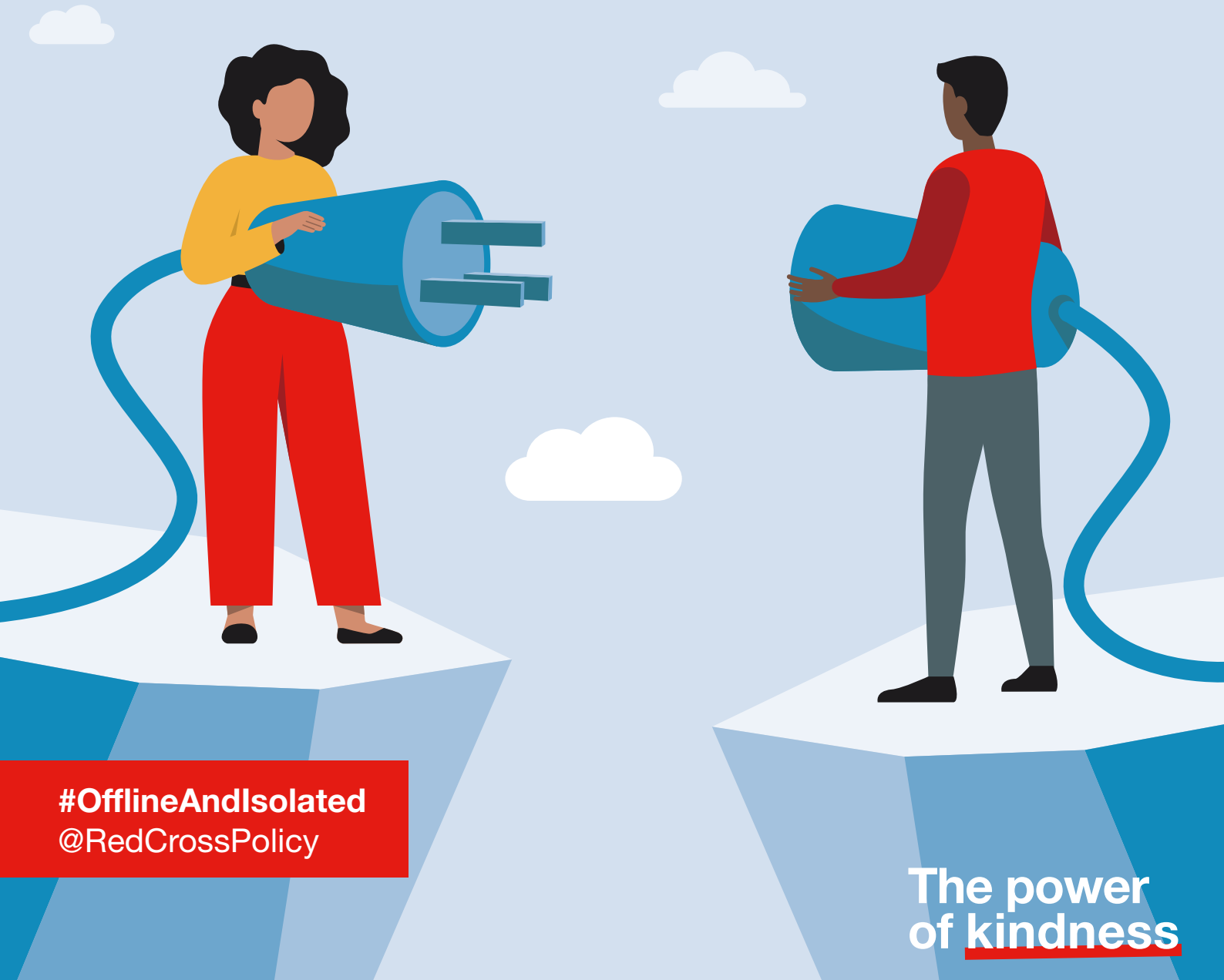
British Red Cross

VCSE health & wellbeing alliance

Offline and isolated

The impact of digital exclusion on access to healthcare for people seeking asylum in England



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The power of kindness

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Glossary

- **Asylum support**: a form of support provided by the Home Office to people seeking asylum who are facing destitution and homelessness. Asylum support includes accommodation and/or weekly financial support on a payment card. As of October 2022, the amount is £40.85 per week for most people. This amount is much lower for those living in full-board accommodation such as hotels: currently £8.24 per week. The amount is slightly higher for some people, such as those who are pregnant or have very young dependent children (three years old or younger).[1 2]
- **Application Registration Card (ARC)**: a card issued by the Home Office to people who claim asylum. It contains information about the holder's identity, including their age, nationality, and immigration status as an asylum applicant.
- **ASPEN card**: a chip-and-pin payment card provided by the Home Office to people seeking asylum, used to provide weekly asylum support payments. The card can be used to get cash from cash machines but not for online shopping.
- **Co-design**: a process of power-sharing in which community members or people with relevant lived experience collaborate on the design of solutions, decision making and/or research.[3]
- **Co-production**: working with people with relevant lived experience to produce a specific collective outcome. Power sharing, collaboration and interdependency are centralised in this approach. People with lived experience are supported to work together with mutual responsibilities and expectations.[4] Successful co-production builds on people's existing capabilities and ensures they can participate in ways that recognise their value.
- **Digital exclusion**: the inability to use and benefit from the internet and digital technologies in everyday life due to insufficient access to devices, connectivity, skills, confidence or motivation.[5] It also includes inaccessibility in how devices, online platforms and services are designed – often not meeting all users' needs.[6]
- **Digital inequalities**: inequalities in access to opportunities, knowledge and services between those who have, and do not have, access to information and technology.[7]
- **Gender-based violence**: violence directed against a person because of that person's gender, or violence that affects persons of a particular gender disproportionately. It can include sexual violence and exploitation, forced marriage, child marriage, female genital mutilation, honour-based abuse and intimate partner violence. It can be physical, psychological, sexual, emotional or material.
- **Healthcare**: refers to the diagnosis and treatment of mental and physical illness, disease and injury. In England, this is provided by the National Health Service (NHS) or by private providers.[8]
- **National Asylum Support Service (NASS)**: the previous name of the section of the Home Office that provided housing and allowance for people seeking asylum who would have otherwise been destitute.[9 10 11] The UK Visas and Immigration (UKVI), situated within the Home Office, now handles this responsibility.
- **NHS**: the National Health Service, a publicly funded healthcare system in England. It provides medical and healthcare services that can be accessed for free by most people living in the United Kingdom.
- **Online healthcare**: care accessed with the use of digital tools. Individuals can use NHS online services to book and cancel appointments with doctors, order repeat prescriptions or view sections of their health records, among other services.[12]
- **Participants**: the people seeking asylum in England whom peer researchers interviewed for this project.
- **Peer researchers**: people with lived experience of seeking asylum in the UK who worked on this research project to co-design research tools, and conduct and analyse interviews.
- **Person seeking asylum**: a person who has left their country of origin to seek protection in another country; often described as an 'asylum seeker'. A person seeking asylum is someone who has not been legally recognised as a refugee and is waiting to receive a decision on their asylum claim.
- **Trauma-informed research**: an approach to doing research that is grounded in and directed by an understanding of how trauma exposure affects a person's neurological, biological, psychological and social states. It anticipates the existence of trauma, and designs and approaches the research to avoid re-traumatising the researcher or participant.
- **UK Visas and Immigration (UKVI)**: the current area of the Home Office that processes and assesses asylum claims. Its responsibility is to decide who has the right to visit and stay in the UK. Part of UKVI (the Resettlement, Asylum Support and Integration directorate) is responsible for providing accommodation and support to people seeking asylum.[13 14]

Acronyms

A&E	Accident and Emergency
ARC	Application Registration Card
Demsoc	Democratic Society
ESOL	English for Speakers of Other Languages
GP	General Practitioner
HARP	Health Access for Refugees Programme
ICS	Integrated Care System
ID	Identification card
LRMN	Lewisham Refugee and Migrant Network
NASS	National Asylum Support Service
NHS	National Health Service
UKVI	UK Visas and Immigration
VCS	Voluntary and community sector

Foreword

Technology is now an integral part of our lives. It plays a central role in our communities and public services. It enables us to solve problems. It makes many tasks simpler. It can be a catalyst for social inclusion, helping us stay connected, even to people far away. Technology is best when it brings people together. But many people are unable to access these benefits and find themselves digitally excluded. Digital exclusion is inseparable from broader disparities in society, more likely to be experienced by those already facing other disadvantages, such as people seeking asylum.

As a person who had to flee from his country at age 11, I faced many difficulties adjusting to life in the UK. Luckily, given my age, I was not impacted by digital exclusion and the digital skills I learnt helped me to integrate. However, people around me suffered from the impacts of digital exclusion, including my parents and other people I know seeking asylum. Many of these people are dependent on family members or community support to access healthcare. This has made them feel like a burden, as they are not able to access essential services without help. Martin Luther King's words resonate here, "whatever affects one directly, affects all indirectly".

As I became aware of this, I realised that more needs to be done to support people seeking asylum to be digitally connected and included. I applied for the peer researcher role to work on this project, as I believe lack of digital skills and access can have a huge negative impact on a person's life. I wanted to make a difference. As a peer researcher, I interviewed people seeking asylum from many different backgrounds. I noticed similar themes among the people I interviewed to those I knew in my community. Those without digital access, skills, and confidence reported the negative impact this had on their mental health and self-esteem. One person I spoke with described their experience of the Covid-19 lockdown without the internet as a "prison". It was startling to hear this.

Many people I interviewed felt stuck in limbo, with nowhere to seek help from. Simple things, like access to a GP, became a struggle as they often could not afford technology and internet access, and did not have the digital skills needed to navigate these tools. People were instructed to use online healthcare apps but they were not able to for these reasons. It saddened me, sitting through the interviews and hearing people not being able to contact their GP to attain basic care, and not being able to communicate with their family and loved ones.

There is a moment when you have to choose whether to be silent or stand up. I prefer the latter. The internet is an amazing, connecting system but we must take accountability to ensure everyone has an equal opportunity to access its benefits.

