

Refugee and Asylum Seeker Service Evaluation 2025

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Introduction

The purpose of this report is to collate data and information, to offer a full-service evaluation of the Refugee and Asylum Seeker (RAS) Social Prescribing Link Worker (SPLW) service in Newcastle. Over the past 18 months, the RAS SPLWs have worked across both hotel and dispersed accommodation settings to deliver social support and signposting to service users, connecting them to activities, and helping to navigate the health and social care system.

This report aims to reflect on outcomes monitoring under the Health Inequalities grant, in addition to service review and evaluation.

The data in this report reflects the full length of the RAS SPLW Service, collating all data we have collected throughout its progression.

Metrics

The below metrics are defined in the RAS SPLW Standard Operating Procedure and have been collected on a monthly rolling basis, starting in January 2023:

- Demographics: registered practice
- Waiting time – turn around between referral and contact
- Referral Source
- Services used/referrals out
- Social Prescribing Outcome Framework
- Case studies
- Staff feedback
- Stakeholder feedback
- Complaints
- Service user feedback
- Service activity e.g. number of appointments offered

Capacity

Since its inception in January 2023, the RAS SPLW timetable has been split across hotel and dispersed community settings. The RAS SPLW service initially aimed to deliver a standard offer of 30 general query appointments per week, in addition to 45 face to face

appointments per week. To begin with, NGPS considered this to be the maximum capacity. To date, timetabling capacity has been flexed to meet service demand and due to many changing factors (staffing level increases, training, development, adjustments and refinements made to record keeping and working processes), we have seen a marked increase in the capacity the service has been able to deliver to service users as it has grown in popularity and integration.

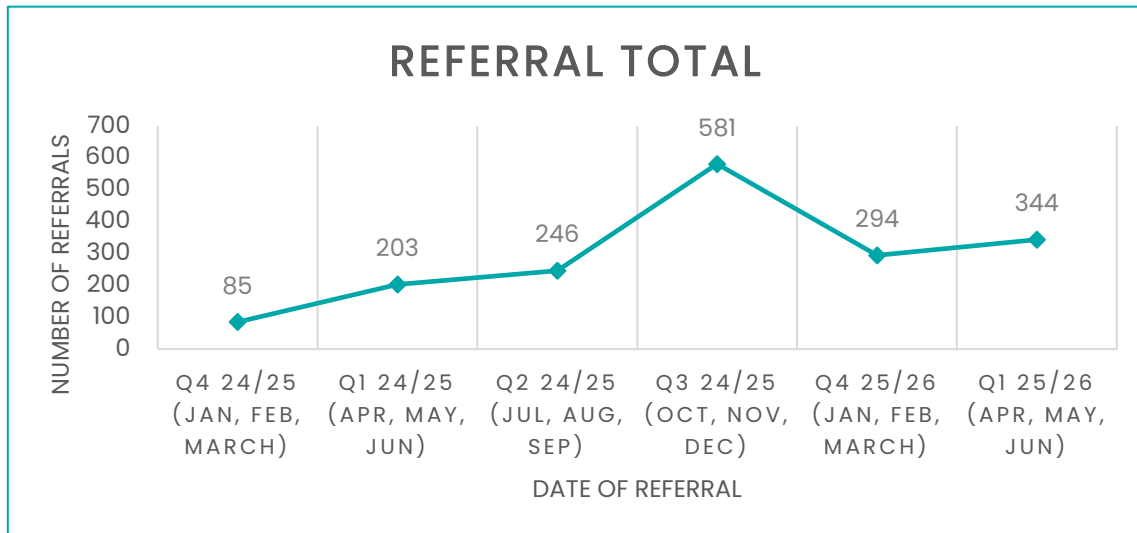
Activity and Uptake

Number of referrals

In Q2 23/24, the first 3 months of the RAS SPLW service saw 85 new referrals in. As mapped in the below graph, this referral number has substantially grown as the service has become more integrated, accessible, and structured. Shown in our latest data set, the RAS SPLW team have received 344 referrals within the last 3 months of service.

It is important to note the clear increase in referral numbers during Q3 24/25. This could be due to the following changes:

- More RAS service users arrived at the hotel during this time
- NGPS changed the way in which SPLWs were recording their notes. We introduced a template to ensure all notes were standardised. RAS SPLW staff may have encountered difficulties with this new template and reflections on this time suggest that referrals may have been duplicated in our system. This error was corrected through further training and workshops held by the NGPS management team.
- Our new RAS SPLW Maisie started working at Newcastle College, producing a larger number of community referrals (reflected in the 'Referral Source' chart to follow).

