‘Differences between the earth and the sky’: migrant parents’ views of nurse-led child health services in the UK

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Background

• Children of migrant parents use most types of healthcare less than local children
• Only emergency and hospital services used more (Markkula et al 2018)
• In the UK nurses provide primary care services and health promotion to children
• Poorer outcomes overall for non-UK born individuals compared to the UK population (Jayaweera 2011)
Who are migrants?

- Office of National Statistics (ONS) definition- a migrant is born abroad, and will stay in UK for over one year
- In 2018 - 14% of the usual resident population of the UK were born abroad (ONS 2019a)
- In 2018 - 28% of babies in England and Wales were born to women from outside the UK (ONS 2019b)
- Migrants are highly diverse, e.g. nationality, ethnicity, socio-economic status, religion, legal status & length of residence (Jayaweera & Quigley 2010)
Study of migrant parents (Condon and McClean 2016)

Objective: To explore parents’ views and experiences of using nurse-led health services for their pre-school children post-migration.

Design: An exploratory study using qualitative methodology.

- Five focus groups
- 28 mothers and fathers- Roma (7), Romanian (6), Polish (6), Somali (5), Pakistani (4)
- Interpreters used, concurrent translation
- Framework approach (Ritchie and Spencer)
<table>
<thead>
<tr>
<th>Country of birth</th>
<th>Estimate of population size in UK</th>
<th>Notes on migration routes into UK</th>
<th>Gross Domestic Product in $m (% of GDP spent on Healthcare)</th>
<th>Health system in country of birth</th>
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<tbody>
<tr>
<td>Poland</td>
<td>679,000</td>
<td>Recent European Union (EU) migrants with some Second World War arrivals and post-war refugees</td>
<td><strong>585.8</strong> <em>(6.3%)</em></td>
<td>Mandatory health insurance, complemented with financing from state and territorial self-government budgets. The National Health Fund manages contracts with public and non-public health care providers. Health insurance contributions are borne entirely by employees.</td>
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<td>Pakistan</td>
<td>502,000</td>
<td>Long-settled post-1950 migration, family migrants and recent student migrants</td>
<td><strong>312.6</strong> <em>(2.7%)</em></td>
<td>Urban/rural disparities in healthcare delivery and an imbalance in the health workforce, with insufficient workers in the peripheral areas. Complex system where healthcare subsystems compete with formal and informal private-sector health care systems.</td>
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<tr>
<td>Romania</td>
<td>130,000</td>
<td>Recent EU migrants</td>
<td><strong>239.6</strong> <em>(5%)</em></td>
<td>Social health insurance system developed from the Semashko system which aimed for universal basic healthcare. Comprehensive benefits package to those insured and minimum benefits package if not covered. Inequities in health care access, e.g. urban/rural.</td>
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<tr>
<td>Somalia</td>
<td>97,000</td>
<td>Asylum and EU onward migration</td>
<td><strong>7.5</strong> <em>(no data)</em></td>
<td>Somalia's public healthcare system was largely destroyed during the civil war. The health care system in Somalia remains weak, poorly resourced and inequitably distributed. Health expenditure remains very low and there is a critical shortage of health workers.</td>
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<td>UK</td>
<td>66 million (total UK population)</td>
<td>Not applicable for total population</td>
<td><strong>2,825</strong> <em>(9.9%)</em></td>
<td>Government funded system of universal healthcare with well-developed primary care and an established child health promotion programme.</td>
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Findings

Four overall themes:

1. Comparison between Health Services
2. A Child’s Right to Healthcare
3. Consumer Choice
4. Health Promotion

Cross cutting themes: parental autonomy & governmentality*

*Governmentality is the way in which social life is directed and influenced by the state, by establishing societal norms (how people should think and behave) and expert-based knowledge (Foucault 1975). Parenting is a well-discussed site of governmentality (Rose 1990, 1993)
1. Comparison between Health Services

Accessible/comprehensive

If your child is not well you can either phone, take to the Emergency if the Health Centre not open, you can book an appointment to see one of the Doctors, if...you are not sure about something you can talk to your Health Visitor. It’s easy, no problem.’

Somali mother, 38 years

Perception of reduced autonomy

‘Immunisation here, for example you get reminders, you have to immunise your children, but back home you have a choice; you can take only if you want, nobody would push you to do that, so it’s just like, take or not take.’

Somali mother, 43 years
2. A child’s right to healthcare

Equal access

‘Here every child gets treated the same, there’s no like, you’re rich, you’re poor, and you’re going to get the treatment... back home is the difference you know, if you’re rich your child gets five star service.’

Pakistani mother, 29 years

Service quality concerns

‘In Romania, at home if you go with a child at the doctor they check him from head to toe... and they check their reflexes... weight... everything but here we’ve been with temperature, and they just gave him some Nurofen, paracetamol.’

Romanian mother, 34 years
3. Consumer choice

- In UK have to ‘beg’ for medication
- ‘Here is the kingdom of paracetamol’ Roma father, 47 years
- ‘Actually when I came here and when [child] was young I thought that the Polish had done it better because they gave you antibiotics and that’s good, and here they give you paracetamol, ibuprofen, but now I think that is better.’ Polish father, 35 years
- Immunisations given by nurses, no physical examination prior to immunisation
4. Health promotion

‘The midwife come and see you and the health visitors come and see you, and then they keep on seeing you, and then if the child has any problem they keep coming and guiding us.’

Somali mother, 34 years

‘[There] mum and child can do anything, if the child falls there’s nowhere to report. Here everybody is interested [laughs] you get the social worker involved, the hospital people and doctor involved; nobody has responsibility back home, only the mum.’

Pakistani mother, 35 years
Implications for health professionals

- Migrant parents from EU accession countries and established communities - but common experiences and need for support
- Nurses provide many UK child health services
- Different expectations of health services, e.g. physical examination, antibiotic prescribing
- Significant adjustments for migrant parents
References


ONS (2019a) Population of the UK by country of birth and nationality

ONS (2019b) Parents’ country of birth England and Wales
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/parentscountryofbirthenglandandwales/2018
Thank you for listening

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