

# IMPROVING THE PHYSICAL AND MENTAL HEALTH OF DESTITUTE ASYLUM SEEKERS:

EVALUATION OF THE HOPE PROJECTS  
(WEST MIDLANDS) WELLBEING PROJECT

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## Executive Summary

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This report presents an evaluation of the Hope Projects (West Midlands) Wellbeing Project, which was aimed at improving the physical and mental health of people who have been made homeless through the asylum system. The evaluation was delivered by staff from Nottingham Trent University and commissioned by Hope with funding from the Big Lottery Fund. The Wellbeing Project began in 2022 and this evaluation took place between September 2024 and May 2025, and has been supported by Hope staff and clients.

The findings of the report are based on qualitative research methods, primarily in-depth interviews with nine clients of the Hope Wellbeing Project and two Hope staff members. A thematic analysis organised around the Wellbeing Project's intended outcomes is combined with two client case studies to illustrate how different strands of this provision combine to improve clients' lives. A report provided by Hope Projects staff on their own internal measurement of clients' wellbeing is included as an Appendix. Together, these findings highlight the complexity of clients' lives and how Hope's sustained support makes an important difference. By facilitating access to services and empowering clients with health knowledge, the project plays a crucial role in improving the lives of those in need.

## Background

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The UK National Health Service (NHS) was founded on the principle of universal and free access for all, but over the decades legal changes, particularly since 2004, have increasingly restricted access for asylum seekers. These restrictions, coupled with policies such as data sharing between the NHS and Home Office, have created an environment of fear and mistrust, deterring asylum seekers from seeking care. Many asylum seekers avoid seeking healthcare out of fear that doing so could negatively affect their stay in Britain, even during the COVID-19 pandemic.

Asylum seekers face many barriers to healthcare access, including lack of information, language challenges, digital exclusion, and the absence of a fixed address and/or identity documents. These obstacles often result in significant unmet physical and mental health needs. These systemic barriers result in a deep mistrust of institutions and cause many to rely on informal networks to navigate a system that is already difficult to access. This precarious situation severely affects physical and mental health, with destitution resulting from asylum policies and the stress of navigating the asylum system further compounding health problems, particularly due to long periods of uncertainty and the inability to build stable lives while awaiting decisions.

It is within this landscape that the Hope's Wellbeing Project operates, offering not just access to healthcare but an approach grounded in trust, continuity, and an understanding of the complex realities asylum seekers face.

## Key Strengths of the Hope Wellbeing Project

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The key findings demonstrate how Hope Wellbeing Project's compassionate interventions have made a tangible difference to the lives of asylum seekers, even as structural barriers continue to constrain what is possible.

First, the evaluation highlights the importance of ensuring that clients are registered with a GP they can access, which is a foundational step in accessing healthcare. Hope's Wellbeing Project supports clients by registering them with the Homeless Health Exchange, which is better suited to address the unique challenges faced by asylum seekers, including language barriers and complex health needs. The Wellbeing Project officer also provides essential support during appointments, helping clients navigate the healthcare system. In the words of a client:

*"Hope made the GP appointment for me. Having the Wellbeing Project officer accompany me made a huge difference. When someone comes with you from an organisation and knows the system, it feels like the GP does their job better, faster, and is kinder."* (Client 9)

Second, the evaluation emphasises the need to ensure that clients understand their health entitlements. Hope assists clients in obtaining HC2 certificates for free prescriptions and educates them on how to use services like 999, 111, and pharmacy prescriptions. This knowledge helps clients access necessary healthcare and empowers them to make informed decisions, reducing financial and logistical barriers and strengthening their ability to advocate for themselves.

*"In the past, I had to pay 10 pounds for medication that I was getting through the NHS... But now ... with the help of Hope, I am getting my medications for free."* (Client 1)

Third, the findings demonstrate that Hope's Wellbeing Project helps clients access the health services they need. Through a comprehensive initial assessment and other assessment tools such as mood evaluations, the project identifies clients' physical and mental health concerns and connects them to appropriate resources. Clients benefit from ongoing referrals to clubs, free activities and mental health services, while Hope also offers creative activities like drumming workshops to enhance social engagement. As shared by a client:

*"I get emotional support and food vouchers from Hope Project. I know if I need help, I can come to them. And they will try to help me out. So, they are the kind of charity where if you are struggling with something, you know that there is a whole project to help you."* (Client 4)

Fourth, the report highlights how the Wellbeing Project helps clients discover activities that bring them joy to improve their mental health and overall wellbeing. For example, a client remarks:

*"I wouldn't have gone to this club without Hope Project...The Hope Project is helping me a lot. And yeah, I think that compared to other organisations that I'm a part of, Hope Project has helped me the most and the longest. There's anything I would*

*need, like supplies for school, for instance, because there was a time I needed books for class, and Hope Project helped me with books.” (Client 2)*

Fifth, the evaluation highlights the value of helping clients engage in activities that promote happiness and community connection. In the words of a client:

*“Hope does meetings every month. Here, everybody has a warm drink and a nice meal. Everybody talks about how they feel, about their cases, what’s missing in our cases, what things can we do differently in our lives. There are good people there.” (Client 1)*

The evaluation also highlights the importance of building clients’ knowledge of services to strengthen their independence and sense of agency. By helping individuals build knowledge of services and navigate systems independently, the Wellbeing Project equips them for ongoing engagement without needing frequent help or direct input. This approach promotes more sustainable outcomes and empowers clients to make informed choices in the future.

Hope’s response to key delivery challenges reflects its commitment to client-centred, flexible support in the face of complex needs and limited capacity. The organisation adapts by assessing clients case by case, maintaining contact through varied communication methods, and offering practical help when urgent needs like housing or healthcare take priority. Staff wellbeing is also safeguarded through regular supervision and reflective practice. These measures allow Hope to provide empathetic, sustained support while managing high demand and systemic barriers. The benefits for improving clients’ wellbeing is further evidenced by the measures reported in the Appendix. The focus of these measures on clients’ own self-assessment reflects the Hope Projects prioritising clients’ lived experience.

## Recommendations

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The findings in this report point to broader systemic issues affecting the healthcare and overall wellbeing for destitute asylum seekers, as well as important lessons for practice. Hope Projects offers critical support, but structural causes of harm to health and barriers to accessing support remain that require action beyond what a charity can provide. Key recommendations explained further below:

### For GP Practices and NHS Services

- Improve GP understanding of asylum seekers’ circumstances
- Simplify and review healthcare registration forms
- Strengthen translation provision in GP practices

### For Funders

- Resource projects that support refused asylum seekers to get involved in activities that are meaningful to them
- Prioritise funding for projects that are informed by the lived experience of target beneficiaries
- Recognise the long-term outcomes of service knowledge-building
- Protect staff wellbeing through structured support

### **For Government**

- Urgently review asylum policies that are worsening public health
- Provide clear and consistent guidance and resourcing to local authorities and healthcare providers on entitlements.

# 1. Introduction

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Hope Projects (West Midlands) Ltd (hereafter referred to as 'Hope') is an independent charity that supports destitute asylum seekers and others with 'no recourse to public funds' across the West Midlands. Hope's work addresses the urgent needs of individuals who, following a refused asylum claim, face homelessness, poverty, and exclusion from mainstream support. The organisation was established to challenge the injustices of the UK asylum system, that is often experienced as complex, hostile, and exclusionary<sup>1</sup>. When asylum claims are refused, individuals are frequently left without the right to work, access to housing, or public funds, resulting in extreme vulnerability, homelessness, and poverty. Hope works to alleviate these conditions through the provision of legal support, housing, financial assistance, and wellbeing services.

Hope's Wellbeing Project sits within this broader support model and responds directly to the social and cultural determinants of health that shape the experiences of asylum seekers. These determinants include factors such as housing security, access to food and healthcare, social networks, language barriers, discrimination, and the trauma of forced displacement. For many asylum seekers, especially those whose claims have been refused, these conditions are worsened by the legal frameworks that prevent them from working, accessing support services, or living in stable accommodation. Together, these systemic barriers create prolonged periods of uncertainty, isolation, and emotional distress that negatively affect both physical and mental health.

Hope recognises that wellbeing cannot be treated as a separate or individual issue when the broader social and political environment is so destabilising. Individuals experiencing street homelessness, food insecurity, or mental distress related to prolonged destitution are less likely to be able to engage meaningfully in activities intended to support their wellbeing. Hope's approach is to meet people where they are, responding first to urgent basic needs, while gradually building towards a more holistic model of care.

The project works in two broad phases. The first focuses on immediate access to health services: helping individuals to register with a GP, understand their healthcare entitlements, and navigate access to medical services. The second phase supports participants to engage in activities that promote longer-term emotional wellbeing such as group events, volunteering, and a range of creative and community-based activities. This model is grounded in the recognition that clients' wellbeing is shaped by external systems and policies, rather than being a reflection of individual choices or circumstances. By addressing the broader social context and social barriers to good health, the project takes a holistic approach to improving health and emotional resilience.

By enabling destitute asylum seekers to access health care and build emotional resilience, the project aims to support long-term wellbeing, reduce social exclusion and equip people who are navigating the asylum system to more effectively engage with the legal processes. In doing so, it contributes to wider public health goals and helps make local communities

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<sup>1</sup> Vickers, T. (2019). *Borders, Migration and Class: Producing immigrants and workers*. Bristol: Bristol University Press.

safer, more inclusive, and more cohesive. It also supports individuals to move toward regularising their legal status, laying the foundation for longer-term recovery and integration.

The evaluation of Hope's Wellbeing Project is crucial to understand how the organisation is addressing critical gaps left by the state, supporting asylum seekers with immediate wellbeing needs, building the stability and resilience required to pursue their legal cases and rebuild their lives with dignity. This report presents an evaluation of Hope's Wellbeing Project, addressing the following outcomes:

- Access to GP by clients
- Locating appropriate services for the clients
- Finding out what activities makes clients happier
- Helping clients do more of what makes them happy
- Knowledge of health services and entitlements of clients

The evaluation was delivered by staff from Nottingham Trent University and commissioned by Hope with funding from the Big Lottery Fund. The Wellbeing Project evaluation started in September 2024 and has been supported by Hope staff and clients.