Sohaib Hafeez, Peer Researcher

Executive summary

Background

The Covid-19 pandemic has accelerated the digitalisation of healthcare in England. While digital healthcare and platforms have made healthcare more accessible for some, these services are out of reach for digitally excluded people.

People experience digital exclusion when they cannot use and benefit from the internet or digital devices in their everyday life. Digital exclusion can occur for various reasons, such as the affordability of the internet and devices, low literacy, low digital skills and confidence, and inaccessibility of digital services. Digital exclusion is more likely to affect some sections of the population than others – such as people whose first language is not English, older people, those on a low income and people with disabilities.[15] [16] For example, in 2018, 1 per cent of 25 to 34-year-olds in the UK had never used the internet or had not used it in the last three months, compared with 25 per cent of 65 to 74-year-olds.[17]

People seeking asylum are particularly at risk of digital and healthcare exclusion, as many face multiple and intersecting barriers to digital access, such as language barriers and low income.[18] [19]

> **"I hated it; I felt so isolated. I had no internet; it felt like I was in prison. My mental health was impacted. I suffered a lot. I don't want to think about that time again."**
>
> **Eritrea, 46-55**

The British Red Cross identified a lack of evidence about how digital exclusion may impact access to and experience of healthcare for people seeking asylum in England. Between March and November 2022, we partnered with Democratic Society (Demsoc) to conduct a qualitative research study to explore the issue. Demsoc collaborated with five peer researchers with lived experience of seeking asylum, who conducted interviews with 30 people currently seeking asylum in England.

The research has returned essential insights about the intersecting obstacles that people seeking asylum face when accessing healthcare digitally. These obstacles compound existing barriers to accessing healthcare, and impact the experience of healthcare received. In some cases, unable to access or navigate digital healthcare services, participants avoided seeking help altogether or saw A&E as their only option. This inability to access primary care in a timely way undoubtedly places additional pressure on already stretched emergency care services. Participants also spoke about the impact of digital exclusion on their mental health and wellbeing, often causing isolation and loneliness.

This report explores the impacts of digital exclusion on both wellbeing and access to healthcare for people seeking asylum in England, and sets out solutions for how to address this.

Key findings

Digital access and uses

- Accessing the internet and digital devices such as smartphones was very important to the people seeking asylum interviewed. It allowed them to connect with family and friends, access information and education, book medical appointments, navigate a new area, attend support groups, and find entertainment.
- Access to the internet often depended on the type of accommodation that participants stayed in. The availability of free and reliable internet was inconsistent across Home Office providers' accommodation. Even where internet was available and free, privacy was sometimes an issue if access was only in communal areas.
- Many participants could not afford data, broadband or devices such as laptops or up-to-date phones. Many relied on help from charities or support workers to use their phones.
- Other obstacles experienced by participants included literacy, language barriers, lack of digital literacy and confidence, as well as one instance of gender-based violence.

Digital access to healthcare – barriers and enablers, benefits and risks

- Participants emphasised that digital access was essential for accessing health information and healthcare.
- Digital exclusion meant that many relied on booking appointments in-person or looked for alternatives like going directly to pharmacies, delaying seeking help, or only using A&E services.
- Some participants found that their devices were not sufficiently up-to-date to download or handle the NHS app. Others could not register for the app because they did not have a valid identity document besides their Application Registration Card (ARC), which the NHS app did not accept.
- Some participants feared using online healthcare due to concerns over a lack of data privacy and security. This apprehension tended to relate to fears of being monitored by the Home Office. In one case, it related to an experience of gender-based violence.
- Online and phone appointments were sometimes viewed as impersonal, making language barriers and communication more difficult than face-to-face meetings.

The impact of digital exclusion on mental health and wellbeing

- Digital exclusion made people feel isolated. Not being able to meaningfully connect with family or friends harmed participants' wellbeing and mental health, which in some cases had already suffered because of Covid-19 lockdowns.
- A few participants with existing mental health problems explained how internet access had enabled them to continue receiving treatment and accessing prescriptions on time during the Covid-19 pandemic.

Participants' suggestions to improve digital and healthcare access

In the interviews, peer researchers asked the participants for suggestions on improving digital and healthcare access for people seeking asylum. Their responses included:

- **Provide free Wi-Fi in accommodation and credit for mobile data and devices**. This would help enable access to medical video calls and applications like the NHS app.
- **Provide digital literacy training**. Some suggested setting up training centres or sessions where people seeking asylum can access support to navigate the online environment.
- **Improve the accessibility of online healthcare**. This could involve simplifying registration and online booking processes, and offering different language options and voice assistant systems.
- **Improve access to healthcare in general, including in-person access**. These suggestions included providing health assessments soon after arrival in the UK and free transportation to appointments.
- **Listen to people seeking asylum**. Suggestions included offering opportunities to give feedback on healthcare or the support they receive as part of the asylum-seeking process.

Recommendations

1. People seeking asylum should have access to free and reliable internet and be able to obtain up-to-date digital devices such as smartphones. To achieve this:

- The Home Office should include fast and free internet provision in the requirements for asylum accommodation – alongside other essentials such as electricity and water.
- The Home Office should ensure that private spaces are provided for people to access the internet in all shared asylum support accommodation.
- The Home Office should revise Annex D of the **assessment methodology** used to determine asylum support rates. Communication is an essential need; rates should be revised to accurately reflect the cost of purchasing a suitable mobile phone and paying for data. People with lived experience of the asylum system should play a key role in ensuring this methodology is accurate.
- Integrated Care Systems (ICSs) should consider ways to reduce the cost of phone charges to access GP services for people seeking asylum, such as reverse charging or freephone numbers.

2. People seeking asylum should be offered and be able to access in-person digital literacy training. To achieve this:

- The Home Office should be responsible for identifying the digital literacy needs of people seeking asylum and signposting them to appropriate sources of training and support.
- The Home Office should include digital literacy in basic skills training that asylum accommodation providers should be contractually obliged to provide.
- Providers of digital literacy training should consider the specific needs of people seeking asylum – including issues with trust or language barriers – and be mindful of intersectional obstacles, like those related to gender-based violence or age, when designing and delivering training.

3. People seeking asylum should be able to access and navigate online health services easily. To achieve this, NHS England should work with partners to:

- Review the accessibility of digital healthcare platforms to ensure they meet the specific needs of people claiming asylum, working directly with individuals with lived experience.
- Ensure online services like the NHS app can be accessed without a photo ID or that registrations accept the ARC number.
- Simplify registration and appointment processes on online healthcare platforms – removing, where possible, long questionnaires, long text and multiple-step processes, which can be overwhelming and be a deterrent to accessing healthcare.
- Explore and promote options for online services to include multiple languages, a built-in translation option and voice assistance, for people who are illiterate or who cannot read in English.

4. **People seeking asylum should be involved in developing policies and service provisions relating to the health services they will need to access**. To achieve this:

- NHS England should collaborate with people seeking asylum when designing digital healthcare platforms, to ensure they are accessible and meet their needs.
- The Home Office should consult with people with lived experience of the asylum process when setting asylum support rates, to ensure healthcare access needs are actively considered.
- The Home Office and asylum accommodation providers should create safe spaces for people in the asylum system to provide feedback on barriers they face accessing healthcare.

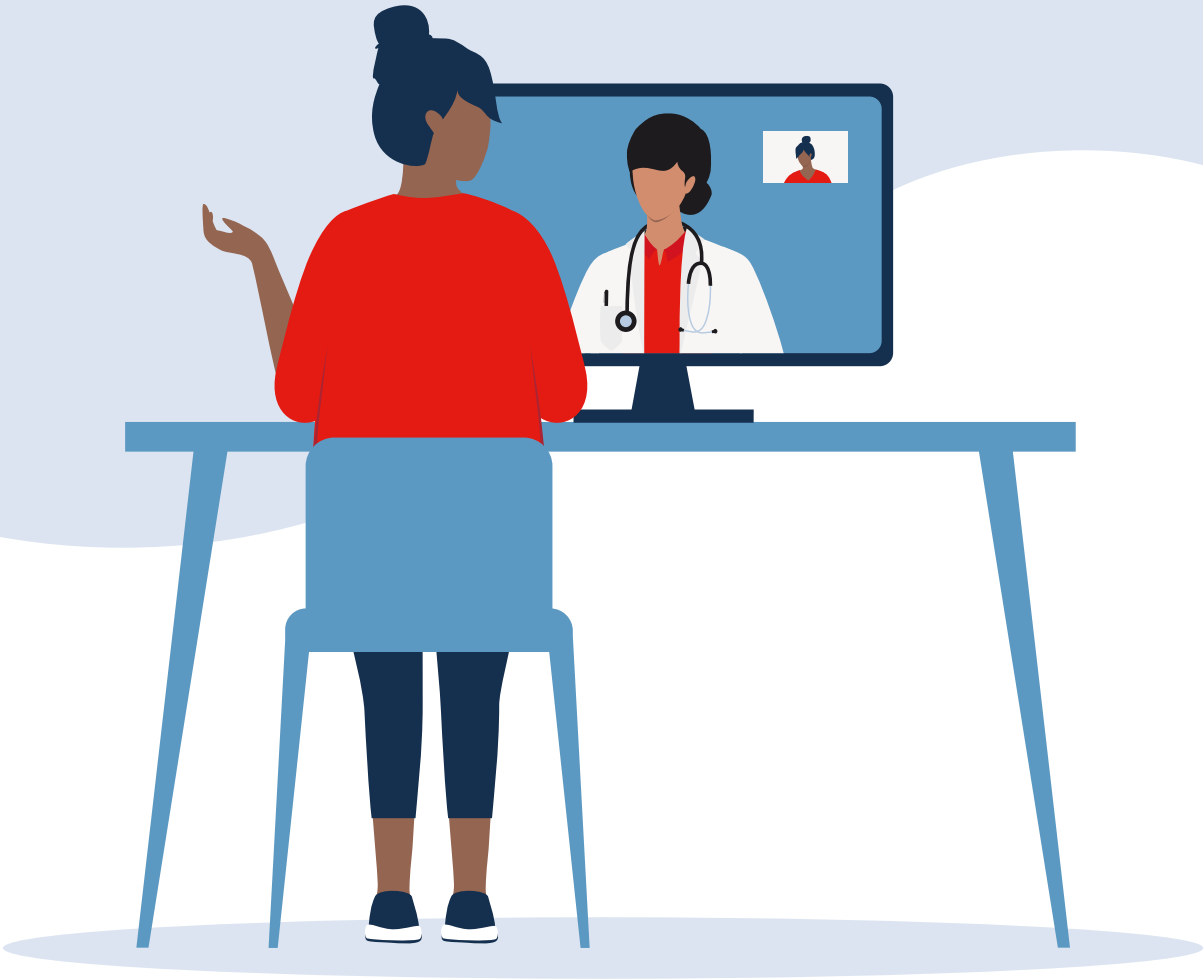
5. **People seeking asylum should be supported and empowered to access healthcare in a way that suits their needs**. To achieve this:

- GP practices and ICS commissioners should ensure that people seeking asylum have a choice about how they would like to access healthcare appointments, such as face-to-face, by telephone or via video call.
- GP practices should adhere to NHS **guidance** and ensure staff working in their services are well informed about the rights and entitlements of people seeking asylum. This includes the right to access free healthcare and to register with a GP practice without the need to show proof of identity, proof of address, an NHS number or a visa.
- Accommodation providers and Migrant Help should proactively provide updated, tailored, translated information to people seeking asylum about their healthcare entitlements and how to access healthcare, including digital platforms.
- NHS England, DHSC and the Home Office should investigate the impact of data sharing between hospitals and the Home Office, for the purposes of immigration enforcement, on access to healthcare for people seeking asylum.

