Online resource hub

Advancing the Rights and Well-being

of Asylum Seekers and Refugees

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Mary Seacole Leadership Award 2016 – 17

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1. List of Abbreviations

CCG	Clinical Commissioning Group
CPHVA	Community Practitioner Health Visiting Association
IT	Information Technology
LA	Local Authority
LJMU	Liverpool John Moores University
MHNR	Mental Health Nursing Research
MSA	Mary Seacole Award
NASS	National Asylum Support Service
NHS	National Health Service
ORH	Online Resource Hub
RCN	Royal College of Nursing
UCU	University and College Union
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UK	United Kingdom
WASET	World Academy of Sciences Engineering and Technology

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3. Acknowledgements

I would like to thank my supervisors Mr Grahame Smith and Dr Daz Greenop, and my mentors Mr Tom Sandford, Dr Helen Bedford for their consistent support and guidance. The knowledge and wisdom they have imparted to me has been a great help. I believe the successful completion of this project is in part due to their sincere encouragement and patience during the last ten months.

I would also like to thank all respondents and refugees for their time and expertise, which have greatly contributed to the development of the online resource hub. My gratitude also goes to the Mary Seacole steering group, the Royal College of Nursing (RCN), the Royal College of Midwifery, Unison and Unite CPHVA. My gratitude also goes to Health Education England for funding this project and for their continued commitment in supporting many other Mary Seacole Award initiatives that benefit and improve the health outcomes of people from black and minority ethnic communities.

In addition, my appreciation goes to the students, the IT team, the Corporate Communication Team, the Senior Management Team, Professor Raphaela Kane, Dr Susan Ashton, Mr Jim Hollinshead - UCU representative, Ms Saira Weiner – UCU Representative, Dr Phil Carey, Professor Ian Jones, Dr Robyn Lotto, Clare Maxwell, Wendy Traynor, and Elaine Aspinwall-Roberts all at Liverpool John Moores University. Special thanks also go to Associate Professor Stacy Johnson, Christine McKenzie and Dr Calvin R Moorley for their additional guidance offered via face-to-face induction and training, and Susan Bookbinder for an empowering media training that has enhanced my confidence to engage with the media. Also, Ms Siobhan Smyth, Moira O'Shaughnessy and other staff previously in the administration team at RCN, have been very supportive along with the current Mary Seacole Leadership Award holders especially Joanne McEwan, Dr Judith Ormrod, Deborah Isaac and Dr Ada Hui.

Lastly, but not least, I would like to thank my family and friends for providing support; and the omnipresent God, for answering my prayers and giving me the strength to plod on despite the challenges.

4. Abstract

The project aimed to provide accessible and up-to-date information on the rights and well-being of asylum seekers and refugees for health professionals and students through an online resource hub.

Asylum seekers and refugees mostly come from developing countries where there is abuse of human rights, war and conflict. Consequently, the majority of them suffer from physical and mental health problems. However, research has indicated that professionals often lack an understanding of their role and knowledge in relation to caring for asylum seekers and refugees. This project attempted to address this gap by co-creating an online resource hub through action research. Empirical data was collected through focus groups and semi-structured interviews with professionals who were refugees or have extensive experience of working with asylum seekers and refugees.

The findings reveal the prevalence of physical and mental health challenges among asylum seekers and refugees and the lack of information to enable professionals to provide care for them. By making the relevant information on policy and health readily accessible, professionals can enhance their knowledge to offer the necessary support to asylum seekers and refugees. The rich resources provided also aim to benefit other users such as professionals working in various sectors such as education, housing, employment etc. In addition, the online resource hub provides relevant links to appropriate organisations that can enable practitioners to provide holistic support to asylum seekers and refugees.

The online resource hub can be accessed here
https://www.ljmu.ac.uk/microsites/resources-for-professionals-who-support-asylum-seekers-and-refugees

5. Introduction

Many asylum seekers and refugees are dispersed to locations around the United Kingdom (UK). According to Refugee Council UK (2017), the number of asylum seekers in receipt of asylum support under section 95 of the Immigration Act 1999 at the end of Quarter 1 of 2017 stands at 39,365, with the North West hosting the largest number in dispersal accommodation (9,524). Asylum seekers, as distinguished from refugees, are persons awaiting a decision on their application for refugee status and who are permitted to stay in the host country until a decision is made; they may become homeless and lose support if their asylum claim is refused (Turner, 2015).

The asylum seekers and refugees' experiences have diverse impacts on their health as individuals and as families (Nicholson, et al. 2012). While health issues affecting individuals clearly may vary depending on problems related to pre-migration, the nature and duration of their journeys, and post-migration, there are common health concerns across all age groups. Furthermore, asylum seekers and refugees experience many barriers in their attempts to access healthcare services (Sixsmith, et al. 2012). Therefore, there is an increase of health inequalities due to a lack of access to services including health promotion services (Ochieng, 2013). The Marmot review, (Marmot, 2010) points out that asylum seekers and refugees are amongst many disadvantaged groups. It also outlines some additional needs of asylum seekers and refugees such as accommodation, financial support, help with the language and access to services. The report alerts services to pay attention to these in order to reduce the health inequalities in this group. Reducing health inequalities is a government priority (NHS England, 2015; May, 2017). It is therefore crucial that professionals who work with asylum seekers and refugees have access to appropriate resources related to the specific problems this disadvantaged group face (Balcazar et al, 2010). However, Fang et al (2015) and Shannon et al (2015) state that the majority of healthcare professionals have limited knowledge of the health concerns faced by asylum seekers and refugees, of the services available and their role in caring for asylum seekers and refugees.

On this basis, the online resource hub has been developed to provide readily accessible and up-to-date information for healthcare professionals and students. The online resource hub promotes access to appropriate services and tackles the identified barriers to effective and efficient delivery of healthcare to asylum seekers and refugees (Davis et al, 2009). As well as providing clear guidance on where and how to access specific services, it gives relevant information such as advocacy and specialised services. Furthermore, this online resource hub aims to facilitate information exchange, multi-agency collaboration and networking. As Ball (2013) argues, multi-agency collaboration encourages information and skills sharing and learning amongst professionals.

The development of the resource hub has been underpinned by empirical data drawn from an action research project. The respondents were professionals who have extensive experiences in working with asylum seekers and refugees; some of them were former asylum seekers who had been granted refugee status. They explored and identified the key challenges and solutions related to the complex needs of asylum seekers and refugees and suggested the resources required to support and advance their rights and well-being. The concepts identified were categorised into themes, which were used as the basis for organising the contents of the online resource hub.

The evaluation of the resulting online resource hub focused on its design and appearance, content, functionality, usability and search engine optimisation.

6. Aim & Objectives

The project aimed to develop accessible and up-to-date information for health professionals to support asylum seekers and refugees. The main objectives were to:

1. Provide up-to-date, easily accessible information on the legal asylum-seeking process and role of professionals.
2. Increase students and professionals' knowledge of specific health issues relevant to asylum seekers and refugees.
3. Develop a better understanding among students and professionals of the importance of cultural diversity and providing culturally responsive care.
4. Create the opportunities for inter-professional and inter-agency collaboration and learning between healthcare professionals and non-healthcare organisations such as education, employment, and housing.
5. Provide information to promote health and well-being and good practice.

