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HARP (Health for Asylum Seekers and Refugees) project final evaluation

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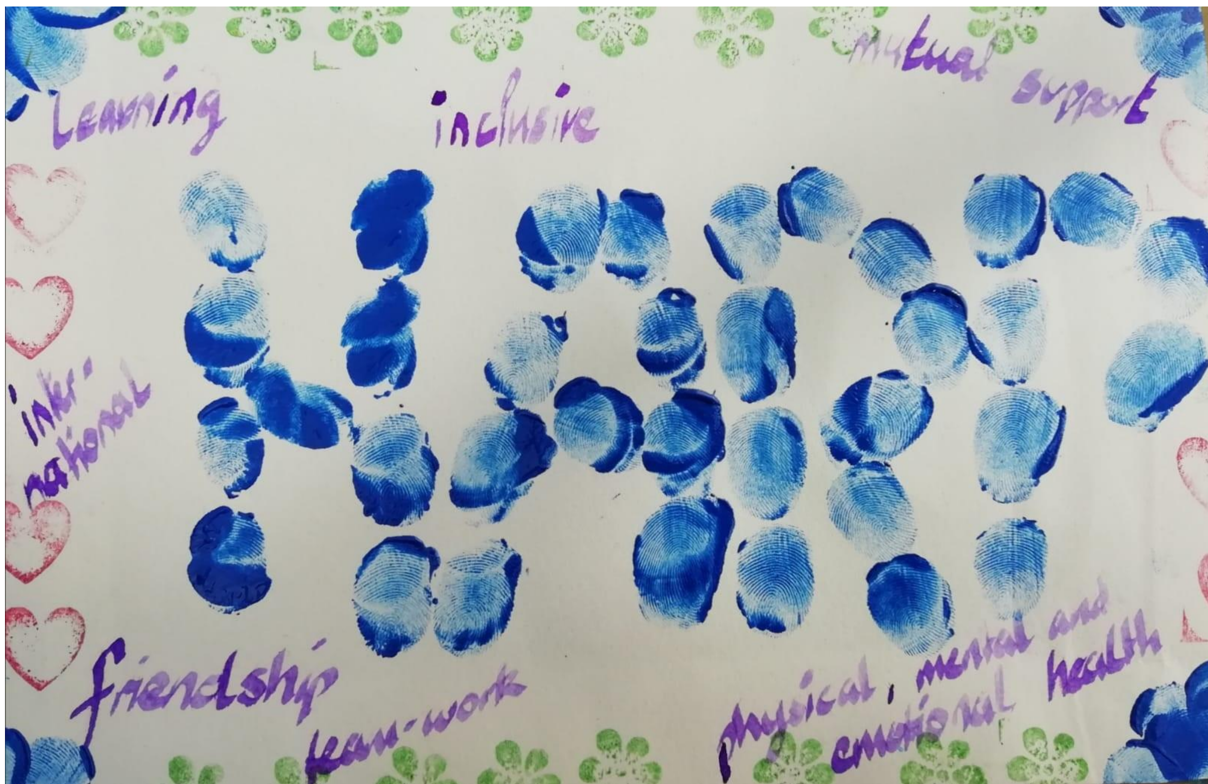

This report has been produced by the Faculty of Health Studies, University of Bradford, September 2021. Authored by Dr Mel Cooper, with support from Marie-Clare Balaam, (researcher UCLan) and Dinah Mathew (HARP volunteer).

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1 Acknowledgments

All the HARP clients, volunteers and staff for their contribution to the COVID-19 vaccination workshop evaluation.

2 Summary

- Up until June 2021 with 3 months left of the project, a total of 4544 people who are seeking asylum or are refugees have been reached through the interventions delivered by HARP.
- More recently, the delivery of 34 COVID-19 workshops has helped influence clients' decisions to take up the vaccine.
- Clients have continued to benefit 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 a total of 1262 clients improving their English language skills.
- Overall, 90 HARP volunteers have been trained to participate in HARP. They have benefited from being involved with the COVID-19 workshops, taking up the vaccine themselves.
- HARP has had a significant impact on the uptake of COVID-19 vaccinations amongst the asylum seeker/ refugee populations by addressing barriers faced on an individual level but also facilitating volunteers and staff to address institutional and system level barriers. This includes facilitating vaccine clinics in hotels after the COVID-vaccination workshops to encourage uptake by residents.
- Up until June 2021, 4562 people including health professionals have attended awareness raising sessions and the evaluation suggests this has had an impact on their understanding of the barriers faced accessing health services.
- HARP staff and volunteers have continued to engage 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, most interventions have continued to be delivered virtually. However, staff and volunteers have been able to access the hotels, providing face to face support for new arrivals.

- The one-to-one telephone befriending service has reached a total of 608 clients.
- A total of 7 hotels and Urban House continued to be used for new arrivals. A total of 1663 clients have received the initial health briefings.

3 Introduction to HARP

HARP is a three-year project which commenced 1st September 2018, delivered by the Refugee Council. 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. In addition to evaluating the KPIs, the final evaluation has a focus on the impact of the COVID-19 vaccine workshops on the uptake of vaccines in people who are seeking asylum or are refugees.

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. To 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). As members of the BAME community, they are also at an increased risk of severe outcomes if they contract COVID-19 (3). People who are seeking asylum and refugees face barriers to accessing health services, which HARP aims to overcome (4, 5). A recent national survey found that these barriers also had an impact on

them taking up the COVID-19 vaccine with a lack of accessible information about the vaccine leading to concerns about its ingredients, side effects and also due to a lack of trust in the health care system. They also feared being charged for the vaccine and they were not always offered it in a convenient location (6). This study recommended that tailored campaigns co-produced and delivered by trusted sources could help to increase vaccine uptake. HARP is ideally suited to lead such a campaign and the project developed workshops delivered to promote vaccine uptake amongst clients. As part of the final evaluation of HARP, we have undertaken qualitative interviews with clients, volunteers and staff with the aim of exploring the impact of HARP workshops on vaccine uptake in asylum seekers and refugees.

As was discussed in the interim evaluation, barriers to accessing health services can be classified on three levels- the individual, institutional and system level (see below) (7). We will explore how these different levels of barriers to accessing the COVID-19 vaccine were influenced by provision of workshops.

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

Adapted from Jarrow et al 2021 (8)

4.2 Project activities

The project activities have mainly continued to run online. However, there has been face-to-face access to the hotels for one-to-one support for new arrivals and to deliver the COVID-19 vaccine workshops. In the 2nd half of the project delivery, HARP also started running online drop-in advocacy sessions to replace the face-to-face sessions that had to stop with the beginning of the pandemic. The online sessions have been poorly attended and this led to the Rotherham version being cancelled. However, these did continue to run in Barnsley.

During the 2nd half of project delivery, the number of specialist weekly groups increased to 5. These were art therapy, a health conversation club, healthy cooking, an allotment group and the COVID-19 vaccine workshop. The vaccine workshops have been facilitated online to encourage clients to take up their vaccine when it is offered to them. This has been evaluated through a qualitative study which is reported in this document (see page 28).

4.3 Response to previous report recommendations

Below is a summary of the HARP response to the recommendations stated at the end of the interim evaluation.

1. Developing more online resources and sessions using Zoom as these have been well received by some clients and health professionals

- There was an increase in delivery of online ESOL for health due to the popularity of the course. However, it was challenging having larger numbers of participants online and there continued to be a waiting list to take up the course.
- There has been an increased delivery of specialist groups run via Zoom- art therapy (with an art pack posted out), Pilates twice weekly, a health conversation group (discussing coronavirus, mental health in isolation and future aspirations) and health access workshops for clients in a Rotherham hotel. However, number of attendees for this were low.
- 27 Zoom awareness raising sessions, have been run with experts by experience to over 1897 people. One was delivered to the National Network of Overseas Officers whose role is to administer charging for healthcare. Feedback was excellent, including *“I have never heard a client share their experience of being charged before. It really moved*

me". The another was a webinar made in partnership with NACOM and Refugee Action about working with Experts by Experience. Two videos were developed where volunteers shared their stories and feedback included *"It went really well thank you very much for all your help and support along the way! All the speakers were fantastic, and S really stole the show with her poem. Feedback has been great."* Refugee Action.

- The volunteer empowerment pathway course was run via Zoom.
- A HARP volunteer was interviewed for a podcast of her story of seeking asylum for the Refugee Council.
- Maternity guides for women seeking asylum and health professionals have been created by HARP. This will be launched in October 2021 together with 5 short HARP films.
- Zoom awareness raising sessions were recorded and have been shared with the NCT, maternity and health streams of sanctuary and the Yorkshire and Humber migrant health forum.
- A HARP film was commissioned by the Migration Matters Festival. A HARP volunteer directed *Tales of Love and Loss* with support from HARP staff and the Stand and Be Counted (SBC) Theatre Company. The film was used in awareness raising sessions in Refugee Week and is a resource for future work.

2. Overcome barriers to reaching clients in initial accommodation (including hotels) during the pandemic. Explore access to hotels to increase recruitment with new arrivals

- Initial accommodation has continued to be provided in Urban House and seven hotels in the HARP area. Difficulties have continued with providing face-to-face support in Urban House and there is a lack of a communal space where a group could meet. A Zoom workshop 'the implication of COVID testing' had no attendees. Flyers have been circulated in different languages. It is believed that a lack of face-to-face contact affects understanding of HARP and trust in the project and many clients do not have access to Wi-Fi or phones therefore were not being able to access Zoom. HARP has raised concerns about access to Urban House with Wakefield Council and Migration Yorkshire. In the final quarter, from March 2021, HARP were allowed to access Urban House to deliver weekly workshops including

around the COVID-19 vaccination. These have been well attended and HARP volunteers could interpret in real time.

