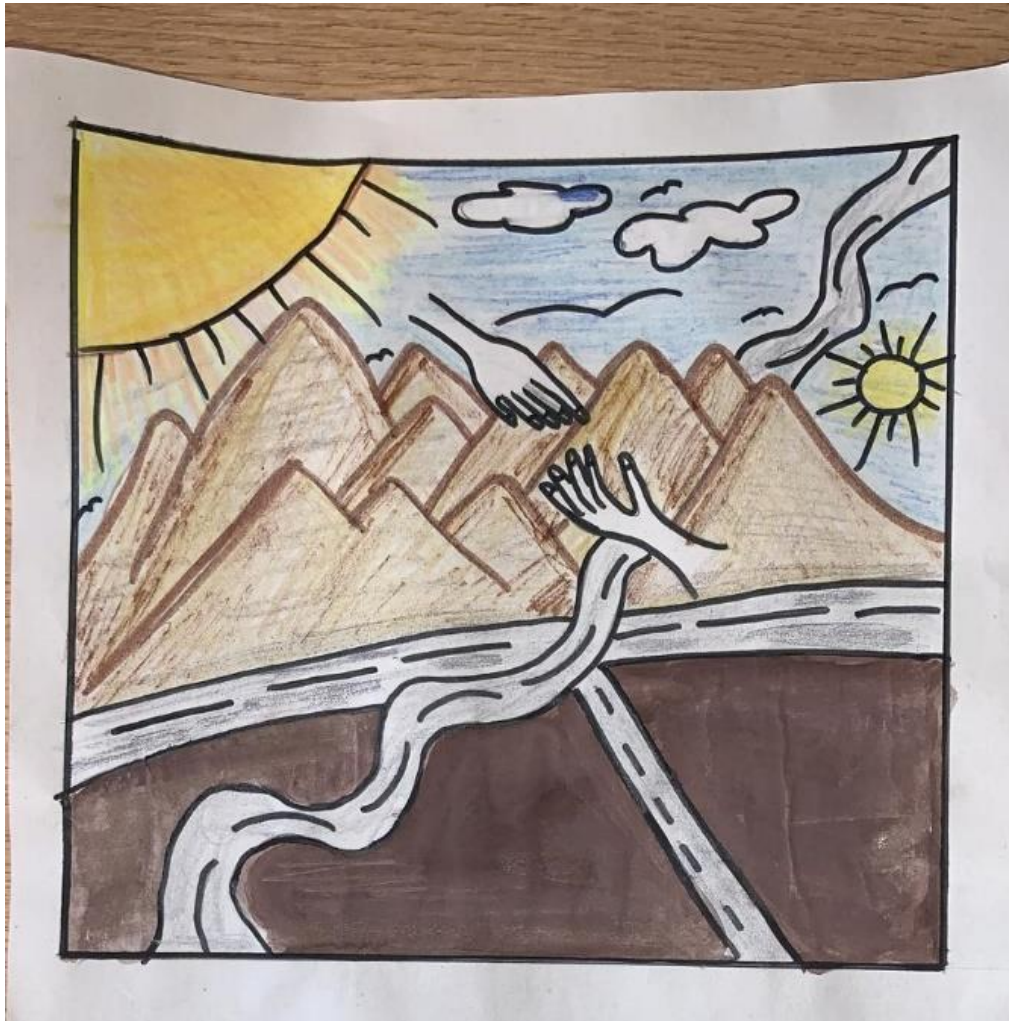


## HARP (Health for Asylum Seekers and Refugees) project interim evaluation



Representation of HARP- courtesy of attendee at Zoom Art Therapy

This report has been produced by the Faculty of Health Studies, University of Bradford, September 2020. Authored by Dr Mel Cooper, with support from Marie-Claire Balaam, (researcher UCLan) and Dinah Mathew (HARP volunteer).

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## 1 Acknowledgments

All the HARP clients, volunteers and staff for sharing their stories

## 2 Summary

- In the first 18 months of the project, 2902 people who are seeking asylum or are refugees have been reached through the interventions delivered by HARP. The numbers have exceeded the targets in all the areas.
- Overwhelmingly, clients have benefited from the HARP interventions which have helped them to overcome some of the barriers they faced and improved their experiences in accessing health services. This includes 1019 clients improving their English language skills.
- 68 HARP volunteers have been trained to participate in HARP. They have benefited from being involved with the project; resulting in feelings of increased confidence, helpful and reduced social isolation positively impacting on their mental health and wellbeing. Also, learning about health and accessing services has benefited them outside of the project.
- So far 3504 people including health professionals have attended awareness raising sessions and evaluation suggests this has had an impact on their understanding of the barriers faced accessing health services.
- HARP staff and volunteers have engaged with a wide range of activities beyond the HARP project which will positively impact the lives of asylum seekers and refugees across the UK through for example policy change, awareness raising and research.
- Due to the COVID-19 pandemic, all interventions had to switch to virtual delivery. This has been challenging for the staff, volunteers and clients but thinking creatively has enabled effective Zoom delivery of activities such as art therapy, exercise, awareness raising sessions, volunteer training and English Language Classes.
- The one to one advocacy intervention was switched to telephone befriending which was an essential lifeline for increasingly isolated clients and increased the skills of volunteers in providing telephone support.
- Due to a lack of capacity in Urban House (initial accommodation centre), new arrivals have been housed in local hotels. This situation has been exacerbated by COVID-19 which has led to a lack of movement of asylum seekers and refugees through the asylum system. After lockdown, the HARP team have faced difficulties accessing people within the hotels and Urban House.

### 3 Introduction to HARP

HARP is a three-year project which commenced 1<sup>st</sup> September 2018, delivered by the Refugee Council and is a follow-on project from the initial project which ran between 2015-2017. The aim of the original project was to support asylum seekers and refugees in the Yorkshire and Humber region to access appropriate health services in a timely manner. The success of the previous project led to the funding of the current project, which aims to build on this success, originally with the intention of supporting asylum seekers and refugees in Yorkshire (Sheffield, Barnsley, Doncaster and Rotherham). In addition, newly arrived asylum seekers in Wakefield would be supported through the region's initial accommodation centre, where new asylum seekers stay before they are dispersed.

It became apparent that Doncaster did not require support from HARP2 due to existing excellent services for asylum seekers and refugees. With permission from the funders, delivery was switched to Leeds, an area which would benefit from the interventions.

The Refugee Council, via Big Lottery funding has commissioned the University of Bradford to undertake the HARP evaluation. The University of Bradford has worked in partnership with UCLan and a HARP volunteer to achieve this.

### 4 Aims and objectives of the project

Aim: To improve the physical and mental health of asylum seekers and refugees and reduce health inequalities.

1. Continuing the model of provision in the previous project, empower asylum seekers and refugees (clients) to access appropriate UK health services in a timely manner.
2. To place clients at the centre of their own health care and enable them to lead their own support and advocacy.
3. To support clients to better understand, care for and communicate their own health needs when talking to professionals, to raise the understanding and awareness of health professionals about the specific needs of this demographic.

#### 4.1 Background

Asylum seekers and refugees disproportionately have poor physical and mental health compared to the general population (1, 2). They also face barriers to accessing health services, partly due to a lack of understanding about the NHS and how services are

provided, and due to language barriers (3, 4). Barriers to accessing health services can be classified on three levels- the individual, institutional and system level (see below). The purpose of the HARP project is to help address these barriers and this report considers all three levels when evaluating HARP as an intervention to support asylum seekers and refugees accessing health services.

<b>Individual barriers</b>	<b>Institutional barriers</b>	<b>System barriers</b>
Language	Lack of interpreters	Lack of interpreting services
Culture	Lack of knowledge of needs and entitlements	In appropriate services
Financial	Difficulty accessing a GP	Lack of trained professionals
Physical access	Charging for services	Systematic racism
Lack of understanding of health care systems	Lack of entitlement to service	Policies restricting access
	Complicated administration systems	Lack of co-ordination and information sharing

**Adapted from Jarrow, M, Haith-Cooper, M, Hargan, J and Balaam, MC (submitted for publication). A systematic review to identify key elements of public health interventions that address barriers to health services for refugees.**

## 4.2 Project Staff and Volunteers

- There are three paid part time members of the HARP team who work in different locations covering Leeds, Wakefield, Barnsley, Rotherham and Sheffield.
- Volunteers have been recruited in different ways; through ‘word of mouth’ using contacts from other projects. Also through advertising and events such as volunteering fairs for example in Leeds where asylum seeking and refugee volunteers were recruited to deliver a health awareness raising session in Wakefield. Leeds is near Wakefield and has a large number of refugees speaking different languages, whereas Wakefield does not.
- Initial volunteer training is provided through the Refugee Council.

### Content of volunteer training

- An overview of the Refugee Council
  - The process of seeking asylum
  - The impact of the asylum process
  - How people access health, maternity and mental health services ‘back home’ and in the UK
  - Barriers to accessing health, maternity and mental health services.
  - The aims of HARP and how these might be achieved
  - Volunteer roles within HARP
  - Boundaries and confidentiality
  - Refugee Council policies and procedures including the volunteer policy and support for volunteers
- 
- HARP has a volunteer empowerment pathway at its core. It aims to encourage clients from the onset to consider becoming volunteers when they feel ready. It provides a range of training opportunities that volunteers can access and support with moving on to education or employment. At the start of the project, 37 volunteers were trained, 35 from a refugee background. Other volunteers, who started as HARP clients were subsequently trained to become volunteer ‘buddies’ for their peers taking on roles such as crèche workers, volunteer interpreters for group work and to assist in group discussions. Once they had grown in confidence they then trained as HARP health advocates having received training in health access, confidence building and public speaking. Following this, they provided 1:1 health advocacy, befriending and became experts by experience for awareness raising

sessions. In addition, volunteers were offered other training opportunities both within the Refugee Council and through external organisations. These sessions included 'Finding your voice and representing your peers' (n=51) Destitution and Pregnancy provided by Maternity Action (n=6), ESOL training (n=27), one to one TEFAL training (n=24), recruitment and selection training (n=8), mental health support for asylum seekers and refugees (n=22), wellbeing and compassion fatigue (n=15)

### 4.3 Planned project activities

1. ESOL for health classes and conversation clubs cover general health, making GP referrals, accessing GPs, dentists, opticians and hospital, costs involved and the HC2, when to access care (preventive care, emergency care, and non-emergency care). The courses includes the body and ailments, communicating health care needs, prescriptions and medication labels. Within each session worksheets, role-play, and games are used to develop knowledge and skills. Different types of ESOL classes have been delivered in different areas including a pop up and drop in ESOL course, women's classes, classes designed for new arrivals and one to one conversations.
2. Drop-in, advocacy, and befriending sessions address issues brought by attendees such as HC1 forms and registering with a GP and explaining appointment letters.
3. Specialist workshops in different areas include regular sessions; art therapy, Pilates, access to the NHS and a health conversation group. Standalone specialist workshops have been run in partnership with health providers on topics such as testicular cancer, cancer screening, maternity, mental health. first aid, NHS choices, healthy relationships, Health Watch and a six weeks women's fitness course. For all these courses, HARP provides the venue, promoted the event and provided interpreters when required.
4. Weekly introductory health access course in Urban House initial accommodation centre, Wakefield. This is a three-week rolling programme covering how to access health care, maternity care and mental health. The sessions are discussion based and focus on what happens "back home" compared to the UK. Concepts such as preventative medicine, confidentiality and the role of men and women are discussed in a safe environment.
5. Awareness raising sessions for health professionals and others around asylum seekers and refugees and health services- barriers they face, their needs and experiences.



