

Report



# Evaluation of the Practical Support Component of the Family Refugee Support Project Model

For: Family Refugee Support Project (FRSP)

June 2019

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Completed as part of the Postgraduate Certificate in International Health Consultancy  
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## ACRONYMS

DWP	Department of Works and Pensions
FRSP	Family Refugee Support Project
IOM	Institute of Medicine
LSTM	Liverpool School of Tropical Medicine
ToR	Terms of Reference
SCIE	Social Care Institute for Excellence
UK	United Kingdom
WHO	World Health Organization

## EXECUTIVE SUMMARY

Family Refugee Support Project (FRSP) is a unique organisation addressing complexities facing refugees, through the use of a wraparound approach, providing therapeutic support through horticulture and providing practical support. This report is a qualitative evaluation of the practical support component.

Following a literature search, data collection tools were created to facilitate focus group discussions along with in depth interviews with clients, staff and trustees. Responses were analysed thematically.

**Key findings** were split into three main areas

### Access Quality & Timeliness

- The provision of the practical support is highly valued by the clients as a service that meets not only their individual needs but is provided when required and assists in enhancing their therapeutic sessions

### Added Value & Impact

- The practical support provided a significant positive impact on FRSP clients mental and physical health and their family life. Communication and links to other networks are well established and pivotal for effective impact

### Balancing Practical and Therapeutic Support

- It was evident that FRSP staff are highly dedicated to their clients overall well being sparing no efforts to maintain the balance between the practical and the therapeutic supports which has enhanced by their vast experience and knowledge

Family Refugee Support Project has built a service that is of immense worth to its clients. The use of the wraparound model includes providing practical support, which relieves clients' anxieties, thus leaving them more prepared to receive their therapeutic support. Although a reduction of funds instigated the dual role of counsellor and practical support provider, this has worked extremely well in terms of service provision. Counsellors have been able to balance these tasks without compromising the quality of care or service.

### Key Recommendations:

- FRSP should continue providing the highly valued practical support within the current model.
- FRSP should consider building a database of clients who can provide informal support to peers on an adhoc basis.
- FRSP should utilise every opportunity to highlight the project's niche and expert contribution to this field.

## INTRODUCTION

This report represents the findings of a consultancy commissioned by the Family Refugee Support Service (FRSP) in collaboration with the Liverpool School of Tropical Medicine (LSTM) to evaluate the practical support component of the FRSP model. This is the first report to specifically focus on the practical support component provided through the project with the aim of examining clients' experiences and identifying the added value and impact of providing practical support as part of a holistic patient centered model. The team investigated the experiences and perceptions of the relevant stakeholders namely clients, counsellors and trustees.

## CONTEXT

In 1999 FRSP started as a charity to cater for the specific therapeutic and holistic needs of Kosovan asylum seekers and refugees and their families, and quickly expanded to meeting the needs of other groups. It offers a unique patient centred (family) approach through a holistic wraparound model. The criteria for entry into FRSP:

- ✚ At least one family member under 18
- ✚ One or more family members dealing with experiences of trauma
- ✚ Ability and willingness to access weekly therapy sessions in a garden/allotment setting
- ✚ Referrals can be from an agency or self-referral

Therapeutic and practical support were provided via two separate streams but due to increasing complex legislations and a reduction in funding the project now provides long term therapeutic and practical support as well as practical support to ex-clients through its counsellors to “empower families as much as necessary and as little as possible” following the model outlined by Boyles in Therapy Today (Boyles, J Therapy Today December 2018). The therapeutic support encompasses the use of horticulture and a use of a garden and allotments. The areas in which practical support is given within the project are housing, kegal, benefits, education, employment, health and disability.

In the year to the end of June 2018, there were over 27,000 asylum applications to the UK (Home office Immigration Statistics, 2018). The current NHS services are not able to adequately manage the intricacy of cultural, social and psychological needs that asylum seekers and refugees have. This is emphasised by the work from MacPherson that notes the *“health and social needs of people seeking asylum are complex and challenging. Liverpool City Council has committed the City of Sanctuary pledge, endeavouring to recognise their positive contribution to the city recognising a ‘one size fits all’ approach to their health and social care needs is likely to be insufficient”* (Macpherson, 2014).

