

Summary of Evaluation of Refugee Resource's Counselling and Psychotherapy Service

January 2012

"I really appreciate the work of Refugee Resource. I'm a different person. There were times I couldn't leave the house. Refugee Resource brings a smile to my face". (Client)

"I love this place. If they call me at midnight I will come!" (Interpreter)

Background

Although people who seek asylum demonstrate extraordinary qualities of resilience, the cumulative effects of their experiences can have overwhelming social and psychological consequences. In addition to severe levels of trauma as a result of the circumstances that caused them to flee and the often dangerous journeys they have made to reach safety, they also live with fear, poverty and uncertainty in the UK. People with refugee status face a different set of issues; they are safe in that they know that they will not be returned to their country of origin for five years¹, but they usually have to start again from scratch re-building their lives, careers and friendships.

Refugee Resource aims to relieve distress, improve well-being and facilitate the integration of refugees and asylum seekers primarily in Oxfordshire by providing psychological, social and practical support. Its Counselling and Psychotherapy Service¹ offers free and confidential counselling and psychotherapy for asylum seekers and refugees aged 12 or above. It works mainly with individuals, but also with groups, couples and families. Therapeutic groups include a Women's Therapy Group, Young People's Groups and a Therapeutic Gardening Group. Those referred are commonly suffering a combination of complex grief, post-traumatic stress disorder (PTSD) and depression which make it immensely difficult for them to cope, and to integrate and contribute to UK society.

The Counselling Service also provides training programmes, support and advice for other organisations on meeting the psychosocial needs of refugees and asylum seekers. In addition to this Service, Refugee Resource also has an Employment Service, a Mentoring and Coaching Service, and a Women's Group (to and from which counselling clients can be referred). Some advocacy work is undertaken alongside all of these services, and there is also a weekly drop-in where clients can meet with a counsellor.

The Counselling Service has been funded through the Big Lottery project, 'Pathways to Integration Plus' covering the period January 2009 – December 2011. This has been match funded by a service level agreement with Buckinghamshire and Oxfordshire NHS Cluster (formerly Oxfordshire Primary Care Trust), a service level agreement with Children, Young People and Families until July 2010, and organisational core funding from Oxfordshire County Council.

About the evaluation

In October 2011 Refugee Resource commissioned an Oxford-based independent research team Sandy Ruxton and Kate Clayton-Hathway to undertake an evaluation to explore the impact of the therapeutic work of the Counselling Service. The evaluation is based on 42 individual interviews (including 20 with clients or former clients, 14 with representatives of partner organisations, and eight with staff and sessional interpreters). It includes some quantitative information on clients and on outcomes of the Service, based largely on reporting by Refugee Resource to the Big Lottery Fund on its grant (2009-2011). The evaluation was carried out over a two month period (October-November 2011) and therefore presents a 'snapshot' of the views of clients, partners and staff of the operation and effectiveness of the Service at this time.

¹ In the remainder of the Summary we refer to the 'Counselling Service'.