1. Introduction

In recent years, digital or virtual services have played an increasing role in healthcare, allowing patients to access services – such as general practitioner (GP) consultations – without leaving their homes. There is a risk that the increased use of digital channels may leave some people without access. Some voluntary and community sector (VCS) organisations that support people seeking asylum have expressed concern that digital exclusion may prevent individuals from accessing healthcare.[20 21] The British Red Cross identified a gap in research on the impact of digital exclusion on access to, and experience of, healthcare for people seeking asylum.

To fill this gap, from March to November 2022, the British Red Cross partnered with the Democratic Society (Demsoc) to research how digital exclusion impacts access to healthcare for people seeking asylum in England. The research was co-produced with five peer researchers, each with lived experience of seeking asylum in England.



1.1 Background and policy context

The digitalisation of healthcare since Covid-19

The use of digital platforms for healthcare provision has increased significantly since the Covid-19 pandemic.[22] Since 2020, an increasing number of healthcare services, such as GP appointments, have been offered online. Remote appointments have since become commonplace in primary care. In many places, patients can schedule an online consultation with a GP and request test results or fitness-to-work notes online via the NHS website or the NHS app.[23] By June 2022, about a quarter of GP practices in England had integrated the eConsult online platform[i] within the NHS app, enabling patients to access remote consultations.[24]

Digital platforms have allowed some to access care more efficiently and have helped reduce Covid-19 transmission. However, the increased use of digital platforms has also highlighted digital inequalities in the UK.[25] Unequal internet access and use were well documented before 2020, but the pandemic made this more apparent.[26] As the digitalisation of healthcare increases, there is a risk that people will be left without access.[27]

Multiple factors can contribute towards digital exclusion. Financial barriers – such as the inability to afford devices such as laptops or to pay for a reliable internet connection – are significant. Low levels of education, and a lack of digital skills, confidence and motivation, can also contribute.[28] Research suggests that people experiencing financial hardship and social exclusion are more likely to be digitally excluded.[29]

[i] eConsult is an online platform, used by some GPs in the NHS, that supports patients with bookings or consultations.

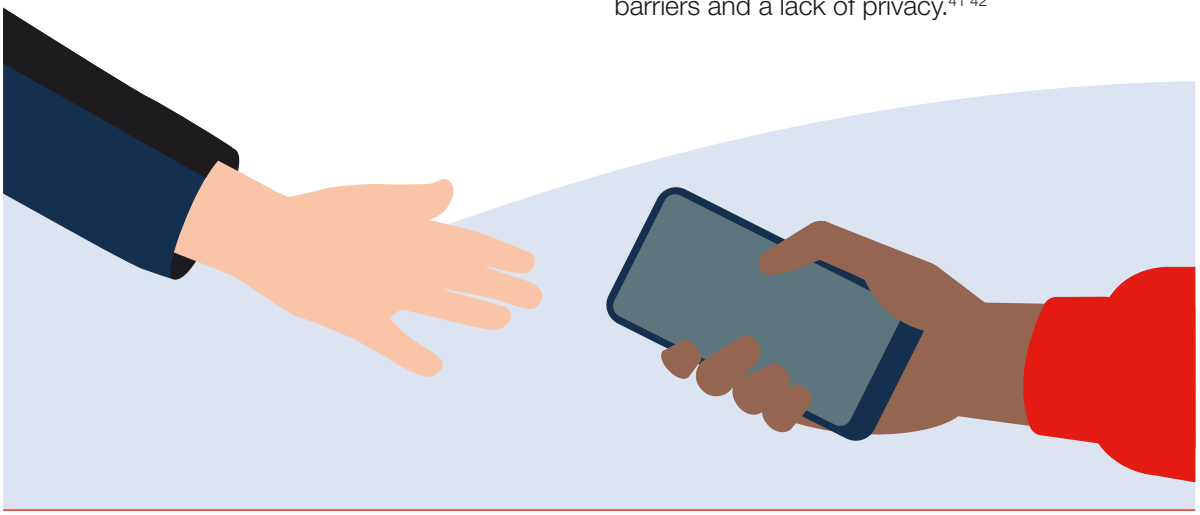
Digital exclusion among people seeking asylum

People experience digital exclusion when they cannot use or benefit from the internet or digital devices in their everyday life.[30] People seeking asylum are disproportionately affected by various factors that can cause and exacerbate digital exclusion. Many wait a long time for a decision on their asylum claim, with a third waiting between one and three years.[ii] Most are not entitled to work whilst their claim is considered and live on very small amounts of money.[31] People seeking asylum are not entitled to welfare benefits such as Universal Credit, Income Support or Child Benefit.[32 33] If facing destitution or homelessness, they can claim accommodation and financial support (asylum support) from the Home Office, amounting to under £6 a day for a single adult.[iii] Many find this support insufficient to cover mobile data or reliable and up-to-date digital devices.[34]

In 2020, the Home Office published a report on the allowances paid to people seeking asylum, which included details of the methodology used to calculate allowances. The report states that communication is not considered an essential need but "may be necessary in limited circumstances to enable other needs to be met".[35] The report includes research into the costs of buying a mobile phone. However, the suggested models are not smartphones, so cannot be used to access the internet. Moreover, many of the quoted prices for purchasing a mobile phone and phone credit are for contracts that typically require a bank account, which people seeking asylum systems do not routinely have.[36]

The Refugee Council has observed that many people seeking asylum have their phones confiscated at the border, resulting in prolonged periods of digital exclusion.[37] In 2020, there was a documented case in which several migrants who arrived at the English border had their mobile phones confiscated by the Home Office. The phones were retained for several months and personal data was extracted.[38] As a result, the individuals concerned only had access to a phone when distributed by a charity or when the welfare manager visited their accommodation.[39] The Royal Courts of Justice declared that the confiscation and retainment of mobile phones did not have a lawful basis and did not respect the rights and freedoms of the migrants.[40]

Home Office accommodation providers are not obliged to supply internet access. Often, people seeking asylum cannot access affordable and reliable internet in their accommodation or may be limited when using it for medical purposes because it is only available in communal spaces. Reliance on public spaces such as libraries can be problematic because of distance, language barriers and a lack of privacy.[41 42]



[ii] Data from the Refugee Council shows that as of June 2022 9,551 people had been waiting between three and five years for a decision. Source: Refugee Council (2022, November 14). 'New figures reveal scale of asylum backlog crisis'. Retrieved from: refugeecouncil.org.uk/wp-content/uploads/2021/07/Living-in-Limbo-A-decade-of-delays-in-the-UK-Asylum-system-July-2021.pdf

[iii] Those experiencing destitution receive a weekly allowance of £40.85 per person while those living in full-board accommodation receive a weekly allowance of £8.24 per person. This cashless allowance is received through a debit card (ASPEN card) that individuals can use to buy items they need. There is a methodology that reviews the amount of allowance given by identifying the essential living needs that are not covered in other ways and assessing the average amount of money an average person seeking needs to meet each need. For example, a 2020 review associated £3.56 for communications and £26.89 for food and non-alcoholic drinks needs. Source: Home Office. 'Report on review of weekly allowances paid to asylum seekers and failed asylum seekers: 2021'. Retrieved from: gov.uk/government/publications/report-on-review-of-cash-allowance-paid-to-asylum-seekers/report-on-review-of-weekly-allowances-paid-to-asylum-seekers-and-failed-asylum-seekers-2021

Additional barriers to healthcare access for people seeking asylum

People seeking asylum face numerous obstacles to accessing healthcare in addition to digital exclusion. The NHS Charges to Overseas Visitors Regulations 2015 outline the healthcare entitlements for people who are not 'ordinarily resident' in the UK.[43] Everyone in England is entitled to free primary care services, irrespective of their immigration status. However, some people not ordinarily resident in the UK are charged for secondary care. People seeking asylum are exempt from charges and can access healthcare for free. Despite this, many people seeking asylum face barriers to accessing primary care. Proof of identity or address is not required for GP registration.[44] However, in 2018, Doctors of the World UK found that almost one-fifth of patients who they supported to register for a GP were wrongly refused, often because they did not have these documents.[45] This demonstrates a lack of awareness among some healthcare staff about the entitlements of people seeking asylum.[46] Doctors of the World's 'Safe Surgeries' initiative provides training and resources for GP practices to improve healthcare access for all.[47]

Asylum accommodation is commonly located in the suburbs. This can mean it is often too expensive for people seeking asylum to travel to medical appointments.[48] The Home Office set standards requiring the accommodation provider to support people with an "obvious and urgent" need for healthcare or a "pre-existing health condition" to access healthcare.[49] However, previous British Red Cross research found that this requirement is often not met, and there is little assurance on these standards by the Home Office.[50]

The Home Office provides housing to people seeking asylum who would otherwise be destitute. When someone is waiting for their need for asylum support to be considered, they are placed in 'initial accommodation'. Once longer-term support has been granted, the person is usually moved to 'dispersal accommodation', which is often in a different part of the country.

