

Mind the Gap: EU-National Migrants and Health Outcomes in the UK

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- Examining migration as social determinant of health for EU-national migrants in the UK.
- Migration as a social determinant of health:
 - Mode of travel
 - Legal status
 - Poverty and social exclusion.
 - Discrimination.
 - Work
 - Sexual abuse and exploitation

- Challenges in accessing health and social services – such as
 - Legal status again
 - Social, cultural, structural, linguistic, gender, financial, geographical factors
 - Lack of health literacy on entitlements
- Are EU-national migrants affected by some of these factors?
- If so, what policies address this issue?

- The research gap:
 - Paola Pace :“What can be done in EU Member States to better protect the health of migrants?”:
 - large percentage of European migration is intra-European, and “...EU citizens working or residing in other EU Member States have to overcome numerous challenges in order to realize their right to health ...”
 - but does not address issue because “in principle health care provision is clearly available to them under EU law.”
 - *European Health Policy: Migration and Health in the European Union: Eurohealth* Volume 16, Number 1, 2010.
 - Paola Pace: What can be done in EU Member States to better protect the health of migrants? 5-10

- Why it matters:
 1. If migration is a social determinant of health outcomes, the way it functions as a determinant of health may be common across all migrant groups.
 2. Some EU-national migrants were at some stage third country nationals, asylum seekers and refugees, and so may be affected by the determinants of health for those groups.
 3. Many challenges in accessing health services revolve around cultural rather than legal barriers.

4. EU migrants are increasingly coming under scrutiny by the UK government in relation to access to welfare benefits, and so recent policy changes and others being considered for the future may have an impact. E.g. removal of access to housing benefit for some categories of EU-national migrants.

- The policy gap:
 - Policies at national level in England focus on ethnic minority health – none directed towards migrant health.
 - Policies at EU level focus on third country migrants, not EU-national migrants.
 - Concern about cultural barriers to access to public health services.
 - National Institute for Health and Clinical Excellence Report in 2010 - service provision for pregnant women with complex social factor, including recent migrants, refugees, asylum seekers and women with little or no English.

- Service barriers:
 - language, discrimination and
 - racism
 - lack of cultural sensitivity and
 - negative attitudes of healthcare professionals
- Personal barriers:
 - lack of understanding of the health care system,
 - lack of social network
 - lack of understanding of the purpose of antenatal classes and diagnostic tests
 - lack of assertiveness

- Report identified scope for improvement of migrant-friendly health provision in general.
- Local initiatives – Bristol Community Health:
 - Appointment of Migrant Health Manager, one of whose tasks is to “break down the barriers that prevent migrant patients from easily accessing healthcare professionals and engaging with communities.”
 - Health Links Service for people for whom English is a second language looking at inequalities in access to health services.