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Evaluating the experiences and impact of the Health Access for Refugees (HARP) project on peer volunteers in Northern England

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Abstract

Community-based peer volunteer interventions are increasingly used with people who are asylum seekers and refugees accessing health services. There is a dearth of evidence evaluating the benefits of volunteering for asylum seeking or refugee volunteers. Volunteers may have poor mental health and feel socially isolated due to their experiences as refugees and asylum seekers and may struggle or be unable to obtain paid employment. Volunteering in other contexts has been found to be beneficial to the health and well-being of the volunteer. This paper reports on an aspect of a wider study evaluating the community-based Health Access for Refugees Project, with the aim of exploring the impact of volunteering on the health and well-being of the peer (asylum seeker or refugee) volunteer. In 2020, we conducted qualitative semistructured interviews by phone with 15 volunteers who were asylum seekers or refugees. The interviews were audio recorded, data were transcribed verbatim and the data set was thematically analysed. We found that the positive relationships which developed and the training received through volunteering boosted volunteers' mental

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well-being. They felt motivated and confident in helping others, felt a sense of belonging and this reduced their social isolation. They also believed they benefited personally, helping their access to health services, and preparing them for future education, training or a career. In light of the beneficial nature of volunteering identified in this study, establishing more volunteering opportunities for this population and other marginalised groups with poor mental health is recommended. However, more research is needed to assess both the long-term impact of the role in terms of the peer volunteer's health and well-being, and the societal benefit of people moving on, integrating and contributing to society.

KEYWORDS

asylum seekers and refugees, benefits of volunteering, mental health and well-being, peer volunteering

1 | INTRODUCTION

Peer volunteering is an increasingly used as a community based intervention to support people who are asylum seekers and refugees to access health and other services. A recent systematic review (Jallow et al., 2021) identified peer volunteering as an effective and key aspect of community interventions designed to address barriers to health service uptake in refugee populations. There are clear benefits for the recipients of the intervention (McCarthy & Haith-Cooper, 2013) however, it is important to consider the benefits for the volunteers. Peers, as fellow asylum seekers and refugees can experience similar difficulties to their clients in their everyday lives, in terms of marginalisation (Orcutt et al., 2020; Puchner et al., 2018), poor physical and mental health (Aspinall & Watters, 2010; Kang et al., 2019) poverty and insecure housing (Isaacs et al., 2022). In the United Kingdom, generally people who are seeking asylum are not allowed to work and can feel in limbo awaiting a decision about their future (Isaacs et al., 2022).

Evidence has found that volunteering has a number of benefits for mental health; improved quality of life, self-esteem, satisfaction, confidence and a reduction in depression and psychological distress (Casiday et al., 2008; Greenwood et al., 2013; Jenkinson et al., 2013; Kameråde et al., 2020; Volunteer Scotland, 2015). However, there is a dearth of research around the benefits of volunteering for volunteer asylum seekers and refugees in the United Kingdom. A small Australian study found refugees benefited from volunteering in terms of their well-being, feeling a sense of belonging and positive self-worth and that it supported community integration (Wood et al., 2019). A UK evaluation explored the impact of befriending on pregnant asylum seeking and refugee women and reported similar mental health benefits for the befriender as well as an increased knowledge of asylum issues, useful for their own lives (McCarthy & Haith-Cooper, 2013). However, more research is needed to explore the benefits of volunteering for asylum seekers and refugees in a UK context.

The Health Access for Refugees Project (HARP) is a community-based initiative in Northern England delivered by the Refugee Council. The project was developed to address the challenges faced by local asylum

TABLE 1 HARP interventions which included peer volunteers in delivery.^a

Intervention
Health focused English language classes and conversation clubs
Drop in advocacy and befriending
Workshops including cancer screening services, maternity and mental health services, first aid
Health access course for new arrivals to the United Kingdom
Awareness raising sessions with professionals and other staff working with people who are refugees and asylum seekers

Abbreviation: HARP, health access for refugees project.

