Evaluation of Refugee Resource 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 and couldn't sit. Refugee Resource brings a smile to my face". (Client)

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

"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)

Sandy Ruxton

Kate Clayton-Hathway

1. Introduction

The UK is home to less than 2% of the world's refugees – out of 16 million worldwide[1]. According to the 1951 United Nations Convention relating to the Status of Refugees, ratifying states have specific responsibility to protect people forced by a well-founded fear of persecution to flee their countries and seek asylum. The causes of refugee flows include serious human rights violations, persecution, violent political, ethnic or religious conflict, or international armed conflict. However, these causes often overlap with factors such as economic marginalization and poverty, massive unemployment, environmental degradation, population pressure and poor governance.

Although issues of forced and voluntary migration are often conflated, in international and national law distinctions are made between refugees, asylum seekers, economic migrants, illegal immigrants and others. These distinctions are frequently misunderstood. A 'refugee' is a person who: has a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion; is outside of his/her country of origin, and is unable or unwilling to return to his/her country of origin. An 'asylum seeker' is a person who crosses an international border in search of safety and refugee status in another country. An 'economic migrant' is someone who has come to the UK to work, usually from within the EU. An 'illegal immigrant' is a student, holiday maker or visitor who has overstayed their visa. The mandate of Refugee Resource includes people in the first two of these categories.

In practice, asylum seekers will frequently have faced immensely difficult and dangerous journeys – walking huge distances, hiding in lorries, hanging under trains – in order to reach safety. They may have been abused and exploited en route, and they may have experienced hunger, illness or injury. Often they - or family members and friends – will have taken on huge debts to buy an airline ticket or to arrange travel with smugglers or traffickers. Many are unaccompanied children, separated from their parents, legal guardians or habitual care-givers.

When they arrive in the UK, the practical problems facing those claiming asylum are immense, including: complex asylum procedures; probing interviews from officials; fingerprinting and intrusive medical examinations; and/or detention – and they can often lack the support of a legal representative during this process. Usually not permitted to work and therefore forced to live on very little, asylum seekers often have very limited access to food, housing, education, and social care. They can become extremely isolated, and are also routinely vilified in the tabloid press.

Although people in these circumstances often 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, asylum seekers therefore also live with fear, poverty and uncertainty in the UK. These factors can make it difficult for them to cope, and to integrate and contribute to UK society. This is a common background of asylum-seeking clients who come for counselling and psychotherapy to Refugee Resource. 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 years (which can be extended if certain criteria are met), but they usually have to start again from scratch re-building their lives, careers and friendships. Those referred to the counselling service are most often referred with complex grief, post-traumatic stress disorder (PTSD), and depression.

[1] UNHCR (2009) 2008 Global Trends: Refugees, Asylum seekers, Returnees, Internally Displaced and Stateless Persons

About Refugee Resource and the Counselling and Psychotherapy Service[2]

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.

The Counselling and Psychotherapy 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.

The Counselling and Psychotherapy Service has the following four main aims:

- To provide direct specialist psychosocial support in a one-to-one and group setting for refugees and asylum seekers;
- To support interpreters working for the counselling service by providing support groups every 6 weeks;
- To provide a training programme to raise awareness of psychosocial issues faced by refugees and asylum seekers and thereby build the capacity of practitioners working with this client group;
- To develop and maintain effective partnership working with key partner agencies in the statutory and voluntary sector.

The Service offers free and confidential counselling and psychotherapy for asylum seekers and refugees aged 12 or above, living in Oxfordshire. It works mainly with individuals, but also with groups, couples and families. Appointments are with qualified and experienced counsellors, and last one hour a week. Interpretation is provided if needed. Therapeutic groups include a Women's Therapy Group, Young People's Groups and a Therapeutic Gardening Project.

For other organisations Refugee Resource provides training programmes on meeting the psychosocial needs of refugees and asylum seekers**,** working with interpreters in the mental health setting**,** taking care of oneself whilst working with highly deprived and traumatised clients, and also offers a support and consultation role (e.g. to teachers, youth workers and Community Mental Health Teams) on individual cases**,** and joint working on individual cases.

In addition to the Counselling and Psychotherapy Service, Refugee Resource also has an Employment Service, a Mentoring and Coaching Service, and a Women's Group. 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 for advocacy, advice, onward referral, or just a friendly listening ear.

Purpose of evaluation

In October 2011 Refugee Resource commissioned an Oxford-based independent research team (Sandy Ruxton and Kate Clayton-Hathway) to undertake an evaluation of its Counselling and Psychotherapy Service. The evaluation aimed to explore the impact of the direct therapeutic work of the project as a specialised service to refugees and asylum seekers suffering mental distress. It addresses two main areas:

[2] In the remainder of the report we refer to the 'Counselling Service' rather than the full title here.

1. Quality of the service (eg. the accessibility of the service, the effectiveness of the assessment process, benefits of the counselling/therapeutic support to the clients and the cultural appropriateness of the service).
2. Partners and how the service is perceived externally (eg. partners' and referrers' perceptions and assessment of the service, dissemination of information about the service, referral criteria, and why the service is used by partners and referrers),

The evaluation was carried out over a two month period (October-November 2011) and therefore presents a 'snapshot' of the operation and effectiveness of the Counselling Service at this time. The period covered by the evaluation was January 2009 – November 2011, the period of Big Lottery funding. The bulk of the final report was written by Sandy Ruxton, with Kate Clayton-Hathway contributing the sections on the experiences of clients.

This report builds upon two previous evaluations of the service. The first (of the forerunner 'Woodpath' Project) was conducted between 2003-2005 by GHK and Queen Margaret University College and explored the training of service providers by the Counselling Service, issues relating to inter-agency working, and the effectiveness of the Service's therapeutic approach. The second in 2008 was carried out by Michael Bell Associates and addressed the impact of the service on clients. The current report differs from them, both in providing an up-to-date assessment of the Service and in focussing more closely on the perceptions and experience of partner organisations.

A search was carried out online for organisations providing similar services to refugees, with the intention of finding additional information around evaluation work which might inform this study. Refugee Resource also has links with such services in other parts of the country. Information on service evaluations was, however, extremely limited: though other regions have services such as Solace in Leeds and The Haven Project in Hull, any literature which exists around these tends to be descriptive rather than containing in-depth evaluation of the client experience, or impacts on individual lives.

Methodology

The evaluation was carried out through a mixture of 42 individual interviews (including 20 with clients), conducted between late October and mid November 2011. The evaluation 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). However the bulk of the material used by the evaluators was derived from qualitative findings from the semi-structured interviews. Interviews allow the interviewer to follow up ideas and tease out motives and feelings, and it was felt that in this case they would lead to a more in-depth and nuanced understanding of the processes and outcomes of counselling than any written questionnaire or survey (which clients in particular might struggle to complete and which in past evaluations have not proved very successful in eliciting information). Moreover, interviews enable the interviewer to reassure clients about the uses that will be made of their responses, and respond sensitively to the circumstances and language capabilities of each person.

The interviews with clients were conducted by Kate Clayton-Hathway, and the interviews with staff and partners by Sandy Ruxton (although Kate was also present at one of the interviews with an interpreter, and one with a counsellor). Most client interviews were undertaken face-to-face in the Old Music Hall building on the Cowley Road, generally lasting around 30-60 minutes (and averaging 45 minutes). A small number were conducted on Refugee Resource premises, but in rooms where the client had not had counselling. Staff interviews were almost all at Refugee Resource. Most partner interviews were carried out in the nearby workplaces of respondents. The majority were face-to-face and were 45 minutes to an hour in duration, but a small number were undertaken by phone (and were as a result

somewhat shorter). Two sets of interview questions were compiled with the help and input of Refugee Resource staff, one for clients and the other for staff/partners. In practice, the questions tended to be used by the interviewers as guidelines only; for the staff/partner interviews they were modified slightly to reflect the different roles of respondents. (These schedules are reproduced at Appendices A and B).

For all interviews, contemporaneous notes were taken by the interviewers and then written up fully afterwards. It was decided that recording interviews would be too intrusive for clients, and might inhibit their responses. Although recording was a possibility for the staff and partner interviews, it was felt that transcription would simply take too much time within the short time-frame and that full notes would be acceptable.

The client interviews consisted of 20 individuals: 11 female and nine male. Five were under age 25, 13 in the 25 – 60 range and two were 60+. Of the 20, 11 were from Africa, five from Eastern Europe, three from the Middle East and one from the Far East. Eight were current counselling clients, 12 former counselling clients of whom two are now members of the Women's Therapy Group.

All three of the counsellors working with the Counselling and Psychotherapy Service were interviewed, as well as the professional Supervisor for the counsellors. Of the other staff at Refugee Resource, the Co-ordinator of the Women's group, and the Co-ordinator of the Mentoring Service were interviewed. Two of the interpreters working with the Counselling Service were also interviewed.

Fourteen individual interviews were also carried out with representatives of partner organisations/referrers working with asylum seekers and refugees locally. These included: other NGOs and voluntary groups working with asylum seekers and refugees; solicitors; GPs, a psychiatrist and a representative of Children, Young People and Families. (A full list is included at Appendix C). Most organisations worked with asylum seekers and refugees as part of a broader caseload, with only a small number of organisations focussing solely on this specific group.

The client interviewees were initially approached by Refugee Resource, using a list of all those who had received counselling since January 2009 (the start of the current Big Lottery funded project) put together by staff. A few clients who were considered too vulnerable to be interviewed were excluded from the list. Of the remainder, some could not be reached; either they had moved house because they had been in temporary accommodation, or, in the case of several young people in particular, had been deported, or had 'disappeared'. But all those with whom contact was established agreed to be interviewed (except two current clients, who felt it would be too hard, and one who agreed at first and then subsequently changed her mind). The names were passed to the researcher, who then arranged interviews directly.

The staff and partners interviewed were suggested by Refugee Resource staff, drawing on the wide range of existing professional contacts that the organisation has. The vast majority from whom interviews were requested responded promptly and positively, enabling a significant number of interviews to be carried out over a short period. Two groups of respondents – GPs and psychiatrists - were however very difficult to make contact with, despite repeated promptings. Whilst our sample does include the views of some individuals, a wider trawl would clearly have been desirable. Nevertheless, the evaluators do not feel that this underrepresentation undermines the validity of the findings, nor does it reflect any unwillingness to respond – rather, it highlights the heavy demand on professionals in these groups, who face considerable pressure from their caseloads day-to-day.

Interviewing the client group posed a number of issues. Firstly, clients can be vulnerable and their experience of interviews may have been traumatic. Secondly, many of the participants will have had their trust in other people undermined because of their experiences. These

issues were tackled in a number of ways. It was important that the initial approach came from Refugee Resource so that they could be reassured. The interviews took place away from the counselling environment. A female researcher carried out all the interviews, as this was felt to be less intimidating to clients. The process was made as transparent to the client as possible, by offering them a hard copy of the typed interview notes (in a sealed envelope) once these were ready to be sure they were happy with how they were being represented. Most of the clients took up this offer.

All clients interviewed were assured that their responses would remain anonymous, so as to allow them to speak more freely. The evaluators agreed it was important to preserve this anonymity of all clients. However the staff and partners were generally happy for their views to be on the record; indeed it was only on rare occasions that respondents stated that they would prefer their names not to be associated with a particular point or view that they had expressed.

All the interviews were conducted in English, with the exception of one client interview which was conducted with an interpreter. The clients' English ranged from those who were very articulate through to fairly basic, and every attempt was made to record their responses clearly: where they had strong views but struggled to convey these, they were given additional time to discuss them and explore the words until they were satisfied. All had experience of one-to-one counselling, and some had been in group therapy (at Refugee Resource and elsewhere). There was a noticeable feeling of gratitude expressed by the clients during the interview process. A number expressed their willingness to be interviewed about the counselling service, to return the good that Refugee Resource had done for them (with some of them refusing to accept travel expenses). In practice, the interviews ran relatively smoothly, with just one client deciding not to participate at the last minute.

A small number of the partner interviews were, due to lack of space, conducted in public locations such as cafes or drop-in centres. Inevitably, background noise and activity was a little distracting and the duration of these interviews was slightly shorter than originally envisaged.

In some interviews, partners suggested that they didn't feel they knew enough about the work of the counselling service to respond adequately, and/or that their perspectives were too out-of-date. As a general rule, however, partners tended to be more able to respond to specific questions than they thought they would be, and most were able to cite relevant cases that they had been involved in. In a few instances, it was harder to disassociate the views expressed about the Counselling Service in particular from the respondent's views of Refugee Resource as a whole. Overall, however, most interviewees proved relatively well informed. And where more impressionistic accounts were given, this reinforced one finding of the report – namely that partner organisations could benefit from regular information about the work of the service.

Interviews always carry the risk of bias and 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.

