

Report



Impact evaluation study with families who have moved on from the Family Refugee Support Project

For: Family Refugee Support Project (FRSP)

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ACRONYMS AND DEFINITIONS

Acronyms

BLF	Big Lottery Fund
CIHC	Course in International Health Consultancy
FRSP	Family Refugee Support Project
GP	General Practitioner
LSTM	Liverpool School of Tropical Medicine
NHS	National Health System
ToRs	Terms of References

Definitions

Asylum seeker is someone who has asked the UK government to be granted refugee status and who is awaiting a decision¹.

Refugee is a person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country...².

Moving on is a term used by the Family Refugee support Project (FRSP) to describe when the client ceases to participate in regular project activities. This is opposed to the use by UK mainstream services to describe when an asylum seeker moves through the process.

Horticulture in the context of FRSP it means gardening as therapeutic medium. Client families use the term “gardening”.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity³.

Mental health “is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”⁴

Social inclusion is the process of improving the ability, opportunity, and dignity of people, disadvantaged on the basis of their identity, to take part in society⁵.

Independence here refers to individuals being able to lead a life without depending on institutional support.

¹ UN Refugee Agency, <http://www.unhcr.org.uk/about-us/the-uk-and-asylum.html> accessed 18th of June 2015

² UN Refugee Agency, Convention and Protocol relating to the Status of Refugees, Article 1

³ World Health Organisation, <http://www.who.int/about/definition/en/print.html> accessed 18th of June 2015

⁴ World Health Organization, http://www.who.int/features/factfiles/mental_health/en/ accessed 18th of June 2015

⁵ World Bank. 2013. Inclusion Matters: The Foundation for Shared Prosperity. Washington, DC: World Bank. doi:10.1596/978-1-4648-0010-8.

EXECUTIVE SUMMARY

Liverpool is one of five initial assessment centers in the UK, where people seeking asylum are housed whilst their asylum request is assessed and at any given time an estimated 1350, people seeking asylum are placed in “dispersed accommodation” in Liverpool⁶.

The special needs of asylum seekers and refugees frequently cannot be met by mainstream health and social services. The Family Refugee Support Project (FRSP) fills this void by providing highly individualized and person-centred services to assist affected families in their transition into a new life in the UK through a combination of approaches. FRSP is in process of applying for re-funding to the Big Lottery Fund (BLF) and has commissioned a rapid evaluation of the impact the project has on client families’ lives after moving on.

Physical and mental well-being after moving on depended on access to specialist services for those with serious disease or disabilities, and is determined by events in the wider environment, such as changes in the political context, as well. The degree to which families were able to achieve **independence** from government benefit services and **social integration** into the host society varied in function of the context of both the family and the wider environment. Families who had to look after disabled family members were not able to work and had little spare time left. Difficulties to access mainstream services, financial worries arising from the need to pay for Home Office procedures, uncertainty concerning status approval continued to be considerable sources of stress after moving on and families relied on FRSP to help them through these difficult times.

All client families interviewed continued to maintain links, in various ways and to varying degrees, with FRSP after moving on. The offer of a package of different activities was valued, though not all components were always used. This underlines the importance of a person-centred approach to respond to different needs. Major barriers identified to providing services to those who have moved on were the limited resources of the project and the competitive funding climate.

Recommendations are:

- Consider setting up a **second project phase** that supports those families who have theoretically moved on but still continue to rely on FRSP for practical and emotional support. Families that have moved on draw on current project resources, particularly the limited staff resources.
- **Lessons and skills training** can be good way to fill the limbo until leave to remain is granted with a meaningful activity that will contribute to increased independence.
- Increase **networking with other organisations and support services** in the Liverpool area and other locations where families move to in order to support families across a range of needs as it is difficult for one agency to tackle multiple problems⁷.

⁶ Mac Pherson P, Needs Assessment of Asylum seekers and refugees in Liverpool, Liverpool City Council, 2014.

⁷ Social Care Institute for Excellence. (2010). Good practice in social care for asylum seekers and refugees. Great Britain.

- **Staff structure** should ideally correspond to real needs. This depends on the availability of funds through different mechanisms and, hence, funds are needed.
- **Fundraising** has been recommended in various previous reports and is certainly a challenge in the current competitive funding climate. Particularly the horticulture component could be used to attract interest outside the usual audiences interested in refugee matters and may counteract refugee fatigue. Generally opportunities for profiling the organisation in a broad range of fora and media should be sought. This can lead to further funding opportunities.
- **Further studies:**
 - Study to identify possible **unmet needs of children** of client families engaged with FRSP.
 - **Wider study to evaluate the impact of the project** activities on families who have fully moved on, i.e. who are not in touch anymore with FRSP. This will shed more light on the true impact on families who are fully independent from FRSP.

INTRODUCTION

The Family Refugee Support Project (FRSP) was established in the year 2000 with the aim to support asylum seekers and refugees living in Liverpool for whom it was felt that the offered mainstream services were insufficient, particularly for mental health. Since then FRSP has evolved and developed a set of components for its work with client families including counselling, signposting to mainstream services, women's and men's groups, peer mentoring, and horticulture as therapeutic medium. Since 2003 FRSP is an independent registered charity and over the years has received funding from various donors.

