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# Engaging with refugees and asylum seekers online

A how-to guide by Healthwatch Rotherham

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# Introduction

During the COVID-19 pandemic everyone experienced changes in how health and social care services communicate with residents, patients, service users and each other.

Engagement with seldom heard groups became very difficult when we were suddenly unable to go out into communities and meet these groups face-to-face in their own environment and hear their stories.

We quickly all became familiar with ways that we can still carry out our engagement work online using platforms such as Zoom, Teams, Facebook Live and Meet. However, for some groups within our communities we need to take closer planning and consideration to make sure we meet their needs.

This guide from Healthwatch Rotherham explains the approach they used to engage with refugees and asylum seekers online.

# Why work with refugees and asylum seekers

This group of residents are often under represented and hard to reach, with language barriers and unfamiliar surroundings preventing them from engaging easily with services.

Overcoming these challenges and breaking down these barriers is essential to improving their health and wellbeing and helping them integrate into UK society.

It can be very difficult to build up trust within this group of vulnerable people, many are coming from situations where they had all control taken away from them. There can often be problems with mental health issues such as PTSD, anxiety and depression. These issues coupled with cultural, linguistic and institutional differences can create significant barriers.

By health and social care services working together, we can enable the refugees and asylum seekers to build up their knowledge and confidence whilst empowering them to live a more stable and fulfilling life.

When working with refugees and asylum seekers, we need to consider:

* Do they have access to IT equipment (PC, laptop, smartphone) and the internet?
* Are there any communication needs that need to be met? Is an interpreter needed?

# Our approach to Equality, Diversity and Inclusion

The Social Care Institute for Excellence (SCIE) [highlight six principles to drive good practice in health and social care](https://www.scie.org.uk/publications/guides/guide37-good-practice-in-social-care-with-refugees-and-asylum-seekers/pointers/principles.asp) for asylum seekers and refugees.

1. **See asylum seekers and refugees should be seen as individuals first and foremost.**
Asylum seekers and refugees should have the same rights as UK nationals to be listened to and to have their needs identified and appropriately responded to, with understanding both of their current situation and of their future aspirations. This will require an approach that is flexible, solution-focused and innovative in order to meet the complexity and diversity of needs.
2. **Respect cultural identity and individual experiences**
Asylum seekers and refugees are not a homogenous group; they come from a wide range of countries, in different circumstances, and have diverse abilities and skills.
3. **Promote equality**
Asylum seekers and refugees should be treated positively and not discriminated against. They should receive the same treatment as British citizens or residents who already have indefinite leave to remain. It is vital that refugees and asylum seekers have access to an interpreter to ensure that they understand the contents of the session and can ask questions in their own language.
4. **Be timely, clear and transparent with decision making, involving people as fully as possible**
Any processes created should be transparent with a demonstrable commitment to involving asylum seekers and refugees and their advocates in the process.
5. **Promote social inclusion and independence**Work should promote inclusion and support the autonomy of asylum seekers and refugees within the UK or through the process of returning home.
6. **Use a holistic approach**Promoting the rights of asylum seekers and refugees is highly unlikely to be achieved by one organisation alone. The complexity of individual circumstances and histories demands robust and well-developed partnership working.

# Case Study: Healthwatch Rotherham

## Background

We currently have around 400-450 refugees and asylum seekers in Rotherham either in interim hotel accommodation or who have been dispersed into the local community. Quite early in the pandemic we were approached by the Refugee Council who are running a Health Access for Refugees Programme (HARP) they were asking for help with a number of problems that they were coming across when trying to register clients with a GP and getting GP appointments with an interpreter.

We arranged with HARP to set up some focus groups using HARP volunteers as interpreters to hear first-hand some of the difficulties that refugees and asylum seekers were facing in both Primary and Secondary Care.

In these focus groups, we heard about the difficulties faced by one individual who had to attend a pre-op COVID-19 test prior to an operation.

The system is run as a “drive through” a fair way from the town centre. This meant that they had to book and pay for a taxi to enable them to take the test. This took a huge chunk of their weekly allowance which they receive from the Home Office (currently £39.63).

We spoke to our NHS Trust and have now agreed that each case is looked at individually and if there is a healthcare professional out in the community where the refugee/asylum seeker is based they will do the test.

We also informed participants of the focus groups that for hospital appointments they were able to claim some of the travels costs back via The Healthcare Travel Cost Scheme and what they needed to do to receive this help.

People also told us that they found it difficult to communicate with GP surgeries when trying to register as a new patient.