7. Literature Review

This project involved a literature review that focused on the project's objectives. Keywords and phrases that characterised each objective were used to search the journal databases for the relevant articles. The databases searched included Scopus (Elsevier), Springer link, Taylor and Francis, Emerald, Science direct, Sage journals and Oxford Journals. The articles retrieved from the journals and reports were used to identify the issues relating to the health and well-being of refugees and asylum seekers.

a. Vulnerability of Asylum Seekers and Refugees

The majority of asylum seekers and refugees come from developing countries where there is abuse of human rights, war and conflict, and limited basic resources such as access to healthcare, safe drinking water, accommodation, food supply and education (UNHCR, 2011). The countries of origin have a limited capacity to treat those with acute health concerns and chronic diseases, and to provide immunisation. In addition, many asylum seekers and refugees will spend many days, weeks, months and years travelling trying to reach a safe place. This increases the risks of physical and mental health problems and sexual violence, and makes them vulnerable to psychological trauma (Brooks, et al. 2011). Often they will stay in overcrowded camps, with very poor hygiene, lack of sanitation and exposure to disease (Brannan et al, 2016). Water, food and shelter are usually limited in the camps during migration. As a result of all the above issues, many asylum seekers and refugees have had poor access to healthcare prior to arriving in the UK. Consequently, refugees and asylum seekers present complex health needs related to pre-migration, migration and post-migration problems (Guild, et al. 2015).

b. Risk factors

There are a number of approaches to advancing the rights and well-being of asylum seekers and refugees but any approach cannot be effective unless it focuses on the following areas, such as quality of care, evidence based medicine, responsiveness to needs, health literacy and equality and equity (UN, 2008). Maslow's Hierarchy of Needs (Maslow, 1943) is a widely understood and simple model that can be adapted to assess the holistic needs of refugees and asylum seekers.

Apart from a clear understanding of need, it is also important to consider risk factors related to age and biological changes. The Life Cycle Framework by Pickin and Leger (1993) could assist in examining contributory risk factors across the life course. Pickin and Leger (1993) outlined nine distinct stages as follows: Stage 1 – late pregnancy to 1 week after birth; Stage 2 – 1 week to 1 year; Stage 3 – 1–4 years; Stage 4 – 5–14 years; Stage 5 – 15–24 years; Stage 6 – 25–44 years; Stage 7 – 45–64 years; Stage 8 – 65–74 years; Stage 9 – over 74 years. However, to date, little attention has been paid to the risks associated with age, even though it could help to identify and support vulnerable asylum seekers and refugees in an efficient and effective way. This is relevant since the needs of asylum seekers and refugees change over time for various reasons and services need to reflect this.

The sequence of need of asylum seekers and refugees developed by Le Feuvre (2000), also outlines some risk factors in each stage of need (see Table 1). It outlines which service needs to be taken into account when assessing the health needs of asylum seekers and refugees.

Table 1: The sequence of needs and risk factors for asylum seekers and refugees.

Stages of migration	Risk factors
Arriving	• High stress levels • Anger • Fear • Trauma, injuries, amputations, torture • Infections • Sexually transmitted infections • Gastrointestinal problems, including peptic ulcers • Dental problems, including from trauma and torture • Acute psychological problems
Settling	• Psychological problems • Psychosomatic pain • Pregnancy, unwanted pregnancy • Family tracing
Establishing	• Chronic health problems e.g. diabetes, hypertension • Lifestyle and culture issues • Continuing psychological problems • Psychosomatic pain • Substance abuse • Trauma, racist abuse and violence • Preventive health issues
Integrating	• Chronic health problems e.g. diabetes, hypertension • Lifestyle and culture issues • Continuing psychological problems • Psychosomatic pain

Source: Le Feuvre (2000)

It can be very difficult and anxiety-inducing for individuals to approach a new and unfamiliar healthcare system; this is particularly the case for asylum seekers and refugees with multiple health needs requiring numerous investigations and follow-up appointments (Sudbury & Robinson, 2016).

Upon arrival in the UK, asylum seekers and refugees typically experience challenges in accessing general practitioner (GP) services as suggested by several studies (e.g. Bhatia, et al 2007; O'Donnell, et al. 2007; MacFarlane, et al. 2009; Carrol, et al. 2011; Morris, et al. 2011; Shannon, et al. 2012). The key issues highlighted by these studies were difficulties in registering and arranging appointments, limited knowledge on how to access services and a negative attitude displayed by staff, which made asylum seekers and refugees feel unwelcome.

These barriers are often compounded by cultural and psychological problems related to pre-migration, migration and post-migration problems, and by language differences between the asylum seekers and refugees and their healthcare providers (Uwamaliya, 2015). The provision of health education and advice is usually problematic when asylum seekers and refugees do not understand their condition and proposed treatment (O'Donnell, et al. 2008).

Apart from the concerns highlighted by the literature, respondents in this project also highlighted several other concerns related to barriers encountered by asylum seekers and refugees in obtaining care. These include lack of awareness of services available for asylum seekers and refugees, misinformation, confusion on the eligibility for healthcare, and professionals' lack of understanding of their role and knowledge related to the needs of asylum seekers and refugees. Another issue respondents discussed at length was the media's influence on public opinion and the attitudes of the public towards asylum seekers and refugees. Therefore, there is a need for awareness amongst professionals and local authorities to eliminate or reduce public hostility, as these issues often leave asylum seekers and refugees feeling marginalised and insecure. These feelings could prevent them accessing

healthcare; recent studies have reported similar concerns (Chase, et al. 2017; Rafighi, et al. 2016 and Ansar, et al. 2017).