The current important funding contribution from the Big Lottery Fund (BLF) will cease in October 2015. In order to apply for re-funding FRSP have chosen to commission a rapid evaluation of the impact of involvement with FRSP with families who have left the project.

CONTEXT

The UK is currently receiving approximately 23,000 asylum applications per year and in 2013 36% of these were accepted initially. Liverpool is one of five initial assessment centers in the UK, where people seeking asylum are housed whilst their asylum request is assessed (initial 2-3 week period). In 2013, an estimated 2,970 people seeking asylum underwent assessment in Liverpool. Whilst awaiting a decision on leave to remain, people seeking asylum who have been assessed in Liverpool are placed in "dispersed accommodation". Liverpool is currently home to the largest number of "dispersed people seeking asylum" of the core cities, with an estimated 1,350 people seeking asylum in the city in 2013⁸.

Being granted asylum (leave to remain) in the UK is the beginning of what has been described by the British Red Cross as "an ordeal for new refugees". The asylum application process is

⁸ Mac Pherson P, Needs Assessment of Asylum seekers and refugees in Liverpool, Liverpool City Council, 2014.

very complicated, and can be confusing and protracted leaving many destitute⁹. Access to mainstream services is difficult for people who come from other cultures and who frequently do not comprehend the English language sufficiently enough or not all. Once leave to remain has been granted refugees can access the labour market. However, an extension of leave to remain can cost in excess of £1000 per person and needs to be funded by the applicants themselves. After five years in the UK refugees can apply for indefinite leave to remain in the UK. Leave to remain can be denied at any moment during this lengthy process thus creating a feeling of insecurity for affected individuals and families.

Asylum seekers have often been exposed to traumatic experiences pre-flight and during the flight leading to physical and mental health problems upon arrival in the host country¹⁰. Asylum seekers in the UK are faced with a host environment that is increasingly hostile towards new arrivals¹¹. The complicated asylum process with its inherent problems of inadequately and timely addressing refugee needs in a culturally adequate way contributes to exacerbate trauma symptoms that already existed because of previous experiences^{12,13}. The special needs of asylum seekers and refugees needs to be addressed in a holistic way by providing a person-centered and solution-focused response to the problems of asylum seekers and refugees, respecting cultural identity and experiences of migration, non-discrimination and promotion of equality, timely decision making and transparency involving affected groups in the process, promoting social inclusion and independence, monitoring and review¹⁴.

FRSP one of the several local non-governmental organizations working in the sector, Mac Pherson P (2014) reports 12 of such NGOs. FRSP is a charitable organization that works with a small group of refugees who need special support and therefore it is unique in its kind. The clients are individuals but usually the entire family is involved. The organization aims to “to improve the mental and physical health of families, to increase their level of physical activity, their independence, their social networks and integration”¹⁵. In the early years of the project client families were referred by mainstream services, such as general practitioners (GP). However, in recent years there has been a shift towards referrals from existing clients and interpreters. FRSP uses a set of established criteria to accept clients into the project.

The cores services provided by FRSP are counselling, practical everyday support, including signposting to mainstream services and other organizations, women’s and men’s groups, peer mentoring, and horticulture. Horticulture is used as therapeutic medium. One enclosed garden is used by the most vulnerable families. Larger garden allotments are used by families that have acquired a greater sense of security and safety. Client families remain with the project for between 2.5 and 4 years. There are no clear criteria as to when a family is considered ready to move on as this depends on many different factors, such as the resilience of individual family members, access to mainstream services, health status and disability,

⁹ British Red Cross (2014). *The Move-On Period: An Ordeal for New Refugees*. London.

¹¹ <http://www.migrationobservatory.ox.ac.uk/briefings/uk-public-opinion-toward-immigration-overall-attitudes-and-level-concern> accessed 23rd of June 2015

¹² Social Care Institute for Excellence. (2010). *Good practice in social care for asylum seekers and refugees*. Great Britain.

¹³ Schweitzer R., van Wyk S., Murray K. (2015). *Therapeutic practice with refugee clients: A qualitative study of therapist experience*. *Counselling and Psychotherapy Research*, June 2015; 15(2): 109–118

¹⁴ Social Care Institute for Excellence. (2010). *Good practice in social care for asylum seekers and refugees*. Great Britain.

¹⁵ <http://www.familyrefugeesupportproject.org.uk/> accessed 22nd of June 2015.

English language skills, level of social integration.

FRSP employs five staff including two counsellors, one horticulturist, and two support workers, one of them double-functioning as office manager. All staff is employed in part-time positions. The FRSP office is an open-plan room located in Toxteth Town Hall. In 2014 FRSP supported 22 families, and currently 16 families participate in project activities.

OBJECTIVE

The detailed Terms of References (ToRs) appear in **Annex 1** of this report.

Purpose: To evaluate the longer-term outcomes and impact of the project on family life with families who have moved-on from the project.

