The Asylum Mental Health and Wellbeing Team

Workstreams, Tools and Case Studies

October 2024

In collaboration with

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About this document

This document provides an overview of the workstreams, resources and case studies developed or endorsed by the Home Office Asylum Mental Health and Wellbeing (MHW) team or by other organisations. The aim is to raise awareness about what is available and highlight examples of good practice measures, to support people seeking asylum's mental health and wellbeing. All workstreams outlined in this booklet have either been clearly delineated as localised pilots with aspirations for rollout or available UK wide. In both instances, the MHW team believe that they will be of interest to stakeholders right across the UK.

Similarly, whilst case studies may highlight local initiatives, they are shared to inspire fresh action and partnership across all nations.

In the next iteration of this booklet, we hope to be able to showcase new case studies. If you would like to highlight good practice via this platform, we would welcome any fresh examples for inclusion at tip@homeoffice.gov.uk.

Introduction

The MHW team's priority objective is to support people seeking asylum with their mental health and wellbeing. The MHW team do this by providing Home Office colleagues and partners working across the end-to-end asylum journey and people seeking asylum with relevant evidence, training, tools, and services.

Asylum Mental Health and Wellbeing Team

Workstreams

Trauma-Informed Practice (TIP)

Recognising the prevalence of trauma amongst people seeking asylum in their home country, on route and upon arrival in the UK, the MHW team has developed a workstream from concept to implementation to embed TIP by:

- supporting change towards a culture that seeks to recognise, respond to signs of trauma, and reduce the risk of re-traumatisation of people seeking asylum.
- supporting the reduction of the risk of vicarious trauma of Home Office staff and contractors.
- establishing a strong connection between TIP training and day-to-day process, culture and thinking.
- helping strengthen the referral process for safeguarding and/or trauma-related issues.

The aim is that through a greater knowledge about and confidence in identifying signs of trauma, colleagues will use more trauma sensitive language, enact more trauma sensitive behaviours, and create more trauma-informed referral processes and physical environments.

The MHW team conducted an end-to-end asylum journey review in conjunction with clinical partner, Hedroc, in March 2023. The team drew upon clinical and lived experience expertise to inform provision of training and resources to engender culture change across the Home Office and its partners.

Alongside Hedroc, the MHW team has onboarded CDS Support as their L&D partner to design and deliver a learning programme for colleagues, comprising of the following modules:

- TIP Awareness.
- TIP Leadership.
- TIP Skilled.
- TIP Policy and Communications.
- TIP Physical Environment.
- TIP Working in Partnership with Lived Experience; and
- TIP Signposting.

These modules combine digital self-led training with supplementary workshops and tools. Learning journeys for colleagues will be determined by their degree of impact upon and contact with people seeking asylum.

The MHW team has consistently worked in partnership with lived experience groups including Home Office and Migrant Help Asylum Lived Experience Advisory Panels (ALEAPs) as well as Survivors Speak Out to ensure the voices of those with lived experience of seeking asylum in the UK are heard.

REVEALING REALITY

The MHW team have contracted Revealing Reality to evaluate the pilots which will inform the development of final training products. The MHW team will begin to rollout this workstream internally within the Home Office from November 2024.

Global Mental Health Assessment Tool (GMHAT)

Whilst physical health checks often take place at the early stages of the end-to-end asylum journey, only light-touch welfare checks explore mental health.

GMHAT is a computer assisted tool which can be used to assess mental health needs in those aged 18 and above in primary health care settings. It consists of a series of questions that leads to a comprehensive yet quick mental state assessment. It is consistent with the World Health Organization's diagnostic classification standard, the International Classification of Diseases (ICD)-10/11.

One of its aims is to help overcome the shortage of trained mental health practitioners, as it can be employed by other types of healthcare workers such as nurses and physician associates following a short training workshop and some supervision.

GMHAT was first piloted and evaluated in 2016/2017 by the Home Office, to support 200 refugees accepted into the UK via the Vulnerable Persons Resettlement Scheme. This is now being rolled out with all resettled refugees.

Based on this success, in March 2024, working alongside Home Office colleagues, Global Mental Health Assessment Tool (GMHAT) designers and NHS Mid and South Essex Integrated Care Board (ICB)[1], the MHW team piloted the GMHAT with people seeking asylum.

On-site medical staff at the large accommodation site at Wethersfield embedded GMHAT as part of their healthcare assessment and the tool continues to be used to assess mental health problems in those aged 18+ at Wethersfield. This has enabled those most in need of mental health support to be identified and put on a pathway to receiving relevant support at the earliest stage possible. It has also ensured that primary care services are equipped with the right tool to support their patients proactively and when they may present in crisis.

The pilot and accompanying feasibility study on the use of the GMHAT at Wethersfield, represents a chance to learn about the effectiveness of mental health assessment by using the tool with the asylum-seeking population.