Structure of the Report

The remainder of the report is structured as follows:

2. ‘The Counselling Service’ examines who uses the service and how it operates in practice

3. ‘Pathways and inter-agency working’ explores referral routes and issues arising

4. ‘Outcomes’ looks at the available statistical outcomes, and the views of clients, staff and partners of the impact of the Counselling Service, and draws comparisons with other interventions

5. ‘Costs’ examines the cost-effectiveness of the Counselling Service

6. ‘Conclusion’

Appendices

2. The Counselling Service

This section examines who uses the service and how it operates in practice. It contains the following sections:

- Profile of the client group
- The counselling model
- The counselling experience for clients
- Welcoming atmosphere
- Support for staff
- Flexibility of the service
- Cultural and gender awareness
- Meeting the needs of young people
- Advocacy role
- Limits to counselling?
- Training/support for other agencies
- Access to other Refugee Resource services

Profile of the client group

Refugee Resource provided some basic statistics about the users of their Counselling Service (see Figure 1 below). These show that during the period January 2009 to November 2011 (the period covered by the evaluation), 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).
- The second largest group were women and men in the 25-60 age range (20% and 19% respectively). 14% of clients were young women under 25.
- Four times as many women as men were seen in the over 60 age group, however the numbers here are very small.
- The majority of clients were from the Middle East (47%), followed by Africa (40%), Eastern Europe (9%) and the Far East (3%).

Over the same period, the 'therapeutic groups' run by the Counselling Service – the Therapeutic Gardening Group, the Young People's Groups, and Women's Therapy Group - saw 38 clients (including five clients who were in 1:1 counselling and also a group during the three years). Of 33 on whom data is available:

- 61% were male and 39% female, with the largest group being young men aged 25 and under (54%).
- The second largest group were women in the 25-60 age range (30%), whereas there were only two male participants aged 25-60 (6%).
- There were no men over 60 and only one woman.
- 58% of participants were from the Middle East, 30% from Africa, and 6% from each of Eastern Europe and the Far East.

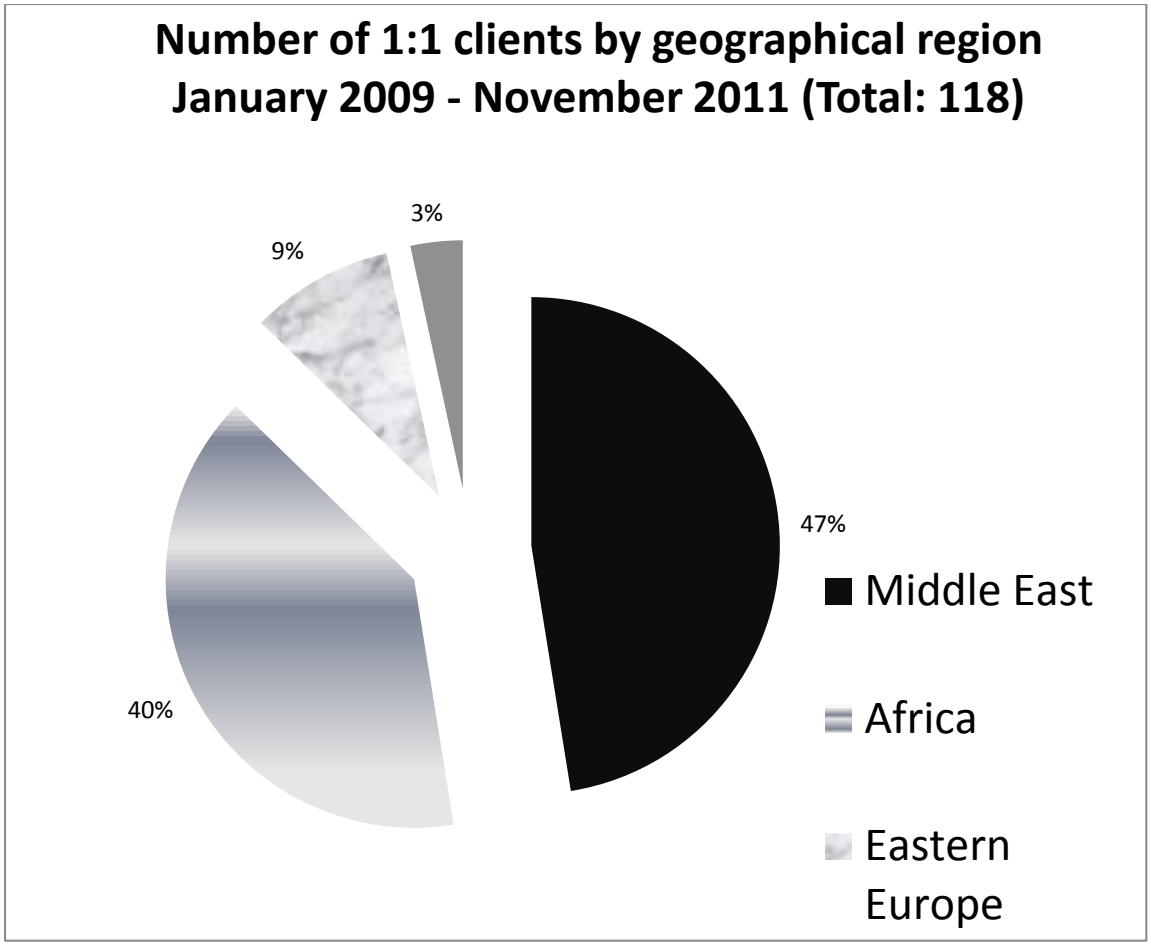


Figure 1

The Counselling Service has not seen significant shifts in the client groups except for a fall in the number of young people referred by social workers to the Counselling Service following the cessation of funding support from Children, Young People and Families. The Service has recently managed to replace part of this funding by securing a small amount of charitable support specifically for counselling work with young people.

Three 'categories' of client were identified within the original evaluation brief provided by the funders of the evaluation:

1) people who are over 50 whose mental health may be vulnerable to triggers and isolation;

2) people who are active and trying to rebuild their lives (in their 20s, 30s and 40s); and

3) younger, more chaotic individuals some living in "mentally unbearable" circumstances (all under 25).

Broadly speaking those counselling clients in the first two groups either have refugee status or are here for many years awaiting a resolution to their asylum claim, and those in the third group are usually asylum seekers, the majority of whom arrived in the UK more recently. These categories were considered during the analysis. The interviewees generally fitted within them, though there were a couple of individuals who did not, for example, a younger person who might be more easily categorised as vulnerable and subject to isolation. On analysis there were few 'trends' which could be identified within these categories, as the issues the clients raised such as the need for privacy, the importance of Refugee Resource as a 'family' appeared to be universal regardless of age, gender, length of time in the UK,

etc. One noticeable trend was that those with children were now more likely to fit within the group who are now trying to rebuild their lives, and able to talk about the ways they were more confident and engaged, for example with study, voluntary work and other activities such as museum visits.

The clients interviewed described a variety of presenting symptoms: many were depressed (one post-natal), suffering sleeplessness, panic attacks, anxiety, nightmares and intrusive thoughts/reliving of traumatic experiences. Four of the clients interviewed, mostly in the first two categories, had been suicidal and several reported severe effects on their capacity to function normally which included not being able to go out, paranoia and severe stress. One was unable to go out because she was afraid of the police. Another was so severely traumatised that she was vomiting, and unable to wash. Clients also spoke more generally about feelings of hopelessness, anger, and lack of confidence. A number recalled extreme loneliness and isolation, particularly those with children or other caring responsibilities. Two of those interviewed were victims of domestic violence, one had suffered the sudden unexpected death of her partner which triggered the need for counselling, and one had experienced post-natal depression, though all described how their status as refugees or asylum seekers had exacerbated their isolation.

The counselling model

The vast majority of clients - around 80-90% - who attend or have attended the Counselling and Psychotherapy Service had been diagnosed with Post Traumatic Stress Disorder (PTSD). PTSD occurs when an event or events have been so overwhelming that they could not be processed by the brain in the normal way; because the responses of 'fight' or 'flight' were impossible at the time, a 'survival mode' is entered, which shuts down normal neurological functioning. PTSD is characterised by a wide range of symptoms, including sleeplessness, lack of trust, intrusive uncontrollable bad memories, nightmares, paranoia and terror, difficulty differentiating between past and present, psychosomatic illness, clinical depression, and psychotic episodes. Some people live with PTSD for years; they may be traumatised in childhood, and the effects can last into adulthood.

The Counselling Service is based on a psycho-social approach to trauma, which emphasises the resilience and resources of clients, and recognises the importance and influence of both individual identity and wider societal factors on their lives. The main features of this model are that it is client-centred, holistic, and can be short, medium, long-term, or episodic, as needed. It is also eclectic, with the work of individual counsellors drawing upon different counselling and psychotherapy orientations (eg. Jungian, psychodynamic, systemic), and rooted in a neuroscientific understanding of the impact of trauma on the brain and nervous system. The approach of Refugee Resource differs, however, from Cognitive Behavioural Therapy (CBT), a shorter term model (widely used in mainstream clinical psychology services in the NHS) that seeks to change how a person feels by changing their patterns of behaviour or habitual reactions and the thoughts underlying these.

Partner and staff interviewees recognised that Refugee Resource's approach is different from other forms of psychological therapy such as CBT. One of Refugee Resource's counsellors explained that clients who go for counselling or psychological therapy who are not asylum seekers or refugees usually present with issues going back to childhood – how they see themselves in the world, how they relate to others – which have developed into eg. depression, anxiety, marriage problems. In contrast, an asylum seeker or refugee who comes for counselling at Refugee Resource will often have had a secure stable start in life, and then later will have experienced various degrees of trauma; some may have had members of their family killed, or they themselves may have suffered torture, and/or they fled their homes to save their lives or to protect those close to them. In addition, *"they are in an*

alien country that treats them badly, they may not know the language, they may not have anywhere to live" (counsellor). As a result, "*living in the present becomes very difficult*" (counsellor). More than one of the counsellors described their clients as existing in a state of 'limbo'. For the counsellor, the challenge is to *"help clients to remain in the present, work with their resources and resilience, encourage them to be less afraid"*.

Trauma ruptures trust in relationships. An essential part of the therapeutic relationship is therefore the building of trust between counsellor and client, so that the client may ultimately learn to trust other people. Although individual clients have varying reactions, in general the process is intended to help clients process their bad memories so that they are no longer so intrusive, and to learn coping strategies to deal with their new lives, so that by the end of the counselling they are more able to cope and manage in the here and now (even if trauma symptoms have not completely disappeared). The importance of forging trust, and the skill with which counsellors and other staff at Refugee Resource do this, was acknowledged by a range of interviewees: *"With asylum seekers/refugees, trust is a huge factor in their willingness to open up."* (Mind advisor)

The importance of the central relationship with their counsellors was a focus for almost all of the clients interviewed, and the trust they had built up was referred to many times. Several clients described their initial reluctance to take part in the counselling, but that they had been won over as a bond of trust developed with the counsellor *"When I came here I met [the counsellor] and it was very, very scary and she helped me a lot. It was difficult. Because it was something like building trust."* For one client, *"[the counsellor] is close to [me] – [I] don't trust anyone except Refugee Resource"*. Another was unable to tell her church community about her experiences - *"How will they take it?" It [is] very very difficult for people to understand"*– but could talk freely to her counsellor.

