

Refugee Council

My View Project

Independent Evaluation Report



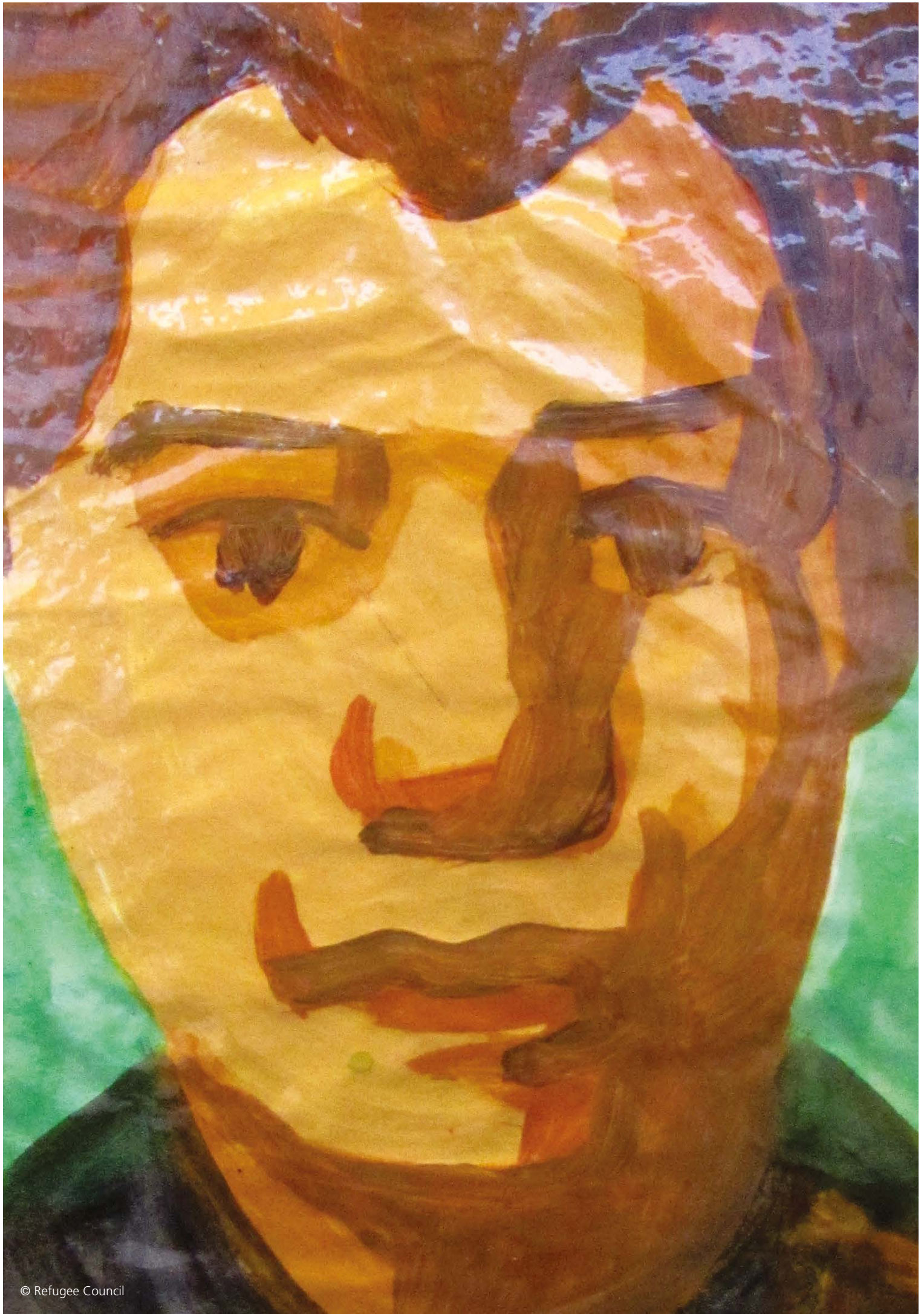
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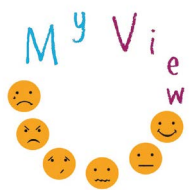
"I gained something and that is: If I need to ask, I started to believe that I shouldn't fear to ask questions about my needs. I am more assertive. Now I keep asking and follow it up. I don't turn my back if someone talks to me, I speak to them now. I even won an award for doing well at school which surprised me." My View client

Richard Malfait
May 2016



**SUPPORTING AND
EMPOWERING
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1. Introduction

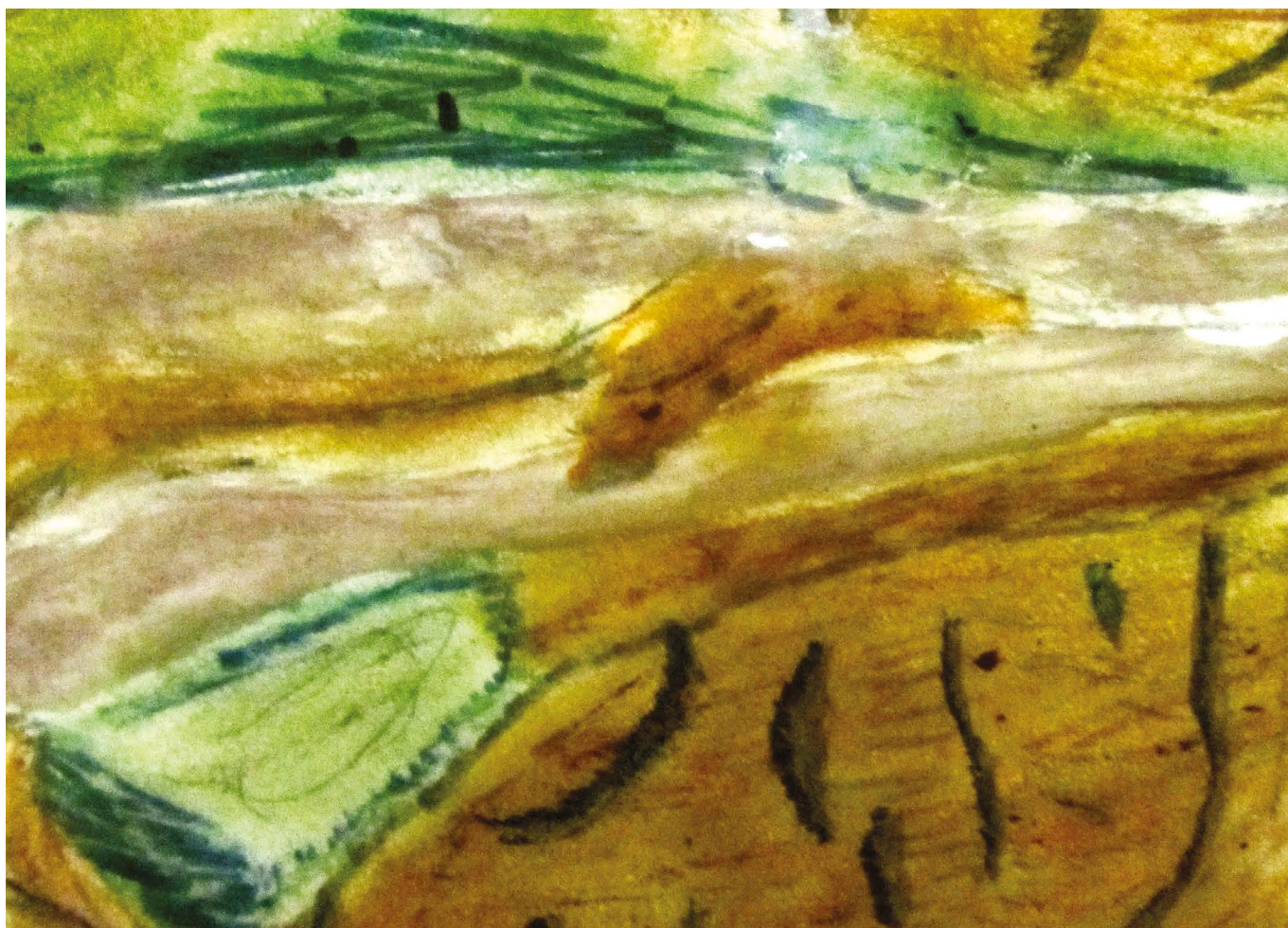
This report presents the findings of an independent evaluation of the Refugee Council's My View Project completed in early 2016. The My View Project (subsequently referred to as the project or My View) was established as a one-year pilot project in May 2015 following confirmation of funding by the Department for Education (DfE). The project sits within the Refugee Council Children's Section, which offers a range of direct services and advice to separated children advice to those involved in their care, and training. The evaluation process involved direct consultation with 31 individuals, including the project team, managers and colleagues in the Refugee Council Children's Section, and external stakeholders in referring organisations. The evaluation also included review of feedback received from separated children and young people supported by My View during the pilot year. This was supplemented by evaluation interviews completed with 11 young people by team members. The report summarises the themes of stakeholder feedback on impact or 'difference made'. It also outlines the strengths and challenges described relating to project delivery and records stakeholder ideas and suggestions on future needs to inform project development in future. Finally, it offers recommendations based upon independent review and analysis of the qualitative and quantitative data received.

The evaluation was commissioned and overseen by Helen Johnson, Children's Services Manager at the Refugee Council. Its completion would not have been possible without the input and co-operation of the My View Project Therapists, their clinical supervisor and co-manager Angelina Jalonon (Therapeutic Services Manager), colleagues in the Children's Section at the Refugee Council and external stakeholders in partner organisations. We would particularly like to thank the separated children and young people who gave their time and shared their views and experiences both through their engagement with My View in its pilot year and at the end of the project to support the independent evaluation.

Note on terminology: Throughout this report, the terms 'children' (or child) and 'young people' (or young person) and 'client' are used interchangeably. All the children and young people supported by the project in its first year were 'separated children'. Separated children are children under eighteen years of age who come to the UK without parents or carers. They are particularly at risk from sexual and physical abuse, both actual and cyber based and sexual and labour exploitation. They are at high risk of developing many concomitant social and mental wellbeing difficulties including depression, loneliness, social and cultural alienation, homelessness, self harm and suicide.