#### 4.4 Project changes due to COVID

Following the UK lockdown on the 16<sup>th</sup> March 2020, delivery of the HARP project had to be adjusted to avoid face to face contact. The use of Zoom and the telephone was introduced to deliver the activities and volunteer training as much as possible, using the Zoom poll setting to evaluate activities. This created challenges for staff and volunteers who needed to learn how to use technology but also for the clients. They experienced a lack of phone credit to access the internet and difficulties downloading Zoom. Consequently, £5,500 of HARP funding was re-allocated to fund phone credit for volunteers and clients. This helped increase numbers attending virtual activities, but some people still struggled to use Zoom. The lack of face to face contact through drop in sessions has reduced opportunistic signposting to HARP activities, especially with new arrivals.

The provision of health briefings in the initial accommodation centre has been disrupted by the pandemic. Following lockdown, the Home Office no longer moved asylum seekers out of dispersal accommodation at the end of the asylum process. Consequently, there was a shortage of housing for new arrivals who were subsequently not dispersed from the initial accommodation centre. Once the centre was filled, 14 hotels in the HARP areas have been used to provide alternative accommodation. In addition, the initial accommodation centre experienced an outbreak of COVID-19 and most residents were relocated around the region at very short notice. Furthermore, many asylum seekers and refugees had a lack of access to Wi-Fi, TV's and radios to keep up to date with the pandemic.

In response to a lack of face to face contact, HARP has made a coronavirus information PowerPoint and flyers promoting all HARP zoom activities in a number of languages. These have been circulated to the hotels and the initial accommodation centre but the project is relying on third parties to ensure it is viewed by the residents. A HARP Facebook page has been set up and to support the provision of Zoom art therapy classes, art packs were posted out to people so they could participate at home. In addition, a film was developed about the Art Therapy group for Refugee Week available on the Refugee Council website and Facebook page and the Leeds Playhouse website.

The topics discussed in the health conversation club were adapted to include Coronavirus information, mental health in isolation, food, cooking, and healthy eating and well-being in isolation.

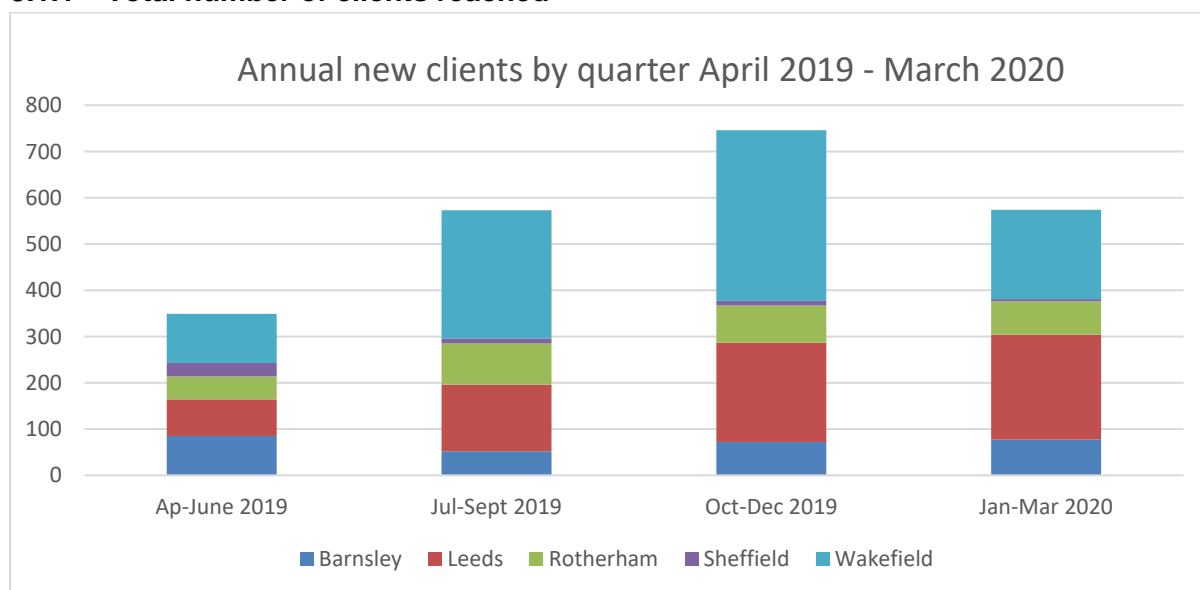
Befriending and advocacy provision was switched to the telephone. Volunteers were allocated clients who they phoned on a weekly basis for a general wellbeing chat, promoting online classes, but also to identify any problems that clients were facing. Recruitment of befrienders has been challenging but boosted by staff furloughed from partner organisations. Some volunteers, in particular those who are also clients, have found the lockdown difficult to cope with and have needed support from staff and their peers. Volunteer peer support meetings have occurred weekly or biweekly in each area via Zoom.

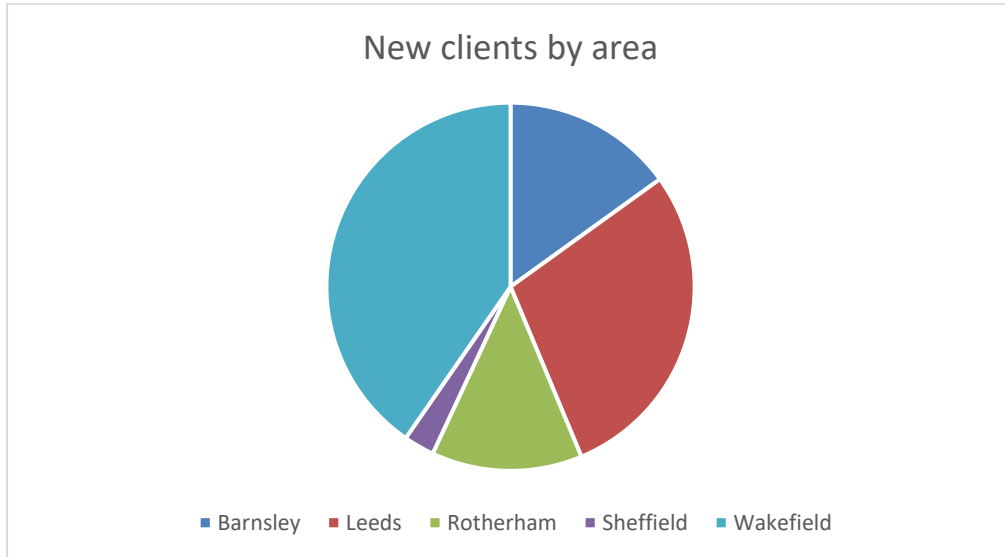
With the easing of lockdown, staff were able, with permission from senior managers, to drop off donations and flyers at the hotels. The plan is to develop Zoom activities via a projector or depending on the progress of the pandemic, offer face to face contact in the hotels.

## 5 HARP evaluation

Routine data collected by the HARP team include registers of attendance at activities and events and feedback questionnaires, number of people accessing web-based resources and training. In addition, four interviews were undertaken, examining the impact of HARP on volunteers and clients. These data sets (up until June 2020) have been used in this evaluation report. In addition, the evaluation project team undertook interviews on zoom with clients, volunteers, and HARP staff between June and September, 21-22 months into the project (see chapter 6)

### 5.1.1 Total number of clients reached



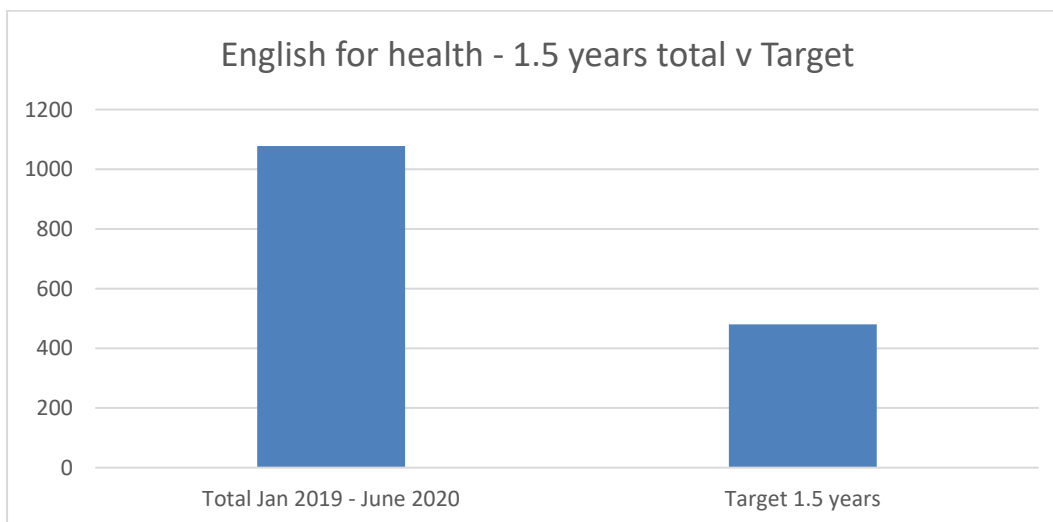
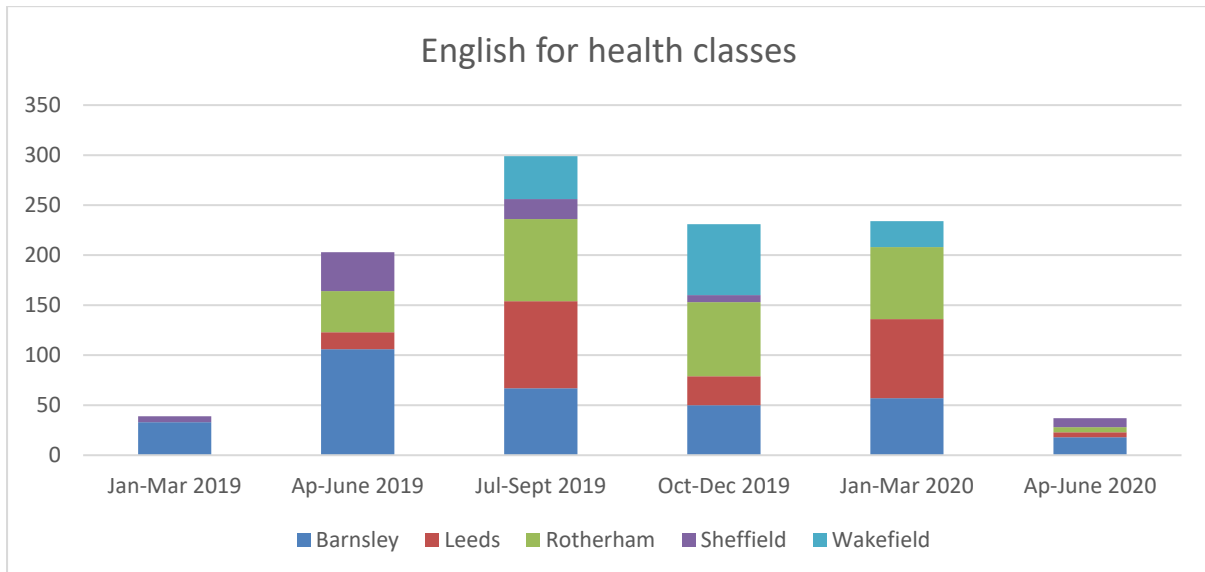


To June 2020, the total number of clients reached through HARP was above target with a total of 2902 clients (target= 2310). Since the COVID-19 restrictions began, numbers have reduced due to a lack of face to face contact and also fewer people being dispersed by the Home Office. A lack of dispersal has meant the population in Urban House has become static with new arrivals being sent to local hotels rather than the initial accommodation centre.