When people are moved to longer-term asylum accommodation in a new location, they will need to re-register for a GP. Research by Medact, Migrants Organise and New Economics Foundation found that people seeking asylum often do not get assistance from their accommodation provider to register with a GP.[51]

An increased number of people seeking asylum have been placed in hotels or other 'contingency accommodation' since the start of the Covid-19 pandemic. Doctors of the World UK saw how a rise in people seeking asylum being placed in hotel accommodation led to a rise in the number of people seeking asylum using their services to get help accessing NHS services.[52]

Some obstacles to accessing healthcare relate to limited knowledge and understanding of the NHS system among people seeking asylum. This includes confusion about what healthcare they are entitled to, fear of information and data sharing,[53] and uncertainty about their right to request an interpreter.[54] Some research has argued that the Home Office often does not adequately inform people seeking asylum about their rights to healthcare.[55] Individuals often rely on the support and information provided by charities or volunteers. Research suggests that many people seeking asylum distrust government institutions.[56] This can exacerbate difficulties accessing healthcare because of concerns that doing so will negatively affect the decision on their asylum claim.[57]

Since April 2016, the NHS has been required to share data with the Home Office if debt from hospital charges has been unpaid for over two months. This debt may affect immigration applications.[58] Despite being exempt from charges, research has found that fears of hospital-to-Home Office data sharing have deterred some people with an ongoing asylum application from accessing timely care.[59]

Many people seeking asylum face language barriers when accessing services. Research from Healthwatch indicates that many people with limited English abilities face unmet language support needs when attempting to access healthcare services, leading to access barriers.[60] These include a lack of translated information and difficulties accessing interpreters. Research has highlighted varied experiences of using technology to support language needs in healthcare. Online translation applications such as Google Translate can help bridge communication gaps, but these translations are not always reliable, posing a risk of misunderstanding.[61] Because the translations on online applications cannot be quality-assured, NHS England advises against their use.[62]

1.2 Aims and methods

This qualitative research aims to improve understanding of the experiences of digital exclusion among people seeking asylum, and how these experiences may impact access to, and experience of, healthcare. The research highlights potential areas for improvement in light of the findings. The research adopted a participatory approach and was produced in partnership with five peer researchers with lived experience of the asylum system.

Peer research is research that is shaped and conducted by people with lived experiences similar to those of research participants. This shared experience can help equalise power relations and create a safe environment for participants to share their experiences openly and honestly. As a result, the insights are often more nuanced and in-depth.

Peer researchers helped co-design the research tools, including interview materials, ethics procedures and safeguarding protocols. This helped ensure they were relevant and sensitive to the experiences of participants. Peer researchers also recruited participants for interviews using their networks; organised and conducted the interviews; wrote detailed notes from these interviews; and supported the data analysis. Researchers at the Democratic Society drafted the recommendations with support from peer researchers. The British Red Cross further developed these recommendations with help from colleagues working in external organisations with relevant expertise. All peer researchers were paid for their time.

The fieldwork consisted of 30 semi-structured interviews with people currently seeking asylum across England. Each interview lasted around an hour and was conducted in person.

Further details of the methodology are detailed in the **Appendix.**

2. Findings

2.1 Digital access and uses

Key findings

- People seeking asylum in England arrive with different experiences of digital use in their home countries. As such, they experience digital exclusion differently after arrival.
- While some participants did not regularly use technology or the internet in their home countries, accessing the internet became important for all participants once in England.
- The quality of internet access often depended on the type of accommodation that participants stayed in. Internet access in Home Office accommodation, such as hotels, was inconsistent.
- Affordability was a common barrier to digital access. Almost all participants could not afford data, broadband or devices such as laptops or phones that would support downloading apps, like the NHS app, or making video calls.
- It was common for participants to rely on help from charities or support workers to use their phones because they did not own a working device or could not afford data and minutes. Some participants only had access to the internet in public spaces, such as libraries, which were sometimes too far away for them to reliably access.
- Not having a bank account or a widely accepted ID was also a barrier to acquiring mobile data or broadband contracts.
- Experience of gender-based violence, illiteracy, and a lack of digital literacy created additional digital access barriers for some participants.

Digital access and use before arrival in England

Participants' experiences of digital access and use before arrival shaped their experiences of digital access in England. Some used the internet daily in their home country and owned smartphones and computers. Many were accustomed to using the internet for work, education, social media, and maintaining contact with friends and family. Despite this, many struggled to get online upon arrival in England; the following section explores the reasons for this.

> **"I owned smartphones, a desktop and a laptop. Nothing since I came to the UK. I don't have money. I have a broken smartphone."**
> **Tanzania, 36-45**

Other participants did not have internet access before they arrived in England. The reasons for this varied. One participant had lived in a very remote area with no internet coverage and no device, a few participants were too young to use the internet before they left their home country, and for a few participants, it was not affordable. However, on arrival in England, online access became essential for them to connect with friends or family.

> **"I did not use the internet in my country but when I came to the UK, I started using the internet more to connect with my family back home. However, as this is all new to me, I struggle to get used to it."**
> **Eritrea, 46-55**

These findings demonstrate how on arrival in England, people seeking asylum have differing experiences of digital exclusion. For some, being unable to access the internet or afford mobile data is an abrupt change. For others, going online is a new experience that requires them to develop new skills and confidence.

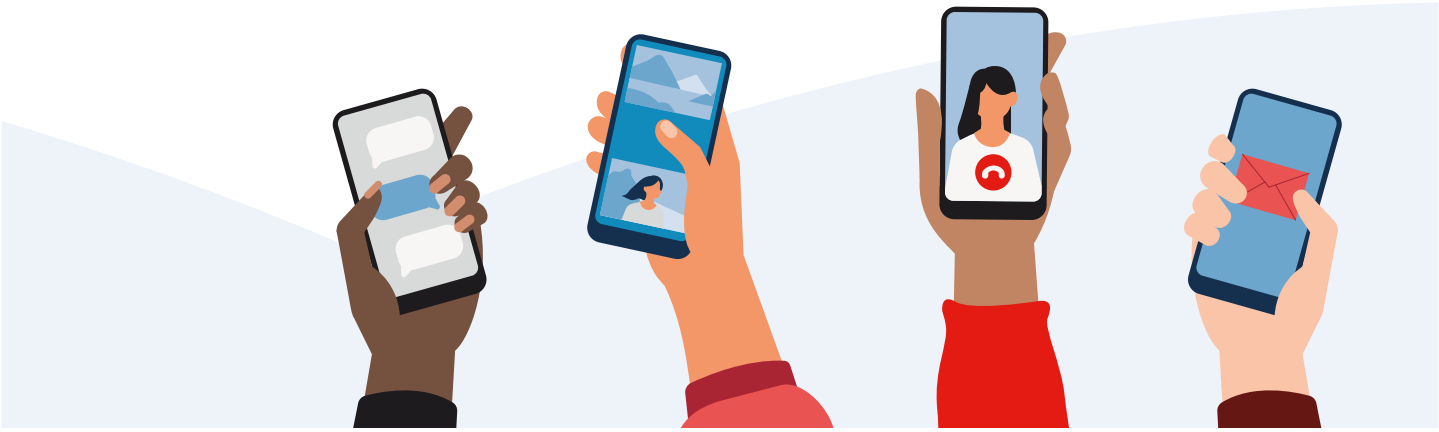
Uses for the internet in England

Participants described many reasons why accessing the internet was important for them on arrival in England. These included connecting with family and friends back home, watching videos for education or entertainment, catching up with the news, navigating and using maps, and looking for information on services available to them. Participants also used the internet to access healthcare, which is discussed in section **2.2**.

Being in touch with loved ones was essential to many participants. Some purchased data every week to talk with family via WhatsApp. Many participants used the internet for educational purposes. A few were studying, learning English and other skills. Using the internet was also crucial for participants to access information that could help them understand or become familiar with aspects important to living in England or related to the process of claiming asylum, as this participant described:

> **"Without internet at home, my situation would have been much more difficult and I would have suffered … The internet has made my life better by allowing me to read new things. I can also send emails to my caseworker whenever I need them and call my friends through the internet."**
> **Jamaica, 56+**

Participants described how having access to information can help reduce the stress of the uncertainties that come with seeking asylum and living in a new environment.



Barriers to digital access in England

Financial barriers

Affordability was a significant obstacle to digital access. Several participants reported being unable to buy data or broadband due to the insufficiency of their asylum support allowance.

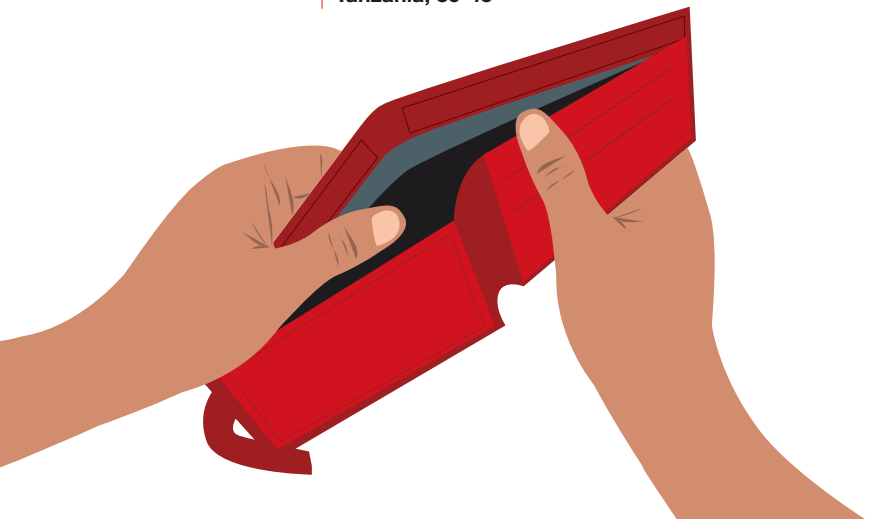
"No, I have been in NASS [Home Office] accommodation for all this time which means I don't have internet unless I top up. With the allowance I receive, I can't afford it."
Pakistan, 46-55

"No, I don't use the internet. I don't have a smartphone or a laptop. So, I don't use it. Well, I can't afford to buy it too, so it is out of the question."
India, 46-55

The unaffordability of data and devices forced many to rely on libraries and other public spaces for digital access. Even those with smartphones had to rely on public Wi-Fi because they could not afford to buy data. Some participants explained their inability to travel to places with free internet and computer access because they could not afford transport. For example, one participant said they had to use two buses and pay two fares to reach the library. Another participant shared that they walked 3.5 miles to the library to get internet access as they could not afford the bus fare.