2. Evaluation context and purpose

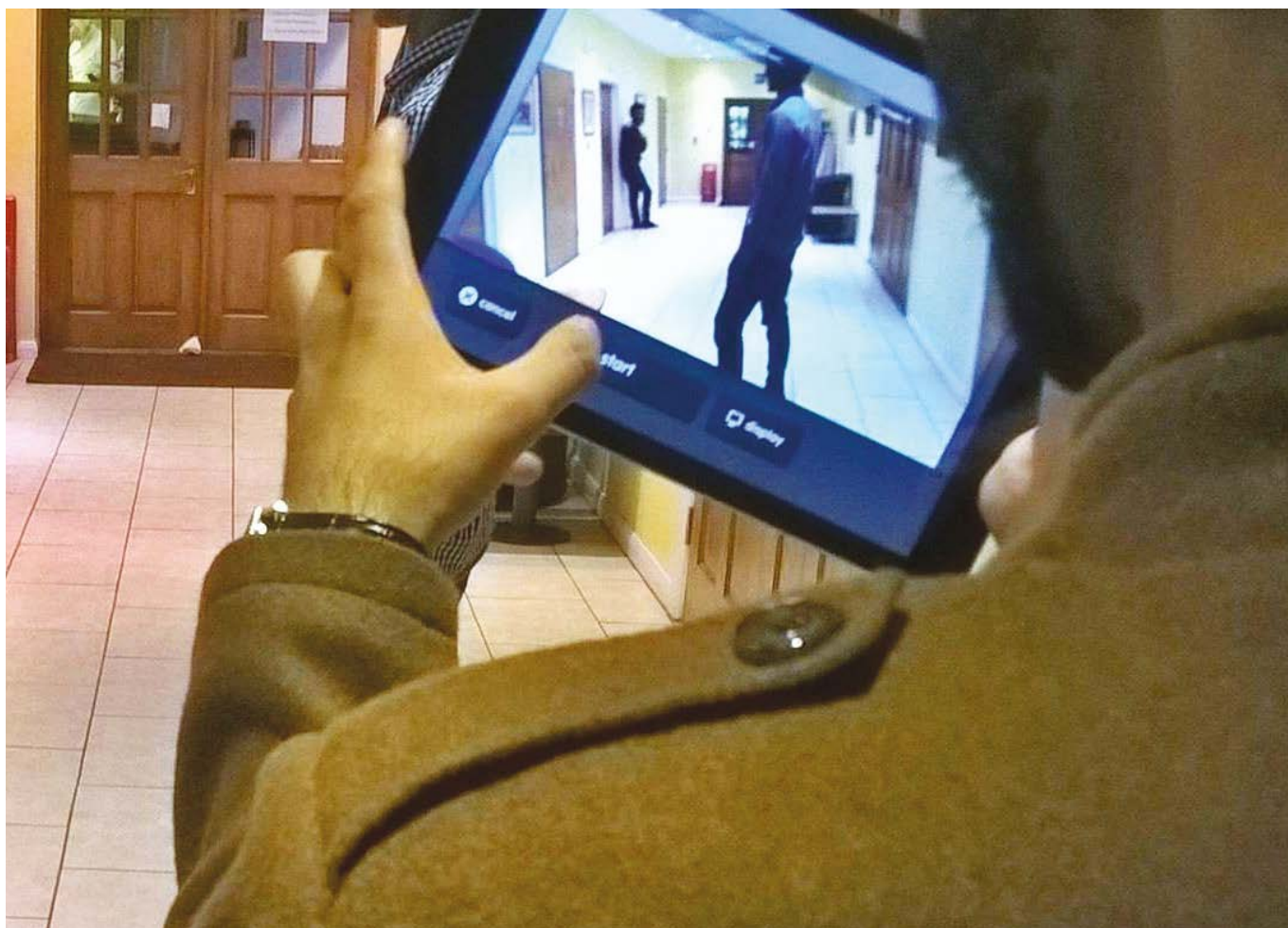
The My View Project was established in May 2015 by the Refugee Council as a one-year pilot project providing therapeutic support for separated children – children who are in the UK without their families and who are refugees or who are seeking asylum. The project was funded by the Department for Education and is based in the Refugee Council's Children's Section in Croydon. The My View team comprised three, part time, trained and experienced therapists. The therapists worked directly with young people on an individual and group basis, providing a safe and confidential space in which they could express their feelings through talking, doing art or taking part in a variety of other activities.



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The My View Project (Refugee Council) Funding Agreement with the Department for Education became effective from 1st April 2015. Taking into account essential time needed for recruitment and project set up, therapists had less than a year in which to deliver the actual service. The project aims as stated in the Funding Agreement were:

- a) Prevention of mental illness through both therapy and psycho-educational groups for separated children.
- b) Early identification of mental illness through notification and training of stakeholders that work with separated children.
- c) Securing access to specialist interventions for mental illness through direct referrals or separated children to external agencies.



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The project aimed to assess 110 separated children from 130 referrals and to deliver five training sessions to professionals concerned with the care of separated children.

The independent evaluation was commissioned by the Refugee Council at the end of the one-year pilot project in order to explore, assess and report on:

- The impact and difference made by the project (especially in relation to its aims).
- Strengths, challenges and learning identified through pilot project delivery.
- Stakeholder views on future needs.
- Recommendations to inform possible project planning and development.

3. Project origins and the Therapeutic Service Care model

The background and origins of the My View Project are outlined below by Angelina Jalonon, the Therapeutic Services Manager at the Refugee Council. A description of the Therapeutic Service Care model is also included:

"Leaving home for the first time as a young person in the UK who might be going to university can be an anxious moment for both the parents and the young person. These anxieties are contained by the knowledge that there are communication tools and planned holidays and other school breaks.

This is very different for most young separated children who do not get a chance to say a planned goodbye to their loved ones, neither do they participate in making the decision for them to leave their families and their country of origin. Most have been instructed by their elders and responsible others to flee for their own safety, forcing them to separate and lose the comfort and protection of their family and community. Some have come with aspirations and high expectations as a result of information given to them by their loved ones, often for good reasons as their families would hope and wish them the best.

On the journey to survival, some separated children have gone through traumatic experiences including torture, sexual abuse, exploitation including trafficking, and suffering or witnessing incidents of violence and other conflict.

Once they arrive in the host country, the children are living, learning and negotiating transitions into the host community in an increasingly complex and challenging asylum system in the UK. Many experience other stress factors including language barriers, culture shock, social isolation, overwhelming feelings of loss and separation, age disputes, bullying, racism, risk of sexual exploitation, anxiety about their uncertain future and fear of being returned to their country of origin.

Whilst the assumption of many is that after arrival in the host country they are safe from danger, the effects from their past experiences are often overlooked, resulting in them being left to continually suffer the negative effects of trauma long after the direct threat has passed. Furthermore, feelings of loss and separation can be overwhelming resulting in maladaptive behaviour used as a coping mechanism to reduce anxiety and distress to presenting stress factors. In addition, feelings of survivor guilt and ambivalence feelings to the host society can inhibit the child from engaging with services in a positive and healthy way.

It is with the above understanding that we created the My View Project to respond to the identified service gap in building a bridge for a safer transition into survival and enhanced integration for this client group."

The Therapeutic Service Care model

"The therapeutic service care model is influenced and inspired by a range of integrative therapeutic perspectives. This was achieved by recruiting counsellors with a diverse range of skills from different theoretical orientations including person centred, integrative approaches and art therapy. The service combines practical orientation and emotional support to reduce distress within a psychosocial perspective.

The project offered a culturally sensitive service to support the development of the child's emotional capabilities including resilience, communication and negotiating skills, which promoted wellbeing and created a sense of community. This approach emphasises that the client is more than the presenting problem.

The model holds into awareness the Maslow Hierarchy of needs as an essential part to ensuring that clients' psychological and safety needs are a priority before any deeper work can be done."



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While the project used a diverse range of skills, this was underpinned by the model's three core principals:

Therapeutic Relationship: *We recognise that many separated children have been betrayed by people they have trusted; they have all lost their homes and are separated from their loved ones. This will often create confusion and reinforce their feelings of being helpless and not having any control over their life. The first principal is to create a safe and trusting environment to give them a feeling of safety, understanding, continuity and transparency.*

Bearing Witness: *Many separated children have come from cultures where they have not been given a voice. Creating a space where they are given a voice, are able to mourn their losses, and where someone will listen to their fears, hopes, values and dreams is essential; listening, understanding, bearing witness and validating their experiences. Using different psychosocial activities to facilitate self expression either in one to one or group therapy is essential to the healing process.*

Psycho-education: *Offering practical orientation in the host society plays a significant role in reducing anxiety. In addition offering different ways of understanding and normalising mental health symptoms such as nightmares, intrusive thoughts and anxiety as understandable and healthy response to abnormal events can be empowering for the client and may enable them to focus more on their strength and resilience."*

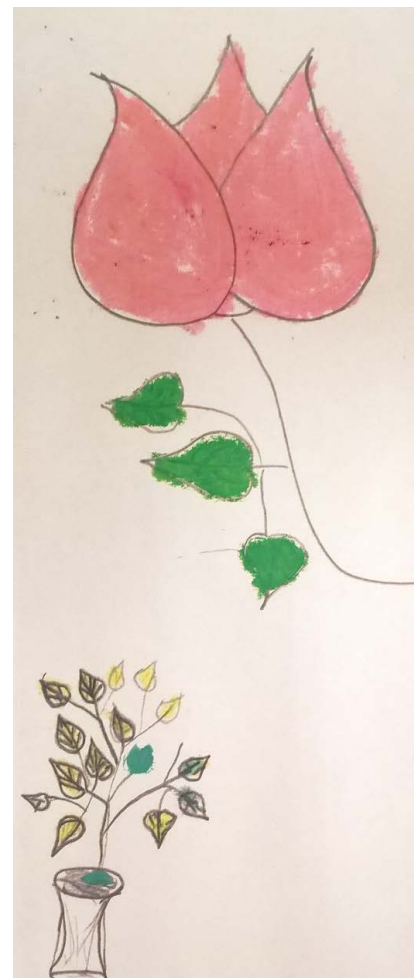
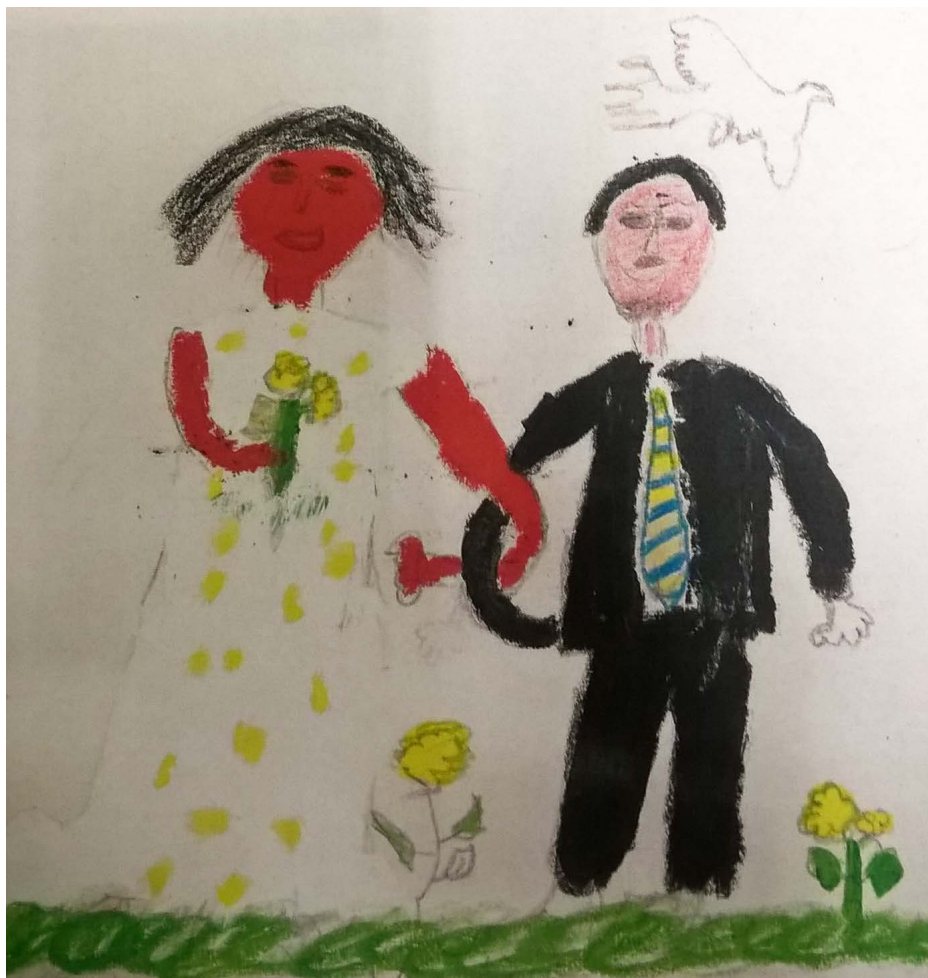
4. Executive summary

Summary of evaluation main findings:

"It's important because it will help young people out there, who need to talk to someone free. Sometimes even me, how I wish I can express myself inside and outside to someone who will believe that, not just think you are lying to get one or two things. That's why it's important you guys continue your service." My View client

The My View end of pilot evaluation has consulted and reviewed feedback and views from a representative cross section of stakeholders, including separated children, team members, managers and practitioners within the project, the Refugee Council and referring organisations. Messages on project impact, effectiveness and need have been clear and consistent from all parties:

- The My View project has successfully established and piloted a model of providing (what most stakeholders considered to be) vital one to one and group based therapeutic support for 207 highly vulnerable and often traumatised separated children and young people in London. The numbers worked with surpassed by 57% the project aim that it would assess and provide support to 130 young people.
- The nature of the project aims, the circumstance and experiences of the separated children and issues that the Therapists work with all present challenges in its evaluation and measurement (or evidencing of impact). However, there is no doubt that the project has made a very real difference in the areas it set out to - both in its direct work with young people and in raising awareness of the issues, promoting good practice in early identification and response amongst other support organisations.
- The My View team, through their child focussed, skilled and sensitive work with young people, have enabled separated children to feel listened to, cared for and believed, sometimes for the first time since they came to the UK. Much of the client feedback received or reviewed in the evaluation confirms that they have felt supported and helped in acknowledging, expressing, and understanding painful, angry, sad and often frightening feelings. Several described how with the support of My View Therapists they had come to better understand and be able to cope with their emotional and mental health issues. Their mental health, wellbeing and confidence, social networks and ability to ask for and access help have all been positively impacted, which is consistent with the project aims.
- Consulted stakeholders, without exception, confirmed that there is real and evident need for the type of specialist and therapeutic provision and support provided by My View for separated children in London. The level of referrals has increased throughout the project implementation and broadened in origin. Across the pilot year, only 10% of referrals to the project were from internal sources (i.e. made by colleagues in the Refugee Council Children's Section). 90% came from external agencies.
- Stakeholders consistently identified that there is a shortage of the type of support offered by the My View Project, combining skills and knowledge in individual and group based therapeutic approaches and work with separated children from other cultures. Several expressed the opinion that most if not all separated children should be assessed and given the opportunity to access this type of support on arrival in the UK. Whilst there are services providing therapeutic and mental health support in the UK, very few are felt to be geared to the experiences and needs of children who arrive as victims of trafficking or other persecution. Stakeholders widely expressed the view that the level of need is increasing and will continue to do so if and as the number of separated children coming to the UK increases.