- In a Rotherham hotel, health access workshops were run in different languages on a laptop via Zoom. 20 people attended but they found it difficult to ask questions whilst crowded around a laptop. Over half of participants did not have phones to access the workshop individually.
- NET funding was secured to facilitate workers to go into hotels and undertake safe face-to-face meetings with clients to help to build a working relationship with them. Activities that would be useful and relevant for the clients were planned with them and they discussed with peers the sessions to encourage attendance. Attendance at online drop-in sessions was also encouraged.

3. **Consider how drop-in sessions could be facilitated in a different way to increase the number of people benefitting from this intervention**.
    - HARP worked with the Red Cross to trial a virtual drop-in covering the Rotherham and Barnsley services. These were organised into a main room as a social area with volunteers running a quiz and breakout rooms to address different issues clients needed support with. Caseworkers and interpreters were available.
    - The initial evaluation was that numbers accessing the drop-in sessions were low due to the continued provision of a telephone advice service at the same time. In addition, people experienced barriers to using Zoom, e.g., language, the fear of change and lack of experience of technology. They were however a good opportunity for the 10 volunteers to meet each other for team building. Due to low numbers, the Rotherham drop-in was stopped but the Barnsley service continued.

4. **Collection of data for the final report examining the impact of HARP on health outcomes of clients.**

    The case studies below demonstrate how HARP has had an impact on accessing health services which in turn will influence clients' health outcomes.

Difficulties accessing hospital for surgery

An El-Salvador family in Barnsley, with an elderly mother, are seeking asylum. The mother who had been referred to Wakefield hospital for specialised surgery had an appointment on December 23rd, 2020. After several hours of waiting for the ambulance, they tried to call the hospital, but they couldn't understand what was being said to them. They contacted HARP who discovered that the ambulance had not been booked and the client had been recorded as not attending. It was agreed that the client could be booked for another appointment, this was allocated for January. Without HARP stepping in the client might not have been offered another appointment and would have been left misunderstanding what had happened.

January came and HARP received another call from the family, yet again the ambulance had not arrived. Again, the ambulance had not been booked and the family had to get a lift to Wakefield from the local pastor of their church. On returning home the son of the elderly mother received a call saying that his mother had missed her appointment and could not be treated, and they needed to come and collect her. They explained their situation and said that they couldn't afford to travel to Wakefield from Barnsley and back again and could they provide an ambulance…the ambulance service said no they didn't do this. The family then contacted HARP in a very distressed state. HARP arranged for the ambulance team to pay for the client, an elderly Spanish speaking woman, to get a taxi home alone. The client on return was extremely distressed about the whole situation and obviously still sick from not having her treatment. HARP will contact the GP to follow up on this case.

Accessing dental care

Laura is seeking asylum and had been living in Leeds for six months when she was referred to HARP in June 2020. She was linked with a volunteer befriender called Natalie, who rang her every week to check in. In August, Laura told Natalie that she had severe toothache, and she urgently needed dental treatment but was not registered with a dentist. Natalie used the NHS website to produce a list of local dentists in Laura's area, but when Laura contacted them, none were willing to see her during the pandemic. Natalie recommended that Laura call the NHS 111 Helpline, who immediately referred Laura to an emergency dentist where she was given a filling for her tooth. Unfortunately, Laura's pain continued even after this treatment, and she struggled for weeks after her emergency treatment, having difficulty eating, sleeping and even drinking because of the pain. When she rang 111 again, she was told to ring her dentist, even though she had explained to them she was not registered with a dentist and was struggling to find a dental practice who would accept her.

Laura was in such pain and so desperate that she resorted to taking different types of pain relief to try and ease the pain. When Natalie called to check in and discovered this, she explained the health risks and implications of taking too many tablets to Laura.

Natalie was so concerned for Laura's mental and physical health that she began calling Laura every day and sent her daily messages of support.
In the meantime, Natalie tried to find a dentist for Laura. She personally contacted 50 dentists in the Leeds area, and eventually was successful in finding a practice that would treat her. Laura registered and attended an appointment the next day. Natalie had advised Laura not to leave the dentist without treatment, so when the dentist initially said there was nothing he could do, Laura rang Natalie – who explained to the dentist over the phone that Laura was in significant pain and had a right to treatment.
When the dentist examined Laura again, he discovered she had an infection and urgently needed antibiotics, otherwise she was in danger of developing an abscess which would require her tooth to be extracted. After a full treatment of antibiotics, Laura's pain disappeared, and she did not need any further treatment.

Negotiating the health care system

T lives in Rotherham with her husband and two sons. They came to the UK in 2017 from Mauritius and applied for asylum in 2018. In her country, people who can afford the small fee go to a private doctor when they are ill. Doctors frequently give antibiotics, for example for a sore throat. She was surprised to find that her GP in Rotherham do not give antibiotics for this type of illness. She now understands the reasons for this and advises people they do not need to go to the GP for a minor illness unless they do not get better. T found out about registering with a dentist and an optician. T and both her sons needed glasses, and T needed a filling and a tooth extraction.
When her husband had severe pain in his kidneys, she went with him to A&E at the hospital. They saw a nurse, but she didn't give him any painkillers. A doctor saw him after three hours and gave him paracetamol, which did not help with the pain. The next time her husband had the same pain, they went to the GP, who found there was a kidney infection and gave antibiotics. The GP also gave stronger painkillers, which helped with the pain. The third time her husband had severe pain, (in the evening when the GP was closed), T knew she could get advice by phoning 111. She followed their advice to take her husband to A&E if the pain remained severe. This time her husband had an ultrasound and was referred to a specialist.

Maternity care

SM is a single mum who left two of her children in Zimbabwe and joined HARP when she was 31 weeks pregnant. She missed her children and before engaging with HARP was very lonely and isolated. She has been refused asylum but had put in a fresh claim She was destitute, received no financial support and was sofa surfing. She attended the HARP wellbeing and conversation groups at Mill Hill and the NCT antenatal class. Through these groups, she learnt about the differences in giving birth in the UK and Zimbabwe such as the role of a midwife, choices in childbirth, active birth and as a result, she felt more confident to give birth and parent her child in a foreign land.
SM received two bills for maternity care, which she could not pay and feared she could not afford to see her midwife again. A HARP staff member helped SM adapt a template

letter for making a cash payment plan of 1p per month to the hospital. As a result, the charges were dropped, as the hospital do not take cash payments and SM continued to access maternity care. SM said not having to pay the health charges was a huge relief. She had a great relationship with her midwife and wanted to continue seeing her, but the fear of the bills had deterred her from accessing maternity care.

5. Planning to manage possible on-going challenges with COVID-19

- HARP funding (over £38,000) has continued to be used to purchase phone top ups for clients to facilitate them to access the zoom activities provided.
- HARP linked with Digital Leeds on a digital inclusion project as a result, six iPads with built in wi-fi and 20 reconditioned iPhones with £100 of credit were distributed to clients.

6. **Reviewing the support systems in place for both volunteers and staff who are undertaking an excellent but at times difficult role**.

- 13 volunteers attended self-care training delivered by Tiago. The volunteers had been experiencing personal difficulties due to the COVID-19 pandemic.
- Volunteer peer support meetings have been run bi-weekly or weekly and some have been face-to-face.
- HARP funding was reallocated to clinical supervision for volunteers. 3 clinical supervision sessions have been led monthly for HARP volunteers by Solace. These sessions have evaluated well.
- HARP staff offer individual support to volunteers.
- In Rotherham and Sheffield, HARP volunteers have been invited to a social event every Friday which has been well attended.

7. Recording the breadth of training providing to volunteers and also the impact of their experience on accessing employment, education or adult training.

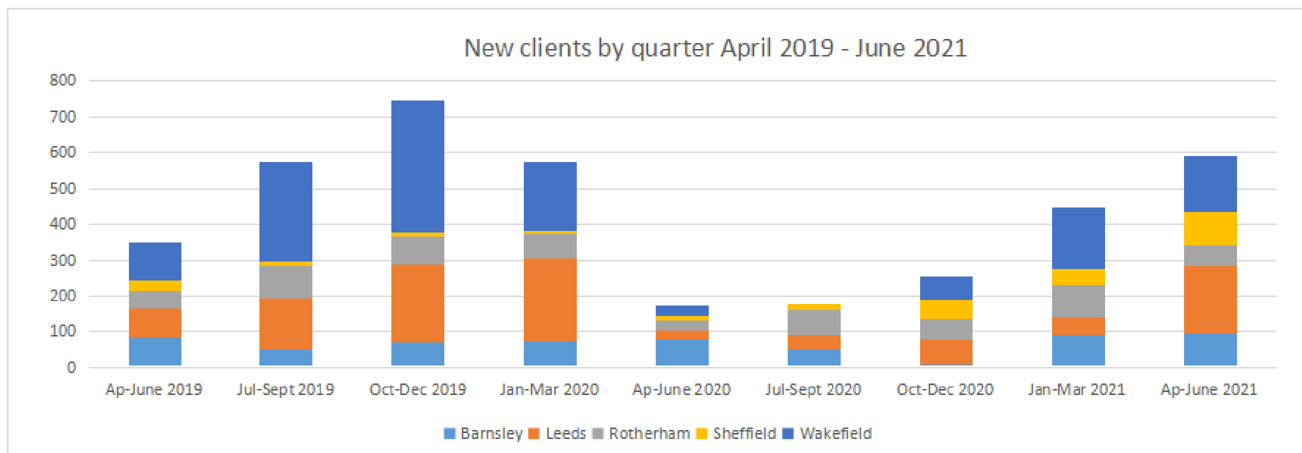
- SBC Theatre Company built on the ‘Finding your voice’ training. They ran a 10 week ‘Using your voice’ training focusing on skill development for volunteers to represent their peers and also tips on how to prepare for an interview.