Expansion to other sites is being explored, however this is dependent on health system capability and can only occur in environments where people seeking asylum receive a full healthcare assessment from healthcare professionals.

We will provide an update on progress in this area in the next iteration of this booklet as part of our bi-annual review.

[1] The equivalent of an Integrated Care Partnership in Northern Ireland.

Initial Accommodation Mental Health Research

The MHW team commissioned CoLab (Home Office Policy and Innovation Lab) to conduct user-centred research into how to improve mental health and wellbeing in initial asylum accommodation. This included desk research, observation across four initial accommodation sites, and interviews with 83 residents, staff from accommodation providers support organisations, and Home Office colleagues. The report was completed and presented with recommendations addressing the following key areas:

The MHW team continue to work closely across the Home Office to take these recommendations forward where possible and share learning with other colleagues responsible for working in the context of contingency hotels, dispersal, and the detention estate for wider application.

Mind-Spring

One of the recommendations from the research, highlighted the benefits of providing psychoeducation support to residents in asylum accommodation. As a result, we conducted a feasibility study into the delivery of Mind-Spring, which was provided by the Cardiff based charity Oasis. The activity was piloted in Welsh contingency hotels with three groups of Arabic and Kurdish Sorani residents between October 2023 and February 2024.

Mind-Spring is a trauma-informed psycho-educational group programme for people seeking protection, delivered in the first language of the participants. Each group

benefits from seven sessions, twice weekly over four weeks with up to 15 participants in each group. A trainer, co-trainer and interpreter facilitate every session.

We also found that Mind-Spring:

- Improved participant **mental health and wellbeing markers.**
- Created **peer-support networks** and a sense of community.
- Improved people seeking asylum's sense of **control and empowerment.**
- Improved people seeking asylum's **ability to cope** and instilled confidence.
- Provided the motivation needed to **create a routine**; and
- Provided a greater **drive to build social connections** through activities and volunteering.

We are now exploring options for the next iteration of piloting Mind-Spring.

Please visit the Oasis website for more information.

Barnardo's Boloh Helpline

This is a UK wide virtual therapeutic support service which provides mental health and wellbeing support to adults seeking asylum.

The service offers both practical support from helpline advisors and one-to-one therapy sessions delivered by 103 psychotherapists, in 40 different languages.

Boloh accept self-referrals and referrals from professionals via a freephone number, email, WhatsApp, and webchat facility. Support for people seeking protection is provided via the following three-tiered system:

- **tier one** operates similarly to a traditional helpline where one-off advice, signposting and emotional support is offered.
- **tier two** focuses on providing practical support to meet the immediate needs of people seeking protection over a longer period (including food bank vouchers, toys, clothes, and digital devices).
- **tier three** offers psychotherapy and support to meet the immediate needs of people seeking protection.

The helpline has been commissioned by the MHW Team from September 2022 to January 2025, with a view to:

- mitigating the escalation of mental ill health and wellbeing issues.
- increasing social inclusion.
- reducing loneliness.
- improving access to information and services, enabling a greater understanding of how/when to access support.
- improving feelings of safety, enabling recovery from trauma, with increased resilience, emotional wellbeing, and reduction in the impact of trauma.
- improving join up with and appropriate usage of mainstream mental health services.

Please visit Barnardo's Helplines for more information.

Targeted Referrals to Boloh Helpline

From November 2023 to March 2024, the MHW team allocated funding for a 'targeted referral' pilot. During this time, Asylum Accommodation Provider welfare officers sent consent-based referrals relating to residents exhibiting concerning behaviours to the Boloh Helpline.

This was to understand if there were benefits for these residents themselves, and any wider benefits for casework and accommodation staff as well as fellow residents. The pilot involved the roll-out of National Exposure Therapy (NET) to a small group of people seeking protection referred who have experienced multiple traumas and are suffering from Post Traumatic Stress Disorder (PTSD).

Narrative Exposure Therapy (NET)

NET is a form of psychotherapy that aims to help individuals who have experienced traumatic events, particularly people seeking asylum, to process and cope with their experiences.

NET involves creating a chronological narrative of the individual's life story, with a focus on the traumatic events they have experienced. The therapist works with the individual to help them create a coherent and meaningful narrative, and to process any emotions and thoughts associated with the traumatic events. The therapy also involves working through any current problems or challenges the individual is facing.

Revealing Reality were contracted to evaluate the impact of the Boloh Helpline and findings will be completed in March 2025 to inform future plans.

Solace

In October 2021, the MHW team commissioned Solace (a Non-Governmental- Organisation, NGO, based in Yorkshire and Humber region) to produce an online course: **Understanding Refugee and Asylum Seeker Mental Health.**

This is designed for any learners working for organisations across the asylum system who wish to establish a foundational understanding of the mental health issues that people face in the context of seeking protection in the UK.