Key findings

The Counselling Service

- **Counselling model:** The Counselling Service is based on a psycho-social approach to trauma, which is client-centred, holistic, and can be short, medium, long-term, or episodic, as needed. The flexibility that the Service demonstrates is widely regarded as one of its prime strengths. As one partner put it: *“If you went via a GP, you would get six weekly sessions and that’s your lot. Most asylum seekers or refugees would have defaulted after the first one”*.
- **Length of contact:** Most counselling at Refugee Resource is short term, for periods of 6-10 weeks; for over 50% of clients seen over the three year period, counselling was completed in this timescale. This stands in contrast to the common perception among partners and referrers to the Service, that most counselling interventions are long-term.
- **Building trust:** An essential part of the therapeutic relationship is the building of trust between counsellor and client, so that the client may ultimately learn to trust other people. The skill with which counsellors and other Refugee Resource staff do this, was widely acknowledged. A recurring comment among clients was that they had found someone to believe their story, who understood what they had been through and accepted them: *“[The counsellor] believed me when no one believed”*.
- **Welcoming atmosphere:** Clients spoke overwhelmingly about the positive reception they received at Refugee Resource. This is a marked difference from other non-refugee organisations some had visited. For almost all clients, Refugee Resource itself comes to represent a safe and supportive space: *“Clients feel a sense of identity and belonging – this is the main thing they are deprived of”*.
- **Dedicated Staff:** Many partners stated that the staff was highly skilled, fully committed and very professional: *“Refugee Resource are a small team, they take what they do seriously, and are very dedicated”*.
- **Work pressures:** Staff at Refugee Resource, including the three counsellors, are under severe pressure due to the nature of the work and the limited resources they have to respond to the huge need presented by their clients.
- **Cultural and gender awareness:** This is one key component that ensures that the Service is relevant to the needs of the client group and distinguishes it from many mainstream services that do not have the same level of sensitivity. The knowledge and background research undertaken by counsellors in order to understand better the cultures of their clients is impressive. Interpreters also play a critical role in helping the counsellors to understand cultural issues.
- **Meeting the needs of young people:** The evidence from the interviews suggests that the Counselling Service is generally very successful at engaging and supporting both refugees and asylum seekers. However it appeared to some interviewees that it had become harder for the service to reach young people (and young men in particular), especially those leading more chaotic lives.
- **Advocacy role:** At times counsellors play a role as advocates for their clients. Other professionals find this advocacy complements their work: *“very supportive – and very prompt to respond, which is really useful” (solicitor)*. The combined role is, however, not always an easy balance. Refugee Resource counsellors are very aware of this so that the bulk of the practical issues that counsellors are getting involved in are related to their mental health understanding, e.g. writing letters of support and psychological reports for solicitors, advocacy on housing issues on mental health grounds. Nevertheless, in the absence of a comprehensive and robust service in Oxfordshire which meets these practical needs of asylum seekers, counsellors and other Refugee Resource staff are to some extent having to pick up these service gaps where they affect counselling clients.
- **Access to other Refugee Resource services:** A further strength highlighted by clients was the additional support Refugee Resource offers them, beyond 1:1 counselling and psychotherapy (e.g. Employment Service, Mentoring and Coaching Service, Women’s Group, Therapeutic Gardening Group and Women’s Therapy Group). The endorsement for this combination of services being provided under the same roof was particularly noteworthy. A psychiatrist suggested that it is *“very unique to have employment, counselling and mentoring services together. They provide the complementary aspects that people need to integrate”*.

Recommendations

1. It is essential that the Counselling Service maintains its undoubted strength in relation to trauma counselling and continues to promote the value of this approach for refugees and asylum seekers suffering PTSD as an alternative to CBT offered by mainstream services.
2. Whilst current resource constraints mean that it is not realistic for Refugee Resource to employ more paid counsellors, the possibility of taking on more volunteer counsellors (ie. volunteers who already have training as counsellors) to share the workload should be explored. It should be taken into account that the same level of commitment or working hours cannot be expected from volunteers as from paid staff, particularly in the long-term. Moreover, volunteers also need considerable support and supervision and this requires additional resources.
3. Workshops for staff, mentors and interpreters are well received, and should be continued as far as possible.
4. Consideration should be given to finding ways to overcome the challenges of recruiting a male counsellor (whether paid or voluntary) to the Service.
5. The Counselling Service should explore with other agencies the development of an effective response to young people (and young men in particular).
6. Refugee Resource should continue to fundraise for a paid advocacy post, or in the continued absence of such funding, seek to engage and train a volunteer (or volunteers) to undertake advocacy work, thereby relieving pressure on counsellors to undertake this work.