## 5.1.2 Activities delivered

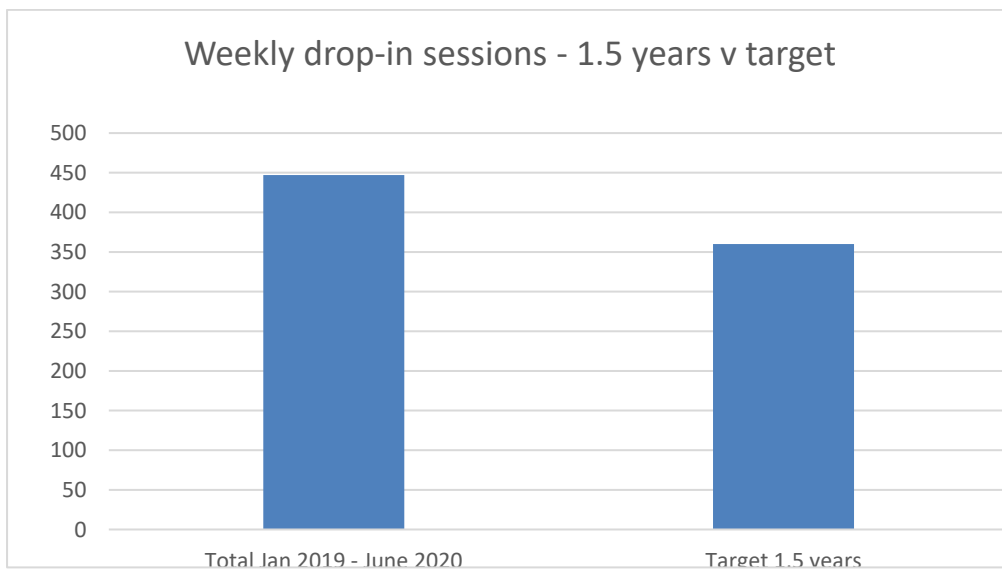
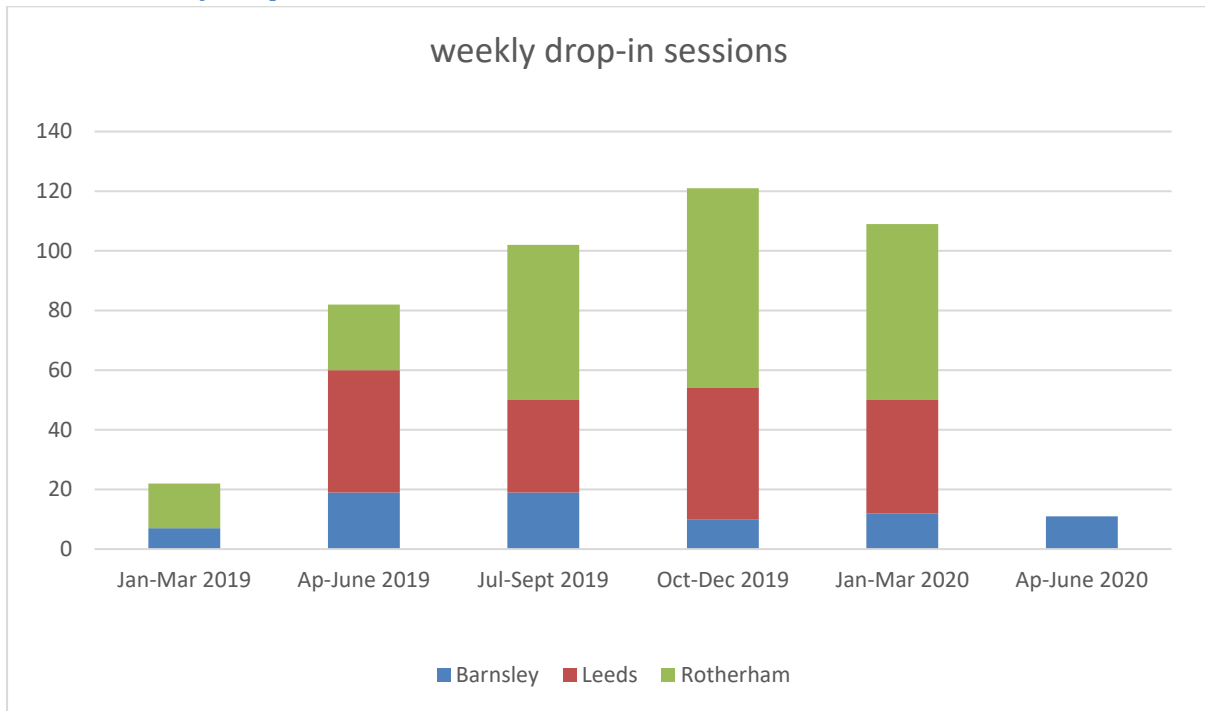
### 5.1.2.1 Weekly drop ins

Classes over the project duration in the different areas. Despite lockdown, these continued to be delivered online from April to June 2020.



Targets at 18 months have been exceeded for English for health classes, despite switching delivery of the classes to Zoom. During the lockdown (April to June) the numbers have reduced due to difficulties finding people who may benefit from the classes.

### 5.1.2.2 Weekly drop ins



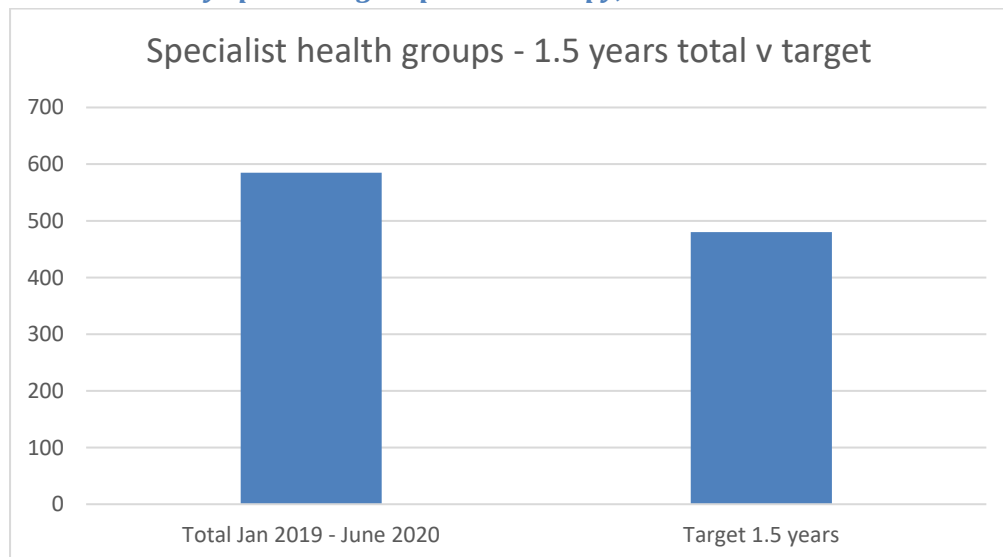
The 18 month target for weekly drop-in sessions (360 clients) has been exceeded with a total of 447 clients reached. This is despite the low numbers from April to June 2020 due to COVID preventing face to face contact.

### Examples of the impact of the Drop in sessions

**Access to an NHS dentist** – 111 has been contacted for lists of NHS dentists but these are not always up to date. Volunteers have rung the dentists to ensure they will register clients and they have accompanied clients to appointments when required.

**Health charges** – refused destitute asylum seekers have received demands for payment for healthcare. HARP has adapted a template letter offering payment of 1p per month, which has resulted in the charge being dropped

#### 5.1.2.3 Weekly specialist groups- art therapy, Pilates and conversation club



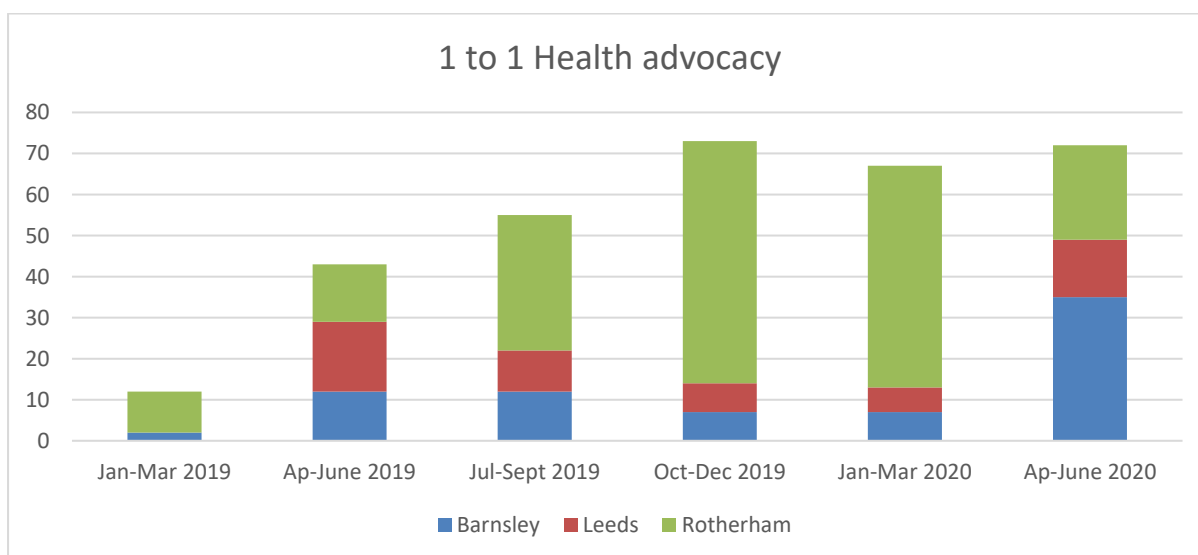
Targets for the first 18 months of the project for provision of the specialist groups has been exceeded, despite switching delivery to Zoom.