^aInterventions were all delivered remotely during the COVID-19 restrictions by telephone or Zoom.

seeking and refugee populations with staff and peer volunteers delivering a number of different interventions (see Table 1). The project covers an area which houses a high number of asylum seekers and refugees per head of population and includes several urban areas which are home to significant numbers of asylum seekers newly arrived in the United Kingdom (Migration Observatory, 2021). The project serves those housed in initial accommodation centres including hostels and hotels as well as those housed in government and private accommodation. It provides support for individuals who have a range of immigration statuses. The project seeks to address the significant health inequalities identified in the areas covered. The project has the overall aim of improving the physical and mental health of people who are asylum seekers and refugees, and this aim is applicable to the peer volunteers as well as the recipients of the interventions (clients). HARP is built on a philosophy of resilience, placing people who are asylum seekers and refugees at the centre of each intervention. Peers are trained to co-deliver the interventions to facilitate mutual benefit, providing support to newly arrived peers whilst building their own resilience. As newly arrived asylum seekers settle into life in the United Kingdom, they may decide to become HARP volunteers. Initially 35 peers were trained and as the project evolved, there were 98 volunteers. They all undertook an access to health course as part of their induction. Additional training included mental health information as well as training on first aid, the asylum process, supporting victims of trafficking and how to use NHS Choices. Some volunteers also attended externally provided interpreting courses. Volunteers were able to attend 'Finding your voice' training to improve confidence in public speaking. Some of those who attended this training contributed to awareness raising sessions for health and other professionals by sharing their asylum experiences. The peer volunteering role included supporting creches, providing interpretation for clients when needed, providing individual practical support and advice to clients and providing befriending. Volunteers were offered regular support in their role through group sessions run by the HARP staff and by extra sessions run by a psychologist to ensure their well-being. This paper reports on an aspect of a wider study, to address the research question, how has volunteering for HARP influenced the health and well-being of the asylum seeking or refugee volunteers?

2 | METHODS

A qualitative interpretative approach was adopted to facilitate an understanding of the impact of the volunteer role on health and well-being. An interview schedule was devised by the research team in conversation with HARP staff and volunteers to ensure that key issues were identified. Semistructured interviews were undertaken with 15 volunteers, who were asylum seekers or refugees, between June and August 2020. Due to the COVID-19 pandemic, these were undertaken by telephone rather than face-to-face and audio recorded. Participants were purposefully selected, and sample stratification was undertaken (Bryman, 2016) to ensure a gender mix, a broad

TABLE 2 Interview questions related to this workstream.

1	What has been your volunteering role with HARP? Working in conversation clubs, peer support, befriending, other?
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? For example, confidence, building CV, getting into work, other ways, reduce 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?

Abbreviation: HARP, health access for refugees project.

reflection of the country of origin and the time they have lived in the United Kingdom. The interview schedule for this part of the workstream is detailed below (see Table 2).

Ethical approval for the study was acquired from the Chair of the Humanities, Social and Health Sciences Research Ethics Panel at the local University on the 21 May 2020 (ref EC26224). Following this, staff working on the HARP project approached potential participants via telephone or Zoom. They explained the purpose of the study using an information sheet as a cue. English language ability was assessed, and no interpreters were required. Participants were also provided with information about how to access support if they were upset by any of the issues discussed in the research. This support was available through the HARP project. Interested participants were referred to the researcher who then telephoned them, discussed the study, ensured the participant was in a confidential location to undertake the interview and verbal informed consent was acquired, spoken into the audio recorder. The researcher stressed that the team had no links with the Home Office and the data would be anonymised by removing names and places and used only for research purposes. Participants were informed that they had the right to withdraw within 7 days of their interviews. All data were stored in a password protected area of a university server with personal data stored separately to interview data. The transcriptions will be stored for 5 years before being destroyed. The audio recordings from the interviews were transcribed verbatim and the audio recordings destroyed. The transcripts were thematically analysed using the principles of Braun and Clarke (2021). M C and M C B undertook this process independently this involved initially reading all transcripts to ensure familiarisation with the data, then several transcripts were reread and coded with codes derived from the data, the researchers discussed these coded transcripts resolving initial discrepancies in coding. Following this all transcripts were coded line by line, similar codes were grouped together into working categories these were then merged to form the final themes. The researchers met to confirm the final themes through negotiation.