## OBJECTIVE

The following objectives stated in the terms of reference (ToR) guided the methodology used to address the practical component provided by FRSP:

- 1) To explore with families their experiences in using the practical support element of the project
  - Ease of access to support services and signposting
  - Quality and timeliness of support services
  - Balancing therapeutic support with practical support
- 2) To identify what added value and impact the practical support element to their families
  - Changes to physical and mental health
  - Changes to their family life
- 3) To explore counsellors perceptions of how the practical support element of the project is used and valued by their clients and families

## METHODOLOGY

This is a qualitative evaluation. The data was collected through several methods:




- A **desk review** of background information provided by the client and through the team's internet literature search
- A **pre-assignment meeting/briefing** was held with FRSP director to ensure understanding of the Terms of Reference and clarifications on some of the queries that arose during the planning phase
- **Data Collection tools** were developed based on WHO Framework on Integrated People Centred Health Services (WHO,2016) and Levesque conceptual framework for access to healthcare services (Levesque 2013). These tools were then used for :
  - **In-depth interviews** conducted with 10 **clients** selected by FRSP depending on their availability and willingness to participate
  - **A Focus Group Discussion** with 6 **clients** but conducted with 4 as two didn't attend on the day of data collection
  - **In-depth interview** with FRSP representation from the **counsellors** and the **trustees (n=2)**

Data collection was followed with **thematic analysis** and **cross-tabulation** of staff and client experiences.

Limitations were time constraints, small sample size, sample selection which was purposive based on availability and selected by FRSP.

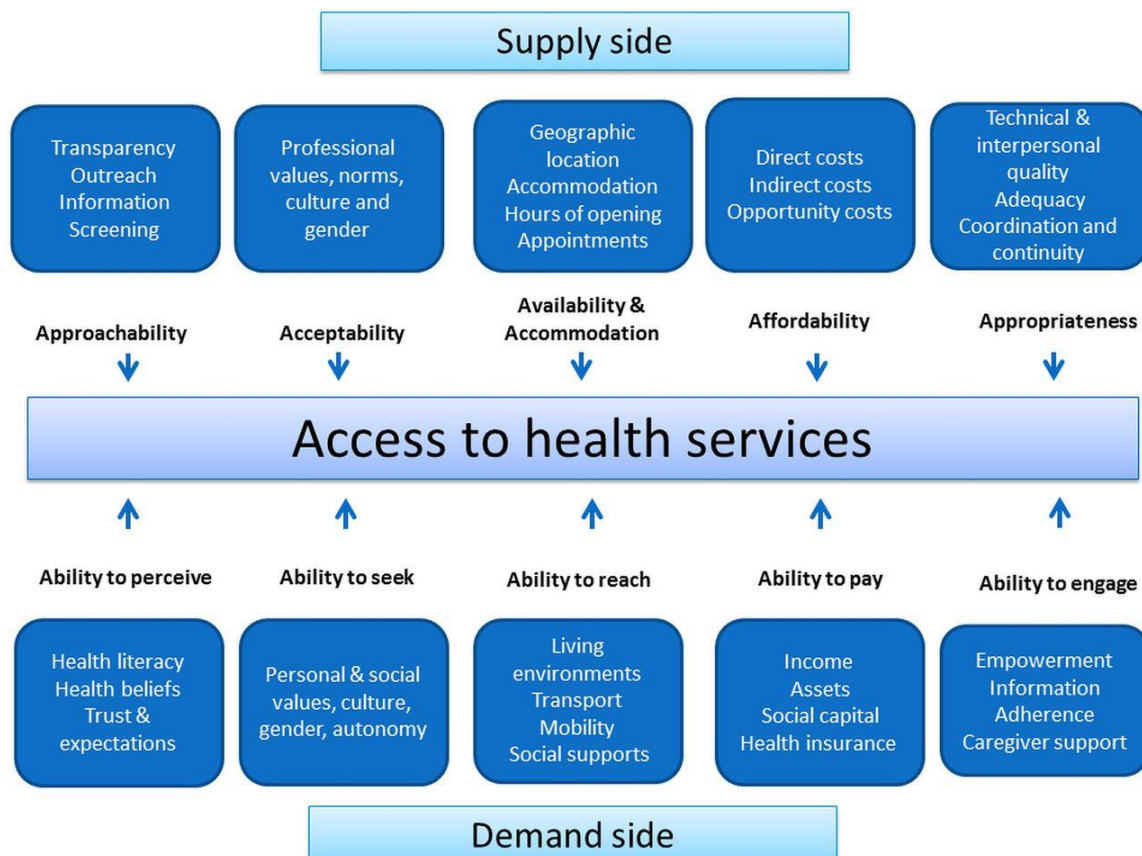
## FINDINGS AND ANALYSIS

In this part of the report the findings and analysis will be presented under three themes:

-  Access, Quality and Timeliness
-  Added Value and Impact
-  Balance between the Practical and Therapeutic components

## Access, Quality and Timeliness

This section looks at the interaction between the clients and the project and the factors that affect access, quality and timeliness. Access to health care is defined as, "the timely use of personal health services to achieve the best health outcomes" (IOM, 1993). The framework developed by Levesque et al (2013) addresses quality and timeliness with access and has five dimensions on the supply side and five corresponding dimensions on the demand side, taking a people centred approach to healthcare which is in line with the ethos of the project. For ease of this report, the headings used are from the supply side – although perspectives from both the supply and demand side are explored in the text.



**Diagram 1.** A conceptual framework for access to healthcare (Levesque, 2013)

### Approachability

The clients all expressed ease and comfort being at the project and dealing with the staff. From the interviews all clients perceived the project as a second home and safe haven and a place that they have no hesitation coming to or contacting the project without a booked appointment. This also led to many of the clients who have completed their therapy returning to FRSP weekly.

*"We are always welcome however busy the staff are"*



## Acceptability

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Clients appreciate the practical support that the project offers and bring any practical issues that they have to their sessions. They perceive the care provided at FRSP is individualised according to need and is confidential, leading to a building of trust and satisfaction. Most clients stated that they feel that everyone is treated equally with no discrimination.

*“To FRSP we are all individuals”*

## Availability and Accommodation/Timeliness

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Practical support sessions have an allocated weekly afternoon session however clients have stated that when they have had a practical problem outside of this allocated day, project staff have been flexible and always found ways to assist them. Clients highlighted that they can phone, leave a message or email the project and they will be responded to accordingly. In terms of physical accommodation the support is provided in the project garden, which clients stated needs toilets and benches as well as a functional kitchen.

With regards to timeliness all clients interviewed positively stated that when they had a need for practical support, they always received the help and support they needed at the time it was required. Staff sometimes have to extend sessions beyond the time allocated in order meet needs.

*“If not for this service I could have lost some chances with the school or made mistakes in forms”*

## Affordability

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None of the clients interviewed expressed any concerns around financial difficulties in getting to the project. Most of those interviewed stated that they would come by bus and if there was a problem or delays, they would take a taxi to ensure they arrived on time. Every client stated that they were always reimbursed for the travel.

## Appropriateness/Quality

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All practical concerns are raised by the clients themselves and are therefore seen as of great importance to them. The staff at the project have a close and on-going relationship with the clients and hence there is follow up on the assistance given for their practical concerns. The staff providing therapeutic care believe that it is essential that the clients are not distracted from treatment due to worries over practical issues. Clients acknowledge that there are requests they have that are beyond the remit of the project and that even in those situations they have been advised of where to go and have had positive outcomes.

*“You come as a blind person, they guide you to the track”*

## Discussion

It is evident that the project has successfully created an environment that is suitable to the treatment of refugees living with the effect of trauma by utilising the wraparound method and a person centred approach. Providing practical support relieves the additional burden on the clients of having to go somewhere else to relive their trauma when explaining their situation and trying to seek help. Statements

from the clients express their gratitude and relief at the provision of the practical support being provided and the excellent quality of support provided by the staff cannot be understated. The knowledge and experience of the counsellors results in a resource of practical links to signposting and ensuring that the clients get the best information available to them. In the area of access, the project successfully meets the criteria in all dimensions including timeliness.

Although the clients and staff both acknowledge the high quality of the practical support given, it does come at a cost to time.

#### **Recommendations:**

To further improve client experiences, FRSP should consider improving the garden's facilities where the practical support is provided.

#### **Added value and Impact**

This section examines the added value and impact of practical support on physical and mental health and family life. Within family life the elements looked at were **Housing, Legal/Benefits support, Education and Employment.**

##### **Physical Health**

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The majority of clients received help with understanding medical reports and procedures and were able to gain access to appropriate medical advice once letters had been explained *"my wife did not understand the reasons for an injection in her back and was frightened and once FRSP explained the contents of the letter we went ahead with the injections and her back is improving"*. One client had not been registered with a GP and was advised on how to register. Although interlinked with therapeutic support several clients emphasised the importance of understanding the difference between medical and non-medical causes of symptoms and this resulted in seeking medical advice when appropriate.

##### **Mental Health**

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The majority of clients perceived that the practical support was important to their mental well-being as once an explanation of their specific practical problem was given this led to *"a burden being lifted"*.