- 20 volunteers received training on how to undertake research interviews and undertook work on the impact of COVID-19 restrictions on asylum seekers and refugees. This research was in partnership with NHS England and the University of Bradford.
- Internal and external job opportunities are shared with refugee volunteers and references provided. Volunteers have been supported to apply for jobs and one volunteer secured employment in the Refugee Council children's section
- Some volunteers are qualified health professionals who are not allowed to work because of their asylum status, other volunteers have been unable to find opportunities to use their skills here. HARP contacted the Yorkshire and the Humber NHS to discuss volunteering for asylum seekers and paid opportunities for refugee health professionals. As a result, 14 people are in the process of getting volunteering or paid work for the NHS.
- The HARP finding your voice and representing your peers training has continued. As a result of this, a total of 98 volunteers have grown in confidence to speak in public in English. After attending, they have helped deliver 52 awareness-raising sessions to 4239 people. They have given 76 presentations and represented their peers in 189 contexts. The feedback has been consistently excellent.
- The Finding your Voice training model is going to be adapted by the Refugee Council to use in other contexts.

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. The data sets up until June 2021 have been used in this evaluation report.

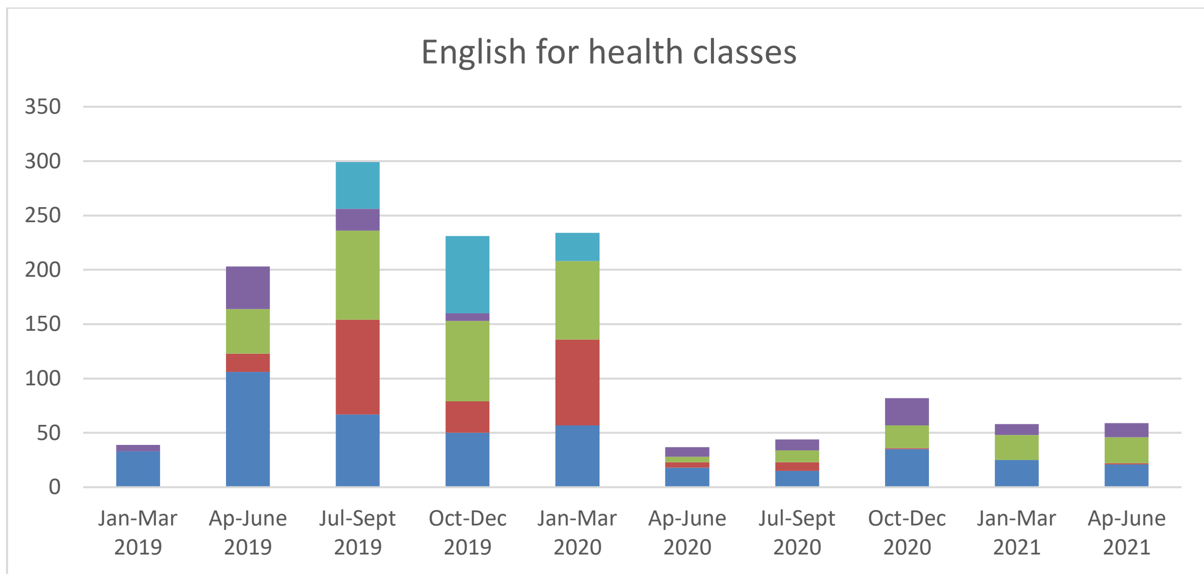
5.1.1 Total number of clients reached

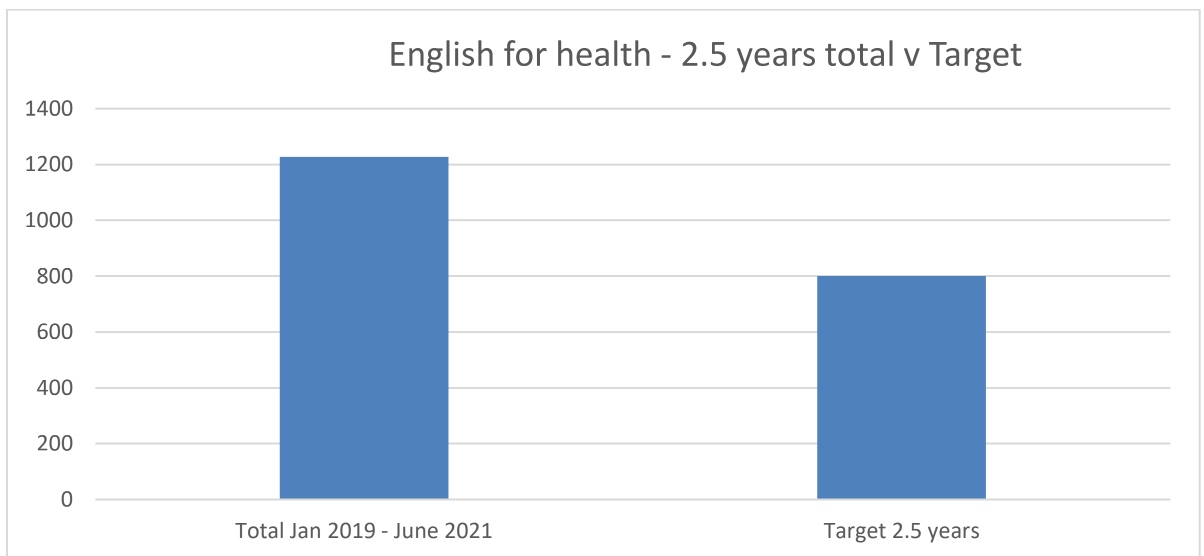


To June 2021 (with 3 months left of the project), the total number of clients reached through HARP was 4544 clients (target= 4470). The number of new clients has steadily increased since summer 2020 when there was a static population of asylum seekers due to the COVID-19 pandemic and a lack of face-to-face contact. Since then, HARP has increased its presence to cover seven hotels in the region as well as Urban House. There has also been some face-to-face contact with new arrivals in some hotels rather than relying on on-line contact.

5.1.2 Activities delivered

5.1.2.1 English for Health Classes





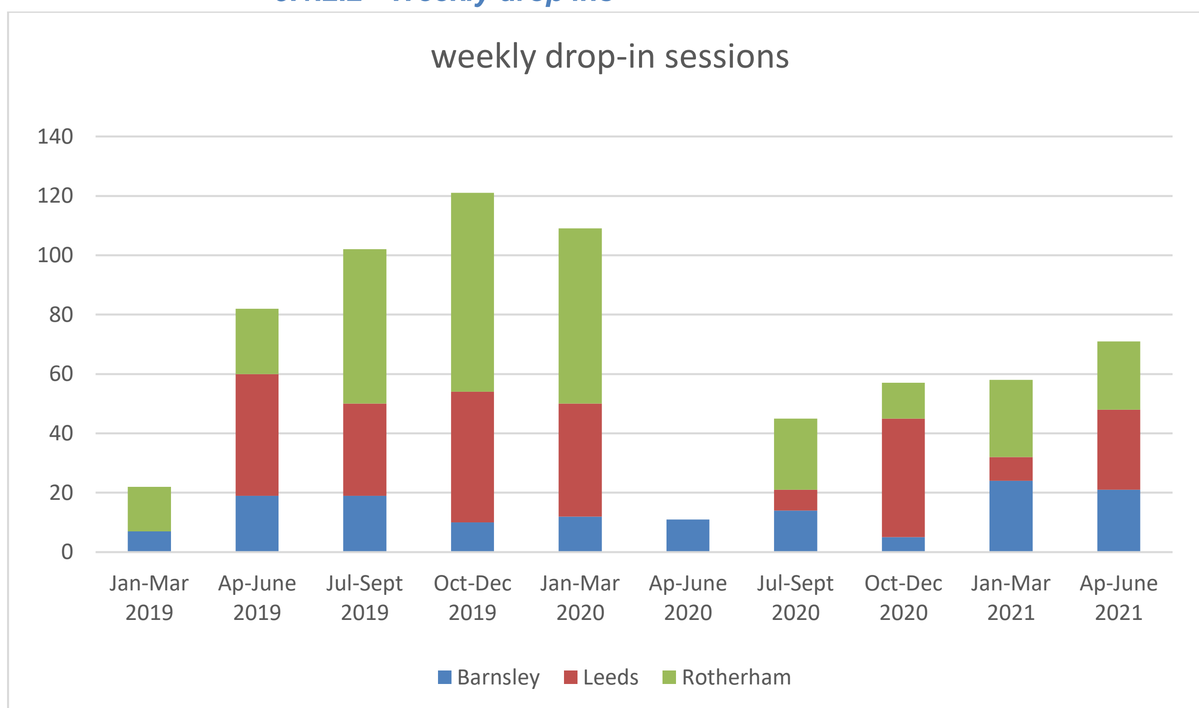
The target for clients attending English health classes was a total of 960 for the duration of the project. In total 1262 clients have received these classes up until June 2021, exceeding targets. These have continued to be provided via Zoom through the remainder of the project.