The counselling experience for clients

Some clients had not known what counselling was before they started as it was not something familiar from their lives previously, with one stating that he had *"read books and watched things on TV about counselling"* as he *"didn't have a clue"* what counselling actually was – *"this guy started talking and [I] wondered how is talking going to make me feel better?"*. Those who did have previous experience of counselling services, such as the Medical Foundation (now Freedom from Torture) gave varying feedback – for one the Medical Foundation had been *"helpful"*, providing psychiatric help and medication, whereas for another there had only been an initial visit where he had felt that language barriers made him feel uncomfortable. The latter compared Refugee Resource favourably, as *"despite their language problems … the barriers weren't there – they were kind and gentle."*

Those interviewed described their experience of counselling in various ways. Some had experienced difficulties during the counselling process – with one client describing it as *"bringing the wounds back"*, and another who had become more depressed during the early stages of her counselling – *"the counsellor knew this would happen"*. For one client, *"The first year [of counselling] was the hardest - I had to talk to someone. Always I don't talk outside with friends about problems and stuff. My friends just say 'I have the same problem! Better to have someone older [to talk to].*"

Two of the clients mentioned office layout as a contributory factor in their experience at Refugee Resource. One had started his counselling whilst Refugee Resource was based at Hooper House, and recalled that *"you had to go through the entire office ... when you're in a vulnerable position you ... wonder "are they looking at me?"* Though this client felt that the new offices were an improvement, another felt that *"the layout of the [current] ... offices could be more private"* and feels *"exposed coming in through the main entrance"*

Welcoming Atmosphere

Clients spoke overwhelmingly about the positive reception they received at Refugee Resource: *"they were very welcoming. They do anything to help you. The welcome and greeting here is so important".* This is a marked difference from other non-refugee organisations some had visited and was therefore valued. Several described Refugee Resource as feeling like a "home", with the staff and other clients (especially the Women's Group) as a family: *"it's about friendship ... we become like a family"*; *"In this house [Refugee Resource] I can find people, I can talk about what I'm going through. And hope and still be optimistic"*. The feeling of 'family' was felt by some to arise from the shared experiences of refugees, aspects of which are similar irrespective of their background or previous journey: *"coming here after all the trouble with the Home Office and you think "oh, that's me".* Clients saw that people of different backgrounds are made welcome and felt that they too could fit in: *"You know that people of different cultures come here ... People of all backgrounds come here and you see them and how Refugee Resource treats them"* and *"different nationalities, colours, backgrounds, religions come together [at Refugee Resource]"* . Some clients talked about respect, whereas *"elsewhere people feel sorry for you"*, and some had also experienced cold or rude behaviour when accessing other services: *"[some organisations] see you as a number – Refugee Resource respect you as a human being".*

These positive views were widely endorsed by the interviews with staff and partners. One of the interpreters specifically praised the service for the welcome it offers: *"Refugee Resource's approach is 'humanistic'. You don't feel that it is very rigid – they have a lot of empathy. It's important to allow the client to talk, and enable the client to feel comfortable, and they do this"..."There is an atmosphere here that oozes friendship. When I was invited (to work here), I didn't feel like an outsider"*. One local service provider suggested that Refugee Resource seemed more accessible and less threatening than mainstream services. One of her long-standing clients liked the peace and quiet at Refugee Resource and indicated that *"they go there to have a space to be in".* A Children, Young People and Families representative described Refugee Resource as being *"in a brilliant location for our young people. Not a clinical setting, nice lobby, good atmosphere"*; by contrast, she didn't think it was easy for the young people she worked with to get to the Child and Adolescent Mental Health Service (CAMHS).

There was also a strong sense in the interviews that, for almost all clients, Refugee Resource itself comes to represent a safe and supportive space for clients: *"clients feel a sense of identity and belonging – this is the main thing they are deprived of"*. This is especially impressive as counselling normally takes place in a small room behind closed doors – and many asylum seekers have been interrogated in such circumstances. There is a risk here that counselling can inadvertently place asylum seekers in the circumstances that scare them most, and counsellors at Refugee Resource are clearly sensitive to this issue.

Support for Staff

The positive views expressed about the atmosphere at Refugee Resource were echoed in comments about all the staff at the organisation (and not only the counsellors). Many partners stated, in various ways, that the staff was highly skilled, fully committed and very professional. One local voluntary worker argued that *"Refugee Resource are a small team, they take what they do seriously, and are very dedicated"*. More than one respondent also noted that the organisation is relatively non-hierarchical in its approach: *"There is a hierarchy but the relationship is a healthy one"* (interpreter). In relation to the Counselling Service in particular, the dedication of the team was widely admired. One local voluntary sector worker

said he had *'terrific respect'* for the counsellors. Another that she values their specialist knowledge and the links they have. A third concurred: '*I really value them – systematic, professional, organised, they understand the client group'*. The supervisor of the counsellors stated that "*Counsellors at Refugee Resource have full commitment to the work they do, they have high motivation, they go beyond their duties"*.

The client interviews revealed that the counsellors were felt to be sensitive and understand the difficulties the clients faced; for some this meant that Refugee Resource helped them where others on their own had failed. For example, the Warneford Hospital had only been able to provide medication, or Restore had provided therapeutic activities (eg. swimming), but not counselling. *"[The counsellor] has been more helpful than any GP or medication"*. For some, their counsellor was the only person to whom they had ever told their full story and for many the only person they could talk to or trust at all. Some said that they had *"no trusted friends"* or *"no family or partner so Refugee Resource are [my] backup"*, and that the counsellors *"come to you like a mother ... to save your life".* Others did have a community, family or friends, though they were unable to share their stories with them – one would *"rather share [his] own life story with these people than [his] own family – they can take everything on board: no one has been closer to me than these guys"*. For another: *"I feel comfortable. I just talk here, not to anyone else. My counsellor knows what I mean and how I feel. I tell them things I don't even tell my girlfriend"*. Some who have finished counselling still keep in contact.

A recurring comment was that at Refugee Resource clients 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"*. One stated *"I am 100% sure that she [the counsellor] understands me completely in the way she's shared my experiences. So many times I saw tears in her eyes."* Another stated: *"When you're so down maybe to kill yourself ... to have bad dreams ... when you come to tell her [the counsellor] that, she just listens to you"*. For another, *"You feel someone accepts you. You've been rejected – they don't believe you at the Home Office. People have the mentality that you came here [the UK] for money. You're already broken inside. But Refugee Resource accept you".*

All the staff at Refugee Resource, including the three counsellors (one of whom is a volunteer), 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. One staff member commented that the fact that the counsellors are overstretched means considerable extra pressure is borne by other staff. Starting work at Refugee Resource is, as one counsellor said, a *'steep learning curve'*, involving both working with a high level of trauma and desperation, whilst also needing to be informed sufficiently about a wide range of other issues (eg. UK asylum law and process, country of origin information). It was evident from the staff interviews that Refugee Resource does acknowledge the importance of adequate support for staff in order to help them process the horrific stories they hear and deal with the pressures they face. All counsellors are supervised twice a month, once individually by a professional external supervisor specialising in refugees and trauma, and once a month meeting with her as a group (she has also offered well-received workshops to other staff, mentors and interpreters). Counsellors also have internal peer supervision and case management meetings monthly. The interpreters also have a six-weekly support group run by two counsellors. Despite this structure, the supervisor argued that ideally more could be done to support staff: *"Counselling at RR is a very demanding job. Ideally they would have more counsellors – and more supervision, and more places for them to express their feelings, more leave days, more 'treats' (for example, the organisation could afford more 'well-being days')".*

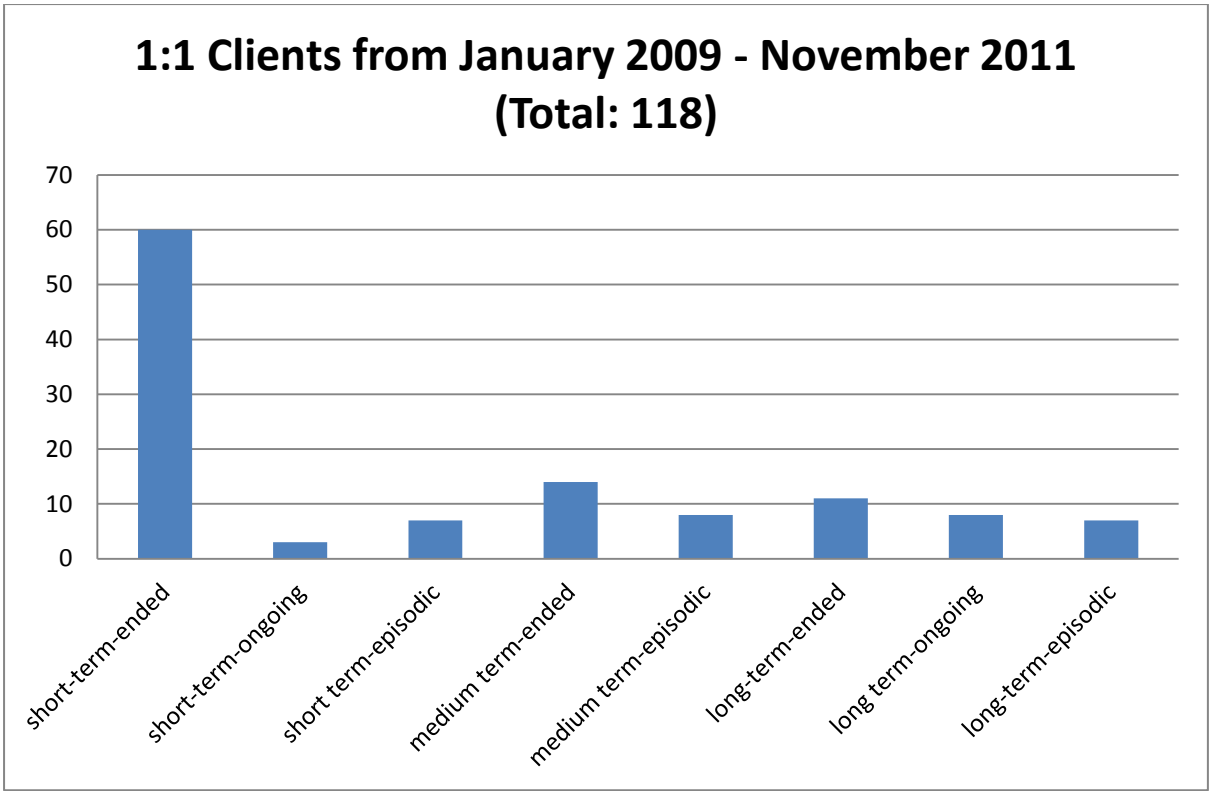
Flexibility of the service

The client interviews reflected the fact that clients were at different stages in their counselling 'journey' and that the service had the built-in flexibility to respond to each person's needs. Some had not had counselling for some time, and felt they were doing well; for example one mother who had counselling 2-3 years ago and is *"fine - the counselling has helped me focus more on life ... [and] I can concentrate on the children"*. Others recognised they had some way to go, with some still needing the support of occasional visits and/or being able to return in the future. For one client, it was hard to share but he is *"nearly there ... [and] ... definitely wants to come back as Refugee Resource keep the door open"*; Refugee Resource enables them to come back – *"you have somewhere to turn to and they always tell you that you can come again".* The flexibility to return was raised as a helpful and reassuring factor by a number of clients, not just those who are agreed 'episodic'.

The flexibility that the Counselling Service demonstrates is widely regarded as one of its prime strengths by partners too. One said that *"Refugee Resource are really flexible...it's not a medical organisation...they've got clear boundaries but are far more human. For example, they ring the day before to remind a young person about an appointment".* Another argued that: *"it is right that they have a flexible model at Refugee Resource – it's an excellent model. 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"*.

The general approach of the counsellors is that following initial assessment they agree to see clients for a 6-10 week period, after which if appropriate they offer clients a contract of regular sessions over a period of between three months and one year. In practice there appears to be considerable variation in frequency of attendance. Examples were given of a client whom one counsellor had seen fairly regularly (ie. weekly/two weekly), and then has had breaks for a couple of months. Another woman had been seen for six weeks, then not for three months – and this has continued for around five years. More often, clients end counselling at an agreed point, but are offered the opportunity to come back for one or two sessions if they have a crisis, and a few take up this opportunity later; for some of those suffering from trauma there can be the potential for long-term disturbance to occur. It is accepted that for some clients, particularly those aged under 18, episodic counselling is important (ie. coming short term when there is a need). Overall, counsellors are careful to avoid any risk of long-term dependency in clients. One said that it was a myth that counselling leads to dependency; instead, it involves *"temporary dependency and through that the client finds inner resources by finding someone who cares and listens, and can come to rely on themselves. The outcome of therapy is that the person becomes independent"*.

The statistics in the table below provide a further interesting insight into the length of contact that clients tend to have with the Counselling Service. A very clear finding is that most of the work is short term, for periods of 6-10 weeks. Moreover, for over 50 per cent of clients seen over the three year period, counselling was completed in this timescale. This stands in contrast to the common perception among partner organisations and referrers that most counselling interventions at Refugee Resource are long-term.



Key: short term- 6 -10 weeks; episodic- attends regularly but not weekly, or in bursts; medium term- 3 months-1 year; long term-1 year plus; ongoing-still being seen. If not stated as ongoing then work has ended.

Table 1

Whilst occasional non-attendance can present some practical difficulties for Refugee Resource (eg. interpreters are paid for their time even if the client doesn't come), it is recognised that the counselling process can at times involve ups and downs rather than linear progress. The attendance of some clients is 'episodic', and for some, what they want is somewhere they can come back to when they need to, rather than a regular commitment. According to the counsellors, clients coming back after a big gap is not a huge extra pressure, and can be accommodated by the team – more often, former clients simply want to come back to say 'hello' and share what they have been doing since. However a difficulty that does arise when a client attends episodically is that the counselling doesn't come to an agreed end, rather they drift away; this can leave work unfinished in a way that is unsatisfactory, both for client and counsellor. Many clients, however, do attend regularly for an agreed length of time.

Cultural and gender awareness

Cultural awareness is essential to a service of this kind – indeed it is one key component that ensures that it 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. One of the counsellors suggested that: *"Underlying cultural awareness is an intelligence and an eagerness to understand and be alongside, wherever the client has come from"*. This awareness suffuses the work of the organisation and the Counselling Service in particular, and the knowledge and background research undertaken by counsellors in order to understand better the cultures of their clients is impressive.