Pathways and inter-agency working

- **Referral routes:** Clients reported that they had been referred to or found Refugee Resource through a wide range of routes (e.g. GPs, Children Young People and Families, a teacher, friends, relatives, an NHS counsellor, the Key 2 housing organisation, internet searching, and an “event” at Oxford Brookes University). Some interviewees had originally joined the Women’s Group, or accessed the Employment Service then went on to counselling.
- **Changes in referral pathways:** The most significant change in the last year or so has been the fact that Children, Young People and Families have not been referring young unaccompanied asylum seekers for whom they are responsible, contrary to previous practice. This is related to the cessation of their funding for the Service. Several case studies were mentioned where the client had suffered because of lack of clarity over pathways, particularly over whether referral should be to Refugee Resource or the statutory Child and Adolescent Mental Health Service.
- **Awareness of the Service:** There are still some agencies who do not know about the Service, and sometimes information ‘gets stuck’ (e.g. it may not reach any or all the GPs in a practice). Staff turnover in other agencies also makes it difficult to maintain awareness. Whereas some respondents did refer to other Refugee Resource services, they were uncertain about referring directly to the Counselling Service, either because they weren’t sure who to refer, or because they didn’t feel they knew enough about what it did.
- **Waiting list:** A significant uncertainty about referrals was around the waiting list for the Counselling Service, which was felt by many to be long (1-3 months). Refugee Resource staff said they did not feel this was excessive compared to other services and highlighted the fact that the organisation was not providing an emergency service. Staff also stressed the considerable efforts they made to go back to referrers and tell them what the waiting list was, but more than one of the partners said that information sharing about the waiting list needed to be more explicit.
- **Refugee Resource as gateway to other services:** This already happens on a regular basis with legal representatives such as solicitors, or with GPs in relation to particular health issues. One particularly noteworthy example is the partnership between Refugee Resource and Mind, whereby an external advisor provides a monthly benefits session at Refugee Resource through individual bookings. The success of Refugee Resource as a whole in attracting and engaging asylum seekers and refugees shows that the organisation has considerable credibility with them and is able to reach this very vulnerable group when other agencies struggle to do so. As one partner stated: “*Refugee Resource are accessing people with very difficult cases and playing a central role as first contact – they are also radically changing people’s lives*”.

- **Confidentiality and risk:** Counsellors are bound by their professional organisation's code of ethics and Refugee Resource's Confidentiality policy to protect confidentiality unless there is physical risk to anyone and therefore are clear that they would not disclose what happens in a session. Nevertheless this issue has occasionally caused some tensions with other organisations who have wanted counsellors to divulge information shared in counselling sessions.
- **Duplication of roles:** Several organisations stated that they offered practical help to asylum seekers and refugees in Oxfordshire (e.g. in relation to trips and activities, application forms for medication, help with housing problems, money for food). Although some degree of overlap may be inevitable, there are still huge gaps in provision to meet practical needs.
- **Inter-agency discussion:** There is a need to re-energise formal inter-agency partnership meetings alongside the informal partnership working that does go on between some organisations working with asylum seekers and refugees, but no consensus from the evaluation over what kind of structure would be most effective – either an overarching multi-agency forum or partnership steering groups on specific issues.
- **Training/support for other agencies:** An issue that surfaced frequently in the partner interviews was the lack of support for frontline staff in many organisations working with asylum seekers and refugees. In particular, the impact on professionals – such as GPs, solicitors, and social workers - of hearing traumatic stories and suicidal thoughts, and dealing with psychosis, was rarely adequately addressed.

Recommendations:

1. The Counselling Service should explore with partner organisations the most effective way to provide them with more information about the service and its current operation. A brief and regular (monthly?) emailed update (eg. on waiting lists, on whom the service is targeting, on new activities) should be considered, alongside other options.
2. Copies of the Counselling Service leaflet (which is translated into the main refugee languages) should be available to as many referrers as possible. Further consideration should be given to raising awareness among some partners about what the Service currently does and how they can best describe it to clients.
3. There is an urgent need for discussion and agreement between the main stakeholders over current referral pathways for young people and the respective roles, expertise and capacity of each organisation. Part of the discussion should focus on mechanisms for paying for places at Refugee Resource.
4. The partnership between Refugee Resource and Mind's Benefits Service provides one effective model of how Refugee Resource can act as a gateway to other mainstream services. The potential for developing on site partnerships of this kind with other organisations (e.g. housing, drugs/alcohol) should be explored.
5. The Counselling Service should offer training courses and workshops for partners and referrers on issues relevant to their work, such as the establishment and maintenance of professional boundaries.
6. Partner organisations need to address collectively the issue of how to meet refugees and asylum seekers' practical needs. Refugee Resource should advocate for a forum for partners to update each other on current and anticipated needs and gaps in services.