Objectives

1. To explore with families their experiences of the services and support provided by the FRSP
 - Benefits of being in the project
 - Challenges after moving on
2. To assess the impact that the project has had on their lives
 - Changes to physical and mental health
 - Nature of the changes made to their family life including
 - i. Social isolation
 - ii. Independence and ability to integrate with host community
3. To explore staff perceptions of how the project has impacted on families who have now moved on from the project

It was discussed with the client to also explore staff and family perceptions about ways to improve service delivery by FRSP

METHODOLOGY

The evaluation was a qualitative study that was carried out from 8 – 26th June 2015 in Liverpool by a team of three student consultants (please see **Annex 2**) as part of a Professional Certificate Course in International Health Consultancy (CIHC) offered by the Liverpool School of Tropical Medicine (LSTM).

Study Process and Methodology

Document review: a desk review was conducted of project progress reports, past evaluation reports, and selected literature mainly provided by FRSP. A limited Internet research was conducted to identify complementary information.

Tools for data collection and analysis: two sets of interview guides were developed. One set for interviews with staff and one set for interviews with client families (see **Annex 3**). Framework matrixes were developed to aid posterior data analysis. The framework matrix included three overarching themes: physical and mental health, social integration, and independence.

Data collection: On June 20th 2015 Data was collected by conducting semi-structured interviews with key informants (staff and client families). Five staff and six families were interviewed (see **Annex 4** for a full list). As interview times were overlapping all interviews, except two, were conducted by one interviewer only. Data was recorded by taking notes during the interviews. After each interview notes were checked for completeness and consistency.

Selection of study participants: the selection of study participants was done by convenience using criteria set by FRSP:

- Firstly, client families that have moved on but who are still in contact with the FRSP and had agreed to share experiences;
- Secondly, respecting the “do-no harm principle” taking into account the sensitivity of the situation of potential participants

FRSP employs a small number of staff, therefore all managerial and operational staff except one was interviewed. Participation was voluntary and informed consent was sought from each participant in the beginning of the interview.

Data analysis: the data collected during interviews was transcribed into matrixes in Word and analysed using the “find” function to search for key words, such as health, church, work, etc. Patterns and commonalities in responses were identified and analysed in line with the data analysis framework under the themes of physical and mental well-being, social inclusion, and independence. One case study was produced. A few selected direct quotations were also recorded as they express ad verbum the feelings and opinions of the interviewees.

Limitations of the Study

Selection of study participants: FRSP has selected the family to be interviewed on basis of being still in contact with FRSP and the willingness to be interviewed. The findings could possibly be very different for former client families who are not still in touch with FRSP.

Unmet needs of children may not be reflected: The study participants of this impact evaluation study encompassed the parent members of client families only. Interview guides did not prompt for any specific information on children and may explain why little reference was made concerning children’s well-being during interviews.

FINDINGS AND ANALYSIS

Interviewed families originated from Pakistan, Iran, Nigeria, and Somalia. The families arrived to the UK between 10 and 4 years ago. Their tenure in FRSP as client families lasted between and 2.5 and 4 years. Families had moved on from FRSP between 4 months to one year ago.

“I was given my life back”

The client families in general have come a long way from the traumatic events experienced prior, during, and after migration. The common experience of all the interviewed client families of FRSP is gratefulness for the opportunity to participate in project activities and the high quality support received.

Physical and mental well-being

Findings

A few of the clients stated that instead of reaching peace and security upon arrival, the first months or even years in the UK were filled with darkness and depression.

“I felt so insecure. I was afraid of everybody. I was depressed because I couldn’t see the sky from our house. I didn’t dare to open the windows and nor to walk in the streets. My husband was in a bad shape.”

Several client families described FRSP as a “safe haven” to which they had been referred to by a GP who was able to treat common ailments, but who saw the need for counselling and support. Some client families arrived to the UK with serious health problems caused by torture and did not receive the best and appropriate care after arrival. The language barrier at the NHS was mentioned a few times; even if there was an interpreter the client families often felt they were not able to communicate the really important issues. FRSP staff wrote these issues down for the clients on a note to be given to medical staff or accompanied client families to appointments to ensure that they were given the attention they needed. Client families stated they received assistance finding appropriate treatment, such as specialists who understand traumas caused by torture, organisations where people can socialise and share experiences, or mainstream support services. This particularly applied to those families that have moved to other cities. Both client families and staff confirmed that FRSP continued to support families in many ways after having moved on.

Counselling provided by FRSP was found to be crucial to all client families, both from the perspective of the families as well as the perspective of the staff. Usually counselling as therapy ended well before the family moved on, yet many continue to depend on the counsellor and support staff when faced with difficult situations. FRSP continued to offer guidance and encouragement to solve their problems. Client families refer to the practical support provided, but also recount the relief from stress. They recall the respectfulness and holistic understanding offered by FRSP. Counselling children is an unmet need that was highlighted both by the clients and the staff.

After having moved on client families stated they had less physical and mental problems, though access to specialist care is still not easy and unsettled medical issues persist. Many continue to suffer from flashbacks or have concentration problems. Day-to-day problems, financial worries, and uncertainty due to legal status are a source of continued stress and anxiety.