c. Policy Context

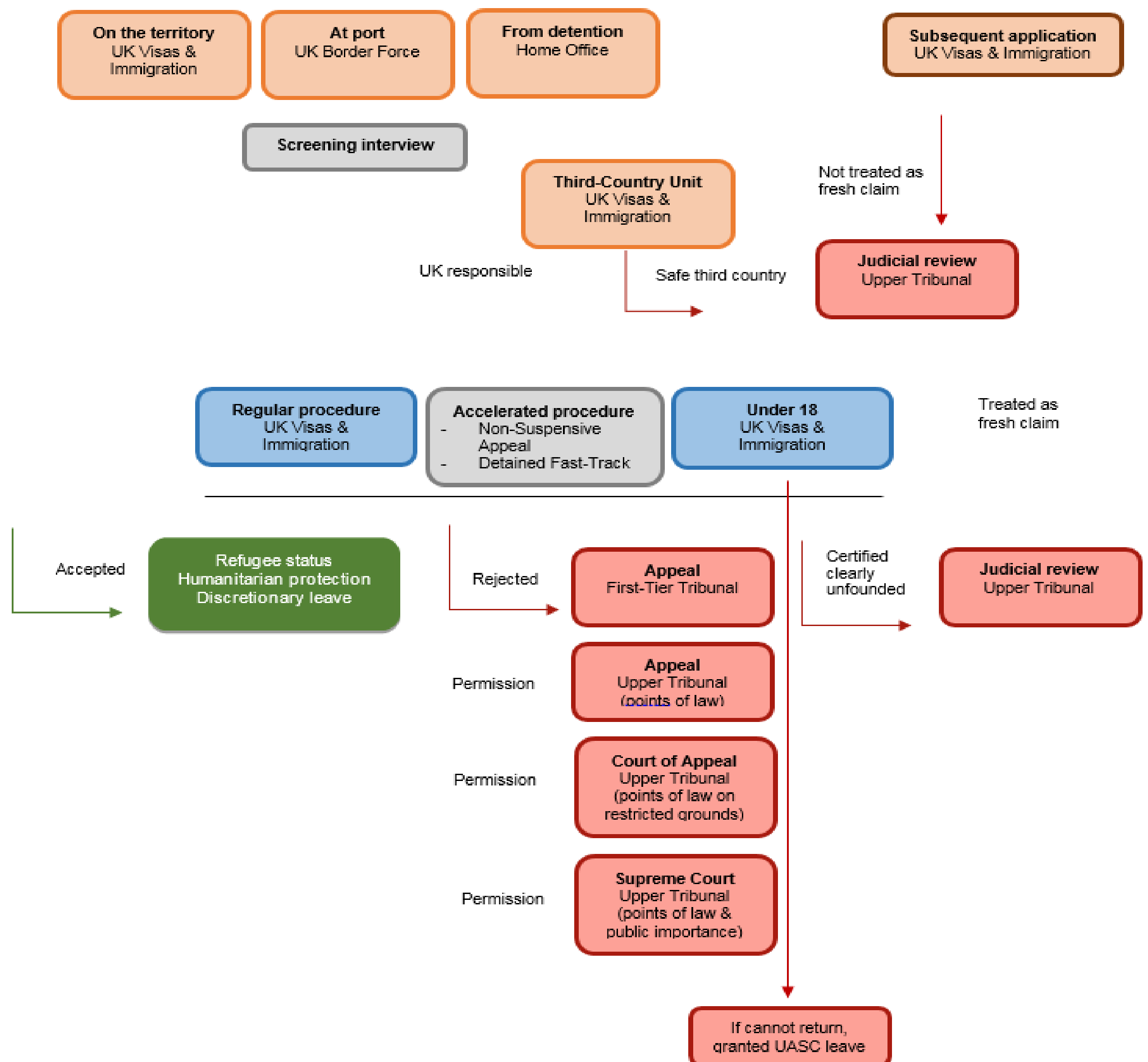
i. National Context

The UK government has put in place domestic measures and legislation compatible with international human rights laws to protect and fulfil the human rights of asylum seekers and refugees. Notable among them are the United Kingdom: Equality Act (2010) and United Kingdom: Human Rights Act (1998) both of which set the principles to help ensure that international human rights standards are respected, implemented and enforced at the national and local levels. According to the National Health Service (NHS) England (2015), key policy guidance in England includes:

- Department of Health Human Rights in Healthcare
- Equality Race Commission – New Equality Act Guidance
- NHS Constitution
- NHS England (2015), Accessible Information Standard
- NHS England (2015), NHS Workforce Race Equality Standard
- NHS England (2015), The Equality Delivery System
- NHS England (2015), Monitoring Equality and Health Inequalities: A Position Paper.

In addition to these policy developments, the UK government has also set up expert organisations to advise the government on relevant matters related to the health of asylum seekers and refugees. These include The Equality and Human Rights Commission (England, Wales), NHS Employers, and the NHS Centre for Equality and Human Rights. Furthermore, the UK has extensive provisions in place to provide protection to persons seeking asylum and to individuals who may be exploited. Figure 1 explains the asylum process in the UK.

Figure1: Asylum process in the UK.



Source: http://www.asylumineurope.org

Over time, the UK has changed the procedures and practices related to asylum seekers (Huysmans and Buonfino, 2008). Table 2 below illustrates relevant legislative changes over time in the UK.

Table 2: The UK legislation changes from 1993 to 2007

Year legislation came into force	Name of legislation	Main content
1993	Asylum and Immigration Act	Restricted some rights & benefits; compulsory fingerprinting of children of all ages and adult.
1996	Asylum &Immigration Act	Vouchers provided instead of cash benefits restricting choice especially re ethnic foods; work prohibited.
1999	Immigration and Asylum Act	Created 'National Asylum and Support Service (NASS)'; housing rules changed to housing provision according to refugee status - until then according to needs assessment by Local Authority (LA).
2002	Nationality, Immigration and Asylum Act	Introduced 'Induction Centres' for processing of application within 7 days or more. Families, including children, held in detention centres while awaiting deportation.
2004	Asylum and Immigration (Treatment of Claimants etc.) Act	Cut basic support provision for families with failed asylum claims, meaning that children can be separately cared for by LA away from parents, in contravention of Children Act 1989 (UK).
2006	Immigration, Asylum and Nationality Act	Home Office has legal power to detain any asylum seeker without genuine proof of identity
2007	Asylum Model (new	Aimed to fast-track decision-making,

	policy of Home Office)	causing numerous problems in the process e.g. lack of adequate legal services, resulting in processing delays and increase in numbers of detainees.

Source: Uwamaliya (2015)

Furthermore, the Immigration Act 2014 enables the NHS to share information with the Home Office on the immigration status of NHS patients. This has a serious implication of breaching confidentially and scaring asylum seekers who are already reluctant to access healthcare. This may lead to late presentation of many conditions, some of which are easily treatable in primary care (Farrington, 2016). According to Public Health England, the Home Office made 8,127 requests for data in the first 11 months of 2016, which led to 5,854 people being traced by immigration enforcement team. (Public Health England, 2017). The Immigration Bill 2015 (House of Commons, 2015), Right to Rent checks have also arguably encouraged discriminatory practices. Patel and Peel (2017), in their report titled 'Passport Please' point out the discrimination that has developed such as property owners refusing to provide accommodation to refugees, and they have called for the scheme to be abolished. In particular, the Right to Rent Bill (Home Office, 2015) appears to constrain the well-being of pregnant women. Several studies (e.g. Fazel, 2006; Burchett and Braff, 2010; Cooper et al, 2012; Cooper, et al, 2013; Feldman and Musgrave, 2015) show that pregnant asylum seekers and refugee women are very vulnerable and detention prevents their access to specialist services. However, the immigration authorities have ignored these warnings and can still detain pregnant women for 72 hours or up to 7 days with special permission under the Immigration Act 2016.

In the Department of Health's consultation on the NHS charging visitors for health care, the UK Government has proposed the expansion of charging for health care in England (Doctors of the World, 2016). The Doctors of the World (2016) expressed their concerns about two significant changes that may have the potential to increase

health inequalities amongst asylum seekers and refugees. Firstly, the Department of Health is proposing charging for services provided by all community health organisations in England, except those provided in GP surgeries. This includes public health services commissioned through Local Authorities, such as mental health and drug and alcohol services. Secondly, the regulations recommend upfront charging, which means that every hospital department in England will be legally required to check every patient's paperwork before treating him/her, to see whether he/she is an overseas visitor or undocumented migrant and should be charged for his/her care. Proposed regulation states that if a patient cannot prove that he/she is entitled to free care, he/she will receive an estimated bill for their treatment and will have to pay it in full before he/she receives any treatment other than that which is 'urgent' or 'immediately necessary', as defined by doctors on a case-by-case basis. Refused asylum seekers who are not in receipt of statutory support will be therefore chargeable (Asylum Matters, 2017). Nevertheless, the regulation appears to contravene the 1951 Geneva Convention which grants equal rights to refugees and asylum seekers within the host country, including access to health, social care, social welfare, housing, education and employment (United Nations General Assembly, 1951).

ii. International context

There are a number of international conventions and bodies that demand that refugees and asylum seekers be taken care of in their host countries. The European Convention on Human Rights (1950) (Council of Europe, 1950) and the UN Refugee Convention (1951) (UN, 1951), are two key pieces of international frameworks that inform UK domestic laws on asylum seekers and refugees. However, it is important to emphasise that the European Convention on Human Rights and the UN Refugee Convention have not been directly incorporated into UK domestic law, even though their provisions influence the formulation of some immigration rules.