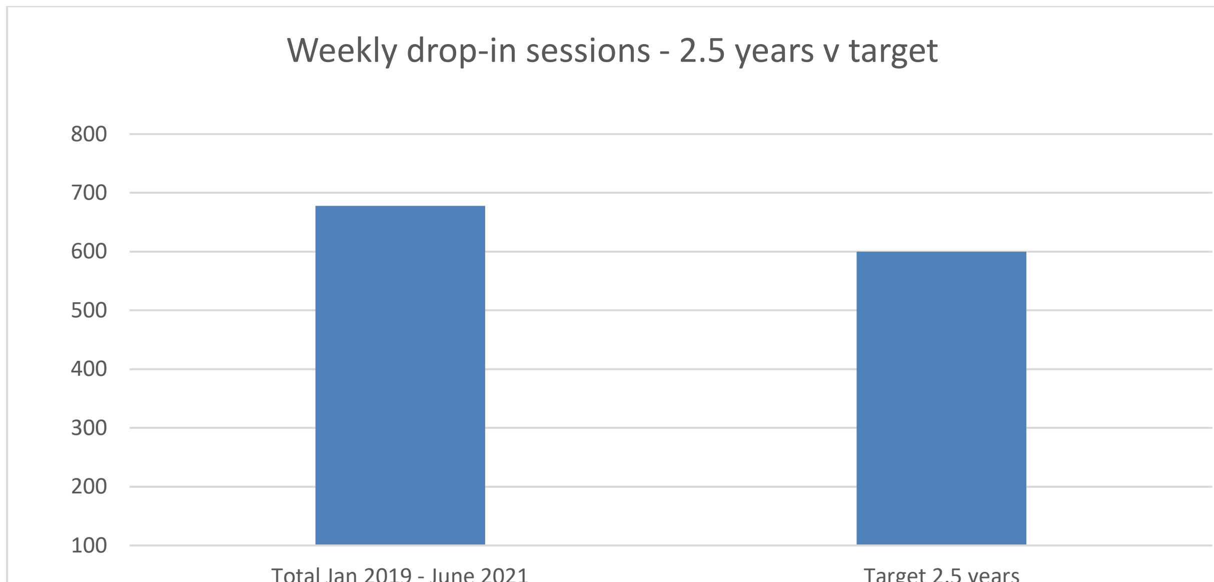
Impact of ESOL for Health (and one to one advocacy)

EX was trafficked and experiences anxiety and a lack of trust in authority. When HARP first started supporting her over two years ago she did not speak any English and did not understand how the healthcare system worked. HARP explained this to her and supported her to register with the GP and dentist. Over the two years, she has been regularly accessing the GP and hospital due to a number of health conditions. For the first year, HARP booked all of her health appointments and helped to translate and explain all the letters she received from the hospital. HARP volunteers interpreted for her in appointments at the dentist and private hospital both of which refused to provide interpreters. This continues despite HARP providing information to health providers about how to access interpreting services, claim the costs back as well as outlining their contractual obligation to provide interpreters.

In the last year EX confidence has started to grow and her English has increased dramatically due to attending college and HARP ESOL classes. She now also understands her rights and how the healthcare system works. EX now books her own health appointments and rarely asks for advocacy support. She understands most of the letters she is sent and how the referral system works in the UK. Not only has her confidence grown in terms of booking appointments but also in terms of speaking out about services. We recently conducted some research with Healthwatch Rotherham around the barriers asylum seekers face in accessing healthcare particularly focusing on the impacts when interpreters are not used. EX participated and spoke out about her experience of healthcare providers not using interpreters and the impact this had on her. She would not have had the confidence to do this 2 years ago or trusted that what she said would remain impartial and not be used against her.

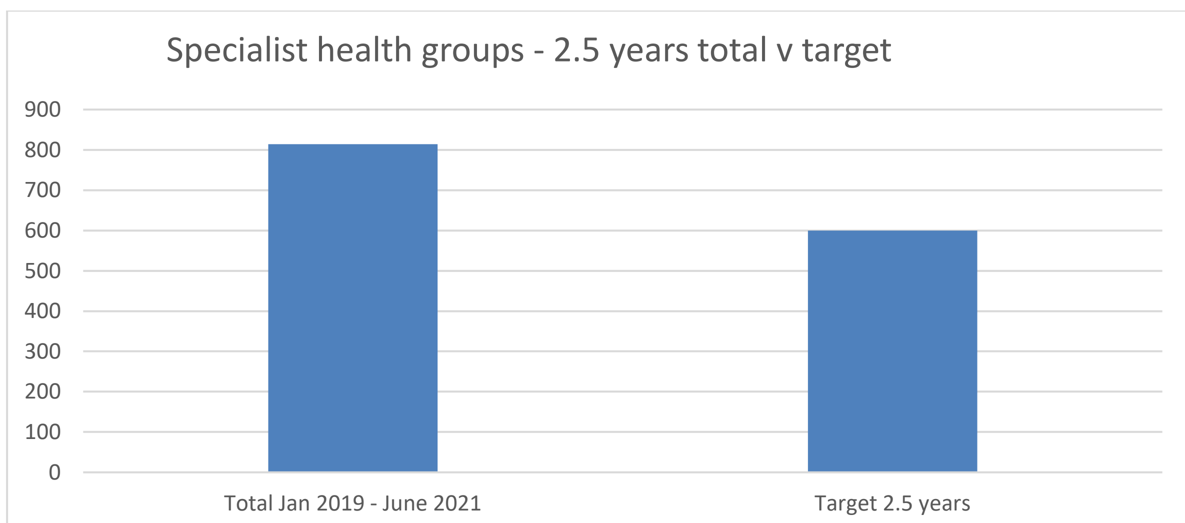
5.1.2.2 Weekly drop ins





The project target for clients attending weekly drop-in sessions was 720. This was exceeded with 857 clients benefiting from this service (up until June 2021). This was despite face-to-face drop-in sessions being cancelled due to the COVID-19 lockdown.

5.1.2.3 Weekly specialist health groups- art therapy, a health conversation group, healthy cooking, an allotment group and covid-19 vaccine workshops



The provision of specialist groups increased from 3 to 6 different types of groups including a COVID-19 vaccination workshop. The target for the project for clients attending these groups was 720. This has been exceeded up until June 2021 (total of 805 clients). This includes a total of 34 COVID-19 vaccine workshops. The cooking class was attended regularly by some clients who participated in the cooking. This group won the Marsh Charitable Trust award to publish some of the recipes.

Art therapy

I've been working with M on a weekly basis for 6 months, as a trainee art therapist with HARP. Our sessions have been via Zoom or phone, usually lasting for 1 hour. M had a professional role in her country of origin, but her qualifications are not recognised in the UK, so she is having to retrain. M is living with ongoing uncertainty relating to her status but takes each day as it comes. M let me know early on that she would like to work in the present rather than exploring her past. I have taken a strengths-based, person-centred approach while working with M, by encouraging her to make use of the time and space in any way that she wants. I hoped that by doing this, M could feel more comfortable to 'just be' in the session and not feel pressured to talk or think about anything that she didn't want to.

In the sessions where art was made, I would offer M a selection of themes to choose from, to help explore present thoughts and feelings. Sometimes art making was inspired by a breathing exercise that I would lead, to provide M with a temporary feeling of calm. M has not made art every session, sometimes we have instead discussed images that describe M's situation and feelings. The use of images in art therapy allows us to talk about difficult emotions and experiences from a safe distance, which can feel less threatening than words alone. M has described images to me in great detail that have deepened my understanding of her feelings and thoughts. M has brought inspirational quotes to the sessions, shared meaningful texts from the bible, demonstrated many healthy habits and coping mechanisms, and told me of experiences that she has learned from in some way.
When talking about difficult past experiences, M said that "you can take from it, or it can take from you." M believes she takes from her experiences and has learnt a lot from them.

I think M has benefited from the art therapy by feeling heard, validated, and reminded of her strengths. M said that when people are reminded of their strengths it can sustain them for some time after, and I agree. During a time of uncertainty due to the pandemic and M's circumstances, I think having something consistent may have helped to maintain some routine, and perhaps the consistency has also enabled M to feel comfortable sharing things with me. Perhaps M does not trust me completely and that is ok, but I have felt her becoming more open and trusting with what she shares with me, and I will always remember the powerful work we have done together. Art therapy has been useful for M, and I also feel enriched by sharing this experience with her.