“I tend to ignore my own needs. There is so much on the table.”

Horticulture was perceived as relaxing and entertaining for the whole family. Client families reported how important it was to them to grow vegetables familiar from home, to do physical activities, or just to have a space where to sit down and enjoy the quiet. Some children took a deep interest in cultivation and families continued to keep plants at home or continue to come to the allotment to seek peace and tranquillity. Horticulture was mentioned by a client family as vital to re-building their lives. The physical garden work was a way of anger management and provided metaphors for their own lives (see **Annex 5: Case Study**).

The informal contacts established among the families who they met at FRSP are a source of wellbeing; some continued to have daily conversations after moving on. The organised peer support was not widely remarked by the client families, although the staff and a previous evaluation report¹⁶ highlighted it as important. Those interviewed family members who had been trained in peer mentoring mentioned it, but most of them have now other priorities in their lives. One peer mentor became a service provider to FRSP by organizing confidence building session (see **Annex 5: Case Study**).

FRSP staff stated that they believe the children of families enrolled in the project have unmet needs as they have shared some of their parent's traumatic experiences. The client families made little mention concerning their children's well-being apart from general remarks that the children made new friends or similar statements (see also Limitations of the Study on page 9).

Analysis

Although it is not possible to verify the absence of concurrent factors, FRSP has made a difference in creating confidence and hope for the future as manifested by one mother:

“When I started to feel better we wanted to have another child. Now we have a young son. My depression was really bad after giving birth, but now I am fine. My family is fine.”

FRSP continued to offer guidance and encouragement to solve problems of the families after having moved on. Specifically the counsellor was identified by families as the first port of call for all kind of issues that affected the psychosocial wellbeing of the client families. It is highly important to offer this kind of support after moving on in order to preserve the progress achieved during the work of FRSP with client families¹⁷. FRSP staff are highly engaged with families but insufficiently staffed to meet the needs of both current and former client families.

Social inclusion

Findings

One of the problems the client families remembered from the time before joining FRSP was loneliness. It was highlighted that they did not know anybody in the UK, or at least not in Liverpool. FRSP made a systematic effort to create networks among the client families and although there is a sense of “one big family” and friendship, families ultimately searched for

¹⁶ Liverpool Associates in Tropical Health (2011). Evaluation of the Family Refugee Support Project Peer Mentoring Evaluation Project. Liverpool. UK.

¹⁷ Schweitzer R., van Wyk S., Murray K. (2015). Therapeutic practice with refugee clients: A qualitative study of therapist experience. *Counselling and Psychotherapy Research*, June 2015; 15(2): 109–118

other type of networks such as church communities where there are possibilities meeting other migrants or likeminded people. Going to church provides a comforting experience and makes them feel good and valued, and creates opportunities for meaningful activities, such as volunteering with church activities.

Going to the gym or walking is a way to keep fit, relax, or to lose weight. Some people are looking for an opportunity to become active in an association, but family life can be quite demanding in itself when there are children or sick or disabled family members to be taken care of. Horticulture as a family entertainment and because of the sound support by the horticulturalist has been important and has also facilitated men's participation.

Children have found friends at playgrounds and at the school and the parents in general trust that things go well there. Both client families and staff mentioned that problems arise when children wish to access university education because of the UK policy¹⁸ to demand children of asylum seeking families pay tuition fees assigned for overseas students. Community colleges offer relevant courses both for young people and returning students and this has been a path to employment for many. The client families also confirmed that after leave of remain has been granted even if limited, the social benefit allowances are normally received in time.

The staff is working towards social inclusion and stressed the importance of clients finding the next steps. All the good news from the families are welcomed and it was proposed by a staff member that informal but project-bound interaction with the clients would be really beneficial, such as picnics and tea parties. Eating or cooking together was recalled fondly also by the clients as was horticultural activities, gardening, referred by some clients as a family entertainment and sometimes as men's business because of the physical aspects and because the environment gave an opportunity to talk about many things, as one man said:

“We talked there ... in the allotment...with other people --- but not about our problems”

Analysis

There are different perceptions about the FRSP role in increasing social participation; for some clients the FRSP in fact compensates for friends and family left behind by creating a compelling space for interaction between the families and the staff in different groups such as men, women, families with children, or the English learners. Outings or trips are highly appreciated and memories cherished. The value of this interaction should not be understated and the contacts with new acquaintances and friends seem to last beyond the project. However, the social inclusion and integration is certainly multifaceted and FRSP will never be the only forum for the families to interact. They have a role both signposting and accompanying families on their forward journey. Staff also had differing opinions in terms of their perceptions of how well the client families are integrated into the host communities.

Independence and Moving On

¹⁸ <http://www.ukcisa.org.uk/International-Students/Fees--finance/Home-or-Overseas-fees/> accessed on 23rd June 2015

Findings

All families interviewed had their status regularized and obtained a work permit. Some client families stated they were working and earning a regular income. As most employment is part-time this income is limited. Families with more than one member gainfully employed are able to sustain their families. Other families, such as one parent families were dependent on additional income, e.g. unemployment or disability benefits, to make ends meet. Those families with ill or disabled family members continue to depend on social welfare for their needs. FRSP was not involved in the search for work, yet client families reported that FRSP gave them confidence and motivation to search for work or studies.