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Recommendations

The following recommendations draw upon stakeholder feedback and key messages regarding future needs and challenges. The recommendations are set out in more detail under heading 10 (page 24).

1. Aim to sustain the My View Project and expand capacity.
2. Maintain My View's location and strong links within the Children's Section.
3. Prioritise development and implementation of a project sustainability and funding strategy.
4. Aim to maximise project accessibility (to suit the daily and weekly routines).
5. Aim to maintain and develop outreach work.
6. Ensure effective and clear line management, coordination and operational decision making arrangements.
7. Ensure regular 'whole team' time (with managers).
8. Consider dedicated project administrative support.
9. Continue to raise My View profile, raise awareness and share good practice.
10. Continue partnership approaches and communication.
11. Consider replicating the model in other parts of the UK.

5. Methodology

The evaluation process was based on a fixed budget equating to an input of approximately 8 consultancy days. In total, 31 stakeholders inputted directly into the evaluation through the consultation process, including 11 young people who have engaged with the project either through one to one or group based therapeutic work. These young people were interviewed by team members using a simple interview format developed specifically for the end of project evaluation. The interviews were conducted by My View therapists rather than by external interviewers due to the especially personal and sensitive nature of the experiences and issues engaged with by children and therapists. On balance, it was agreed that this was likely to be both the most appropriate and effective arrangement through which to encourage and enable participation by children and young people.

The evaluation process also included a desktop review of progress reports, project delivery statistics and qualitative feedback from a further 8 My View clients gathered throughout the project implementation year. Overall, input and feedback from 19 young asylum seekers or refugees was gathered or received and reviewed in the evaluation.

Other stakeholder groups were invited to input through a mix of face to face interviews, phone interviews or completion of an online survey. An interview format and semi-structured approach was used in conversations with all stakeholder groups and the online survey questions were harmonised to help ensure consistency across the consultations.

The external stakeholder list was developed by My View, and included organisations with direct experience of referring young people to the project or experience and roles supporting young refugees and asylum seekers themselves. Participation of all stakeholders was voluntary and individuals were informed that their feedback and contributions would be made anonymous and not specifically attributed to them in the final report. Summary data on stakeholder input is included in the tables below.

Overview of stakeholder input	Individuals
My View team	3
Refugee Council	7
Partner/ referral organisations	10
Client interviews	11
Other client feedback samples	8
Total number of individual contributions	39

6. My View – statistical overview

The end of year statistics below summarise actual My View project delivery experience and outputs in relation to relevant project aims.

Aim: Prevention of mental illness through both therapy and psycho-educational groups for separated children

- 207 separated children were referred to and assessed by the project (surpassing the target of 130 by 77 or 59%).
- 189 referrals were directly supported by the My View project through individual and or psycho-educational group work.
- 77 referrals were for one to one support.
- 130 referrals were for group based support and participation.
- Approximately 10% of the 207 referrals were made internally (i.e. from the Refugee Council Children's Section). The other 90% were from 38 external organisations.
- Clients came from 19 countries of origin (the top three being Eritrea, Albania and Afghanistan).
- 166 were male and 23 were female.
- The average age of My View clients was 15. The youngest was 11 and the oldest turned 18 during their time with the project.
- *Outcome Tools were completed with 41 clients.
- The average 'change' identified through *Outcome Tool areas was 0.7 points (based on a score of 1-5, the average initial score for clients who completed two or more Outcome Tools was 2.7, the final score was 3.4).
- Of those who completed the *Outcome Tool, 45% show a significant increase in the scales used to measure mental health and well-being.

* A My View Project Outcome Tool Report is presented in Appendix: 3.

Aim: Early identification of mental illness through notification and training of stakeholders that work with separated children.

- Nine training and awareness sessions or workshops were delivered by My View team members.
- More than 100 individuals from 18 organisations participated (including social services employees, detention centre staff, college staff, team members from refugee support organisations, foster carers and other service providers working or coming into contact with separated children).

Aim: Securing access to specialist interventions for mental illness through direct referrals or separated children to external agencies.

- Nine separated children were referred to external specialist support providers in 7 organisations.
- More than 50 children accessed other services within the Children's Section. Six clients who turned 18 were referred to the Refugee Council's Adult Therapeutic Services.

7. What difference has My View made?

"I still sometimes get angry but not as much as before and now I know what to do." My View client

The following paragraphs summarise the main themes of feedback and responses from across the stakeholder groups consulted as part of the pilot year evaluation in the first quarter of 2016. Written feedback and comments from young people who have engaged with the project either in group sessions or in one to one work with therapists were also reviewed. The open questions forming the basis for stakeholder interviews and the online survey invited views on difference made and impact. The responses were very positive from all stakeholder groups and clearly indicate that the project is achieving or supporting its aims and projected outcomes as previously listed.

"Coming here made me happy. You asked me every week how I feel. You showed me that you are interested in me. I feel free here. Where I live is like prison. Also doing drawing makes me happy and I like using colours and draw my good memories from home and talking in Amharic." My View client

a) A place to go, to make and meet friends: Young people and those working with or caring for them have commented on the value of having a friendly, welcoming place and activity to go to. Many of those engaging with My View have made new friends, established or strengthened social networks and look forward to sessions and activities in the company both of the therapists and other young people. People of all ages, cultures and backgrounds commonly seek to connect with others with similar interests or experiences by joining and participating in different types of groups and networks throughout their lives. Children and young people arriving in the UK, possibly from war zones, have often experienced tragedy, cruelty, fear, multiple losses and trauma that few in the UK will have suffered. Initially and sometimes longer term they can find it difficult to meet others with whom they share experiences, culture or language and can connect, share or communicate with. An increase in confidence in social interaction with peers and adults and in communicating in English was also identified in evaluative feedback offered by therapists, referring partners and young people themselves. My View groups and activities, coupled with strong connections to services and activities provided by other parts of the Refugee Council and partner organisations, provided a place and opportunities for separated children to meet others with whom they can spend time, empathise, and (if and when ready) share experiences and worries with.

b) Reduced isolation: Feedback across the stakeholder groups confirms that, as identified and reflected in the formulation of My View aims and outcomes, feeling isolated is a common issue and experience for separated children seeking asylum. Arriving, adjusting and trying to build a new life in a huge city, in a foreign country and culture and often unable to speak the main language must be a challenge for children and young people arriving here alone and with no familial or social support networks. Isolation and the lack of support and social networks is recognised as a significant factor negatively affecting mood and mental health for many young people and increasing their vulnerability. My View and more broadly the Refugee Council's Children's Section are recognised across all those consulted as playing a crucial role in encouraging and enabling young people to come into contact with others of a similar age and often with similar experiences and refugee journeys.

"I think it really has been helpful... When I used to think about the counselling it was in my head that like even if I'm really really upset I can go somewhere and express myself and feel better or maybe if I'm crying - everything I want to say or feel. It helped quite a lot in the way I feel and even in the way I think about lots of things." My View client

c) Access to trusted adults and getting help with problems: For most My View clients, parents and close family members in their country of origin previously ensured access to safe, trusted care, affection, guidance and support. Sadly, the traumatic, often exploitative or abusive behaviour and events experienced or witnessed by young people in their country of origin or in travelling to the UK have made it hard for them to trust others. Engaging with My View provided an opportunity, sometimes the first opportunity in a long time, for young people to begin establishing trust and supportive relationships with adults. Other adults in caring and professional roles often form part of a support or care plan arranged and overseen by social services. However, resources are stretched and the time available to spend with and develop relationships with young people is often minimal. Through sensitively building relationships with young people over 10 weeks, the My View team not only enabled young people to access listening, counselling and

activities with themselves as therapists, but also helped them to access advice, support or activities provided by other groups and organisations according to their needs and interests. My View provides an opportunity for separated children to have a positive experience of spending time and working with an adult. Several stakeholders commented that My View is highly likely to have helped some young people be more willing and more able to trust, ask for accept help from other helping adults in future.

"I settled – what you gave me, the counselling, the advice you gave me – if I got this when I arrived in the country, it would be helpful. I settled." My View client



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d) Child focussed space and time: Review of feedback from young people often identified and emphasised how important and successful the project approach was in offering a safe space and time for young people to be themselves, to feel and express and talk about whatever they wished, as much or as little as they wanted to. This also came through strongly in the wider stakeholder interviews and online survey responses. The practical or day to day needs of young people can be fairly quickly responded to through the provision of foster care or supported living accommodation, schooling or education and social worker oversight and support. However, emotional or mental health issues, damage and needs can be very difficult for young people, carers or support workers to talk about or possibly even to recognise or acknowledge. In the experience of several interviewees, this can be attributed to different factors including but not limited to the sensitive and often traumatic nature of previous experiences, the lack of trust in or relationships with adults in caring or support roles. Young people may not wish or feel able to share intimate feelings, worries or issues with adults in care or statutory roles. One stakeholder felt that there can be unwillingness and possibly sometimes reluctance of adults in different roles to enter into this sensitive and difficult area.

The My View team and those referring to it are very clear in the project 'offer' to young people. Whether in group sessions and activities or in one to one work, there is a commitment to providing space, time and an opportunity to talk, to express themselves, be listened to (or 'witnessed') that is focussed on and prioritises them.

e) Help in crisis and accessing other support (external): All of the children who were supported in one to one sessions were referred to the project at a point when they were feeling deeply distressed, depressed and in some cases, suicidal. In most of these cases both the young people themselves and those working with them felt that their engagement with My View had helped them significantly in understanding and coping with their emotions and in raising their mood. It also helped them to come through a crisis period and to be better able to recognise and cope with emotions, severe lows and crisis points in future.



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However, suffering, coping, understanding, recovering or learning to live with their experiences and emotional issues are recognised as long term challenges or journeys for many separated children. A longer term impact of the positive experience of engaging with My View as a therapeutic service was identified by several stakeholders within and external to the project. They felt that My View had helped break down some of the obstacles and barriers linked to stigma, embarrassment and shame that can deter people of any age and background from asking for help with emotional or mental health issues. Such barriers persist in mainstream society but can be even more prevalent or significant for people from cultures in which Western models of therapeutic support or counselling are alien concepts or only necessary for 'crazy people'. The My View approach and support as positively experienced by young people is (in the view of several stakeholders) likely to result in them being more likely to recognise their need for help or support and be more inclined and able to ask for it from other people and sources in future.