Outcomes

This section reflects the outcomes compiled by Refugee Resource in order to report to the Big Lottery Fund on its grant over the period Jan 2009-December 2011. The main outcome measure for the Counselling Service for 2009–2011 was that: **100 refugees/asylum seekers will report an improvement in their mental health and well-being as a result of receiving counselling, other therapeutic services or health gain activities, over the three years of the project.**

The quantitative data below were collected from a combination of the nationally recognised Clinical Outcomes in Routine Evaluation (CORE) assessment, verbal feedback from clients and partners, counsellors' notes and database records.

Number of Clients: During the period covered by the evaluation (January 2009 to November 2011), the Counselling Service saw 118 clients for 1:1 counselling. Of these, 62% were male and 38% female, with the largest group of all being young men aged 25 and under (42% of clients). Over the same period, the therapeutic groups run by the Counselling Service saw 38 clients (including five who were in 1:1 counselling and also a group). Overall therefore, the Service worked with 151 clients during the three years.

1:1 Counselling: Key outcomes were that:

- 71% of those completing counselling reported marked improvements in mental health and well-being;
- 34% entered employment or study;
- Nine clients who had been suicidal were stabilised and none of them have acted self-destructively.
- Of the 118 asylum seekers and refugees counselled by the service, only two have been re-referred for the recurrence of trauma symptoms.

Given the desperate states many faced when referred for counselling, these outcomes are impressive.

Therapeutic groups: Key outcomes were that:

- 40% of those participating have so far reported improvements in mental health and well-being (this reflects the fact that two of the groups are on-going and outcome data is not finalised);
- 60% have reported improved self-confidence;
- 45% have reported improved social relationships.

The figures from 1:1 Counselling and therapeutic groups combined mean that 96 refugees and asylum seekers in total have reported an improvement in mental health. Refugee Resource are confident that the finalised outcome data from the therapeutic groups collected in January will bring the number to well over their target for the project (100).

Other outcomes:

- 28 people received advice, advocacy and support through the weekly drop-in service run by the Counselling Service since it was set up in December 2010;
- 27 accessed financial support in the form of benefits to which they were entitled;
- 33 reported a positive outcome from advocacy work (e.g. gaining leave to remain and/or appropriate housing);
- 57 were able to access other services (primarily legal and housing support, education and mainstream mental health services);
- 18 clients have accessed physical activity and/or health improvement activities, and have reported an improvement in their physical and mental well-being.

Client views: All of the clients interviewed for this evaluation highlighted positive outcomes as a result of counselling. An improvement in well-being was reported in the form of e.g. a lessening in physical symptoms, some relief from depression and sleeplessness. Many reported an increase in confidence, which enabled them to function and become more independent; the six women interviewed who were mothers felt more able to cope with parenting and supporting the home financially. Those clients now able to work on a voluntary basis (e.g. in a pre-school, a charity shop, and for other mental health organisations such as Donnington Doorstep and Restore) all directly attributed this to the counselling. Most had studied some type of English, computer or maths course, with two currently at college, having completed an access course and one about to start university. *“Refugee Resource give people the kind of lift they need ... I can do this thing by myself.”*

Views of staff and partners: Staff and partners all emphasised the hugely positive impact that counselling at Refugee Resource has for many clients. A GP said: *“They have done my patient a great deal of good...no one else has got the kind of time and skill...and it’s beyond what I could possibly do. Refugee Resource works with expertise and real care. If they (patients) went to mainstream NHS you wouldn’t get the same job done”*. A solicitor told the interviewer *“one of my*

clients who I acted for for a long time - it was a very uphill struggle with her case - benefited a lot. She was very much supported by them". The supervisor of the counsellors at Refugee Resource stated that she had "seen counsellors at Refugee Resource saving lives more than a dozen times. They are helping people to function, and find a place as participating members of society".