In this task, interpreters play a critical role in helping the counsellors to understand cultural issues. Interpreting cultures can be difficult, particularly in relation to immigration/legal matters, which one described as *'very tough'*. One interpreter gave a linguistic example of a girl from the Congo having described how she went with an 'uncle' to the airport; this did not mean a biological relative, as in that part of Africa any respectable man could be called an 'uncle' (or a woman an 'aunt'). Each of the clients interviewed was asked about any experience with interpreters, and most had none; for those who did, they were complimentary about the service provided by interpreters at Refugee Resource. One had experienced a poor interpreter prior to Refugee Resource but not since, and another who still uses an interpreter was pleased with the one she has as the interpreter lets the client speak English when she can, and is culturally helpful. Partners also mentioned that the availability of on-site interpreters was vital, and that if they weren't there it would probably be necessary to pay for them to come from London. A worker in one local agency said that they used the telephone-based Language Line but this was *'not ideal'*.

Counsellors at Refugee Resource are clear that it is not possible to use a purely Western model of counselling. Psychodynamic counselling, for example, looks at the dynamics in the unconscious self and in relation to other people and counsellors in the West are trained to follow a particular psychological model. Other cultures are however different; for example, Africans in general have a very different understanding of themselves in the family – it is a group culture, rather than an individual one. Similarly, Freud's approach to dreams doesn't apply - clients often come with dreams, but with their own interpretation, based on their own cultural reference points (eg. that a dream might represent a curse).

Some clients recognised that the counsellors had been sensitive to and able to adapt for 'cultural' differences as this could be a difficult area for clients: for one coming to the UK from another culture is *"another trauma"*. One client had difficulties dealing with a female counsellor at first, and *"didn't want to talk about personal things - in [my] culture, men aren't allowed to show feelings, especially to a woman"*. However, with *"patience, friendliness, kindness [there was] the safety to trust them. With her help, I managed to cross that line."* This client went on to describe how the counsellor knew he couldn't disclose, and was *"skilful and attentive"* to his feelings and body language, and that *"it took a lot of patience to deal with a non-native speaker; things like describing feelings were hard: culture/gender/language were all barriers, but with her help [I] came across unhealthy feelings"*. A victim of domestic violence also felt her cultural concerns had been dealt with sensitively: *"The culture is different in [my home country] and I started to feel guilty about calling the police [about her abusive partner], and worry about going to court. [The counsellor] explained that [I have] rights and that [I] didn't do the wrong thing involving the police"*.

Gender was also relevant for another client who had requested a male counsellor to help her address some of her issues around men, and felt that this had been successful. At the current time, however, the counselling team is all female. Refugee Resource lost funding for a youth counsellor post from Children, Young People and Families which meant that it could not replace a counsellor, who was male, when he left in summer 2010. It was suggested by one of the counsellors that it would be useful to have a male counsellor again: *"A lot of people have been damaged by men. If they could learn to trust men when here, it could be good".* She suggested, in addition that a male counsellor could run a men's group as well, which could focus not only on trauma, but also issues like what it means to be a man, culture, fatherhood, and so on. Ideally also, there could be some kind of social group for men.

Issues around time are also critical. Different cultural norms around time and time-keeping (ie. 'see you at 10 o'clock' is not understood the same way in all societies), together with the chaotic lives that some clients live in the UK, largely for reasons beyond their individual

control, can mean that they struggle to attend appointments, or may be late. One interviewee highlighted the need for a sensitive response here: *"Many asylum seekers and refugees are not familiar with arriving on time, and that this is important. Counsellors need to be sensitive to this and not think that an asylum seeker is rejecting counselling or acting out. It can be three or four times before (a) person is brave enough to attend"*. Combined with this sensitivity, Refugee Resource also believes that it is important that their clients learn to attend appointments on time as this will help them in their relationships with other organisations and individuals in our society.

Meeting the needs of young people

The evidence from the interviews suggests that the Counselling Service is generally very successful at engaging and supporting two of the 'profiles' identified earlier in this report: people who are over 50 whose mental health may be vulnerable to triggers and isolation; and people who are active and trying to rebuild their lives (in their 20s, 30s and 40s). However it appeared to some that it had become harder for the service to reach young people (and young men in particular), especially those leading more chaotic lives.

This reflects a range of factors. Partner organisations working with young asylum seekers suggested that most of their work now is with boys/young men who are unaccompanied (and primarily from Afghanistan and some parts of Africa, and Kurds from Iraq and Iran). There are very few unaccompanied young women arriving in Oxford, as most of them come with families.

A Children, Young People and Families representative argued that although the numbers of young people were not dropping, the needs of the cohort were higher and more complex. This appeared to reflect the fact that it was harder to enter the UK now and the journeys were more traumatic and more expensive, and that therefore young people from richer families were coming - with higher, and usually unrealistic, expectations: *"These are not kids on the street with nothing to lose (like the Albanians previously). This client group from Iraq/Iran/Afghanistan is less resilient than young people from poorer backgrounds".* In this person's view, the recent arrivals are apparently more educated, and potentially more accepting of the idea of counselling, yet paradoxically few take up the opportunity.

Another factor for Refugee Resource Counselling Service is the ending in July 2010 of a significant grant from Children Young People and Families to Refugee Resource for counselling 12-17 year old asylum seekers and refugees in the county. Underlying this decision is some uncertainty in Children Young People and Families (and to some extent mirrored by other partner organisations) as to whether one-to-one counselling is effective with this group (issues of cost are also relevant and are addressed later in the report). One partner argued that for young people: *"A big prerequisite is for them to be in a safe space, but these young people aren't in a safe space – it's very difficult to counsel in these circumstances"*. In her view, young people usually want something 'fixed' - and a different kind of counselling may perhaps be needed, based more around practical skills.

Refugee Resource is not however unaware of the particular needs of young people and that they may respond to counselling differently from older asylum seekers and refugees. As one counsellor, with considerable experience of working with young people, said: *"They don't always want in-depth counselling, but someone who is there if needed – someone who knows their story, with whom they have a relationship, then they can get on with school etc*." She cited the example of a young woman who has grown up, become a student at Oxford Brookes University, and came back to tell the counsellor as the latter has clearly become an important figure in the young woman's life. In Refugee Resource's experience, there are other examples of successful in-depth psychotherapeutic work with young people so it is difficult to generalise.

The supervisor for the counsellors highlighted the importance of efforts to reach young men in particular: *"Young asylum seekers and refugees – mostly young men – are often very angry and very frustrated, very wounded, they feel they have no future. They are at a crucial point, and some counselling and support will determine whether they are law abiding or criminal"*. One counsellor highlighted, however, the difficulties in engaging young men in counselling: *"They suffer PTSD, don't sleep, can't focus on schoolwork, get panic attacks. What they really need to do is work intensively on the PTSD, but when they get close to talking they will get anxious and won't want to stay"*. Yet underneath the macho exterior – the need to maintain a front, to avoid admitting vulnerability, to be independent – she suggested*: "they are still quite young children and miss the structure, whether of parents or the mosque – this can be hard to deal with".*

No unified view emerged from the staff and partner interviews as to how best to meet the needs of young men. The Children's Society (who among other things, work with child asylum seekers in schools), set up a project, which is piloting a therapeutic art group for 15-18 year olds not in school. This has involved joint work between their art therapist and a Refugee Resource counsellor in co-running this group. One of the counsellors involved believes the group is good, but one-to-one would be better. The outcomes will be assessed after its completion in December this year.

However one local service provider was more critical, suggesting that the art group had been set up without consultation, and was not really what was needed. He argued instead that what was missing for the young men his service encountered was engagement from established mentors and elders from the same cultural background: *"They don't have people to teach cooking from their own culture, or give them tips on assimilation, or help them to get along"*. What he proposed was a male-led lifeskills group, preferably led by men from the different communities (the group would need to be male led as some groups [eg. Afghan boys] wouldn't expect it to be female led). Although this proposal appears to fall more in the area of mentoring than counselling, and it is unclear at this time how it could be practically set up and funded, there appears to be merit in exploring the possibility further.

Advocacy role

One unusual feature of the counsellor role at Refugee Resource is that at times they also play a role as advocates for their clients. Clients spoke of additional support which, to them, was bound up with the counselling they received, including advocacy support in dealing with the Home Office, solicitors, etc . Assistance in understanding the issues around their status was also cited has helpful, as for some this was highlighted as a particular cause of distress, as was the asylum process which one client described as "*like torture – like banging your head"*. Other professionals also find this advocacy complements their work. One solicitor described the combination of counselling and advocacy as useful. Another stated that Refugee Resource are *"very supportive – and very prompt to respond, which is really useful"; they are very sympathetic to clients, and very willing to do things like write letters (and used to being asked)"*. A voluntary sector worker added that contact with Refugee Resource staff was also incredibly useful when appealing decisions on benefits, providing supporting evidence backed by understanding of the client's background.

The combined role is, however, not an easy balance. As a psychiatrist put it: *"There are differences between being a counsellor and being an advocate. There are boundaries to the professional counsellor role, but at the same time they sometimes have to speak on behalf of the client"*. The counsellors themselves tended to describe this element of their work as part of the 'therapeutic relationship'. One cited an example of a client on whose behalf she had rung the housing office; he then got a letter back within a fortnight. She concluded that: *"The practical is so important – if you didn't do that, it would be hard to have a [therapeutic]*

relationship". 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.

Whilst advocacy intervention can be very appropriate in certain cases, there was a sense too that it was important for counsellors not to get drawn too far into this kind of activity and Refugee Resource counsellors are very aware of this. One interviewee stated that their job was sometimes to tell the client (or counsellor, on their behalf) that there was 'nothing more we can do', and that other organisations often struggled to accept this.

It is understandable that clients will often want counsellors to undertake advocacy in relation to their case, as they are people with whom they have developed a bond and a significant degree of trust. Ultimately, though, it seems important that the counsellors remain as focussed as possible on their role as one-to-one therapists. Acknowledging this, Refugee Resource has developed a weekly advice and advocacy drop-in service, and also hosts a monthly benefits advice clinic run by Mind, both of which are widely used and appear to relieve some of the pressure. The mentoring service can also help to a degree with some basic tasks.

Various interviewees, including several counsellors, said that, in addition, it would be extremely helpful to have a volunteer advocate to pick up some of this work. In the past, Refugee Resource did have five hours' paid advocacy work as part of another post which made a substantial difference to the work of counsellors and other frontline staff; the organisation subsequently tried to fundraise for paid advocacy work (which has not historically been part of its organisational remit), but has not yet been successful in this. It was also suggested that in the past volunteers from Asylum Welcome had often been able to play this role, however it was felt that more recently this support had become slightly more uncertain, with some clients also stating that Asylum Welcome had been less able to help because of funding cuts.

Limits to counselling?

Although the overwhelming majority of clients and partners who were interviewed about the Counselling Service were extremely positive about what it offers to clients, there were nevertheless some questions raised about the limits to what can be achieved through individual counselling.

One interviewee suggested that there were some risks in imposing a Western counselling model which encourages people to go back and explore their distress – and that underlying this there is an assumption, not often made explicit, that 'catharsis is how we heal'. In his view, this is *'sometimes true for asylum seekers, but sometimes they have had such distressing experiences that the decision not to go back (*ie. revisit past issues in counselling) *is a healthy one. For some people, to go back is not helpful'*. Moreover, as he saw it, the problem in offering counselling as the prime source of intervention – especially for asylum seekers and to a lesser extent refugees – was that for most asylum seekers, *'healing distress is a long way down the priority list'*. He stated that: *'Of all things that can be offered, counselling is one of the many possible tools. I'm not convinced it's the best, but I'm glad it's in the toolbag'.*

Refugee Resource would agree that counselling is only one tool within a broader service offer and that asylum seekers and refugees benefit from counselling at different times. However, they would not describe their approach as based on a 'catharsis-type model'. For more recently arrived asylum seekers with severe PTSD symptoms, the therapeutic approach focuses on stabilisation and coping strategies. For refugees who are more settled and secure, the approach may well be more focused on processing traumatic memories in a safe way.

The same interviewee argued that other issues such as getting housed and obtaining permission to stay were more critical than counselling. Whilst he applauded the fact that the counsellors did do some advocacy work, he argued that what asylum seekers and refugees really needed was decent rights – and that there was insufficient focus on campaigning for change, both locally and nationally.

The evaluators take the view that there is a need for both organisations like Refugee Resource and for campaigning organisations to co-exist, and that they should play complementary roles and avoid duplication as far as possible. In this important area of influencing policy, Refugee Resource rightly sees its role more as informing the advocacy of national campaigning organisations who are more in a position to influence government policy (e.g. The Independent Asylum Commission, Refugee Council, Amnesty International), by providing local information and case studies gained from service delivery.