Financial barriers also made it common for participants not to own a device or own old or second-hand phones that were slow and could not handle apps or video calls with family back home.

"I struggle to use it [the internet] as I don't have a laptop. I have a smartphone which is cracked, and it is really slow. It takes me 10 minutes to just open Google … It's really slow and it impacts how I can use the internet on it."
Tanzania, 36-45



Many participants described how quickly data gets used when making video calls or watching videos, limiting their ability to communicate with people important to them. One participant described being restricted to audio rather than video calls with family due to the cost of data. Another described having to limit the number of messages they sent:

"I pay £10 a month which gets me some data. I use it for WhatsApp to text my family back home, but I have limited money and access to the internet, so it is harder for me to use it a lot."
Eritrea, 46-55

"The cost can prevent access to internet especially when I am not at home, and mobile data packages are not cheap but sometimes I have no choice. I buy a package only if there is an emergency like a long day hospital appointment or when going to a new place, I need to use my map."
The Democratic Republic of the Congo, 26-35

Some participants borrowed friends' or support workers' phones to make phone calls to their family or book health appointments because they could not afford their own or theirs did not work well.

"I have never used internet myself I only use it when I am with my friend, I use her phone to call my family back home but that's it. I don't use it as I can't afford it."
India, 46-55

However, having to borrow a device impacted privacy, preventing participants from comfortably using the phone for sensitive or confidential matters. Moreover, it affected their autonomy to decide when to call or schedule follow-up calls.

These experiences highlight that while some participants owned devices, that was not always sufficient to enable digital access. Most participants found the asylum support payment insufficient to buy a device or phone credit. Many participants could not afford to buy a device or upgrade their current devices to handle the software needed to run essential applications.

Internet availability in accommodation

The type of accommodation in which participants lived often significantly impacted the availability, reliability and accessibility of the internet connection they accessed. The findings of this research suggest that there is little consistency in the availability and quality of internet connection across accommodation by Home Office providers.

While some participants living in Home Office accommodation described having good Wi-Fi access, many said the connection was unreliable:

> **"Yes, sometimes Wi-Fi problems in hotels can last for up to two to three days. Then I have to spend some time at the city centre library for free Wi-Fi."**
> **Pakistan, 26-35**

One participant described their experience of online and digital access while staying in prison and a detention centre:

> **"I did not know I could claim asylum, so I was arrested for about a year, after that, I claimed asylum in prison and I was transferred to a detention centre … I did not have access to a phone in prison, but once in the detention centre I was given a very basic phone with no access to the internet."**
> **Zimbabwe, 56+**

Several participants found internet access was much better in charity accommodation compared with accomodation provided by the Home Office.

> **"I moved to a charity accommodation where the internet was unlimited, so yes, the last three years I had plenty of internet at home."**
> **Iraq, 18-25**

The accommodation type also determined the availability of private spaces where people could use the internet.

> **"With limited funds, it has not always been easy to go online. Communal living environment makes it difficult to have that private space to go online."**
> **The Gambia, 46-55**

A lack of private spaces to access the internet prevented some participants from using it for sensitive or personal reasons.

Issues accessing contracts

Lack of a bank account can limit access to broadband or data contracts.[63] To open a bank account, individuals typically need proof of identity and address, things which many people seeking asylum do not have.[iv] In addition, many do not have relevant documentation typically required for proof of address, such as a council tax bill or a tenancy agreement.[64 65]

One participant explained how they had been unable to sign a broadband contract due to not having a bank account. They were unable to set up a direct debit using their ASPEN card – a debit payment card provided and monitored by the Home Office.[66] The minimum amount one can expect to pay for broadband is around £18 a month for a 12-month contract. Broadband deals often run between 12 and 24 months. Short-term broadband contracts are typically more expensive.[67]

[iv] People who make a claim for asylum in the UK receive an application registration card (ARC). Guidance by the Home Office states that "it contains information about the holder's identity or claimed identity although it is not evidence of identity" (gov.uk/government/publications/application-registration-card-arc/application-registration-card-arc). While some banks may accept the ARC card, most do not according to a guide by the Refugee Council (media.refugeecouncil.org.uk/wp-content/uploads/2020/11/051427710/Banking-Guide-for-Refugees-English.pdf).

Additional and intersecting barriers to online access

Participants discussed several other drivers of digital exclusion. These included illiteracy, digital illiteracy, language barriers, and coercive control from a partner. For many, these issues compounded one another.

For example, one young woman described multiple obstacles to digital access in her home country and in England. She came from a rural area with no internet access and could not read or write, meaning she could not navigate the internet. After arriving in England, her husband would not allow her to have her own device and controlled who she communicated with. Now separated from her husband, she is learning to navigate digital tools and services but struggles due to low literacy and confidence.

> **"One time somebody from the group told me I could do it and showed me. I pretended I was learning to not look stupid, but I really did not know what she was doing."**
>
> **Ivory Coast, 18-25**

This case highlights the need to consider how digital training and support are designed and offered. Training and support should be person-centred and sensitive to the individual's needs and circumstances to be effective. Several participants had difficulties with digital literacy. In addition to access to the internet and a device, people with low digital literacy need training and support to feel digitally confident. Difficulties navigating the online environment tended to impact older participants in particular.

> **"I never used any technology at all since I do not understand how it works. I assume only younger students can use it, as they are still in school learning these things. I do not have a smartphone or any technological devices. I use a regular phone when making calls."**
>
> **Bangladesh, 46-55**

One participant mentioned that they struggled to access online healthcare information and relied on their children to help them access the internet. Another participant described helping their older friends to make appointments and order prescriptions online.

Not having language options other than English also made it difficult for some participants to go online. Many sought support from acquaintances or family members to access the internet and used it only in a limited way – to access WhatsApp, for example.

Some participants reported receiving additional help from charities to get online during the pandemic. For example, one participant explained that when the Covid-19 pandemic started, they had received assistance from a member of a support group to top up her phone with data to connect to the group sessions.

> **"The charity house did not have internet before the pandemic. They installed it when Covid-19 started to help us be in contact with friends because we could not leave the house."**
>
> **Zimbabwe, 56+**

The people seeking asylum who participated in this research faced numerous barriers to digital access. Digital exclusion often occurred due to poor access to reliable internet and digital devices. It also occurred due to accessibility issues, highlighting a need for online services to be simple to use and available in various languages. These barriers meant that participants became dependent on others for digital access.

The following section explores the impact of digital exclusion on participants' access to healthcare in more detail.

2.2 Digital access to healthcare: barriers and enablers, benefits and risks

Key findings

- Participants who could access the internet often used it to access healthcare and information.
- Limited access to phones and the internet made it difficult for many participants to access healthcare information and services.
- Participants often did not have enough phone credit to wait in a long call queue to book an appointment over the phone. Several participants mentioned seeking alternatives, like going directly to a pharmacy or A&E or delaying seeking help.
- Online health platforms like the NHS app were inaccessible for some. Some reported that their ARC number was not an accepted form of identification, which prevented them from making an account. Website interfaces and apps were referred to as impersonal and difficult to navigate, compounded in some cases by low digital literacy and language barriers.
- Concerns about data privacy and security meant that some participants were reluctant to use online platforms or used them with apprehension.
- Charities or staff working in the accommodation where participants lived often facilitated access to healthcare. Some participants got help registering with a GP, booking appointments and seeking healthcare advice.
- Some participants were unaware they could access healthcare online and had not seen information on the topic.

Barriers to accessing online healthcare

Participants reported using the internet to access healthcare and information in various ways. These included navigating to pharmacies and healthcare services, looking up symptoms, finding healthcare information in their first language, and looking for exercise tips. However, participants faced numerous intersecting barriers that inhibited their ability to use online healthcare meaningfully.

Participants experienced multiple barriers when using online platforms for booking and attending appointments. Many had struggled to access these services despite having access to the internet. Many did not have a sufficiently up-to-date device or sufficient memory to download and run healthcare apps. Other barriers included navigating complex registration systems and online interfaces, seemingly impersonal online services, language barriers and a lack of trust in online services. Lack of awareness of the services available and ways to access them was also an obstacle to healthcare for some. These issues will be discussed in more detail in this section.

Accessing healthcare apps and platforms

Participants had experienced various obstacles to accessing digital healthcare like the NHS app or the online platform eConsult. Some participants had phones which could not support the NHS app because of the operating system or the memory space. For example:

> **"I don't have an NHS app because my phone does not have enough space."**
> **Chad, 26-35**

Several participants shared issues with registration for online healthcare platforms. Reasons for this included their ARC number[v] not being an accepted form of identification, finding the process too complex, and feeling the number of questions asked is excessive.

> **"I struggle to download the NHS app and get it verified as they need an ID. I only have the ARC which they are not accepting."**
> **Russia, 36-45**

> **"I use my phone to book appointments and I did use an online appointment during lockdown. But do not want to use it again, too much headache."**
> **Iraq, 36-45**

Some participants felt that the apps were complicated to navigate, which deterred them from future use. Almost all those who tried to download and use the NHS app had not received guidance on how to do so. Some were unsuccessful in booking an appointment on the app.

> **"Yes, the NHS app with eConsult was not so good because it took a long time to set up. I couldn't book the appointment through the app via my phone."**
> **Nigeria, 36-45**

These insights demonstrate how healthcare apps are not accessible to some people seeking asylum. Registration processes – such as registering for the NHS app or booking an appointment via eConsult – are not always sensitive to the circumstances of people seeking asylum. For example, the ARC is often the only identification a person seeking asylum has.