#### Case study- Reaching people through the specialist groups

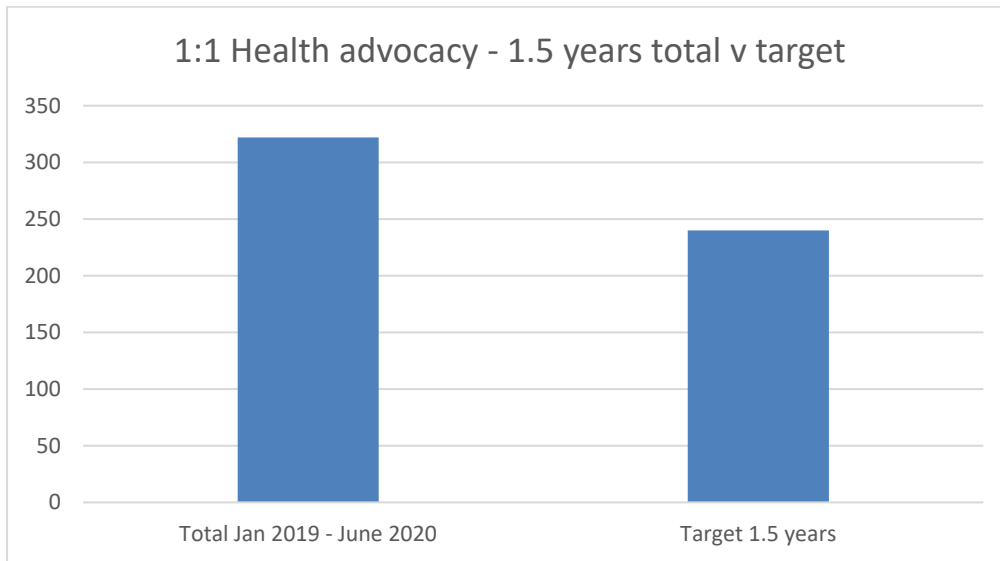
X is a single mum who left two of her children in Zimbabwe and is now 31 weeks pregnant. She misses her children and before engaging with HARP was very lonely and isolated. She has been refused asylum but has put in a fresh claim. She is destitute, receives no financial support and is sofa surfing. HARP have supported her for 6 weeks. She attends the HARP wellbeing and conversation groups at Mill Hill and the NCT

antenatal class that a staff member runs. Through these groups, she has built trusting relationships with staff and volunteers, made friends and found peer support. X received two bills for maternity care, which she could not pay and feared she could not afford to see her midwife again. Staff helped X adapt a template letter for making a cash payment plan of 1p per month to the hospital. As a result, the charges were dropped, and X continued to access maternity care. Staff also referred X to other charities to apply for accommodation and financial support. X is still worried about having a roof over her head but can't wait to see her baby and to one day introduce him to his two sisters.

5.1.2.4 One to one health Advocacy

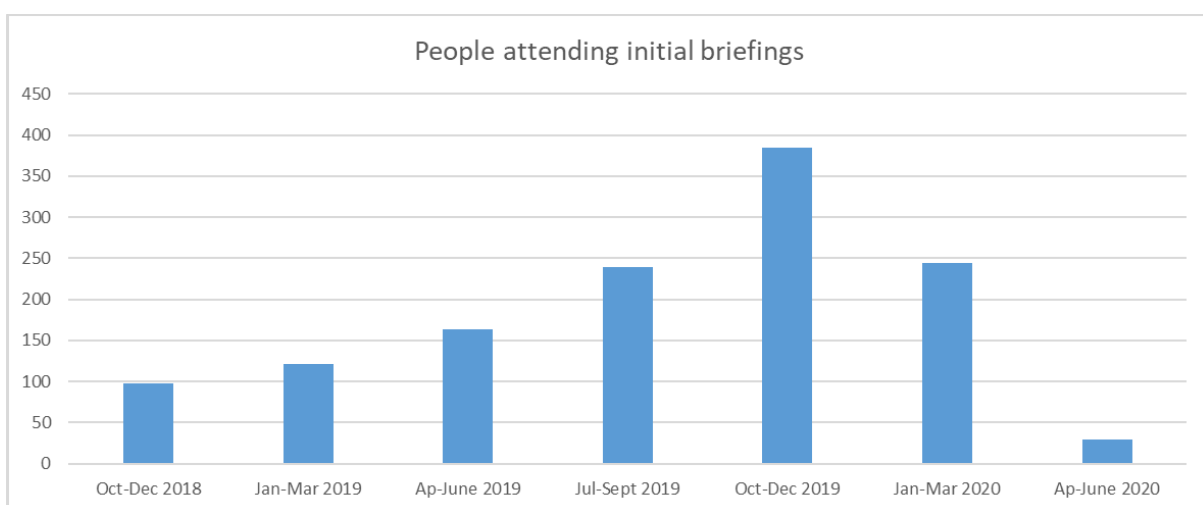


The table above demonstrates the provision of health advocacy over the duration of 18 months in the different areas. Switching to telephone befriending during lockdown (April-June 2020) has not had a negative impact on the number of clients supported.



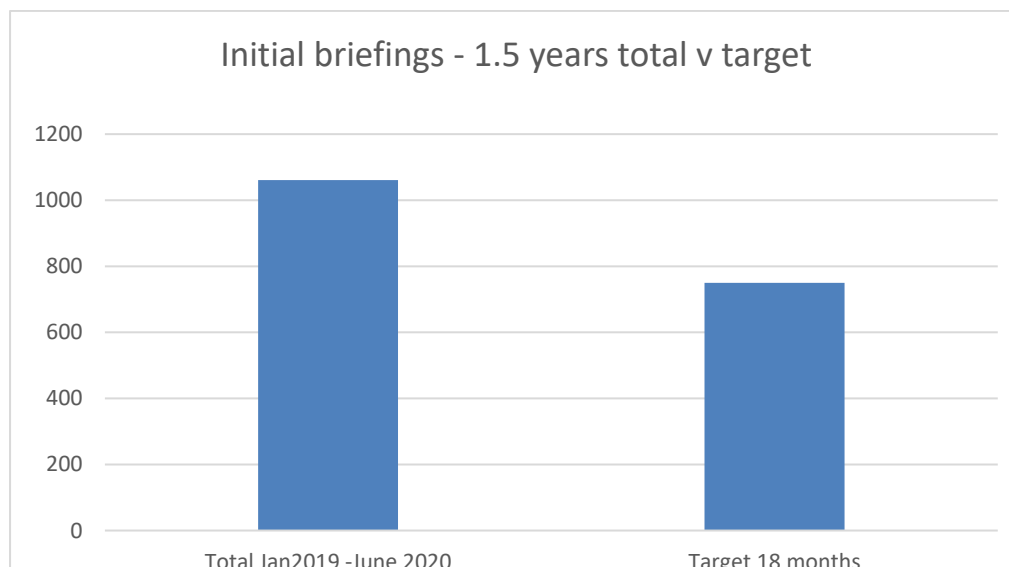
Targets have been exceeded for the number of people receiving one to one support. However, since the COVID-19 restrictions, this has been by telephone befriending. There has been a large increase in the number of phone calls made to clients and on their behalf e.g. calling the GP, hospital, ordering prescriptions, healthy start applications, arranging food parcels. Befrienders have been unable to meet face to face with clients which has meant they could not advocate to overturn the penalty charges for prescriptions or dental treatment without a valid HC2 certificate.

**5.1.2.5 Health briefings in the initial accommodation centre (Urban House)**





As can be seen from the graph, post lockdown, the number of people reached declined. In addition, in 2019, Urban House closed for refurbishment for two months. HARP was delivered in a local church, but the numbers reduced at this point.



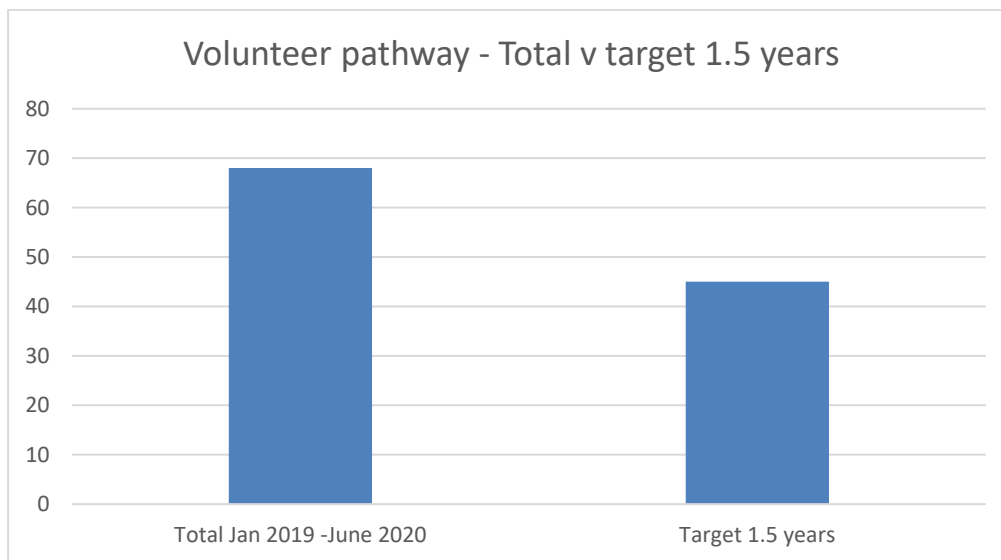
Despite the challenges delivering the initial briefings at Urban house, targets were still exceeded for the first 18 months.

**Case study- value of the initial briefings**

Y from Eritrea attended HARP training about accessing health at Urban House. He learned that HARP offered support in Doncaster and when he was dispersed there he attended the conversation club for help. He was referred to the visiting health bus for TB and HIV screening and was accompanied to register with a local GP. He needed urgent medication but his HC2 certificate had not arrived. This was chased up by the health advocate. Y had no money so he was lent some for his prescription. The health advocate also gave him a letter to give to the pharmacist to explain that he needed a receipt for the prescription and a form to fill in so that the money could be claimed back once his HC2 had come through. Y was supported filling in the form to claim back the money.

### 5.1.3 Volunteers

#### 5.1.3.1 *Volunteers signed up*



#### 5.1.3.2 *Volunteers training*

There has been higher attendance at Zoom training session for volunteers than there previously was face to face. Zoom has worked well in this context and each participant has given two or more speeches to raise awareness.

**May 2020- Volunteer feedback on ‘Finding your Voice and Representing Your Peers’ volunteer training.**

*“I enjoyed the group and training and heard some very good and moving stories. I liked the interaction between the people and the support that came within the group when one member got emotional talking about her journey. It would have been better if it was face to face. It is a good platform for people to share their stories and feel pride and confident in presenting in front of others.”*

### 5.1.3.3 Awareness raising sessions- to public and professionals

	Oct- Dec 2018	Jan- Mar 2019	Apr-June 2019	July- Sept 2019	Oct- Dec 2019	Jan- Mar 2020	Apr- June 2020	TOTAL	TARGET
Sessions	4	11	6	2	8	7	3	41	24
Attendees	427	1423	475	84	239	350	506	3504	240

Up until June 2020, 3504 people have attended awareness raising sessions provided by HARP. This is a massive increase on the target number (240).