The help with understanding and filling application forms, medical reports, understanding changes in benefits and arranging interpreters lifted anxiety for most of the clients and helped to build confidence and self-esteem *"before coming to FRSP I was unsure of myself, now I have the confidence and to deal with things by myself."*

There was a perception from all clients that FRSP warmly welcomed clients however busy they were and this fostered a feeling of the utmost *"trust and belonging"* and *"no discrimination"*, *"we are a family"*. This trust was expressed as *"all their support is greater than a prescription from the GP"*.

Most clients identified interaction in communal gathering in the garden resulted in reduced isolation and more social interactions for the whole family.

One of the counsellors noted that the practical support was necessary and in fact a part of the stabilisation for the therapeutic support as in the model (Stabilisation/Processing/Integration) described by Herman (Herman, 1992).

An example of the importance of communication and positive impact of arranging support from appropriate support networks was given when a child had been reprimanded at school for bullying other boys. The reasons behind this had not been understood by the school or the family and once FRSP engaged the help of a family engagement worker the underlying problem was addressed. This resulted in a positive outcome as the whole family benefited from the intervention.

*"Gives us a peace of mind that someone is here to help us, listen to us carefully because the main thing [challenge] is the language"*

### **Family life**

All clients stated that the practical support has had positive effects on their family life. One client was helped by FRSP to undertake peer mentoring and signposted developing skills in first aid, volunteering for the Red Cross which resulted in an invite to Buckingham Palace *"One of the happiest moments of my life"*. Several clients felt that they were able to offer their practical experience to other newer clients in the project and help them with the practical aspects of their support needs. *"We struggled and got through, so we can guide to someone....If I can do anything, I will"*

Most clients were helped by FRSP with housing issues such as filling forms, advice on location and securing accommodation. Clients also stated that they were helped with legal issues by the understanding and filling of forms, raising awareness to filing a complaint, or signposted to legal advice. The majority of clients benefited from advice regarding education. Advice included college applications, explaining issues arising in schools, and linking them with other refugee support services that provide free uniforms. This also included signposting to ESOL courses for those needing to improve English skills and previously providing English classes at FRSP. One client was directed to art class.

*"Now I'm going to school, I have a job and I'm going to take my driving test"*

Some clients expressed some confusion around self-employment and benefits and this was tackled by holding a learning session with staff from Department of Work and Pensions (DWP) to explain the complexity of the system, with clients understanding that employment would have an impact on their benefits.

The arrangement of translators and making appointments with GPs/Hospitals/other services was considered important to both clients and counsellors as the translation service had undergone significant reduction and it was felt such services were increasingly difficult to access.

### **Discussion**

Counsellors/staff felt if the practical component was stopped then the holistic approach and lack of continuity would be detrimental to clients as relaying their stories to new, multiple support networks would mean reliving past traumatic experiences. A further strong component of the support aspect was the team knowledge gained and shared by the small, cohesive team members.

The findings show a significant positive impact from the project with clients perceiving improvements in their families' mental and physical health and an increase in their social networks and integration. Although peer mentoring was previously in place this is now not available and the resource of clients' knowledge could be utilised to help other clients and maximise impact.

When services were not available at FRSP, successful signposting lifted the difficulties of the clients having to find services without local knowledge and expertise.

### **Recommendations**

- FRSP should consider building a database of ex-clients and more settled clients that could offer support as and when required, either at the project or by phone.

- FRSP should continue with the positive initiative of inviting experts for learning sessions to explain and answer concerns of the clients

## Balancing Therapeutic and Practical Support

This section deals with how well FRSP is balancing providing practical support with the therapeutic support now that the counsellors are responsible for providing both components. This was looked at from the perspectives of clients, counsellors and trustees.

### Clients Experience

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All clients stated that they were very satisfied with their experience at FRSP and it was unanimously believed that they received all the care they wanted when they needed it *“All we need we find here”* showing a profound feeling gratitude for FRSP. Some of the clients were there when the practical component was dealt with by a separate support worker but still saw no difference in the level of care that was received after the change, at both the therapeutic and practical levels. All clients had strong belief that at FRSP, they received the best of care, are given the *‘best’* advice and had great trust that FRSP try their very best to do whatever they can, within their power to address their needs. *“First thing that comes to my mind is that help is here”*

*“These people [FRSP] deserve to be nominated for the Nobel Prize.....Can’t forget what they did to me, not only me, my family, all of us.....They can do everything for us”*