My View therapists worked with children in crisis who were subsequently referred to other sources of specialist support (with the agreement of the young person), within or outside the organisation.

f) Linking clients into Children's Section casework, other groups and support: My View is based within the Children's Section of the Refugee Council. It therefore benefits from excellent access and ability to make (and receive) referrals from Children's Advisers with expert knowledge and capability in many of the case related needs and issues experienced by My View clients. The My View project is also able to signpost young people and make referrals to a number of other support or activity based groups in Croydon and elsewhere according to needs and interests.

"I gained something and that is: If I need to ask, I started to believe that I shouldn't fear to ask questions about my needs. I am more assertive. Now I keep asking and follow it up. I don't turn my back if someone talks to me, I speak to them now. I even won an award for doing well at school which surprised me." My View client

g) Building coping strategies: Working with My View therapists and participating in individual or group based activities often enabled young people to share, reflect, talk about and better understand both the nature and origins of their feelings. Therapists were able, through different approaches in group and individual sessions, to help them understand how experiences from the past can impact on thoughts, feelings and behaviours in the present and future. For example, as commented on in other areas of this report, some of those supported by the project were reported (or acknowledged themselves) as finding it difficult to play, to feel happiness or enjoyment or to talk about issues causing pain or worry. Feedback review indicates that My View workers were often able to skilfully and gently help young people make space to explore and understand what can be very complex and difficult emotions and patterns of thought.

"Drawing helped me, I like it. You helped me to buy and eat things which helped my stomach's pain. I also learned what to do to relax after having nightmares." My View client

h) Offering different ways for separated children to engage: My View has worked with young people on a one to one basis but also through a range of group sessions including art therapy, drama therapy and activities including gardening, self development, clay modelling and puppet making (and performance). This variety of activities and options for engaging with the project is felt to have been really valuable. Young people were able to try and often enjoy activities that they might never have done before or that in some ways helped them connect with, share or express important feelings, experiences and memories. The groups and activities were felt to enable young people to get to know therapists in a relaxed, unpressured and often fun environment. Over time, as relationships and trust evolved, young people often began to test and feel safer in progressively engaging with their My View worker comfortably and therapeutically. In the words of one therapist "sometimes words are not enough".

"Since my first session here I have learned new things such as how to cope with pain and express my feelings to other people around me and also after a bad day there is always a bright day waiting to come."

My View client

i) Understanding and coping with feelings and emotions: Review of young people's feedback consistently confirms that many have enjoyed trying new activities and have had fun in the process. Whilst at face value simplistic, consultations emphasised this as a very important impact and achievement of the My View project. A common feature in the experience of many of the young people engaging with the project has been the loss and absence of childhood fun and opportunities to play, often over periods of several years, as result of events and experiences within their families and home communities. Therapists and other stakeholders have found that there can be very complex emotional issues and feelings for some separated children, originating from their experiences in countries of origin and in coming to the UK. Some have described feeling guilty, confused or unable to relax, play or enjoy themselves as result. Feedback demonstrates that My View has given these young people opportunities, encouragement and, with sensitive skilled support, the ability to have fun, be a child or young person and enjoy things. As one stakeholder commented, it has helped some young people to remember that "it is OK to be happy, to have fun".

Similarly, professionals and support workers both within and external to the project emphasised the importance in My View's approach and impact of helping some young people to understand that it is natural and OK for them to feel and be angry (and to show or share that anger with other people). Many of those engaging with the project are not only coping with the changes inherent in becoming a teenager but they are also often coping with the memories, experiences and consequences of tragic and often traumatising events or losses. Feeling able to or safe enough to talk about anger, sadness and grief is often difficult and understandably so, especially for those who have come to the UK alone and have few or no close friends and family members that they feel they can confide in. My View has enabled and supported many young people to find or make a space, both literally and figuratively where it is OK to share or express sadness, anger and any other emotion.

"I think all the people who come from other countries may need someone for counselling at least for a few sessions, I don't know, I think it's really helpful and helps out with stress or bad thoughts, feelings; and I think it's good for them to relieve some as well. And some of them feel more scared or ashamed because it seems like 'oh, you're having counselling, means you have problems and all these things but it's not really true, it is something for you, to help.'" My View client



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j) Building trust and overcoming stigma: In many cultures, concepts of emotional and mental vulnerability, ill health or breakdown, and practices like therapy and counselling are often associated with stigma, feelings of shame, failure or weakness. My View therapists have found that separated children can often (especially initially) feel very wary of support or help that is described or perceived as counselling or therapy, especially on an individual basis. Feedback from both young people and other stakeholders confirms that the team work sensitively with these issues and reservations, giving time and opportunity for trust and relationships to develop. Therapists emphasise that control and choice sit with the young person in all stages and aspects of their involvement with My View therapists and care is taken to ensure that young people don't feel under pressure to share or discuss events, feelings or issues unless or until they are ready to.

8. What have been the project strengths?

The evaluation consultations included questions and discussion in relation to project strengths in terms of its structure and approach in responding to needs and working with others. Stakeholder feedback and independent evaluation conclusions are summarised below:

a) My View responded (is responding) to evident and ongoing need: Consulted stakeholders were asked for their views on difference made by the My View project. They were also asked to comment on accessibility and future need for the type of therapeutic activities and support offered by the project. Without any exceptions, every respondent confirmed that there is a very real need for My View type support and expertise. Several stakeholders suggested that in their view and experience, most if not all separated and asylum seeking children coming to the UK should be able to access such support.

"It was the most enjoyable and thought provoking session we have attended for a while. It gave us a lot of insight into the deep and distressing experiences that a young unaccompanied refugee may go through."

External stakeholder (workshop participant).

b) Raising awareness of signs of trauma, mental illness and support needs amongst separated children: The My View team helped raise awareness and understanding of the possible signs and indicators of trauma, mental illness and support needs amongst separated children both through training and workshop delivery and also through general liaison with mainstream organisations and other professionals.

Over the one-year period, the pilot project delivered nine training sessions and awareness raising workshops to more than 100 individuals from 18 organisations including workers in colleges, social service departments, detention centres and other service providers working or coming into contact with separated children.

The workshops and training prioritised and effectively supported the project aims of helping to promote and enable early identification of mental illness by other stakeholder groups and organisations working with separated children. Foster carers, social workers and others involved in caring for and supporting young people have experience, training and skills relating to the experiences, needs and context of young people born in the UK. Usually their knowledge and understanding in relation to the experiences and issues affecting separated children who have often fled warzones, been trafficked, bereaved and (or) witnessed or experienced traumatic events is limited. Review of feedback from workshop participants and through evaluation consultations confirms the value, effectiveness and ongoing importance of raising awareness in these areas. The importance of recognising the likelihood of emotional and mental health issues affecting separated children, understanding how these issues might be indicated and identified, and learning about how children can be helped and supported are examples of valuable content.

"I just had a counsellor at school, I used to go once, but because it wasn't refugee - they were like more for different things and I needed just some thing for my case because I'm a refugee." My View client

c) Therapist expertise, project ethos and commitment to the needs of children and young people:

Consultations across the evaluation stakeholder groups highlighted the My View projects shared ethos and commitment to the welfare and needs of separated children. There is a clear and recognised commitment to accepting and supporting children and young people with the issues they bring in their relationship with the project. Each My View therapist brought a range of skills, specialisms and interests, qualifications and substantial experience to the project. Mutual recognition and respect for each therapist's role, contribution and dedication to the work was expressed and evident as a project strength in consultations across the team and managers. The short funding and delivery period of one year required a fast project start up process in order that it become operational and start work with young people as soon as possible. The therapist team were instrumental in making this happen.

"...My View makes our service more complete by addressing both the practical and emotional needs of the young people we work with. My View is complementing the Children's' Panel and is making our service more holistic as a result." Refugee Council Children's Section team member.

d) My View location in the Refugee Council Children's Section: The need for and prospective value of a therapeutic project for separated children was largely identified through the Refugee Council's day to day experience of providing advocacy and casework support for this client group spanning many years. Establishing and locating the My View project within the Children's Section has enabled very effective and timely referral of vulnerable children and young people by Children's Section Advisers to ensure that they can access dedicated and expert therapeutic assessment and support. Conversely, when working with a young person and identifying case related or advocacy support needs, My View therapists have been able to quickly, easily and confidently refer them for expert help. The physical proximity of the project with Children's Section teams has also proven to offer unique strengths in that young people visiting a caseworker or otherwise spending time in the Children's Section will often have seen or possibly come into contact with My View therapists informally before being referred to the project. As mentioned previously, children from other cultures (and also of UK origin) can initially be suspicious of and reluctant to engage in 'therapy' or 'counselling'. Knowing that the My View project is part of the Children's Section and being able to see or even possibly chat with My View team members in the same building as the Children's Section Advisers has, in the view of some evaluation stakeholders, made it easier for young people to subsequently engage with the project.

"I made a card for my sister in Eritrea. I miss her so much". My View client

e) Offering activity based group sessions and one to one work: One of the strengths of My View as consistently identified by stakeholders was its offer of support to young people through a range of psycho-educational, psycho-social and therapeutic activities both on an individual and group basis. Themed groups and workshops during the year were based around gardening, self development, drama therapy, art, clay modelling and puppet making (and performance). Some young people who were initially referred and supported on an individual basis subsequently also participated in the group sessions. Other young people were initially nervous or uncomfortable with the possibility of one to one therapeutic work with the My View project team and they began their involvement with the project through group sessions. These provided a vehicle through which they could interact, develop relationships and trust with a therapist and in several cases, young people either subsequently requested or were referred (with their agreement) into one to one sessions.

f) Development of outreach work: Outreach work with individuals and groups was developed in locations offering accessibility and community support for those engaging with them. The service was offered in a range of settings across London and in Kent. My View's outreach groups, activities and work with stakeholder organisations (including providing training and awareness raising workshops) were recognised and prioritised as an essential and very valuable element of the project delivery model. It requires a capacity for travel by team members that can be difficult within the context of a small project and busy team (depending on location) but as commented, My View team members and all other stakeholders consistently identified it as an important project strength.

g) Partnership relations and perception: External stakeholders including referring organisations consistently affirmed their perception and experience of the My View project as a skilled, trusted and much needed provider of therapeutic support for separated children. The establishment of the pilot project by the Refugee Council has been welcomed including by partner organisations in the Croydon Refugee Network. Whilst another well respected local project ("Compass") provides support and counselling for young asylum seekers, refugees and forced migrants in Croydon, stakeholders in the evaluation without exception confirmed that there is more need than can be met by current nature and level of provision. This is felt to be the case both in the locality of Croydon but also in other locations including other London boroughs and Kent where little or no such specialist support is available to meet the needs of separated children and where very long waiting lists are commonplace. Communication between My View and partner organisations, especially with those providing therapeutic support or working with the same client group such as Compass and Young Roots has been valuable during the first year of My View implementation and would be recommended in the context of project continuation or development.

"... it will leave a major gap in service provision in Kent, where there's already so little support with mental health and wellbeing". External stakeholder / referrer.

h) An advice and referral resource for health and other providers of support: There are other groups and mainstream service providers offering different forms and levels of emotional and therapeutic support to children and

young people in Croydon and elsewhere, for example CAMHS (statutory Child and Adolescent Mental Health Services). However only one other (Compass) was identified in consultation interviews that can offer a similar combination of expert counselling and support coupled with in-depth knowledge and experience of working with separated asylum seeker and refugee children and the issues affecting them. Certainly, in the view of almost all the evaluation stakeholders consulted within and external to the Refugee Council, there is greater known and potential need for My View type support than can currently be met. As such, My View has provided a much needed, rare and highly valued resource for professionals and organisations seeking to find expert support to which they can refer vulnerable young people.