[v] Guidance by the Home Office states that "it is not mandatory for an asylum seeker to present ARC to register with NHS services" but participants reported being asked for an ID to register to the app and the ARC not being accepted. gov.uk/government/publications/application-registration-card-arc/application-registration-card-arc

Difficulties in communicating health issues remotely

Many participants found online healthcare confusing and impersonal and reported struggling to communicate their needs effectively. Many expressed a preference for face-to-face appointments.

> **"[The online appointment] It was helpful but still not the same, as if we are robots with no feelings at all."**
> **Nigeria, 18-25**

> **"If it's not one-to-one [an in-person appointment] then it is very difficult to understand the doctor … and it is very difficult to understand the use of sending photos to GP."**
> **Pakistan, 26-35**

Some were comfortable using the internet but preferred an in-person appointment for matters related to healthcare because they found the face-to-face interaction more comforting and less intimidating, as the quote below illustrates.

> **"I am confident [using the internet] but sometimes I want to describe the way I'm feeling over the phone but saying 'oh this is my symptoms', 'oh this is how I'm feeling' … it feels like a challenge. But if you have a face-to-face opportunity appointment, I will feel comfortable to talk and feel relaxed."**
> **Nigeria, 18-25**

Another participant explained how face-to-face care was critical for them when seeking support for their mental health, enabling them to feel comfortable and safe.

Lack of trust in online services

Some participants felt they were less able to trust the advice they were given online. This quote below shows the importance of trust and confidentiality for participants when discussing their health:

> **"Online things tend to make me sceptical, and I believe that confidentiality and trust issues arise because I don't know who I am speaking to. Most of the time you end up dealing with untrained receptionists who always ask to call back when they list all your personal issues, which should be kept between you and the doctor or nurse. I might try an online thing if there is an option for me to chat with health professionals."**
> **Zimbabwe, 36-45**

For some, this scepticism was compounded by an existing lack of trust in accessing healthcare as a person seeking asylum. For example, one participant said they were worried they would be disbelieved if they asked for help for their health. Another participant believed they would be deprioritised or not taken seriously in a healthcare setting due to their status.

> **"I think doctors know that I'm an asylum seeker and I can't complain, that's why they don't respond or there is never an available appointment."**
> **Ivory Coast, 18-25**

As highlighted above, this distrust and scepticism could impact not only access to healthcare but the desire and ability to meaningfully engage with services by giving feedback. This lack of trust sometimes arose due to negative experiences of accessing healthcare. For example, not feeling listened to.

Benefits of online treatment

Although many could not access online treatment or preferred in-person care, two participants expressed confidence in using online healthcare and found it helpful. One recounted how online appointments had enabled them to continue receiving care during the Covid-19 pandemic. However, this participant still preferred in-person treatment over online treatment because they found it more comfortable to discuss mental health. The other participant found that having online appointments reduced the anxiety from interacting with others, which made healthcare more accessible to them.

> **"Makes it so much easier for me, I am not very good interacting with people so doing everything online does not trigger my anxiety."**
>
> **Iraq, 18-25**

These findings suggest that it is essential for individuals to be offered a choice of how to access healthcare. While convenient for some, communicating health-related problems or concerns online was challenging for others, with multiple barriers such as language barriers and trust preventing some from doing this effectively. Several participants said it was particularly important to offer face-to-face appointments when discussing mental health.

Limited understanding of how to access healthcare

The difficulties participants' faced accessing online healthcare were often embedded in the challenges they experienced in understanding how to access the public health system in general. This includes limited understanding of how the health system works and also their rights and entitlements to care.

Until participating in this research, one participant was unaware that accessing healthcare information and services online was possible. This suggests a need to improve the availability and accessibility of information on what services people can access and the different ways to access them.

> **"I did not use internet before, but I might start now to see if is easier to access healthcare."**
>
> **Zimbabwe, 56+**

Many said that it took them some time to understand how the NHS worked, and they did not know where to seek healthcare when they first arrived in England. One participant had delayed seeking healthcare for their back problem because they thought they would be charged. They also mentioned that they worried about taking advantage of the NHS.

> **"It took me a lot of time to understand how the NHS works and, even then, I feel bad about taking advantage of it so, I only asked for inhaler and did not mention my back problems."**
>
> **Ethiopia, 36-45**

Once this participant moved to charity accommodation, they sought help for their back issues because they had worsened. Other participants echoed similar experiences. These experiences suggest that many people seeking asylum rely on charities to access basic information on rights and entitlements and support navigating healthcare.

Seeking alternatives to online healthcare

Booking appointments by phone

Most participants said they preferred calling to book GP appointments because of the obstacles to accessing and using the internet described above (see '**Barriers to digital access in England**'). Many talked about waking up early and waiting in the phone queue to get an appointment. While this experience is not unique to people seeking asylum, the cost of long phone calls was unaffordable for many participants.

> **"Yes, my phone contract only allows 500 mins so when I am calling and my minutes are going down, I am wasting money. There is a 40-minutes queue every day. I am stressed; all my money goes on internet or calling people."**
> **Eritrea, 46-55**

Some participants, such as the participant below, mentioned seeking alternatives to primary care due to being unable to reach the GP via phone.

> **"I only do appointment if it's really important because the GP phone is always busy, mostly I try to use traditional medicine or [medicine] from the pharmacy."**
> **Ivory Coast, 18-25**

Some mentioned going to the pharmacy or going straight to A&E as they could not afford to call the GP. Others delayed seeking healthcare or avoided it altogether. The implication is that some might seek treatment only at an acute stage, increasing the risk of complications or adding avoidable pressure to already stretched and more costly emergency care services.

Attending in-person appointments

Many participants struggled to afford the cost of transport to attend in-person health appointments.

> **"When you are like me and cannot avoid the transport fees, it is a nightmare for you. I have to look for ways to get some money, such as asking random people in the street for help to buy credit or to pay for bus fares in order to reach the doctor for treatment. Having access to healthcare in the UK is not always easy, especially when you are seeking asylum."**
> **Zimbabwe, 36-45**

One participant had missed multiple GP appointments due to not being able to afford transport costs. Another had walked for an hour to attend a health appointment. These insights show that, while many participants prefer in-person appointments, this is not always viable for them due to financial barriers. Participants identified insufficient asylum support payments to meet their basic needs as the root cause of many obstacles to accessing healthcare.

The 'human touch' of in-person care

Participants described many positive experiences of receiving healthcare in England. While these were typically in-person experiences, these accounts can nevertheless help to improve the design of online spaces.

A common theme in people's descriptions of positive healthcare experiences was feeling listened to, respected and welcomed. Some participants felt satisfied with the support they received because they felt comfortable expressing themselves and were treated with dignity. Many participants suggested that positive healthcare experiences resulted in improved physical and mental health. A few participants said that they had gained confidence and self esteem as a result.

> **"It came at a time when appointments were so difficult, especially during the pandemic. Personally, it got worse, and I had to be taken to A&E on several occasions. I was treated well, felt listened to and cared for. The healthcare I have received has really improved my condition in spite of the delays."**
> **Nigeria, 46-55**

> **"Yes, I was treated well with respect to my family by treating us with dignity and privacy."**
> **Nigeria, 36-45**

These accounts illustrate the importance of respect and dignity for many participants when assessing the quality of healthcare. They contrast with some of the views discussed earlier, whereby participants did not trust the care they received online and felt unable to communicate effectively. The findings resonate with existing research, which highlights how being treated with empathy and compassion is particularly important for people seeking asylum.[68]

2.3 The impact of digital access on mental health

Frequently, people seeking asylum live far away from their friends and family, often in a different part of the world. This puts them at an increased risk of isolation. Digital access can relieve this isolation by allowing people to remotely maintain their connection with loved ones. However, for many participants, barriers to digital access led them to experience loneliness and isolation, which had knock-on effects on their health.

> **"I would love to speak to my family and friends in Russia, but due to me having limited rights, I feel isolated. It impacts my health and wellbeing."**
> **Russia, 36-45**

Many participants mentioned that speaking to family was vital for their wellbeing and helped with the isolation they experienced after arriving in England. It was common for participants who had experienced digital exclusion to describe the impact that this had had on their mental health and wellbeing. For example, one participant described feeling sad and lonely if the hotel Wi-Fi was not working. Another participant shared this experience:

> **"I can't speak to my family. I can't watch anything online. I feel like a robot that can't use anything or do anything. I feel like I am in prison sometimes."**
> **Pakistan, 46-55**

For many, the Covid-19 pandemic exacerbated feelings of isolation and loneliness caused by digital exclusion. Some participants shared that they had experienced depression during this time. For most of them, internet access was crucial in alleviating isolation.

> **"Yes [I used the internet during lockdown], but only to get in touch with family back home on WhatsApp. Without the internet I would have lost my mind, it was a difficult time for me and my family."**
> **The Democratic Republic of the Congo, 26-35**

During lockdown, those without regular and reliable internet access described its significant impact on their mental health.

> **"I hated it, I felt so isolated. I had no internet; it felt like I was in prison. My mental health was impacted. I suffered a lot. I don't want to think about that time again."**
> **Eritrea, 46-55**

One participant drew direct links between their inability to afford the internet and their mental health in the context of the Covid-19 pandemic.

> **"[I was] mentally 'messed up'. Isolated … I only topped up £5 which only got me some minutes and text. If I had access to continuous internet my health would have been better. I could not afford the internet as well. Having this would have helped. I was at home staring at the wall as there was nothing I could do."**
> **Tanzania, 36-45**

Another participant did not have a phone and expressed going through a similar experience during national lockdowns.

> **"I was alone in my house doing nothing. I was going crazy; it was like hell."**
> **India, 46-55**

When asked whether difficulties accessing the internet impacted their health in any way, the same person referred to the impact of feeling disconnected from family.

> **"I miss my family; I wish I could call them any time but I am unable to as I don't have a phone."**
> **India, 46-55**

These participants experienced digital exclusion for a range of reasons: lack of access to the internet in their accommodation, unaffordability of data and credit, and lack of access to a mobile phone. All described the impact this had on their mental health and wellbeing. Although they were already experiencing the negative effects of digital exclusion before the Covid-19 pandemic, many participants expressed that the national lockdown worsened these.