By completing the six modules, colleagues, in any role, will build their awareness, knowledge and confidence to consider ways that they as an individual, can appropriately support those seeking protection in the UK - and in turn how they can influence those in their organisation to do the same.

The modules are:

1. The Global and UK Context of Refugees
2. The Refugee Experience
3. Refugee and Asylum Seekers Mental Health & Wellbeing
4. Supporting the Health & Wellbeing of Asylum Seekers & Refugees
5. When Professional Therapeutic Support May be Needed
6. Special Issues for Consideration
7. Evaluation

The course has a modular structure that colleagues can dip in and out of and work through at their own pace. The course is expected to take around six hours to complete. This now sits on the Home Office and NHS learning and development platforms as well as on the Solace website.

Psychoeducation video resources to support refugees and people seeking asylum can be found in multiple languages here.

Please visit the Solace website for more information.

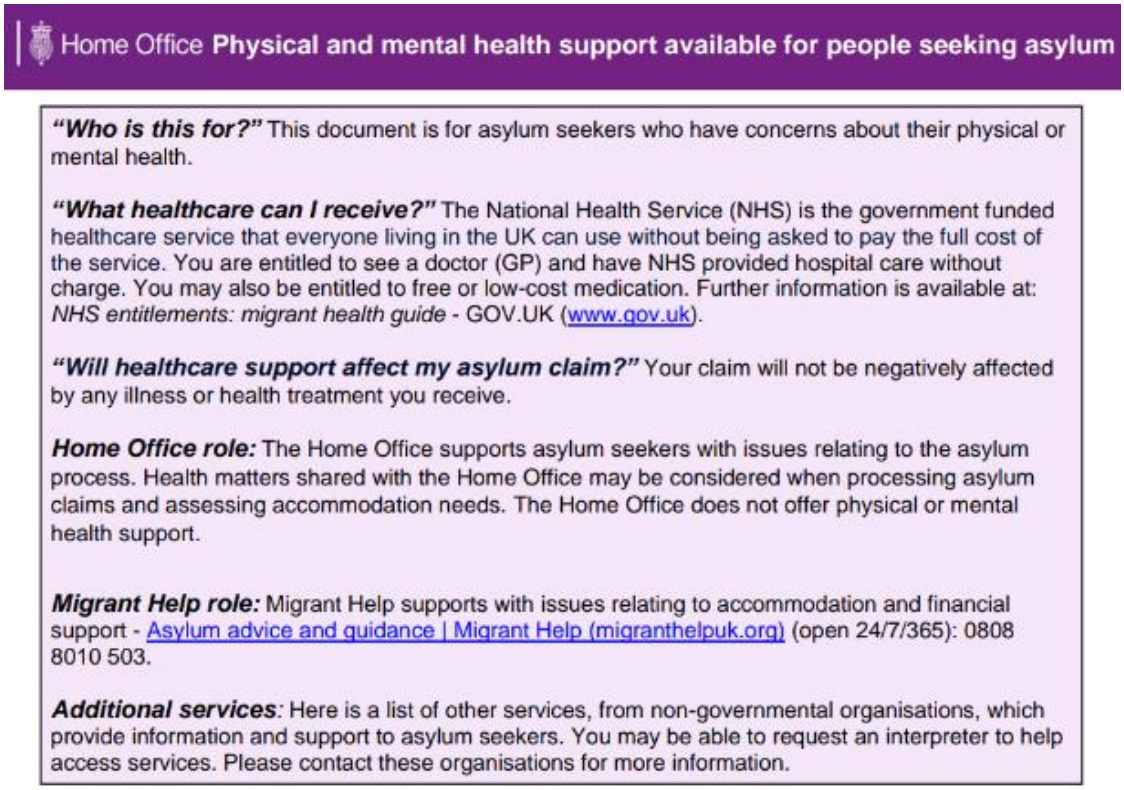
Signposting Document

We know that the services relating both directly or indirectly to addressing mental ill health may not always be easily accessible and may not always meet the specific needs of every individual. The MHW team have created a document to signpost people seeking asylum to NGO services that supplement mainstream provision, to fill that gap.

The intended audience is for people seeking asylum who are currently going through the asylum system and who have concerns about their physical or mental health. The document has been made more user-friendly following feedback from the lived experience group 'Survivors Speak Out.'

The resource is available in 17 languages: **English, Albanian, Amharic, Arabic, Bengali, Tigrinya, Chinese, Farsi, Kurdish, Pashto, Punjabi, Spanish, Sylheti, Somali, Turkish, Urdu, and Vietnamese.**

The signposting document is available on Migrant Help website, Barnardo's website, GOV.UK, and in the Point of Claim Booklet.



Home Office **Physical and mental health support available for people seeking asylum**

"Who is this for?" This document is for asylum seekers who have concerns about their physical or mental health.