The findings of the report are based on qualitative research methods, primarily in-depth interviews with nine clients of the Hope Wellbeing Project and two Hope staff members. A thematic analysis organised around the intended outcomes listed above is combined with two client case studies to illustrate how different strands of this provision combine to improve clients' lives. Together, these findings highlight the complexity of clients' lives and how Hope's sustained support makes an important difference.

The report proceeds with a brief review of existing literature on the healthcare context for asylum seekers in the UK, followed by an overview of the Hope Wellbeing Project. It then presents key findings from the evaluation, assessing the project's effectiveness in supporting refused asylum seekers to access physical, and mental health and wellbeing support. The report gives particular attention to representing clients' voices throughout. The report also outlines key delivery challenges encountered by the Hope team and the strategies adopted to address them, before concluding with a set of recommendations and final reflections.

## 1.2 Background

When UK's National Health Service (NHS) was established in 1948, it was founded on the principle of providing free healthcare based on clinical need, regardless of the ability to pay. It was intended to be accessible to everyone in Britain. However, in 1977, the Labour government introduced charges for overseas visitors seeking NHS services, which were later adjusted through various amendments. A major shift occurred in 2004 when an amendment introduced fees for refused asylum seekers accessing secondary healthcare, even if they had lodged an appeal. The Immigration Act of 2014 further altered the definition of 'ordinarily resident,' requiring migrants to have indefinite leave to remain in order to access healthcare. This was followed by several regulatory changes that further restricted access for asylum seekers. Even though some parts of care remained free such as

antenatal care and certain treatments, asylum seekers continued to be excluded from these citing their immigration status<sup>2</sup>.

In recent years data sharing between the Department of Health and Social Care and the Home Office, often without the consent of patients or healthcare workers, has become a tool for immigration enforcement. This practice discourages many asylum seekers from seeking healthcare, fearing the potential consequences for their immigration status<sup>3</sup>. Hout et al<sup>4</sup> highlight the barriers to access faced by asylum seekers and migrants with insecure immigration status where they are often hesitant to register themselves in a GP due to fears of data sharing between the NHS and Home Office. They identify an environment of institutional mistrust among asylum seekers, which deterred many from approaching NHS services to seek treatment for COVID-19 symptoms. Although the government exempted COVID-19 treatment from hospital charges, it was feared that they would be charged if the symptoms were not due to COVID-19 and hence many asylum seekers were deterred from seeking adequate care.

The situation of asylum seekers is precarious while waiting for a decision on their asylum claim and this can lead to a negative impact on their physical and mental health. Through in-depth interviews, a recent study by Talks et al<sup>5</sup> identifies numerous challenges that prevent many asylum seekers from having effective access to healthcare in the UK. They identify a lack of information about how to access the healthcare system as one of the most significant barriers. Lacking official sources of information, they found asylum seekers having to rely on their networks—friends, neighbours, members of religious organisations, host families, or landlords—to guide them on healthcare registration. In addition to information and language barriers, another challenge in registering for the health system was the lack of a fixed address or proof of such, along with other required details often necessary for completing GP registration.

Many asylum seekers also face challenges due to communication barriers and digital exclusion, which became especially prevalent during COVID-19 when many services shifted to online platforms. The pandemic prompted a significant shift towards digital health services, including remote consultations and online health resources. However, many asylum seekers lacked access to the necessary technology, such as smartphones, reliable internet, insufficient phone credit or inability to download apps due to no valid identity documents<sup>6</sup>. This digital exclusion meant that they were often unable to participate in

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<sup>2</sup> Vickers, T. (2019). *Borders, Migration and Class: Producing immigrants and workers*. Bristol: Bristol University Press.

<sup>3</sup> Vickers, T. (2019). *Borders, Migration and Class: Producing immigrants and workers*. Bristol: Bristol University Press.

<sup>4</sup> Hout, V. M. C., Madroumi, R., Andrews, M. D., Arnold, R., Hope, V. D., and Taegtmeier, M. (2024). "The nexus of immigration regulation and health governance: A scoping review of the extent to which right to access healthcare by migrants, refugees and asylum seekers was upheld in the United Kingdom during COVID-19". *Public Health*. 232. pp 21 –29.

<sup>5</sup> Talks, I., Mobarak, A. B., Katona, C., Hunt, J., Winters, N., and Geniets, A. (2024). "A mile in their shoes: Understanding health-care journeys of refugees and asylum seekers in the UK. *International Journal Of Migration, Health and Social Care*". 20 (2). pp. 305-319

<sup>6</sup> Hout, V. M. C., Madroumi, R., Andrews, M. D., Arnold, R., Hope, V. D., and Taegtmeier, M. (2024). "The nexus of immigration regulation and health governance: A scoping review of the extent to

telehealth services or access online health information, which further marginalised them from essential healthcare.

Researchers have also found a dissonance between the rights to health services on paper and the reality of access in practice, where governmental guidance and public health communications have often failed to adequately consider the lived realities of migrants, refugees, and asylum seekers. Asylum seekers experienced substantial individual, structural, and policy-level barriers that led to inequitable access to healthcare. This supports arguments that the right to access healthcare should not be contingent upon immigration status, as this creates significant barriers for vulnerable populations<sup>7</sup>.

The migration status of a person is itself one of the determinants of their health<sup>8</sup>. Several studies show that the policies initiated in UK to create a hostile environment for asylum seekers such as the extend of reach of UK Border Agency to everyday life including health services, have created entry barriers to asylum seekers accessing health care. Furthermore, navigating the asylum system has been documented to have an impact on mental health that is as significant, if not greater, than the experiences that initially forced individuals to migrate.

For asylum seekers, navigating the UK asylum system is a highly stressful experience that strips them of their agency. The stress of awaiting an asylum application decision significantly diminishes the ability to prioritise health, even if people wish to do so. The uncertainty with the asylum claims particularly affects mental health as waiting for a decision on their asylum claim is often experienced as being kept in perpetual limbo and they could not form ties or plan their future in one place<sup>9</sup>.

Due to these challenges faced by asylum seekers in accessing healthcare services, many rely on charitable organisations such as Hope to help them enter the healthcare system.

Asylum seekers are often left to navigate a complex system with limited information, unstable living conditions, and little formal support, which contributes to poor physical and mental health conditions. While many organisations attempt to fill these gaps, the high level of demand for their services also highlights the absence of adequate state provision. It is within this landscape that the Hope's Wellbeing Project operates, offering not just access to

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which right to access healthcare by migrants, refugees and asylum seekers was upheld in the United Kingdom during COVID-19". *Public Health*. 232. pp 21 –29.

<sup>7</sup> Hout, V. M. C., Madroumi, R., Andrews, M. D., Arnold, R., Hope, V. D., and Taegtmeier, M. (2024). "The nexus of immigration regulation and health governance: A scoping review of the extent to which right to access healthcare by migrants, refugees and asylum seekers was upheld in the United Kingdom during COVID-19". *Public Health*. 232. pp 21 –29.

<sup>8</sup> Isaacs, A., Burns, N., Macdonald, S., and O'Donnell, C. A. (2022). "'I don't think there's anything I can do which can keep me healthy': How the UK immigration and asylum system shapes the health & wellbeing of refugees and asylum seekers in Scotland". *Critical Public Health*. 32 (3), pp 422-432.

<sup>9</sup> Isaacs, A., Burns, N., Macdonald, S., and O'Donnell, C. A. (2022). "'I don't think there's anything I can do which can keep me healthy': How the UK immigration and asylum system shapes the health & wellbeing of refugees and asylum seekers in Scotland". *Critical Public Health*. 32 (3), pp 422-432.

healthcare but an approach grounded in trust, continuity, and an understanding of the complex realities asylum seekers face.

### 1.3 Overview of Wellbeing Project

The Wellbeing Project started in 2022 to improve the physical and mental health of destitute asylum seekers, helping them navigate challenges and improve their overall wellbeing. After an initial period of learning and project development, and some staffing changes, project delivery accelerated rapidly. Vital lessons were learned which have provided a strong foundation for future work. At the time that data was collected for this evaluation in early 2025 only 14 clients had been accepted onto the project, but by June 2025 the number had risen to 43 with more under assessment. Clients of the Wellbeing Project may be living in Home Office accommodation, Hope housing, sofa surfing, or experiencing other forms of unstable housing. Through activities, workshops, and personalised support, the project aims to reduce isolation and empower clients to build resilience in a hostile environment. The Wellbeing Project employs a worker whose primary responsibility is to support clients' wellbeing, ensuring they have access to everything they need to be able to access health services in UK. She also responds flexibly as someone that clients can talk to when faced with challenges. A key aspect of the Wellbeing Project is to enable people to feel they have community and a support system around them, and to offer support through disruptions in clients' day-to-day lives while they work to overturn their asylum refusal.

Hope recognises the importance for clients to maintain their sense of identity and to find ways of maintaining continuity in who they are as a person after coming to UK. Hope identifies activities that clients loved before and which made them feel happy, such as bike riding, knitting or gardening, and supports them to continue to do those activities. It is important that these activities are recognised as mental health support, preventing clients from feeling like they are living in a before-and-after period.

Hope's work suggests that many asylum seekers experience a profound loss of purpose, shaped by restrictions on work and study, which can leave them feeling disconnected and uncertain about their future. Clients often describe the experience of forced displacement and navigating the UK asylum system as something that changes their sense of self. By involving people in meaningful activities, connecting them with others, and building social connections, Hope aims to help clients maintain their sense of self and resilience in the face of uncertainty.