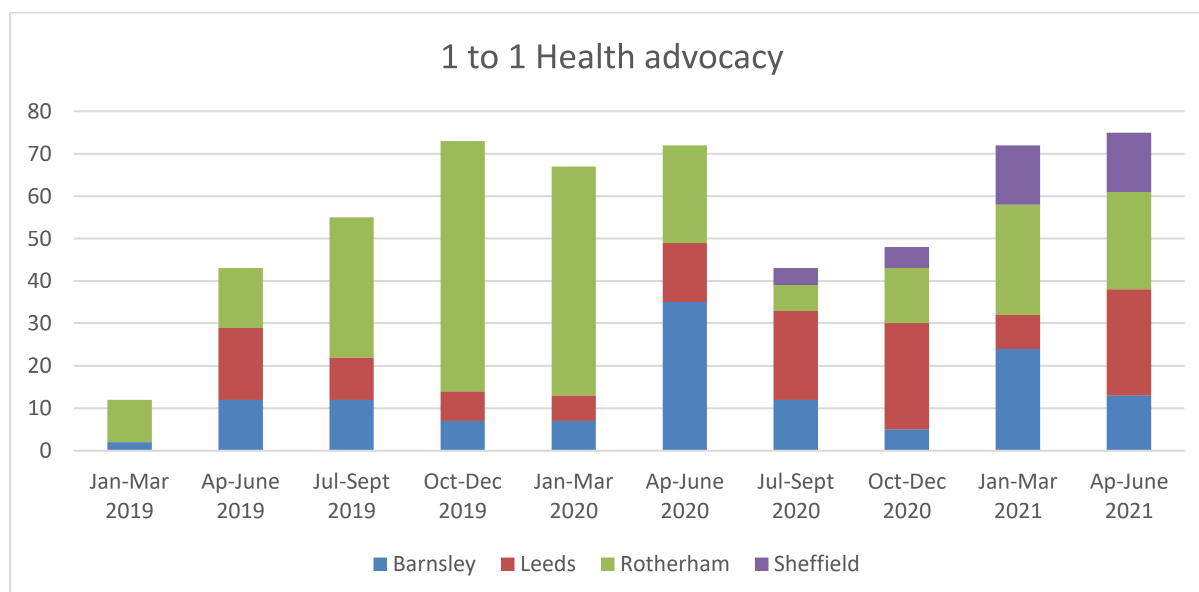
5.1.2.4 Covid-19 vaccination workshops

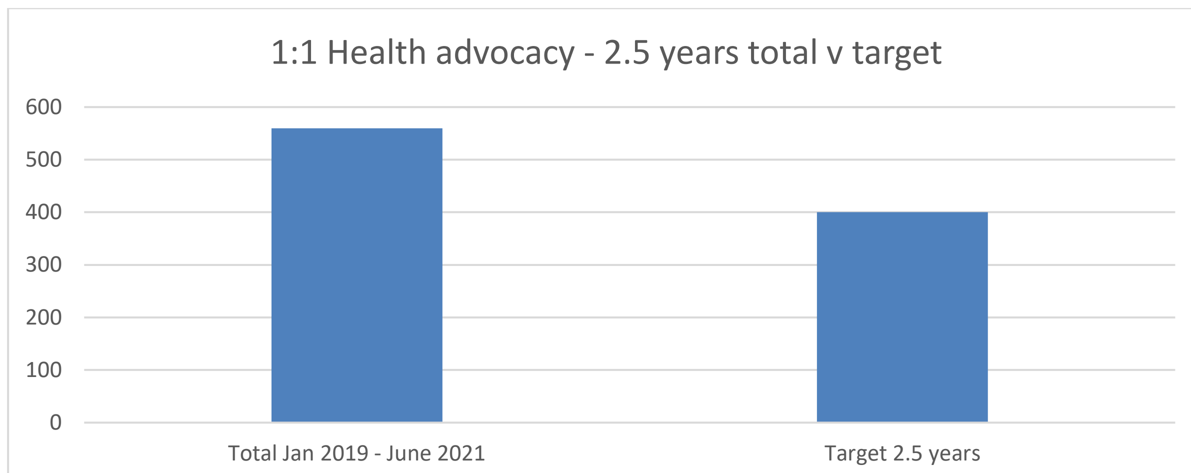
Up until June 2021, HARP has run 34 COVID-19 vaccination workshops face-to-face in Urban House and hotels and on-line in all other areas, working with Public Health England, trainee GPs, CCGs, the Local Councils, The Red Cross, Healthwatch and Mesmec. HARP volunteers who had previously had the vaccination translated for people with language barriers and could provide some cultural context to the discussions.

In the first workshop, Public Health England provided information about the vaccine and in small groups people discussed their concerns. However, feedback from one volunteer was that she felt more worried by the end of the workshop than she did at the beginning. Consequently, the format was changed, and people discussed “the good and bad things about the vaccine” in small groups, we had a plenary and shared facts. The workshops were timed to co-inside with the vaccines being offered. For example, in Sheffield, delivering the workshop prior to the vaccination clinic delivered in a hotel led to 80 men being vaccinated. In Wakefield, the workshops were delivered in partnership with Mesmac and there was a 75% uptake in Urban House and the Cedar Court hotel.

(See page 28 for the full evaluation of the vaccination workshops).

5.1.2.5 One to one health Advocacy





The total number of clients who benefited from one-to-one health advocacy was 608. This exceeded the target of 480 for the duration of the project.

Complex health needs

DF has multiple complex health issues that HARP has supported him with for the last two years. He is waiting for 2 operations for his wrist and bowel and recently had a hip replacement. DF cannot read and speaks no English. HARP advocates for him on a weekly basis in the following ways:

- *Ensuring he is taking his medication (he is often on over 4 types of medication.). He cannot remember what the dosages are for each medication*
- *Managing all of his appointments. Because of his multiple conditions, DF often has one health appointment a week. He cannot translate and read the letters he is sent. He Whatsapps all his letters to HARP and we translate them for him on the phone*
- *Booking transport for his health appointments due to DFs mobility issues*
- *Help booking all GP appointments*
- *Phoning A+E*
- *Advocating for DF in appointments to ensure he is referred to an appropriate specialist. For example, the GP refused to refer him to a wrist specialist saying it had been too long since the break to treat the issue. It was not until HARP spoke to the GP on his behalf that they referred him and he is now due to have wrist surgery.*
- *Access to mental health services; following speaking to his GP, he has been assessed for trauma therapy and now is on the waiting list for secondary care*

Maternity care

An El-Salvador young couple were expecting their 1st baby. Their English was very limited and they were extremely anxious about the delivery. Their anxiety was heightened due to NHS health services not providing interpreters at GP and hospital Settings. The couple contacted the HARP project and were allocated to an El-Salvador volunteer couple, the wife

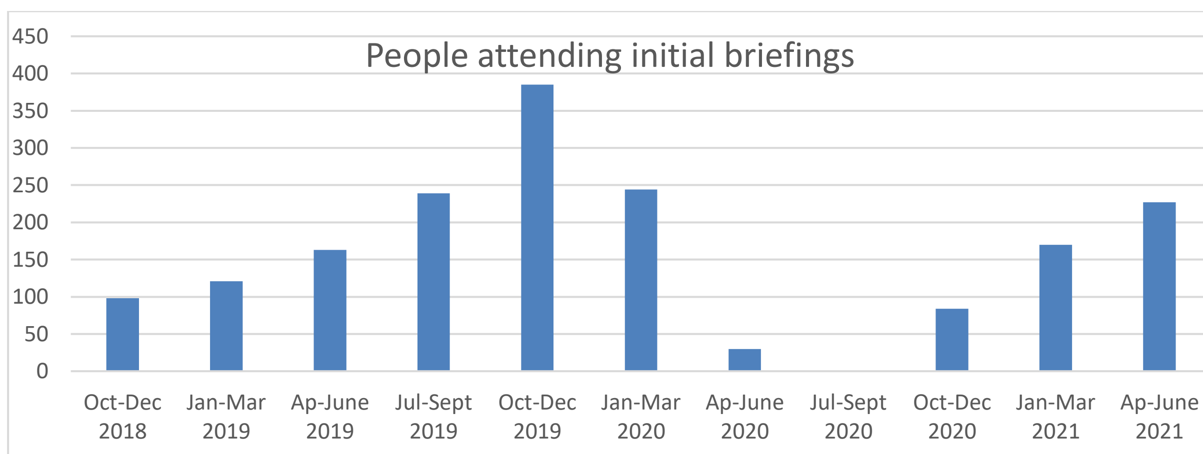
having worked in maternity care back home. Through this, the volunteers helped the couple by explaining to the clients what would happen in labour, once the baby was born, and how to take care of the baby. She also helped the client contact the midwife after the birth with several issues that the client was facing. The male volunteer spoke with the father about what to do when the time came to call the ambulance and what to say. The couple were also available to interpret via telephone, during labour.

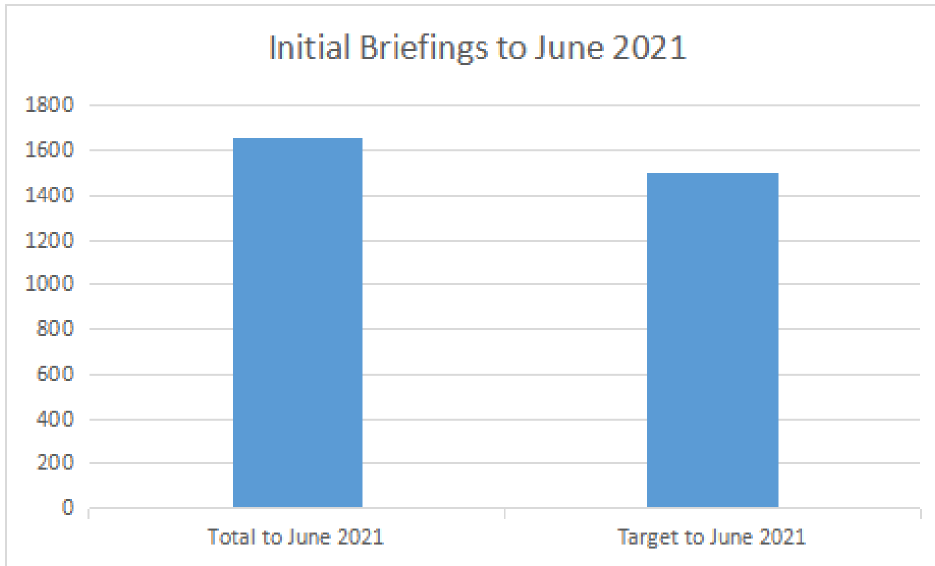
Complex needs

SA is a mother of 5 children who could not speak or understand any English until HARP got involved 2 years ago. SA needed lots of support due to her poor English, this included:

1) Communicating with her children's schools. Her middle son has special needs and learning difficulties. He had no help since they arrived in the UK 5 years ago. As a result, the son was registered with special educational needs in school to facilitate extra support
2) Making with appointments with her GP.
3) Her husband is disabled and needed support at home. She received help organising the downstairs toilet, hand bar on the stairs and in the bathroom.
5) She had an unplanned pregnancy and was referred to Leeds baby bank through which she received baby clothes and equipment
6) She had poor mental health. She was connected to the church in her area which provides support to the family.

5.1.2.6 Health briefings in the initial accommodation centre (Urban House) and hotels





The total number of people who received the initial briefings up until June 2021 was 1761. This exceeded the target for the duration of the project (1500 clients).

5.1.3 Volunteers

5.1.3.1 Volunteers training

Up to June 2021, a total of 90 volunteers were recruited.