As long as a family is dependent on public welfare they live in accommodation that is assigned to them. Both FRSP staff and interviewed families reported that the quality of assigned accommodation is sub-standard and contributes to a lack of well being for families. FRSP saw this as a serious impediment to any real progress towards improving the general well-being of the families and tried to lobby, not always successful, with public authorities to improve housing standards. An important step for many families has been to move from the assigned accommodation into an accommodation of their choice.

Families who came from non-English-speaking countries continue to struggle with language. In addition families struggle to understand the complicated asylum process¹⁹ and public systems, including welfare and education. FRSP assisted the client families to navigate these complicated systems by signposting to services, translating documents, filling in forms, advocacy, and much more. There is a discrepancy in the perception of FRSP staff and client families as to the families' capacities to navigate the asylum process and public welfare systems. The staff observed that families developed increased capacities and confidence when accessing public services. The families, in contrast, continue to see the "paperwork" involved in accessing services as a hurdle that moves them to call FRSP. FRSP stated very clearly that their door will always remain open to any client family who needs help. To the families this was very important: "They help, and if they cannot they signpost us to other offices".

Analysis:

In fact, none of the interviewed families has entirely moved on. All families maintain links, in various ways and to varying degrees, with FRSP. This may possibly be due to the introduced selection bias (see mention on study limitations on page 8). However, it does highlight an existing need to continue to support families even after they have ceased to participate in project activities on a regular basis.

Suggestions for Improvement from Staff and Client Families

Client families stated their appreciation for the professional approach, dedication and human effort by FRSP staff. Both client families and the staff see the limited resources as a main constraint as there is a need to provide services five instead of three days a week with a wider scope of activities.

¹⁹ British Red Cross (2014). *The Move-On Period: An Ordeal for New Refugees*. London.

The office space was described as crowded by both the staff and the client families as many activities take place. Access to the office is difficult for people with physical impairments. Client families wished for sanitary facilities in the gardens.

CONCLUSIONS AND RECOMMENDATIONS

The impact evaluation of the FRSP activities in light of the experience of the families who have at least theoretically moved on and the description by the staff members confirms the previous understanding that the project is contributing remarkably to the physical and mental well-being, social inclusion and independence of the client families. The most effective project components identified in this study are counselling, support services and horticulture.

The wider environment to refugee relocation in the UK is getting worse; political and regulatory changes causing budget cuts and more complicated procedure of status approval. This in combination with poor housing during the process, difficulties to access social services and language barriers results in negative impact on the mental health of the families and enlarged the gap between the family's needs and available services²⁰.

Under such a circumstances, FRSP is now faced with more and different challenges than when it was initially established. The families who were considered capable of and had agreed to move on meet with new and continuously emerging problems to be solved and are forced to seek support from the FRSP - and FRSP is always willing but the staff can become overstretched and there is a need to adapt the services.

Recommendations

- Consider setting up a **second project phase** that supports those families who have theoretically moved on but still continue to rely on FRSP for practical and emotional support. Families that have moved on currently draw on current project resources, particularly the limited staff resources.
- **Lessons and skills training** for client families can be good way to fill the limbo until leave to remain is granted with a meaningful activity that will contribute to increased independence. Topics could include:
 - Client families want and need to understand how the public services in the UK function and how to access them: classes/lectures supported by written documentation.
 - Specific skills training in a range of practical issues, such as the use of computer, sewing, cooking lessons.
 - English lessons to improve confidence and understanding in everyday situations.
- Increase **networking with other organisations and support services** in the Liverpool area and other locations where families move to in order to support families across a range of needs as it is difficult for one agency to tackle multiple problems²¹.

²¹ Social Care Institute for Excellence. (2010). Good practice in social care for asylum seekers and refugees. Great Britain.

- **Staff structure and levels** should ideally correspond to real needs. This depends on the availability of funds through different mechanisms and, hence, funds are needed.
- **Fundraising** has been recommended in various previous reports and is certainly a challenge in the current competitive funding climate. A few successful attempts have been made to raise the visibility of the organization, e.g. by attending conferences²² and even garden shows. Particularly the horticulture component could be used to attract interest outside the usual audiences interested in refugee matters and may counteract refugee fatigue. Generally opportunities for profiling the organisation in a broad range of fora and media should be sought.
- **Further studies** that would be useful for FRSP:
 - Study to identify possible **unmet needs of children** of client families engaged with FRSP.
 - **Wider study to evaluate the impact of the project** activities on families who have fully moved on, i.e. who are not in touch anymore with FRSP. This will shed more light on the true impact on families who have become fully independent from FRSP.

NEXT STEPS

An application for re-funding with BLF will be submitted soon. BLF is an important donor and the proposal should be developed aiming at a funding level as high as possible while looking for other co-funding donors.