3 | RESULTS

Of the 15 participants, all but 1 person were seeking asylum. They originated from nine different countries and had arrived in the United Kingdom between 2008 and 2020, with the majority arriving in the last five years. More than half of the volunteers identified as male (see Table 3 for demographics).

Three key themes from the data which are presented below.

TABLE 3 Participant demographics.

Participant	Country of origin	Gender	Status	Years since arrival
1	Pakistan	F	Asylum seeker	5
2	Iran	M	Asylum seeker	Less than 1
3	Eritrea	F	Refugee	1
4	Albania	F	Asylum seeker	1
5	El Salvador	M	Asylum seeker	1
6	El Salvador	M	Asylum seeker	1
7	Iraq	M	Asylum seeker	1
8	Zimbabwe	M	Asylum seeker	3
9	Albania	M	Asylum seeker	7
10	Albania	F	Asylum seeker	5
11	Pakistan	M	Asylum seeker	2
12	Iraq	M	Asylum seeker	18
13	Egypt	F	Asylum seeker	8
14	Albania	F	Asylum seeker	2
15	Iraq	M	Asylum seeker	12

3.1 | Boosting volunteer's sense of well-being

Volunteers described how their involvement with HARP had a positive impact on their mental health and sense of well-being. This was partly through building positive relationships with staff leading to them feeling supported and cared for:

(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. (9)

A volunteer described how the feeling of support increased their motivation to help others in a similar situation:

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. (5)

Another volunteer described how sharing their experiences brought back painful memories but the benefits to others made the experience worthwhile:

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)

Volunteers described how support from staff encouraged them to access training offered for the volunteering role, which in turn boosted their well-being:

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)

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

...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. (9)

Volunteering also led to feeling a sense of belonging in their local community:

...it helped me to integrate faster, now I am feeling very very better.... For me it was an opportunity, you know, and I'm very happy that I am part of HARP now. (2)

Many participants spoke about how HARP training, activities and befriending reduced their feelings of isolation and loneliness:

...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 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...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. (10)

This reduction in isolation and loneliness was brought about through participating in group sessions which provided the opportunity to talk to other people:

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 (12)

Following the COVID-19 lockdown, despite all activities being delivered virtually, the positive impact on well-being was still experienced by the volunteers which helped to overcome the loneliness experienced during lockdown:

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)

However, one volunteer described how the virtual meetings could not replace face to face contact:

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)

Volunteers spoke of the way in which involvement in HARP gave them a routine, a reason to get out of the house leading to feelings of usefulness, a sense of purpose and pride in what they were achieving:

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)

3.2 | Developing new knowledge and skills

Volunteers described the ways in which the training and activities they had undertaken with HARP had equipped them with new knowledge about the healthcare system. They used this in their own lives to improve their access to care through an understanding how the UK health system works:

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)

One volunteer described how he learned about mental health services in the United Kingdom 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. (15)

Another volunteer described how through learning about wider services such as HealthWatch, he realised he could challenge the poor care he had experienced.

They [HealthWatch] had a seminar in the Refugee Council ... 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)

Other volunteers described the ways in which they used their new knowledge about healthcare 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)

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 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).

3.3 | New opportunities and moving on

Some volunteers spoke of the ways in which their involvement with HARP had provided them wider opportunities beyond the project including additional volunteering opportunities. These included collecting data for a research project and teaching English language classes.