Members of academic health centres, universities and research institutions, known as the M8 Alliance at the Global Health Summit (Global Health Summit, 2016),

stated that everyone has the right under international law to the highest standards of physical and mental health. It also called for action to develop strategies that can respond to the needs of asylum seekers and refugees. The Global Health Summit therefore reiterated the need to monitor the follow-up to these commitments and to ensure the full accountability of UN organisations, humanitarian actors and nation states.

8. Project approach/methodology

The study aimed to identify resources that would be useful and effective for professionals and students to promote the health and well-being of asylum seekers and refugees. The online resource hub development therefore used an action research approach involving professionals. Hart and Bond (1995) define this approach as action research where professionals work together to identify key challenges, suggest possible solutions and evaluate action. Action research allows the flexibility to use multiple methods to collect and analyse data. There are various models used in action research. However, to me as a less experienced researcher, Carr and Kemmis' (1989) model is the most appropriate because it outlines four simple clear steps: plan, act, observe and reflect. Table 3 below provides brief details of the activities undertaken in each step of this project.

Table 3: Stages and output of the action research.

Steps	Activities
Step 1 Plan	• Ethical approval • Identify stakeholders • Provide essential information to stakeholders • Establish timescales • Set and determine budget • Literature review • Attend meetings to introduce the project to stakeholders

	• Recruit participants • Organise focus groups and schedule interviews • Jointly with an Information Technology specialist, organise a workshop to discuss the web hub design • Jointly with an Information Technology specialist, facilitate the workshop to discuss the web hub design
Step 2 Act	• Design a prototype of the online resource hub platform • Facilitate focus groups and interviews • Transcribe (focus groups and interviews) • Analyse data and develop contents • Work with Information Technology staff to populate contents into the web hub
Step 3 Observe	• Participants to evaluate the online resource hub based on its design/appearance, content, functionality, usability and search engine optimisation • Participants, professionals and students to complete the web hub evaluation form • Review the evaluation and update the online resource hub as required
Step 4 Reflect	• Share the evaluation review with participants • Take appropriate actions/ make changes as required

a. Sample Size

Expert sampling, one of the purposive sampling techniques, will be suitable for this project. The participants in the project therefore involved professionals from different disciplines namely general practitioners, health visitors and social workers, all with extensive experience of working with asylum seekers and settled refugees in a professional capacity or as volunteers. Morse (2000) argues that there is no exact way of determining sample size in qualitative research. However, for this project, the sample size was purposively determined based on a professional's expertise and experience in supporting asylum seekers and refugees. Wu Suern, et al. (2014) point

out some advantages and disadvantages of purposive sampling. Purposive sampling is one of the most cost-effective and time-effective sampling methods available. However, the vulnerability to errors in judgment by the researcher could be a disadvantage so it was important for the researcher to ensure that the inclusion criteria were very clear to the gatekeepers and potential participants. The participants were recruited based on a list of professionals from organisations supporting asylum seekers and refugees. The participants were from Asylum Link, Survivors Speak Out, Freedom from Torture, Cross Cultural Communication Network, Social Care and the NHS. Initially, 20 professionals were identified by gatekeepers and contacted via email. However, out of the nine who agreed to attend, one failed to turn up and as a result eight professionals took part in the focus group and the same eight participants participated in the web design workshop. Table 4 provides the details of professionals who participated in the web design workshop, focus group and interviews.

Table 4: Professionals who participated in the project.

Web Design workshop/Focus group	**Semi Structured Interviews**
Social worker (settled refugee)	GP
Case worker	Social worker (settled refugee)
Health Visitor/school Nurse	Psychiatrist
GP	Community Development worker (settled refugee)
Settled refugee	
Advocate	
Midwife	
Asylum Services Access navigator	

b. The Online Resource Hub Design and Development

The initial steps were to identify (1) the key characteristics of the online resource hub, (2) the cost and (3) the company who will assist in designing and developing the online resource hub. It was very important to talk to colleagues who have

knowledge and expertise in designing and developing websites. It was also very helpful to consult Mary Seacole holders who have been involved in similar projects so that I could learn from their experience.

Leyva (2016) describes the key characteristics of user-friendly websites as follows: (a) Mobile compatible – most people now use their smartphones to access the Internet. (b) Accessible to all users and contain well-planned information. This means that the website should have clear sections and categories to present information in a way that it is easy for users to find. It is also important to pay attention to the use of headings, sub-headings, paragraphs, bullets or lists to help break up text, making it easy for readers to read quickly. (c) Fast load times – making sure the web hub loads within 4 to 6 seconds is important for good usability. (d) Browser consistency – ensure that the web hub appears and behaves consistently across all major browsers such as Chrome, Internet Explorer, Firefox, and Safari (e) Usable forms (electronic forms) – provide any contact information or means of communicating with the author or webmaster. Ensure the forms are easy to use and accessible to everyone. (f) Currency – provide historical information i.e. the date when it was first written, placed on the web, last revised, modified or updated. (g) Ensuring that links are updated and (h) Content management.

Another factor considered was cost. Following the discussions with external companies, it became clear that it would be very expensive to develop the online resource hub. The School Director assisted in negotiating with the information technology team at the University to take a lead, as the School Director had already agreed that the online resource hub would be hosted and maintained by Liverpool John Moores University. As a result, I met the IT team to discuss what was needed whilst I was waiting for the ethical approval for the project.

Following the ethical approval, I co-facilitated a workshop with the web designer specialist in addition to the focus group. Individuals who participated in the web design of the online resource hub workshop were asked to create a list of the features of the online resource hub. Participants' discussions were recorded on Post-it notes and I photographed their wish list. Participants were very clear about what

they wanted to see and provided some examples of how the information should be presented. The summary of the key features show that there was consensus on the need to pay attention to the design/appearance, the content, the functionality, the usability, search engine optimisation and having a contact link.