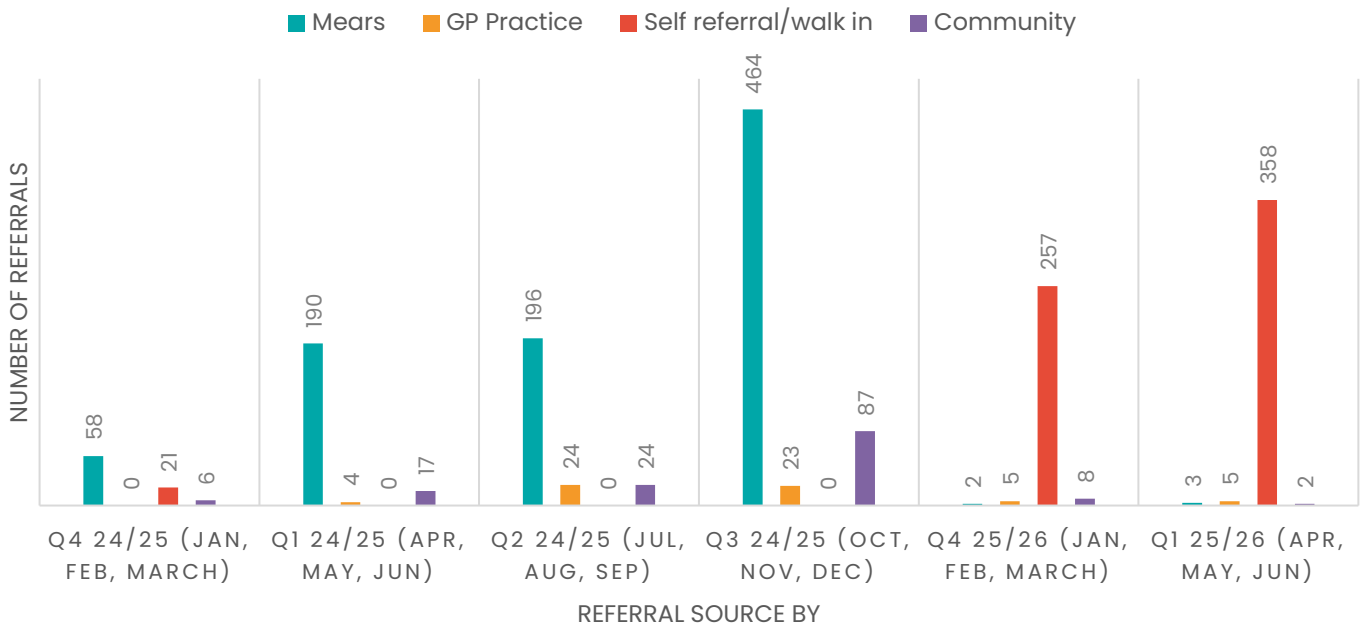


Referral Source

From the graph below, we can see that the majority of service users accessing our RAS SPLW Team have either self presented or been signposted to us through the Mears staff within the hotel. This is due to our SPLW team being regularly accessible and visible within the hotel environment. Alongside this, we have also seen an increase in both community based and GP referrals due to the following:

- Increased understanding of the role
- Increased visibility within Newcastle College and community settings (NU Foundation, City of Sanctuary forums etc).
- Increased visibility to the wider NGPS SPLW team and further conversation around the role
- Increased visibility to GP practices

REFERRAL SOURCE



Demographic overview

Ethnicity

In the initial month of our service, ethnicity was not something we were able to collate accurate data around. Coded ethnicities in patients notes relied entirely on the GP practice registration teams and our RAS SPLWS did not record this information to avoid duplication. In Q3 24/25 with a refurbishment of our data collection and record keeping processes, RAS SPLWs were able to code ethnicity correctly for our patients. The table below highlights the most common ethnicity codes we have found.