...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)

And also other volunteering 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. (9)

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 (asked) 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)

4 | DISCUSSION

The aim of this study was to explore the impact of HARP on the asylum seeker or refugee volunteer. We found acting as a volunteer had an impact on people's lives in a number of ways. Through building positive relationships and receiving training for the role, the volunteers' sense of well-being was boosted. This led to an increase in motivation to help others, increased self-confidence and a sense of belonging and integration, reducing social isolation. The knowledge and skills people developed through their role benefited their access to and experiences of health services. Also, volunteering facilitated people to prepare for moving on with their lives in terms of wider volunteering opportunities, further education and careers.

It is well documented that people who are seeking asylum and refugees can experience poor mental health due to their life experiences and current circumstances (Satinsky et al., 2019) and our findings demonstrate that volunteering had a positive impact on the volunteer's sense of emotional and psychological well-being, reducing isolation and loneliness, increasing confidence and motivation and providing a sense of purpose in life when they are not allowed to work. We could find very little published research on the mental health benefits of volunteering for the asylum seeking and refugee population, however one previous study (Khanom et al., 2021) found that volunteering helped asylum seekers and refugees increase their resilience to poor mental health. Evaluation of a community based befriending project working with asylum seeking and refugee women in the United Kingdom found that volunteers felt more confident as a result of their role which supported them moving on (McCarthy & Haith-Cooper, 2013). This supports wider research around volunteering in underrepresented groups (Wickens et al., 2010). A systematic review about the impact of volunteering on mental health in other contexts (Jenkinson et al., 2013) found that volunteering improves mental health, reduces stress and depression, increases self-confidence but also helps people improve the quality of their lives including family life (Lederer, 2009; Rechel et al., 2013; Wickens et al., 2010; Yun et al., 2016) which can lead into further education, training and employment (Volunteer Scotland, 2015; Wickens et al., 2010).

Research suggests that volunteering helps asylum seekers and refugees feel more integrated into their local community and wider society (Bhavnani, 2014; McCarthy & Haith-Cooper, 2013). Research exploring the benefits of volunteering in wider immigrant populations found that volunteering can accelerate integration and build social and cultural capital for those involved in volunteering as well as having a positive impact on the attitudes of the host community towards migrants reducing negative attitudes and supporting integration (Ambrosini & Artero, 2022; Ruiz Sportmann & Greenspan, 2019).

HARP volunteers were trained, received follow-up support and were involved in delivering interventions which supported their peers as well as being systematically matched to clients for one-to-one support. Most importantly, they were acknowledged as experts due to their experiences and played an important role in supporting and teaching clients as well as training health professionals. People who had only just arrived in the country, after being supported by volunteers, themselves became volunteers supporting others. This suggests that the way in which HARP functions, instills confidence to volunteer in people new to the country. The mechanism underpinning this needs unpicking through future research as it has the potential to snowball, supporting more and more people in this community.

We found that the increased self-confidence experienced by volunteers led to them thinking about moving on into education, training and employment, supporting previous research (Ruiz Sportmann & Greenspan, 2019; Volunteer Scotland, 2015; Wickens et al., 2010). This could lead to long term tangible benefits to society through working refugees paying taxes and spending their earnings. This would benefit the economy but also reduce

reliance on the welfare state. Other long-term benefits to society could be improved mental health and well-being, reducing the need for mental health services in this population. Through increasing their knowledge of health services, unnecessary morbidity could be avoided through timely access to appropriate health services. However, no research could be found examining the long-term benefits of volunteering for society and exploring this is essential to ensure future volunteering opportunities are well resourced.

This study is limited in that our sample was small and self-selecting, within a locally run community project. Despite this, the sample was diverse, people originating from eight different countries. Having been in the United Kingdom for between 1 and 20 years. These diverse backgrounds may have influenced participants experiences of volunteering, adding to the breadth of the data. Our findings have implications for public health practitioners. We found that volunteering has mental health benefits for people who are asylum seekers and refugees. Consequently, establishing community-based volunteering opportunities for this population but also other marginalised groups with poor mental health is recommended as a low cost and sustainable intervention benefitting the recipient but also the volunteer. However, funding for such projects needs to be from central sources rather than relying on short term funding through initiatives such as The Big Lottery in the United Kingdom. More research is needed examining the long-term benefits of volunteering and the impact on society and the economy. Research also needs to compare different volunteering models to capture what works and what could be developed in the way such schemes are organised.