The impact of volunteering

P started volunteering at the drop-in centre, advising people about health services. He has also made a presentation about the NHS to people attending a course at Rotherham college. He helps with the ESOL classes run by HARP, which improve people's confidence in their English. He has been encouraged to attend courses about mental health and human trafficking, which improved his understanding of how precarious some people's situation is. He feels he has developed his listening skills and would like to develop these skills further by studying psychology and counselling if he has the opportunity. He completed a level one interpreting course and is now attending a level two course.
P feels that listening to people's stories has made him stronger. Instead of sitting at home thinking about his case, he is keeping busy, giving something back to the community and learning useful skills. The skills he has learnt are transferable and will make him more employable in the future.

5.1.3.2 Awareness raising sessions- to public and professionals

Awareness raising training sessions for health professionals

	Oct-Dec 2018	Jan-Mar 2019	Ap-June 2019	Jul-Sept 2019	Oct-Dec 2019	Jan-Mar 2020	Ap-June 2020	Jul-Sept 2020	Oct-Dec 2020	Jan-Mar 2021	Ap-June 2021	Total
sessions	4	11	6	2	8	7	3	2	2	13	10	68
attendees	427	1423	475	84	239	350	506	200	95	440	323	4562

The target for number of awareness raising sessions delivered for the duration of the project was 48 with 900 participants. By June 2021, 64 sessions had been provided with 4562 participants, exceeding the target for participants reached by 22%.

Examples of audiences for awareness raising sessions

- Directors of Public Health

- Staff from Leeds Playhouse and Opera North

Feedback from Alice Gilmour | Community Partnerships & Access Manager | Opera North *'So thank you so much again for your amazing energy, expertise and your amazing support of the inspiring people you bring along. It's the combination of your no-nonsense facts, Mary's additional research on current events, and the immediacy of hearing from people themselves in the breakout rooms that makes it all absolutely life-changing.'*

- Yorkshire MPs and the public.
- Midwives in the Tees Valley
- Yorkshire and Humber health leaders involved in the vaccine rollout
- National network of overseas officers whose role is to administer charging for healthcare.

"I have never heard a client share their experience of being charged before. It really moved me".

- Belfast medical students.

'*It was really interesting to hear the first-hand experience of Tabita - this has really opened my eyes to the issues that asylum seekers face in the UK.'*

- Friends of Medicins San Frontieres society
- Leicester Global health students.

'*It was so amazing to have the refugee volunteers talk about their experiences and share their stories. Honestly, it was probably one of the most inspiring and emotionally moving talks I have ever been to. It was also great to be given advice on how to help!'*

- McKinsey consultants. Feedback includes

"It was possibly the best session I'd ever attended. Hearing the experiences straight from asylum seekers and refugees themselves hit home and made the work Refugee Council feel real - impacting real lives. I hadn't considered a lot of the hurdles refugees need to overcome to settle in the UK, an example being Dispersal, where after a few weeks asylum seekers could be moved to an entirely new part of the country. It became very clear to me that RC really thinks through each and every scenario asylum seekers could go through and offer support every step of the way" – Ziddia

- Leeds Perinatal Mental Health Alliance,

- Lancaster schoolgirls for International Women's Day,
- Yorkshire and Humber Migrant Health Forum
- Leeds Women's Therapy Services,
- Trainee GPs in Sheffield.

> *'Yes it was nicely put together with a good balance of info, hearing from patients, practical tips, signposting and time for reflection on the emotional impact for migrants'.*

- Leeds Arts together
- National City of Sanctuary health webinar
- Refugee Council advocacy network.

> *"I think the whole idea is just brilliant, giving people the opportunity to talk about their experiences (what happened to them matters) which we know can have such a powerful therapeutic and self-esteem impact on many. It's not for everyone and you have been very sensitive with acknowledging that and making people feel very comfortable both if they want to speak and if they are not quite ready. I like how this projects also help people to develop their skills and become more effective with public speaking and it is a great idea to give them immediate feedback, in a supportive manner to help them grow and encourage to continue with public speaking…and the people :) They were all just wonderful, all of them uniquely different".*

5.1.4 Selected additional activities emerging from HARP

Throughout 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:

- Two volunteers consulted with NHS England researchers on the Track and Trace app.
- HARP involved in a publication in British Journal of Midwifery 'Destitution in pregnancy; forced migrant women's lived experiences' https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2020.28.11.778
- Three volunteers attended the Yorkshire and Humber Health Stream Meeting which one volunteer chaired.
- Two volunteers consulted with midwifery researchers at the launch of the Yorkshire and Humber Northern Maternity Stream research network launch.

- A volunteer chaired the Celebratory Refugees Event with MPs and the public.
- Two volunteers were interviewed by the Institute for Public Policy on the impact of the hostile environment.
- Four HARP volunteers are volunteering at vaccination centres in Rotherham and one in Sheffield.
- Volunteers have joined Asylum Matters advocacy and campaigning team.

Feedback from a member of the advocacy team

"Thanks so much for having me on Monday, such an incredibly moving session. They were all absolutely astoundingly powerful speakers. I wish the whole country could have heard those stories then we'd be in a very different place right now!"

- NHS Yorkshire and the Humber offered volunteering (and paid) opportunities to 14 volunteers who are refugee health professionals. They are working to find opportunities for all the volunteers.

Feedback from a volunteer

"They contacted me last week, and it went well. They promised to come back to me in two weeks with a training program. I want to tell you it is so important to me, and I am appreciated you made my dreams come true. Thank you very much"

- Day trip to Settle for volunteers with People of the Dales

Feedback from a volunteer

'Thank you. You really give me lots of support and joy. I feel just as powered as a strong person fully charged with hope and peace, the trip means a lot to me and I am so grateful. Thank you'

- HARP joined the newly formed Yorkshire and Humber Migrant Health Forum consisting of commissioners and health service providers. HARP joined a subgroup to help Public Health England create a Stakeholder resource to support the health and wellbeing needs of individuals seeking asylum across Yorkshire and the Humber. A staff member contacted Doctors of the World who sent through evidence about why GP registration was recommended which was included in the resource.

- Interview on STAR radio about stories of change.
- HARP volunteer worked with University of Bradford recording Urdu voiceover for a digital animation
- Volunteers representing HARP on the NHS citizens advisory group.
- Volunteers took part in an NHS England consultation meeting about COVID-19.
- HARP involved in research about people's experience of health care in Rotherham.
- Volunteers met with Stuart Andrew MP to discuss lifting the ban on asylum seekers working.
- Volunteers involved in a photo exhibition about detention.
- HARP involved in ITV news about the impact of receiving an eviction letter on mental health during the pandemic. https://www.itv.com/news/calendar/2020-12-10/government-branded-irresponsible-as-asylum-seekers-left-not-knowing-when-they-may-be-evicted
- A Pamper Evening for women in Leeds using beauty donations from friends and shops.

6 Qualitative evaluation

As well as addressing the project aim and objectives, the HARP final evaluation aims to explore the impact of HARP workshops on vaccine uptake in asylum seekers and refugees, addressing the following research questions.

1. What is the impact of the HARP workshops on intention to uptake the COVID-19 vaccine in asylum seekers and refugees?
2. How has HARP facilitated volunteers and staff to address institutional and system level barriers (see 4.1) to asylum seekers and refugees take up the COVID-19 vaccine?

6.1 Methods

Between July and August 2021, audio recorded semi-structured telephone interviews were undertaken with clients, volunteers and staff (see 6.1.1 for demographics). These explored the impact of HARP on intention to take up the COVID-19 vaccine, the volunteers experience of facilitating the COVID-19 workshops and how staff have addressed institutional and system level barriers to increase vaccine uptake in 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 (9). 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 (10).

6.1.1 Demographics of participants

	Role	Gender	Age	Time in UK	Home country	Status
1_S	Staff					
2_S	Staff					
3_S	Staff					
1_V	Volunteer	F	40	12 years	Eritrea	Refugee
2_V	Volunteer	M	32	14 years	Egypt	Refugee
1_C/V	Client/volunteer	M	38	15 months	Yemen	Asylum Seeker
1_C	Client	F	40	2 years	Albania	Asylum Seeker
2_C/V	Client/volunteer	M	47	2 years	El Salvador	Refugee
3_C/V	Client/Volunteer	F	42	1 year 10 months	Iraq	Asylum Seeker
4_C/V	Client/Volunteer	F	36	3 years	Albania	Asylum Seeker

6.1.2 Interview schedule

Clients

1. Before the HARP workshop, what was your opinion of the COVID vaccine? Were you planning on having the vaccine? Why?
2. After the HARP workshop, what was your opinion of the COVID vaccine? Did it change your opinion on whether to have the vaccine? Why?
3. What do you remember most about the workshop? Which aspect (if any) affected your decision about the COVID vaccine?
4. Have you had your COVID vaccine? If not, why not?

Additional questions for volunteers

1. What has been your role in relation to the COVID vaccine? What training/ preparation did you have for this role? Did you feel well prepared?
2. Do you think you influenced people's decision about whether to have the COVID vaccine or not? How do you think you did this?
3. What do you think are the main reasons why people <u>decide not to</u> have the COVID vaccine or <u>decide to</u> have the COVID vaccine?
4. Can you think of any other ways we could support people who are asylum seekers and refugees to have the COVID vaccine?

Questions for staff.

Working as a member of staff for HARP, do you think you have had the opportunity to make changes which has helped clients have the COVID vaccine? In what ways? e.g., working with other organisations, instigating policy or practice changes, expanding current services

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 with further approval on 14/06/21

An information sheet was read over the phone and informed consent was acquired verbally from clients, volunteers and staff. Participants were advised they could withdraw from the

study 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 is not included in the reports and will not be added to any academic publications that would enable participants to be identified, without their permission.

