

An overview

Migrant Communities Needs Assessment

What is the Migrant Communities Needs Assessment (MCNA)?

The Irish Cancer Society asked TASC (Think-tank for Action on Social Change) to examine the experience of migrant communities in seeking access to cancer and healthcare services.

1 in 5 people living in Ireland was born outside the State. To date little evidence is available on immigrant communities' access to cancer and healthcare services. The MCNA seeks to address this.

How was the MCNA done?

Immigrant voices

- Survey available in multiple languages with 242 respondents.
- 235 respondents were born outside the State.
- Interviews with 8 patients and 2 family carers.

Service provider voices

- Interviews with 9 healthcare workers and 11 frontline staff from community, non-governmental, or similar organisations.

What did the MCNA find?

- More than 1 in 3 respondents were not comfortable speaking in English with healthcare workers.
- 1 in 2 survey respondents did not feel confident that they could access the healthcare they needed.
- Only 3 in 10 accessed health information from a GP/nurse.
- 3 in 10 survey respondents were not aware of any cancer screening programme.
- People reported that healthcare can be disrupted as people move to Ireland and/or due to moves between Direct Provision centres (if seeking international protection).

The MCNA highlighted a range of challenges associated with accessing healthcare as an immigrant in Ireland.

1. Accessibility and affordability are key concerns

- Half of the survey respondents did not feel confident that they could access the healthcare they needed.
- Accessing healthcare is resource intensive. People reported:
 - o Spending money on private health services out of necessity.
 - o Difficulty completing medical/GP Card applications without support from frontline staff.
 - o Lack of sufficient financial supports, depending on the prescriptions needed.
 - o High cost of transport, in particular needing to rely on private options for the sake of one's health, and public transport schedules are a burden in getting to appointments.

"...if they're living in rural Ireland [...] and they've got an appointment in Limerick or Cork [...] that's all day that they need to get there. And then it's like, okay, 'I need to pay for this as well, you know, and then I need to pay for the appointment ... and navigate around the city trying to get to the hospital...'" **Frontline worker**

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2. Language and communication are a real barrier for too many

- More than 1 in 3 respondents were not comfortable speaking in English with healthcare workers.
- People reported little access to paid interpreters across health care services, and there are concerns about using informal interpreters, e.g. friends and family.

“... using informal interpreters, untrained interpreters is a disaster. And using family and friends is equally terrible. Because especially with things like women’s health problems, or bottom problems, or something, friends and family can’t even use those words...”

Healthcare worker



3. A slow and inflexible system can put immigrant communities at a disadvantage

- The Irish system of healthcare provision is not preventative but is slow and reactionary.
- Immigrants do not tend to have access to unofficial pathways or networks for accessing services.
- Immigrants have a desire to exercise more autonomy in managing healthcare, e.g. referrals, appointments, etc.

4. Cancer cannot wait – yet patients are forced to with catastrophic consequences

- Long wait times were cited as the major reason to travel abroad to access healthcare services, even for people who return to war zones.
- Irish health services lack proper systems to engage with transnational patients.

“[T]he mindset [in my home country] is different, you have a small pain, you run to do exams. ... Here it is totally different ... The doctor [doesn’t request] the exam. He asks why you want the exam.... **So you have to go to the GP, like five times for him, to go and ask for an exam. And sometimes you don’t have this time, it was what happened with me** ... Unfortunately, I am that part of the population that doesn’t have the time.” **Metastatic cancer patient**



"So we will get some people who arrive with cancer already who've been diagnosed in other countries [...] I've just one person at the moment who was on cancer treatment in [his home country]. And he arrived in Ireland ... and then he went here on a waiting list for a long time in the public system ... for an MRI, and that would take a year. So he's falling between two stools. He was on medication and surgery in [his home country]. And he's here, six months now and hasn't had any treatment. And so they insisted on him getting all his documents from his doctor in [his home country]..." **Frontline worker**

5. People seeking international protection face significant challenges to continuity of care

- Medical care can be disrupted for people forced to move between Direct Provision Centres.
- Direct Provision Centres are inappropriate environments for people with health conditions.
- International Protection (IP) applicants not living in Direct Provision Centres face different challenges, e.g. no automatic entitlement to medical card.

"I'll put it in an envelope, and I'll say, 'referral for cancer' in big letters on the front of the envelope, and I say, 'if you get transferred somehow, between now and next week, I want you to show that to the manager' ... I know then it will be taken care of, or at least I've done everything at that point I can to make sure it's taken care of. ... So you learn that systems are frail." **Healthcare worker**

What can the Government to do to support immigrant communities to access cancer and healthcare services?

Cancer cannot wait. The earliest it is caught and treated, the better the outcome.

1. Build awareness of cancer signs/symptoms and cancer services

- Offer routine health checks/screenings within communities with immigrant populations to address health issues early, including cancer screening, removing accessibility barriers, particularly for people in rural areas.
- Engage in awareness raising (e.g. cancer screening services, prevention, GP, etc.) within communities so people know where to go when they have healthcare needs.

2. Simplify bureaucracy and enhance accessibility

- Simplify applications for medical and GP visit cards by offering multi-language options and expand access to IP applicants not in Direct Provision.
- Streamline and improve the Regularisation Scheme for long-term undocumented immigrants to ensure better healthcare access and outcomes.

3 Enhance conditions for people in Direct Provision

- Ensure stable, suitable accommodation in Direct Provision, considering the health needs of individuals.
- Ensure that catering in Direct Provision meets cultural and health needs and provide self-catering options.

4. Create more language resources

- The HSE and relevant Government Departments should provide healthcare materials, including medical card and social protection applications, cancer pathway information, in multiple formats (written, audio, video) with captions and interpreters when necessary.
- Ensure access to professional interpreter services to improve communication and quality of care for immigrant patients.

5. Culturally competent and patient-centred care is required

- Develop culturally sensitive health information and services to reduce stigma and ensure more effective care.
- Implement cultural competency training for healthcare professionals via HSE training programmes to address cultural barriers, cancer-related stigma, and end-of-life care needs.

6. Enable support and accessibility for immigrant communities in healthcare

- Extend the Patient Advocacy Service to primary care settings to support patients from the beginning of their healthcare journey.
- Use community health workers to bridge cultural and linguistic gaps in healthcare, ensuring more effective communication with immigrant communities.
- Guarantee that public health services are accessible to immigrants, with language support and culturally appropriate food and services.