5 | CONCLUSIONS

HARP is a Refugee Council funded community-based group of interventions designed to increase access to health services for asylum seeking and refugee communities with the overall aim of improving their mental and physical health. This paper has reported on one workstream of the HARP project and like other studies found that peers volunteering was beneficial to their mental health and well-being and prospects for education and employment. The way that HARP was organised appeared to encourage people who were new to the UK to sign up as volunteers soon after being recipients of the interventions. Therefore, projects such as HARP have the potential for volunteering to snowball, benefitting the community more widely. These findings could be useful for Public Health practitioners, however more research is needed to identify the mechanisms of the HARP intervention that supported mental health and well-being. Also, more research is needed looking at the long-term impact of volunteering for the individual but also wider society.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Research data are not shared.

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PEER REVIEW

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REFERENCES

- Ambrosini, M., & Artero, M. (2022). Immigrant volunteering: A form of citizenship from below. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 34, 252–262. <https://doi.org/10.1007/s11266-022-00454-x>
- Aspinall, P., & Watters, C. (2010). Refugees and asylum seekers. A review from an equality and human rights perspective. Research report 52. Equality and Human Rights Commission, 163.
- Bhavnani V. N. M (2014). *Birth and beyond community supporters project interim evaluation report key findings*, NCT.
- Braun, V., & Clarke, V. (2021). Thematic Analysis: A Practical Guide. London. Sage.
- Bryman, A. (2016). *Social research methods*. Oxford University Press.
- Casiday R, K. E., Fisher, C., & Bamba, C. (2008). Volunteering and health: What impact does it really have? Report to volunteering England. Volunteering England.
- Greenwood, N., Habibi, R., Mackenzie, A., Drennan, V., & Easton, N. (2013). Peer support for carers: A qualitative investigation of the experiences of carers and peer volunteers. *American Journal of Alzheimer's Disease and Other Dementias*, 28(6), 617–626. <https://doi.org/10.1177/1533317513494449>
- Isaacs, A., Burns, N., Macdonald, S., & O'Donnell, C. A. (2022). 'I don't think there's anything I can do which can keep me healthy': How the UK immigration and asylum system shapes the health & wellbeing of refugees and asylum seekers in Scotland. *Critical Public Health*, 32(3), 422–432. <https://doi.org/10.1080/09581596.2020.1853058>
- Jallow M, Haith-Cooper, M., Hargan, J., & Balaam, M. C. (2021). A systematic review to identify key elements of effective public health interventions that address barriers to health services for refugees. *Journal of Public Health: From Theory to Practice*, 30(1), 1–13. <https://doi.org/10.1007/s10389-021-01519-9>
- Jenkinson, C. E., Dickens, A. P., Jones, K., Thompson-Coon, J., Taylor, R. S., Rogers, M., Bamba, C. L., Lang, I., & Richards, S. H. (2013). Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers. *BMC Public Health*, 13(1), 773. <https://doi.org/10.1186/1471-2458-13-773>
- Kameråde, D., Connolly, S., Ellis Paine, A., Nichols, G., & Grotz, J. (2020). The impacts of volunteering on the subjective wellbeing of volunteers: A rapid evidence assessment. <https://whatworkswellbeing.org/wp-content/uploads/2020/10/Volunteer-wellbeing-technical-report-Oct2020-a.pdf>
- Kang, C., Tomkow, L., & Farrington, R. (2019). Access to primary health care for asylum seekers and refugees: A qualitative study of service user experiences in the UK. *British Journal of General Practice*, 69, e537–e545. <https://doi.org/10.3399/bjgp19X701309>