We spoke with the local Clinical Commissioning Group and the main GP surgeries involved to try and make the process more user friendly for people who do not have English as their first language. We also provided them with information cards that explain the rights to register and receive treatment from a GP practice.

  

Through these focus groups, we were able to build up trust with participants and by going back to them with some answers to the problems they had brought forward increased their confidence in Healthwatch.

They now knew that we had listened to their concerns and we went away and talked to services to try and find solutions. These “quick wins” really helped in the early days in building and maintaining the relationships.

## Engaging with asylum seekers and refugees about the COVID-19 vaccine

As the pandemic unfolded over 2020 and into 2021, we found that there was a hesitancy in this community towards the getting the COVID-19 vaccine and that there was very little local information available in their languages.

Building on our previous work and working with the British Red Cross we were able to put together some myth busting sessions on the COVID-19 vaccines aimed specifically at asylum seekers and refugees. We wanted to provide a platform where this vulnerable group were given information about the vaccine in a format they could easily understand and to be able to ask questions and receive an answer in their own language.

It was important that the information that was given out was from a trusted source and the refugees and asylum seekers felt comfortable asking questions.

Working with HARP and the British Red Cross we put together a presentation about the COVID-19 vaccine, how it would be tested and how they could receive the vaccine.

We enlisted the help of volunteer interpreters through HARP. These volunteers have been through a rigorous training programme with the Refugee Council and are well known to the asylum seekers and refugees in Rotherham. We felt this was important as the volunteers were already known, and the group would be more likely to engage with interpreters they knew and trusted.

HARP enlisted two trainee doctors to come along to the sessions and answer any clinical questions.

We held seven two-hour sessions in seven different languages to reach people from different backgrounds. In total 60 people attended.

One of our volunteers attended all seven sessions and gave overview of his experience of booking his appointment, attending the vaccine hub and receiving his first dose. This insight was invaluable and really helped prepare participants on what to expect when getting their vaccine.

By increasing their trust in us as a reliable source of information, we hoped that the information they gained from the sessions would be cascaded through their families.

# The difference we made

* **Increased confidence in the COVID-19 vaccine**
	+ Positive opinions of the vaccine increased from 30% to 91.7% of participants by the end of our sessions.
	+ This increased confidence will lead to more refugees and asylum seekers becoming vaccinated as they share their views with others in their communities.
* **Increased confidence and knowledge of Healthwatch**
	+ The sessions have increased the confidence of this community with Healthwatch as we are now seen as being trusted to deliver information in a format they can understand and give them an opportunity to ask a health professional.
* **Improved partnership working**
	+ This approach has strengthened our relationship with other organisations such as Refugee Council and British Red Cross and will help us to work together in the future.
* **Useful insight to share at different levels**
	+ The information we created to run these sessions and the knowledge we gained from them has been used in other forums to further highlight the value of Healthwatch.
	+ We adapted our presentation for one of our monthly online engagement sessions where we had representatives from the local authority and NHS Trusts who shared the information with their colleagues.
	+ Through the Yorkshire & Humber Migration Health Group, we answered a NICE call for evidence on learning that could increase the uptake of routine vaccines, and we supplied the information from our sessions. From this we were also invited to attend a Doctors of the World Vaccine Resource workshop where we were able to talk about the sessions and the results we had.

# Step-by-step guide

**Work with partners**

Find out local organisations in your area who are working with refugee and asylum seekers. Contact your Local Authority, Housing Officers and Third Sector Organisations get in touch with national organisations like Refugee Council and British Red Cross to see if they have any projects running in your area that you may be able to tap into.

#

**Design and planning**

It is important that all partners have input into the design of the session. Allow time for introductions from the presenters, design a short online presentation using lots of visuals, time the presentation leaving time for Q&A and evaluation. Chose which platform you will use to deliver the session which is accessible for all attendees. Find out what are the main languages you will need to concentrate on, we worked on delivering each session in two languages. Ensure that you have health professionals and interpreters on board. We chose to run each session for 2 hours. Chose days and times carefully to get maximum participation.

#

**Delivery**

Make sure that everyone is aware of their roles and the technology is set up for screen sharing, breakout rooms and that sound is enabled for video playback. Keep introductions brief and only introducing key people. Make sure that everyone has a chance to ask questions and that they are happy with the answer given. Advise people if the session is running over and ask if they are happy to continue. Make sure you give out contact details at the end of the session should anyone have any questions which they think of later.

#

**Evaluation and feedback**

It is important to collect feedback and to have a quick debrief after each session so you can iron out any problems and change for the next session if needed.

By asking attendees to complete an evaluation form you can see how effective the session has been with the number of people who are now more positive about the situation.