People seeking asylum are already at high risk of stress and poor mental health. This is often a consequence of their past experiences compounded by the uncertainties they face while waiting for a decision on their asylum claim.

> **"As someone who has been waiting for the Home Office's decision, it only added more stress to my situation, as I felt burdened in terms of my physical and mental health. Since I had Wi-Fi at home, I was watching documentaries and watching funny videos."**
> **Nigeria, 46-55**

This person refers to the importance of internet access to alleviate this stress by keeping distracted. Several participants mentioned living with depression, anxiety, bipolar disorder and post-traumatic stress disorder. Participants described online access as essential, describing how it enabled them to continue receiving treatment and medication, and connect with support and entertainment.

> **"Yes, I just had moved to the charity house, so I was able to navigate the internet unlimited. It was a very difficult time because I was very worried about my family back home and, at the same time, I had to make sure to have my prescription on time as isolation would trigger my bipolar disorder and make the symptoms worse and that would cause problems with my housemates."**
> **Iraq, 18-25**

These insights show that digital exclusion not only limits healthcare access, as discussed in previous sections, but also increases isolation, which several participants connected to a worsening in their mental health. The participants' experiences also show how digital exclusion can limit access to mental healthcare whenit is most needed and that digital access can support mental health.

2.4 Improving digital and healthcare access: suggestions from participants

Key findings

Participants provided many suggestions for reducing the impact of digital exclusion on access to and experiences of healthcare for people seeking asylum in England. These included:

- Ensure all people seeking asylum can access fast, reliable internet and up-to-date devices.
- Improve the provision of digital literacy training for people seeking asylum.
- Make online healthcare platforms more inclusive and easier to use. Ideas included simplifying registration and online booking processes, offering several language options and adding a voice assistant system for people who cannot read or write in English.
- Ensure that people seeking asylum can choose how they access healthcare. This involves offering both online and in-person options and ensuring they are accessible.
- People seeking asylum need more opportunities to be heard. Opportunities for them to give feedback on their healthcare experiences would enable services to be developed with consideration for their needs and circumstances. People seeking asylum should be treated with respect and their knowledge and experiences valued.

Access to the internet and devices

Almost all participants expressed that the weekly asylum support allowance was insufficient for them to afford a suitable phone, mobile data or broadband. To mitigate a lack of access resulting from unaffordability, a recurrent suggestion made by participants was to ensure that people seeking asylum have access to free and reliable internet and up-to-date devices. These insights suggest that access to the internet is a priority for many people seeking asylum, as this quote illustrates:

> **"Most people don't have access to Wi-Fi and it is the first thing they have to get access to."**
> **The Democratic Republic of the Congo, 26-35**

Participants specified a range of practical ways to improve access to the internet among people seeking asylum.

> **"I would give free Wi-Fi to all of them. It is a must, first keeping in touch with family and for translation as not everyone speaks English."**
> **The Democratic Republic of the Congo, 26-35**

In addition to free and reliable internet access, participants also suggested improving access to devices.

> **"I will give everyone a phone so they can contact their families as they must miss them too like I miss my family."**
> **India, 46-55**

> **"Oh my God! Give everyone a smartphone. It is necessary. How are we in 2022 and people don't have phones? Of course, I would give everyone a phone."**
> **Pakistan, 46-55**

One participant suggested that a dedicated tablet in asylum accommodation would help improve access to digital healthcare:

> **"If they want people to use an NHS app they should provide an NHS tablet to the hotel desk where everyone can book appointments and repeat prescriptions."**
> **Chad, 26-35**

Participants' suggestions demonstrate how essential digital access is for people seeking asylum. Moreover, the suggestions highlight that asylum support payments are insufficient to cover up-to-date devices and phone credit.

Digital training and education

Another suggestion frequently made by participants was to improve the provision of digital literacy training for people seeking asylum.

"Work with charities to educate people on how to use technology so they are not isolated."
Eritrea, 46-55

One participant recommended that tailored training should be provided, based on an initial assessment that would seek to understand each person's digital needs better.

"The majority of asylum seekers struggle with digital and need more assistance in this area. Therefore, I would conduct a baseline survey and find out their significant concerns when it comes to digital use and online access. ... Based on those findings, I would have given training and development based on their levels and backgrounds. Education is the only option that gives them hope and will help them understand how the digital world works and how its usage is essential."
Nigeria, 36-45

Participants who suggested digital training often highlighted the importance of digital skills for navigating the asylum process and seeking healthcare. Many also stressed the benefits for personal development, wellbeing, confidence and integration into life in England.

"As such, I believe that the proposal would benefit asylum seekers, both short and long-term, and would positively impact their lives."
Zimbabwe, 36-45

"I would provide them with training on how to use the app and have training sessions for people on how to use it. So they don't feel isolated and left out from the world."
Eritrea, 46-55

"By helping them at the beginning, they will become a part of the host community, both as individuals and as a collective."
Nigeria, 46-55

Many participants suggested that training would both mitigate the consequences of digital exclusion and help them build the skills and networks to live in a new place.[69]

Accessibility of services

Many proposed solutions reflected the digital exclusion participants faced, and focused on making in-person healthcare more accessible. These solutions highlight the importance of having multiple healthcare options, which consider the financial, language and digital barriers that people seeking asylum face.

Simplified processes

Some participants felt that online registration processes should be simplified. Suggested solutions typically focused on reducing the number of documents needed to access online healthcare, and improving the process for booking appointments. Other suggestions by participants included making access to healthcare easier by providing options to book health appointments without using phone credit or the internet, and providing a free number for those who cannot afford to call.

"Change the ways of booking appointments. Make it easy to book appointments over the counter because of phone credits or language barrier."
Pakistan, 26-35

"Alternatively, I would ensure that they have access to healthcare at any time they need it, without having to provide documentation. Regarding the appointment and the associated costs, such as calls and internet access, I would have removed those barriers and substituted [them for] offline applications that don't require internet access. Finally, I would have created a special number or emergency number dedicated exclusively to asylum seekers to call for free at any time without using credit or top-ups."
Zimbabwe, 36-45

"I will allow them to access healthcare without asking them for documents and give them special treatment. I think this is extremely important, and it is a basic human right."
Jamaica, 56+

Another participant also expressed that they would simplify the process of getting prescriptions.

"I would make prescription requests more easy, without all the complicated forms. Repeat prescriptions should not have to be so difficult for asylum seekers or anyone else."
Ethiopia, 36-45

Language options

Some participants suggested that providing voice assistants and alternative language options to those who cannot read or do not understand English would help make digital healthcare more inclusive and accessible. Several participants suggested translating healthcare material into several languages.

"I would invent a voice assistant program like Siri to find services or appointments without having to read."
Ivory Coast, 18-25

"The NHS application should be in different languages, like Farsi, Arabic, all types of Arabic dialects, Urdu and Spanish."
Iraq, 36-45

Interpreters

One suggestion was to improve the availability and quality of interpreters in all healthcare appointments – online, via telephone and face-to-face. Another participant suggested that having a dedicated department or team within a hospital to support people without confident English language skills to navigate the services would be valuable. While NHS England guidance recommends that "interpretation and translation should be provided free at the point of delivery, be of a high quality, accessible and responsive to a patient's linguistic needs"[70], the research findings suggest a gap between this policy and participants' experiences.

English language classes

Several participants highlighted the importance of improving English language skills. They suggested that improved English skills would lead to improved digital confidence, enabling people to navigate digital healthcare better. An increased provision of English for Speakers of Other Languages (ESOL) training was one practical suggestion given. People seeking asylum are often eligible for ESOL training once they have been a resident in the UK for at least six months. But if a person's documentation has a 'no study condition' listed, they must apply for this restriction to be lifted before they can enrol in studies.[71]

Transport

Participants also made suggestions to improve access to in-person healthcare by providing free transport to get to appointments. While this is not directly related to improving digital access, it relates to the importance of offering different options for access, both in-person and digitally. This is especially important considering the challenges of digital exclusion highlighted by this research.

> **"People who live [too] far to access groups, GP appointments, or other appointments. Give them free access to public transport so that people do not walk for miles and miles to access any services, that is inhumane."**
> **Pakistan, 26-35**

Information

One participant recommended providing people seeking asylum with information on how to access healthcare during the asylum process. This reflects the findings in section **2.2**, where participants described their limited understanding of how to access healthcare when they first arrived in England.

> **"I advocate policies that would help [people seeking asylum] at the level of the government and also provide information on how to register [with] GPs."**
> **Nigeria, 46-55**

VCS support

One participant expressed that the VCS organisations working directly with people seeking asylum are underfunded. They suggested that this needed to be improved for people to receive the best support for their digital needs. This suggestion resonates with the findings that charities were often central in providing internet access and access to devices, and helping people to book health appointments or request prescriptions online.

Opportunities for being listened to

Solutions for improvements also included treating people seeking asylum with dignity and respect. This is consistent with insights in section **2.2** 'the human touch of in-person care', which describes how valuable it was to participants to feel listened to and the positive impact this had on their healthcare experiences. A few participants felt that healthcare staff should be sensitive to the trauma people seeking asylum may have experienced.

Participants did not share specific suggestions on how to ensure empathy translates into services. However, insights discussed in the previous chapter showed that some participants found it difficult to communicate clearly online or over the phone and found digital healthcare impersonal. Actively seeking lived experiences of care and creating opportunities for feedback in the design and monitoring of digital healthcare may help to improve people's experiences and mitigate access barriers.[72 73 74]

"Try to understand the people seeking asylum they had a difficult life/past. Give them a voice as well as time to learn about the system instead of imposing rules and regulations. Do not expect them to learn in one day."
Pakistan, 26-35

"We are not in the UK for pleasure. We had bad experiences and a bad past. Everyone [of us] are victims of something that we [need] help [for]."
Nigeria, 18-25

3. Conclusion and recommendations

3.1 Conclusion

The findings of this peer research study indicate that people seeking asylum in England are at risk of being digitally excluded. Digital exclusion can create – and exacerbate – barriers to healthcare access, preventing some people seeking asylum from booking appointments, ordering prescriptions or navigating their way to appointments. Digital exclusion can also restrict people's ability to communicate with family and friends, potentially resulting in social isolation and declining physical and mental health.