Irrespective of the BLF it is recommended to develop different operational scenarios for different funding levels.

a) Optimal funding:

- Continue with current core services (counselling, support services, horticulture, women's and men's groups, peer mentoring)
- Consider developing a second-phase project to support those families that have moved on but who need to rely on FRSP for punctual practical and emotional support
- Consider full-time staff

b) Sub-optimal funding:

- The counselling, support services, and horticulture were identified as essential and efforts should be directed towards keeping them running.

ACKNOWLEDGEMENTS

We are very grateful to the staff at FRSP for their time to talk to us, and for taking care of the logistics arrangements and our personal welfare during the field work. We are also very grateful to FRSP's client families for sharing with us their experiences. Dr Vicki Doyle and Ms Ema Kelly guided us through this assignment.

²² FRSP. (2014). British Lottery Fund. Year 2 Report.

ANNEX 1: TERMS OF REFERENCE

TERMS OF REFERENCE

Client: Family Refugee Support Project (FRSP)

Title: Impact evaluation study with families who have moved on from the Family Refugee Support Project

Background Information

The Family Refugee Support Project (FRSP) was established in the year 2000 and grew out of concern among local health professionals about the plight of asylum seekers and refugees living in Merseyside. In the years since its inception, FRSP has evolved to being an independent registered charity, currently funded by the Big Lottery “Reaching Communities” Fund and Liverpool Clinical Commissioning Group. Currently there are 14 families in the project as weekly counselling clients and a further 7 families who are no longer receiving counselling but access practical support and attend the weekly women’s and men’s groups and monthly family meetings. In addition, training and skills support sessions are held for families, both who still access counselling and those who have moved on.

Unlike other refugee and asylum charities in Merseyside, FRSP works with families who are struggling to deal with their experiences of persecution and exile. The project is dedicated to improving, preserving and protecting the mental and physical health of their clients through the provision of counselling and social support, using horticulture as a therapeutic medium. FRSP aims to provide support to families for a period of 2-3 years through providing a range of activities that include:

- Assessment and on-going support and therapy from a counselor in an outside space
- Gardening support from the project horticulturists (each family has their own piece of land to plan, plant, tend and harvest)
- Regular family reviews and group meetings
- Men’s and women’s group
- Whole family activities during the year
- Support and signposting to other services and practical help (e.g. housing, finance, immigration, health, childcare, education and training)
- Peer mentoring project
- Links with other agencies such as child and adult mental health services if necessary

Funding from The Big Lottery “Reaching Communities” Fund will cease in October 2015 and FRSP has commissioned a modest evaluation to be conducted by one of the project’s previous service users. This study will focus on the experiences of families who are currently engaged with the project through conducting a client survey. However, funders are increasingly demanding evidence of improved longer-term outcomes and impact, which won’t necessarily be captured through the client survey.

Rationale

Whilst numerous project evaluations have been conducted over the years (refer to background documents), none have focused on families who are no longer within the project. FRSP is therefore keen to commission an additional element to the current evaluation that will follow-up with those families who have used the project for a substantial period of time, no longer receive counseling support and have moved on from the project. This will potentially provide rich data on the longer-term outcomes and impact of the project. The results of this consultancy will be used to inform the development of new funding applications. The team will also be asked to produce a case-study which may also be used for advocacy and communication purposes.

Purpose

To evaluate the longer-term outcomes and impact of the project on family life with families who have moved-on from the project.

Objectives

4. To explore with families their experiences of the services and support provided by the FRSP
 - Benefits of being in the project
 - Challenges after moving on
5. To assess the impact that the project has had on their lives
 - Changes to physical and mental health
 - Nature of the changes made to their family life including
 - i. Social isolation
 - ii. Independence and ability to integrate with host community
6. To explore staff perceptions of how the project has impacted on families who have now moved on from the project

Specifics Tasks

1. Briefing with client
2. Identification and agreement of appropriate stakeholders to be consulted
3. Selection of appropriate data collection methods to achieve objectives including:
 - Document review/internet search of published and grey literature
 - Interviews with family members (face to face, skype or telephone)
 - Interviews with project staff
 - Secondary data review
4. Debriefing with client

Expected Outputs

1. Written report (refer to IHC report guidelines) including short case-study (maximum 2-pages)
2. Power point presentation (max 20 minutes followed by Q&A)

Expertise Required

A 3-4 person consultant team will be required for this assignment with expertise in the following key areas:

- Knowledge and awareness of key issues in relation to psychological and physical health of refugee populations
- Experience in the use of qualitative research methods
- Experience of communicating with vulnerable adults and working effectively with interpreters
- Ability to work in a multidisciplinary team
- Excellent presentation and communication skills
- Ability to work under pressure to strict deadlines
- Demonstrated leadership skills (team leader)
- Awareness of support services available to refugees and asylum seekers in UK would be desirable

Time Frame

Wed 17 June 2015	<ul style="list-style-type: none"> • Client briefing • 9.00 am @ FRSP, Toxteth Town Hall
Fri 19 June 2015	<ul style="list-style-type: none"> • Primary data collection
Sat 20 - Wed 24 June 2015	<ul style="list-style-type: none"> • Analysis and report drafting • Report finalisation and preparation of presentation • Hand in report

Thurs 25 June 2015	<ul style="list-style-type: none"> • Presentation and client feedback, 11.15 am Liverpool School of Tropical Medicine
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Key Contact Persons

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 Web.