The online resource hub is hosted and maintained by the School of Nursing and Allied Health at Liverpool John Moores University, See appendix A for letter of agreement. The School of Nursing and Allied Health is also responsible for ensuring that the online resource hub is updated. The hub has an electronic form that users can fill in to suggest changes or ask questions and send to the online resource hub administrator, who is responsible for updating the hub. This form enables ongoing collaboration with professionals, students and other users.

c. Data collection

The researcher used two focus groups: one to collect data for the web hub design and the other to collect data on the health needs of asylum seekers and refugees. More data was collected from four professionals through semi-structured interviews and all three sets of data were recorded. Kitzinger (1994) and Kreugar (1994) agree that a focus group aims to promote interaction between participants, and data created through the interactions has potential to provide great insights; not just what people think but how and why. Furthermore, interactions between participants can stimulate further ideas for discussion through a 'synergistic sparking-off' between group members (Cleary et al. 2014, p.474). The advantage of having the interviews after the focus groups is that it assisted the researcher to explore more fully the main themes that emerged from the focus groups and to maximise the opportunity to generate rich data (Lambert and Loiselle, 2008).

d. Data Analysis

Thematic analysis was adopted as a framework to analyse the data. Braun and Clarke (2006) define thematic analysis as 'A method for identifying, analysing and reporting patterns within data' (p. 79). Thematic analysis is a widely used method of

analysis in qualitative research. It is simple and flexible to use and lends itself to use for novice researchers. Through this flexibility, thematic analysis allows for rich, detailed and complex description of data. When I analysed the data, I followed the following practical steps drawn from Braun and Clarke (2006): Step 1: Familiarised myself with the data: listened to the audio and read the transcripts a few times. Step 2: Generated initial codes (code for as many potential themes as possible, code with context, remembered that extracts can be multiple-coded, tried to establish patterns from my codes etc.) Step 3: Discovered themes/searched for themes – the code became the themes/sub-themes. Step 4: Reviewed themes. Step 5: Defined and named themes. I needed to describe the themes in a way that captured the essence of the theme and sub-themes. Step 6: Produced a report.

An approved company by the School of Nursing Allied Health transcribed the three data sets – the web design workshop, the focus groups and the interviews. The main concepts that emerged from the focus groups and interviews were identified and validated by the literature. Concepts were then categorised into common themes, which were used as the headings of the different sections of the web hub and the categories as sub-themes for the subheadings. Based on this approach, the empirical data was used to develop the contents of the online web hub. Krueger & Casey (2000) also advocate the use of either a long table or a computer-based approach for cutting and pasting, sorting and arranging the relevant information. Therefore, I used a long table method to help organise themes during the analysis. I preferred to do this manually using Microsoft Word.

e. Ethical consideration

The project was guided by ethical principles as set in the LJMU Code of Practice for Research (2016). For example, participants were provided with information to consider prior to participation to enable them to make an informed decision about consent. Relevant documentation containing information about the purpose of the online resource hub project, the processes of data collection, storage and analysis, and issues around confidentiality were shared with participants along with a consent form. The documents made it clear that the participant had the right and freedom to withdraw without consequence, and assured the participant of anonymity and

confidentiality. Whenever participants had questions about these processes, these were clarified over the telephone or by email. Signed consent forms were collected before the three data sets were collected from the web design workshop, focus groups and semi-structured interviews. (Please see Appendices B, C, D and E for information sheets and consent forms.)

9. Theoretical Framework

A theoretical framework is an excellent tool for supporting thematic analysis as it helps to make sense of the data. Maslow's hierarchy of needs theory and the European Convention on Human Rights were used to assist in identifying the services needed to promote the rights and well-being of asylum seekers and refugees. The next section discusses the application of the two theoretical frameworks.

a. Applying Maslow's hierarchy of needs theory

Generally, healthcare faces many challenges that hasten the need to improve care (Mohrman et al, 2012). Improvement in healthcare is sometimes regarded as an emerging science of improvement (Bergman et al., 2015) which focuses on examining the methods and factors that best work to facilitate quality improvement. Maslow's hierarchy of needs (Maslow, 1943) can assist healthcare professionals and service providers in gaining an insight into the areas of asylum seekers and refugees' lives that may require attention in order to provide appropriate support that meet their needs. Maslow's hierarchy consists of five categories: Physiological needs, Safety needs, Social needs, Esteem and Self-actualisation. This framework is useful in assessing long-term needs. (1). Physiological needs: These needs are essential for keeping any human being alive, and include water, sanitation, food and sleep. Participants discussed at length access to cultural food from home and this can be an issue when individuals get admitted in hospital. Moffatt et al., (2017) reported that refugees struggle to access food due to poverty and challenges when shopping as it can be difficult to identify food labels written in English without pictures

or canned food. (2). Safety/justice needs: These needs incorporate important things such as accommodation, living in a safe community that provides access to healthcare, education, and employment or income-generating activities. Participants reported that the most common safety issue they deal with relates to accommodation. In particular, asylum seekers and refugees often encounter hate crime incidents, which they find difficult to report to the police due to language barriers, and fear of the authorities. In addition, often the accommodation providers allocate poor accommodation. Some asylum seekers and refugees are often placed in accommodation infested by rats, mice, and insects (Independent, 2017). The respondents therefore emphasised that healthcare professionals have a duty to advocate on behalf of asylum seekers and refugees to secure appropriate accommodation. (3) Social or love and belonging needs: Fulfilment of these plays a very important part in the higher level needs. The following studies (Measham et al. 2010, Kelly 2016) discuss the challenges for asylum seekers and refugees for accessing help and support to trace their loved one and the services to help them develop coping mechanism to manage their traumatic experience. It is difficult for asylum seekers and refugees to fulfil these needs without the help of health professionals. (4). Esteem needs: Participants recognised this as a priority for professionals working with asylum seekers and refugees. They expressed their frustration for not being able to support asylum seekers and refugees who see their survival to be insignificant. Roberta (2008) highlights that asylum seekers and refugees who survive atrocities feel guilty. Their guilt often leads to disrespect for oneself, which then influences others to show the same disrespect. Health professionals can assist them in rebuilding their self-esteem, confidence and respect for others. (5). Self-actualisation needs: Maslow argues that self-actualization is the highest need and not easily achieved, and so has to develop gradually. The achievement of self-actualization includes acceptance of facts, problem solving, spontaneity etc. Participants discussed this and recognised that it is very important; maybe some refugee-focused services might be in a position to assist them achieve this. Kriz (2008) states that asylum seekers can attain self-actualisation through mentoring.

b. Applying the European Convention on Human Rights

As stated earlier, in the international policy context section, the European Convention on Human Rights (1950) (Council of Europe, 1950) is one of the key international frameworks that informs the UK domestic laws on asylum seekers and refugees. This legislation can assist healthcare providers in setting outcomes that can be measured against agreed standards. Also, in-depth knowledge of relevant human rights laws/conventions would help professionals in ensuring identification of rights that have been violated and accountability of each service provider. Therefore, professionals need to understand the asylum seekers and refugees' entitlement to healthcare educate them about their rights and empower them to ensure that they develop confidence to challenge or question when their rights to access healthcare have been violated (Da Lomba, 2011).

10. Project outcomes

The project intended to develop the online resource hub. As discussed in the data analysis section, the key themes identified and validated by the literature from the design workshop, focus group and interviews informed the contents and structure of the online resource hub. Concepts that were categorised as the main themes were used as the headings of the different sections of the online resource hub and the categories as sub-themes for the subheadings. Table 5 provides the outline of the main themes that formed the agreed contents for the online resource hub.

Table 5: Outline of the contents for the Online Resource Hub.