6.2 Findings

One client was interviewed and six volunteers, four who had previously been clients. Three staff were also interviewed. Five main themes emerged from the data and are presented below.

6.2.1 Filling the knowledge gap

A. Impact of lack of knowledge

Many participants initial concerns about having the vaccine for COVID-19 related to their lack of knowledge about both COVID-19 itself and about the vaccine. Several participants explained how they had initially refused to have the vaccine due to this lack of knowledge.

> *I'm not sure about the vaccine because I got, I got, not enough information about it because you know, we only hear things about COVID but nothing about the vaccine.* (2_C/V)

Others described feelings of uncertainty which again related to a lack of knowledge.

> *We hadn't made our mind, we were confused, so we didn't know, undecided what to do.* (1_C)

Participants spoke about their difficulties in accessing reliable information, this was due either to a lack of information in their languages or their inability to access reliable information digitally due to lack of credit/data on their mobile phones.

> *A lot of people just didn't know that much about it because they haven't had the digital inclusion to really be up-to-date on the right stuff.* (1_S)

One participant described feeling '*very confused*' when they were faced with limited information and contradictory views and didn't have anyone to turn to for help in navigating this situation.

> *We didn't know any friends here, we are alone, that's to say only my family and we didn't know who to ask, what to do.* (1_C)

B. Providing appropriate, authoritative, and accessible knowledge

HARP's interventions acted to fill this knowledge gap by providing information from heath care professionals. This was provided in focused workshops tailored to the needs of their clients (face-to-face and online), in conversation classes and through the relationship's clients had with their volunteer befrienders and had a direct impact on clients' intention to be vaccinated. The sessions provided information that was accessible to the clients providing them with more knowledge about the vaccine.

> *I understand how much the vaccine will help me to prevent the COVID.* (2_C/V)

A health professional providing vaccine information was considered a figure of knowledge and authority. This was an important factor in the success of the workshops in facilitating uptake of the vaccine.

> *When we had some sessions from the HARP and there, we had discussion with GP, a doctor, and she explained everything to us that the vaccine was considered to be safe…and that's why after that we changed our mind and me and my husband, we are fully vaccinated.* (1_C)

> *There were fears they were bringing up and then speaking to the GP about and being reassured by her and talking it through, and so many of them said afterwards you know like, "thank you so much, I feel so much better," like, "I feel so reassured," it's just having that opportunity to speak to a health professional, a doctor, they don't get that.* (2_S)

The sessions were personalised and provided tailored information to address clients' specific needs which directly resulted in them taking the vaccine.

> *She explained everything to us, which were the benefits, which were some of its side-effects and so, and we thought that it, because we, my husband is a diabetic person, he suffers from diabetes. That's why he needed it most and after that, me, I went and had it. Both of the doses.* (1_C)

> *The doctor explained to me, she said, no, no problem, even if you have allergy the Penicillin, this is something different in the vaccine and I took the vaccine already.* (3_C/V)

HARP workshops complemented the broader NHS approach to vaccine role out by giving the clients additional information and confidence in their knowledge.

> *My husband received, first of all, an SMS on the phone and after that a letter and the GP, because the diabetic nurse called him and told him to have it, to come and have the vaccine. But she told him 2 weeks before or, I don't remember, 3 weeks before the date. During all this time he didn't know what to do. When we had this session the GP of the HARP session, after that he decided, and he went.* (1_C)

For one client the workshop provided information which empowered her to then enquire further with other health care professionals about her specific situation.

> ***Where did you learn about the vaccine from? Where did you get the information from?*** *Yeah, first of all, well, workshop with the HARP project, project HARP of course. After when I went to the midwife, midwife appointment I ask her like what is, if it's necessary or what should I do, can I have it now because I'm pregnant? And she gave me information, she gave me a leaflet but …. Full information like, it was a workshop we did.* (4_C/V)

Several participants spoke of the significance of the question-and-answer part of the workshops where clients could ask their questions and raise issues that concerned them. The session facilitators then directly addressed these concerns, again providing a personalised and authoritative approach which allayed concerns and led directly to people taking the vaccine.

> ***After the workshop, did your opinion of the vaccine change?*** *Yes, yes, yes of*

course because I can ask my questions and I got good answers. I'm learning more about the vaccine, about the effects, about the good things for me if I had the vaccine, and actually I had the two doses from AstraZeneca

Workshops provided a place where discussions could take place with strong opinions being aired and ideas being challenged. However as one participant reflected this was a positive situation supporting people to overcome their concerns and subsequently signing up for vaccination.

> *I mean that [there were] lots of arguments and discussion but it ended really well, it ended, I can say, 90% of them in my group they were signing up and I know in the other group it was the same.* (2_V)

One participant noted the crucial role played by providing time for clients to ask questions.

> *Because without their concern they will not attend and they will not ask their question and then they will not get the vaccine.* (3_C/V)

This ability to ask questions and discuss concerns was also evident in the conversations classes where discussions also took place, the significance of which is noted by a member of staff below.

> *So we had a total of like, you know, maybe three hours discussing why people were hesitant, what were the thoughts and feelings about it, you know, and then we came back and addressed those, you know, with a GP which made all the difference...I'd say at least 99% of those said their opinion had been changed and they all went out and they got their vaccine and got their second vaccine.* (3_S)

Discussion of concerns was also addressed by befrienders in their telephone interactions with their clients.

> *Once they've received the information, they all contacted their allocated clients and told them the information, asked if any fears they've got, you know, whether they were going to take it, if not why. And the people who were negative about it, again, a*

very high percentage of them changed their minds and went and got vaccinated. (3_S)

There was a sense of '*reassurance*' and trust engendered by the sessions and the time spent by staff and volunteers addressing concerns.

I mean, they will definitely, they will understand there is someone stand next to them, they will understand there is people to save them life. (1_V)

Participants spoke about feeling more *'secure',* more *'happy and comfortable to get the vaccine'* due to the sessions they had and as a result

Some of them directly say, oh wow, we change our mind, we're going to take the vaccine. (3_C/V)

6.2.2 Countering the impact of false information

The lack of access to reliable evidence-based information in their languages and the subsequent gap in knowledge faced by many asylum seeking and refugee people was commonly filled with widespread and powerful misinformation from a number of sources. For some it was word of mouth, ideas that spread around their communities

And the problem they don't speak and read English, so they rely only in the rumours being told. (2_V)

For many more this misinformation came primarily from social media, and this false information played a huge role in filling an information gap and perpetuating baseless rumours.

They don't know how to read English, but they listen what they say, people.
And they listen what it says, the YouTube, the Facebook, the different, even at this time the TikTok. (1_V)

The impact of this misinformation was to fuel fears about the vaccine. Concerns expressed by clients were varied and related to lack of trust of the government(s) or pharmaceutical

companies, concerns over side effects, infertility as well as beliefs the vaccine made you magnetic or traceable by the government.

> *We weren't very sure and a lot of maybe fake information was on the internet and some people said that if you have the vaccine maybe you'll die or maybe you'll have a blood clot or your genes will be changed, something like this, gene therapy*. (1_C)

HARP interventions acted directly to address this misinformation and to provide alternative evidence-based knowledge. This was done through the activities within the workshops

> *I think as I said like having the opportunity to speak to a health professional about it and just talk about what it was that they were concerned about and you know, the GPs were so fantastic, they really went into depth with them you know, like, 'why do you think that'? 'Where did you hear that news from'? Like, 'this is the science behind it, this is what we know', …. so like she really went into, like explored that fear with them and, 'why do you think this'? And unpicked it.* (2_S)

This misinformation was also addressed directing clients to more trustworthy sources of information.

> *We spent a lot of time, you know, talking to them about…like please use official sources, trusted sources…that are reliable…and that were part of one of the…some of the sessions then telling them do not trust, you know, [what] people [say] because you don't know where these things have [come from] ..We tell them to use the NHS or this other great one that the GP told them about.* (3_S)

However, some misinformation came at a more institutional level and HARP successfully challenged this and sought to redress at that level, through their role within wider local and national fora.

> *One thing that came to our attention through that committee was a horrendous letter from the Home Office and in this letter it basically talks about, bit of health about the vaccine and how you can get it, [what] might keep you safe, but then the Home Office have put, basically I can't remember the exact wording but it's something like, you know "if you don't take the vaccine this will not help your case and you could be deported", something really bad like that…I mean shocking. And that's my*

> *paraphrasing but it was very, threatening, you know, real Home Office language which isn't health language. Now the people who normally, who attend this health group are nearly all health providers, they don't know what the Home Office is like, they were really shocked by this, you know, and we complained about it as a forum really and I took it to our advocacy team in the Refugee Council as well and they complained to the Home Office at a higher level, as did the health people, and we got the letter withdrawn and another one has recently just come out and it's got nothing connected with the Home Office at all.* (1_S)

6.2.3 The influence of peers

Participants noted that language was a major barrier to the dissemination of information and the uptake of the vaccine amongst AS& R groups. HARP addressed this by using their volunteers to interpret information for clients whose English was limited, noting that in some settings no interpretation was offered, for example in some initial accommodation.

> *You know, because for example you know when we were going into the hotel, it were Refugee Council volunteers that were there to do the interpreting…which were great, it's great for us as a project…to be doing that kind of work but in reality…they should be, they should have been doing that anyway. That should have been done anyway. That's because if we hadn't have done that wouldn't have been done.* (3_S)

> *I believe it's hearing it in their own language from someone who looks like them, speaks like them…. I could say it, you know, until I'm blue in the face but then you get one of the Sudanese volunteers to go up and say, you know, what's the problem, I've got mine and say it to them in their own language. I think it's priceless.* (3_S)

Information was also translated for dissemination outside the workshops to support the spread of more reliable information.