Background Documents/Resources Available

1. Mac Pherson P, *Needs Assessment of Asylum seekers and refugees in Liverpool*, Liverpool City council, 2014.
2. Social Care Institute for Excellence (SCIE); Good Practice in social care for refugees and asylum seekers, Workforce Development SCIE Guide, 37, May 2015.
<http://www.scie.org.uk/publications/guides/guide37/background/index.asp>
3. Social Care Institute for Excellence (SCIE); Good practice in social care for refugees and asylum seekers. At a glance 26, June 2010, SCIE, UK
4. Big Lottery successful funding bid 2012
5. Growing Together, Report on the Family Refugee Support Project (2011)
6. Evaluation of the Family Refugee Support Project, LATH (May 2010)
7. Independent Evaluation of the Family Refugee Support Project (October 2010)
8. Evaluation of the FRSP Peer Mentoring Project, LATH (May 2011)
9. Grow Your Own (DVD)
10. Business Plan

ANNEX 2: THE CONSULTANT TEAM

Claudia Plock MSc (team leader) is a health professional with 19 years of experience working in the health sector in Africa, Asia, and Central America. She has both managed field projects and coordinated large country and regional programmes. She has considerable experience in working with refugee, displaced, and migrant populations in Dr Congo, Bosnia Hercegovina, East Timor, the Philippines, and the Sudan and has developed a sound understanding of health, mental health, and social problems these groups are faced with. Claudia has conducted operational research on tuberculosis (TB) and delivered consultancies on a range of health and non-health related issues. She has coordinated multi-disciplinary teams and can communicate effectively with people from different backgrounds and cultures. Email contact: cplock@hotmail.com

Tuohong Zhang PhD is a China based Public Health Professor majored in health system strengthening and health service research for vulnerable population, especially for older population, with more than 20 years experiences in education, research and consultancy. She has evaluated health projects and programmes for district, regional and national health systems in China, Island countries of Asian-pacific region and Uganda working with WHO, DFID, AusAID, universities, consultancy companies and NGOs. Her research and consultancy work has resulted in a range of publications including national strategy documents, policy briefs, training manuals, book chapters and journal articles. She has experiences of working in WHO headquarter and she is currently Professor in Peking University, department of global health, leading a DFID sponsored Chinese Global Health Support Program- Excellency center for health development assistance. Tuohong has a keen interest in vulnerable population research and support. She has published more than 200 academic papers in Chinese and English in peer-review journals. Email contact: zhangtuohong@hotmail.com

Kaisa Rouvinen MSc is a health professional with Master Degrees in Community Health, from Liverpool School of Tropical Medicine (1996) and in Health Sciences (Public Health) from University of Tampere in Finland (2003). She has worked extensively as a health care provider, as a project manager, as a technical expert and as an adviser in the civil service and in the non-governmental sector both in Finland and overseas.

Working with vulnerable groups of people during acute and long term crisis and in post conflict environments (i.e. in Eritrea, Angola, Afghanistan, Sri Lanka, Kosovo, etc.) has deepened her understanding of the traumas and the fragility involved but also the coping mechanism the affected people may have. Since studying in the UK she has had interest in the NHS and the social sector and she follows the global and European disputes around asylum seekers and refugees. Kaisa applies an evidence based approach to her work and has experience in conducting reviews, evaluations and rapid assessments, using primarily mixed methods and qualitative research methods. Her work in multidisciplinary and multinational/lingual teams has contributed to practical change and often to robust project proposals. Email contact: kaisarouvinen@hotmail.com

ANNEX 3: INTERVIEW GUIDES

In-depth interview topic guide for a FAMILY

Introductions and thanks to the attending and giving time for this interview.

This is an independent study and an evaluation and we wish you can describe the experience you and your family has had with the FRSP. We will not write down your name anywhere in the report and although the FRSP staff may recognize your story they will not ask you anything about that later. One purpose is to help FRSP to develop their activities further.

We have some questions but you can tell more if you wish. We understand that you have given consent to participate but if you need you can opt out any time.

QUESTIONS ABOUT THE FAMILY

1. Details about family – origin of place, current living place, how long in the UK, family composition
2. For how long have you been involved in the project?
3. When did you move on from the project?
4. When have you been granted leave to remain?
5. How is your life now? (**Probes on Data collection matrix families' lives**)

QUESTIONS RELATED TO THE PROJECT

6. What components of the project your family has attended? (**see list of probes on Data collection project**)
7. How do you feel about the importance of the project after moving on to the wellbeing of your family? (further probing following if not mentioned) (**see list of probes on Data collection matrix project**)
8. Can you imagine how your life would have been if you hadn't attended the project?
9. Is there something the project could have done differently, different support? (this in the scope of the FRSP)

In-depth interview topic guide for STAFF

Introductions and thanks.

WARMING-UP QUESTIONS

1. What is your position and responsibility in this project?
2. For how long have you been involved with the project?
3. Do you in general have contact with the families after they move on?
4. If yes, in what form, how often, how and why?