The Wellbeing Project aims to expand its services to individuals beyond those living in Hope housing, ensuring that all clients, regardless of their housing situation, receive wellbeing support. The Wellbeing Project also has added value because it enables Hope to respond to the needs of some housing clients whose diverse and complex needs may go beyond what the housing team can manage. In such cases, the housing team will refer the client to the Wellbeing Project. Additionally, when a client transitions from Hope housing to another housing provider, the housing team may also refer the client to the Wellbeing Project for continued support through their housing transition. In some cases, individuals with the highest level of need may receive both housing and wellbeing support simultaneously to ensure they are fully supported. The following account from a client illustrates the severity of need, the impact of the asylum system, and the importance of Hope's wider provision in which the Wellbeing Project is embedded:

*“If it was not for Hope, I don’t know what would happen to me. I was in different city before, I am not allowed to work, and I was begging in the street. So, having a room over my head during the cold weather is a blessing. I’ve been over 20 years in the UK, and I got ripped off by two lawyers. One in Birmingham, one from London. I paid for my own money in cash when I was working. I never got to know about my case. When I got no money at all, I was not allowed to work. I lost my children. I have got a lot of major health issues. I have now got a lawyer following my case. You’re not allowed to work, you’re not allowed to claim, you’re not allowed to do education. I don’t know how they want people to survive. All the many years I have been sitting, doing nothing, that has made me feel sick.” (Client 1)*

Most clients access the Hope Wellbeing Project through an internal referral from the legal team, which is the primary entry point for most people seeking support. As Hope works with destitute asylum seekers, many of whom are homeless and have had their asylum claims rejected, legal intervention is often a prerequisite to addressing their broader needs. Providing wellbeing support without legal progress would not be meaningful for most. The following client shows the way in which their immigration status and health are intertwined, and the kind of help they received from the Wellbeing Project in this context:

*“Hope tries their best to help with anything they can. As for my mental health, it is a different matter. My mental health is related to my immigration situation, which is something nobody can really help me with. But everything Hope has done has been helpful. The Wellbeing Project officer helped me by registering me with a GP, supporting me with my application for an HC2 certificate, and made sure my GP appointment went well.” (Client 9)*

While direct self-referral to the Wellbeing Project is not possible, clients can self-refer to Hope overall, after which they are assessed by the legal team and referred to wellbeing support if this is considered appropriate. A smaller number of clients are also referred from external partners such as the British Red Cross or the Refugee and Migrant Centre.

Presently, there is no fixed time period for which wellbeing support is provided to a client, allowing the duration of support to be flexible to the individual’s needs. Hope conducts three mood assessments with clients: when they enter the service; after three months to evaluate the progress made; and a final assessment based on their overall progress at the end of six months. If the client is found to be in a better place and needs less support, Hope will gradually step back.

The initial six months of support is conceptualised as an intensive initial three months, followed by a less intensive remaining three months. At the beginning of support, most clients require more engagement and support, especially if they are receiving support from Hope for the first time. As time progresses, the level of involvement from the wellbeing officer can often be reduced. Given the diverse backgrounds and needs of the clients, this approach allows the Wellbeing Project to cater to clients’ specific circumstances, providing the necessary support while gradually promoting independence as clients progress.

All wellbeing clients are also eligible for Hope’s destitution fund. Hope provides £30 per week, plus an additional £10 monthly, depending on the number of weeks in the month. This results in clients receiving between £130 and £160, paid onto a prepaid cash card. As most

asylum seekers are not allowed to work and many have no means of income, it is difficult to address wellbeing when they need financial and housing support. Hence, Wellbeing Project clients who are not already in receipt of Home Office support via Section 95 or Section 4 are also granted support from the destitution fund. Initially, this financial support is granted for six months and then reviewed. They may be provided with a continuation of support from the destitution fund, for example if there is a need for them to continue in the Wellbeing Project.

In addition to financial support, Hope also provides food vouchers and other support wherever possible to the clients. The wellbeing officer provides food bank vouchers on a weekly basis to clients who have identified the need for them. She also refers clients to a place where they can get clothes. For pregnant clients, she directs them to a baby bank where they can receive essential items for themselves and their baby. Client interviews illustrated this support operating in practice, for example:

*“They help me in many ways. At the moment I want to buy some jackets because I don’t have too many jackets. They’re helping me to buy some jackets as well, as it is very cold now.”* (Client 5)

*“Hope also helped me get a SIM card with free internet for six months. They’ve been really good to me.”* (Client 9)

Hope also managed to get bus passes to all their clients with the help of Migrant Help and Transport for West Midlands.

As noted above, prior research has found that the experience of seeking asylum in Britain has a deep and often damaging impact on people, frequently leading to physical illness, emotional distress, and profound insecurity. This was reinforced by the findings of this evaluation. For example, one of the clients described the toll the asylum system had taken on them:

*“I used to go to college and then they just took me out of the system when I started college, because they mistook which country I am from. I was struggling. I was homeless. My clothes are really dirty, I got just one pair of clothes I need my people to work. There has never been enough money for food. Where is the humanity?”* (Client 3)

In Hope’s theory of change, it is understood that people need strength to fight their asylum claims, and this can be increased through wellbeing support and a sense of having allies. Hope engages them in various activities including creative arts and sports, to rebuild their sense of resilience.

This evaluation found that Hope has been successful in making their clients feel that they have allies, as noted for example by the following Wellbeing Project client:

*“I know if I need help, I can come to them, and they will try to help me out. So, they are the kind of charity where if you are struggling with something, you know that there is a whole project to help you.”* (Client 4)

At the level of its overall approach, this evaluation found the Wellbeing Project at Hope to be grounded in a deeply compassionate understanding of the asylum experience. It does not treat wellbeing and mental health in isolation but recognises that meaningful support must be

anchored in the broader legal and housing conditions of people's lives. The Wellbeing Project is a critical support that can help people survive and navigate the uncertain asylum system. The following section presents findings from client and staff interviews showing how this approach is experienced in specific areas of its practice.

## 2. Findings

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This section presents key insights from the Wellbeing Project, drawing on client testimonies and staff reflections, organised according to the stated objectives of the Wellbeing Project. These findings demonstrate how compassionate interventions can make a tangible difference even as structural barriers continue to constrain what is possible.

### 2.1 Get people registered with a GP they can access

The first and most essential step in accessing healthcare in the UK is registering with a General Practitioner (GP). For Hope clients, this process is generally straightforward, as the Wellbeing Project officer supports them through it. Rather than registering with a standard local GP, clients are referred to the Homeless Health Exchange—a service that demonstrates a strong understanding of the unique needs and entitlements of asylum seekers. Compared to mainstream GP practices, this service is better informed about the barriers faced by people with insecure immigration status and are more responsive to their circumstances.

To register a client, the Wellbeing Project officer accompanies the clients to the Homeless Health Exchange GP to support with the paperwork. The project officer provides a joiner's form, and together they fill all the details together before submitting it. Then, the client is registered within two weeks. Once the registration is completed, the client receives a full general health check-up with a nurse. The can also tell the nurse any health concerns they face, and they will be given an appointment accordingly.

Hope staff report that most clients need someone to go along with them for their first appointment with a GP because people are in a vulnerable state due to the pressures of the asylum system and require support. The paperwork to register can be challenging for clients considering the number of questions, and the language of questions can often be confusing. The Wellbeing Project worker therefore accompanies most clients for their first appointment, provided the clients are comfortable with this. The following client describes the difference this made to them:

*“Hope made the GP appointment for me. Having the Wellbeing Project officer accompany me made a huge difference. When someone comes with you from an organisation and knows the system, it feels like the GP does their job better, faster, and is kinder. The Wellbeing Project officer is very nice and has helped me a lot.”*  
(Client 9)

This provides clients with an extra support that they might not have available otherwise.

The GP provides translators; however, they struggle to get translators for some languages and in those cases the project officer calls one of Hope's translators for ease of communication. The officer reported she has had trouble finding translators for some African languages such as Lingala, even though it is not an uncommon language and has around 20 million native speakers and a further 20 million as a second language. She described being asked by GP staff if the client could speak French instead, but in this case the client could not. The project officer reported that she had been able to find a Lingala translator on occasions when she had been able to book an appointment in advance, but in some cases

when a client was only given a day's notice that they had to go for a GP appointment, finding a translator was much more challenging. This highlights the vital role of Hope's Wellbeing Project in providing additional support to make the NHS more accessible to destitute asylum seekers. The following client expressed the confidence this gave them in being able to access necessary care:

*"They kicked me out of the system because they think ... I am from Sudan or Ethiopia. But I am from Eritrea. They said, we are not going to help you anymore. Then I find Hope project, which is helping struggling people. They are helping and supporting me. When I go to the hospital along with them, I am sure to get a translator."* (Client 3)

Even for asylum seekers who are confident in English, it can be challenging to understand complex information from a GP when English is their second language. When accompanying a client to the GP, the Wellbeing Project officer said she could gauge if the client really understood what was being communicated and request them for clarification when needed. She furthermore felt able to ensure the appointment went smoothly for the client and once the client was comfortable, to gradually reduce support to promote the client's independence.

For clients with complex health needs or additional vulnerabilities, such as memory loss or unstable housing, this evaluation found the Wellbeing Project officer to have played a critical role in maintaining consistent access to healthcare. In some cases, clients explicitly authorised the officer to communicate with their GP on their behalf, ensuring they received timely updates, appointment reminders, and emotional support. The following testimonials highlight how such support has made a tangible difference in clients' ability to access and engage with healthcare services:

*"Hope helped everything, honestly, with my health. I have seizures and I was in a car crash previously and because of that I was in coma for five days a couple of years ago. Hope booked me the GP appointment. And the project officer was there with me as well for support because I have a short memory loss. For every meeting with the doctor, she was there with me for support. Now I am also able to see a specialist. Without Hope ... I wouldn't know what happened to me."* (Client 1)

*"I am homeless and without accommodation. The Hope team has always done their best for me, especially with my mental health appointment at the GP. They supported me throughout the process, and whenever I asked for help, they never stopped. Honestly, I don't know how to say thank you enough for everything they've done. They have always been kind and serious about my situation. If I need anything, they help me immediately—there's never any delay. As I do not have a stable place to stay, my GP is always far away. I have given permission for the Hope Wellbeing Project officer to access my appointments. She talks to the GP on my behalf and even comes with me to my GP appointments. My GP referred me to a psychologist for my mental health, but it is taking a long time. The Wellbeing Project officer keeps following up with them for me."* (Client 7)

Ensuring access to a GP is a foundational step in addressing clients' health needs, and this evaluation finds the Wellbeing Project to have been effective in facilitating this. By working

with understanding and flexible providers like the Homeless Health Exchange, and through close, ongoing support from the Wellbeing officer, clients not only get registered but also remain meaningfully engaged with healthcare and receive support in overcoming barriers to access. This personalised approach is especially vital for those with complex health conditions, memory difficulties, or unstable living arrangements, helping reduce barriers and build continuity in healthcare.