*“With them [FRSP] we are, without them we are not”*

### Counsellors and Trustees Perspective

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Both counsellors at FRSP noted that it can be really overwhelming to provide a holistic approach (both therapeutic and practice support) to deal with their clients’ needs but they are convinced that though it is sometimes difficult and challenging, it is very necessary. *“The need is huge, absolutely huge because of the hostile [always changing] environment”*. Being experienced and highly knowledgeable in working with asylum seekers and refugees, they believe that they are able to balance the two. The therapeutic sessions can sometimes be extended to incorporate the practical issues and this succeeds as they leave extra time between sessions in case such issues arise. Many times they have to deal with such issues out of working hours especially as the reduction in funding decreased the amount of working hours, so they try to prioritise and reassure the clients while waiting for the issue to be addressed. Whilst the service was being delivered well the issues of reduced working hours and reliance on voluntary time shared by staff and trustees has lead to the trustees exploring new funding channels and discussing new strategies that can be utilised and piloted including shorter models of care and the use of volunteers.

Being experienced, they also realise that in line with the the code of ethics, they should not overlook their own wellbeing in the process, and at times overcome the *“emotional demand on us to do what we can for the client”*. Other challenges include the reduced days available as a consequence of funding. The lack of electricity and therefore computers in the garden means that they need to go to the main office to be able to address their client’s practical needs which encroaches on the time available.

## Discussion:

The balance between practical and therapeutic support is in place and well maintained. The findings in this report are in concordance with findings of another evaluation conducted in 2018 concerning the therapeutic component which also showed very positive experiences from the FRSP clients' perspective. This indicates that FRSP is definitely able to balance the practical and the therapeutic support without affecting the quality of care. There is a feeling of gratitude and strong trust in their efforts and how they deliver their care and address the clients' concerns. It is also inspiring that despite the challenges faced by FRSP in maintaining the balance, there is a willingness to continue this holistic approach. They continue to look for solutions to adapt accordingly giving the welfare of their clients the highest priority. It is evident that FRSP provides a remarkable specialised niche service that is available for those in most need and this should be highly recognised and acknowledged.

## Recommendations

- FRSP should continue with the current holistic approach as it working well for the clients and the balance between the practical and therapeutic support is being maintained.
- FRSP should utilise every opportunity to highlight the project's niche and expert contribution to this field in order to strengthen their case for funding

## CONCLUSIONS AND KEY RECOMMENDATIONS

The report highlights the excellent work being done by the project. FRSP should continue with its holistic model of therapeutic care combined with the provision of practical support as this greatly valued by clients. This specialist provision is a niche which is providing for a group with its own specific challenges and has a significant impact on the clients' lives.

## Recommendations:

- To further improve client experiences, FRSP should consider improving the garden's facilities where the practical support is provided.
- FRSP should consider building a database of ex-clients and more settled clients that could offer support as and when required, either at the project or by phone.
- FRSP should continue with the positive initiative of inviting experts for learning sessions to explain and answer concerns of the clients
- FRSP should continue with the current holistic approach as it working well for the clients and the balance between the practical and therapeutic support is being maintained.
- FRSP should utilise every opportunity to highlight the project's niche and expert contribution to this fields

## NEXT STEPS

- FRSP should review this report and share it with staff and trustees
- FRSP should consider the key recommendations from the report

## ACKNOWLEDGEMENTS

The consultancy team would like to thank the dedicated team at FRSP, Jennie, Sue, Angela, Mike and Seana for their time and hospitality. We also thank all the clients we met and interviewed. Last but not least we express our utmost gratitude to Vicki and Ema, the course leads for their continuous support and supervision.

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### TERMS OF REFERENCE

**Client:** Family Refugee Support Project (FRSP)

**Title:** Evaluation of the practical support/assistance component of the FRSP model

#### **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 and the Lloyds Foundation.

The Project works with families therapeutically using the medium of horticulture in protected, safe, outdoor spaces, applying a wraparound model of support to help them regain their strength and find some peace in the middle of distressing, complex and difficult circumstances, often outside of their control. The FRSP model is holistic and led by client needs. It aims to improve the mental and physical health of families, to increase their levels of physical activity, their independence, their social networks and integration.

Qualified and experienced counsellors work with a horticulturist and interpreters to support clients in using their growing spaces as a medium for therapy, and for recreation and involvement with family members and others. The project has created garden and allotment spaces to have 'an inside outside' to make sure that all client can have access at all times of the year, choosing to be involved in the gardening aspect as much or as little as they choose. The garden and gardening activity can take place as part of the direct therapy sessions, or outside of them as required.

