



Emma Borjes and Sarah Taylor, Coram Impact & Evaluation Team

Evaluation of Coram's work with the City of London on Unaccompanied Asylum- Seeking Children

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Commissioned by: Renuka Jeyarajah-Dent

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Acronyms

CAMHS	Child and Adolescent Mental Health Services
IFA	Independent Fostering Agency
IRO	Independent Reviewing Officer
LAC	Looked After Child(ren)
PTS	Post-traumatic stress
PTSD	Post-traumatic stress disorder

Executive summary

This process evaluation covers an early intervention programme delivered by Coram in 2020-21 in the City of London. The programme aimed to help settle and integrate Unaccompanied Asylum-Seeking Children by providing training and resources to help staff to understand the impact of trauma; help sleep return to the expected pattern for the age group; sensitise them to the needs of unaccompanied asylum-seeking children and young people in relation to diet and digestive health; engage young people in thinking and planning for the future; and use physical exercise in order to help unaccompanied asylum-seeking children and young people to tolerate anxiety better.

The programme model involves training for a range of staff, such as IROs, social workers, service managers and supported accommodation staff. The training is split into units covering sleep and sleep hygiene; diet; and exercise. In the circumstances of Covid-19, an online version of the training was developed, in four two-hour sessions.

Coram's Impact and Evaluation team carried out a short process evaluation of the programme. We reviewed various documents such as previous reports, case consultation and case study notes, and measurement tools, and carried out virtual interviews with seven programme stakeholders in April and May 2021.

Notes from the case consultations, case study and BEARS tools indicated that young people struggled to fall and/or stay asleep. The consultation notes also provided suggestions of how young people could reduce their sleep issues.

The programme received positive feedback from staff members. Staff members reported that they had gained knowledge and insight of how sleep affects day-to-day life, and a better understanding of the challenges unaccompanied asylum-seeking children and young people face and how their past experiences affects their sleep, diet, physical and mental health. Some interviewees mentioned they had incorporated what they had learnt during the training into their own personal life, such as eating and shopping patterns. Additionally, staff had started to apply what they had learnt into practice, for example, one member of staff reported that encouraging physical exercise and a balanced diet had become part of the independent skills training care leavers receive.

The programme team reported good engagement from staff members but also highlighted the challenges of delivering virtual training sessions to staff during working hours, such as interruptions and less interaction with staff who had their screens turned off, though staff tried their best to engage in the sessions. The team noted the various levels of experience and knowledge among attendees. We asked staff for recommendations for improvements to the programme and they offered a range of practical suggestions including video clips, lists and follow-up sessions.

The programme is developmental and remains at a relatively early stage in its development. In future the programme team aims to develop and expand the service towards becoming a mainstream intervention, upskilling the sector, and including foster carers, children and young people directly in their work. The team have received additional funding from the City of London to continue with the programme, which will allow them to develop and expand the services towards becoming a mainstream intervention. The programme team have begun to work with IROs and support accommodation workers, and are about to gain permission to work with LAC nurses and medical staff, in hope of being able to benefit more unaccompanied asylum-seeking children and young people in the future, by helping to improve their overall wellbeing and standard of living.

1. Introduction

A Coram team led by Renuka Jeyarajah-Dent, chartered psychologist and Director of Special projects at Coram, were commissioned by the City of London in 2020 to carry out work with the aim of improving support to Unaccompanied Asylum-Seeking Children. The programme intends to apply Coram's early intervention framework for unaccompanied asylum-seeking children and young people, such that better trained and supported staff have more awareness of sleep, diet and exercise, enabling them to improve support to unaccompanied asylum-seeking children and young people.

About this report / methodology

Coram's Impact and Evaluation Team carried out a short process evaluation of the programme. The findings are set out in this report. We reviewed several documents and carried out virtual interviews with seven programme stakeholders in April and May 2021. We interviewed:

- the City of London service manager;
- the City of London team manager;
- a student social worker in the City of London;
- two supported accommodation workers; and
- two members of the Coram programme team.

The documents we reviewed included:

- baseline report, June 2020, by Sarah Taylor (Coram Impact and Evaluation Team), Kevin Yong (Coram-i) and Renuka Jeyarajah-Dent (Coram programme team);
- report on the programme written by the programme team for Coram marketing & communications team, April 2021;
- case study of one unaccompanied asylum-seeking young person, 10 February 2021, written by the programme team;
- five completed BEARS (Bedtime issues, Excessive daytime sleepiness, nighttime Awakenings, sleep Regularity and Snoring) screening tools; and
- case consultation notes written up by the programme team of two unaccompanied asylum-seeking young people (half of the total; the programme team told us that they carried out case consultations in relation to four unaccompanied asylum-seeking young people).