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i) Therapist peer support and clinical supervision: The particularly traumatic and upsetting nature of My View client experiences and suffering and the challenge and emotional strain of working with the client group was acknowledged by project therapists and managers. All of the therapeutic team are clearly aware of the need to take care of themselves in this context, to engage with and establish coping and support mechanisms both within and outside of the work environment. The team of therapists met on a fortnightly basis, using the meeting for general project communication and implementation discussions but also for the purpose of reflection and peer support in relation to their work with children and young people. Each therapist also participated in scheduled and independently provided group clinical supervision on a fortnightly basis during the pilot project. This was recognised and established as a vital element in the provision of support and care for practitioners in this type of therapeutic project and it was generally found to be valuable. Individual clinical supervision provided through the My View management structure was also valued.

j) Monitoring and evaluation (commitment and practice): Feedback from children and young people, from referral partners and from workshop and training participants has been routinely but sensitively gathered through a variety of processes and tools throughout the pilot project implementation. An Outcome Tool was also adopted and has been used on a regular basis in work with individuals. Adjustments were found to be necessary and have been made by the team. The commitment both to inviting and welcoming feedback is evident both in the examples shared and reviewed as part of this evaluation but also in consultations with team members. The feedback also provides clear and valuable insight into the difference that young people and referrers feel their involvement with the project has made or supported.

9. What were the challenges and learning points identified for the pilot project?

a) Speed of project set up and becoming operational: The short period between funding being confirmed and the project needing to become operational was identified in some consultations as very challenging. There was a sense that the project and team “had to hit the ground running”. This was recognised as being an experience in the establishment of many new and pilot projects, but ideally more set up and preparation time would have been built into an implementation plan. A longer period and opportunity for all team members to work together in helping shape and design project materials, working spaces and information, tools, processes and agreed practices would have been valued.

b) Management support arrangements: The dual specialism implications and support requirements of working therapeutically with separated asylum seeking children presented challenges in ensuring accessible and appropriate support and supervision for the My View Project (this was acknowledged in consultations at manager level.). Being structurally based within the Children’s Section and within the same building, day to day project oversight and team line management was located with the part time Children’s Services Manager. The therapeutic nature of the project’s work required that team members had access to and received clinical supervision that the Children’s Services Manager was not qualified to provide. Individual clinical supervision was therefore located with the Therapeutic Service Manager based in the Refugee Council’s Stratford office. Whilst the rationale and necessity for the functional and geographical split in project management and supervision was clear, the additional factors of part time roles and limited capacity across both therapist and management roles meant that the model was not always as effective as everyone wanted it to be. The ability and commitment of the My View team of therapists in working with and supporting each other was key to the successful establishment and delivery of the pilot project.

c) Project capacity and part time therapist roles: My View was established as a small pilot project and therapist roles were all part time. Project delivery time and capacity was limited and as client referrals, individual caseloads and group sessions increased, challenges were experienced in terms of balancing and prioritising key tasks and activities:

- Time spent preparing and engaging in group and individual work with young people
- The accessibility benefits of doing outreach work with cost in travel time.
- My View team time – for review, planning, reflection, peer support (alternate Tuesdays were used for these functions).
- Wider interaction with Children’s Section (e.g. in meetings etc.).
- Interaction with external networks and organisations.
- Personal and project administration.
- Monitoring and evaluation.
- Individual support and supervision.

Due to the number of referrals, a waiting list was established in July 2015 and was closed to new referrals in January 2016.

d) Fitting in with the schedules and weekly routine of separated children: The My View project was structured and staffed to enable work with young people to be undertaken on a Monday to Friday basis mainly during daytime hours. During the course of the project delivery it became clear that daytime, weekday groups and one to one sessions based the Refugee Council in Croydon were often difficult for young people to access. This was usually due to the young person attending school or college or sometimes having other appointments and commitments with (for example) legal advisers or social workers. Participating in one to one or activity based sessions in the Refugee Council implied travelling time as well as participation time. The importance of minimising or avoiding disruption to school attendance and routine or structure for clients was recognised and respected. My View sought to plan and arrange sessions and work with young people in locations and at times that minimised disruption and increased project accessibility.

e) Culturally linked barriers to engagement: Mental and emotional ill health or vulnerability are commonly sensitive and difficult issues for people to acknowledge or ask for help with. Many separated children and young people in the UK come from countries and cultures within which trauma, mental and emotional health issues are either not acknowledged and (or) are perceived as weakness or shameful. Refugees of any age who have witnessed or endured severe hardships, bereavements, trauma and terrible events can feel under great pressure not to talk about or acknowledge the impact these things can have on their feelings and day to day lives. Western models of therapy and counselling are either not part of any health care landscape or infrastructure in many countries of origin or they are seen to be treatments for 'crazy people'. My View therapists commonly encountered reluctance in children and young people to consider individual counselling and therapy for these reasons and they often needed to patiently and carefully explain the underlying ethos, principles, practice and potential value of one to one time.



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f) Working through interpreters: When necessary, therapists also worked with young people through interpreters. This could be a challenge both for therapists and some of the young people they were supporting. Skilled and experienced interpreters are essential and they needed to be familiar with the nature of the My View project, well grounded in best interpreting practice and able to work sensitively with distressed children and young people. Interpreters also need to be able to cope with the emotional demands and impact of working with children in distress and of facilitating discussion and communication of very sensitive and difficult issues.

g) Evaluating and measuring change: My View 'success' and achievement against some of its stated aims and especially the longer term outcomes and impacts described in funding applications and reports will by their nature be hard to robustly demonstrate, evidence or objectively measure. This is especially the case at the end of the first year of project implementation. It will also remain difficult on a long term basis due to the nature of the work, the circumstances and uncertain longer term immigration status of My View clients, and the subjective and changing nature of individual emotions, mental health and wellbeing. However, collection of project monitoring data, evaluative feedback and testimony across all stakeholder groups has been prioritised and sensitively facilitated within the project using a variety of tools and processes (see the strengths section). One of the main tools planned and used by the therapists to help measure and illustrate change and impact felt by clients was an Outcomes Tool. The Tool measured clients' perceptions of their well-being across eight aspects of their lives at the beginning of their work with My View and toward the end. The areas looked at were sleep, loss and separation, suicidal thoughts, immigration situation, general mood, basic needs, family and relationships. Overall a significant improvement was noted across these fields. The smallest change was noted in feelings about family with a 36% improvement, while the biggest change was noted in feelings around loss and separation, and general mood, both of which produced a 73% improvement. An overall summary of the Outcomes Tool data for the project can be reviewed in Appendix 3. Feedback forms, letters and verbal feedback (subsequently noted) were found to be valuable indicators and a means through which children and young people could be encouraged and enabled to express their thoughts and feelings about their engagement with the My View project. Despite some of the challenges referred to above, supplementary and independent consultation (through this evaluation) coupled with review of internally gathered material clearly indicates the value, effectiveness and impact of the My View project in relation to its aims and target outcomes.

10. Recommendations

The evaluation and consultations took place during the final two months of the My View pilot project. Scope and scale of the evaluation was limited though valuable input and feedback was received or reviewed from a representative cross section of key stakeholder groups. The following recommendations draw upon stakeholder feedback on impact and learning to date and also upon the views consistently expressed in relation to future need. Whilst funding by the DfE for the one-year pilot project has now ended, the Refugee Council has been able to fund the project for a further year, though on a reduced scale. The number of therapists has reduced from three to two part time (0.6 FTE each) while a review is undertaken. The reduction in size of the project will inevitably impact on its delivery and short term development in a number of areas. The recommendations are offered with the intention that they will be useful to inform and support both project implementation and ideally sustainability planning over the next twelve months.

1. Aim to sustain the My View project and expand capacity: There is evident and agreed need for, and shortage of, the type of support provided by the My View project. The project has established a service that combines skills and expertise in work with separated children with a range of child focussed therapeutic activities. This coupled with its location within the Children's Section of the Refugee Council has proven to be an effective model and approach. Stakeholders have consistently affirmed that it makes a real and very much needed difference for many separated and traumatised children. Several (including in external organisations) expressed the view that every separated child coming into the UK should be offered My View type support.

2. Maintain My View's location and strong links within the Children's Section: The location of My View within the Children's Section enables easy and speedy cross referral and case related information sharing (subject to protocols) between My View therapists and Advisers in the Children's Section, enabling issues causing distress or worry to be quickly identified and responded to. The close proximity of the services in sharing the same premises means that children are often familiar with the address, physical environment, and other Refugee Council staff. These were identified as factors that can contribute to some young people having a sense of familiarity, confidence and a degree of trust in My View and team members.

3. Prioritise development and implementation of a project sustainability and funding strategy: There is a clear and agreed need for My View and the type of support it provides. The current continuation funding committed by the Refugee Council provides an opportunity for My View with manager and section support to develop and implement a funding strategy with the aim of securing longer term sustainability and a level of capacity to match existing and prospective demand. Many of the recommendations offered in this section of the report are dependent upon there being sufficient project time and capacity. Approaches should be made to a range of possible funders such as trusts and clinical commissioning groups.

4. Aim to maximise project accessibility (to suit the daily and weekly routines): Current limited capacity in the My View project is acknowledged. As far as possible, continue to plan and offer both individual and group based sessions at times and in places that fit with the school or college attendance and weekly routines of young people. Flexibility should be built into any project planning and development activities in future, with thought given to building in accessibility at evenings and weekends.

5. Aim to maintain and develop targeted outreach work: Outreach work has proven to be an effective and appropriate means through which children and young people needing My View support can be reached and enabled to access it. The development of good relationships, mutual understanding of roles and confidence in service quality and ethos between organisations is also facilitated through outreach and networking activities. These are crucial aspects in any formal and informal partnership work but especially so in the context of considering and making referrals of very vulnerable children and young people.

6. Ensure effective and clear line management, coordination and operational decision making arrangements:

The sharing of My View project line management and clinical supervision roles across two management posts was understood as a necessary arrangement, primarily due to the dual nature of the My View project specialisms but also because of the physical location of the managers in two different Refugee Council offices. Matrix management of this type is commonly used. Some stakeholder comments (including at manager level) acknowledged some challenges in initial coordination, ease of access to managers, in communication and in clarifying roles and functions and these should be addressed. Options for review might include simplifying the line management and clinical supervision model or building a 'Project Coordinator' or 'Senior Therapist' role into an expanded service to help ensure day to day coordination, communication and information sharing and decision making.

7. Ensure regular 'whole team' time (with managers): The My View therapists met on a fortnightly basis for collective review, planning and discussion both of general project implementation, group and individual case issues. Regular involvement of a line manager would enhance the meetings and support participative review and planning, sharing of key information, joint decision making, team reflection and identification of learning.

8. Consider dedicated project administrative support: Different views on the need for more dedicated project administration input were expressed in the consultation. Future planning and project development should consider including a budget for dedicated administrative or similar non client facing project support, to enable therapists to devote more time to their direct work with children.

9. Continue to raise My View profile, raise awareness and share good practice: Stakeholders without exception advocated both the need for My View type support and also the effectiveness of the model and approach. My View's capacity to respond to referrals, run therapeutic and activity based groups and to undertake one to one work is inevitably limited by there only being two therapist team members. Awareness of the project's existence amongst statutory and voluntary sector organisations working with separated children has grown organically and can be expected to continue to do so, especially if and as it is also proactively promoted by the Refugee Council. This is likely to result in a combination of referrals increasing, and waiting lists increasing concurrently. However, the project plays a crucial role both in helping to highlight the issues and needs of traumatised and vulnerable separated children and young people and in sharing good practice in how they can be effectively supported. External networking, liaison with partner organisations in statutory and non statutory organisations and delivery of training and awareness raising workshops and skill share type events are key activities and should be continued as far as capacity allows and incorporated in any project development.

10. Continue partnership approaches and communication: The value of maintaining communication and working collaboratively to maximise resources and develop complementary support resources for separated children was advocated by several stakeholders within and external to the Refugee Council. Opportunities and potential for future partnership working and development (formally or informally) with other organisations to help sustain or build capacity and increase reach should be considered on an on-going basis.