"What healthcare can I receive?" The National Health Service (NHS) is the government funded healthcare service that everyone living in the UK can use without being asked to pay the full cost of the service. You are entitled to see a doctor (GP) and have NHS provided hospital care without charge. You may also be entitled to free or low-cost medication. Further information is available at: *NHS entitlements: migrant health guide* - GOV.UK (www.gov.uk).

"Will healthcare support affect my asylum claim?" Your claim will not be negatively affected by any illness or health treatment you receive.

Home Office role: The Home Office supports asylum seekers with issues relating to the asylum process. Health matters shared with the Home Office may be considered when processing asylum claims and assessing accommodation needs. The Home Office does not offer physical or mental health support.

Migrant Help role: Migrant Help supports with issues relating to accommodation and financial support - Asylum advice and guidance | Migrant Help (migranthelpuk.org) (open 24/7/365): 0808 8010 503.

Additional services: Here is a list of other services, from non-governmental organisations, which provide information and support to asylum seekers. You may be able to request an interpreter to help access services. Please contact these organisations for more information.

Asylum Mental Health and Wellbeing Team

Case Studies

Examples of Good Practice

The following case studies have been provided by external organisations and compiled from presentations given at our Mental Health and Wellbeing Stakeholder Engagement Forum.

Whilst these case studies reflect examples of good practice, we know that this list is far from comprehensive and that there are many other fantastic examples in communities across the country.

In the next iteration of this booklet, we hope to be able to showcase new case studies. If you would like to highlight good practice via this platform, we would welcome any fresh examples for inclusion at tip@homeoffice.gov.uk.

One World Orchestra

What is One World Orchestra?

One World Orchestra is a new, ground-breaking music ensemble, drawing on the expertise and musical traditions of diverse musicians from across the planet, living and working in the UK. Ensemble members are not only high-quality artists, but the majority are also trauma informed, inclusive workshop leaders, with experience of music leadership in many different contexts and settings, such as schools, refugee camps, hospitals, community groups, special education, and communities post conflict.

Objectives

- To provide regular musical activities for displaced people and local community groups, both separately and together.
- To identify, train and support talented musicians (who are seeking asylum) from diverse backgrounds to provide those activities to other displaced people and local community groups.
- To build a professional ensemble of diverse musicians to bring a higher profile to the wealth of musical talent in the country and to create a new, multi-cultural sound for 21st century Britain.

Delivery

- Music workshops held in temporary accommodation settings in the UK. These are mostly hotels in the Surrey and Sussex area.
- Workshops involve singing, percussion, musical instruments, and recorded music chosen and shared by participants.
- Workshops are provided for families, children, women only, men only or mixed gender. This is dependent on need, context and appropriateness for the setting

and the cultural norms of the participants. Cultures who do not normally mix in the everyday activities of their accommodation, do mix in the music workshops, sometimes for the first time.
- Instrument lessons are provided online and in person.
- Community events and performances, bringing people seeking asylum, refugees, and local people together. They are often mixing and encountering each other for the first time.

Evidence of impact of One World Orchestra

- Currently, there is no empirical research to show the impact of the work, due to the complexities and ethics of questioning workshop participants. However, there is a wealth of anecdotal evidence from participants themselves and from asylum accommodation staff. To learn about how they work and to hear real time feedback from participants, please click here.
- Transformation of mood and social skills can happen very quickly in a workshop and is more pronounced when they are able to return for multiple visits to the same place.
- This approach has been used for community building, peace building and conflict resolution for several decades pioneered by musicians such as Professor Nigel Osborne and the Dutch NGO Musicians Without Borders (MWB): Two of the founders of One World Orchestra are MWB trainers and workshops leaders.
- One of the orchestra founders is a practising trauma therapist and an expert in the uses of music for trauma regulation and collective healing. Music interacts with and regulates the same bodily systems disrupted by trauma - physiology (heartbeat, breathing, blood pressure, endocrine system, and brain waves), psychology (emotion and mood) and social skills (relationship building and bonding) - without having to discuss or describe the process. It is therefore a very effective way to support people to emerge from the multiple challenges of displacement, including loss of identity, boredom, isolation, depression, and loss of purpose.
- They are currently working with Sussex University to design an effective evaluation approach to their work.

Challenges

- The availability of appropriate space to run workshops.
- The movement of participants and trained musicians to different accommodation around the country.
- Resources available to support trained musicians' long term, with access to instruments, reflective practice, and supervision.

Replicability and scalability

The One World Orchestra model is both replicable and scalable through the implementation of a training and support programme.

- Empowering displaced musicians already resident in asylum accommodation would allow for music to continue in between workshops delivered by the team.
- Training displaced and local musicians to run their own workshops would allow work to scale around the country.
- Training displaced and local musicians together would provide a network of support in host communities and pathways into musical employment for people seeking asylum once they achieve refugee status.