We also received written feedback from 1 supported accommodation manager about the intervention programme and the training workshops.

About the programme

The aim of the project is to help to settle and integrate unaccompanied asylum-seeking children and young people by providing training and resources that help staff: understand the impact of trauma; help sleep return to the expected pattern for the age group; sensitise them to the needs of young people in relation to diet and digestive health; engage young people in thinking and planning for the future; and use physical exercise in order to help young people to tolerate anxiety better. It is intended that the programme will help embed good practice and ultimately increase the chances that mental health symptoms among unaccompanied asylum-seeking children and young people dissipate.

Background to the programme

Sleep quality, diet and exercise are linked to wellbeing. They are the focus of this programme because unaccompanied young people's experiences while journeying to the UK often mean that their sleep, diet and opportunities for exercise have been particularly impacted. From a literature review we carried out (Lawrence and Michelmore, 2019) we know that sleep problems are prevalent in unaccompanied asylum-seeking children and young people. Unaccompanied asylum-seeking children and young people may need help to keep existing bonds alive where they have lost family due to their displacement, and help in normalising their diet. The programme team told us that poor sleep, diet or exercise interact with stress, anxiety in trauma, and can create a vicious cycle, meaning interventions should be considered that target both emotion and cognition and the body. The programme team told us they sought to counter what they see as an imbalance in trauma-focused services, towards mental health, at the expense of the physical body.

Coram have been developing therapeutic practices in relation to sleep, diet and exercise for unaccompanied young people for some years, particularly through the experience of Dr Ana Draper, systemic family therapist, who was part of the programme team and brought her experience of working with unaccompanied asylum-seeking children and young people in Kent County Council. While at Coram she delivered elements of the programme in Portsmouth City Council and the London Boroughs of Westminster and Camden, including to social workers, foster carers, residential workers, CAMHS looked after children teams, LAC nurses, and supported housing workers.

The City of London funded Coram to deliver the work, while funding for the capability and capacity required for evaluation and for moving the training to web-based delivery was contributed by the Pickwell Foundation and the Esmée Fairbairn Foundation.

Background on the target population (City of London Unaccompanied Asylum-Seeking Children)

The City of London's population of children in care and care leavers is unusual due to its small size relative to other local authorities, and its preponderance of Unaccompanied Asylum-Seeking Children. A baseline report written in July 2020 sets this out. At the time, 52 young men and 1 young woman were under the care of the City of London, having reached London in different ways and from different countries. Some were doing well while others were struggling. They had varying kinds of placements, spoke different languages, practiced different religions, and spanned the full age range from 15 to 24. The typical young man was aged 18, spoke Arabic, originated in Sudan, and was a Muslim. He had become looked after around a year before on average.

While most of the caseload is made up of unaccompanied asylum-seeking children and young people, the social work team had not been specifically recruited or trained for work with unaccompanied asylum-seeking children and young people, and the baseline report found that the City of London did not necessarily recruit for this specialism or retain staff for this reason. They may not consider themselves experts in working with unaccompanied asylum-seeking children and young people, but they have developed expertise in this work. This expertise is not fully reflected in City of London documents. Since 2018, the City has had a systemic social work model. It was rated 'outstanding' by Ofsted in 2020.

Theory of change and logic model

In March 2021 the programme team met the Impact and Evaluation Team to develop a theory of change and logic model for the programme. A theory of change is a statement of how and why a service is expected to achieve its aims, whereas a logic model is a statement of what a programme or service consists of and what it intends to achieve. Together they make up the first two steps towards robust evaluation (Asmussen et al, 2019).

The programme’s theory of change can be summarised as: better trained and supported staff have more awareness of sleep, diet and exercise, enabling them to improve support to unaccompanied asylum-seeking children and young people. The logic model can be found below (Figure 1).

Figure 1: Logic model of the Unaccompanied Asylum-Seeking Children early intervention programme



Component parts of the programme model

The programme model involves training for a range of staff, such as IROs, social workers, service managers and supported accommodation staff. The training is split into units covering sleep and sleep hygiene; diet; and exercise. In the circumstances of Covid-19, an online version of the training was developed, in three to four two-hour sessions, accompanied by a ‘primer’ handbook and other tools to support participants to apply the training in their practice.