Training/support for other agencies

Over the period from Jan 2009 - Dec 2011, Refugee Resource's Counselling Service delivered 12 training courses on the psychosocial needs of refugees and asylum seekers. The trainings reached approximately 490 people over this period (95 in 2009[3], 100 in 2010[4], and 295 in 2011[5]), including psychiatrists and psychiatric staff, trainee GPs, psychologists, social workers and health visitors, secondary school teachers and voluntary sector workers. Refugee Resource generally responds to individual requests for training, but sometimes it offers training and later this opportunity is taken up by organisations. Organisations the Service has delivered training to include Oxford Health (formerly Oxfordshire and Buckinghamshire Mental Healthcare NHS Trust), Oxford University, and Oxford Cooperative Training Scheme.

Feedback from training participants' evaluation forms suggests that the training delivered is consistently of a high standard. The majority of the forms reviewed regularly rate the training as 'excellent' or 'very good' (or in the higher ranges of a 0-10 scale, where 10 is the top rank). This is endorsed by comments from participants. There was widespread praise for the training leaders/facilitators – a course director stated, for example, that *'trainees felt this presentation was important, informative and interesting, and given by a very knowledgeable presenter'*. The content was also felt to be very relevant *('well thought-out appropriate content'*) and to provide a useful social perspective *('An excellent overview of an unknown area of medicine presented in a dynamic and interesting way'*) and a focus on the

[3] Two trainings to 25 trainee psychologists at the Warneford Hospital, and around 25 psychiatrists and psychiatric staff at Littlemore Hospital; a one-day training to 15 participants at Oxford Co-operative Training Scheme; and a presentation to an Ethical Careers Panel of around 30 participants at Oxford University.

[4] One training to around 50 trainee social workers and trainee health visitors at the Isis Education Centre; a training to 20 trainee GPs at the Horton General Hospital in Banbury; and a training to the Oxford Doctoral Course in Clinical Psychology attended by around 30 participants.

[5] One training to around 150 people representing providers of support and health care services to refugees and asylum seekers from Oxfordshire and Buckinghamshire; a training to 20 Horton General trainee GPs; a training to the Isis Education Centre to around 40 participants; a training to 75 teachers and support workers at St Gregory the Great secondary school; and a workshop at the Stroud Trauma Symposium to 10 psychotherapists.

experiences of refugees and asylum seekers. Several participants highlighted ways in which the training would be useful to them in their working lives; GP respondents stated, for example: *'Really good to acknowledge this area, it is not incorporated into our training well enough even though it is really important...Good to discuss techniques to use.'; 'really good to have some teaching on how to help ourselves in what can be a very difficult job'; 'very useful topic to talk about and helpful tips to be aware of'*.

Whilst the feedback was in general overwhelmingly positive, there were however a few comments to the effect that training sessions involved quite a lot of listening and could be more interactive *('need opportunities to discuss activities or do them in a group'; 'can be difficult to maintain attention when you are sitting and listening after a busy day'*). The course director mentioned above said that '*trainees suggested a little more participation to help them apply this to practice. Maybe an exercise/case example/video clip or groups discussion would be good.*' Although there may be some adjustments that can be made to trainings to respond to these comments, it is important to note that sessions for busy professionals are often limited in terms of time, and that this can mean that the space for more interactive elements is inevitably somewhat restricted.

Although the trainings that have been undertaken by the Counselling Service are clearly very valuable, the level of need among professionals for work of this kind remains high. 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 (and other vulnerable groups). 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. One solicitor stated, for example, that there was no individual support or supervision for them around professional boundaries in asylum and refugee cases. In the view of the counsellors' supervisor, there is a lot of ignorance about 'secondary traumatisation'. What happens in practice is that professionals: *"have to toughen up and cut themselves off so they are not receiving the impact – need to close selves down but then they don't see the person and what they're going through"*. She argued that ongoing supervision would be both *"helpful and necessary"*. Although the provision of ongoing expert supervision is primarily a matter for the organisations involved, one way that the Counselling Service could contribute to the development of work of mainstream services would be by continuing to offer regular workshops on relevant topics such as professional boundaries. Refugee Resource has worked closely in this area with mainstream organisations in the past but has more recently found that funding and time pressures make it more difficult for organisations to release staff to attend such sessions.

Access to other Refugee Resource services

A further strength highlighted by clients was the additional support Refugee Resource offers them, beyond 1:1 counselling. The other formal services are:

- *Therapeutic Allotment* G*roup, Young People's Groups and Women's Therapy Group* where groups are run to help clients share experiences in a safe and confidential setting with therapists and one another.
- *The Employment Service*, for those clients with permission to work. This offers help with jobsearch, application forms, CVs, job interview practice, advice on training for work, and getting an unpaid work placement with a local employer to get work experience and work references.
- *The Mentoring Service*, through which volunteer mentors befriend clients and provide practical support (eg. getting registered with doctor, needing a letter, improving English). The service has trained 29 additional mentors over the last 3 years, and supported 77 asylum seekers and refugees during this time.

- *The Women's Group* has been running for six years, providing a safe space for women to come together without men; it meets every Wednesday for two and a half hours with an average attendance of 15-25 women. Most groups involve sharing experiences, training sessions (eg. First Aid, Health and Safety, sessions delivered by the Health service on healthy eating on a low budget or by neighbourhood police on feeling safe in the community), and leisure activities (eg. massage, dance, swimming, outings and holidays).

The interviews elicited a range of positive comments about these services. For example, several clients said the practical support provided by the Employment Service was helpful; one particular example was that a second-hand computer was provided for a single mother to complete college work. The Mentoring Service was praised in the partner and referrer interviews on the basis that it helped to fill a gap - some asylum seekers and refugees need ongoing support after counselling, some employment service clients need more support than this latter service can provide. One professional stated that: *"Many asylum seekers want a friend working alongside them"*. He argued that the mentoring service works incredibly well and that there is an equality at the heart of mentoring relationships that is very beneficial. The Women's Group is also well-attended and successful, to the extent that group members often get together outside the framework of Refugee Resource (eg. cooking and eating together). In addition, some clients also spoke about the hardship support they'd received, such as food, or money for prescriptions and travel to the hospital or appointments relating to their asylum claims.

Importantly, the Counselling Service provides support to other services where it can. For example, the counsellors have come to the training sessions run by the counselling supervisor for mentors and for interpreters and talked about trauma and how it affects personal and professional boundaries, and counsellors have also provided in-house trainings to interpreters and mentors on mental health issues, trauma, and self-care.

Whilst individual services and support are therefore well regarded, what was particularly noteworthy in the interviews was the endorsement for this combination of services being provided under the same roof. 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"*. A campaigner argued that if Refugee Resource did not exist *"you would struggle with helping refugees into employment and offering counselling together. Refugee Resource looks onwards and outwards"*. A counsellor stated that it was *"Great that we've got an allotment group and a women's group, and that all these services are together"*.

The availability of these services provides a range of options to the client. In addition there is the possibility of 'transiting' from one service to another in a way that matches the needs of the client as they change over time. So for instance a client can access mentoring following counselling, or vice versa (and in practice it's about half/half in terms of which way clients go). The Women's Group also gets referrals from counselling and from mentoring. Whilst the links between the services are strong, each retains its particular function and identity.

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**. The Counselling Service should continue to share its expertise in this area with other providers.

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.** Workshops play an important part in sustaining the organisation, allowing attenders to develop their knowledge and process their experiences at Refugee Resource.
4. **Consideration should be given to finding ways to overcome the challenges of recruiting a male counsellor (whether paid or voluntary) to the Service**. A male counsellor would bring more balance to the counselling team as the service has had in the past, and would mean that clients were able to exercise some choice over whether they wanted to see a male or female counsellor. He could also potentially run a men's group, looking at issues of masculinity, fatherhood, men's violence, caring, and so on.
5. **The Counselling Service should explore with other agencies the development of an effective response to young people (and young men in particular).** One proposal was a male-led lifeskills group, potentially led by mentors and elders from the same cultural background. It is unclear at this stage who could best provide this service, and how. Alternatively, or in addition, it might be useful to target the next training for mentors specifically on work with young people.
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.** Advocacy on behalf of clients is an important and successful element of the service provided by Refugee Resource, and can be part of building a therapeutic relationship. Counsellors are aware that they should avoid getting drawn too far into advocacy activity. Nevertheless it is acknowledged that, in the absence of a reliable 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.
7. **The Counselling Service should continue to offer training courses and workshops for partners and referrers on issues relevant to their work, such as the establishment and maintenance of professional boundaries. Potentially this could be part of a series of short-term training workshops, each led by a different organisation and focussing on their specialism.** Feedback from trainings run by the Counselling Service has indicated a preference for more interactive training which suggests a need for longer sessions than those regularly requested.
8. **The Counselling Service should take the lead internally in organising 'case conference' type meetings which have been successful in sharing information and service approaches in relation to clients whilst respecting the boundaries of confidentiality issues in counselling**.

3. Pathways and inter-agency working

This section explores referral routes and issues in inter-agency working. It contains the following sections:

- Referral pathways
- Issues in inter-agency work
  a) Refugee Resource as gateway to other services
  b) Confidentiality and risk
  c) Duplication of roles?
  d) Inter-agency discussion

Referral pathways

Clients reported that they had been referred to or found Refugee Resource through a wide range of routes. Though many had been referred by their GP, some had also been referred by Children, Young People and Families, with other sources including 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. One client had been sent to Refugee Resource because Freedom from Torture (formerly the Medical Foundation) recommended this to her GP.

This indication that there is a wide variety of referral pathways is borne out in the perceptions of staff and partners in their interviews and by Refugee Resource's referral data. It is hard, however, to identify evidence of changing pathways over time. Whilst some individual GPs have referred frequently, lots of GP practices never refer. This in part reflects the locations where asylum seekers and refugees live but may not be the full picture. Lawyers refer often and work with Refugee Resource continuously. Other local agencies – including in particular Key2 (a specialist, independent housing and support company working with young people) and the Elmore team (who work with people over age 16 with complex and multiple needs) – also refer, and the Warneford Hospital is aware of Refugee Resource because of joint work, and occasional referrals. The Oxford Cognitive Therapy Centre has also referred one client. Sometimes the Children's Society (who work with asylum seekers and refugees in schools in Oxford) refer, either because a young person doesn't want to go to counselling in school or because they have left school but would still benefit from therapy. Some referrals to the Counselling Service are 'internal', with clients' first contact being through other services provided by Refugee Resource (e.g. women's group, mentoring, employment service).

The most significant change in referral pathways 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 funding by Children, Young People and Families for the Counselling Service (we return to this issue below). Another reason why fewer young people have been referred recently is as a result of the closure of the 'Bridging Project', which supported students at the local further education college. One GP also suggested that the number of new asylum seekers seemed to be reducing and said that he could not remember the last time he made a new referral to Refugee Resource.

The actual process of referral was felt by interviewees to be relatively easy, however there are nevertheless a range of reasons why referrals do not happen. Most obviously, there are still some agencies who do not know about the service – for example, Oxford Rape Crisis Centre were apparently unaware of Refugee Resource until recently. Sometimes information about the service 'gets stuck'; for example, it may not reach any or all the GPs in a practice,

or (as in one case mentioned) new ways of working may mean that the information needs to go to all members of a team, whereas previously one key contact would suffice. Staff turnover in other agencies also makes it difficult to maintain awareness. In one case, a local agency worker said that, after Children, Young People and Families ended their grant, there was some confusion about whether the Counselling Service still accepted young people and he hadn't therefore referred anyone for some time.

Whereas some respondents did refer to other Refugee Resource services, they were uncertain about referring directly to the Counselling Service. One local voluntary sector worker said he was *"not sure who the Counselling Service wanted"*. He also struggled to describe what is meant by 'counselling' to clients and was not sure he was explaining it in the best way, given the cultural lack of familiarity with counselling among clients. A solicitor who referred occasionally to the Employment Service said they didn't refer to the Counselling Service as they didn't know if they could *('not appropriate for me to make that judgment')*. Nor did they feel they knew enough detail about what the Counselling Service does, and also doubted that colleagues did either. For example, they didn't know that the Service would refer a client on to a psychiatrist if they showed signs of psychosis. As a result they would tend to say to an asylum seeker or refugee that they should talk to their GP in the first instance, reinforcing the importance of the GP pathway.

A significant uncertainty about referrals was around waiting lists for the Counselling Service. A consistent comment among clients was the length of the waiting list: one client is *"desperate to start counselling again, but there isn't a place"*. In practice, the waiting list does go up and down; for the actual counselling, clients have to wait, sometimes for 1-3 months. Refugee Resource staff said they did not feel this was excessive compared to other services and 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 have a number of mechanisms in place to reduce the pressure on the Counselling Service, and therefore waiting times for counselling. For instance, it is possible to join the Women's Group at any time, and the regular advocacy drop-in provided by the Counselling Service has proven very successful. Orientation sessions have been provided for young people, explaining the local services available. There are also regular meetings to look at referrals. One interviewee suggested: *"they always find strategies to make sure the waiting list is not excessive"*. He noted, however, that waiting times partly depend on financial constraints.