The core of the FRSP service delivery model includes:

- Weekly therapy sessions lasting one hour (includes interpreter and travel expenses)
- Weekly time with a horticulturist to support use of growing space and interaction with the land and other clients
- Use of either a sheltered garden space, or a free allotment space (based on client need, availability and assessment) for between 6 months to three years
- Client training and information sessions on key UK life issues (including weekly basic functional English class)
- One-to-one appointments for practical support and assistance:
  - Housing
  - Benefits and job market
  - Legal support (not advice)
  - Education
  - Health and disability
- Group space; client-led and staff facilitated activities:
  - Cooking, crafting, beekeeping, growing



Two cohorts currently access practical support and assistance services; 1) those who still receive counselling and 2) clients who have stopped counselling but still require practical assistance and support.

Previously FRSP employed a dedicated support worker to help clients with the practical issues of living in UK (housing, health, education, benefits etc.), thus separating practical support services from therapeutic support. Initially, this model worked well, but with increased changes to legislation and client contexts this provision has become more complex. It has also become harder for clients to explain their needs and for counsellors and a support worker to marry the information and tailor the support. Counsellors describe how needs and problems are often revealed by clients using the therapy space, thus making it easier for them to work with clients holistically as a single point of contact. As counsellors have already built a trusting relationship with their clients, they believe that they can provide an effective and holistic wraparound service incorporating practical support services alongside therapeutic support. They also report being able to pick up more easily on cultural nuances.

### **Rationale**

Core funding for the project ceases in 2020. Whilst several internal and external studies of the project have been conducted over the years, none have focused specifically on the practical support component provided through the project. If practical support services are not provided or provided in a disconnected manner, this may lead to greater mental distress and increased need for therapeutic support. Therefore, FRSP are keen to learn more from clients experiences as to what they value about the holistic support services provided through the project and why? This will help the project:

- a) Understand better how well they are balancing therapeutic support with practical support services
- b) Further develop the wraparound model of care for the benefit of clients
- c) Advocate for continued funding using the current holistic model of care

### **Purpose**

To investigate what clients and their families value about the practical support element of the project

### **Objectives**

1. To explore with families their experiences in using the practical support element of the project
  - Ease of access to support services and signposting
  - Quality and timeliness of support services
  - Balancing therapeutic support with practical support needs
2. To identify what added value and impact the practical support element brings to individuals and their families
  - Changes to physical and mental health
  - Changes to their family life
3. To explore counsellors perceptions of how the practical support element of the project is used and valued by their clients and families

### **Specifics Tasks**

1. Briefing with client
2. Identification and agreement of appropriate stakeholders to be consulted
3. Agreement of approach and selection of appropriate data collection methods to achieve objectives including:
  - Document review/internet search of published and grey literature

- Interviews with family members<sup>1</sup>
  - Focus group discussion with family members
  - Interviews with project staff
  - Secondary data review
4. Primary data collection
  5. Debriefing with client

### Expected Outputs

1. Written report (refer to IHC report guidelines)
2. Power point presentation (max 20 minutes followed by Q&A)

### Expertise Required

A 4-5 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 19 June 2019	<ul style="list-style-type: none"> <li>• Client briefing</li> <li>• <b>10am @ FRSP, Toxteth Town Hall</b></li> </ul>
Fri 21 June 2019	<ul style="list-style-type: none"> <li>• Primary data collection</li> </ul>
Sat 22 - Wed 26 June 2019	<ul style="list-style-type: none"> <li>• Analysis and report drafting</li> <li>• Report finalisation and preparation of presentation</li> <li>• Hand in report</li> </ul>
Thurs 27 June 2019	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• <b>11.00am, Liverpool School of Tropical Medicine</b></li> </ul>

### Key Contact Persons

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Web. <http://www.familyrefugeesupportproject.org.uk>

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<sup>1</sup> Interpreters may be required

## Background Documents

1. FRSP model explained (ppt presentation)
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7. Social Care Institute for Excellence (SCIE); Good Practice in social care for refugees and asylum seekers, Workforce Development SCIE Report 31, June 2010.  
<https://www.scie.org.uk/publications/reports/report31.asp>
8. Ibrahim Aref Kira (2002) Torture Assessment and Treatment: The Wraparound Approach; *Traumatology*, Vol. 8, No. 2 (2002)
9. Jude Boyles (2018) We are here but we are still in the war, *Therapy Today*, December 2018 Volume 29 Issue 10. <https://www.bacp.co.uk/bacp-journals/therapy-today/2018/december-2018/we-are-here-but-we-are-still-in-the-war//>
10. Catherine Jackson (2015) The migrant Crisis, Helping Syrian Refugees. *Therapy Today*, October 2015 Vol 26 Issue 8. <https://www.bacp.co.uk/bacp-journals/therapy-today/2015/october-2015/the-migrant-crisis/>