Headings	Sub-headings
Access to health care	Access to healthcare - Primary care (General Practice)

	- Secondary care & acute care (General Hospitals) - Antenatal and maternal services - Mental health services o Young people o Adult - Access to social care - Advocacy services
Access to asylum support	- Support for refused asylum seekers - Support for asylum seekers and refused families - Access to housing - Support for refugee children - Support for gay and lesbian asylum seekers and refugees - Housing resources - Education resources - Contact details for organisations that provide support to asylum seekers and refugees.
Access to other important services	- Family reunion & tracing loved ones - Care for victims of torture - Immigration and legal services - Police - Hate crime - Fire service - Community groups
Good Practice guides	- Health & social care professionals working with interpreters - Researchers, journalists and artists working with asylum seekers and

	refugees
Research & Publications	- Healthcare - Social care - Housing - Education - Financial support - Immigration and legal services

Suitable images for the online resource hub were purchased via Shutterstock to enhance the ambience of the online resource hub.

11. Discussion

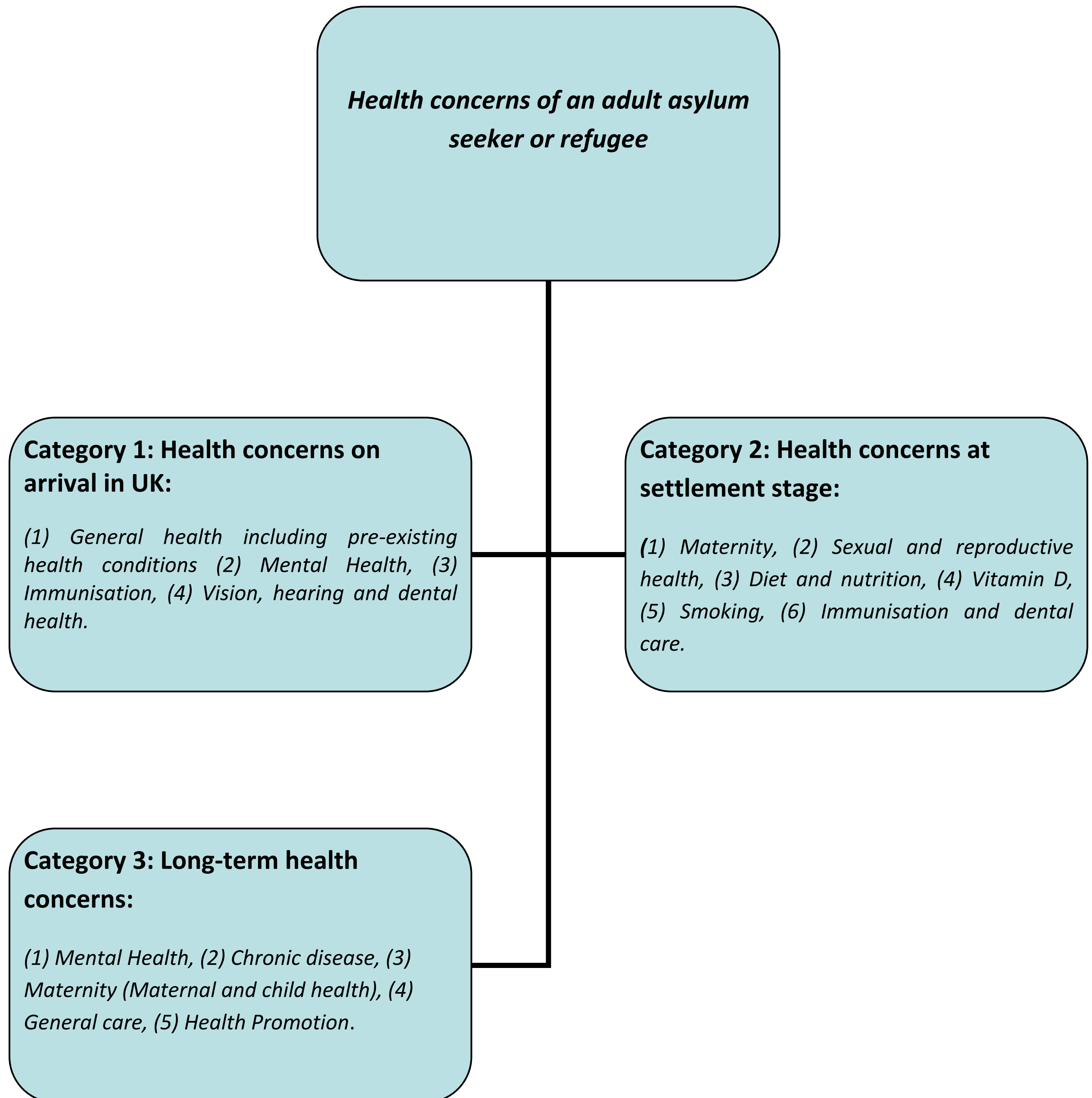
The project aimed to develop a web hub to provide accessible and up-to-date information for health professionals and students to support asylum seekers and refugees. The development of the online resource hub was underpinned by action research based on interviews and focus group discussions with professionals with extensive experience in working with asylum seekers and refugees. The respondents explored and identified the key health concerns, and other challenges and solutions related to the complex needs of asylum seekers and refugees, and suggested the resources required to support and advance their rights and well-being.

a. Health concerns

Accessing healthcare and other support can assist asylum seekers and refugees to deal with the practical and emotional demands of settling in the UK. Poor health, however, can serve as a significant barrier to settlement. For example, post-traumatic stress disorder (PTSD) symptoms, such as poor concentration, may interfere with the important task of learning English (Rousseau et al, 2013). Similarly, chronic pain, a common consequence of torture and war-related injury, may affect the ability to perform day-to-day tasks e.g. parenting or caring for loved ones, for those with caring responsibility (O'Donnell et al 2007; Kelly 2016). The health

concerns of asylum seekers and refugees as perceived by the respondents in the interviews and focus groups have been depicted in figures 2 and 3.