They aim to build centralised training and performance opportunities through the One World Orchestra, feeding local hubs of trained musicians delivering workshops in the heart of communities and asylum accommodation. The Orchestra will tour to local hubs to perform and provide performance experiences for community groups and performance platforms for displaced artists to appear with them on stage.

Community Kitchen Project

Children and Family Health Surrey NHS

What is Community Kitchen Project?

The Community Kitchen Project provides a structured way for people seeking asylum to cook food from their own culture, experience food from other cultures and socialise with fellow asylum- seekers. The Project focuses on wellbeing and encourages choice, agency and social and community activities which provide a wealth of mental health benefits by promoting social integration and feelings of belonging in a range of settings. It is also a therapeutic intervention to reduce the impact of trauma by reducing social isolation and supporting positive mental health by connecting with past happy memories around food, family and identity. The Project aims to improve nutrition, promote healthy eating, encourage school readiness around social eating and provide a pleasurable dining experience. In addition to the benefits gained from the social interaction, the Project provides residents with the opportunity to cook for themselves, complete Level 2 Food Hygiene Certificates, obtain certification and an achievement pack to support future employability if a positive decision is granted. All aspects of the Project aim to challenge the negative public narrative about people seeking asylum.

Building on the established model of family and adult-led Community Kitchens, we have now expanded the project with a monthly “Children’s Tea-Time Kitchen,” at a local Youth Centre. This initiative aims to create a space where families can come together to prepare healthy snacks for children after school, with a focus on introducing culturally appropriate, nutritious foods into their diets and avoiding unhealthy, ultra-processed snack foods. The project will give school-aged children

the opportunity to safely prepare their own food with child-friendly equipment, under the supervision of their parents and the Inclusion Health Team.
Some parents will have the opportunity to arrive before the session to cook hot meals to enjoy with the children who attend after school.

Objectives

- To provide an opportunity for people seeking asylum in Home Office-funded accommodation to cook meals for themselves and their fellow residents.
- To promote mental wellbeing.
- To enable personal autonomy and choice around food.
- To reduce social isolation.
- To promote community cohesion between different ethnic communities.
- To support healthy eating choices and education.
- To support and evidence skills for future employability.

Delivery

- Funding opportunity for a small-scale project from Surrey County Council.
- Hotel residents surveyed to ascertain what would most improve their wellbeing and meals and the ability to cook was the predominant theme identified.
- A comprehensive project plan was developed then reviewed and adapted for individual sites with a monthly rota and training plan set up
- Monthly community kitchens set up in three of the identified four hotels with an additional monthly after-school Children's Community Kitchen proposed.
- Over 30 Community Kitchen sessions have now been completed with future sessions planned. Since July 2023, just under 500 residents have now attended the Community Kitchens
- Approximately 40 residents have been supported to obtain Level 2 Food Hygiene certificates, accredited by the Food Standards Agency. Training is translated into the first language of the residents to ensure that all information is accessible and understood, as well as to promote inclusivity. Staff and volunteers also completed the training to support the residents and to ensure safety and hygiene is practiced.
- Ingredients are sourced once recipes are produced by the residents and delivered to the venue.

Evidence of the impact of the Community Kitchen Project

- The model has been shared with Primary Care colleagues and has been successfully replicated in male-only hotels in West Sussex.
- The project has been highlighted in meetings with the Home Office, Migrant Help and Southeast Vulnerable Migrants network, as well as podcasts and an article written by the Nursing Times.
- The Surrey Inclusion Health team surveyed families living in the hotels and found:

    - families were unanimously interested in cooking meals for their peers.
    - the project was delivered by people seeking asylum with the support of the Inclusion Health team.
    - the project provided people with autonomy, a sense of purpose, creativity pride and choice.
    - The Project is so popular with residents that there is always a waiting list for different cuisines to take part. This also builds in a back-up plan if identified chefs become unavailable
- We produced impact reports for funders (Surrey County Council) and local Family Centres who host Community Kitchens to promote sustainability of the Project with future funding
- The Project supports school-readiness for children to become used to eating socially at nursery and school as meals are consumed in hotel bedrooms, in takeaway containers at most hotels and there are limited opportunities to develop these social skills, including learning to use cutlery and crockery.

