱ Stage	🛠 What Currently Happens	🌱 What Should Happen	🚧 Gaps / Barriers
Arrival and first contact	He is isolated. He has limited information. Relying on staff to provide information.	Translated NHS info, full GP registration process awareness.	Inadequate information. Gaps in communication.
Trying to book a GP appointment	Doesn't really know what to do. Must rely on Serco with signposting and support Relies on Serco.	Multilingual information. Support person for first appointment if available.	System-wide NHS challenges that are not unique to PSA&R but affect everyone in the UK alike.
Missed Call/ SMS	Take it to Serco offices for help with calling interpreters or google translate.	Follow-up texts explaining missed call.	Inconsistent support across accommodations.
Told to use online system	Can't navigate PATCHS.	Support for digital access.	One-size-fits-all design not considering people's varying skills and access to digital platforms.
Eventually he gives up	Contacts someone in home country for medication or just lives with the illness.	Support should always be available before someone gives up.	No follow-up for disengaged individuals.

Appendix B: Journey map Scenario 2

A support worker struggles to arrange interpretation and follow-up care.

⏱ Stage	🛠 What Currently Happens	🌱 What Should Happen	🚧 Gaps / Barriers
Referral	Receives client.	Clear interpreter booking process.	Interpreter availability.
Interpreter	Late or unavailable.	Reliable, trained interpreters.	Lack of cultural expertise.
Client Response	Confused, disengages.	Support to stay engaged.	No follow-up.
Informal Solutions	Uses Google, family support.	Professional support.	Risk of misinterpretation.

Appendix C: Journey map Scenario 3

A woman arrives with two children; one child is unwell.

⏱ Stage	🛠 What Currently Happens	🌱 What Should Happen	🚧 Gaps / Barriers
Arrival	Registration, food support.	Reassurance, warm clothes, rest.	Language barrier.
First 24h	Medical exam.	GP/dentist registration, cultural orientation.	System-wide challenges the NHS is facing are not unique to PSA&R but affect everyone in the UK alike.
Child Unwell	Likely goes to Serco staff for support.	Primary care or A&E access.	Transport, translation.
GP/A&E Access	Look for transport ways to attend GP.	Education on GP access.	Transport availability.
Follow-up	Serco support.	Signposting for next steps.	Prescription costs, unfamiliarity with area.

Appendix D: Journey map Scenario 4

A family receiving treatment is suddenly relocated

⏱ Stage	✂ What Currently Happens	🌱 What Should Happen	🚧 Gaps / Barriers
Registered with local GP	Information provided varies by provider.	Serco should be obliged to provide clear and accessible information to avoid confusion and reduce delays. Co-production will also go a long way in providing and sharing information.	Information that is cascaded from Serco is not always shared wide enough to inform services at operational level.
Sudden relocation notice	Differing notice periods from 24 hours, 10 days even up to 28 days.	Consistent processes could help with planning and preparing moves = reduction in harmful impacts.	People lose local connections when relocating.
Not registered with new GP/ GP records not transferred	People who are moved don't always transfer GPs, even people under hospital care. Change in care sometimes also means starting from scratch.	Serco should have responsibility as the information holder to ensure relevant information is shared to make sure people are moved effectively.	Gaps in communication. Health inequalities are increased due to these situations.
Pays to travel back to old GP	Seeking hospital care and attending appointments.	Transfer of information should enable effective transfer of patients.	Lack of knowledge of the health system. Lack of community awareness of the new area. Practical challenges.

Contact details

Contact

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About us

Qualitative Insight is a type of research that listens to people to gather their thoughts, experiences and ideas on particular subjects. The Qualitative Insight Team at Wirral Council work with residents to ensure that their voices are heard when informing council policy and decision making. The team supports the delivery of the Health and Wellbeing strategy, in which residents' voices are a key strand.