Quarter	Most common ethnicity (coded)
Q4 24/25 (Jan, Feb, Mar)	Data not collected
Q1 24/25 (Apr, May, Jun)	Highest ethnicity code: Unknown

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Q2 24/25 (Jul, Aug, Sep)	Highest ethnicity code: Unknown
Q3 24/25 (Oct, Nov, Dec)	Arab, Kurdish, African
Q4 25/26 (Jan, Feb, March)	Arab, unknown, Kurdish
Q1 25/26 (Apr, May, Jun)	Arab, Middle Eastern, Kurdish

Age

As presented in the table below, the RAS Service has been mostly in demand with younger service users, with the average age of service user dropping to as low as 18 in the last 2 quarters.

Research done by the Refugee Council shows that young men (18–40) dominate hotel asylum accommodation because they're the group most likely to make the journey first, least likely to be prioritised for housing, and most able to survive dangerous routes—so they end up in initial hotel housing for the longest time while families and vulnerable people are moved elsewhere.

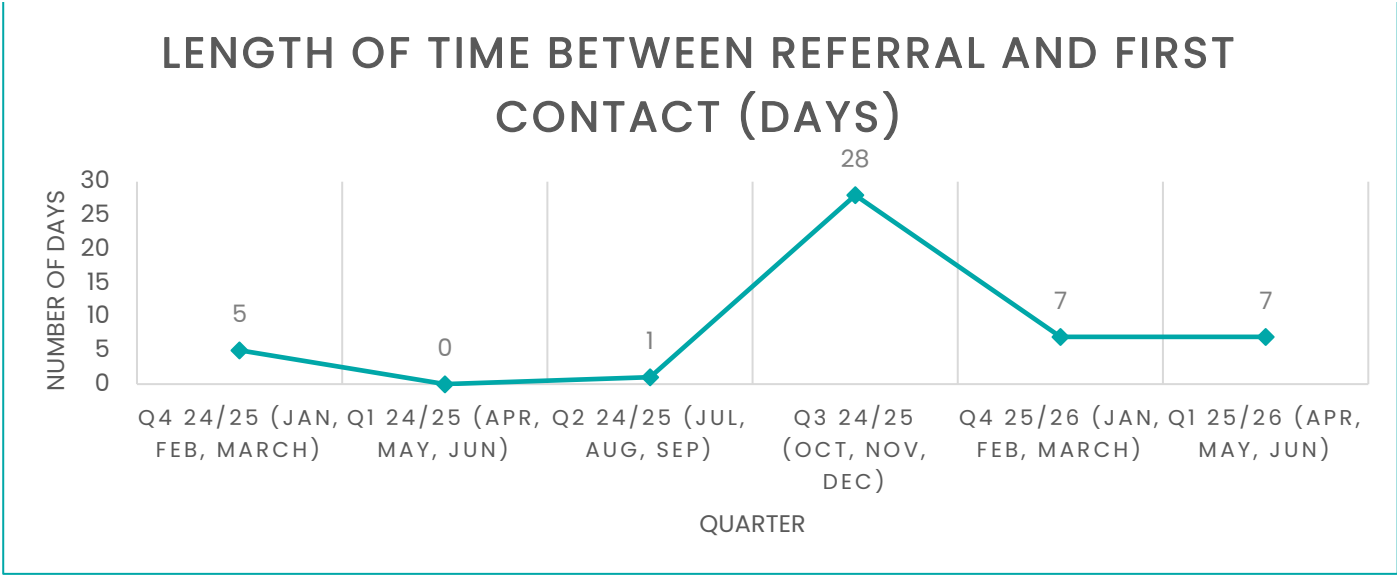
Quarter	Most common age
Q4	Not reported on
Q1	23–47
Q2	20–45
Q3	18–39
Q4	18–39
Q1	18–39

Waiting times

Our RAS SPLW service since its infancy has aimed to keep waiting times to an absolute minimum where possible. We understand that difficulties faced by RAS service users in hotel accommodation often need 'on-the-day' urgent support for example booking of GP/dentist appointments and support with important home office communications etc. RAS SPLWs have worked to minimise waiting times to ensure short term goals are met efficiently.

The graph below shows the average waiting times for RAS service users to receive support through our team. In Q3 24/25 there was a substantial increase in waiting time

for service users. In this quarter we saw a significant increase in activity and with a limited capacity of staff, service users were not able to be supported within our usual 7 day wait model.



Community engagement

Our Refugee and Asylum Seeker (RAS) Social Prescribers have connected residents in the RAS hotel to meaningful activities, essential health services, and opportunities for integration into the local community.