<u>Challenges</u>

- Sourcing suitable venues: logistics for the residents to reach the venue via short walk from hotel.
- Limited VCSE and venue capacity, especially in areas of high deprivation.
- Sustainability in the long term: ownership of model and buy-in from statutory authorities, as well as faith groups and VSCEs requires ongoing visibility and community engagement.
- Competing pressures for engagement work and clinical pressures in the Inclusion Health team, as well as limited staffing resources
- Potential for social backlash in the local communities, in the context of recent social unrest and anti-asylum-seeker rhetoric in social media, as well as community tensions around local resources
- We had hoped to publish a Cook book with the recipes and asylum stories of the contributors but this has not been possible, to date

<u>Replicability and scalability</u>

- The model is inexpensive, easily replicable and scalable.
- Project plan, budget, and learning has been shared with primary care partners who replicated the model in the male-only hotels around Horley and the Gatwick area.
- The model has worked well in partnership with accommodation providers.
- The model provides a positive experience for residents in a safe and communal environment thereby promoting better resident satisfaction with the asylum accommodation.
- The project is a collaborative effort, promoting integration with local community VCSEs and faith groups and engaging with existing community volunteers to maximise the limited resources within our service.

- A small budget and limited resources are required through good will (volunteer support and accessing free venues).

EFL in the Community

What is EFL in the community?

Established in 2008, EFL in the Community is the charitable arm of the English Football League (EFL) and uses the power of sport to improve people's lives with the vision to create stronger, healthier, more active communities.

EFL in the Community uses the power of sport to improve people's lives and make a positive contribution to communities across the country. It resources the network of EFL Club Community Organisations - the charities linked to each EFL Club.

Focusing on improving health and wellbeing, raising aspirations, and realising potential and building stronger, more cohesive communities, the network engages with over 840,000 participants each year and generates a total of £865million of social value across the full range of community initiatives and programmes.

Objectives

- Since 2023, EFL in the Community has prioritised developing programmes to support refugee and people seeking asylum communities within the footprint of their 72 Community Club Organisations (CCOs). Their goal is to create a suite of national programmes that harness football's global appeal to engage refugees and people seeking asylum in positive activities.
- They recognise that sport participation improves physical and mental health while helping those in disadvantaged communities feel more connected to their local area, enhancing community cohesion and understanding.
- Their future objectives include:
  1. Increasing refugee and people seeking asylum participation in EFL in the Community programmes.
  2. Developing sustainable funded projects in high-need areas, enabling more EFL CCOs to deliver targeted programmes.
  3. Creating a centrally funded offer for multiple CCOs to enhance engagement and support for refugees and people seeking asylum.
  4. Fostering connectedness between refugees, people seeking asylum, and local communities through programmes that bring diverse groups together.
  5. Improving mental health and physical activity levels among refugee and people seeking asylum communities.
  6. Leveraging football's media coverage to showcase sport's positive impact on refugee and people seeking asylum communities, developing case studies to promote understanding and challenge negative stereotypes.
  7. Using football engagement to create training, education, and employment opportunities, empowering refugees, and people seeking asylum to build brighter futures.

Delivery

- Centrally, EFL in the Community are piloting and developing programmes that support refugees and people seeking asylum. In June 2024, in partnership with UNHCR they developed the Stronger Communities Cup, a football competition designed to bring refugees and non-refugees together, using the power of football as a tool to break down barriers and develop friendships. This programme was showcased by UEFA as part of the Champions League Final celebrations in London.
- The Stronger Communities Cup programme is being developed further in October 2024 as a week-long residential programme, that not only combines a football competition for refugees and people seeking asylum but includes a residential programme designed to not only bring people together from across the country, but also develop key leadership skills such as resilience, team building and confidence.
- EFL in the Community has also developed a small pilot programme in partnership with the Football Association and UEFA, working with young refugees and people seeking asylum, supporting them to become future community sports leaders. This 6-month programme (currently in month 3) has 20 refugees and people seeking asylum attending workshops focusing on confidence, mental health, teamwork, listening skills and resilience. Their ambition is this is expanded in 2025.
- Sheffield Wednesday FC Community Programme are one of just a handful of CCOs currently working directly with an accommodation provider (Mears Housing), delivering weekly football sessions and football tournaments across Yorkshire. SWFCCP engage with roughly 15 – 20 people per week and the focus is to provide physical activity sessions as a way of settling and feeling welcomed within Sheffield.

Evidence of impact of EFL in the community

- Sheffield Wednesday have reported great physical benefits to the people that engage with EFL in the Community, many have taken up running as a hobby, as well as attending wider football sessions across Sheffield. The programme is very transient, with people leaving the city frequently, however this short-term provision has allowed them to settle and reduce anxiety by supporting them to feel welcome and part of something in their local community.

Challenges

- One of the biggest challenges faced by the network currently is inconsistency of funding. All funding currently is delivered at a local level, but often does not allow CCOs to deliver a consistent year long programme, with some CCOs only able to deliver programmes for a few months per year.