11. Consider replicating the model in other parts of the UK: The My View model and approach is responding to and meeting needs of separated children in London that are likely to mirror those of many separated children and young people in other parts of the UK. Needs assessment coupled with mapping of support (and gaps in support) in other locations where there are significant numbers of separated children (including trafficked children) could provide valuable data and a basis to support establishment of similar small scale projects in other areas.

11. Concluding comments

I hope this report provides a useful assessment of the impact or 'difference made' by the My View Project during the pilot year of implementation and that it provides material that will prove to be useful in future project planning and development activities. My View team members and stakeholders have engaged openly, reflectively and supportively throughout the evaluation which is highly appreciated. There is a shared and passionate commitment to identifying and responding to the needs of separated children both directly through individual and psycho-educational group work and also through raising awareness and strengthening practice in other organisations to meet their needs. The My View team should be proud of its success in establishing and successfully delivering the pilot project.

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Appendix 1: Case studies

The following short case studies were written by My View Therapists and help to illustrate the nature of their work with separated children and young people. All identifying details have been changed.

Case study 1:

Dritan

Dritan is a 17 year old boy from Albania. He grew up in southern Albania with his father who abused him physically until he ran away. His mother had died and he has no siblings. He is Muslim by birth but does not identify with his religion or attend mosque. At the time he started working with My View he had already had his asylum claim refused and was trying to find a solicitor who would take his case to appeal but had been told his case was weak. He appeared well-groomed and quite smartly dressed. He was referred to My View through an Albanian community organisation he attends.

Dritan attended the self-development psycho-educational group which My View ran throughout the school summer holidays. During the course of the sessions Dritan presented with a contained and mature affect. He seemed to enjoy working creatively around themes of reconnecting with positive memories and also on identity. During group discussions about loss he appeared to respond with a deeper level of sadness and later shared some of these feelings with the group.

Although he spoke quietly and less than some of his peers, he did not appear shy and seemed relatively popular among his peers. On occasions when fellow group members became loud and there was the possibility of disruption he would let it be seen that he did not approve and he would quietly bring their attention back into the group and the task at hand. He appeared to engage well with the work and sometimes volunteered to help translate for newly arrived peers. When the group was nearing its end members were offered the opportunity to access the My View one-to-one counselling service and Dritan put his name down for sessions.

We worked together in ten sessions over four months. During this time we explored his feelings around duty and responsibility, and his sense that he should always act like an adult. He shared his ambition to qualify as an engineer and described his feelings around needing to become a productive member of society. We explored his background. He shared his fears that having his claim refused would lead to his living on the streets in Albania as he could not return to his home.

We looked at the lack of any memories of gentleness or playfulness during his childhood and linked it to his feelings of guilt around spending time having fun or socialising with his peers. As his narrative emerged it also became clear that unconsciously he was equating hard work and successes at college with an increased chance of succeeding in his asylum claim.

Later using Play Therapy techniques, we identified ways of allowing himself enjoyment in his life without feeling guilt, such as reading poetry and using creative writing to allow himself to safely express his feelings. We worked on positive affirmation to explore his personal qualities and talents and linked them to his experiences to identify the strengths and resilience he already had. Using art materials, he created a 'postcard to himself', in which he acknowledged his feelings now and his hopes for his future. Using CBT and Solution Focussed techniques we gradually opened up the space to consider a future where there was a chance he might have to return to Albania. We explored his feelings about his new life here and his old life there and the need to manage a possible failed application.

Over the next few weeks we continued to explore his fears around return and practised mindfulness techniques to help him manage anxiety and sleep disturbances. Then we started a 'personal journey' booklet, detailing three good things about him, identifying good things that have happened and noting learning/psychological changes. We spent some weeks considering how response to events can determine how they are experienced, and that our feelings can sometimes determine if an event is happy or sad and he highlighted this in a 'learning diary', noting he now felt he was more confident, because he knew *"...different ways to solve problem, different ways how to communicate."* We considered how this might be helpful when considering possible return to Albania.

In our last sessions we continued to work on affirmation, looking at his ability to make sustaining relationships. We explored his background and the lack of modelling in his childhood and considered how this has or hasn't affected him in his new life, particularly around relationships. He shared that he felt he had a mutually warm relationship with his foster parents and generally good relationships with his peers, social worker and teachers. Linking back to our work on positivity and negativity we considered ways this could be helpful in coping with his asylum case outcome. We affirmed his positive feelings and thoughts about his ability to learn from experience and integrate his learning into his life, whatever the circumstances and he fed back that he had *"...Learn such a lot of things such as: learning how to deal with the problem, feeling less stressful, seeing how you feel when you see things."*

Case study 2:

Desta

Desta is a 17-year-old girl from Eritrea. She presents as self-contained and thoughtful. She speaks good English but is confident to ask for explanations for words or expressions that are new to her. She is well-groomed and takes care of her appearance.

She was taken by an uncle to Sudan at four years old after the arrest of her father. A year later she was trafficked to Greece where she was kept in domestic servitude until she escaped when she was 15. She was taken in by a group who put her to work selling in the street. A year later she was taken to the UK and claimed asylum. She has now been given leave to remain.

Desta was referred to My View by her social worker who felt she might benefit from counselling. She refused at the time, explaining later that she did not want to talk to anyone about her experiences. She felt going to counselling would be an admission of weakness and she *"needed to be strong for myself."*

Shortly afterwards we started a My View psycho-educational group at the Brockwell Park Community Greenhouses in Brixton. Her social worker referred her again and this time she decided to come to the first session because she thought gardening would be interesting. When she came she brought another young woman from Eritrea who spoke no English and took a lot of trouble to translate for her and seemed to take on the role of speaking for her friend. She was helpful and friendly to the Greenhouses staff and the other young people but remained very contained, although she later reported that *"...the counsellor would talk to me sometimes and it was a very good experience, it gave me hope."*

She engaged well with the practical tasks and seemed to enjoy the sense of being useful and having a role in a team, something that may have been missing from her life. When the group had finished we offered her the opportunity to join other groups or to access one-to-one counselling. Initially she decided against having further support but then decided to come to see the counsellor.

She seemed to need to set the terms of the sessions, stating that she did not want to talk about her experiences and expressing doubts about the effectiveness of therapy in general. We worked on affirmation and acknowledging the strengths which had brought her to the UK and her present life. There were several weeks when she did not attend and although she always contacted us to let us know, there was a sense that she would do this after a session where she may have felt she had shown her emotions. As she became aware that she was not being judged for this she started to use the space to talk more about her past and to let herself feel some of the pain she was used to keeping hidden.

Using art materials, she was able to express some of the difficult emotions that she found so hard to share verbally and this gradually opened up a space for her to acknowledge the pain she was carrying. She also had the choice to take her drawings home or to leave them with the therapist, to underline her sense of autonomy in her therapy.

Towards the end of the sessions we started to work on her feelings around having had her childhood stolen from her, introducing some exercises to help her connect with a sense of playfulness and she verbalised her pleasure in this work. By this time, she was able to acknowledge some sadness that the therapy had come to an end.

Later she shared that she had had doubts about coming for therapy, saying *"I was so sure I don't want to go for counselling but I remembered everything we said at the group. The counsellor offered me sessions and each time I came I would say 'this will be my last day'. But I kept coming. The counsellor never told me I must do this or that, which gave me confidence to try to say many things –things I can't say to friends. Even if I'm not happy I can say what I want. I just want to say thanks to my counsellor and My View for helping me cope with my problems and feel better."*

Case study 3:

Ali

Ali is a 17 year old boy. He fled to England on his own at the age of 14 having witnessed extreme violent acts in his home country and subsequently becoming separated from his family. He is a Muslim and the eldest child. Ali's age is disputed and his asylum claim has been refused. He lives with a foster family and attended 10 one to one art psychotherapy sessions.

In the My View assessment session Ali presented himself as a sad, tearful young person with good self care. He was suffering from sleepless nights, flashbacks and a deep sense of guilt and helplessness. He has struggled with very sudden separation from his mother and he expressed his wish to end his life.

At the age of 14 on his way home from school, he witnessed two local people being set on fire and another man beheaded by Taliban. Ali's father was then also killed by the Taliban after reporting the incident to the police. Consequently, his uncle organised Ali's escape out of the country, along with his mother and two younger brothers. On the journey, after a long disagreement with smugglers, they separated Ali from his mother and two brothers. Ali has not had any contact with his mother since then. He doesn't even know the whereabouts of his family despite multiple attempts to trace them through the Red Cross.

Ali has described his journey to UK which left him shocked and frightened including being forced by a smuggler to sleep in a room with dead corpse, and having to walk three nights in snow on the mountains without having appropriate clothes or shoes while sustaining a broken arm and bleeding. He has expressed that he wants to die so that he can be reunited with his family. He thinks that if he dies he will be able to see them again in an afterlife regardless of whether his mother and siblings are still alive.

Individual art psychotherapy sessions offered him support and possibilities of exploring his difficulties. An opportunity to explore his feelings, thoughts and memories through art making enabled him to process his extremely difficult experiences. We explored Ali's separation and loss; guilt and shame; helplessness and anger together with good childhood memories and his wishes for the future. Ali spoke in his mother tongue, Farsi, which the therapist speaks, and English about his painful experiences. He expressed his thoughts and feelings in his drawings where words were not enough to describe them.

Ali felt safe enough in the sessions to express his anger related to the disbelief of his age and refusal of his asylum claim and mourned over his losses, which was a great relief for him. We explored Ali's sense of guilt which was related to his father being murdered by Taliban. His uncle believed everything was Ali's fault. His sense of guilt could also be 'survival guilt' as he is the only one in his family who survived.

Ali has described how his parents would have big celebrations during Eid and often cook lots of food and his mother would share this with neighbours and friends. I noticed Ali's low mood during therapy sessions. However recalling his childhood memories with his mother always brought a smile to his face. He also drew his mother a cup of tea once.

Art therapy facilitated in its process a space for Ali to connect with his sense of self in the past before the separation. Remembering his home, loving family and early good attachment with his mother helped him to connect his past with his present, become resilient and cope better with his difficult circumstances.

Case study 4:

Saba

Saba is a 17 year old girl who fled from Ethiopia to England in August 2015. She is a Muslim and the only child in her family. Saba attended 10 sessions of one to one art psychotherapy.

Saba left her country with her mother and went to Sudan. From Sudan she travelled on to the UK but her mother stayed behind because they didn't have enough money for both of them. In the assessment session Saba presented herself as a deeply sad, demure young person with good self care. She was very isolated and suffered from headaches and sleepless nights. Saba doesn't know the whereabouts of her family. Her asylum claim has been refused and this has made her feel more unsafe, anxious and demotivated.

Saba lives in supported housing where she finds it difficult to live in shared accommodation with boys. Saba has struggled with her separation from her family and found it difficult to express herself verbally although we used an experienced face to face interpreter. She also reported that she is confused during her lessons at the college.

However, during her sessions Saba eagerly used art materials and drew images of her friends and school back home; her cat that used to come home for his food everyday; their apple tree and an Ethiopian tea ceremony where women were wearing traditional Ethiopian dresses. Saba also spoke in detail about the traditional tea ceremony and how her mother prepared all the spices and used to set the tea table and invited friends over. Saba, by sharing her traditions and culture in art therapy sessions, strengthened the ties that bind her to the past.

She felt accepted, respected and valued in the sessions which helped her to build confidence and supported her in her relationships with others. Art psychotherapy empowered and enabled her to be assertive and speak for herself or ask for what she needs. She also learned about relaxation techniques which helped her with her sleep.

Saba reported that her relationship with others improved and that she started to make friends with her peers at college. She also received an educational award from her college for doing exceptionally well with her studies; she was not expecting this and it boosted her morale greatly.