# Top tips

These top tips can be applied for any topic when engaging with asylum seekers and refugees.

**Identify and work with the right partners**

* Get in touch with the Refugee Council, British Red Cross and your Local Authority who can help you to contact refugees and asylum seekers in your area.
* If possible, make sure that you have a health professional on the sessions, HARP have access to some junior doctors who are also volunteers and speak different languages, so this was a major boost for our sessions.

**Allow enough time to build trust with communities**

* Invest in the time in planning and building trust with communities ahead of your sessions. Using focus groups that allow you to go and find the answers to some of their health and social care questions and return with answers help build trust and provide you with some ‘quick wins’.
* Make sure you follow up afterwards to ask for feedback that you can use for future sessions and let participants feel heard.
* Answer any questions that you might not have had time to answer during the session so people can see the value that you add and see Healthwatch as a useful and trusted source of information.

**Make your sessions accessible and inclusive**

* Go through the contents of the session to inform the audience what is expected in the session, so they are aware and do not leave before the evaluation.
* Ensure you have an interpreter so participants can fully understand the session and get the most out of it.
* Go through the contents of the session to inform the audience what is expected in the session, so they are aware and do not leave before the evaluation.
* Interact with the attendees at regular intervals to make sure they are understanding the presentation.
* Allow extra time for questions and answers.
* Keep presentations simple and use visuals where possible.
* Consider different cultures and religious activities when planning dates (Ramadan, Eid).

**Plan well, so you know what you are hoping to achieve.**

* Use a Theory of Change so you know what you would like to achieve and the steps you need to get there. This gives you a solid foundation to work from and to keep track of your progress the whole way through.

**Plan and practice the technical elements of your sessions**

* Do a trial run with attendees to make sure they know how to log onto the session.
* Make sure the technology is set up properly for sharing presentations, sound etc.
* Share responsibilities, have someone keeping time, someone allowing people to enter the session, someone in charge of sharing the screen.
* Allow enough time for the sessions, it takes twice as long when interpreting into another language.
* Set ground rules at the beginning of each session – mic on mute unless speaking etc.

**Involve volunteers**

* Try and get a volunteer who has a lived experience and can bring to life their story.

# Costs and resources

|  |  |  |
| --- | --- | --- |
| Activity/Resource | Staff hours | £ |
| **Initial meeting with partners to discuss the project** | **1** |  |
| **Designing the sessions** | **5** |  |
| **Annual licence fee to Zoom (Video conferencing)** |  | **120** |
| **Mobile top-up vouchers, we provided each attendee with a top up voucher of £10 to ensure they had access to the session.** |  | **600** |
| **Delivering the sessions, we held seven 2-hour sessions each with****2 members of staff present** | **28** |  |
| **Report writing and evaluations** | **5** |  |
| **TOTAL** | **35 hours** | **£720** |

# Acknowledgements

Healthwatch Rotherham would like to pass on their thanks to:

* Amita Brown – Project Coordinator, Health Access for Refugees Project, Refugee Council
* Irene Fuster-Hens – Project Coordinator, Establishing Oneself Project, British Red Cross

# Contact

For more information about this model of engagement, please get in touch by emailing info@healthwatchrotherham.org.uk

# Appendix

## Evaluation

We ran seven two-hour sessions over the course of three weeks. The sessions were delivered in seven different languages.

* Arabic
* Kurdish
* Albanian
* Spanish
* Farsi
* Tigrinya
* Oromo

We had a total attendance of 60 people across the sessions and here are the results from the evaluation.

**How helpful did you find today's session on COVID-19 vaccines?**

* Very helpful 90%
* Slightly helpful 8.3%
* Neither helpful or unhelpful 1.7%
* Unhelpful  0%

**What was your opinion on the COVID-19 vaccine before this session?**

* Positive 30%
* Negative 30%
* Neutral 40%

**What is your opinion on the COVID-19 vaccine after this session?**

* Positive 91.7%
* Negative 1.7%
* Neutral 5%
* A bit better but not 100% 1.7%

**What has prevented you from having the COVID-19 vaccine?**

* Side effects 37.3%
* Stories on social media 28.8%
* Advice from friends and family 18.6%
* Ingredients 13.6%
* Religion 11.9%
* Fear 8.5%
* Culture 8.5%
* Infertility 6.8%

**Do you feel that all your questions have been answered on the COVID-19 vaccine?**

* Yes 93.4%
* No 6.7%\*

\*These people were contacted after the session and invited to raise their questions to be put to health professionals via email and answered outside of the session due to time constraints