Activities & Groups

- **2 Beach Trips** – Empowered service users to understand local public transport routes, reading metro maps and buying tickets. Orientation and community connection through exploring the local area.
- **Weekly Art Group** – 35+ sessions fostering friendships, creative expression, and emotional wellbeing. Facilitated by our NGPS RAS SPLW team and supported by the wider NGPS SPLW and volunteer team.
- **Community College Drop-Ins** – Access to education, skills training, and volunteering pathways. General advice and support for students new to the area.

Health & Wellbeing Services On-Site

- **Community Dentist** – 14 residents referred in the first week alone, addressing urgent dental needs. On August 13th, the community dentist attended the New Bridge Hotel to run an information session for residents. The session covered how to look after teeth, what people can do to minimise pain and promote general oral health.
- **Ophthalmic Services** – Free eye tests, glasses, diagnosis, and treatment for eye health issues. This is a service that would like to be in the hotel once a fortnight/month in the coming months.
- **Swap to Stop**– Stop smoking sessions with access to free vapes, coils and oils. This is currently being run by CGL but was initially set up by NGPS staff and RAS SPLWs.

Key Impacts

1. Health and Wellbeing Support

- Many RAS individuals arrive with complex physical and mental health needs, including trauma-related disorders. The RAS SPLWs provide essential connections to mental health support, primary care, and specialist services, improving overall wellbeing and reducing emergency healthcare usage.
- Example: A newly arrived refugee struggling with PTSD was supported in accessing a GP, counselling, and a community peer support group, leading to a significant reduction in crisis interventions.

2. Community Integration

- RAS SPLWs help RAS individuals navigate housing, employment, language barriers, and social inclusion pathways, fostering a sense of belonging and reducing social isolation.

3. Reduction of Service Pressures

- By addressing social needs proactively, the RAS SPLWs prevent crises that would otherwise require costly interventions from health, housing, and social services.

4. Reduced Pressure on GP Surgeries & Cost-Effectiveness

- The RAS SPLW team significantly alleviates pressure on GP surgeries by addressing non-medical needs, which account for a substantial proportion of appointments.
- By providing practical support for social, emotional, and housing issues, RAS SPLWs free up GP time, allowing them to focus on clinical care.
- The cost of an RAS SPLW intervention is significantly lower than repeated GP appointments or emergency service usage, making this service a cost-effective solution in line with government strategies for social prescribing and primary care efficiency.

5. Building a More Accepting Community

The RAS SPLW service fosters a more inclusive and accepting community by helping RAS individuals integrate, access employment, and contribute positively to society.

A refugee supported into a vocational training program has the potential to achieve employment, improving self-sufficiency and reducing reliance on public funds.

- By facilitating engagement with local initiatives, faith groups, and volunteer opportunities, RAS SPLWs bridge cultural gaps and reduce social tensions, creating stronger, more cohesive neighbourhoods.

6. Trust and Engagement

RAS individuals often experience deep mistrust of formal services due to past trauma, discrimination, or negative experiences in their home countries.

RAS SPLWs, who provide dedicated, culturally sensitive support, have built strong relationships and trust within these communities.

If the service is discontinued, it could take significant time for RAS individuals to establish trust with new providers, leading to disengagement from vital services and increased health and social issues

Feedback

1. Resident Feedback

"I'm thankful for the support that you have provided, i can imagine how difficult it would have been without your support and the further struggles I would have to come across alone- you are a god sent"

"I really felt listened to, appreciate all the help and thank you so much"

"That was amazing, the best day ever and thank you for your caring Ma'am."

"I felt I had so many problems to talk about at the first day, always felt listened to, I really appreciate the amazing support and now feel more settled here and don't want to move out of Newcastle."

2. Social Prescribing Navigator Feedback

"I have been to the hotel a few times to help with the art group and have also attended both beach trips. My experience has always been extremely positive, and you can see how much of an impact Masie and Nahid's support provides the hotel residents. They go above and beyond to help them and work a very tight ship! I don't know how they get through it all tbh haha! But yes, just wanted to pass on my positive thoughts about the service they offer, and I think it's very much an integral part of the SPLW service."

3. MEARS Operational Management feedback

"I wanted to confirm that the presence of Maisie on site at the Newbridge hotel is greatly appreciated Mears staff and especially the service users. Maisie attends on set days, and on the days she's not there, we often have service users asking for her support. When she is on site, there's always a queue, showing just how in demand she is. We truly value Maisie and her dedication and support."