## Useful web resources on Horticultural Therapy

<https://www.thrive.org.uk/what-is-social-and-therapeutic-horticulture.aspx>

Thrive have been working with the University of Salford and Care Farming UK into the development of a Common Quality Assessment Framework within the 'Green Care Sector'. FRSP has contributed to discussions, but are not formally a part of any networks as yet.

[https://www.freedomfromtorture.org/what\\_we\\_do/natural\\_growth\\_project](https://www.freedomfromtorture.org/what_we_do/natural_growth_project)

FRSP's work was developed in line with this work pioneered by Freedom From Torture.

<https://www.amazon.co.uk/Healing-Fields-Working-Psychotherapy-Shattered/dp/0711220271>

This book describes principles and practice to working with counselling and horticulture

<https://www.evidence.nhs.uk/search?q=horticultural%20therapy>

## Useful resources on relevant UK legislation

[https://www.scie.org.uk/atoz/?f\\_az\\_subject\\_thesaurus\\_terms\\_s=asylum+seekers&st=atoz](https://www.scie.org.uk/atoz/?f_az_subject_thesaurus_terms_s=asylum+seekers&st=atoz)

<https://righttoremain.org.uk/>

<https://migrantsrights.org.uk/>

<http://www.ohchr.org/EN/Issues/Migration/Pages/MigrationAndHumanRightsIndex.aspx>

<https://migrantsrights.org.uk/blog/2018/04/10/prolonged-arrival-the-route-to-settlement-is-winding-grinding/>

<https://migrantsrights.org.uk/blog/2018/03/13/know-rights-guide-migrants/>

## ANNEX 2: THE CONSULTANT TEAM

### **Amal Abbas (amal.m.o.abbas@gmail.com)**

Amal is a public health professional with a medical background with a great passion for health system strengthening. Working in the Sudan Federal Ministry of Health in the directorate of Health Planning and International health for over 6 years, Amal has contributed to the planning, designing, coordination and implementation of several projects and activities especially those of the health information management system. She has acted many times as the focal monitoring and evaluation person responsible for resource mobilization, follow up and negotiations with donors and relevant stakeholders. Amal is Sudan HIS focal person for the Regional Action through Data (RAD) project, one of the IGAD (Intergovernmental Authority on Development) initiatives for improving health service provision for refugees and cross-border populations. She understands well the importance of working in multidisciplinary teams and has proved to be able to achieve goals and work well under pressure on several assignments at the same time both independently and as part of team

### **Fiona Makia (fiona2811@hotmail.com)**

Fiona is a multifaceted health professional with a varied 30-year work experience ranging from administration, human resources, training and development, Sexual Health / HIV Nursing and Clinical Research Trials. During her career Fiona has worked with Homeless people assisting with their health needs and also with support getting back off the street and into assisted living. Working as nurse in Sexual Health and with people who are HIV positive has provided Fiona with the experience of working with vulnerable adults and also working with interpreters. She has strong verbal and written communication skills and excellent interpersonal skills. She has good quantitative and qualitative research experience. She works well as part of multidisciplinary teams and can work well under pressure and to tight deadlines

### **Waseem Gill (wtgill@btinternet.com)**

Waseem is a UK-based healthcare professional, with over 30 years of experience working in deprived Primary Care clinical settings. He has worked extensively with the refugee population in Manchester, as part of a primary care team in an area where over 30 languages were spoken and interpreters used frequently. He was passionate in listening to their physical and psychological issues and signpost to appropriate local services when time constraints or requirements dictated. He has set up and funded a GP led Primary Care clinic in Kashmir for the vulnerable in a remote non-doctored region. Waseem has experience as the Medical Director of a national organisation involved in the setting up of the first Primary Care Out of Hours centres in the UK where he was responsible for ensuring Key Performance Indicators were met and presenting the changes in care provision at GP meetings. Fluent in English, Good Urdu and Punjabi (spoken), Medical Arabic