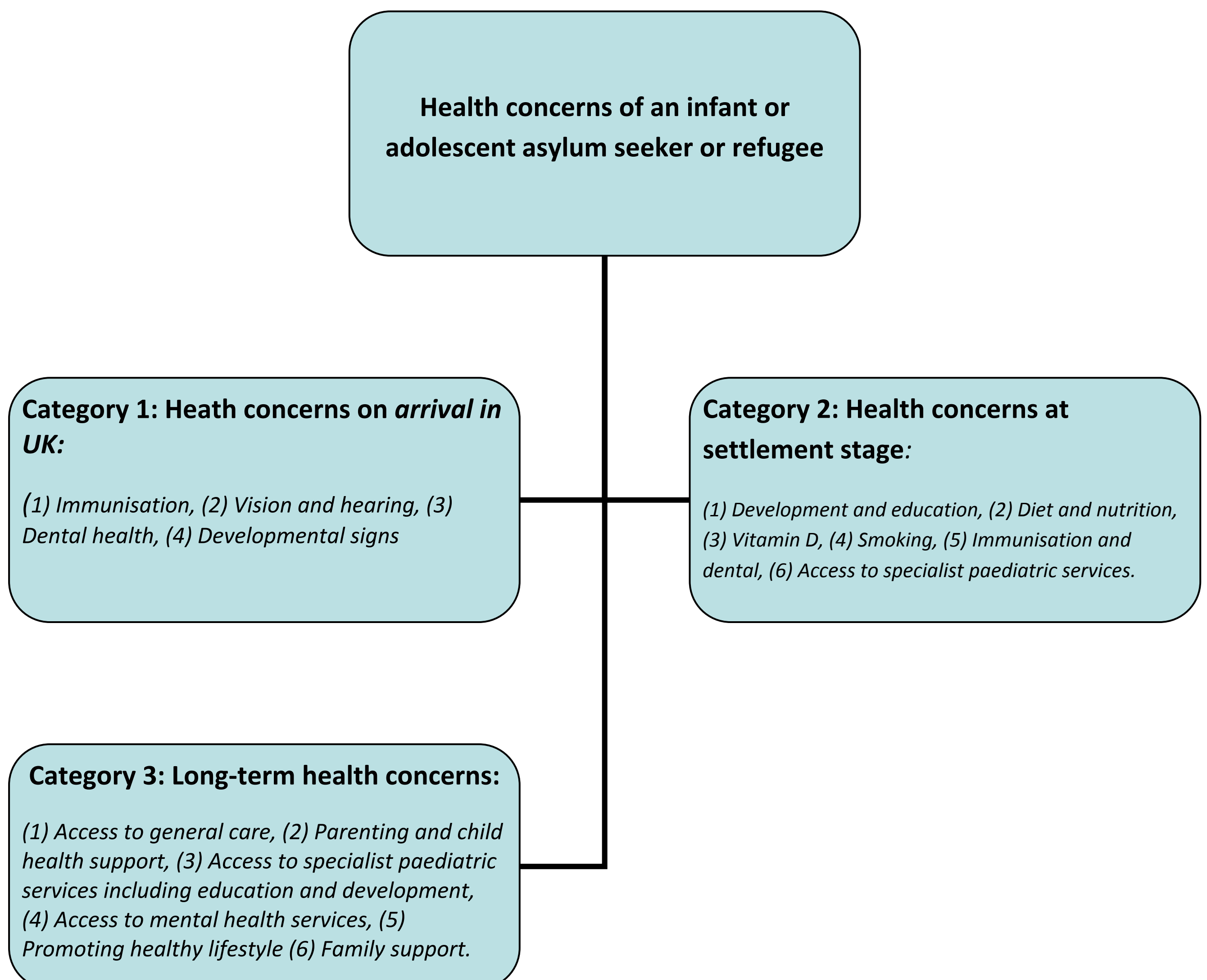
Figure 2: Health concerns of an adult asylum seeker or refugee



Source: interview and focus group data

Figure 2 shows that the health concerns of adult asylum seekers and refugees can be grouped into three categories. Category 1: Health concerns on arrival in UK, Category 2: Health concerns at settlement stage and Category 3: Long-term health concerns. These categories generally reflect the health needs of adult asylum seekers and refugees from their arrival in the UK to their ongoing long-term needs. Similarly, Figure 3 shows the health concerns of child asylum seekers and refugees as perceived by the respondents in the interview and focus groups.

Figure 3: Health concerns of an infant or adolescent asylum seeker or refugee



Source: Source: interview and focus group data

Figure 3 shows that the health concerns of children and adolescent asylum seekers or refugees can be grouped into three categories. Category 1: Health concerns on arrival in the UK, Category 2: Health concerns at settlement stage and Category 3: Long-term health concerns. These categories generally reflect the health needs of children and adolescent asylum seekers or refugees from their arrival in the UK to their ongoing long-term needs.

As shown by figures 2 and 3 above, professionals working with asylum seekers and refugees are likely to encounter many challenges in dealing with complex physical health and mental health.

Some of the challenges relating to the core duties of health professionals working with refugees and asylum seekers highlighted by the respondents included:

- Arranging referral for the Human Rights Assessments that enables a humane and reasoned approach to statutory restrictions to services (Social Carer Institute for Excellence, 2010). The purpose is to:
    a. Meet statutory duties.
    b. Seek a solution to the family or individual's destitution in the UK.
    c. Facilitate an open conversation with the family/individual to consider all their available options.
    d. Seek alternatives to enforced removal by Home Office.
    e. Provide transparency in the decision-making process, seeking legal advice where necessary.
- Being the voice of the voiceless who are suffering or at risk of suffering.
- Supporting asylum seekers during the asylum-seeking process.
- Advocacy work and intervention.
- Undertaking a comprehensive assessment of needs and risk assessments – key issues to consider during the assessment (Social Carer Institute for Excellence, 2010) see appendix F.
- Consideration for safeguarding assessments (Social Carer Institute for Excellence, 2010) see appendix G.

- Challenging social injustices and Human Rights violations.
- Promoting community integration.
- Upholding and promoting human dignity and well-being.
- Treating each person as a whole and being non-judgemental.
- Empowering service users and fighting oppression.
- Adopting a Rights Based Approach and respecting human rights principles (Social Carer Institute for Excellence, 2010) see appendix H.

Participants declared that health professionals are very well placed to champion the needs of asylum seekers and refugees by taking their professional obligations seriously and ensuring that they fulfil their duties under national and international laws, and comply with their Code of Conduct and Professional Practice and Ethics.

Yet, participants expressed concern about the policy context and the changing immigration policies that place duties on professionals to control individuals instead of offering support. According to the participants, these policies may be encouraging discrimination practices. They therefore raised issues on the fundamental ethical principles and professional standards required for specific professional and regulatory bodies.

The online resource hub has potential to reduce health inequalities. As the hub provides knowledge on specific health concerns, so professionals can assess and identify problems and intervene earlier. It also provides in-depth information on the policy and health challenges asylum seekers and refugees face, and the services available to them. This will allow professionals to signpost or refer them to the appropriate services. It will also assist in reminding organisations and individuals about accountability and will contribute to positive outcomes.

a. Evaluation of the Online Resource Hub (ORH)

To determine the design and usefulness of the ORH, an evaluation was undertaken based on an online survey. Wood, (2012) states that evaluation must have a clear

focus. The evaluation of the online resource hub focused on its design and appearance, content, functionality and usability and on search engine optimisation.
Evaluation is defined as ‘a systematic and objective assessment of an ongoing or completed project, program or policy, its design implementation and results’
(OECD, 2000). Evaluation is important as it enables the merit, worth or value of a project to be determined (Scriven, 1991). The results from the survey show that the respondents find the ORH to be very valuable and worthy.
Fifty-nine respondents from different professional backgrounds completed the online survey using different devices: Desktop 42.6%, Mobile phone 27.9%, Laptop 26.2% and iPad, 3.3%. Table 6 shows the professions and background of the respondents in the evaluation.

Table 6: Individuals who participated in evaluating the initial online resource hub design

Profession	Number
Students (School of Nursing and Allied Health)	34
General Practitioner (GP)	2
Social worker	3
Psychiatrist	1
School Nurse	2
Legal Advocate	2
Midwife	1
Other	
Academics (School of Nursing and Allied Health)	7
Immunisation Nurse	1
Public Health (Commissioner)	1
Hospital Doctor (Emergency Care)	1
Manager for Charity organisation supporting asylum seekers and refugees	1
Refugee (Working for Human Rights Organisation)	1

Researcher	1
Retired healthcare researcher and systemic psychotherapist (Working as a freelance & activist)	1
Community Mental Health Nurse	2
Psychiatric nurse	1
Total	59

An overwhelming majority of 86.5% respondents answered that their information needs were well met through the ORH, while only 1.7% felt their information needs were not so well met.