Replicability and scalability

- EFL in the Community has a network of 72 CCOs that provides support to communities in almost every area of England and Wales. EFL in the Community has an infrastructure in place that supports the growth of new and existing provision throughout the network, and has robust mechanism relating governance, safeguarding and data management, which has been built through the delivery of national government programmes such as NCS as well as corporate partnership programmes such as Kellogg's Football Camps.
- There is demand throughout the network to have a consistent national programme that supports refugees and people seeking asylum, and through creating a joined up national network, this will also enable EFL in the Community to create a referral system between CCOs to support with the transient nature of the client group. This will enable CCOs to refer participants from this group into other local CCOs when they are moving into a new area, which will help to support the re-settlement of an individual into a new town or city.
- Through using activities such as football to engage with the refugee and people seeking asylum community, EFL in the Community can engage individuals in wider opportunities delivered by the CCO. For example, Club Doncaster Foundation have previously run programmes which support refugees to train as community football coaches and referees.

New Arrivals Pathway (NAP)

What is NAP?

NAP helps new arrivals to orientate their new area and engage with the voluntary sector as early as possible. Mears Resident Welfare Managers (RWM) connect people seeking asylum with a lead support organisation. Upon receiving the referral, the lead support organisation contacts the new arrival with information on the support they can offer.

Objectives

- To offer support, such as help with food vouchers, school uniforms and other essentials.
- To help new arrivals navigate the local area, access essential items and services as early as possible.
- To identify areas in the asylum seeker dispersal process where there is need for additional information and/or resources.

Delivery

- The North East Strategic Migration Partnership (NEMP) worked with Mears, local authorities, and local VCSE (voluntary, community and social enterprises) organisations to develop local information packs for Mears to give to new arrivals in the North East region.

- NEMP worked with three local authorities (Stockton, Sunderland, and South Tyneside) and three support organisations (Red Cross, FODI and Starch) to conduct a pilot, resulting in the roll out of the New Arrivals Pathway across the North East.
- NEMP commissioned the Regional Refugee Forum to assist in developing resources available to people seeking asylum and refugees across the UK, covering topics including Life and Laws in the UK, Looking After your Health and Parenting in the UK. The resources are delivered to newly arrived people seeking asylum by the community in their own languages.
- 11 out of the 12 local authorities in the Northeast region are participating in the New Arrivals Pathway.
- NEMP operate the pathway at hotels and through the voluntary sector, particularly in Gateshead.

Challenges

- Many service users found it difficult to differentiate when contact was made for the pathway or recall signing a consent form.
- Identifying support organisations for roll out across the region.
- A lack of phones and/or changing phone numbers for support organisations to contact service users.
- Cover for AASC provider staff absence and ensuring all staff are trained in the process.

Evidence of impact of NAP

- NAP allows new arrivals to get to know their local area, provides a sense of community and a warm welcome to those who are feeling lonely or isolated.
- NAP allows service users to form connections with other refugees and people seeking asylum to create friendships and building local links with their home communities that share the same culture.
- Mears RWMs noted the pressure it had taken off their role and allowed opportunity to spot areas for improvement.
- NAP allows for early identification of any concerns and allows for quicker signposting to mental health services, specifically for vulnerable people.
- NAP allows for integration into the local community with the practice of spoken English as soon as possible.

Replicability and scalability

This requires:

- strong participation and commitment from all parties, in particular accommodation providers.
- data sharing agreement agreed by the Home Office.
- administrative and facilitative support from RSMP.

- NEMP have commissioned an external review to identify how to replicate the pathway in Newcastle and how the pathway has evolved now it has been rolled out across the majority of the region. NESMP are conducting a full evaluation to assess the welcome resources. Recommendations will be worked on in partnership with the accommodation provider.

Guidance to support integrated mental health and wellbeing provision at local level across the North East and Yorkshire and Humber

What is the guidance?

The document is aimed at any organisation working at local level to support the mental health and wellbeing of migrants in vulnerable circumstances. It has been developed by a task and finish group under the North East and Yorkshire and Humber Migrant Health Network. The task and finish group had representation from integrated care boards (ICB), Office for Health Improvement and Disparities (OHID), NHS England (NHSE), local authority (LA), and Voluntary, Community, and Social Enterprises (VCSE). It was established to facilitate improvements in meeting the mental health and wellbeing needs of vulnerable migrants. This relates to promoting good mental health and wellbeing and preventing mental health issues occurring as well as interventions for those requiring more specialist support for their mental health.

Objectives

- To provide a simple framework for professionals at a local level to map existing provision around specialist mental health treatment and wellbeing support to promote good wellbeing and connections, including access to arts and culture, and exercise.

Delivery

- This is likely to be led at a local level by the local authority or integrated care board.

Evidence of impact of the guidance

- The guidance has just been published but stakeholders have started to map provision based on the framework included in the guidance.

Challenges

- Places being able to frame the benefits of mapping provision based on the guidance in the context of other priorities.

Replicability and scalability

- Although the guidance was initially developed for the North East and Yorkshire and Humber region, it can be used in any region. The original idea for the guidance derived from Sandwell local authority.
- Areas are welcome to use, edit, and adapt the guidance.

Personalised Care for Asylum Seekers

What is Personalised Care for Asylum Seekers?