Lack of funding, and in particular the ending of the Children, Young People and Families grant to the Counselling Service, appears to have had a destabilising influence on referral patterns – especially in relation to young people. One partner stated that: *"Referral worked well when I knew there was a clear referral path and block grant"*. For example, they knew that a gap was coming up in six weeks' time, whereas now they are not sure whether a referral will be accepted.

In the staff and partner interviews, 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 (CAMHS). For example, a young Afghan presented to a social worker with significant emotional needs. The social worker decided to *"follow the CAMHS route"* and a GP referred him. Eventually they were assessed by a CAMHS worker, who sent them to another CAMHS team...but the latter said they should be referred to Refugee Resource as they had the expertise and knowledge. By the time the service was provided, the young person had moved to London.

A knock on impact of uncertainty like this appears to be that a 'twin track' approach has developed, with the same client sometimes being referred to both Refugee Resource and CAMHS simultaneously. One recent case was causing tension between various agencies. A Refugee Resource counsellor described her experience as follows: *"Key2 referred to us, looking to us to call in the client for assessment, then Children, Young People and Families called saying they wanted to refer the client to CAMHS and asked us not to assess the client. Key2 then rang asking why we had not offered an assessment. For Refugee Resource, there was pressure to see him from Key2 and pressure not to see him from Children, Young People and Families!"*

In part, decisions to refer to CAMHS reflect a duty to do so in serious cases, but there also seemed to be lack of clarity about the respective roles of Refugee Resource and CAMHS. One local agency worker said his impression was that CAMHS were not necessarily providing counselling – they had a duty to provide to suicidal youth, but they might be providing assessment, medication, or onward referral, rather than counselling. He had attended a number of case assessments and reviews, and usually the main options were medication or inpatient treatment. Unfortunately, although it was not possible to interview a CAMHS representative for the evaluation, it seems essential that there should be more discussion and agreement between the main stakeholders over their roles and referral pathways for young people. Refugee Resource staff stated that, whilst a lot of work was done to improve these links and referral pathways for young people were agreed and documented two years ago, it has been more difficult since funding for Children, Young People and Families referrals ceased. Part of any discussion now should focus on payment for places at Refugee Resource; without this it is uncertain whether Refugee Resource will be able to accept referrals of young people in the longer term. This is disappointing, given the high level of need among this group and the willingness of other stakeholders to refer.

Issues in inter-agency working

a) Refugee Resource as gateway to other services

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"*.

It is however relevant to consider if and how Refugee Resource acts as a gateway to other services (although it is hard to disentangle the particular contribution of the Counselling Service to this). Whilst it is acknowledged that the organisation provides a range of services 'in-house' and that this is an undoubted strength, in some circumstances it is useful or even essential for clients to engage with other mainstream service providers with particular expertise beyond that at Refugee Resource. Indeed, Refugee Resource see the organisation's services as inextricably linked with mainstream services and other voluntary sector providers. This already happens on a regular basis with legal representatives such as solicitors, or with GPs in relation to particular health issues. Often Refugee Resource will, including with the help of mentors, ensure that clients are able to make contacts with solicitors, register with a GP, and so on. Referral by Refugee Resource to specialist help with benefits claims and housing issues was also a priority for a number of clients.

One particularly noteworthy example is the partnership between Refugee Resource and Mind through the 'Better Benefits for Mental Health' project, whereby an external advisor

provides a monthly benefits session (one afternoon) at Refugee Resource through individual bookings.

There are clear advantages to this system and it also seeks to forge the link with outside agencies. As the advisor explained:

"When clients meet Mind at Refugee Resource they are meeting where clients feel safe – we are able to discuss issues in depth and far quicker...We try to maintain that structure and know where to go. For example, we may have resolved the first issue, then we ask to try and meet the client outside Refugee Resource – and hope that they eventually move on to general services...

"The [Benefits] Service works on guided self-help. Ideally we want people to move away from our service. For some, that's never going to happen – we try to get around that by not taking authority over clients' benefits. The more information they have, the more they will do themselves. Clients have to make a commitment...

"The aim is to keep them away from crisis. We don't chase them if they miss appointments – but we don't refer back to this if they do. We don't mollycoddle them, they have to do things for themselves (eg. 'Why don't I sit beside you while you make the call?')".

Importantly, Mind very rarely meet asylum seekers and refugees through routes other than Refugee Resource (and Asylum Welcome to a lesser extent).

b) Confidentiality and risk

Whilst this is the most obvious example of joint working, with an outside agency having an actual presence 'on site', Refugee Resource also has close links with several other local organisations working with asylum seekers and refugees and other target groups in the wider population. The interviews with partners provided several specific cases involving effective co-working (e.g. with individual solicitors and GPs, the Elmore Team, and Key 2).

Having said this, it is important to address some of the difficult issues that can arise in inter-agency work. The following example illustrates this. One long term client was getting practical support from a local community organisation and counselling from Refugee Resource for a couple of years. Some evidence of new mental illness emerged and got worse; as he was happy for information to be shared between agencies, it was possible to compare notes and advocate for him to see a psychiatrist. Whilst there was agreement between agencies around what should be done in relation to this, there was a specific incident where there was a divergence in perceptions of risk between the counsellor and the local agency worker about the limits to confidentiality in counselling. The local agency worker requested information about what had been divulged in counselling sessions, which counsellors would have been in breach of their profession's code of ethics and the organisation's confidentiality policy by disclosing.

A related issue is that of voluntary and statutory responsibility in relation to risk. Of course it must be acknowledged that risk is something that professionals need to face all the time. A GP said *"We could all stop doing stuff because we're frightened, but someone's got to stick their neck on the line".* Nevertheless it is essential that organisations and their staff are clear about their responsibilities and procedures. A social worker stated her view that *"there is a high level of risk in the process at the moment".* She was worried that if a case were to 'go wrong' she would struggle at a serious case review to justify the referral pathways involved. There was also concern about 'thresholds', as Refugee Resource is not permitted to provide medication. The social worker felt that if ever there was a serious case review and a young

person hadn't been referred to CAMHS first, then it would be questionable. Ultimately she worried that if she referred to Refugee Resource, *"accountability would fall back on me"*. She said she was uncertain where Refugee Resource place themselves within this context, and more specifically, what responsibility they take on for anyone who may kill someone, in comparison to a statutory mental health team.

In practice, Refugee Resource have taken considerable steps to address these issues. Counsellors are legally obliged to inform a GP if a client is at risk of harming themselves or another person, and in practice Refugee Resource regularly raises the alarm when a client is seen to be at immediate risk of suicide. The Service also informs GPs that they have started counselling with their patient, and works jointly with statutory mental health services on cases. They have eligibility criteria for the Service, and a Safeguarding Children and Vulnerable Adults policy that outlines the procedures to be followed if a client (young person or vulnerable adult) is identified to be at risk and have appropriate guidelines and protection in place.

A cornerstone of the counselling provided by Refugee Resource is confidentiality. This is certainly valued by clients; in their interviews, a number said it was important to them to not only talk to someone who believed their story, but who also could be trusted to keep it a secret. The only negative feedback on this aspect of Refugee Resource's work was a client who felt that the counsellors discussed her case with one another (within Refugee Resource), and that this might compromise her privacy as *"Oxford is small"*. Both the younger clients interviewed emphasised the value of privacy and confidentiality, with one saying *"You are sure everything you say is confidential. I think that's the most important to me"*.

In practice, 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 it has occasionally caused some tensions with other organisations, particularly Children, Young People and Families. Ultimately, there is widespread support for the notion that risk from or to the client trumps everything else, and that there are limits to privacy around harm. This will still involve careful judgments, for instance about the difference between perceived risk and real risk.

c) Duplication of roles?

Given that various partner organisations said that they offered practical help to asylum seekers and refugees in Oxfordshire, it is legitimate to ask whether there is duplication in the system. Several clients had, for instance, visited Asylum Welcome, and generally there appeared to be some overlap between them and Refugee Resource, in relation to trips and activities, application forms for medication and also help with housing problems and money for food (which, for Refugee Resource, is up to a maximum of £50 to cover hardship needs). Similarly, the Elmore Team will go to doctors and solicitors with people who have complex needs and are eligible for their service, and aim to get them 'plugged in'. Mentors at Refugee Resource (and, extremely occasionally, counsellors) seem to be playing a similar role, although often with clients who do not fall within the remit of Elmore. In fact, several organisations claimed that they did this kind of practical work, and that others either didn't do it or did much less of it. Yet in reality, it appeared that most did some element of it. Despite this there are still huge gaps in provision to meet practical needs.

Ideally, in a climate of scarce resources, duplication would be avoided as far as possible. Yet in practice, as one worker put it, there may be value in re-examining a case; the issues are often highly complex and may benefit from being approached from more than one perspective. Moreover, the urgent needs and vulnerabilities of the client group suggest that it

is sometimes hard to avoid some overlap. Frequently, the client needs help immediately, and onward referral is not a viable option, particularly given the importance of trust and the difficulties asylum seekers and refugees may face in finding and accessing different organisations. As one local voluntary worker put it: *"We help as much as we can, but make clear that we are not qualified to provide legal advice and what the limitations are. We suggest where the asylum seeker needs to go, but if they don't want to, then we do try and help"*. Having said this, there may be occasions where needs are not urgent, and the client is more settled and able to cope; for these circumstances, it would be helpful to have more up to date discussion and agreement about the capacities and specialisms of different organisations as partners have done regularly over the years.

d) Inter-agency discussion

Occasionally, there are inter-agency case conferences about a particular person. One of the counsellors said that these can be incredibly useful. Case conferences of this kind can also mean that professionals *"become a little bit more connected".*

More formal multi-agency meetings also take place, but in relation to the needs of adolescents rather than the asylum seeker and refugee population as a whole. Opinions varied as to the value of these meetings. According to some interviewees, the meetings used to be more focussed primarily on the needs of practitioners, and were, as a result, very helpful. More recently, they had been run by Children, Young People and Families and had been increasingly attended by senior managers, giving the meetings a different focus and flavour.

Several interviewees argued that there needs to be a broader multi-agency forum to address all the issues facing refugees and asylum seekers. This has happened in the past, and was managed by Oxfordshire Social Services (at the time they had responsibility for asylum seekers). The forum would meet once every quarter, but now these meetings do not take place. A common view was that it would be a good thing to reinstate the forum so as to ensure joint approaches to a range of issues (eg. press work). Another view, however, was that the refugee/asylum seeker 'partnership steering groups' which were set up in relation to specific issues (e.g. training, education and employment partnership, mental health partnership, unaccompanied minors partnership), although they took more time, were more effective than an overarching forum. But whatever structure is chosen, the central point remains that there is a need to re-energise formal inter-agency partnership meetings alongside more informal contact over operational and strategic matters which does occur from time to time.

Recommendations

- **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.**
- **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.**
- **There is an urgent need for discussion and agreement between the main stakeholders (Refugee Resource, Children Young People and Families, CAMHS, Children's Society, Key2) over current referral pathways for young**

people and the respective roles, expertise and capacity of each organisation. The evidence suggests the Counselling Service is a valuable resource for young people, and it is not being utilised sufficiently by CAMHS and Children Young People and Families. Part of the discussion should focus on mechanisms for paying for places at Refugee Resource.

- **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 (eg. housing, drugs/alcohol) should be explored.**
- **Given the importance of confidentiality and risk in this work, a shared understanding between agencies of these issues and the different professional roles is desirable, and could be explored as a topic for a partnership meeting to discuss.**
- **Given the resource constraints and service gaps in meeting the practical needs of asylum seekers and refugees, and in order to take the burden off its other services, it is understandable that Refugee Resource has sought to fundraise for a paid worker to undertake this work (and is seeking to cover the gap temporarily, when there is sufficient infrastructure support, by the use of volunteers). In the long-term, it is suggested that Refugee Resource should not have to provide this service at all, however this is unrealistic for the foreseeable future**.
- **Given the changes in the wider political, financial and service context which place refugees and asylum seekers at risk of escalating poverty and social exclusion, 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. This could then lead to the establishment of partnership groups based on the priorities emerging (e.g. poverty, mental health, community safety, social cohesion).**

4. Outcomes

Various methodological challenges exist in assessing the effectiveness of counselling interventions with asylum seekers and refugees. Therapeutic outcomes, such as being able to sleep or not committing suicide, can be hard to quantify (although Refugee Resource does seek to do this). Moreover, when working with asylum seekers and refugees it is much more difficult to track outcomes over the long-term as so many changes take place in their lives (including frequent house moves, detention, deportation, or disappearance); for this reason it is easier to focus on short-term gains (although again, Refugee Resource does seek to evaluate long-term gains as well).

