

Course: BSc (Hons) Health and Social Care

Module: Independent Project BMHP6020

Component 1: Element 1 - Project Proposal

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Improving Healthcare Services for Refugees and Asylum Seekers in the UK

1. Research Design

Healthcare requirements of refugees and asylum seekers are largely underprioritized in the UK, although their health needs are urgent. The populations have serious obstacles to access to healthcare such as language, cultural, and bureaucratic, and the compounded impacts of trauma, displacement, and poverty. Asylum seekers and refugees are more prone to physical and mental health problems, which can be aggravated by the inability to receive proper care (Khanom et al., 2021). They struggle to make their way through the UK healthcare system, which leaves their healthcare needs unmet despite high needs (Asif and Kienzler, 2022). The literature gap is the lack of exploration of particular barriers, especially systemic inefficiencies and cultural difficulties in healthcare delivery.

2. Research Aims

This study intends to critically look at the challenges that refugees and asylum seekers experience in accessing healthcare services in the UK as well as ways in which the accessibility, quality, and effectiveness of healthcare delivery to these groups can be enhanced.

3. Research Question and Objectives:

RQ: What are the key barriers to healthcare access for refugees and asylum seekers in the UK, and how can healthcare services be reconfigured to enhance accessibility, quality, and care for this population?

Objectives:

1. To examine the specific healthcare accessibility challenges faced by refugees and asylum seekers, including issues related to registration, healthcare navigation, and service availability.
2. To evaluate the impact of cultural competence and language barriers on access to healthcare, quality of care, and patient satisfaction.

3. To identify systemic and procedural barriers that hinder healthcare delivery and propose evidence-based recommendations to improve the healthcare service experience for refugees and asylum seekers.

4. Methodology Overview

The proposed study will employ a secondary qualitative design to provide a detailed discussion of the impediments faced by refugees and asylum seekers when seeking healthcare services in the UK. The approach will involve interpreting available information and literature to outline the major issues and gaps in healthcare access.

Qualitative Method

- **Secondary Qualitative Data:** Secondary data shall be obtained using the available reports, literature, and case studies that discuss healthcare access among refugees and asylum seekers. Such data will cover governmental and non-governmental reports, research papers, and documented healthcare experiences of refugees and asylum seekers.
- Secondary data will be analysed using thematic analysis. Such a strategy will assist in identifying recurring themes that pertain to cultural competence, language barriers, bureaucratic barriers, and other systemic problems that affect healthcare access among refugees and asylum seekers.

Data Analysis

- **Qualitative Data:** Thematic analysis will be applied to the secondary qualitative data to elicit common themes. This will enable a closer insight into the difficulties that refugees and asylum seekers encounter in the UK healthcare system.

5. Expected Outcomes and Significance

The research purposely expects to reveal considerable obstacles to healthcare access among refugees and asylum seekers, such as linguistic barriers, insensitivity of healthcare providers to cultural variations, and complex bureaucracy (Asif and Kienzler, 2022). The study will also probably shed light on the systemic failures, e.g., the inadequacy of healthcare facilities and the absence of direct healthcare routes of this group. The results will be used to create evidence-based recommendations, including the introduction of specific cultural competence training of healthcare professionals, enhancing communication and translation services, and streamlining registration

and referral procedures (Khanom et al., 2021). The research will add to the current debate about fair healthcare provision, policy, and inclusivity in the UK healthcare system.

References

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