## 2.2 Make sure clients understand their health entitlements

Navigating the UK healthcare system can be overwhelming, especially for individuals who are unfamiliar with their rights or face language and system-related barriers. A key aspect of the Wellbeing Project's support lies in not just registering clients with services, but ensuring they fully understand what they are entitled to such as free prescriptions, mental health referrals, and access to urgent care.

When clients come to Hope, it is usually the case that either they have not had an HC2 certificate, which grants financial support with prescriptions and some other NHS services, or their certificate has expired. If the client receives Home Office support under section 4, section 95 or section 98, Hope contacts Migrant Help and they issue the HC2 certificate to the client. The process is quick and takes about five minutes. If the client is not receiving Home Office support, Hope assists them in applying online using their NHS number.

Many clients are unaware of their entitlement to an HC2 certificate, or are unaware that it expires and needs to be renewed. While the renewal process is not complicated, it is often poorly explained, leaving clients without the information they need. The following testimonials highlight the difference this knowledge has made in clients' lives:

*"In the past, I had to pay 10 pounds for medication that I was getting through the NHS... But now ... with the help of Hope, I am getting my medications for free."*  
(Client 1)

*"Along with helping me register for GP, the Hope Wellbeing Project officer taught me the process of how the NHS and the whole medical system works in the UK. They told me how to use the 999 and the 111. They also helped me get knowledge on how to get medications by the pharmacy, get HC2 certificate, and all those information. I would not have gotten an HC2 certificate and get medication for free if Hope had not helped me with it. It is very helpful because I have prescribed medications currently. And I was also told I can get mental health therapy sessions from my GP. Basically, all the information I have about mental health and physical health were taught to me by Hope Project. I am very grateful for that."* (Client 2)

Ensuring that clients understand their entitlements is key to helping them access healthcare confidently and independently. By supporting clients to obtain HC2 certificates, explaining how the NHS works, and guiding them through systems like prescription access and emergency services, Hope empowers clients to make informed decisions about their healthcare. This practical knowledge not only reduces financial and logistical barriers but also strengthens clients' awareness of their rights and consequently their ability to advocate for themselves.

### 2.3 Help clients access health services they need to

A crucial aspect of Hope's Wellbeing Project is helping clients access the health services they need. This involves conducting initial assessments to understand their health concerns and connecting them to relevant resources. From identifying physical health issues to addressing mental health challenges, the Wellbeing Project officer plays a pivotal role in guiding clients through the complex healthcare system, ensuring they receive the support required to improve their overall wellbeing.

The Wellbeing Project officer conducts an initial health assessment when meeting a client for the first time. She noted that most clients are willing to discuss their physical health concerns, as many have previously received some level of medical support, though often this was not adequate. However, conversations about mental health were described as sometimes being more challenging. Clients were described by the project officer as sometimes struggling to grasp the concept of 'mental health' immediately and often appearing unsure about acknowledging mental health concerns unless they had been previously diagnosed. The Wellbeing Project worker said:

*"I spoke to a client and I asked, 'Do you need any support with your mental health?'. The reply of client was, 'No'. And then we talked a bit more and he said, 'I am really depressed all the time. My mood is really low. I feel like I need someone to help me just feel happy again.' I was like, 'That's mental health'. When it clicks, they are like 'Oh yeah, that is something that I need'. I think putting it in the right language for people to understand is important."*

The officer described dealing with this by asking the questions such as:

*"What is your mood like? How do you feel when you wake up? What do you feel? How do you feel about life in the UK?"*

From these questions, the mental health difficulties of the clients are likely to emerge.

The initial wellbeing assessment was described by the project officer as covering a client's medical history, past diagnoses, any previous interactions with a GP, their hobbies, and what brings them happiness. Rather than feeling like a formal interview, the assessment was described as being conducted as a relaxed conversation, with the officer naturally guiding the discussion and filling in the details by the end. The officer reported that during this conversation she would explore activities the client once enjoyed but may no longer be able to engage in, such as biking, knitting, or playing a sport. The goal is to identify meaningful activities that clients can reconnect with, helping to improve their wellbeing. This assessment serves as a starting point for building a trusting relationship with the client. The officer reported that for many clients, the greatest challenge they face is feeling lonely, isolated, and without a support system.

Along with the initial health assessment, the wellbeing officer described also conducting a mood assessment for each client, and repeating this every three months to see how they have been doing. She described the mood assessment as follows:

*"There are five to six questions where I give a statement, and clients tell me how much they agree with it on a scale of one to five. One means not at all and five every*

*day. My statements are: 'I feel cheerful and in good spirits'; 'I feel calm and relaxed'; 'I feel active and vigorous'; 'I wake up feeling fresh and rested'; 'My daily life is filled with things that interest me'; and, 'I feel surrounded by people who support me and care about me'. So then even if I ask a client about their mental health and their response is 'Yes, it is totally fine', I can get a better picture of what might be going on with how they respond to those statements."*

She further says:

*"I always do one mood assessment as soon as I meet a new client and then three months after their initial assessment, I will do it again to see where we are at and what we need to work on. For example, I did one with a client and at the beginning where he ranked 'I feel active and vigorous' at a one. He was someone who really enjoyed playing sport. He liked playing football. He used to have a bike. We got him a second-hand bike and found a ... club that he can join to play football. And we got him a free gym membership and a bus pass so that he can get to all those things. At his three-month assessment his mood went from a one to a five. Now we can move on and work on some of the other ones that were a bit lower because he has gone back to doing those things that he really enjoyed doing before."*

To support clients in accessing the health services they need, Hope has created a comprehensive spreadsheet detailing various services available in Birmingham. This includes free activities, clubs, and welcoming spaces where clients can enjoy a warm drink and connect with others. The team thoroughly researched these resources and compiled them into a database to facilitate appropriate referrals.

*"When I went to Hope for the first time, it was difficult for me to go. My friend came along with me and explained my situation to the project worker. After that, the Wellbeing Project officer had a session with me which lasted for about one and half hours. She said she will refer me to get mental health support from a psychologist. The session I had was a week ago and I am waiting for the referral." (Client 7)*

*"Hope Projects is very helpful. They support me with one or two talk sessions and going through updates with my mental health. Because I suffer with mental health breakdown, they help me process it. There is an assessment every three months to check my mental health status. I meet with one of the staff and I talk about my mental health, which is like a therapy conversation. Any other health, any other things I need about my health, I would just go to my GP that Hope helped me register and talk to the doctor." (Client 2)*

*"I get emotional support and food vouchers from Hope Project. I know if I need help, I can come to them. And they will try to help me out. So, they are the kind of charity where if you are struggling with something, you know that there is a whole project to help you. They are welcoming and are open to help you out." (Client 4)*

As part of this effort, the Wellbeing officer recently organised a drumming workshop in collaboration with a drumming group she discovered during her research. She reported that the session was a great success, and clients thoroughly enjoyed the experience.

Some organisations allow the clients to self-refer, while for others they need Hope to refer the clients. For certain activities like volunteering for gardening, you can also just walk in. The project officer identifies services depending on the need of the client and how much support they require. Another client described the difference this highly responsive support had made to their life:

*“Hope project is helping me for everything. They are helping me very well with my mental health. I am very happy with them. I attend their meetings as well and they give me full support. Staying at my home is disturbing me and I want to go outside. They are connecting me with a volunteering place. It would have been difficult had they not been there for me.”* (Client 5)

The Wellbeing Project officer notes that everyone she is working with has different needs, but all clients require wellbeing support because of the pressures of their asylum situation in the UK. Although their unique needs may vary, everyone experiences emotional strain caused by their circumstances.

The officer reported having guided several clients to do self-referrals to a counselling service that Hope works with in Birmingham. Recognising that many clients may be unaware of their rights to mental health support, she takes the time to explain these entitlements and how to access them. She highlights the importance of conveying mental health support in the right language to people and ensuring clients understand that wellbeing support extends beyond counselling and can include a range of activities and resources.

Although addressing immediate health needs is a priority, Hope’s approach to supporting clients in accessing health services goes beyond that. By conducting regular assessments, offering emotional support, and connecting clients with appropriate resources and activities, Hope ensures that clients have ongoing access to the services they need. This improves their chances of achieving sustained health and wellbeing.

## **2.4 Find out what activities make them happier**

The Wellbeing Project focuses on helping clients identify activities that bring them joy, aiming to thereby improve overall mental health and wellbeing. The Wellbeing Project adopts a client-centred approach to support individuals in identifying and engaging in activities that enhance their happiness and mental health.

When clients struggle to identify activities they enjoy, the Wellbeing Project officer explores the reasons behind this. Sometimes clients may be experiencing mental health challenges or feeling too low in mood to recognise what they find enjoyable. In such instances, additional support is provided to address these underlying issues as part of their personalised wellbeing plan, so they eventually feel comfortable to engage in positive and calming activities.

The wellbeing plans are prepared through a personalised and collaborative process that aims to prioritise the unique needs of each client. The Wellbeing officer works with clients to understand what is it that they want to do. Rather than creating a rigid plan, the officer keeps it flexible to avoid clients feeling disheartened if things do not go as intended. This approach allows clients to feel more comfortable and supported, leading to greater satisfaction with the

services provided. The positive feedback from Client 1 reinforces the effectiveness of this tailored and adaptable method, saying: *“I am a hundred percent happy with the support”*.

The wellbeing plan is shaped by what the client identifies as most important. For some, this may mean accessing mental health support, as described above, while for others, it could involve pursuing higher education, for example. In such cases, the officer may help explore study options or guide them through the application process.