> *it's all been interpreted into different languages and then I've got like a WhatsApp client group. So any bit of information from the clinics till, you know, to general information, it all gets put on there.* (3_S)

However, beyond the information being translated into a range of languages, it was the shared linguistic, cultural and religious heritage of volunteers that had the most powerful impact on the client group.

> *, so even if I'm different [to]) the other, from different country but we are Arab after all. So hearing from me it's more easier for them to hear [than] from a British one …. I got lots of questions about the culture itself, like religious and even some of them was believing in it had pork or gelatine, pork gelatine, so I don't think this question will be really concerning if they just talk to [member of staff], they might think differently.* (2_V)

We provided volunteers who spoke different languages and who could translate and many even early on had the vaccine and understood the culture and were trusted by their peers, so when we went into small groups people really shared what they felt, whereas, you know, the difference between someone saying it who is from their culture than me saying it was, you know, you got so much more out of it. (1_S)

In addition to a shared cultural heritage, shared experiences of migration meant that peers were seen as a trusted source of information as they had a shared understanding of clients' life experiences.

> *They will not discuss it with a white person, they are really worried about their claim and, you know, some of them think if I argue about the vaccine, they will not accept my claim… so if they hear the answer from one like me it will be usually different very, because I am one of them, you know. Like I went through what you went through and I know what I'm talking about.* (2_V)

Another crucial part of HARPs workshops was the role played by peer volunteers sharing their stories, their feelings about and experiences of having the vaccine. This sharing engendered a feeling of trust and had a direct and positive impact on vaccine uptake amongst participants.

> *They say no, we will not have it. I'm so scared, I'm so afraid, then after, but I was the first person I had it. I was the first person and they wow, they say wow, she's pregnant, she's having a COVID [vaccination].* (4_C/V)

I say to them, "I took the vaccine myself. Did you see anything on me? I know you don't know me before, but I am like I am. I don't have blood clot, I don't have anything". (1_V)

6.2.4 Practical support to facilitate access to vaccines

HARP provided a range of approaches to facilitate access to the vaccine for clients by providing practical solutions to help them overcome some of the barriers they commonly faced. Some clients who spoke English were able to book an appointment for themselves, however those with less English found this challenging.

Because for some people to not know English, either they cannot book, they need the help of the others. But if you know the language you follow the instructions that are given and it's okay. (1_C)

For these individuals, HARP staff and volunteers provided support for booking appointments.

I think their problem was with the language itself, because like for example, I am living in a sharing accommodation and they have one housemate, she's not speaking in English and I booked for her the appointment to take the vaccine. (3_C/V)

HARP staff and volunteers were also able to support with attendance and interpretation at appointments if this was needed.

If they were interested they would, they could either just turn up, you know, and they'd get registered there and then. If they needed any information or they needed any assistance in getting to the appointment, translation while they were at the appointment then that's where the Community Champions or the health befrienders, they would help them with that and arrange to meet them. (3_S)

HARP working with Healthwatch secured funding for phone data for clients who were unable to access online Zoom sessions due to their lack of data

> *It enabled them to attend, so for that one we had 60 participants, divided them into different language groups, so we had I'd say about 10, around 10 on each sessions and yes, ran 6 sessions in different language groups and yes, they were really really beneficial, like we had to cut them all short because people were all asking so many questions at the end and we then took questions, I took questions from people after the session, and typed them up and sent them to the doctor, because people were just so engaged.* (2_S)

6.2.5 Going beyond the workshops

Clients who were living in initial accommodation experienced more practical barriers to accessing the vaccines than other clients. To overcome this, as well as running workshops in the hotels, HARP successfully liaised with local authorities to have vaccination clinics run in the hotels in the weeks following the workshops in order to maximise the impact of their work.

> *I was then on a webinar about best practice and, you know, how do we collaborate in the rollout and this is what we said would work…take it to them rather than the other way round, do you see what I mean, so you got the people who were in the accommodation and we got the vaccine going to them and what we would do is we would arrange to run the workshops maybe a week say prior to them coming in to give the vaccines.* (1_S)

> *There's over 100 men housed, asylum seekers housed there … so me and the doctor went with an interpreter and we ran 4 workshops, and for that one we got about 15 men per sessions so yes, again like I think we got just under 60 people and yes again very engaged, asking lots of questions, and the impact, we got kind of a direct impact from that one because all the men were vaccinated at the hotel so it was very easy to follow-up who was and who was not vaccinated … because we planned it so that … when they did the vaccine we did the sessions the week before [the vaccine was offered], so it was already fresh in their memory, and he said that over 80% of the men were vaccinated which he said was, he thinks was a real direct*

result of the sessions that we did, he was very happy, so that's a massive impact. (2_S)

Other partnership work and work done building relationships with other local agencies acted to also increase access to and uptake of the vaccine amongst a wider group of clients.

She contacted me to say she'd got a pot of money and she wanted to work around the vaccine. She asked what work we'd done initially, so I told her everything we'd done with like, you know, we'd kind of laid the foundation so to speak so she was really grateful…I gave her the names of my volunteers who'd already got the information, speaking different languages who and went on to work within, you know, within her organisation will then spread the word again and attended another vaccination session in Barnsley. (3_S)

6.3 Discussion

The routinely collected data demonstrates that HARP has exceeded its targets in all areas despite COVID-19, using a combination of approaches including face-to-face sessions (when possible) Zoom sessions and telephone contacts. From the findings, it is clear that HARP has facilitated health care services access for asylum seekers and refugees and improved their experiences of care and their wellbeing by supporting individuals to overcome the barriers they faced and challenging higher level institutional and systemic barriers locally and nationally (see page 6 for more information about barriers to health care).

Providing clients with information about the healthcare system as part of classes, both face-to-face and online, and the weekly drops-ins, helped clients overcome the individual barriers they faced in accessing care due to lack of knowledge of the healthcare system. This barrier was further addressed by befrienders and one to one advocacy which helped people through providing advice and support, to navigate the health care system. This allowed them to register with GPs, make appointments and follow up challenging issues. Work in initial accommodation centres also contributed to reducing the barriers caused by lack of familiarity with UK health care for newly arrived clients. English language classes supported individuals to improve their language skills and so reduced the language barriers they commonly came up against. The work of volunteers acting as interpreters and the ongoing

assertion of the need for interpretation is an example of the role HARP played in overcoming institutional and systemic level barriers related to the lack of effective interpretation within healthcare.

The ongoing awareness raising work with a range of groups including healthcare professionals and other local and national bodies meant that HARP was able to seek to address a range of institutional barriers. These included professionals lack of knowledge of the needs and entitlements of asylum seeking and refugee people within healthcare, the lack of interpretation services and the complexity of administration systems that provide further barriers to effective healthcare for people seeking asylum and refugees. This awareness raising along with research work and engaging with a number of local and national fora also meant that HARP effectively challenged systemic barriers commonly faced by those seeking asylum and refugees. They highlighted the inappropriate nature of some services and how they are offered, the lack of trained professionals and the issue of policies which act to restrict access to healthcare. This included providing educating trainee GP's, discussing the challenges faced by clients going to vaccination centres with local providers and encouraging vaccines to be brought to clients. In addition, HARP challenged a letter from the Home Office which suggested there was a link between the Home Office and health services and seemed to erroneously link vaccine uptake to the progress of clients' claims.

Some of the additional activities HARP has undertaken in the last year have been to overcome an issue they identified among their client population around low uptake of/hesitancy to the COVID-19 vaccine. From interviews with clients, volunteers, and staff it became clear that HARP has had a significant impact on the uptake of COVID-19 vaccinations amongst the asylum seeker/ refugee population by addressing barriers faced on an individual level and that is has facilitated volunteers and staff to address institutional and system level barriers to asylum seekers and refugees taking up the COVID-19 vaccine.

Data demonstrates that individual language and cultural barriers have been addressed by volunteers providing information on the vaccine in the client's preferred language. HARP have provided support to access unfamiliar health systems through health education. They have also overcome practical barriers such as financial limitations through the provision of phone data to access their sessions. Staff and volunteers have worked to address institutional and systemic barriers that inhibit access to vaccine uptake in a number of ways. They have worked with other agencies and in a number of local and national fora to ensure

that services provided were appropriate for the specific needs of people seeking asylum and refugees by sharing their knowledge and good practice. They have worked with health care professionals providing them with more information and awareness about the needs of asylum seeking and refugee people and the most effective ways to support them within the pandemic and more generally. They have worked collaboratively with a range of national and local agencies ensuring a more joined up and less fragmented approach to the vaccine roll out amongst their client group.

6.4 Recommendations

- Continue to fund the HARP project and ensure that this funding is on a more sustainable basis through funding being secured from NHS England or the local authority. This would mean funding would be on a longer term and more secure basis rather than through ad hoc and short-term basis.
- A crucial and ground-breaking aspect of HARPs work and of huge significance is the work of peer volunteers. This needs to be shared and further built upon as a model of good practise.
- HARP needs to continue to develop relationships with initial accommodation centres.
- Effective systems need to be developed by HARP for collecting data on the impact of HARP on the health outcomes of clients.
- A benefit of HARP has been the ability for staff and volunteers to participate in national level fora which influence the healthcare provision for people who are seeking asylum or refugees. We recommend this continues to ensure continued presence at this level enables contributions to local and national policy.
- Continue with volunteer training and support and develop links with education providers and employers to facilitate volunteers moving into education and paid work.
- Establish secure funding to overcome digital exclusion by approaching a phone company or corporation who may be interested in providing digital data to clients in a more cost effective and sustainable way.
- Share the learning from the COVID-19 vaccine hesitancy work as a good practice model that could be used in a range of other public health/health prevention settings e.g., other vaccinations and breast and cervical screening.

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