- Khanom, A., Alanazy, W., Couzens, L., Evans, B. A., Fagan, L., Fogarty, R., John, A., Khan, T., Kingston, M. R., Moyo, S., Porter, A., Rhydderch, M., Richardson, G., Rungua, G., Russell, I., & Snooks, H. (2021). Asylum seekers' and refugees' experiences of accessing health care: A qualitative study. *BJGP Open*, 5, 0059. <https://doi.org/10.3399/BJGPO.2021.0059>
- Lederer, J. (2009). Family Action Southwark Newpin Perinatal support project evaluation report. <https://www.family-action.org.uk/content/uploads/2014/07/Southwark-Perinatal-Support-Project-Evaluation-2009.pdf>
- McCarthy, R., & Haith-Cooper, M. (2013). Evaluating the impact of befriending for pregnant asylum seeking and refugee women. *British Journal of Midwifery*, 21(6), 276–281. <https://doi.org/10.12968/bjom.2013.21.6.404>
- Migration Observatory. (2021). Migration observatory analysis of immigration statistics. <https://migrationobservatory.ox.ac.uk/resources/briefings/migration-to-the-uk-asylum/>
- Orcutt, M., Spiegel, P., Kumar, B., Abubakar, I., Clark, J., & Horton, R. (2020). Lancet migration: Global collaboration to advance migration health. *The Lancet*, 395, 317–319. [https://doi.org/10.1016/S0140-6736\(20\)30971-5](https://doi.org/10.1016/S0140-6736(20)30971-5)
- Puchner, K., Karamagioli, E., Pikouli, A., Tsiamis, C., Kalogeropoulos, A., Kakalou, E., Pavlidou, E., & Pikoulis, E. (2018). Time to rethink refugee and migrant health in Europe: Moving from emergency response to integrated and individualized health care provision for migrants and refugees. *International Journal of Environmental Research and Public Health* 2018, 15(6), 1100. <https://doi.org/10.3390/ijerph15061100>
- Rechel, B., Mladovsky, P., Ingleby, D., Mackenbach, J. P., & McKee, M. (2013). Migration and health in an increasingly diverse Europe. *The Lancet*, 381(9873), 1235–1245. [https://doi.org/10.1016/S0140-6736\(12\)62086-8](https://doi.org/10.1016/S0140-6736(12)62086-8)
- Ruiz Sportmann, A. S., & Greenspan, I. (2019). Relational interactions between immigrant and native-born volunteers: Trust-building and integration or suspicion or conflict? *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 30, 932–946. <https://doi.org/10.1007/s11266-019-00108-5>
- Satinsky, E., Fuhr, D. C., Woodward, A., Sondorp, E., & Roberts, B. (2019). Mental health care utilisation and access among refugees and asylum seekers in Europe: A systematic review. *Health Policy*, 123, 851–863. <https://doi.org/10.1016/j.healthpol.2019.02.007>
- Volunteer Scotland. (2015). The benefits of inclusive volunteering. <https://scvo.scot/policy/research/evidence-library/2015-the-benefits-of-inclusive-volunteering>
- Wickens A, E. S., Fox, C., & Albertson, K. (2010). The costs, barriers and benefits of involving volunteers from underrepresented groups. Final Report. Commission for the Compact. UK. <http://www.oneeastmidlands.org.uk/>

[sites/default/files/library/The%20Costs%20Barriers%20%26%20Benefits%20of%20Involving%20Volunteers%20from%20Under%20Represented%20Groups.pdf](https://onlinelibrary.wiley.com/doi/10.1002/jcop.23066)

- Wood, N., Charlwood, G., Zecchin, C., Hansen, V., Douglas, M., & Pit, S. W. (2019). Qualitative exploration of the impact of employment and volunteering upon the health and wellbeing of African refugees settled in regional Australia: A refugee perspective. *BMC Public Health*, 19(1), 143. <https://doi.org/10.1186/s12889-018-6328-2>
- Yun, K., Paul, P., Subedi, P., Kuikel, L., Nguyen, G. T., & Barg, F. K. (2016). Help-seeking behavior and health care navigation by bhutanese refugees. *Journal of Community Health*, 41(3), 526–534. <https://doi.org/10.1007/s10900-015-0126-x>

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