Effectiveness compared to other interventions: A common view among partners and referrers, expressed by one interviewee was that "if someone goes to general counselling, it's 'one size fits all', and the counsellors are not trained in trauma or cross-cultural understanding". Most believed that the habitual six weeks of initial counselling available through their GP would be completely insufficient to meet the needs of traumatised asylum seekers and refugees, and that a longer time frame, as at Refugee Resource, was almost always necessary. It was also widely argued by both counsellors and partners/referrers that the general psychological model – Cognitive Behavioural Therapy – was inappropriate for complex refugee and asylum seeker trauma cases. Furthermore, conventional psychiatric approaches using medication were also felt to be of limited value in dealing with trauma. Most interviewees argued that mainstream services were currently not able to respond effectively to this client group.

Recommendation

1. Refugee Resource should continue to develop in conjunction with other similar therapeutic services a monitoring and evaluation model (including an appropriate set of therapeutic outcome measures), which is both simple and cost-effective to operationalise. The framework needs to develop in response to the problems encountered in the use of conventional tools (such as CORE) and should provide useful feedback to staff and capture the extent to which the service meets its objectives - and ultimately delivers value for money.

Costs:

- **Unit Cost of the Counselling Service:** The evaluation has sought to compare the unit cost of the Counselling Service as opposed to a visit to a GP or outpatient appointment. This suggests that a 10-minute GP visit costs in the region of £56² (equivalent of £336 an hour) whereas an hour-long Counselling Service session at Refugee Resource costs £74.55 (using a full cost recovery model)³. Meanwhile, an average outpatient visit to the John Radcliffe Hospital (JR) would be £150-£200. From the research we have undertaken we are not aware of the existence of data relating to the cost of an individual psychiatric visit in Oxfordshire.
- **Staff/partner/referrer views:** Without the benefit of the figures above, some partners said that they felt the Counselling Service was very expensive, given the number of clients that it was able to see. Nevertheless several interviewees highlighted the need to look at wider social benefits, such as the numbers kept out of hospital and/or off the 'dangerous lists'. As a member of staff said: "How do you quantify financially the improvement in someone's quality of life? By not so many turning to the GP, the JR [Hospital] or criminalisation". The view that the work of the Counselling Service was preventive, and therefore saving money, was reinforced by other partners. One local voluntary sector worker said that: "Even if a problem is not going away, hopefully Refugee Resource will prevent them going into crisis – in terms of costs, it's a lot cheaper than not providing any support and then the client goes into crisis and has to be hospitalised. Hospital is extraordinarily expensive".
- **Client views:** A number of clients raised the importance of the counselling service being free – most asylum seekers are not allowed to work and could not possibly afford to pay for counselling. Most clients were aware, and expressed concern about the funding difficulties faced by Refugee Resource, and when asked if they'd change anything about the service the most common response was for there to be more counselling available and more money for this service: "If I had the money I'd help them to stay open – they help a lot of people". "I can't think ... [for] ... that door to close. I want other refugees to get that benefit". Several also expressed a desire that Refugee Resource continue, not just for themselves but for the benefit of other refugees: "Refugee Resource helped me, now I want to help somebody".

Recommendations

1. Refugee Resource and other relevant local stakeholders should continue to promote to commissioners a clear and reasoned case for supporting the provision of high quality counselling and psychotherapy services to asylum seekers and refugees. Refugee Resource should also communicate more clearly to commissioners/funders what is provided under the Counselling Service and the rationale for its costs.
2. In the absence of a block grant from Children, Young People and Families to the Counselling Service to provide counselling for young asylum seekers, a commissioning relationship should be developed jointly, whereby money would follow the individual client. Where Refugee Resource is providing a statutory service of this kind, either Children, Young People and Families should then pay for an agreed number of counselling sessions over a period, or the Child and Adolescent Mental Health Service should do so (if the young person is referred by a GP).
3. The Counselling Service and Child and Adolescent Mental Health Service should develop stronger links so that they can work together more effectively.
4. Given the current financial difficulties being experienced by both Refugee Resource and Asylum Welcome, we support the discussions that have taken place between the two organisations so that they work more closely together. Whilst the organisations have separate identities and cultures that should be retained, there may be scope for sharing some facilities and functions in ways that benefit the client group and are cost-effective for both.