"I wanted to take a moment to express my sincere appreciation for the invaluable work that the Social Prescribing Service provides at the New Bridge Hotel. The positive impact

your team has on the well-being of our service users cannot be overstated, and I felt it was important to recognise the dedication and compassion your team consistently demonstrates"

4. Elswick Practice management feedback

"What lovely feedback, it goes to show what a valuable service is provided to the asylum-seeking population. Well done, Maisie!"

5. Social Prescribing Link Worker feedback

"Although I haven't worked closely with the RAS team, I had the opportunity to shadow Maisie around March. I've referred a few patients to the team, and they've always been incredibly helpful and responsive, even when I've just needed one-off advice. I was impressed by Maisie's extensive knowledge of refugee and asylum seeker support services available in the local area. During my shadowing experience, she generously shared her insights with me, which has been valuable in helping me support patients since then. The service is clearly fast-paced and demanding, and both Maisie and Nahid do an excellent job of maintaining and supporting this unique and important service."

Options appraisal

Scenario	Actions / Opportunities	Limitations	Potential Improvements / Sustainability
1 – No Dedicated Funding (Embed into PCN ARRS SPLW service)	1. Share best practice via training on cultural competence & trauma-informed care. 2. Create toolkits & referral pathways for RAS residents. 3. Integrate RAS referrals into general SPLW caseload.	1. High SPLW caseloads limit time for RAS residents. 2. Specialist knowledge may dilute over time.	1. Keep partnerships alive through PCN/ICB connections. 2. Incorporate RAS knowledge into SPLW induction & CPD

	4. Maintain links with community partners.	3. Less proactive outreach at the RAS hotel.	3. Stay connected to external services for regular updates on events and changes in legal processes.
2 – Continued / New Funding (Dedicated RAS Social Prescriber role)	1. Maintain weekly on- site presence at RAS hotel. 2. Expand activities: ESOL clubs, wellbeing walks, skills workshops. 3. Increase health access: mental health, sexual health, immunisation clinics. 4. Develop resident “peer connectors” to lead groups and offer support i.e. service users who are qualified/experienced in various areas (art, language, culture, city information) 5. Strengthen data & impact measurement.	N/A – Dedicated role allows focus and continuity.	1. Build multi-year partnerships with voluntary sector & local authority teams. 2. Explore blended funding streams. 3. Share learning across ICB footprint to create a scalable model.

Detrimental effects of RAS SPLW removal:

- **Increased Pressure on Public Services:** Without dedicated SPLWs, RAS individuals may face worsening health and social outcomes, leading to higher demand for A&E services, mental health crisis teams, and housing support.
- **Loss of Trust and Engagement:** RAS communities often face systemic barriers to accessing mainstream services. Removing SPLW support could result in disengagement from essential healthcare and social services, with lasting detrimental effects.

Reflections

The role

The current RAS role differs significantly from that of a standard Social Prescribing Link Worker (SPLW). While SPLWs often focus on supporting people towards longer-term, self-directed goals, the RAS role is primarily concerned with providing immediate, and sometimes urgent, support, advice, and social connection. Going forward we feel it might be more appropriate to develop the role into a **social support worker** model than traditional "social prescribing".

Training

To improve collaboration and reduce misunderstandings, GP surgeries should receive tailored training on:

The RAS journey – how clients are supported from initial contact to closure.

The scope and limits of the role – clarifying that RAS does not duplicate SPLW work.

Appropriate referral criteria – ensuring referrals align with RAS capabilities and purpose.

Breaking down prejudice and barriers – addressing misconceptions that may undervalue or misdirect the role.

Trauma-informed awareness – ensuring primary care staff understand the prevalence and impact of trauma on patient needs.

Why a Dedicated RAS Social Prescriber Matters

Refugees and asylum seekers face unique barriers that general Social Prescribing Link Workers (SPLWs) are not always able to address within their existing caseloads.

A dedicated RAS SPLW:

- Bridges language and cultural gaps using interpreters and accessible materials.
- Understands the asylum process, accommodation rules, and rights to healthcare.

- Builds trust with individuals who may have experienced trauma or distrust in services.
- Removes systemic barriers like lack of NHS numbers or GP registration.
- Delivers proactive outreach on-site, overcoming transport and confidence barriers.
- Connects residents to specialist support – immigration legal aid, ESOL, refugee charities, and cultural networks.



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