At the heart of the wellbeing plan is a simple yet meaningful question: ‘What makes you happier?’ The officer then works to support the client in doing more of those activities, offering additional help such as connecting them to clubs or groups and providing introductions where needed.

This evaluation found many examples of this approach producing positive results for clients, for example Client 2 who reported, *“I wouldn’t have gone to this club without Hope Project”*. The Wellbeing Project’s emphasis on identifying and engaging in activities that bring joy reflects a holistic and adaptive approach to mental health support. By recognising the complexities that clients face and allowing room for flexibility in their wellbeing plans, the project seeks to respond to each client’s needs in a personalised way.

#### **Case Study: Finding Strength and Support Through the Hope Projects**

Client 2, in their 20s, is an asylum seeker from West Africa who is currently staying in a safe house in Birmingham. They were referred to The Hope Project by the wellbeing team at the University of Birmingham. When they first connected with Hope, the staff began by supporting them through a series of one-on-one sessions to discuss their physical and mental health needs.

Over time, they started attending Hope’s monthly group sessions, which they find immensely therapeutic. These sessions bring together asylum seekers to share experiences, gain knowledge, and support one another. Reflecting on these gatherings, Client 2 shares:

*“We meet, and we talk about the asylum process, how to prepare for your interviews, and how the Home Office works. It gives us knowledge about the entire asylum system. Then we talk about how our life is going. It’s like a therapy session where we eat, and we get knowledge.”*

The Hope Project also conducts quarterly check-ins with them to monitor their mental health.

One of the distinctive aspects of Hope’s approach is its focus on individual interests and finding hobbies that make the clients happy and improve their self-esteem. The staff learned that the client had a passion for sports and took active steps to help them pursue it. Hope connected the client with a local sports club, assisted with registration and fees, and provided them with essential equipment, including their shoes. Now, the client goes to play in the club twice a week, an activity that has significantly improved their mental health and allowed them to form new friendships. The client remarks:

*“I wouldn’t have gone to this club without Hope Project.”*

Before joining The Hope Project, the client was not registered with a GP and was unaware of the process. Hope guided them through the registration, helping them understand their health

entitlements and the workings of the UK's healthcare system. Later, when the client moved to a different location, they were able to transfer their GP registration independently, thanks to the knowledge they had gained from Hope's Wellbeing Project.

Hope also provided the client with essential information on using emergency services like 999 and 111, securing medications from pharmacies, and obtaining an HC2 certificate for free prescriptions. They also informed the client about mental health therapy options available through their GP. The client emphasises the impact of this support:

*“Basically, all the information I have about mental health and physical health was taught to me by Hope Project. Hope is very helpful. I know how to go to the GP and get prescriptions for free. So it's very helpful because I do have prescribed medication. It was very helpful.”*

They also expressed appreciation for the accessibility and reliability of the support they received:

*“Hope is doing well. I can reach out to them easily, so I don't have anything to complain about.”*

Today, the client feels equipped with adequate knowledge of the UK's health services and their entitlements. They have also become aware of other local resources and services they may need in the future. Reflecting on their journey, they express their gratitude:

*“The Hope Project is helping me a lot. And yeah, I think that compared to other organisations that I'm a part of, Hope Project has helped me the most and the longest. There's anything I would need, like supplies for school, for instance, because there was a time I needed books for class, and Hope Project helped me with books.”*

They conclude warmly:

*“I think they [Hope] are very helpful, and they have helped me a lot to this day.”*

Hope's focus on practical support, such as navigating healthcare systems and accessing essential services, combined with emotional support through group sessions and personal interests, allowed the client to gain both knowledge and confidence. This case highlights the effectiveness of combining practical assistance with mental health support to address the complex needs of asylum seekers, enabling them to build a foundation for wellbeing.

## 2.5 Help clients to do more of the things that make them happy

Engagement in community activities is vital for asylum seekers, offering not just respite from the isolation of their legal battles but also fostering a sense of belonging. Hope organises monthly meetings for clients called Hope Asylum Voices (HAVS). These gatherings provide a welcoming space where clients can connect, share experiences, and enjoy a meal together. Hope ensures to include training sessions to build knowledge and skills, alongside activities that are engaging and enjoyable. The aim is to support clients in doing more of the things that make them happy, fostering a sense of community and provide asylum seekers

with a space for peace and connection, helping them focus on the things that bring them joy and comfort.

HAVS also serves as a platform for clients to provide feedback on Hope's services, giving them a voice in shaping the organisation's work. The clients may also have the opportunity to speak with the legal team during these meetings. The initiative has been running successfully, creating a community that support each other in the asylum process.

*“Hope does meetings every month. Here, everybody has a warm drink and a nice meal. Everybody talks about how they feel, about their cases, what’s missing in our cases, what things can we do differently in our lives. There are good people there.”*  
(Client 1)

As part of these meetings, the project officer reported having introduced a wellbeing quiz focused on physical and mental health. The quiz encourages clients to reflect on what different health-related terms mean to them and suggests simple actions they can take to improve their wellbeing.

Additionally, the project officer reported plans to hold a session on NHS entitlements to help clients better understand their rights to healthcare. She said that while this information was often shared individually to each client, discussing it in a group setting with a presentation allowed for a more in-depth discussion and for a longer duration. This approach also provided an opportunity for clients to ask questions and clarify any doubts. Given the complexity of Home Office rules and the language barrier, these open discussions were described by the officer as playing an important role in ensuring clients fully understand their healthcare entitlements. The wellbeing officer also conducts informal one-to-one wellbeing drop-in sessions with each client.

Previously, the mental health charity Mind conducted a session on mental health during one of Hope's monthly meetings. Hope also hosted a local group that led a drumming workshop, which clients said they thoroughly enjoyed. Additionally, clients have participated in creative activities such as making ceramic coasters and painting workshops. These sessions were described by the officer as being quite popular, attracting around 30 clients on average.

The workshops are held at a local church that Hope works with regularly. The church also runs a food bank, which has been beneficial for clients to become familiar with. Some clients have even started volunteering there. Hope is planning more activities where local groups can engage with clients, offering both skill-building opportunities and meaningful social interaction. The officer said:

*“The idea is that you start doing something with your hands, and at the same time you talk, and it feels like a little bit more low pressure than having everyone sit around a table and be like, we are here to talk about mental health. If you have a distraction that you can do at the same time, it feels a little bit less like the spotlight is in your face.”*

For asylum seekers who are also street homeless, the experience of working to overturn an asylum refusal can be incredibly isolating. The purpose of the HAVS meeting is to bring together all clients of Hope, including those not housed by the charity, to create a sense of

community and reduce isolation. The aim is to help clients feel connected and supported in their fight to overturn asylum refusal.

Hope staff reported that client participation in HAVS meetings is generally quite high. This could be seen to reflect a supportive and engaging nature of the meetings, where clients feel comfortable sharing their experiences and participating in the activities. Sometimes, different residents make their national food in these meetings. Recently they had Ghanian and Persian lunches, which the officer said was appreciated by the clients.

Depending on clients' needs, Hope makes initial introductions for the activities identified by clients, so it is easy for them to engage. These introductions provide clients with the confidence and support needed to navigate new environments, ensuring a smoother transition into the activities. The project worker continued:

*"I have a young person who wanted to play football, but he has been very isolated, and he would not go by himself. So, I said 'I will go, and I will play football with you for the first time. So, you know where it is, and you know what it's like. And then after that, you can go by yourself'. And now he does."*

The officer reported that at times, challenges arose concerning payment for activities, as some of them require a fee, and that this could be challenging to navigate. In such cases, Hope communicates with the relevant activity club or group, explaining the client's situation, and works together to find a solution. For instance, recently, when a client expressed interest in participating in a sports activity, the club was happy to fundraise to cover the client's costs.

Volunteering holds significant value, especially for refused asylum seekers who are legally not allowed to work. It provides a meaningful opportunity to meet new people, contribute to the community, and combat isolation. In the context of restrictive asylum policies, volunteering can help individuals build social capital, reduce isolation, and remain connected to the broader community despite their marginalised status<sup>10</sup>. Such engagement can also support the empowerment of refugees, helping them to realise their potential as active and valued members of society<sup>11</sup>. When a client expresses interest in volunteering, the project worker takes the time to understand their interests, whether they want to work in a food bank, interact with people or animals, or engage in more hands-on activities. She then works to find suitable opportunities and encourages clients to participate in activities that get them out of the house, addressing the isolation they often face.

The local council has a notice board listing volunteering opportunities across Birmingham, and the officer works closely with the clients to find something that fits their needs. For example, one client described how:

*"I like to do gardening, and they did give me an appointment to start to do practice gardening. And it was that quick, I was shocked myself. But as we speak, now it is*

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<sup>10</sup> Vickers, T. (2016). "Opportunities and Limitations for Collective Resistance Arising from Volunteering by Asylum Seekers and Refugees in Northern England. *Critical Sociology*". 42(3). pp 437-454.

<sup>11</sup> Griffiths, D., Sigona, N., and Zetter, R. (2005). "Refugee Community Organizations and Dispersal: Networks, Resources and Social Capital". Bristol: The Policy Press. pp 18.

*winter. So, I have got to wait. I used to work for a factory. I don't like sitting at home doing nothing 24/7. I like to do something at least a couple of days a week.” (Client 1)*

However, finding the right volunteering opportunity can sometimes be challenging. Hope staff report that even when a suitable opportunity is identified, it can be difficult to move forward when organisations do not respond to emails or calls, making the process more difficult for both the officer and the client. This complicates the process of connecting clients with meaningful activities. Nevertheless, the consistent commitment from Hope to facilitate these connections demonstrates their dedication to providing meaningful support and creating spaces where asylum seekers can thrive.

### **Case Study: Experiencing Comfort and Community in Hope's Wellbeing Project**

Client 4 is a young man in his 20s from South America who first learned about Hope Projects when he faced uncertainty regarding his Home Office housing. While he was not evicted, this experience introduced him to Hope. Even though he did not require housing support, he began receiving wellbeing support from the Hope Project.