On navigation and access to the information on the ORH, the vast majority of 84.8% stated that it was very easy to find information. This compares to only 1.7% who said that it was not so easy to find the information.

Overall 93.2% of respondents indicated that the time taken to find information was what they expected while only 5.1% of them thought it took more time than expected to find the information they wanted.

An overwhelming majority of 84.7% again stated that the ORH is visually appealing compared to 15.3% who indicated that it is somewhat less appealing.

The information on the ORH is also very easy to understand. A vast proportion (89.8%) of respondents stated that it is very easy to understand the information on the ORH compared to a minute 3.7% who found the information to be not so easy to understand.

The value of the ORH is also based on the proportion of respondents who trust the information on the site. The vast majority of respondents surveyed (83.1%) trust the information on the site. In contrast, only 16.9% expressed that they trust the information moderately.

Not surprisingly, the overwhelming proportion of respondents (86.5%) indicated that they will often use it compared to only 5.1% who stated that they will not often use the resource.

Based on the above results from the evaluation, it can be concluded that the online resource hub will be very useful.

b. Reflection of learning

As a Mary Seacole Leadership Awardee, the leadership experience has been paramount to me. The Mary Seacole award has provided me with an opportunity to develop a resource that may have a huge impact on the health and well-being of asylum seekers and refugees. This award also helped me to enhance my leadership skills and I have gained a recognition as a leader from various organisations including Liverpool John Moores University. This project has also enhanced my research skills, and enabled me to influence commissioners and service providers.

The most challenging issue at the early stage was to secure sufficient time needed for the project. To overcome this challenge, I negotiated with the senior management team at LJMU School of Nursing to scale down some of my teaching and related activities and instead to focus more on the project. Another challenge was keeping track of my progress due to extenuating circumstances. Deciding what counted as a task or a milestone was also difficult initially. Personally, I found that it helped to have the project broken down into small activities so that I could actually track progress from week to week.

Support from my mentors, steering group and supervisors was crucial in offering guidance and encouragement to keep me going forward. This award has therefore helped me to increase my leadership skills, my self-awareness, and my emotional intelligence.

It is also important to mention the appraisal and feedback I have received from participants and other colleagues. This has enabled me to truly evaluate my leadership skills, to see how my behaviour has had an impact on individuals and organisations I have worked closely with and to recognise my capacity and

motivation to implement change. It is very empowering to hear many colleagues say that I have inspired them, led with care, helped connect services, developed capability, shared my vision and engaged well with them.

The effect of receiving the Mary Seacole Leadership Award has been eventful due to the opportunity to lead this project. The impact can be summarised as follows: First, the online resource hub will contribute to care practice, as it will enable professionals to broaden their knowledge of the health concerns and needs of asylum seekers and refugees. Second, educational institutions can utilise the resources provided by the online hub to educate students. Third, on a personal level, the Mary Seacole Leadership Award has unlocked many doors for me. I never thought that I would be in a position where I could influence commissioners, service providers and senior colleagues.

c. Limitations

This was a small-scale study with defined time scale and resources. As a result, eight professionals took part in the focus group and the same eight participants participated in the web design workshop. Nevertheless, the limited number of professionals had high levels of knowledge and expertise and some of them were former asylum seekers but are now settled refugees. Future projects should therefore endeavour to involve a larger sample of professionals and refugees and asylum seekers.

12. Conclusion

This online resource hub provides information on the legislative and policy environments in the UK on refugees and asylum seekers, their health issues and their other needs. In order to advance the rights and well-being of asylum seekers and refugees there is a need for accessible and understandable information for professionals to support them. Yet, there is a lack of comprehensive information on available resources and services that support the health and other needs of refugees and asylum seekers in the UK. It is therefore widely known that the majority of

healthcare professionals have limited knowledge of health concerns faced by asylum seekers and refugees.

On this basis, this online resource hub has been developed to provide a readily accessible and understandable information source for all healthcare professionals and students. The project had the following objectives:

(1) Provide up-to-date, easily accessible information on the legal asylum-seeking process and role of professionals.

(2) Increase students and professionals' knowledge of specific health issues relevant to asylum seekers and refugees.

(3) Develop a better understanding among students and professionals of the importance of cultural diversity and providing culturally responsive care.

(4) Create the opportunities for inter-professional and inter-agency collaboration and learning between healthcare professionals and non-healthcare organisations such as education, employment and housing.

(5) Provide information to promote the health and well-being of asylum seekers and refugees, and share information and good practice.

The above objectives have been achieved because: the online resource hub contributes towards closing professionals' knowledge gap, and enabling them to advance the rights and well-being of asylum seekers and refugees. This online resource hub provides up-to-date information on service directories and agencies for statutory and non-statutory services available locally, nationally or internationally.

By bringing together the literature and empirical findings on the issues affecting the well-being of refugees and asylum seekers, the online resource hub provides knowledge on specific health issues relevant to asylum seekers and refugees. It also provides insights into the plight of refugees and asylum seekers, and helps to develop a better understanding among students and professionals of the importance of cultural diversity and providing culturally responsive care. The comprehensive information provided is particularly useful for signposting and therefore creates the opportunities for inter-professional and inter-agency collaboration and learning

between healthcare professionals and non-healthcare organisations such as education, employment and housing. Finally, the online resource hub provides in-depth information on the policy, health challenges and services available to refugees and asylum seekers. Therefore, it shares information and good practice that promotes the health and well-being of refugees and asylum seekers.
The results from the evaluation indicate that professionals and students find the online resource hub to be very useful.

13. Recommendations

Short term

- Promote the online resource hub once it is live, via a dissemination conference on 31stJanuary 2018. The conference will also be used to engage a group of health professionals, academics and students to assist in promoting and updating the online resource hub.

Medium term

- Continue to update content regularly.
- Encourage services to use the information on the online resource hub.
- Seek funding to develop additional content for asylum seekers and refugees to raise awareness about the service available.
- Continue to engage with key stakeholders by keeping them updated on changes.
- Work with commissioners and community services to develop information about the local services referral process. This will improve access to services and promote the principles of social inclusion.
- Publish the findings from this project in open access journals within the UK and internationally.

Long term

- Organise workshops and seminars at Liverpool John Moores University and other institutions involved in supporting asylum seekers and refugees in England to facilitate training of professionals and students to enhance their knowledge and skills on issues affecting asylum seekers and refugees.
- Raise awareness on key policy changes and their impact, through debates involving key stakeholders including professionals in health and social care.

14. Dissemination

The findings from this project will be disseminated through a number of conferences and these are:

a. 23rd International Mental Health Nursing Research Conference 2017, 14 – 15 September 2017, Cardiff.

b. 20th International Conference on the Rights of Refugees and Migration Law 25th & 26th January 2018 in France, Paris.

c. Online Resource Hub Dissemination Conference Liverpool John Moores University, 31st January 2018, Liverpool.

Additionally, postcards to promote the online resource hub will be distributed to health professionals supporting asylum seekers and refugees through the Equality and Diversity Leads and the Directors of Nursing of health trusts in England. Furthermore, the postcards will be distributed to asylum seekers and refugees via housing providers, local charities and organisations who are in contact with them. Asylum seekers and refugees will be encouraged to pass on these cards to professionals supporting them so they can access the resource and offers, and NHS Trusts and CCGs will assist in encouraging staff to use the resources.

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