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

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## Aims

This evaluation by the University of Bradford (in partnership with UCLan and a HARP volunteer) was commissioned by the Refugee Council and funded by the Big Lottery. In addition to considering the project’s aims and objectives, the evaluation also looked at the impact of HARP on uptake of the COVID-19 vaccine among refugees and asylum seekers.

## Methodology

The authors analysed project data such as feedback surveys, event attendance registers, and uptake of training and online resources.

Ten semi-structured telephone interviews with service users, staff and volunteers took place in the summer of 2021. These aimed to explore the impact of HARP in relation to the COVID-19 vaccine. Three members of staff were interviewed, one client, two volunteers, and four volunteers who had previously been clients. Demographic information was given for the clients and volunteers – there were four women, three men, aged between 32 and 47, all with different countries of origin. Three were refugees and four were asylum seekers.

HARP clients were living in the following areas: Barnsley, Leeds, Rotherham, Sheffield and Wakefield.

## Key issues

The HARP (Health for Asylum Seekers and Refugees) project was delivered by the Refugee Council and ran from 2018-2021.

The following activities and outputs were reported as of June 2021, three months before the end of the project:

- Overall 4,544 refugees or asylum seekers were reached through HARP interventions.
- 1,262 clients accessed English for health classes, exceeding the project target of 960.
- 857 people attended weekly drop-in sessions, exceeding the original target of 720, and despite sessions moving online during the pandemic.
- 805 people attended weekly specialist health groups (again the target was 720) – on offer were art therapy, a health

conversation group, a cookery class, an allotment group and COVID-19 vaccine workshops.
- 608 people were reached via the telephone befriending service, providing one to one health advocacy.
- 1,663 clients received initial health briefings (at Urban House initial accommodation centre, and seven hotels).
- 4,562 people (including health professionals) attended awareness raising sessions, with the suggestion that this impacted their understanding of barriers to health service access. 68 sessions were run. The original project targets were 48 sessions attended by 900 people.
- More than 90 HARP volunteers had been trained.

The COVID-19 pandemic began during the project. HARP ran 34 COVID-19 vaccination workshops. These were delivered in person at Urban House and in hotels, and online for those not in these settings. The authors considered individual, institutional and system barriers to accessing the COVID-19 vaccine, and the impact of the HARP workshops on these, with several key issues identified from the analysis:

- HARP filled a knowledge gap about the COVID-19 virus and vaccine by providing accessible, personalised and authoritative information from health professionals. Participants explained how this helped encourage them to have the vaccine. HARP also acted to counter misinformation through workshop activities.

- As language was identified as a barrier to information sharing and vaccine uptake, HARP volunteers interpreted for clients, and translated information was provided outside the workshops. Volunteers' shared understanding of clients' life experiences was seen as helping them to be seen as a trusted information source. Peer volunteers sharing their own vaccine experiences also contributed to this sense of trust.
- HARP provided a range of practical solutions to facilitate access to the vaccine. For instance, staff and volunteers provided support for booking appointments for non-English speakers, and provided support to attend appointments and interpretation. HARP worked with local authorities to arrange vaccination clinics in hotels in the weeks after the workshops – this approach along with other partnership work was thought to have increased vaccine uptake.

## Conclusion

The authors concluded that HARP addressed the different types of barriers to healthcare access, including to the COVID-19 vaccine, that asylum seekers and refugees can face:

- Individual barriers were addressed by the provision of accessible information, advice and support such as through the workshops, weekly drop-ins, advocacy, interpretation and English language classes, and provision of phone data to enable attendance at Zoom workshops.

- HARP effectively challenged institutional and systemic barriers through awareness raising, and engagement with local and national fora.

The evaluation concludes that by addressing these barriers HARP has ‘facilitated health care services access for asylum seekers and refugees and improved their experiences of care and their wellbeing’ (p.39) and has also ‘had a significant impact on the uptake of COVID-19 vaccinations amongst the asylum seeker/ refugee population’ (p.41).

## Recommendations

The authors made the following recommendations:

- The HARP project should continue to be funded, but on a sustainable long-term basis.
- HARP’s peer volunteer work should be shared and developed as a model of good practice.
- There should be continuing development of the relationship between HARP and initial accommodation centres.
- HARP should develop effective data collection systems in relation to impact on health outcomes.
- Staff and volunteer participation in national fora with an influence on healthcare provision should continue.
- Training and support for volunteers should continue. In order to facilitate volunteers moving into education and paid work, links should be developed with education providers and employers.

- A phone company or corporation should be approached, to explore ways to overcome digital exclusion.
- The learning from the COVID-19 vaccine hesitancy work should be shared as a model of good practice that could be applied in other contexts.

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Health needs
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Leeds
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Report

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