The client's experience demonstrates the value Hope's Wellbeing Project can have for individuals in reducing isolation. Client 4 shares:

*“I get emotional support from Hope Project. I can go to them if I feel like I need to talk to someone. They are welcoming and are open to help you out.”*

Recently, the client's accommodation was transferred to a different location, but he was not allowed to take his belongings with him. In this difficult moment, he approached Hope, and he was relieved that they could help him. He stays in regular contact with the Wellbeing Project officer and attends Hope's monthly Hope Asylum Voices (HAVS) meetings.

*“I have got a face-to-face appointment this week, and she invites me to Hope for the monthly meeting, which I attend now and then.”*

One of the important aspects of Hope's wellbeing support is connecting clients with meaningful activities. These activities encourage participation in positive community events, helping individuals feel included and supported.

*“Hope sends me information about activities and different programmes around the city where I can go. The Wellbeing Project officer invites me to activities more related to mental health and wellbeing. She sends me information about different programmes she knows about. I manage to attend these now and then.”*

The client is enthusiastic to take part in as many activities as possible, though sometimes transportation costs make it difficult. When he is able to attend, he finds the experience uplifting and beneficial for his wellbeing.

*“Once I attended an event in the city that was told to me by Hope. It was an art exhibition related to migration. I got to meet lots of people, and I socialised. I had a good time. I did something different, and it was the kind of thing you feel like this is what I needed, this is what I needed to do, to socialise and share meaningful time with people.”*

Hope's Wellbeing Project also helps clients find simple yet meaningful ways to connect with others.

*"The other day I received information about a group of people going out and walking together in the park. Hope suggests and recommends a lot of activities for me to engage in. The Wellbeing Project officer always looks out for me. She is always making sure that I am okay. For a single, lonely guy like me, that means a lot."*

Beyond receiving support, the client has found purpose by volunteering for a charity called Stories of Hope and Home. Through this initiative, he visits schools to speak with students about the experiences of migrants and asylum seekers in the UK, raising awareness about the issues surrounding refugees. They travel to schools in West Midlands, Wales and other places in UK.

*"We talk to students and teachers. I need to do something, otherwise I would get crazy. When I go to a school visit and I see those kids, I know the future will be different because of them. So, we need to teach them to be more welcoming when it comes to migrants. It takes courage to be open and to talk in front of people in a language you do not speak. So, it is challenging, but it is the way to go. I am trying my best, and we are all trying our best to survive."*

Along with emotional and social support, Hope also provides the client with food vouchers, which have been invaluable to him. Hope has had a huge positive impact on his day-to-day wellbeing.

*"I know that if in the future I get evicted and I need a place to live, or if the government stops supporting me, there is an organisation called Hope Projects, and I know that they will help me out."*

He thoughtfully concludes:

*"Knowing that there is someone out there willing to care about you and ask if you are okay, that for me means a lot."*

The client's experience shows how Hope's Wellbeing Project helps people facing isolation and uncertainty. Through emotional support, access to activities, and practical help, Hope plays a key role in making clients feel connected and supported. The client's participation in various activities and his sense of community highlight the positive impact of this support on his wellbeing. Overall, the client's case emphasises how consistent and caring support can help people cope with difficult situations and feel more hopeful about their future.

## 2.6 Develop Clients' Knowledge of services

Hope's approach to empowering clients extends beyond direct support. By equipping clients with the necessary information, Hope enables clients to take control of their own wellbeing and make informed decisions.

Knowledge of services is crucial as it empowers clients to navigate the system and access the support they need independently. Hope works on the principle that their service is not about providing everything for people but rather connecting them with existing sources of support that they may not have had access to before or even been aware of. They act as facilitators, which makes the service more sustainable.

Once individuals move on from Hope's support, they continue engaging in the activities Hope introduced them to or attending clubs Hope connected them with. In this way, Hope enables them to have ongoing access to resources that they can continue to be a part of independently. This approach helps rebuild emotional stability and empowers clients to take charge of their wellbeing.

The following testimonials reflect how Hope's support helps clients navigate and access essential health services in the UK. Clients have gained increased confidence in managing their healthcare needs, from finding local medical services to understanding their rights and entitlements. These insights highlight the empowering role of Hope in ensuring clients feel informed and supported in accessing healthcare. For example, Client 2 shared that Hope initially assisted them in getting registered with a GP and educated them about the process. Once they moved to a new location, they were able to manage the GP change process independently and can now visit the GP on their own.

*“After they taught me, I was able to register to new GP by myself when I moved places [of residence]. I have to go and collect the form from the GP and then fill the form submitted back, then it will take two weeks for me to be registered at that GP. I can register online too. The quickest you can do is just fill in a form and then submitting it back to the GP. And then your information would be uploaded to the GP within two weeks. You also have to give the NHS number while filling the form.”*  
(Client 2)

Client 2 further adds that:

*“I am entitled to free health care. I am currently under Section 95, so the government will cover that for me. I also have my HC2 certificate, which I used to get my prescription for free. I have not had any major health crisis, but I know the service I require are available in my local area.”* (Client 2)

Similar awareness was also demonstrated by other clients. The knowledge of services provided through Hope's model is an essential tool in reducing barriers for clients, ensuring they have the skills and awareness to access necessary services. This empowerment strengthens their ability to manage their situations, ultimately contributing to their sense of agency and self-sufficiency.

While this is a short-term evaluation and does not assess longer-term outcomes, the support clients receive through Hope lays the foundation for sustained impact. By helping individuals build knowledge of services and navigate systems independently, the project equips them for ongoing engagement without needing frequent help or direct input. This approach promotes more sustainable outcomes and empowers clients to make informed choices in the future.

## 2.7 Hope responses to key challenges in project delivery

Delivering wellbeing support to asylum seekers involves navigating complex and shifting challenges. For Hope, this means balancing individual needs with limited capacity, adapting to varied levels of client engagement, and providing meaningful support even when clients face urgent unmet needs such as housing. This evaluation identified that the organisation responds through a flexible, client-centred approach, including prioritising clients based on current circumstances and creating space for reflective practice among staff. These responses are not only practical but also aligned with Hope's values of compassion, empowerment, and sustainable impact.

There is a challenge in managing client expectations as even though Hope would like to give more individualised support, it is beyond their capacity to do so. The challenge is to prioritise who needs the support most and how much staff time can be made available to a given individual within available resources. Hope responds to this through a case-by-case assessment of each client's needs at a given point in time, considered within the context of staff capacity.

Another challenge that the wellbeing officer faces is making initial contact with people who are referred to Hope. At times, clients may not respond to calls or introductory messages, which can delay efforts to build rapport and begin support. In response, Hope adopts a patient and flexible approach—making several attempts using different communication methods such as texts, WhatsApp, calls, or emails. If, after repeated efforts, the client remains unresponsive, the team gently assumes that the individual may not require support at that time, while remaining open to re-engagement in the future.

Additionally, Hope staff reported that clients may struggle to identify what they want to include in their wellbeing plan, especially when their primary concern is their physical health and this needs to be addressed first. However, the wellbeing plan is designed to support them to a point where they feel healthy enough to engage in other activities.

Furthermore, when clients are not under Section 4 accommodation, and Hope housing is unavailable, it becomes difficult to maintain their engagement, especially when they are street homeless, and their immediate priority is housing. This makes it challenging to maintain a focus on wellbeing activities when the most pressing need is shelter. This evaluation found that Hope responds with empathy and flexibility, recognising that immediate basic needs take priority. The wellbeing team provides practical support such as GP registration, assistance with obtaining an HC2 certificate for free prescriptions, access to food bank vouchers, and bus passes. Clients are also invited to attend Hope Asylum Voices (HAVS) meetings, helping them stay connected and informed. Through this continued support, Hope builds trust and keeps open the possibility of engagement in wellbeing activities when the client's situation stabilises.

Team supervision is important for protecting the wellbeing of Hope staff. The Wellbeing Project officer is supervised by the Operations Manager, and the team holds weekly meetings to discuss progress and challenges. They also have monthly reflective practice sessions, facilitated by an external professional, where staff can share concerns, discuss things that didn't go well, or explore areas for improvement. These sessions are organised separately for staff and managers, providing a space for support, supervision, and group work. By embedding empathy and reflection into its practice, Hope is able to respond to complex challenges while maintaining a focus on client wellbeing and staff sustainability



### 3. Conclusion

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This evaluation highlights the important role the Hope Wellbeing Project plays in supporting destitute asylum seekers to stabilise, connect, and rebuild their lives in the face of a hostile asylum system. It demonstrates how practical and empathetic interventions, from GP registration to community-building activities, can help restore a sense of autonomy and belonging for individuals experiencing extreme precarity.

A recurring theme in the findings is the gap between the needs of asylum seekers and the capacity of mainstream services to meet them, particularly within General Practice. Issues such as inconsistent translation provision, difficulty understanding complex paperwork, and limited awareness of the specific challenges faced by destitute asylum seekers have emerged as barriers. Hope has played a critical bridging role in making healthcare more accessible and appropriate. However, strengthening mainstream health systems to offer inclusive care is essential.

The evaluation also underscores the complex role of mental health in wellbeing outcomes. Many clients are initially unable to name or articulate mental health concerns, often due to language limitations, unfamiliarity with mental health frameworks, or the prioritisation of immediate survival needs. These findings reinforce those of Hope's legal service evaluation, which also identified mental health support as an area for further development.

At the same time, the evaluation draws attention to the systemic forces that drive poor health and wellbeing outcomes. The current asylum system, particularly its enforcement of destitution, prolonged uncertainty, and denial of legal status, has a direct and damaging impact on mental and physical health. In effect, it produces a public health crisis by placing a section of society outside of essential safety nets. Hope's work offers a vital response, but as a small charity, it cannot redress the structural conditions alone. In some ways, Hope ends up taking on responsibilities that should rightly fall to the government, stepping in where inclusive, rights-based public services are lacking.