Case study 5:

Negasu

Negasu, a 16 year old Oromo boy, was referred to My View by his social worker. On the referral form, Negasu's social worker listed 'several meaningful losses' that he had experienced – his father was killed, and his mother forced to flee the family home to stay safe. Negasu was left to live with his grandmother and younger sister, both of whom he had to leave behind on escaping Ethiopia, and who he had since been unable to contact. Further to the devastating losses experienced at home, Negasu went on to endure a horrific and life-threatening journey into the UK, travelling first by land across North Africa and then undertaking the now infamous crossing of the Mediterranean to reach Europe. Negasu survived the journey, and eventually reached the UK many months after his journey began – others who travelled with him were not so fortunate, and Negasu was forced to witness the deaths of many of those around him, including a friend who had undertaken the journey to seek refuge with him.

I began working with Negasu in July 2015, and he went on to attend a total of eight one-to-one therapy sessions, over a period of 11 weeks. We began our therapeutic relationship tentatively – through an interpreter, I explained the therapeutic process, describing the confidential, non-judgemental and ultimately safe space I hoped to create for Negasu, in which he could share and explore whatever he chose, whether it be past trauma or present concerns. As it turned out, our sessions would encompass both, as Negasu shaped the course of his therapy and the support he required.

During our early sessions, I learnt more from Negasu of the many traumatic experiences he had lived through, both at home and on his journey to the UK. Both Negasu and his father had experienced torture – being detained by police and beaten on a number of occasions – an assault which Negasu explained was simply due to their ethnicity. He spoke of witnessing whole groups of Oromo being rounded up and beaten, simply for speaking their own language. He lived with a well-founded fear of persecution, and following the killing of his father, and the enforced flight of his mother, he finally had to seek safety himself.

Negasu's journey to seek refuge was by no means an end to his suffering – he spoke of being captured and imprisoned in Libya for no crime, kept in crowded cells with others and witnessing the seemingly arbitrary execution of a number of his fellow prisoners. His eventual release was no more explained than his imprisonment.

Negasu travelled towards the north of Libya in the back of a crowded lorry, often going without food and water. At one point in their passage, the lorry he was travelling broke down – it was not known how long they would have to wait for it to be fixed. The wait, spent huddled by the roadside, was to go on for three days – during this time, a friend of Negasu's died, unable to withstand the conditions any further.

In telling me of the journey across the Mediterranean, Negasu again spoke of crowded, desperate conditions. He related how the journey seemed to go on forever, how many fared badly, how he witnessed the deaths of a number of others on the voyage. In an act of devastatingly harsh practicality, Negasu told how the bodies of those who died were simply thrown over-board.

Negasu reached the UK at 16 years of age – at least nominally. He had experienced trauma, assault and great loss in myriad ways which no-one should have to experience in one lifetime, especially not one still so short. Little wonder, then, that in exploring his experiences and emotions, Negasu presented with many symptoms of mental distress. He described ongoing sleepless nights, nightmares and flashbacks, a fear and distrust of police when he happened to see them, and a deep, sometimes uncontrollable anger that greatly concerned him, as it could erupt at any time, triggered by any number of factors.

Given all the above, it would be easy to expect the bulk of our sessions to have been spent addressing the many traumas that Negasu revealed. In fact, although we did spend time exploring the past and considering ways for it to have less of a distressing hold, a significant part of our time was also spent on the present. In our early sessions, Negasu was distressed at having nothing to do to occupy his time, as he had to wait until September to start at college. He spoke of the agony of having too much time at home, alone, stuck with repetitive and intrusive thoughts.

Once he started college, Negasu's relief and happiness at having something to fill his time was almost palpable. Negasu also discussed the anxiety he felt regarding his asylum application; he had not yet gone for interview when we first began sessions, and this uncertainty added to his insecurity – once again, there was great joy and relief when he was finally granted leave to remain, thus removing one more barrier to settling into stability and a feeling of having finally reached safety.

I provided a space in which acceptance, belief and empathy worked together to show Negasu he was acceptable in all moods, and that his anger, distress, and anxiety were all very normal reactions to his hugely traumatic experiences. I offered a space where Negasu could reclaim pride in his origins, sharing pictures of flags, telling me stories of back home, talking of festivals and celebrations that he observed, so that memories of home were not overwhelmingly traumatic, but also offered comfort. In the matter-of-fact and honest manner with which I discussed his feelings with Negasu, I modelled a method for him to use in examining and addressing his emotions himself. Finally, I offered Negasu the opportunity to be himself, and the child that he was – where he was not solely defined by his trauma, by his need for asylum, nor any of the other elements that caused emotional distress; where he did not have to manage alone; and where he was never obliged to do or say any more than he wished.

Negasu delighted in being offered creative ways to express himself – following the first introduction of art materials as another form of expression, Negasu often chose to draw and create, and just as with words, this was another way in which we communicated and explored Negasu's experiences and emotions. More than anything else, sharing artistic expression allowed for a less intense exploration of issues, and brought room for satisfaction and sometimes even laughter in a way that was not always relevant when discussing issues verbally. Negasu ended our sessions visibly and explicitly happier, calmer and feeling more in control of his mental and emotional wellbeing.

Appendix 2: End of project evaluation interviews with My View clients, with additional quotes and stakeholder feedback

This appendix to the evaluation report records the responses of 11 young project users who were interviewed by My View therapists in the final month of the pilot project. The interviews were conducted on a purely voluntary basis, were semi structured and based on questions reviewed and agreed with the My View team. The questions were used flexibly and young people could choose not to respond if as they wished. The responses are recorded below 'in own words' format, have been grouped out of sequence and names, genders and country of origin information removed.

Additional quotes and stakeholder feedback have also been included.

1. What was your situation and how were you feeling before you first came into contact with My View?

- I was very sad and have had bad feelings.
- I was feeling really bad and devastated.
- I was feeling very lonely, sad and worried.
- I had no hope, when I came here I learned about hope.
- I am ok.
- I was really, really down with what I was passing through. During the session, when I come to see you, I feel a bit better, because it is really good there is someone there to listen to me, someone to talk to, someone who believes what you say - it was really, really helpful.
- After I got to detention, I found much support from you – before, I did not have anyone to stand by me and give advice. Before I have no idea about anything around me, but after you visited me, I understood what is going on.
- Before I came to contact with My View, I was scared and worried.
- Feeling bad.
- I was very worried about my age dispute and also I couldn't sleep at nights.
- Myself I was like feeling down, and really sad, like without hope, without nothing. I didn't sleep, I wasn't sleeping at night and really, really down.
- I was really upset. The things I was feeling were so wrong. That's why I decided I needed counselling.

2. What difference did you need or hope for when you started coming to My View?

- I was depressed and by talking to you I felt relax and calm. I was eager to see you every week. I looked forward for your advice and how to deal with my problems if I had an issue.
- I was hoping to go to school or college.
- [I came] for counselling, to get advice. When I come to you and explain what happen to me in the past, I feel sad, but when I come and you counsel me, afterwards, I feel better.
- I was told counselling would help my emotional wellbeing – they asked if I wanted someone to talk to, someone that is just to share your emotions, someone not working for anyone else [Home Office, social services etc.], and I was happy to have this.
- I thought this is like Home Office and they will ask me lots of questions. When you explained about what is therapy, I was relaxed.

- Coming here made me happy. You asked me every week how I feel. You showed me that you are interested in me. I feel free here. Where I live is like prison. Also doing drawing makes me happy and I like using colours and draw my good memories from home and talking in Amharic.
- Help me, maybe, advice.
- I was hoping I was coming and seeing you and you could help with my problems. You helped me to not worried.
- To help me, to give me some advice, maybe to give me some tips how to sleep, and um, yeah, how to keep on doing what I was doing. I think that because it's counselling, counselling in London and London's a big place I thought like really, it's going to be a useful thing and really it's going to be good.
- I was just thinking everything was gonna be fine after it, maybe because I could express myself there and I couldn't in other places.

3. Looking back, how was your experience – if it has been helpful and positive in any ways please tell us how?

- It was positive. I told you about me and difficult time I had in Calais. I listened and took your advice. An incentive to get better and change. The exercise you taught me was helping me to relax and sleep better. I like to draw very much.
- Drawing helped me, I like it. You helped me to buy and eat things which helped my stomach's pain. I also learned what to do to relax after having nightmares.
- Meeting you made me happy. You reminded me of my mother the way you looked and you speak my sweet mother tongue. You are the best listener.
- You remembered me and asked me about my mother, brothers and good memories of my family. No one ever asked me about them.
- I settled – what you gave me, the counselling, the advice you gave me – if I got this when I arrived in the country, it would be helpful. I settled. I also want to thank you. When I see you, I feel happy – I told you last time, I read Qur'an and made dua' to feel better, and you advised me to do that if it helped.
- Someone to talk to. You can be free-free to say anything you want to say, not like those professionals where you feel scared to come.
- Big difference because when you come, you ask me how I feel, you ask me about my life – I didn't find anyone else to ask me this, no-one came to ask how you feel. I say everything to you, I feel happy, I feel comfort. I always feel happy when you visit or when you call me – because only you that supports me. Just when I hear your voice, I feel happy.
- Advice.
- All you did was very helpful, the solicitor's letter, sharing with (your colleague re age dispute), it was good and helpful.
- I think like it made like me feel much better. I'm much happier and I feel like ...I don't know, like watching how I was before and how I am now I'm like much better.
- Like for example when I used to have nightmares every night and now I got the tips to touch heart and when I wake up like for example to try to chill and to take something hot to drink. I still have like, two nights before I had one, bad dreams, but there've been like more nights that I sleep at night.
- I still remember the thing with the glass that is half full, and it helps me every time like in everything I do and I try like to see the good in everything.
- I'm still like down I got days like when I'm giving up everything still like I'm sad I'm trying to fight to go on...I think that's good for example the days when I'm feeling scared, down, I just want to express them with you.

- I think it really has been helpful. I don't know how to really explain. When I used to think about the counselling it was in my head that like even if I'm really really upset I can go somewhere and express myself and feel better or maybe if I'm crying- everything I want to say or feel. It helped quite a lot in the way I feel and even in the way I think about lots of things.

4. If it was difficult or negative in any ways, please tell us how?

- No negative.
- I didn't like to remember about my past and when I was tortured in prison when I was in (my country).
- I can't see any negative. You are the best in your job! I wrote a letter about my therapy with you and hope to finish it for next week.
- The difficult is when I come to you, I think of what happened to me in the past – when I think about that, it's painful for me. Now I'm settled, so what will happen to me in the future, I don't know – when I come back, I will need this kind of advice.
- For me, I don't really have anything difficult about coming. I sometimes don't feel like talking. No, no bad things.
- I gained something and that is: If I need to ask, I started to believe that I shouldn't fear to ask questions about my needs. I am more assertive. Now I keep asking and follow it up. I don't turn my back if someone talks to me, I speak to them now. I even won an award for doing well at school which surprised me.
- I don't know about other people, for me, just sometimes I don't feel like talking.
- I don't think so because every time that I need advices you give advices.
- No I think everything was just perfect because I had counselling before and I really did not enjoy that. When I first had counselling the lady she just stood there and didn't really said too much, I don't know, it was more upsetting me than making me happy to be honest. It was very different from this one.

5. Has being involved with My View helped you get help from other places and with other problems?

- It was very good for me.
- Yes, you helped me to enrol and come to English classes here. You wrote letter for my health not to be dispersed.
- I meet lots of doctors and psychologists, but you understand me.
- You spoke to my foster family.
- You wrote letter for my age dispute court.
- You wrote letter for my immigration asylum appeal.
- Yeah, it helped me to get help from AFRUCA (Africans Unite Against Child Abuse). I don't yet know the support I was going to get. Even a few weeks ago, they called to check on me. When I went for work experience, they called to ask 'oh, how did it go? How are you?' – not like no-one there, no-one to ask.
- Yes (referred to Dost, a support centre in London).
- I just had a counsellor at school, I used to go once, but because it wasn't refugee they were like more for different things and I needed just some thing for my case because I'm a refugee.
- I meet another boy and he said: "it is great that you get a Farsi spoken therapist!"