#### Examples of awareness raising sessions

2018- A Staff member and two experts by experience gave a keynote presentation at a national midwifery conference in Oxford. One woman shared her experience of not having an interpreter during labour and that 'informed consent' had been obtained via sign language. A senior member of the Royal Collage of Midwives suggested the best way to get interpreters was to link this to the risk agenda and that she would action this after the conference. The discussion highlighted the impact hearing people's stories can have on policy and practice.

In 2019, a Staff member and experts by experiences gave awareness raising training sessions to trainee GPs in Sheffield, medical students in Leeds, midwifery students in Bradford, university students in Edinburgh, community nurses in Wakefield and presented at two national and one regional midwifery conference.

#### Selected feedback from various 2019 awareness raising sessions:

*"it was a really insightful session. I didn't know the extent of the issues beforehand. I think this will help me to better understand my patients who seek asylum and are refugees"*

*"brilliant workshop and so moving to hear the stories of \*\* and \*\*, really honoured to hear their struggles and triumphs. This should be compulsory for the whole medical school as it is so important and so beneficial. Thank you SO much."*

*"Really fantastic session, by far one of my favourite since starting this course. The contributions and honesty from the guest speakers were so touching and inspiring to hear"*

*about their experiences. Thank you so much for sharing that with us. The work you do is amazing and gives so much hope. Thank you!"*

*'I had no idea what they went through. As you said we are just the people on a boat'*

*'To hear first-hand the traumas and difficulties that your speakers have experienced and survived.'*

*'Very interesting, didn't realise how hard it is to access services including NHS. The media is not representative of what is happening'*

In 2019 an expert by experience presented with a staff member, to 150 people at the **British Journal of Midwifery Conference in Leeds**. She explained that she had not known what a midwife was. She had seen 'Call the Midwife' but didn't know they really existed. She talked about wanting a caesarean because she couldn't face any more trauma after the war but she met real opposition to this and would have to persuade a panel of doctors before this could happen. As a result of this presentation the staff member and expert by experience presented to 500 people at the 3<sup>rd</sup> **Better Birth national conference and the Regional Maternity Voices Partnership conference**.

*"\*\*, you were such an inspiration yesterday. Thank you again for sharing your story with us all. I love that you are now working to support other refugee women and are joining Leeds Maternity Voice Partnership." Lisa Ramsey NHS England."*

2019- a staff member and an expert by experience were keynote speakers to 300 attendees at the 3<sup>rd</sup> **International normal birth and labour conference at UCLAN**. \*\* got a standing ovation. She said

*"The reaction was really powerful. It makes my story have potential to make change happen. You stop becoming a victim of the story and become the hero of the story instead. You come out a winner. People saying 'well done' makes you feel like a winner. It was a really rewarding and made me feel totally valued".*

2019-Two client/volunteers independently undertook an awareness raising session with social work students in Bradford. They had done this several times before with a staff member but delivering this independently demonstrates the growth in confidence of the volunteers:

*"The session was really insightful, I really appreciate have volunteers share their experiences with us. Before the session, I had no awareness of the barriers asylum seekers and refugees face, particularly in health care and now after the session I feel inspired to be involved in projects that promote awareness of these barriers."*

Up until June, in 2020, three awareness raising sessions have been undertaken via Zoom- to staff at Leeds Playhouse, to the public via Leeds Playhouse for Refugee Week and through the Migration Matters festival.

### **Migration matters festival**

Staff and volunteers were one of three acts (out of 90 entries) to be commissioned to perform at the Migration Matters Festival. A HARP volunteer directed the 'Tales of Love and Loss' film with support from HARP staff and the Stand and Be Counted (SBC) Theatre Company. The film features a Photo Exhibition developed in 2019 and five women's stories behind the photographs. The short film was used in awareness raising sessions in Refugee Week and will be a valuable resource for the future. The relationship with the theatre company has developed with a member of HARP staff joining the steering group, the development of a 'Using your Voice' training course for HARP volunteers and the agreement to co-produce HARP films this autumn. Link to film:

[https://www.facebook.com/refugeecouncil/videos/982639048860496/?eid=ARDYRo60nOqp00IqwwTQ0lfIWzVQWgIO1u-CDeH5dRjLEW0CKzZEsrtnUu6jMT6Kd3yoidlZN\\_eSNFwF](https://www.facebook.com/refugeecouncil/videos/982639048860496/?eid=ARDYRo60nOqp00IqwwTQ0lfIWzVQWgIO1u-CDeH5dRjLEW0CKzZEsrtnUu6jMT6Kd3yoidlZN_eSNFwF)

### **Leeds Playhouse Selected evaluation of awareness raising session**

*'Learnt about some of the injustices like charges for healthcare and now want to find out more'*

*'How brave people are is what I will take away from today'*

*'We need to be better as a society and that feeds back into our organisation, others don't have what we have'*

*'The fight is for everyone and everyone should be accountable'*

*'We are all humankind; how important acts of kindness are'*

#### 5.1.4 Selected additional activities emerging from HARP

Throughout the first 18 months of the project, HARP has led to opportunities for staff and volunteers to undertake additional activities beyond the scope of the HARP interventions. Selected activities are below:

- 20 HARP volunteers were trained as community researchers to undertake telephone surveys with over 100 peers to find out the impact of the COVID-19 pandemic on their lives. The findings will be used to examine how policy and practice can support people in this situation. The study was funded by NHS England and the University of Bradford.
- 15 NHS England staff have been recruited as volunteers for HARP. This has led to staff taking back their experiences to NHS England to inform practice. Also, HARP refugee volunteers representing their peers at a number of NHS England national committees related to implementing the NHS England Long Term Plan. These include Primary Care networks, the review of health provision in Initial Accommodation Centres, Specialist Practices/ Health Inclusion Practices and NHS Improvement events.
- A staff member and four experts by experience have worked with Refugee Action and other organisations in the refugee sector to create a webinar on working with experts by experience
- A staff member and two experts by experience represented HARP on the national steering groups for the Maternity and Health Streams of Sanctuary. A HARP volunteer chairs the Health Stream and other volunteers attend. The group has worked together to create a resource pack for mental health, with another being developed for maternity. <https://health.cityofsanctuary.org/wp-content/uploads/sites/47/2017/12/CoS-Mental-Health-Resource-Pack-digital.pdf>.
- A staff member worked in partnership with the White Ribbon Alliance, Maternity Stream Yorkshire Playhouse and the NCT to run two workshops where experts by experience expressed “What Refugee Women Want” as part of a global campaign to explore what women want from maternity care. The photographs and statements from the workshops are contributing to a campaign and book. In addition, the findings are being written up for publication in the British Journal of Midwifery and were used in a recorded debate at the Glastonbury festival.
- Through the national Maternity Entitlement group run by Maternity Action evidence from HARP clients on the impact of charging for maternity care and destitution in pregnancy has been used to inform the following report:

<https://www.maternityaction.org.uk/policy/publications/what-price-safe-motherhood-charging-for-nhs-maternity-care-in-england-and-its-impact-on-migrant-women/>

- An expert by experience joined a debate with two MP's on **BBC Sunday Politics Programme for the 'Lift the Ban' Campaign.**
- A study undertaken by HARP volunteers, in partnership with the University of Bradford, NCT and the Maternity Stream of Sanctuary will be published in the British Journal of Midwifery in November 2020. This explores the impact of destitution on pregnant women who have been refused asylum.
- Fifty female clients and volunteers attended a Women's Voices day at the Leeds Playhouse. They shared stories of what had helped them through their journeys, had their makeup done and photographs taken by a professional photographer. 8-10 of these will be used to form a photo exhibition called 'Women's Voices' which will be used to raise awareness of women's experiences and rights.
- A staff member and a volunteer attended a GP surgery patient panel meeting to raise issues around health access and interpreters. A HARP volunteer spoke of her negative experience whilst being a patient there. HARP now attends the GP waiting room on a monthly basis to deliver health access information.
- A staff member worked with the University of Bradford to update **an e-learning module for the Royal College of Midwives (RCM) on caring for pregnant asylum seeking and refugee women.** This is now live and can be accessed by about 18000 midwives, support workers and students throughout the UK and abroad. In agreement with the RCM, this will be adapted for use with other groups including service commissioners and the Royal College of Obstetricians and Gynaecologists

## 6 Qualitative evaluation

As well as addressing the project aim and objectives, the HARP evaluation aims to address the following research questions:

1. What is the impact of HARP on health care services access, experiences and health outcomes for asylum seekers and refugees?
2. What is the impact of HARP on the asylum seeker or refugee volunteering as a befriender or advocate?
3. How has HARP facilitated volunteers and staff to address institutional and system level barriers (see 4.1) to asylum seekers and refugees accessing health services?

### 6.1 Methods

Between June and August 2020, audio recorded semi-structured telephone interviews were undertaken with 24 clients, volunteers and staff (see 6.1.1 for demographics). These explored the clients' journey through HARP, the volunteers experience and how staff have addressed institutional and systems barriers to health service access for asylum seekers and refugees. Participants were selected based on their availability and willingness to participate. Sample stratification was undertaken to ensure that there was a range of men and women of different ages and from different countries. This ensured that multiple perspectives were represented within the data (5). Recruitment was supported by the HARP staff who explained the purpose of the evaluation then referred potential participants onto the research team. They also arranged an interpreter to join the telephone call if required. Data from all interviews were transcribed verbatim by a professional organisation then thematically analysed using the principles of Braun and Clarke (6).

#### 6.1.1 Demographics of participants

Code	Role	Country of origin	Status	Arrived in UK
1_C	Client	Iraq	Asylum seeker	2019
2_C	Client	Sudan	Asylum seeker	2015
3_C	Client	Syria	Refugee	2019
4_C	Client	Lebanon	Asylum seeker	2019
1_VC	Volunteer/client	Pakistan	Asylum seeker	2015
2_VC	Volunteer/client	Iran	Asylum seeker	2020
3_VC	Volunteer /client	Eritrea	Refugee	2019
4_VC	Volunteer/client	Albania	Asylum seeker	2019



5_VC	Volunteers/clients	El Salvador	Asylum seeker	2019
6_VC	Volunteer/ client	El Salvador	Asylum seeker	2019
7_VC	Volunteer/client	Iraq	Asylum seeker	2019
8_VC	Volunteer/client	Zimbabwe	Asylum seeker	2017
1_V	Volunteer	Albania	Asylum seeker	2013
2_V	Volunteer	Albania	Asylum seeker	2015
3_V	Volunteer	Pakistan	Asylum seeker	2018
4_V	Volunteer	UK	British Citizen	N/A
5_V	Volunteer	UK	British citizen	N/A
6_V	Volunteer	Iraq	Asylum seeker	2002
7_V	Volunteer	Egypt	Asylum seeker	2012
8_V	Volunteer	Albania	Asylum seeker	2018
9_V	Volunteer	Iraq	Asylum seeker	2008
1_S	Staff	N/A	N/A	N/A
2_S	Staff	N/A	N/A	N/A
3_S	Staff	N/A	N/A	N/A

### 6.1.2 Interview schedule

#### Client questions

1. What HARP services have you benefited from?
2. Have you (or your family) needed to access any health care since you attended HARP services? If yes, which service?
3. Please could you tell me about what happened. What was your experience of the service? Did it help you to get better? Were you sent anywhere else for more health care?
4. If you had not been involved with HARP, would you have known how to access the service you needed? If no what would you have done instead? If you had the same problem back home, what would you have done then?
5. How is your health now? If you had a problem with your health in the future, would you know what health services to access? Would you feel confident doing this?
6. Have you needed to access health services since the COVID crisis started? Can you tell us about your experience?
7. Have you received any help from HARP since COVID? How does this compare to before?