For meaningful change, there must be a shift at policy level. Reform of the asylum system is urgently needed to address the root causes of harm and to uphold the health, dignity, and basic rights of those seeking protection in the UK.

Without significant policy reform that addresses these issues, then this evaluation finds Hope's Wellbeing Project to play a vital role in mitigating the harm that these policies cause, enhancing the wellbeing of some of the most vulnerable members of society, and aiding social integration.

Crucially, the project's impact lies not only in providing support but in enabling clients to gradually identify their own goals and strengths, a process which often requires intensive, skilled facilitation. The ability to name what one needs or wants cannot be taken for granted, it emerges over time through trusted relationships and consistent engagement. This justifies the time and resource-intensive nature of Hope's work and counters assumptions that access alone leads to inclusion. It is vital that such work continues to be supported, with sufficient resources for refused asylum seekers to be supported in identifying their needs and exercising meaningful agency in the decisions that shape their lives. This could be

further strengthened by finding ways for refused asylum seekers' lived experience to become even more central in shaping future provision.

## 4. Recommendations

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The findings in this report point to broader systemic issues affecting the healthcare and overall wellbeing for destitute asylum seekers, as well as important lessons for practice. Hope Projects offers critical support, but structural causes of harm to health and barriers to accessing support remain that require action beyond what a charity can provide.

### 3.1 For GP Practices and NHS Services

#### **Improve GP understanding of asylum seekers' circumstances**

Some of the ways in which Hope has had to tailor its support for clients suggests that mainstream GP practices often lack awareness of the specific vulnerabilities and entitlements of destitute asylum seekers. Training modules or briefings—which might be developed in partnership with organisations like Hope or Homeless Health Exchange—could help GP practices better understand the needs of this group, including their eligibility for services, health entitlements, barriers to access, and the role of trauma.

#### **Simplify and review healthcare registration forms**

Clients often find GP registration paperwork overwhelming due to the volume and complexity of questions, as well as unfamiliar language. NHS services should consider reviewing the structure and wording of these forms to ensure they are accessible to people with limited English and who are not yet familiar with UK systems.

#### **Strengthen translation provision in GP practices**

While GP surgeries offer translation support, this report suggests that in practice gaps remain, particularly for widely spoken non-European languages such as Lingala. Interpreter provision needs to be reviewed to ensure availability across a broader range of languages. This includes developing systems that allow advance bookings where needed and ensuring that alternative suggestions (e.g. translating in French) do not compromise communication accuracy.

### 3.2 For Funders

**Resource projects that support refused asylum seekers to get involved in activities that are meaningful to them.** Hope's Wellbeing Project demonstrates the far-reaching benefits for physical and mental health and wellbeing resulting from this kind of flexible provision that helps refused asylum seekers to understand more fully what activities would make a difference to their lives, and then to locate and access these. Providing this service for refused asylum seekers requires specialist expertise and a considerable time commitment and therefore calls for dedicated funding.

**Prioritise funding for projects that are informed by the lived experience of target beneficiaries.** The priority that Hope places on listening to its clients, both as a group and individually, is critical to securing the effective outcomes of this Wellbeing Project because it enables a level of sensitivity and responsiveness to the individual that is vital due to refused asylum seekers' highly variable and often complex and severe needs.

#### **Recognise the long-term outcomes of service knowledge-building**

Hope's work in increasing clients' awareness of UK systems, such as health, housing, and

legal entitlement enables greater independence and reduces future reliance on crisis services. Funders should see this kind of knowledge-building as an investment in sustainable outcomes and consider supporting follow-up or light-touch engagement models that maintain contact over time in addition to those areas of service provision that require more intensive staffing.

### **Protect staff wellbeing through structured support**

The reflective practice and supervision models used at Hope are essential for staff resilience, especially in emotionally demanding roles. Funders and service leads should budget for this kind of structured supervision.

## **3.3. For Government**

### **Urgently review asylum policies that are worsening public health**

Current asylum policies in the UK, including the withdrawal of housing and financial support following a refused claim, are contributing to a growing public health crisis. These policies place individuals in conditions that directly undermine both physical and mental wellbeing. The health consequences of prolonged destitution, including untreated illness, stress, and trauma, should be considered. There is an urgent need to reform policies that intentionally produce destitution for their broader public health implications.

### **Provide clear and consistent guidance and resourcing to local authorities and healthcare providers on entitlements**

One of the key barriers faced by Hope's clients is misunderstanding around their eligibility for healthcare and support services. Inconsistent knowledge among service providers can result in misplaced gatekeeping, delays, or outright denial of essential care. National guidance should be reviewed and reissued in clear, accessible formats for all local authorities and frontline staff. This should include a focus on refused asylum seekers, outlining what services they are entitled to and how these can be accessed without discrimination or unnecessary bureaucratic burden.

## Appendix: Hope Projects Measurement of Clients' Wellbeing

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*The following report on Hope's own measurement of changes in clients' wellbeing was provided by Hope Projects staff.*

To measure the effect of the Hope Wellbeing Project, the project officer's work with clients is centred around three key milestones: an initial assessment, a three-month review, and a six-month review. At each of these points, the project officer conducts a mood assessment, recording the client's responses to six wellbeing criteria on a 1-5 scale where 1 is the lowest possible answer and 5 the highest. The statements are as follows:

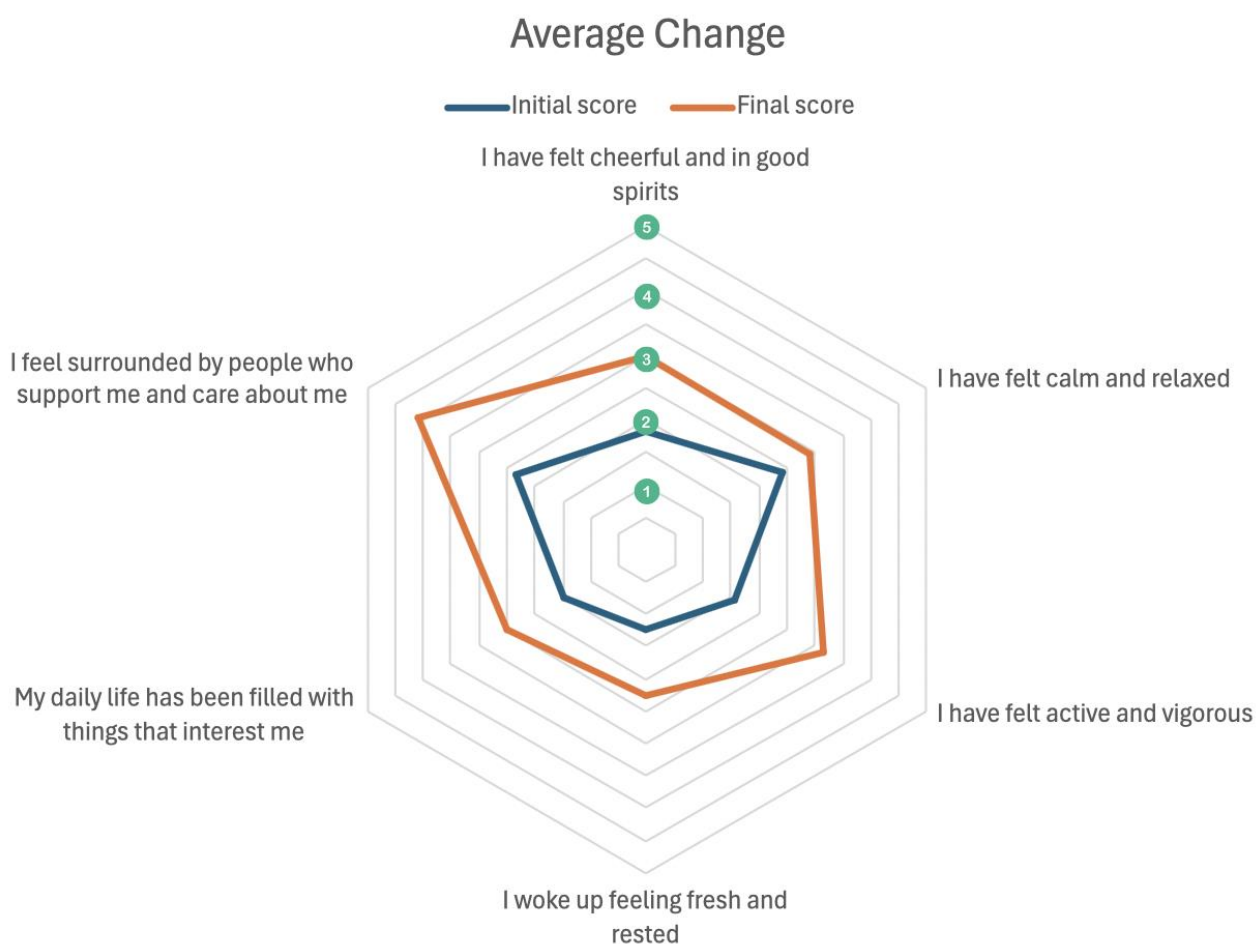
- I have felt cheerful and in good spirits
- I have felt calm and relaxed
- I have felt active and vigorous
- I woke up feeling fresh and rested
- My daily life is filled with things that interest me
- I feel surrounded by people who support me and care about me

These statements allow the Wellbeing Project officer to measure clients' mood in line with the project aims discussed in the above report. As well as recording the client's general mood and anxiety levels, statement 5, for example, assesses client involvement in community activity, and statement 6 assesses social isolation. When recording client responses, the project officer is also able to ask the client follow-up questions and record any additional information volunteered by the client, such as the specific activities they have been involved in or other factors that may be affecting their mood. These mood assessments also help Hope to strengthen its focus on lived experience and empowered decision-making: clients can identify activities that they have enjoyed taking part in and behaviours or strategies that have helped them cope with difficult situations, which are then used to shape ongoing policy and practice as part of the Wellbeing Project. Feedback shows that involvement in shaping the project and Hope in general has a positive effect on clients and should be strengthened in any future development.