- It would be great if you can see all Farsi speaking young people. I don't share with others. I feel relax here and can share with you how I feel and what I think.

6. Is there anything that you think we (Refugee Council/My View) could have done differently or better to help or support you more?

- Refugee Council should support you to support us (Young people).
- I don't really have anything to say... I wish they could extend it for longer, more weeks – 10 sessions are not enough. In this country, I meet with people only for a short time, then it ends.
- I want to see you for longer than 1 hour.
- Not really, I've not had any complaints or had something I disliked about being there.

7. Do you have any suggestions for how the groups and activities could have been better?

- I like to meet other young people like me, it would be good if Refugee Council brings all young people together in a group.
- No, Refugee Council is great!
- I think a group for Farsi speakers and a therapist who knows our culture. Like a mother you know what we need.
- The counselling sessions could be shorter – 15 to 20 minutes is ok.
- The duration – I would have liked longer.

8. Do you think there are other young people like yourself who need or would benefit from the type of individual support and / or group activities that My View has offered?

- I like to live with my sister and brother and be united again as before. My younger sister lives with another foster family.
- Definitely, I know a boy from Syria.
- I told a friend about here and you. She said it is really good.
- I haven't asked other young people, but think it is helpful if they get this kind of advice. When the young people come from another country, something has happened to them in the past; when they come for advice, they can forget – that is helpful for future life.
- Yes – there must be other young people out there that really need the service – they might not have the courage to say what they are passing through.
- Yeah, cos it helped me, so it can help other people as well.
- It would be beneficial for them. I would tell them that you can go to the Refugee Council to see (therapist), she would help you with your problems.
- I think all the people who come from other countries may need someone for counselling at least for a few sessions, I don't know, I think it's really helpful and help out with stress or bad thoughts, feelings; and I think it's good for them to relieve some as well. And some of them feel more scared or ashamed because it seems like 'oh, you're having counselling, means you have problems and all these things but it's not really true, it is something for you, to help.'

9. Where else can you or other young refugees can go for this type of help and activity and how easy or difficult is it?

- No, I don't know.
 - Only from you – I didn't get help anywhere else.
 - I don't know.
 - Only this visiting would be helpful – to visit them makes them care.
 - GP.
 - No, all I know is Refugee Council and it's the only place I know about.
 - I don't know – in the schools, maybe, or close friends or somebodies?
-

10. What other types of help, support or activities do you or young people like yourself want or need?

- I think a group for girls would be good where we can learn about hairdressing and makeup.
 - Like education, groups, playing place for things like football. Place to chat with young people like me – if they get [things] like that, it is good.
 - It's not all about talking, talking, talking – sometimes people are dying inside, but it is difficult to say. Sometimes they are bored. There can still be other things, like doing activities, supporting people in anything they can – not only emotional needs.
 - I want you to come and visit (i.e. to where he has been dispersed).
 - Maybe help to...English Culture, how to do basic things. You don't really know the life – you want to know everything like you were born here. [also] something to do with education – like support with college.
 - I don't know really, all I can think about is support in school, and counselling.
-

11. How important or necessary is it for there to be a project like My View in future and why?

- You are important for us not the project. Not everyone can talk to us it is important that project support you.
- It is very important for people coming from war zones!
- It makes you happy and relax. You will forget about your worries you have.
- It is important and necessary that we get support.
- It is necessary to carry on – it is helpful.
- It's important because it will help young people out there, who need to talk to someone free-free. Sometimes even me, how I wish I can express myself inside and outside to someone who will believe that, not just think you are lying to get one or two things. That's why it's important you guys continue your service.
- Very important. To help young people.
- It's good for a person that can come and ask for help, it's good.
- I think it's really important, even if you're a person who is really happy, you'd still need some advices, yeah, I think it's really important.

- I think it's really important because there are people who want to kill themselves or harm other people and I don't know, maybe even if they talk to someone they'd all get their thoughts in the right way and they're more clear about what they want to do in life. And counselling can be for any reason really, if it's causing distress.
-

Additional examples of feedback from young people

- I was depressed and by talking to you I felt relax and calm. I was eager to see you every week. I looked forward for your advice and how to deal with my problems if I had an issue.
 - I don't share with others. I feel relax here and can share with you how I feel and what I think.
 - I have enjoy very much this course. We have learn too much things like: who I am, about my feelings about my identity. Have enjoy working creatively too much because the teacher said to us paint the flag of our self.
 - I enjoyed everything and I learnt to make cuttings. I enjoyed meeting other people and working in the garden. I like to try different and new fruit and veg.
 - I like cutting. I liked looking after tomato. I like working and meeting other young people I like.
 - I find counselling ... so useful. So I decided to have other sessions with you because I have learnt a lot from (therapist) which have made me know what's wrong and right also it has made me feel more confidence in what I do mostly in my daily life. This counselling has made me realise that in any difficulty there is a way out.
 - I came today to say Eid Mubarak like I say to my mother back home.
 - After I come here I feel lighter.
 - I am happy when I come here.
 - You are the only one who cares – I know I have someone thinking about me.
-

Training feedback

- Love the flag idea, I will definitively use this with children.
- Useful thinking about communication including simple comments/gestures and what this can mean to others.
- I will take away greater cultural awareness to take into my work. Great direct work too.
- Our boys have greatly benefited from your underpinning support ... you have both indeed lifted them up and carried them through.
- It is encouraging to me that there is such valuable support available from the Refugee Council; I feel part of a team.
- Your support of this young boy is so essential and making a world of difference.

A young person's letter to their My View therapist

One young person wrote this letter and read it out for everyone on 22 March 2016 at the end of year My View project celebration:

"I would like to say a very big thank you for all you have done for me. I really appreciate all of the phone calls, visits, art therapy classes and your dedication to help me get better. I really enjoyed doing the art with you because it helped me to stay calm when I was stressed. I think you are a very good listener. I especially liked talking to you in Farsi because Farsi is my mother tongue. I think you are very good at your job and it's very important to me and many other young people. Due to your kindness this has enabled me to recover and get well again. I think you are the best kindest most intelligent woman in the world because you have helped a lot and many other young people too. I am very grateful to you. I wish you all the best in the future, I hope one day to make you proud. I have nothing to give back other than my sincerest thanks, love and big hug."

Appendix 3: My View Tool – summary report (average increases and decreases)

My View chose to use the Outcomes Tool as a tool for supporting and measuring change when working with people. The figures below illustrate the clients' perceptions of their feelings on a scale of 1 to 5 under the given headings, with 1 being most negative and 5 being most positive.

1. Average increase and decrease in scores for each scale

This table shows the average first and last scores for clients it. The difference between these two is the 'change', or outcome, shown in the column on the right.

Scale	Individuals	Final	Change
Sleep	3	3.6	0.7
Loss & Separation	2.1	3.2	1
Suicidal	3.5	4.1	0.6
Immigration	2.3	3	0.8
General Mood	2.4	3.3	0.9
Basic Needs	3.2	4	0.8
Family	1.9	2.5	0.6
Relationships	3.2	3.7	0.5
Average	2.7	3.4	0.7

2. Percentage increase and decrease for each scale

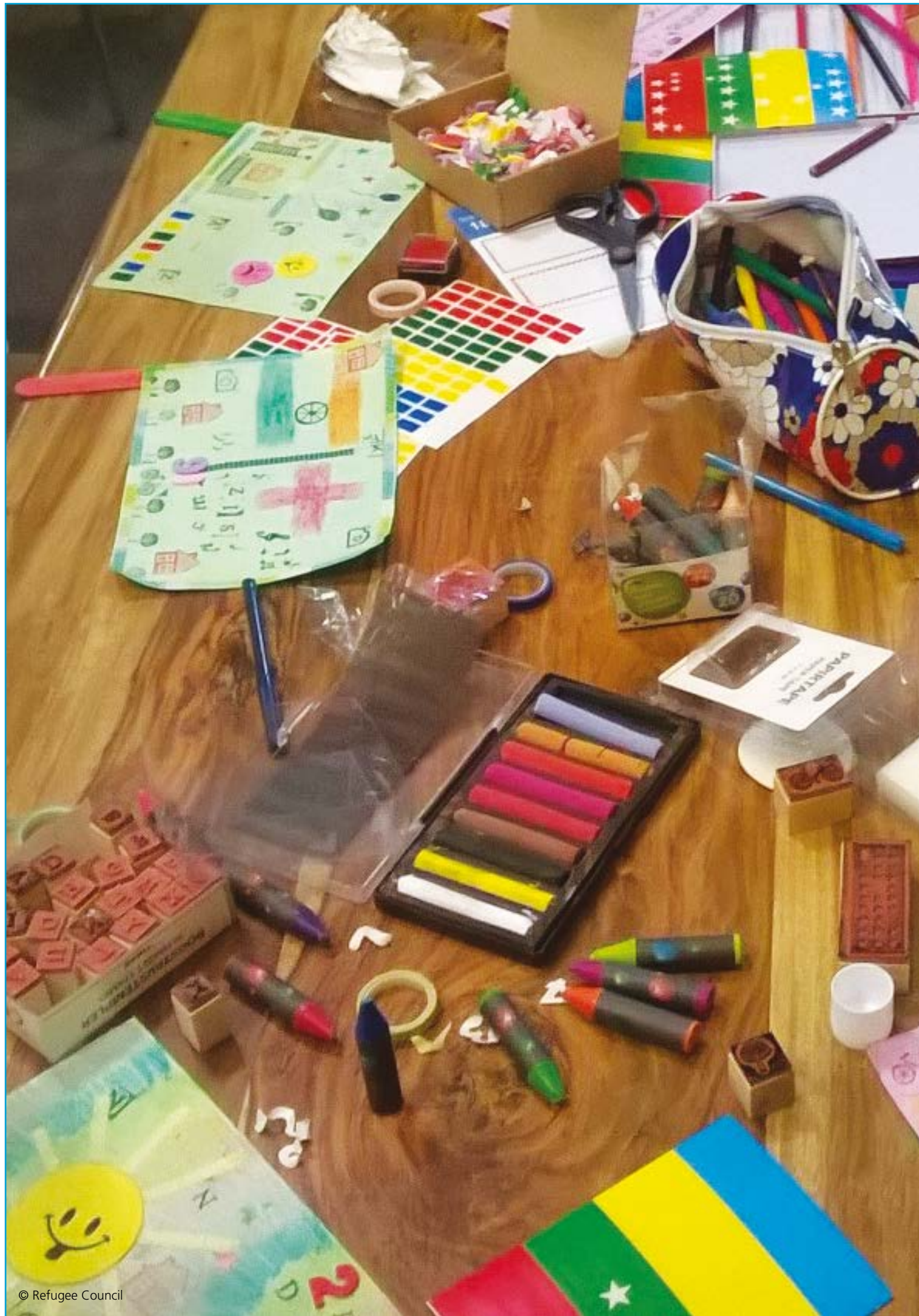
This table shows the average proportion of the clients included in the report whose score for a scale has increased, decreased or stayed the same.

Scale	Decrease	No change	Increase
Sleep	9%	23%	68%
Loss & Separation	5%	22%	73%
Suicidal	5%	45%	50%
Immigration	14%	31%	55%
General Mood	14%	13%	73%
Basic Needs	9%	36%	55%
Family	9%	55%	36%
Relationships	18%	23%	59%

3. Percentage increase and decrease for each scale

This table shows the proportion of the clients in this report who are making progress, staying the same or slipping back based on their overall Tool score, i.e. an average of their scores for each scale. A 'big' increase or decrease is defined as more than one point up or down across all the scales. 'No change' means an average change per scale of between -0.25 and +0.25.

Big decrease	Small decrease	No change	Small increase	Big increase
5%	0%	18%	32%	45%



The Refugee Council is one of the leading charities in the UK working with asylum seekers and refugees. As a human rights charity, independent of government, we work to ensure that refugees are given the protection they need, that they are treated with respect and understanding, and that they have the same rights, opportunities and responsibilities as other members of our society.

This report can be downloaded at www.refugeecouncil.org.uk



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