### ANNEX 3: LIST OF PEOPLE INTERVIEWED AND FACILITIES VISITED

<b>Participant</b>	<b>Consultant conducting the interviews</b>
Briefing Interview- Director (also counsellor)	Amal ,Fiona, Waseem
Key Informant Interview - Counsellor	Waseem
Key Informant Interview- Trustee	Amal, Fiona, Waseem
Key Informant Interview- Clients (10)	Amal (1) Fiona (6) Waseem (3)
Focus Group Discussion- Clients (4)	Amal

## FRSP Data Collection Tool

### (Client Interviews/FGD/Councilor Interview/Trustee Interview

Thank you very much for agreeing to take part in this interview. My name is ..... and I will be conducting this interview with you today. The Family Refugee support project has asked for an evaluation about the advice and support you have been given from the project around practical issues such as housing, benefits, education etc, from the perspective of you and your family Everything you tell me is confidential and your name will not be recorded. Are you happy to consent for me to record this interview? This is just to ensure accuracy and the recording will be deleted as soon as the report is completed.

( If yes, then start recording)

### Client Interviews

#### Introductory questions

#### How long have you been coming here?

1. What services are you currently receiving? (prompt: counselling, practical support, group activities)
2. Has the practical support you have received from the project helped you
  - With employment issues? Prompt how and what difference it made.
  - Seek medical advice? Prompt how and what difference it made.
  - 
  - Secure adequate housing? Prompt how and what difference it made.
  - 
  - Educational needs? Prompt how and what difference it made.
  - 
  - Get assistance in seeking legal advice? Prompt how and what difference it made.
3. Was FRSP able to direct you to other services if you had needs they could not meet? If so, how well did this work.
4. How has receiving the practical support affected you emotionally? (*less isolated from the system*)
5. Has receiving the practical support had any effect on your physical health?
6. Do you ever face any difficulties' coming to the centre when you need practical support? If so, what do you do?
7. Do you have any financial difficulties attending the project?
8. Did you receive the practical support when you needed it?
9. Did the practical support and referral to other services meet your needs?
10. Are there any improvements to the practical support you would suggest?

## Focus Group Discussion Questions

Thank you very much for agreeing to take part in this focus group. My name is ..... and I will be facilitating this discussion with you today. The Family Refugee support project has asked for an evaluation of the practical support that it provides to the families and wants to know what you and your family value about the practical support you gain from the project. Everything you tell me is confidential and your name will not be recorded. Are you all happy to consent for me to record this interview? The recording will be deleted as soon as the report is completed.

(If yes, then start recording)

### Introductory questions

#### How long have you been coming here?

1. What services are you currently receiving? (prompt: counselling, practical support, group activities)
2. Has the practical support you have received from the project helped you
  - With employment issues? Prompt how and what difference it made.
  - Seek medical advice? Prompt how and what difference it made.
  - Secure adequate housing? Prompt how and what difference it made.
  - Educational needs? Prompt how and what difference it made.
  - Get assistance in seeking legal advice? Prompt how and what difference it made.
3. Was FRSP able to direct you to other services if you had needs they could not meet? If so, how well did this work.
4. How has receiving the practical support affected you emotionally? (*less isolated from the system*)
5. Has receiving the practical support had any effect on your physical health?
6. Do you ever face any difficulties' coming to the centre when you need practical support? If so, what do you do?
7. Do you have any financial difficulties attending the project?
8. Did you receive the practical support when you needed it?
9. Did the practical support and referral to other services meet your needs?
10. Are there any improvements to the practical support you would suggest?

### **Interview with Counsellors**

1. How long have you been providing counselling/practical support at FRSP?
2. Do you think providing the practical support is important for your clients? Why? (*what happens if it stops?*)
3. What impact have you seen amongst the client group as a result of the practical support element provided? (prompts physical, mental, family life)
4. Do you think FRSP is able to provide quality and timely practical support to the clients in this current model? Explore why.
5. What challenges are there in meeting the clients practical support needs? (*work overload, expertise, time allocation for meetings, need to use other means for communication-text* )
6. How do you feel about the wraparound approach? Should the wraparound approach continue?
7. How well are you able to balance practical and therapeutic support?
8. What further improvements can be made to the service?

### **Interview with Trustee**

1. How long have you been a trustee and what is your specific role?
2. How do you feel about the wraparound approach? Should the wraparound approach continue?
3. Is FRSP able to balance providing practical support and therapeutic support?
4. What are the channels of funding available for practical support? (*Limitations*)
5. What are the implications of reduced funding on the practical support component?
6. What suggestions, if any, do you have to improving the practical support element of the service?
7. From a trustee perspective is there anything else important we should consider?