The below radar chart, Figure A1, illustrates the average change in client scores between the first final mood assessments. This data is taken from the outcome reports of 13 clients who have completed all three mood assessments during the third year of the Hope Wellbeing Project, the period of time covered by this report. The data shows that, on average, Wellbeing clients reported an improvement in each of the 6 mood scores, with the lowest average change being +0.5 (statement 2, "I have felt calm and relaxed") and the highest average change being +1.75 (statement 6, "I feel surrounded by people who support me and care about me"). The average change in score for each of the 6 statements is as follows:

- 1.83 → 3
- 2.42 → 2.92
- 1.58 → 3.17
- 1.25 → 2.25
- 1.5 → 2.5
- 2.33 → 4.08

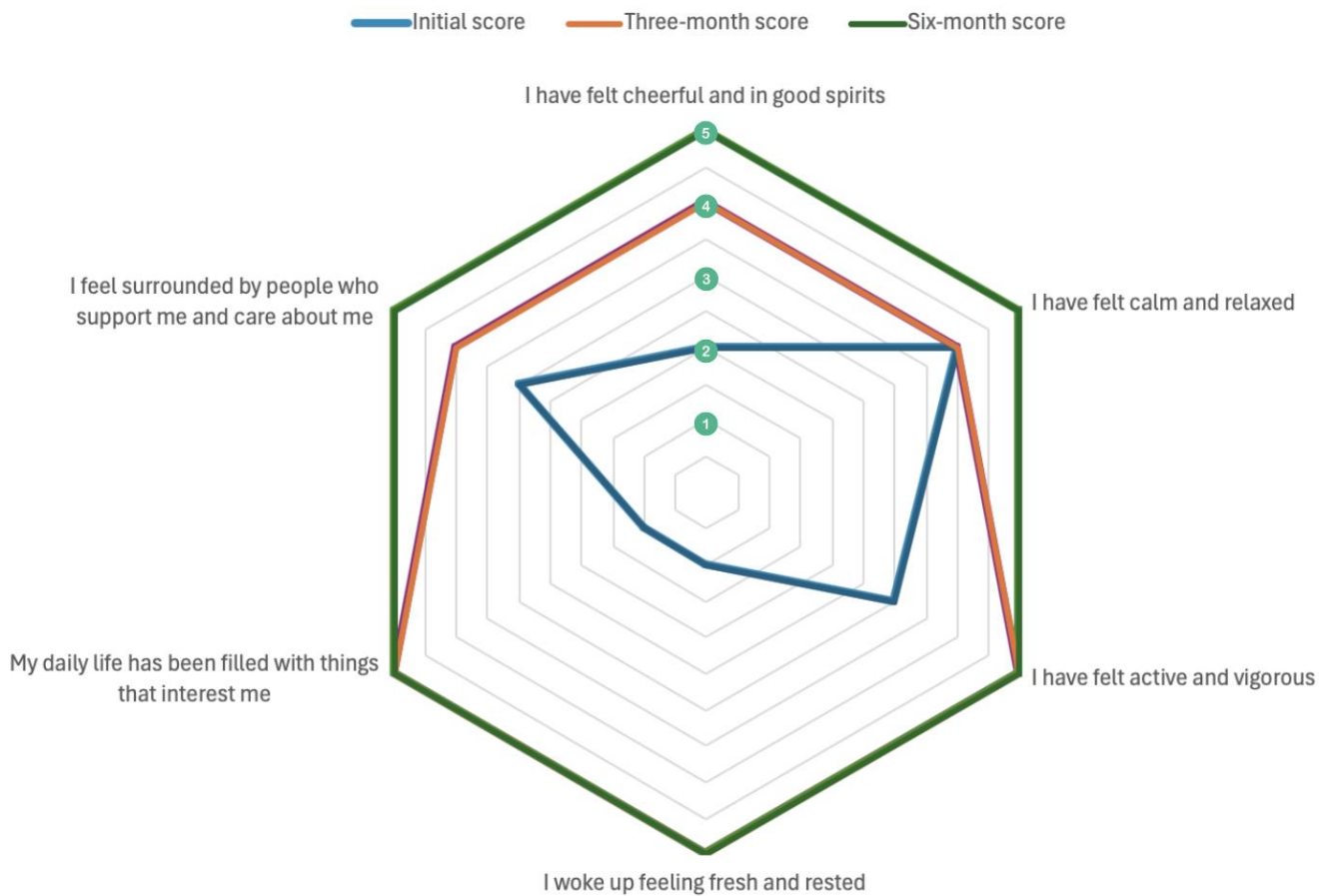
Figure A1: Average wellbeing scores between baseline and six months



The below radar chart, Figure A2, belongs to Client 2, whose case study is included in the above report. In their interview, Client 2 stated that the Wellbeing Project had enabled them to join a local sports club and take part in other group activities. With reference to the radar chart, we can see this reflected in the significantly increased score for statements 3 and 5 between the first and second mood assessments. Client 2 also reported that their

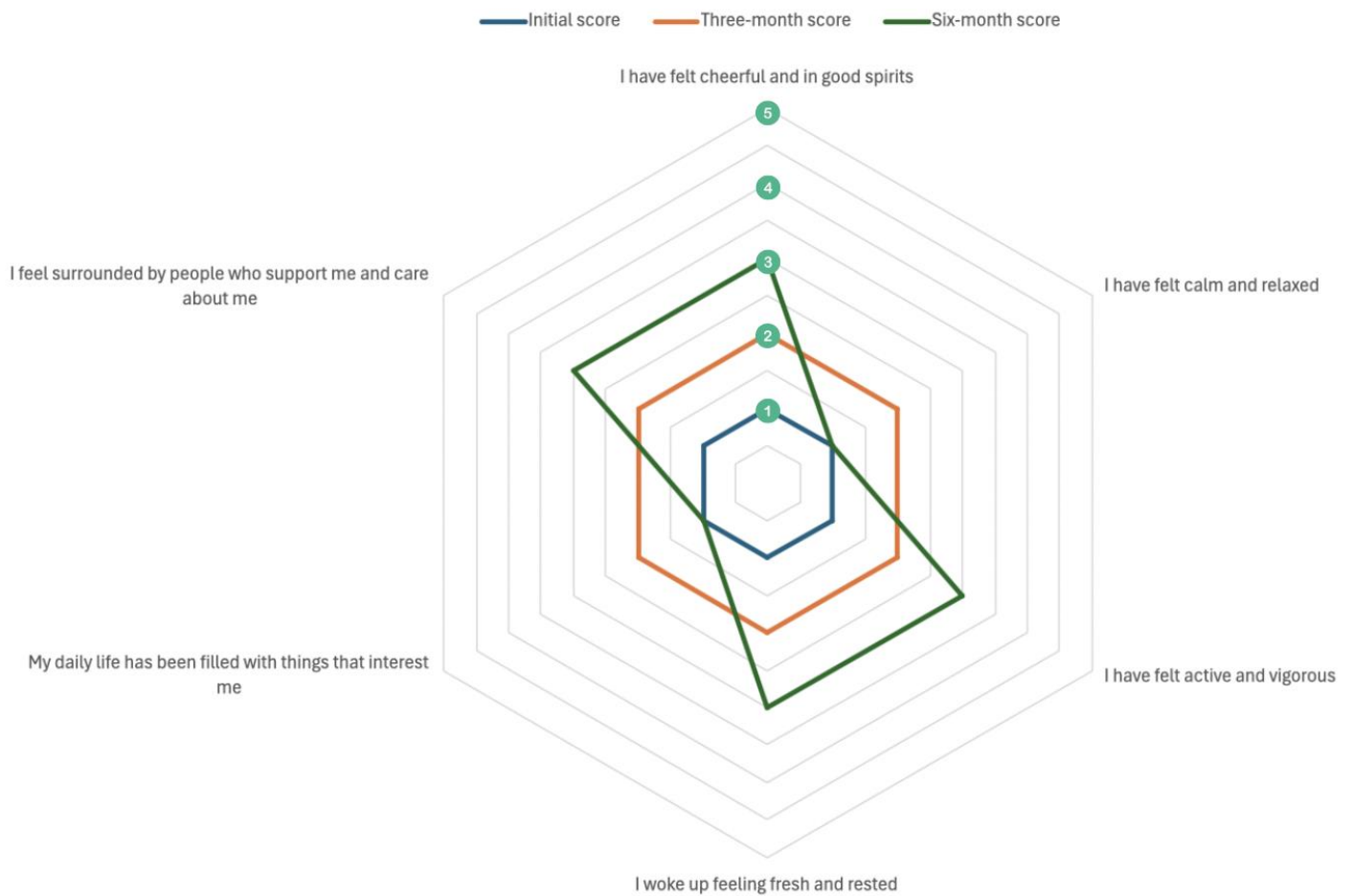
involvement in group activities with Hope Projects positively affected their mental health, which we see reflected in the increased score for statements 1, 2, and 4.

Figure A2: Wellbeing scores for Client 2 at baseline, 3 months and 6 months



Finally, the third radar chart, Figure A3, demonstrates that changes in clients' mood are not always linear. Whilst this client reported an increased score for every statement between their first and second mood assessments, the data shows that scores for statements 2 and 5 decreased between the second and third assessments. During the third assessment at the six-month mark, the client shared further information with the Wellbeing Project officer to explain this decrease: they had received a letter from the Home Office that they did not understand, contributing to an increased feeling of anxiety, which had prevented them from engaging in activities they usually enjoyed. The mood assessment thus allowed the Wellbeing Project officer to identify a support need and help the client understand the letter they had received.

Figure A3: Wellbeing scores for Client at baseline, 3 months and 6 months



The data gathered by the Hope Wellbeing Project clearly demonstrates that this project plays an important role in supporting destitute asylum seekers in the West Midlands to create connections and rebuild their lives in the face of an asylum system designed to prevent personal empowerment, as well as highlighting the Wellbeing Project’s ongoing focus on clients’ lived experience. The increased scores reported during the regular mood assessments represent a tangible positive difference in the lives of Hope clients, and emphasise the need for ongoing Wellbeing provision for destitute asylum seekers.