Conclusion

“Refugee Resource have humanity - and that counts for a lot”. (Partner)

“We have to return to people a sense of themselves as worthwhile – Refugee Resource has a deep ethos of everybody being equal and of human value”. (Counsellor)

The universally positive views expressed by clients may to a certain extent reflect a desire to protect and support the continuance of the service. Many asylum seekers are also respectful of authority, and therefore may want to please by saying the ‘right’ thing (especially in the ‘host’ country). Nevertheless, the clear evidence that many of the clients had become committed regular attenders of the counselling service, despite the immense obstacles they faced in their daily lives, tends to reinforce the genuineness of their accounts. Moreover, the positive views of clients were largely mirrored by those of the partners, who had, on the face of it, less investment in endorsing the work of the service and felt able to offer criticisms as well as praise.

This evaluation provides a very positive endorsement of the work undertaken by Refugee Resource’s Counselling Service. The Service is based on a strong set of values, rooted in equality and human rights, which pervade the whole organisation. The ‘grassroots’ orientation of Refugee Resource is another key strength, making it successful in attracting this very vulnerable and hard-to-reach client group. The ‘family feel’ of Refugee Resource was reiterated over and over again by clients, and is an important factor in making the organisation so ‘culturally appropriate’ to such a diverse group of people.

The success of Refugee Resource as a whole in attracting and engaging asylum seekers and refugees shows that the organisation has considerable credibility with them and is able to reach this very vulnerable group when other agencies struggle to do so. As one partner stated: *“Refugee Resource are accessing people with very difficult cases and playing a central role as first contact – they are also radically changing people’s lives”*.

The attractiveness of the Counselling Service (and the broader organisation) is reinforced by the welcome clients receive, the dedication and commitment of the staff, and the accessible and safe physical environment and location. Whatever changes are put in place as a result of changes to funding or indeed the findings of this evaluation, these core elements should be preserved.

The work undertaken by the Counselling Service is clearly of high quality. The Service complements well the work of other local agencies, bringing a significant degree of expertise, knowledge and skill, both in relation to the needs of PTSD sufferers and the cultural backgrounds of asylum seekers and

refugees. Whilst it remains a specialist service catering to the needs of a particularly challenging group of clients, it provides much learning for mainstream services, especially in terms of the delivery of culturally appropriate provision. For many asylum seekers and refugees it also acts as a safe space and forms an effective gateway to mainstream services, supporting the desire of this client group to integrate into and contribute to UK society.

Despite the positive impact of the Counselling Service, scarcity of resources is making it ever harder to maintain the current high level of service. It is essential therefore that commissioners understand the strong case that exists for investing in effective early intervention programmes for asylum seekers and refugees. Our evidence suggests that supporting the Counselling Service not only benefits hugely individual clients in terms of their personal health and well-being, but also prevents many ending up in much more costly crisis provision, such as hospitals, later on. Moreover, the Counselling Service is habitually delivering a service akin to that of statutory providers, but at the current time is not being funded adequately for taking on what are effectively statutory responsibilities. This should change.

Finally, several interviewees for this evaluation suggested that, given the difficulties faced by some migrants (e.g. economic migrants, trafficking cases, women in forced marriages, those with 'no recourse to public funds') Refugee Resource should consider revising its mandate to make it possible for the organisation to work with groups such as these. Although there is an argument that the organisation should not shift too far from its core focus, at the same time various groups of migrants can and do suffer problems akin to those of asylum seekers and refugees, including dislocation, uncertainty, and marginalisation. In these circumstances, the evaluators believe that revision of the mandate merits further exploration. In line with this view, Refugee Resource decided in October 2011 to set up a social enterprise by March 2012 for this very purpose.

¹ This period can be extended if certain criteria are met.

² The figures here were estimated for us by a well-informed GP, who said: *"One way to calculate a GP consultation cost would be to say that primary care costs 14% of £920m health spend in Oxon = £128m, there are 650,000 residents and the average number of visits to the GP is 3.5 a year plus 2.5 to the nurse. So £128m / 650,000 = £196 pa = approx. = £56 per attendance if you ignore nurses, £32 if you include them at the same rate. This doesn't include home visits but numerically they are not significant"*.

³ This includes the counsellors' time, supervision, the counselling rooms and office, travel and childcare where required, and overheads (e.g. admin/management/insurance and taxes). Interpreting, which is required by a quarter to a third of clients, costs £24 per hour.