The pilot feeds into both the Population Health Board and Personalised Care and Sussex Primary Care Board. The pilot aligns with the Long-Term Plan NHS Priorities 2023/24 and delivers on the Core20PLUS5 approach. Two Social Prescribers and one Care Coordinator act as single point of contact to help navigate the health care system and connect people seeking asylum to community groups and statutory services for ongoing support. The aim of the service is to provide people choice and control over the way their care is planned and delivered. It is based on 'what matters' to them.

Objectives

- To provide specialist social prescribing and care coordination across four hotels accommodating asylum seekers in Crawley.
- To deliver measurable improvement in health and wellbeing for people seeking asylum
- To improve access to local services including co-producing community groups.
- To improve access to health care, experience, and outcomes i.e., GP registrations, cancer screening.
- To support practices and system partners, by reducing inappropriate A & E attendances, and missed appointments.
- To provide small one-off personal health budgets tailored to the individual to improve wellbeing.

Delivery

- The Personalised Care team are embedded within a Refugee Asylum Seeker Service provided by a GP federation, implementing a person-centred trauma informed approach.
- The team accepts referrals from GP Practices, clinicians, external organisations, and self-referrals.
- The inclusion criteria is low mood, anxiety, social isolation, health care navigation and over 18 years old.
- The exclusion criteria is under 18, acute mental health (suicidal ideation and self-harm), finance, housing, and immigration advice.
- The main reasons for referral relate to physical wellbeing such as health navigation, improving mental health, social inclusion and building confidence.
- The team benefits from specialist training (Helen Bamber, Right to Remain, trauma informed approaches), regular external supervision, clinical supervision, and reflective practice.
- Along with managing patient caseloads, the team proactively build relationships with GP Practice staff to ensure streamlined and effective care for hotel residents, supports patient education i.e., how to use the NHS App, request repeat prescriptions and co-produces community groups such as a garden club and community kitchen.

Evidence of impact of Personalised Care

- The team uses MyCaw which is a validated tool to measure the impact on patient wellbeing after being supported by the service.
- Data shows patients concerns reduced by 90% and there was a 92% improvement in wellbeing.
- The average number of meaningful contacts a patient has with the service is 4.
- Research from external evaluations has shown that patients supported by social prescribing on average leads to a 5 appointment drop in GP demand.
- Patient case studies provide valuable qualitative evidence of the impact of the service.
- The service has reduced GP and practice admin workload, streamlined referrals, enabled patients to navigate the system efficiently.

Challenges

- Challenges include transitory patient cohort, language barriers, age restrictions, and length of stay in hotels.

Replicability and scalability

- This is a low cost and high impact service.
- The role is trainable and lends itself to those with lived experience, leading to employment opportunities for refugee and people seeking asylum.
- This can be scaled across Primary Care and voluntary sector organisations.

Refugee Radio

What is Refugee Radio?

Refugee Radio is a charity working directly with refugees and people seeking asylum in Brighton and Sussex, in particular those who are suffering from PTSD because of torture, war and/or sexual violence.

Objectives

- To provide a holistic service that addresses mental health issues alongside structural problems of unemployment and homelessness.
- To enable refugee voices to be heard to combat dehumanisation.

Delivery

- Weekly mental health support group for refugees and people seeking asylum with PTSD.
- Specialist advice and casework service on housing, benefits, health, and education.
- Social activities and outings for isolated refugees and people seeking asylum.
- Volunteer befrienders and mentors.
- Radio programme and podcast featuring refugee voices.
- Books and documentaries of refugee stories.

Evidence of impact of Refugee Radio

- 90% of participants reported positive wellbeing indicators after participating in the mental-health support group.

Challenges

- The mental health support group works best when it can be offered as a complementary to 1-2-1 trauma therapy, rather than an alternative. However, there is a gap between primary and secondary care, so refugees with PTSD are deemed too severe for primary but if they are not actively suicidal, they are unable to access secondary services. The NHS needs to allocate funds directly to address this gap.
- Where funding has been secured to pay for long-term 1-2-1 trauma therapy such as EMDR, this has delivered the best results alongside the project.

Replicability and scalability

- Mental-health support groups were piloted in Eastbourne and Hastings in response to the opening of S98 initial accommodation in those areas. Section 98 support provides accommodation for people seeking asylum who would otherwise be destitute and who are either awaiting a decision on an application

for Section 95 support or are supported under Section 95 and are awaiting transfer to their accommodation.

- The model established in Brighton would need to be replicated in areas to which people seeking asylum are dispersed. Dispersal accommodation is longer-term temporary accommodation managed by accommodation providers on behalf of the Home Office.
- The specialist advice and casework service would need to be provided alongside the groups to ensure the project is holistic. Otherwise, participants would become overwhelmed by structural issues and may disengage with the therapeutic offer.