Participants highlighted numerous obstacles that prevented them from meaningfully accessing the internet. These included limited access to reliable internet and up-to-date devices; poor digital skills; illiteracy; and language barriers. Accessibility and inclusivity of online services also emerged as a barrier to digital inclusion, as did fears related to data privacy. Many participants found online appointments impersonal and spoke about the importance of feeling safe and being listened to when receiving care.

This research took an approach which recognised the value of expertise through lived experience. Collaborating with five peer researchers on this project led to a sensitive research design and rich, nuanced data. The research would not have been possible without them. Numerous people from the public and voluntary sectors with relevant expertise were involved in co-producing policy recommendations using the findings and the suggestions shared by participants. These are detailed below.

3.2 Recommendations

1. People seeking asylum should have access to free and reliable internet and be able to obtain up-to-date digital devices such as smartphones. To achieve this:

- The Home Office should include fast and free internet provision in the requirements for asylum accommodation – alongside other essentials such as electricity and water.
- The Home Office should ensure that private spaces are provided for people to access the internet in all shared asylum support accommodation.
- The Home Office should revise Annex D of the **assessment methodology** used to determine asylum support rates. Communication is an essential need; rates should be revised to accurately reflect the cost of purchasing a suitable mobile phone and paying for data. People with lived experience of the asylum system should play a key role in ensuring this methodology is accurate.
- ICSs should consider ways to reduce the cost of phone charges to access GP services for people seeking asylum, such as reverse charging or freephone numbers.

2. People seeking asylum should be offered and be able to access in-person digital literacy training. To achieve this:

- The Home Office should be responsible for identifying the digital literacy needs of people seeking asylum and signposting them to appropriate sources of training and support.
- The Home Office should include digital literacy in basic skills training that asylum accommodation providers should be contractually obliged to provide.
- Providers of digital literacy training should consider the specific needs of people seeking asylum, including issues with trust or language barriers and be mindful of intersectional obstacles, like those related to gender-based violence or age, when designing and delivering training.

3. People seeking asylum should easily be able to access and navigate online health services. To achieve this, NHS England should work with partners to:

- Review the accessibility of digital healthcare platforms to ensure they meet the specific needs of people claiming asylum, working directly with individuals with lived experience to do this.
- Ensure that online services, like the NHS app, can be accessed without a photo ID or that registrations accept the ARC number.
- Simplify registration and appointment processes within online healthcare platforms, removing, where possible long questionnaires, long text and multiple-step processes, which can be overwhelming for people seeking asylum and be a deterrent to accessing healthcare.
- Explore and promote options for online services to include multiple languages, a built-in translation option and voice assistance for people who are illiterate or who cannot read in English.

4. **People seeking asylum should be involved in developing policies and service provisions relating to the health services they will access**. To achieve this:

- NHS England should collaborate with people seeking asylum when designing digital healthcare platforms to ensure they are accessible and meet their needs.
- The Home Office should consult with people with lived experience of the asylum process when setting asylum support rates to ensure healthcare access needs are actively considered.
- The Home Office and asylum accommodation providers should create safe spaces for people in the asylum system to provide feedback on barriers they face accessing healthcare.

5. **People seeking asylum should be supported and empowered to access healthcare in a way that suits their needs**. To achieve this:

- GP practices and ICS commissioners should ensure that people seeking asylum have a choice about how they would like to access healthcare appointments, such as face-to-face, by telephone or via video call.
- GP practices should adhere to NHS **guidance** and ensure that staff working in their services are well informed about the rights and entitlements of people seeking asylum. This includes the right to access free healthcare and to register with a GP practice without the need to show proof of identity, proof of address, an NHS number or a visa.
- Accommodation providers and Migrant Help should proactively provide updated, tailored, translated information to people seeking asylum about their healthcare entitlements and how to access healthcare, including digital platforms.
- NHS England, DHSC and Home Office should investigate the impact of data sharing between hospitals and the Home Office for the purposes of immigration enforcement on access to healthcare for people seeking asylum.

Appendix: Methodology

Recruitment and participation

Recruitment of the peer researchers

Several organisations that support people seeking asylum and refugees in the UK assisted in the recruitment of peer researchers for this project. These included the Lewisham Refugee and Migrant Network (LRMN), the VOICES Network,[vi] the Sanctuary Café Eastbourne, Health Access for Refugees (HARP) in South Yorkshire, and The Open University Sanctuary Working Group. Each organisation shared a poster advertising the peer researcher role with their members and networks, and helped to identify candidates. A total of 16 candidates expressed their interest in being peer researchers.

Five peer researchers were selected according to demographic criteria to ensure a diverse team based in different parts of England that could access and interview people seeking asylum from various countries, languages, genders and ages. All peer researchers had lived experience of seeking asylum in England. The peer researchers had refugee status so that they could be paid fairly for their work.[vii]

Recruitment of the participants

Each peer researcher recruited six participants through their networks. The VOICES Network and the British Red Cross Hackney Destitution Resource Centre[viii] aided some peer researchers with this. In total, peer researchers interviewed 30 people currently seeking asylum in England about their digital access and access to healthcare.

Participants were all over 18 years old and were waiting for a decision on their asylum claim when the fieldwork took place. Nine participants were between 18 and 35 years old, 19 were between 36 and 55, and two were over 55. A total of 17 participants identified as men and 13 as women.

The 30 participants came from a total of 18 different countries, seven of which were part of the 15 top countries of origin of people seeking asylum in 2021.[75] The countries of origin represented by more than one participant were Nigeria, Pakistan, Zimbabwe and Iraq. Just over half of the participants had English as their first language. A total of 14 different languages were represented among the participants' first languages. Most interviews were conducted in English or in the language the participant and peer researcher shared. Four interviews were conducted with the help of an interpreter as the number of languages represented in the sample of participants was wider than the number of languages the peer researchers spoke.

More than half of the participants interviewed were living in Yorkshire, which in 2021 was the most common dispersal location for people seeking asylum in England.[76] Six participants lived in the Midlands region and six lived in London.

Participants were staying in various accommodation types at the time of the interview. These included dispersal and contingency accommodation, such as hotels run by providers contracted by the Home Office; accommodation provided by charities; and staying with family or friends. Some of the participants interviewed were destitute and homeless. Careful attention was paid to ensuring diversity in accommodation types represented in the sample, to improve understanding of the impact this had on digital access.

[vi] The VOICES Network is a nationwide programme supported by the British Red Cross which provides people with refugee and asylum-seeking backgrounds with a platform to share the challenges they face and raise those issues with decision-makers.

[vii] People currently seeking asylum legally cannot work so could not be paid. Therefore, it was decided that peer researchers in this project needed to already hold refugee status so that they could be paid for their work.

[viii] Hackney Destitution Resource Centre is a service for refugees and people seeking asylum in London provided by the British Red Cross.

Data collection and analysis

Semi-structured interviews were used for this research, as they allowed for common themes to be identified, while retaining flexibility during the interview. This flexibility allowed peer researchers and interviewees to establish a comfortable discussion flow, encouraging in-depth exploration of experiences. To inform the design of the interview guide, Demsoc reviewed relevant literature on healthcare and digital exclusion for people seeking asylum to identify key thematic areas to explore. These themes related to awareness of healthcare needs, healthcare-seeking behaviours and healthcare provision. Following this, the research process consisted of three key phases: training and co-design, data collection and analysis.

STAGE 1: Training and co-design workshop with peer researchers (June 2022)

The research team at Demsoc facilitated an in-person workshop over one and a half days, attended by peer researchers and a member of the British Red Cross project team. The purpose of the workshop was to create a space for the team to bond and develop a shared understanding of the project, to train peer researchers to undertake the interviews, and to co-design the research tools and ethics process.

The training covered the purpose of the research, insights from the literature review, principles of qualitative research, and conducting thematic analysis. It also involved practical exercises on how to conduct a semi-structured interview. A consultant led a session on safeguarding and trauma-informed research, which emphasised the importance of care and empathy during the research process.

The co-design part of the workshop involved collaboration on several research tools, including a topic guide for use in the interviews, a consent form and a participant information sheet. The group also discussed ideas for a signposting sheet to be used in the interview to direct participants to support if needed. The research teams at the British Red Cross and Demsoc built on these ideas to create the sheet. The expertise through lived experience that the peer researchers brought to these sessions was crucial in identifying processes participants would perceive as unsafe or uncomfortable. For example, identifying questions that may prompt participants to re-live or describe traumatic experiences.

STAGE 2: Data collection (June – August 2022)

The data collection occurred between June and August 2022. Peer researchers were given printed copies of the interview guide, consent form, researcher's checklist, and a signposting sheet outlining national and local support available. During the data collection phase, peer researchers had check-in and check-out calls with the research team before and after each day of interview/s. Check-in calls made sure that peer researchers had everything they needed and were confident about how to conduct the interview. After the interview, check-out calls covered the peer researcher and participants' wellbeing and preliminary insights.

Peer researchers took notes during the interviews and, depending on the participant's consent, recorded the interview for transcription purposes on a dictaphone. The interviews typically covered the following thematic areas: digital access before and after arrival in England; experiences using digital technologies to access healthcare; experiences of seeking and accessing healthcare; and experiences of digital and healthcare access during the Covid-19 pandemic. In addition, two scenario-based questions were asked to encourage participants to co-produce ideas for solutions to improve digital and healthcare access for people seeking asylum in England.

STAGE 3: Analysis (July – September 2022)

Analysis was an iterative process. Peer researchers shared their anonymised interview notes with members of the research team at Demsoc using a template. The team at Demsoc then coded and thematically analysed the notes on the template. Peer researchers then attended three two-hour online analysis sessions to share and discuss the themes they had identified and to validate the themes identified by the Demsoc team. The contribution of peer researchers during these analysis sessions ensured that the themes identified were representative of interviews, added nuance and made connections between the themes. The final session also enabled the development of ideas for recommendations by peer researchers, which were then taken by the Demsoc team, developed and shared back to peer researchers for their further input and validation. The British Red Cross used this to write the final version of the recommendations.

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