A common evaluation framework used by NGOs is 'Social Return on Investment' (SROI) , a method of measuring a broad concept of the value of a service, incorporating social, environmental, and economic costs and benefits; this also enables a ratio of benefits to costs to be calculated. However this is currently a prohibitively expensive form of evaluation, and it is not practical for charities the size of Refugee Resource – the organisation is therefore investigating other simpler and more cost-effective tools. In the meantime, in the absence of the detailed financial return data required for analysis of this kind, and in the limited time available, for this study the researchers have focussed on the quantitative outcomes that it has been possible for the service to collate and on qualitative material from the interviews that highlight the views and experiences of clients, staff and partners.

This section addresses the impact of the Counselling Service, and draws comparisons with other interventions. It contains the following sections:

- Quantitative measures
- Client perceptions
- Views of staff and partners
- Effectiveness compared to other interventions

Quantitative measures

This section reflects the outcomes compiled by Refugee Resource in order to report to the Big Lottery Fund on its grant; much of this material was produced for the Fund at the end of December 2010 (the Year 2 progress report), however Refugee Resource have recently been updating this analysis for their end of grant report (due on 21st Jan 2012).

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 statistical data below demonstrates what the Counselling and Psychotherapy service has achieved in quantitative terms over the past three years. These figures 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. Due to the challenges of getting outcome data from individuals living at times chaotic lives and ending counselling abruptly, the statistics are not complete for all clients seen by the service.

The Counselling Service has seen 118 individual clients for 1:1 counselling and 38 through therapeutic groups (see 'profile of the client group' above). Five clients were also in groups after 1:1 counselling, which means that, when double counting is taken into account, the

total number of clients seen is 151. Of these, 27 (mostly young people) ended 1:1 counselling suddenly due to unexpected removal to other parts of UK, detention, disappearance or deportation.

Key outcomes achieved through 1:1 counselling were that:

- 71% of those completing counselling reported marked improvements in mental health and well-being.
- 34% entered employment or study.
- 9 clients who had been suicidal were stabilised and none of them have acted self-destructively.

Given the desperate states many faced when referred for counselling, these outcomes are impressive. Moreover, of the 118 asylum seekers and refugees counselled by the service, only two have been re-referred for the recurrence of trauma symptoms. Whilst it is not possible to track the subsequent experiences and trajectories of all these 118, some of whom will have been deported or will have disappeared, the almost complete lack of re-referrals is nevertheless impressive. As one of the counsellors concluded: *"It's not 100% success but the work is deep and I would expect it to be lasting".*

Key outcomes achieved through therapeutic groups 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).

In addition, the Counselling service has contributed to the following organisational outcomes for the Big Lottery project:

- 28 people received advice, advocacy and support through the weekly drop-in service run by the Counselling Service in response to need 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 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.

The Counselling Service has also:

- Delivered 12 training courses to health, social care and education professionals on the psychosocial needs of refugees and asylum seekers.
- Supported 14 interpreters working in the mental health setting through ongoing six-weekly interpreters' support group and 1:1 meetings as requested.

Client perceptions

All of the clients interviewed highlighted positive outcomes as a result of counselling, both in therapeutic ways and also in practical and material ways. An improvement in well-being was reported in the form of a lessening in physical symptoms such as trembling hands, and some relief from depression, sleeplessness, and more confidence. The younger group who highlight their lack of status as having a major detrimental effect on their mental health, reported that they had some short-term relief and easing of symptoms as a result of their visits. There was understanding that the effects of counselling are long-term – *"but if you look back at how you used to be, you see you have improved"* (client), though elsewhere an acceptance that *"the anxiety doesn't go away"* (client).

Four of those interviewed talked about their mentors and eight were a past or current member of the Women's Group. Often (though not always), clients did not distinguish between the benefits of these and their counselling, and often when questioned saw the counselling being inseparable from other services and support provided, and any well-being they had achieved. One client described how the Employment Service had helped her regain some professional status through a visit to the Royal College of Nursing. Another talked about how advocacy by a counsellor had helped with a trip home, and to regain property there. The therapeutic allotment was described by clients – particularly the older group - as a place for people from different countries to gather together to work hard and share food: you can *"take stress there"*, with another describing her visit there with the Women's Group for the calming effect as she *"knows what she's doing with the flowers and the vegetables"*. The availability of a mentor was cited by some as making a big difference to their lives, with outcomes as diverse as helping one client set up a creative writing website; allowing some to visit a range of places they had never considered going (a garden centre, a restaurant, an Oxford college); help with gaining a volunteer role; assistance with reading and spelling. A number spoke of the confidence it had given them to do things they could not do before – *"all the way to [London] … I wouldn't dream to do something on my own [before knowing my mentor]".* A couple of those interviewed had decided against having a mentor, but had chosen counselling instead and were generally appreciative of being given a choice.

Those clients now able to work on a voluntary basis, included work in a pre-school, a charity shop, and for other mental health organisations such as Donnington Doorstep and Restore. They all directly attribute this to the counselling and in some cases support from a mentor as they lacked the confidence to do anything like this before their time at Refugee Resource: *"Refugee Resource give people the kind of lift they need ... I can do this thing by myself."* 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. One client was able to return to her full-time job: *"My children are happy. I'm doing my job and I feel I belong here."*

Many reported an increase in confidence, which enabled them to function and become more independent. This was particularly emphasised by the six women interviewed who explicitly talked about their role as parents, all of whom felt more able to cope with parenting and supporting the home financially, with some specifically praising the work of Refugee Resource in building their children's confidence, for instance through organising drama classes during half term - *"Before, they couldn't even stand to talk and now they stand and perform".* Of the interviewees, two were also carers for adults and both talked about how Refugee Resource's intervention helped them to cope with this. "*Some time (I am) angry and fed up [at home with a mentally ill dependent] and I talk with [the counsellor]. Refugee people need a little bit of help. I'm happy now – before, I'm sad ... I come here and talk – a big help".* In one instance, an interviewee reported how she had been able to bring a traumatised female relative, also a refugee, to Refugee Resource and through counselling

and support from the Women's Group the young woman who previously *"had no life"* is due to start university.

The help Refugee Resource gives some clients to integrate was raised by some of them. Some expressed an explicit desire to integrate, with one citing the importance of English culture for his own children. The Employment Service was used as an example many times in helping clients towards this aim, for instance one who had been helped to find the right college and helped with a CV – *"otherwise, you can't integrate."* Three of those interviewed had been directly helped towards citizenship by the Employment Service, through signposting to English and history lessons for the exam and/or help with the necessary form-filling.

Views of staff and partners

One voluntary sector worker remarked in his interview that he didn't get much feedback on the counselling service from clients, as they are very protective about their counselling and their counsellor. He concluded however that *'we know it works because they are so keen to use it'.* Indeed, in part the existence of a waiting list is testimony to the popularity and value of the service. But although many want and need counselling, it is not always the most appropriate approach – and some are better suited to mentoring, or to the women's group, or other services. As one interviewee put it: *"There are people who come through Refugee Resource who need less help than others – who don't need to reference the past for long. For others, counselling is an integral way of dealing with issues, and can take many years".*

The same interviewee mentioned that two previous clients he encountered had found counselling distressing and that it was *"not what they were looking for"*. He suggested that counselling might be more effective for refugees than asylum seekers, on the basis that the lives of the former were relatively more stable than those of the latter. However, apart from this one comment, staff and partners all emphasised the hugely positive impact that counselling has for many clients. A GP said that: *"The service has helped to support extremely isolated and vulnerable individuals in a strange country. It gives somewhere to turn to when there are crises regarding housing or immigration matters or ongoing problems with mental health".* A Children, Young People and Families worker stated that a client had told her on the morning of her interview that *"if it wasn't for you, I wouldn't be alive"* and explained that the "you" also meant the client's counsellor at Refugee Resource. 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"*.

Case examples also provide evidence of the beneficial impact of the service. A local voluntary worker had attended counselling sessions with a young man the previous year. The worker described the counsellor as *"great"* and stated that the client developed a strong counselling relationship, even though he was leading a chaotic life. Although the young person was subsequently returned to Afghanistan he now had a good grasp of English and did benefit greatly from counselling, in particular through the building of a bond of trust with the counsellor. A local GP cited the example of one of his patients who had found Refugee Resource extremely helpful: *"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"*.

Effectiveness compared to other interventions

Some clients had been elsewhere for counselling, including the Medical Foundation (now Freedom from Torture); their college (Oxford and Cherwell Valley College) or University (Oxford Brookes University); and the NHS (some at the Warneford Hospital). Often those who could be allocated to the "coping" profile had been elsewhere, and talked of seeking out counselling or other help prior to coming to Refugee Resource. For some, the counselling provided had helped, though a range of barriers to using these services were highlighted by the clients. The difficult logistics and expense of travel to the Medical Foundation in London were raised, though the concern was the limited amount of time available from other services; for instance, college counsellors and the Oasis women's group only offered 15 minute sessions (with the time allowed for sessions at Refugee Resource being seen as a strength by a number of clients).

The calm approach and friendly, welcoming attitude of Refugee Resource counsellors was cited extensively as a strength, and in a number of cases compared favourably with other counselling services*: "Before (with the NHS) they rushed it – you sit down and they ask "where are we" straight away. With Refugee Resource she's [the counsellor's] calm. She calms you, talks about normal things, not straight to the point – how are you? How are the kids? Then gently move to talking about other things"*. One advantage of the Refugee Resource counsellors was considered to be the "extra care" provided outside of office hours in the case of clients at high risk of suicide. Some such clients cited, for example that a counsellor had given them a number to call even if she was away, in case they got *"really depressed"* or that she called them outside of working hours to remind them to take medication. One former client reported having heard voices in the night telling her *"kill yourself ... If I didn't have [the counsellor] I don't know what I can do. I did not have anybody. [The counsellor] talked to me on the phone at night"*.

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. As one of the counsellors put it: *"If your neighbour has turned against you and killed your family, you can spend six weeks building trust – there will always be a need for a specialist service for our clients".*

It was also widely argued by both counsellors and partners/referrers that the general psychological model – Cognitive Behavioural Therapy (CBT) – was inappropriate for complex refugee and asylum seeker trauma cases (see also the 'Counselling Model' above). Furthermore, conventional psychiatric approaches using medication were also felt to be of limited value in dealing with trauma. The counselling supervisor at Refugee Resource argued that the service gets referrals from both GPs and the Warneford who may often indicate that so far 'nothing works': *"They try to treat with medication, but either it doesn't help, or it just 'zombifies' them, or the effects of medication wear off over time".*

Some interviewees mentioned other types of counselling service, such as 'Talking Space'. However this was geared to different ends – i.e. keeping people out of expensive treatment through early intervention and CBT. One voluntary sector worker suggested that 'Talking Space' works well for many, but it was impossible to use with longer-term and deep-rooted problems such as those experienced by asylum seekers and refugees.

Another key issue raised by interviewees, again reflecting the importance of responding appropriately to cultural needs, was access to good interpreters. One interviewee argued that Refugee Resource have particular expertise in this area, whereas *"in mainstream*

services, few have that skill". He noted that *"Therapy is a two way communication, but to have the experience of three way communication brings more difficulties"*. The intricacies and nuances of the role, and the sensitivity required to interpret effectively in counselling sessions, were confirmed by two interpreters interviewed by the researchers. Although the interpreter tries to remain neutral and just to convey information from the client to the counsellor, they can in some cases be seen as either 'allies' or 'oppressors' by clients. This puts considerable pressure on the interpreters, and demonstrates the need for the kind of rare support group for interpreters that is available at Refugee Resource.

Most interviewees argued that mainstream services were currently not able to respond effectively to this client group. A psychiatrist stated that: *"Mainstream services do not have a specialised approach – it's tailormade at Refugee Resource to the needs of asylum seekers and refugees. There is expertise there in the psycho-social needs of refugees"*. A GP praised Refugee Resource as *"a specific service that caters for this group of patients"* and outlined some problems asylum seekers and refugees would face elsewhere: *"They would find it difficult to wait in line for the normal counselling services. They would find completing the standard forms difficult. They might find that the standard service did not match their needs"*.

One campaigner summed up what the options would be, if referral to Refugee Resource's Counselling Service was no longer possible: *"If you were a GP with a client who had suffered trauma, and was settling in Oxford, the only recourse would be the counselling service for the general public. There is a long waiting list and it's very hard to get into. Or the Medical Foundation, but again there are real problems about the waiting list, and you have to pay for travel to go to London. In practice you would be thrown back on GP counselling, but they have no specialist knowledge or training in relation to asylum seekers and refugees"*.

Lack of focus on the specific needs of asylum seekers and refugees is an important factor underlying the limitations for them in accessing and using mainstream services. However it is also a result of the resource pressures on healthcare providers. It has been argued, for example, that: *"GPs report increased pressure of work resulting from patients who cannot speak English and who may manifest multiple problems, with health only representing part of the broader social problems. GPs and other health workers are often unsure about asylum seekers' entitlements to health, how to deal with asylum seekers' mental health problems and where to make appropriate referrals"*.[6]

Finally, partners and referrers were asked what would happen to clients if Refugee Resource wasn't there. A psychiatrist answered that it would be *"tough, if a service that is benefitting a lot wasn't there. People would have to find other channels, but the NHS is a huge enterprise, it needs to justify spending, there are lots of policies, rules, and regulations. The NHS provides a more medical model, it can be a straightjacket rather than being tailor-made. In some ways in the NHS responsibility rests on the individual client, but that's not appropriate for this group"*. One of the partners concluded that: *"In an ideal world, mainstream services would provide what is needed, but they don't and they can't. They can't treat everybody the same – and there are certain groups of vulnerable people who need a specific response"*.