### **Volunteer questions**

1. What has been your volunteering role with HARP?
2. What training have you had and how has this helped you?
3. What do you think are the barriers to people accessing health services?
4. Have you helped people to access NHS services? Please can you give us specific examples of what you did to help.
5. Have you helped people in other ways- please give us examples?
6. How has working in HARP helped you? How has it made you feel? e.g. confidence, building CV, getting into work, other ways, reducing social isolation.
7. What would you like to do in the future? How has HARP helped you with this?
8. Since COVID, have you continued to support people through HARP? How has this changed? How well do you think this has worked?

### **Staff question**

1. Working as a member of staff for HARP, do you think you have had the opportunity to make changes which has helped clients access health services? How?

### **6.1.3 Ethics**

Ethics approval was granted by the Chair of the Humanities, Social and Health Sciences Research Ethics Panel at the University of Bradford on 21/05/20, reference EC26224.

An information sheet was read over the phone and consent was acquired verbally from clients, volunteers and staff. Participants were advised they could opt out of the evaluation at any point up to seven days after the interview. Confidentiality was assured by the researchers and data remained anonymous. All electronic files relating to this evaluation were stored on a password protected drive. In addition, information will not be included in the reports or any academic publications that would enable participants to be identified, without their permission.

## 6.2 Interview findings

Four clients were interviewed and 17 volunteers, eight who had previously been clients. They were able to offer the perspective of both roles. Three staff were also interviewed.

### Themes

#### 6.2.1 IMPACT ON CLIENTS: What is the impact of HARP on health care services access, experiences and health outcomes for asylum seekers and refugees?

##### 6.2.1.1 *Support in navigating an opaque system*

Clients who were newly arrived asylum seekers and refugees spoke of the challenges they faced in understanding the UK healthcare system as it often differed profoundly from that in their home countries.

*When I came to UK it was very difficult for me to understand like, you know, the system was completely new (1\_VC)*

This meant some clients felt unable to access healthcare services and that they had no support to do so.

*To be honest if I don't find those people, you know, I am like a blind person, you know, I couldn't do anything (1\_C).*

*Basically, I struggle a lot. So I feel like, you know, nobody was there to help me. (1\_VC)*

However, HARP supported clients to overcome the barriers they faced due to this lack of knowledge and supported them in accessing a range of aspects of healthcare. Clients described how HARP volunteers and staff helped them to find and access GP practices.

*HARP helped me, because, as I say, I didn't know, I just knew that I was supposed to do a registration, you know, GP, but I looked for the nearest one from my home. So, but when I went there I realised that it wasn't there, it was another one. So the HARP helped me to find the correct one, (6\_VC)*

*I didn't know the system, not until the Refugee Council [HARP] tell me what to do, as like you have to call the GP, you have to make appointment, I didn't know that I have to make appointment. (3\_VC)*

Another client described how information from HARP facilitated their access to other appropriate services,

*[The] HARP Project, they tell me where to go...when should I call 111, when should I call 999, I didn't know all those things so, but through HARP Project I came to know everything. So I have used it. That's how I use the health services. (3\_VC)*

One client described how HARP supported her to navigate the issue of payment for prescriptions which a number of clients found challenging.

*The first time she bought medicine she paid for it because she didn't know the HC2 form is to get medicine for free. And after that she knows now but at first she didn't know. (4\_VC)*

Volunteers also helped clients to access healthcare by securing access to interpreters for them when they had previously struggled to secure this service.

*He said the first GP he registered with, four times he go and they didn't do anything for him because they say they don't have an interpreter for him. So he came to the Refugee Council and [staff name] changed from the old GP to a new, newer, new one. Yeah, so that the new one provides interpreter. (2\_C)*

or directly acting as interpreters for them.

*Sometimes they offer interpreter and sometimes not....so when he struggle he call [HARP volunteer] and she called the GP and explained to them. (4\_C)*

#### **6.2.1.2 Advocacy for better care**

Several clients were assisted by HARP volunteers and staff acting as advocates for them in situations where they had failed to receive the services and care they needed, thereby improving their experiences by facilitating access to the most appropriate care.

*I always complain to [HARP worker] all this period, because my doctor really doesn't give any attention to me, so she kept calling almost every week until she pushed them to make them any test for me. So after she keep pressuring them every week, then they change me to physical therapy doctor. (3\_C)*

One client with complex health problems who was trying to access care for himself and his younger brother, described the initial poor care he had received and how the involvement of HARP had secured him better care.

*At the beginnings we had some problems and some issues with the GP, and with appointments and like some poor service and it wasn't going very well ... HARP actually stepped in and like helped me out with reporting and solving the issues and actually changing GPs and stuff. (7\_VC)*

A client with a disability needed to access a range of support and with the involvement of a HARP supporter was able to secure these essential services. He described how when trying to get a free bus pass their input was essential.

*I am disabled and they just ignoring me, you know. I went to there and I gave them doctor letter and they didn't do anything for me. But since I talk to [HARP member] she find out and straightaway I've got a bus ticket, you know, like free ticket bus.*

(1\_C)

Another important example of advocacy and its impact of improving health outcomes was evident in the case of pregnant client who was inappropriately charged for care. She explained how she had diabetes and so needed to attend clinic every week but was being charged for this care, she explained how this affected her,

*I was scared, and I was, I thought it must, I'm no longer going to the hospital because if I keep going they'll keep sending bills. (2\_C)*

However, intervention from a member of HARP meant that this issue was addressed, her bills cancelled, and she continue to go to the clinic to get the specialist care she needed during her pregnancy.

### 6.2.1.3 Education about healthcare

HARP provides clients with education on the UK health system that is accessible and tailored their needs, in a range of settings, including classes in initial accommodation, drop ins, ESOL classes and through befriending. This supports clients to understand and so access more easily, either independently or with support, a system very different to the ones they are used to.

*You know when you are new you are very unfamiliar with everything so when they came, you know, you have questions about NHS, NHS here is totally different from the healthcare system in your own country , so you know, I start to learn from them about in this training sessions. (2-VC)*

*HARP they give you the full information, if you are not well you reach to the GP, you contact the GP, if you are pregnant you contact the midwife, this information that they tell you everything about, you know when you are a migrant, you need that information, but to be honest Home Office doesn't provide that information. (2\_C)*

This client suggests that HARP's educational work meant that health outcomes for clients are likely have been improved as they are able to access appropriate care.

*If it wasn't for HARP Project, I think most of people would be sitting at their home, sitting in their home with their sickness, they wouldn't do anything, but because of HARP Project the asylum seekers they know what to do, so it's very good. It's a very good programme. (3\_VC)*

One client explained how through the education HARP offers she was able to understand which services she was entitled to access, particularly with regards to preventative healthcare. She explained,

*I found out a lot, I found out that I can, I am able to get a dentist, I am able to go to see an optician. (2\_C)*

#### **6.2.1.4 Promoting independence**

Many clients, aided by the health education they received from HARP, are able to start to access health care independently and indeed often go on to help others access care. For one client having support from HARP meant he felt reassured and empowered to try to access care independently knowing that if he couldn't manage alone, he could get support. He explained,

*If he start with himself to sort it everything, but if he struggles he will call anyone from HARP. (4\_C)*

Another client having been helped by the support and health knowledge she has gained from HARP now feels confident to access some care independently but will continue to rely on HARP for support in other more challenging situations.

*She feels confident now, yes, and at first she remembers that it's been, you know, under a lot of pressure and stress because she didn't know if she is in the right place, she try to look at the pictures around her to find if she's in the right place and it's been a lot of stress but now she feels confident to go to the GP, opticians and dentist but not so much to go to the hospital, she feels like the hospital is too big for her and she can't manage properly. (4\_VC)*

However, some clients, commonly those with complex healthcare needs which entail the involvement of multiple services, or those limited English believed they would need ongoing support,

*I couldn't do anything, you know, if I am in the future, I don't know, but I am depending on the... HARP. (1\_C)*

*He said that even in the future, he think he will need [HARP worker] always to interfere because he said that things have complicated and we don't know most of it. So without her help... just feel lost. (3\_C)*

## **6.2.2 IMPACT ON VOLUNTEERS: What is the impact of HARP on the asylum seeker or refugee volunteering as a befriender or advocate?**

### **6.2.2.1 Boosting mental health and wellbeing**

Volunteers described how their involvement with HARP had a positive impact on aspects of their emotional wellbeing. They explained how building positive relationships with staff led to feelings of being supported and cared for.

*They are amazing people and [HARP staff member] has been very like a friend for me, she calls every time and she says, "if you need anything just call me and I'll be there," ... it's not just with me she does this, it's with every volunteer and they've been brilliant, we really need some kind of care from people because you know when you are like in a new country you really need like this support from people. (1\_V)*

For another volunteer the feeling of support they received from HARP staff motivated them to commit to their volunteering activity.

*I'm just trying to help the best I can, because I have received a lot, a lot of help when I have come into the country, there were so many good people that actually held our hands and show us the way. (7\_VC)*

Several volunteers noted the ways in which support and encouragement from staff enabled them to feel confident enough to get involved with HARP projects. For one volunteer this was getting involved in teaching ESOL classes.

*So, because the first time I saw [HARP staff member], I met [HARP staff member], she told me, "Your English is really good, you want to help us with the HARP project, with the English classes?", I was like, "No, my English is not good", but she helped me a lot because she encouraged me to express myself and get a little more confidence. (6\_VC)*

Support from staff encouraged volunteers to access training and in undertaking training several volunteers reported that they felt more able to express themselves and talk about the challenges they faced which in turn benefitted their mental wellbeing. One volunteer explained how,

*I was depressed a lot, I couldn't go out, I was, I could just stay indoors, stay in bed, it was hard, but then [HARP staff member] called me said, "We're doing this training," she kept on calling me, "You need to come, you need to come," so when I went there, the first day I was so tired, so exhausted, so but ... during the first day we had this opportunity to talk about ourselves and our lives, and I was talking, so when I was talking about my story I felt like I was pouring everything out, that's made me feel better, so basically I benefited because I was able to keep on pouring everything that was troubling me. (8\_VC)*

Many participants described how these opportunities facilitated them to reflect on their challenges and share these experiences with others and through this, support others in a similar situation.

*I say when we go and we talk about our pain, you know, it's like every time you are, you know, you refresh your pain, it hurts but if I will see the outcome that it will change the life, it will, you know, change people's lives, it will give them the new perspective, how to think about the life of an asylum seeker and how to help them. (1\_VC)*

Many volunteers noted how volunteering with HARP led to them feeling more confident or to regain confidence they had lost.