QUESTIONS RELATED TO THE PROJECT

5. QUESTIONS RELATED TO THE PROJECT
6. Is there anything that the FRSP could do additionally/differently in order to better prepare the families for a better transition /"to move on"?
7. The situation of families varies since they have moved on, doesn't it? Could you describe one of two examples: (see probes)
8. What are the main enabling factors for a good life
9. If there is problems what are the main issues?
10. Probing: physical, mental health, social inclusion and independency
11. What do you think which factors have influenced how the family's life has developed after moving on?

ANNEX 4: LIST OF PEOPLE INTERVIEWED AND FACILITIES VISITED

Preparation for field work

Date	Name	Position	Topic
18 th of June 2015	Jennie Geddes	Director FRSP / counsellor	<ul style="list-style-type: none"> - Introduction consultancy team - Clarification of Terms of References - Logistics preparations for field work
	David Ropes	Office Manager / support worker	

Key informant interviews - families

Date	Number	Means of interview	Topic
20 th of June 2015	2 families	Face-to-face (1 in the office, 1 in the garden)	Semi-structured interview following an interview guide developed for interviewing families that were involved in the project
	2 families	Telephone (1 interview conducted with the help of an interpreter, 1 interview without)	
	2 families	Skype (1 interview conducted with the help of an interpreter, 1 interview without and wife acted as interpreter for husband)	

Countries of origin of interviewed families: Pakistan, Iran, Nigeria, Somalia.

Key informant interviews – FRSP staff

Date	Name	Position	Means of interview	Topic
20 th of June 2015	Jennie Geddes	Director FRSP / counsellor	Face-to-face	Semi-structured interview following an interview guide developed for interviewing project staff
	David Roper	Office manager / support worker	Face-to-face	
	Mike McGrath	Horticulturist / men's group facilitator	Face-to-face	
	Rajira Rajeshwa	Counsellor	Telephone	

The consultant team visited the project garden used of for work with the most vulnerable families.

ANNEX 5: CASE STUDY

Martin²³ trained as an engineer and was a successful businessman with a business with 50 employees who was compelled to leave his African home country due to severe problems, including torture. He lost his business and everything else, except his family.

Martin arrived in the UK in 2005 together his wife and two young girls aged four and nine years. A third girl was born after they arrived in the UK. The UK Home Office settled the family in Liverpool and a long asylum process started. Martin describes this as a process *“that takes away something from you; it takes away power from you. You have no say on anything in the whole process”*.

After five difficult years in the UK Martin was referred to the Family Refugee Support Project (FRSP) in 2010. Though he was in a poor state suffering from a deep depression he initially resisted joining the project. Now he recalls: *“From the first day, the project gave me back the power I had lost. It was the beginning of a whole new process.”*

During the four years he spent with the Family Refugee Support Project (FRSP) he participated in counselling, gardening²⁴ and peer mentoring activities. While he states that all activities, *“the whole package”*, were important, he recognizes that it was particularly the gardening that made a difference. *“I remember the first time the FRSP took our whole family out – that was the trip to Chester Zoo and we all found a feeling of being free. But the gardening was the best! That piece of land was mine. .. I had power to decide what I wanted to do with it”*.

Gardening gave an opportunity to do physical activity and digging in a shovel and hitting the soil helped to release anger he had been living with. To Martin the gardening is an analogy to his own life: *“Everything has died during the winter but when I put a seed in the soil I see it growing into a new plant and that is beautiful. I lost my business and everything but I am rebuilding my life”*.

The garden was also a place to sit and in quietness to reflect. Working on his vegetables and flowers kept him busy and being active became a habit. His new life was socially active, he made new friends, and started to walk and ride bicycle. He took his family to trips across the country and even to London. He also started to attend courses and was learning new things and so he was prepared to be employed immediately after leave to remain was granted in 2013. He works now as a maintenance technician and also provides services to FRSP as a training consultant. His wife Mary trains as a teacher assistant and manages an after-school club.

The family of Martin and Mary has moved on both in legal terms as they have been granted limited leave to remain and from being clients with the FRSP. There are still challenges but the salary facilitates a normal life and they use the services such as NHS without any problems. Paying the renewal of the residence card is very cost-intensive and amounts £7,000 for family of five every 5 years.

The children attend school and college with very good results. However, a big challenge came when his oldest daughter was to enroll at university because she was required to do this as an international student costing £15,000 in annual tuition fees, in addition to accommodation and food. Martin has made an application for her to be treated as a UK citizen and is waiting for the response. This has resulted in an enforced gap year.

²³ Martin and Mary are not real names and the country of origin has been omitted as well to safeguard the anonymity of the individuals.

²⁴ In this case study the word “gardening” refers to horticulture in line with the language used by the person who told the story.

During his time with FRSP Martin trained as a peer mentor and further developed these skills. He now provides services to FRSP by offering once a week confidence building sessions to the current clients of the project. He believes that getting back confidence is the first step to re-building life. His experience is that it takes time, several years for sure. He and his family were lucky to have received the support from FRSP and now it is his turn to empower others.