Recommendations

- **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**

[6] Feldman R. (2006) 'Primary health care for refugees and asylum seekers: A review of the literature and a framework for services', Public Health 120, pp 809-816

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. Consultation with other local agencies involved in similar work, perhaps through a multi-agency forum, should help to ensure that the process and content remains relevant and achievable.

5. Costs

The evidence in the previous sections suggests that investment in the Counselling Service delivers major benefits for individuals and important wider social returns. 'Value for money' is concerned with what has been called the 'public benefit' that a provider brings to delivering a service – and this benefit appears to be significant in the case of Refugee Resource's Counselling Service.

This section covers:

- The cost of the Counselling Service
- Staff/partner/referrer views
- Client views

Cost of the Counselling Service

Traditionally, services have often been assessed on the basis of 'unit cost', but increasingly this is not considered to be good practice. If services are evaluated on the basis of the cost of individual cases alone, this tells us nothing about the quality of the service or whether clients have benefited from it, and if so, in what ways. The previous section identified often wide-ranging outcomes from the work of the Counselling Service which affect other areas of the client's life, including improvements in mental health and well-being, stabilisation of suicidal thoughts and feelings, gains in confidence and self esteem, and entrances into work or study. These also reflect national strategic priorities and outcomes, as set out in the Government's Mental Health Strategy[7].

Despite the limitations set out in the previous paragraph and the paucity of data nationally and locally, we have 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 £56[8] (equivalent of £336 an hour) whereas an hour-long Counselling Service session at Refugee Resource costs £74.55 (using a full cost recovery model).[9] 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.

[7] HM Government (2011) No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages. The objectives of the Strategy are that: more people will have good mental health; more people with mental health problems will recover; more people with mental health problems will have good physical health; more people will have a positive experience of care and support; fewer people will suffer avoidable harm; and fewer people will experience stigma and discrimination.

[8] 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".*

[9] 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.

Staff/partner/referrer views

Whilst these figures are rudimentary estimates, and an exact comparison is not possible, they suggest that the Counselling Service, judged purely on the basis of unit cost, is not expensive in comparison to other aspects of mainstream provision. Nevertheless, some partners said that they felt the Counselling Service **was** very expensive, given the number of clients that it was able to see. This prompted the decision of Children Young People and Families to end its grant; they argued they couldn't justify the funding they were putting in, and believed that the Counselling Service should see more of their young clients.

According to information supplied by Refugee Resource, between 1st April 2009 and 31st March 2010, the Counselling Service actually saw 26 clients who had been referred by Children, Young People and Families. Refugee Resource also saw young people in their groups; for example, 11 young people were seen between October 2010 and February 2011. In the financial year April 2009 – March 2010, Children Young People and Families paid Refugee Resource £39,027. This was for direct counselling work with young people and as a contribution to the core costs of running the Counselling Service (e.g. management and admin).

Other interviewees also commented on the issue of costs. A former senior local authority manager stated her perception that Refugee Resource was expensive alongside some other voluntary organisations and even some statutory services – however it must be borne in mind that Refugee Resource is providing a specialised professional service and cannot be straightforwardly compared with other organisations doing very different work with asylum seekers and refugees (eg. a weekly activity and food kitchen run by volunteers). Nevertheless she became convinced that it was *"well worth the money. If you start to cut, then you can't get the flexible approach from the workers and you would also be without the level of professionalism. It requires considerable training, experience and expertise. If you want cheap voluntary organisations, then they get into trouble – and bailing them out can be a great deal more expensive"*. She concluded that although the costs were high on paper, it was essential to look at wider social benefits, such as the numbers kept out of hospital and/or off the 'dangerous lists'. A member of staff summarised the same argument thus: *"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"*.

This 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 be hospitalised. Hospital is extraordinarily expensive".*

Another voluntary sector worker argued that it was vital to preserve quality and that it was not realistic or justifiable to consider reducing the quality of the service in order to increase the number of clients. A psychiatrist acknowledged that the number of clients was limited, but noted the extra work that was necessary for one client in addition to the actual counselling of clients (eg. writing up notes, working with other agencies, time for supervision). Another local worker argued that the cost of supporting trauma counsellors is higher and that there is a need for regular and top-class supervision: *"Sitting alongside someone who has been raped or tortured, and dealing with collective cruelty and the implications of that, is incredibly difficult to do – it's hard not to get into the pit of despair with the asylum seeker. There is a need for better support systems for counsellors than for working with other people in counselling – otherwise the people offering counselling will collapse"*.

These perspectives are supported by the evidence set out in national government reports. The current Government's Mental Health Strategy lays particular emphasis on the long-term benefits of early intervention and the avoidance of costly crisis intervention. And as a Cabinet Office report for the National Programme for Third Sector Commissioning stated in 2009: *"Even where a provider is not the cheapest on a unit cost basis, it may still represent the most cost-effective option when whole-of-life costs and wider benefits are taken into consideration. Short-term cost savings sometimes come at the expense of more significant costs to other budget areas, or incur higher costs over the longer term because the quality and scope of a service have been compromised. The net result of pursuing an apparently 'cheaper' option is a false economy for the public purse".*[10]

Client views

The majority of clients interviewed had received weekly counselling, with a few (who had described extreme symptoms) more frequently for a few weeks. Some mentioned that they would like more frequent visits, or would like to resume counselling though recognised that the barrier to this was funding: "*Refugee Resource need money to make it big and stay forever".* A number also raised the importance of the counselling service being free – most asylum seekers are not allowed to work and, with the exception of one interviewee who said he would go privately, 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"*. It was apparent that many of those interviewed were concerned not to be critical of Refugee Resource, and several showed concern when asked to suggest any improvements to Refugee Resource or things they might change, although they were encouraged to do so during the interviews as well as being reassured that Refugee Resource wanted constructive feedback which they could learn from.

Recommendations

- **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.**
- **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).**

[10] National Programme for Third Sector Commissioning/New Economics Foundation (2009) A Better Return: setting the foundations for intelligent commissioning to achieve value for money, London: Cabinet Office

- **The Counselling Service and Child and Adolescent Mental Health Service should develop stronger links so that they can work together more effectively.**
- **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.

6. Conclusion

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 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.

It is hard to anticipate the factors that may lead to an increased or changing demand for this service, however we conclude by identifying several here:

- *Local authorities' support for refugees with mental health problems*: An important ruling from the Court of Appeal on 11 August 2011 means local authorities have the responsibility to provide accommodation and support to people with mental health

problems, including trauma resulting from torture. In theory this should reduce the need for advocacy by Refugee Resource and other local agencies on behalf of this vulnerable group. However it must be set alongside huge cuts to refugee advice services this year.

- *Legal aid reforms*: Under current proposals, asylum seekers will no longer receive legal aid in relation to matters such as withdrawal of support, family reunion, or unlawful detention. Although the changes have recently been postponed to 2013, if they are implemented they will have a devastating impact on asylum seekers, removing a safety net which is crucial in providing access to justice. Refugee Resource clients would clearly require additional practical support and legal advice, and their mental health would inevitably suffer also, compounding the pressures on the organisation.
-
- *Asylum applications:* Although the numbers of asylum applications to the UK remain low, there has been an increase in applications from Libyan and Syrian people this year. The number of applications from Libyan nationals in the period January to September 2011 was 672 applications compared to 62 between January and September 2010. There were 129 applications from nationals of Syria in the third quarter of 2011 compared to 28 in the third quarter of 2010. Nationals from these countries are therefore increasingly likely to arrive in Oxford and are likely to require counselling and other support.

- *Returns of young men to Afghanistan*: The UK government has joined up with Sweden, Norway and the Netherlands to create the European Return Platform for Unaccompanied Minors (ERPUM), set up with backing from the European Union. It will mean Afghan children aged 16-17 whose asylum claims have been refused may be sent to Kabul from 2012. Campaigners argue that it is indefensible to send young people back there, when it is clearly still an extremely dangerous environment. In terms of Refugee Resource's work, it is clearly likely to reduce the numbers of young men from Afghanistan who might use the service (although the numbers doing so is already low, for reasons stated earlier in this report).

- *Continuing migration to the UK:* Official data show that net migration reached 252,000 last year, the highest calendar-year total on record. Whilst there was a fall in the number of people coming to Britain to work, this was matched by a rise in the number of overseas students, particularly from China. Refugee Resource's mandate currently covers asylum seekers and refugees only. However several interviewees for this project 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.

Appendix A

Interview schedule for partners

What contact do you have with asylum seekers/refugees in your work?

What contact do you have with Refugee Resource? With RR Counselling and Therapy Service?

Do you refer to the counselling service? Why/why not? (prompt: particular kinds of asylum seeker you think the service more appropriate for? Or any?)

Do you get any feedback on the impact of RR Counselling and Therapy Service from your clients? From RR?

Are there people you would like to refer but can't because the remit of RR is only to work with asylum seekers and refugees?

Do you also refer elsewhere? Where? Why would you choose RR and not one of these? Or vice versa?

If RR Counselling and Therapy Service was not there, where would you refer the same clients?

Do you think RR Counselling and Therapy Service has positive outcomes for clients? In what ways? Any examples you can think of? Any negative outcomes?

Do you think the service is empowering for clients or does it encourage dependency?

What do you think works/does not work in the approach of RR Counselling and Therapy Service? What is the most valuable thing about the RR C and T Service? Do you have views on the type/style of counselling they offer?

Is the service accessible? Is the appointment system flexible enough/too rigid?

Is the service sufficiently responsive to cultural issues?

Does RR Counselling and Therapy Service support you in your work? In what ways? Could they do more?

What do you think are the benefits of a specialised counselling/therapy service like RR? Are there any disadvantages?

Are there things that could be improved about the counselling service? For clients? From a referrer/partner point of view?

Are you aware of other aspects of RR's Service (eg. women's group/mentoring/employment support)?

Do you have any views on whether RR Counselling and Therapy Service provides value for money?

Any other comments

Appendix B

Interview schedule for clients

How did you first hear about RR? (*Prompts: eg, GP, other organisations, friend, social services*)

Do you remember your first impressions of RR? Did you feel welcomed? (If not, what was difficult/unwelcoming?)

Do you remember what state were you in before/at the beginning of counselling?

How often did you visit? (*A short-term/long-term/episodic client?*)

What helped about the counselling? Did it make you feel better? What is/was the most helpful thing? (*Prompt for thoughts on cultural appropriateness of counselling*)

Was there a time when it made you feel worse? What was the most unhelpful thing?

If you could change one thing, what would it be? (*Possibilities: waiting time; breaks such as Christmas, Easter, counsellor sickness*)

Did counselling lead to any changes in your life? (*Prompts: physical/mental health; sleep disturbances/nightmares; feeling stressed or unhappy; feeling involved in your local community; engaging with health service/schools/etc; being able to deal with problems; feeling isolated; feeling safe; prevention of self-destructive acts*). Tell me an example of this…

Did you feel understood? Was there ever a time when something or someone was insensitive (either at RR or elsewhere)?

Did the counsellors/RR help you in other, practical ways such as writing letters? Tell me how this helped you (Prompt for examples)

Was there anything practical they could not help you with?

(For episodic clients) How does having your counsellor in the background help you? If you could not come, what would it mean for you?

(If this hasn't come out already): What was the most valuable thing about counselling at RR?

What was your biggest disappointment about counselling at RR?

Did you work with an interpreter? What was your experience with this?

Where would you go if RR counselling did not exist?

Do you know about similar help you could get elsewhere in Oxford (or somewhere else)? Have you been involved in other RR projects/work, eg, the women's group, mentoring, employment support?

Did RR tell you about other help you could get/places you could go? Have you used any other RAS services in Oxford?

Appendix C

Partners/referrers interviewed

Doctor, South Oxford Health Centre

Doctor, Bartlemas Surgery, East Oxford (by email)

Psychiatrist, Littlemore Hospital

Pickup and Scott (solicitors)

Turpin and Miller (solicitors)

Children, Young People and Families

Emmaus (homeless charity)

City of Sanctuary/Campaign to Close Campsfield

Open Door

Children's Society

Mind

Key 2 (young people's support and housing provider)

Elmore Team (community support team)

Asylum Welcome

Refugee Resource staff and associates interviewed

Refugee Resource counsellors (x3)

Mentoring Service Co-ordinator

Women's Service Co-ordinator

Supervisor for Refugee Resource counsellors

Interpreters (x2)