*I was very, very happy that I find this project, I found this project because I thought it might help me like building my confidence because you know when you wait for so long confidence is so down so it helped me. I offered to volunteer for HARP and since then, since the beginning, so for almost two years I've been volunteering for HARP. (1\_V)*

*You don't have to but I push myself by doing this because since I came here I lost a lot of confidence and I needed to speak up and I pushed myself and I felt really good. (1\_V)*

Involvement in HARP, and the confidence that came from this, made volunteers feel *more part of the society*, more integrated into their new settings and gave some an increased a sense of belonging. One volunteer explained,

*HARP giving me this opportunity to help ... so I learnt the other process of helping myself, so it gave me the confidence that I can be part of this new system, it helped me to integrate faster, now I am feeling very very better, you know, it's not easy to... For me it was an opportunity, you know, and I'm very happy that I am part of HARP now. (2\_VC)*



Many participants spoke about how HARP training, activities and befriending reduced the feelings of isolation and the loneliness they felt giving them more of a sense of not being alone. One described how before being involved with HARP she had felt,

*very, very lonely and even as I said I live with my family I felt very lonely, I felt like every morning I opened the curtains of my bedroom and I see outside cars, people, I've got a park car, big, in front of my house and I see there people leaving their cars and running to work and doing, leaving, I see the other people leaving, they're running to work and to hide to their houses and I felt completely left behind. I feel that life is going on without me, then.*

She continued

*when I got in touch with HARP and then started speaking with other people and see that everybody's struggling and it feels like you are not alone. (2\_V)*

This reduction in isolation and loneliness was brought about through participating in group sessions as these allowed volunteers the opportunity to socialise and so feel less alone, which they felt had a positive impact on their wellbeing.

*I was attending these conversation clubs as well, even it was good for myself just communicating with others and socialising and as well as providing help to other people who doesn't understand and still wants to come in and we go in and help them out, and have a good time(7\_V C)*

*We sit there, we talk about with, we drink tea and we chit-chat, and it's relaxing for the other one, as well for me as well, we talked and to discuss someone, and I tried to, people to close each other, to meet them and to speak someone and to, I enjoyed to meet people and talk. (3\_V)*

*it's good for our mental health...because I'm alone now, I'm alone now and I wanted to, you know, spend time with someone else and I want to make something and I want to improve my English as well. (6\_V)*

Following the COVID lockdown, all activities became virtual. Despite this, the positive impact on mental health and wellbeing was still experienced by the volunteers as virtual activities, in various forms, helped to overcome the loneliness experienced by lockdown.

*Yeah, HARP volunteers have got a WhatsApp group, we talk about our wellbeing's, and the wellbeing of our befriending friends. (8\_V C))*

*I can't wait to have a call with my client every week, and I look forward for the call every week, because I know we're going to talk about something, what's going on in*

*her life, and I can share mine as well, she talks to me about how is she feeling, she's going on, what does she needs, if she's any problem, so helping someone, makes you feel better, and makes you feel close to some people, take off the loneliness out of you. (8\_VC)*

*Zoom meetings - Yes, that's true, yeah, even me, I can't wait for the Zoom classes to speak with someone out of these walls. (2\_V)*

However, for one volunteer the virtual meetings that replaced in person meetings have proved less helpful.

*Now that I am in lockdown I appreciate those activities more, you know, we don't have the same feeling doing all of this over the phone or on meetings online, you know, it's totally different system, this human contact, that's very different, you know, so now I feel, despite all of the things that we are trying to do, again I am not like at the same level of like mental health as before as when we were actually physically going out and trying to help . (2\_VC)*

Volunteers spoke of the way in which involvement in HARP gave them a routine, a reason to get out of the house. They spoke of how it made them feel *productive* and *helpful*, and *proud* of what they are doing. One volunteer explained how,

*It's helped me to be useful, to be productive, not instead of like, you know, wasting yourself, what Home Office is doing with us. (1\_VC)*

Another how,

*You know, participating in different projects, going to different places, talking to people and you know, besides helping others it helps me a lot because I am feeling myself useful, you know, as newcomers they have no chance to work, so you have all of these, you know, package of problems back before coming and then you come here, you just lost your connection, you lost the feeling of being a part of the society, you know, you don't have a chance to work so you don't feel as useful as before. (2\_VC)*

Another volunteer expressed how having been through challenges she can now help and support others who are in the position she once was.

*What makes me happy that there is no more [volunteer] who is struggle for all those things, you know, like I put myself in that shoes, that person will know the right place where she or he has to go and the access, you know, or I will take her or, you know, somebody will take her on the right place where she needs to go. So I mean that person won't be lost or upset or feel left alone, or like, you know, alien. (1\_VC)*

### 6.2.2.2 *Developing new knowledge and skills*

Volunteers describe the ways in which the training and activities they have undertaken with HARP has given them new knowledge about the healthcare system. They have used this in their own lives to improve their own access to care and understand how the UK system works.

*As I am helping other people and interpreting I get an idea of how the system working, or any other ways when I face any issue myself, so it's been like a source of knowledge for me as well, for myself. (7\_VC)*

*Yes, it has helped me actually. The ESOL for Health, I learned a lot of terms, English terms for health actually, I didn't know what GP means for starters, a lot of things, A&E, those terms really helped me. (3\_VC)*

One volunteer during training learned about mental health services in the UK and realised he would benefit from these services.

*Before I never had, you know, I never thought the mental health service, you know, mental health is something in, you know, exists for the people, but it is a reality, you know, to be honest. (9\_V)*

One volunteer discussed how he learned about wider services, in particular HealthWatch, which allowed him to realise he could challenge the poor care he had experienced.

*They had a seminar in the Refugee Council ...volunteer for the Refugee Council as and through there I found out more about them, and once they came and they asked if anyone ever faces a problem with the health service and the GPs and anything, and I was like, I'm number one, I've got the biggest issues there, and started talking to them. (7\_VC)*

Other volunteers described the ways in which they used this new knowledge to support others

*Yes, yes, it's really awesome, because right now I know the complete process, I know what happens if you lose the 95 Section, how can you get a solicitor, how can you get the HC2, all those things I really know. So it's awesome because you are not like blind, walking in the darkness, so, yeah, you know and you can advise your friends, because like, it's like if you need this, you have to do this or you can do this. (6\_VC)*

Volunteers described gaining new skills as part of their involvement with HARP. This included increased English language proficiency and for some new skills in speaking on the telephone and in public in a range of settings and to different audiences.

*It's nice, really...it give you techniques basically, what you need to say, use the time wisely and like, you know, in a short time, use the platform in a short time, deliver the right message which can change the people or which can be effective.(1\_VC)*

### 6.2.2.3 *New opportunities and moving on*

Some volunteers spoke of the ways in which their involvement with HARP has provided them wider opportunities beyond the project including additional volunteering opportunities, participating in research and broader training opportunities

*Yes, these days ... because I volunteer with HARP but I'm doing another volunteering with Age UK, I've been delivering food for a client and do food shopping. (1\_V)*

Other volunteers described the ways in which HARP has supported them to move on in their lives towards careers and education.

*HARP actually has offered me if there is a special training course that you need, that you think it would be useful for the future, you need to do to get a certificate or something, we will try and help you to get the funding, that part they can help, and also in these meetings, these like art therapy or Finding Your Voice, we talked about our plans for future, so yeah, I'm getting ideas out of these meetings and conversations, yeah, so I have this plan of getting a certificate to do and maybe translation and interpretation for Home Office, for the lawyers who are here, maybe doing that or I'm thinking of getting a university degree but I talked to [member of HARP staff] and she said they have these... I don't know what you call them, mentor, some people who are with you, talking to you to see what direction they can lead you to, so maybe I can get that help too from HARP. (2\_VC)*

### 6.2.3 **ADDRESSING BARRIERS: How has HARP facilitated volunteers and staff to address institutional and system level barriers to asylum seekers and refugees accessing health services**

Asylum seeking and refugee populations face a range of institutional and systems level barriers to accessing health services in the UK (see page 6), HARP has acted to address a number of these barriers through the work of their staff and volunteers.

#### 6.2.3.1 *Institutional level barriers*

At an institutional level, HARP has acted to address one of the key barriers to accessing healthcare, that of **lack of access to interpreters**. HARP have worked directly with GP surgeries where they have identified issues with a lack of effective provision of interpreters and as a result have seen changes in the provision of interpreters for clients in these

practices. Here a member of staff explains how the staff and volunteers have done this by having a policy of challenging whenever a client is rung without an interpreter when an interpreter has previously been requested. She explains how,

*we do have a system whereby if we book an appointment for someone and they call the client back without an interpreter we just call back straight away and say, you need to call back again.*

and that this means,

*they will normally call back with an interpreter. So I guess that consistency of like not taking that... as an acceptable service is probably having some impact, and some of my volunteers have started getting the confidence to do it now as well so it's not just me, it's volunteers as well. (2\_S)*

HARP staff have also worked with volunteers to enable them to feel confident in challenging poor practice by training them how to respond when surgeries claim they have no budget for interpreters. A staff member explains how in response to this HARP are,

*going to put some training on for the volunteers about what to say if they come across that receptionist that says, 'no we don't have budget'. And then maybe give them a script and yes, kind of empower them to be able to have those conversations. (2\_S))*

In number of cases where the issue of lack of interpreters in particular settings have been particularly poor HARP have acted to escalate cases. In one situation this was to the local CCG. A member of staff described the situation where,

*clients were going to register, ...they weren't being provided with interpreters ... but were being given prescriptions, having absolutely, not being provided with an interpreter. The clients were being given printed-out letters and then told to come to the Refugee Council to interpret that. My argument was, if you didn't understand what the client was saying, then how, when they've only just registered with you, have you managed to give them a prescription? (3\_S)*

In another case a member of staff explained how they escalated the situation using HealthWatch,

*this practice has been really poor, so what's happening now is that the staff are working with Healthwatch to combat the issue, and we have sent them case studies about the processes and procedures at the {surgery name}. (1\_S)*

In another situation HARP sought to involve other agencies to support them to challenge the barriers caused by lack of interpreters. A staff member described how she, on hearing about

a client who had not been given an interpreter by a dental surgery and as a result had poor care, had

*got in touch with emailed them from the Refugee Council from HARP saying that what had happened, and what, asking why hadn't they used an interpreter because this is a human right to be understood.*

This intervention resulted in a change in practice at that surgery.

*I got an email back from the dentist saying, oh there'd been a mistake, the receptionist didn't know, and please reassure him that we will use interpreters in the future, and that they'd be booked, and now he is getting interpreters .... it's we have to advocate for people, we want them to advocate for themselves, but with the Refugee Council behind them and HARP and an official thing it can sometimes make some people take a bit more notice. (1\_S)*

Many people seeking asylum and refugees face various barriers in **accessing primary care services, particularly GPs, but also dentist and opticians**. HARP have acted to overcome these institutional barriers by working directly with GPs and other services to identify and then remove these barriers for clients.

One of the barriers that HARP have worked to address has been the poor and **discriminatory treatment** experienced by clients within these practices. One staff member explained how a mother had taken her daughter to the doctors,

*and she got told some information, she didn't understand it at that time... she was trying to explain, in the very best English she could, while trying to show her phone ... and the receptionist was just getting irritated, irritated and just blurting things back to her, blurring. She started crying at reception, you know. (3\_S)*

HARP then acted to address by working with the surgery to change their practices,

*So I managed to get in touch with the surgery, I asked if I could, I asked if I could go and speak to the GP [practice] manager. We went up there, we, she showed me their process in making appointments, she showed me their receptionist area. (3\_S)*

Additionally, she supported the client to attend the surgery's patient panel meeting thus allowing her to explain the impact of their treatment of her,

*So she attended the patient panel meeting with me, and she told the practice manager, the receptionist, she told the other patients that were on the panel exactly*

*what had happened to her. And I reported back and spoke for the other clients who have got issues around this surgery.*

*Because of this, different things got put in place. we got the receptionists there to start wearing name badges... we put things in place where, they were more aware of clients that were new to this country and had got a language barrier, they became more patient. (3\_S)*

Another barrier to access that HARP has addressed is the incorrect application of policies relating to registration for GP's. One staff member explained how at a GP practice was

*denying clients the right to register at that clinic, saying that they needed their HC2 forms, which is absolute nonsense. It says on the NHS, you know, guidance for asylum seekers and refugees that they do not need any form of identification to register at a GP. (3\_S)*

In response to this a HARP staff member approached the surgery directly to address this

*I actually faced it head on, because I took a client with me, I took him up there. I took an interpreter with him and we sat there, and I took one of the leaflets and we had to sit there for one and a half hours while I said, "They do not need identification", and I showed them the leaflet. (3\_S)*

This did not always resolve the issue with some GPs continuing to ask for identification. When this continued:

*this went through City of Sanctuary, Barnsley, which then got directed to the CCG and it got brought up ... in one of their big quarterly meetings where the Head of the meeting asked the practitioners, "Is this what's happening? Are you aware of asylum seekers' rights in regard to HC2s, interpreters?" She offered that we would go along and we would do training if they wanted. (3\_S)*

Another institutional barrier faced by clients can be a lack of knowledge and awareness of the needs and the entitlements of asylum seeking and refugee people within GP practices and other services. One staff member notes that this

*lack of understanding from other organisations ... is a real barrier. (2\_S).*

This can be related to the entitlement to interpreters but also relates to a deeper lack of understanding of the specific health care needs of asylum seekers and refugees. One of the ways in which HARP staff and volunteers have acted to address this is to raise the awareness of these issues amongst GP surgeries and other healthcare professionals. This has been done through awareness raising events and training.

*came and shadowed me and the volunteers all day. So she came along to our drop-in, our health drop-in, where she spoke to clients and asked the problems they were facing with GPs and receptionists. And she then came along to our ESOL for Health English class.... And she got the opportunity to explain who she was and ask for feedback, and she ended up in tears within that session ... she went back, and she designed a presentation about the barriers that asylum seekers are facing. And she delivered the training to, I think she said something like, I'm sure, I mean, I'm sure she said something like it was seventy or eighty trainee GPs across the Yorkshire area. (3\_S)*

Being inappropriately charged for health care services is another institutional barrier to access that HARP acted to address. This has been done through challenging dental surgeries where this practice has been taking place. A member of staff explains how they addressed this directly.

*They weren't being allowed to register without providing HC2 forms. They were being given treatment and then were being charged for the treatment. When I argued this, saying, you know, "It's more ethical, really. You know, you should be asking for HC2s. And if you know that these clients are not understanding what you're saying, then how can you go ahead with a treatment and charge them for that knowing that they've not understood what you've been saying to them". (3\_S)*

This issue of charging was also addressed directly with housing providers where their lack of action in getting HC2 forms for their clients was leading to clients being unnecessarily being charged for care.

*the housing provider, don't know if you've heard about these hotels that have popped up but they're not acquiring HC2s for the people that are in there, and I had a meeting before I went away where I was reiterating, if you don't issue HC2s for people, they will get charged if they go to the dentist, they will get a fine .(2\_S))*

### 6.2.3.2 System level barriers

HARP has acted to challenge and address a number of system level barriers which limit asylum seeker and refugee people's access to health care. This has been through involvement in local and national forums and multiagency meetings in which HARP staff and volunteers provide information, expertise and experience about issues their clients are facing in order to effect and inform policies and the basis on which systemic decisions are made.

HARP staff and volunteers have been involved in number of consultations with NHS England in order to address issues of GP registration and proof of identify. Staff have been involved in ensuring that any proposed changes like the removal of, or change in, printed information



about this, do not increase barriers for asylum seeking and refugee people. A member of staff explained that

*there's a big huge issue with GP registration , ..., the policy is that you need no form of ID to register with a GP, okay, that is their written policy and it's on their leaflets, but the practice is that many GPs ask for so they have ..., these leaflets that they've produced which have been really good and were like applauded at the beginning, but there's been movement to get rid of them. (1\_S)*

Consequently, the HARP staff member escalated this situation

*actually make it harder for people to register with GPs. So ... I've been involved with national meetings about this with Doctors of the World, and NHS England, and different groups, reviewing the leaflets. They're getting rid of these leaflets and they're producing something instead which is going to be like a credit card size for people to have, which will state that they don't need proof of ID to register with a GP, but what we have really fought for, and as far as I am aware it is happening, we've insisted that NHS England's logo goes on the card because... they were trying to ... switch it to the Healthwatch logo instead, which isn't nearly as powerful as NHS England. (1\_S)*

Another systemic barrier which has been addressed is the lack of experiential knowledge of the specific needs of asylum seeking and refugee people and a lack of trained staff who understand these needs. this can lead to people receiving care that does not meet their needs. A member of staff explained how she got policy changed on a national committee so that asylum seeking and refugee people can act as user representatives in the national review of health provision in initial accommodation centres, allowing them to speak about their experiences.

*Now there must have been, you know, there could be at least 80 odd at a meeting, and every single person, not one person there had been through the system themselves, which really, really annoyed me, and I have pushed and pushed and challenged this, and it's taken me 18 months but I've managed to get user representatives come with me now and present at that. And that has been a big, a big move forward, because I've challenged them on the NHS logo, slogan is, 'No decision about me without me,' and I think well why are we white middle class people deciding what should happen. (1\_S)*

## 6.3 Discussion

From the findings, it is clear that HARP has facilitated health care services access for asylum seekers and refugees and improved their experiences. The classes provide information about services, and volunteers and staff helped people through advice and advocacy, to navigate the health care system. This has enabled people to register with GPs, make appointments and change GPs if needed. Volunteers have also acted as interpreters at appointments. People using HARP services have learned about the different ways of accessing health care through primary care, non-emergency and emergency care. They have also learned about different services available to them, including dentists and opticians. The volunteers and staff also acted as advocates when difficulties were experienced with GPs and clients received bills for care. Clients had increased confidence in accessing health care independently and have HARP as a backup as needed. This partly addresses one of the objectives of the project- to empower asylum seekers and refugees to access health services. What did not emerge from the interviews was the impact of HARP on the health outcomes for clients and more data on this would be useful to analyse for the final report.

From the interviews, it became clear that HARP has a substantial benefit for the asylum seeker/ refugee volunteers. Data demonstrates how developing good working relationships and a sense of worth and purpose helping other people positively impacted on their mental health and wellbeing. In addition, the training volunteers received helped them to express themselves and increased their confidence. Volunteers talked about how the routine of leaving the house and socialising helped overcome the loneliness and isolation they had experienced prior to HARP. This helped them to feel able to widen their volunteering experience but also discuss their future in relation to employment and further education.

From the interviews with staff and volunteers, we found that HARP has helped to overcome a number of institutional and system level barriers to asylum seekers and refugees accessing health care. These included ensuring there is a process to use interpreters within GP surgeries when needed. HARP has also challenged poor practice, including the incorrect application of policies for registering with a GP and discrimination in treating clients. A lack of staff knowledge has been addressed through awareness raising and involving volunteers in institutional level meetings. Systems level barriers have been addressed through working with NHS England including ensuring asylum seekers and refugees are represented on national level committees to increase knowledge of their needs at a national level. In addition, sharing

case studies with the Refugee Council advocacy leading to Home Office meetings to improve the administration of HC2s for people on section 4 support.

The findings from this evaluation demonstrate that HARP takes a holistic approach to health. The project approaches health as more than an absence of illness, the wellbeing of asylum seekers and refugees is essential to their health. Data demonstrates how supporting asylum seekers through activities such as art therapy and Pilates, advocating to prevent charging for health care, and the training of volunteers has resulted in improvements to their mental health and wellbeing. This holistic approach places asylum seekers and refugees at the centre of their health needs and supports them in different ways to facilitate positive mental health and wellbeing

The findings also demonstrate how the HARP team approach the barriers faced by clients in accessing health care. This approach is not just at an individual level, there is an understanding that barriers are also caused and sustained by systemic and institutionalised discrimination and that all the systems that are involved is having an impact on the wellbeing of clients. This discrimination goes beyond the NHS, HARP has demonstrated the need to address this by challenging the decisions, policy and practice of institutions including the Home Office, Housing Companies and other associated organisations. In addition, involving experts by experience in forums involving the CCG and Healthwatch to represent their peers helps to hold organisations accountable when they provide sub optimal healthcare. Concentrating on the institutional and system level barriers as well as the individual is bringing about change at all levels, to benefit not just HARP clients, but asylums seekers and refugees across the UK.

The routinely collected data demonstrates that HARP has exceeded its targets in all areas despite COVID-19 and most interventions have been successfully delivered via Zoom and telephone. However, access to newly arrived asylum seekers and providing the initial briefing was problematic at Urban house and in local hotels before the lockdown. Attempts have been made to provide sessions remotely since then but a lack of support for this by internal staff has made this problematic. HARP has been more successful at reaching newly arrived asylum seekers in hotels due to a positive relationship created with MEARS, the housing providing. For the second part of the project, the HARP team could consider how they may access hotels in order to continue providing health briefings to new arrivals. In

addition, due to COVID leading to closure of voluntary sector provision, the number of people accessing drop in sessions has significantly reduced and is only occurring in one of the HARP areas. Thought could be given as to how people could be reached in a different way to increase the number of people benefitting from this type of intervention

#### 6.4 Recommendations

- Developing more online resources and sessions using Zoom as these have been well received by some clients and health professionals
- Overcome barriers to reaching clients in initial accommodation (including hotels) during the pandemic. Explore access to hotels to increase recruitment with new arrivals
- Consider how drop-in sessions could be facilitated in a different way to increase the number of people benefitting from this intervention.
- Collection of data for the final report examining the impact of HARP on health outcomes of clients.
- Planning to manage possible on-going challenges with COVID-19
- Reviewing the support systems in place for both volunteers and staff who are undertaking an excellent but at times difficult role.
- Recording the breadth of training providing to volunteers and also the impact of their experience on accessing employment, education or adult training.

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