The training provides an overview of trauma; the first session focuses on how trauma might develop into a diagnosable condition, e.g. going from having symptoms of trauma to a diagnosis of PTSD. The session also covers some of the evidence around the impact migration has on young people’s mental health. The second session looks at sleep and understanding the sleep cycle and what the physical and psychological impacts are when sleep is disrupted. The third session focuses on diet and exercise, the first part of the session focuses on probiotics and its impact on mental health. The second half focuses on exercise; particularly heart rate variability and how young people can increase their heart rate variability through physical exercise and through breathing and meditation techniques. The fourth session considers how staff can implement the three components in their work with young people.

The aim of the training is to raise awareness to professionals and engage them to think about basic theoretical frameworks in order to enable insight to why unaccompanied asylum-seeking children and young people need support that is practical, deliverable and evidence-based, and does not depend too much on talking therapies. The aim is also to engage professionals in developing a more creative

approach to problem solving for young people in relation to mental health, and to understand that there are multiple pathways into helping young people to improve their wellbeing.

In addition, the programme model features case consultations, where Coram experts learn and discuss the details of a particular case, and elements of tracking and monitoring such as the use of food diaries and sleep histories by staff working with unaccompanied asylum-seeking children and young people. The programme to date has therefore been indirect as it has not involved direct work with young people. The programme team told us they believed direct work would be a helpful future component.

2. The programme as delivered

The programme delivery focused on one supported accommodation provider heavily used by the City of London, Pathfinders (it was the second largest provider of semi-independent accommodation to the City in June 2020, with 8 places). By April 2021, 40 people had been trained, including 6 support workers in Pathfinders.

The programme is developmental and remains at a relatively early stage in its development. In future, the programme aims to:

- mainstream monitoring and reviewing of young people's sleep-diet-exercise needs;
- work with the LAC medical service to ensure that all young peoples' sleep-diet-exercise needs are considered within LAC medical processes;
- deliver training to foster carers;
- expand the programme to work with other local authorities;
- identify young people with higher levels of sleep-diet-exercise need, in order to expedite their referral into specialist services;
- meet with young people as a community (e.g. via children in care councils) and contribute to the already ongoing group work in these areas;
- develop more peer-to-peer discussion about the importance of sleep-diet-exercise for good mental health; and
- consider increased use of technology. The programme team have experimented with using everyday technology to assist with interventions to improve sleep-diet-exercise e.g. requesting that young people kept phone/photo rather than paper food diaries in order to assess weekly food intake. This gave swift information on patterns/quality/balance of diet and has potential to inform LAC medical reviews and encourage conversations about diet and mental health. Similarly, Fitbits and other wearable technology can aid in accurately assessing sleep patterns, exercise levels and heart rate variability. This is especially important as most people find it difficult to accurately judge sleep/wakefulness, intensity of exercise and related variations.

Use of measurement instruments

Food diaries were used to gain insight into what young people's diet consists of. At least one photographic food diary had been returned to the programme team by May 2021, which visually showed what the young person's diet was like. The programme team indicated that although the food diary has not made any dramatic changes yet, they thought staff had begun to see what their role was to help young people improve their wellbeing.

BEARS is a sleep screening tool (Bedtime issues, Excessive daytime sleepiness, nighttime Awakenings, sleep Regularity and Snoring) (Owens & Dalzell, 2005). Those attending the training received a copy of this tool, and its use was discussed as part of the training. One interviewee reported

that they had used the BEARS tool with two young people who confirmed that their sleep has improved.

The Impact and Evaluation team received copies of five completed BEARS tools from four young people. Three young people completed one form, and one young person completed two forms pre and post-therapy. Out of the three young people who only completed one form, two expressed having trouble falling asleep at bedtime and worrying about their past and future. These two young people also described irregular sleeping patterns such as waking up several times during the night and struggling to fall back asleep. One young person reported feeling anxious about immigration issues with the Home Office which kept them awake at night. The other young person reported snoring, and that they often sleep for a few hours during the day if they have had a bad night's sleep.

The young person who completed two BEARS screening tools reported improvement in their sleeping pattern between receiving therapy and completing the forms, and stated in the second form that they now slept throughout the night without interruptions. Before they would fall asleep between midnight and 4 am, had difficulties concentrating throughout the day and kept waking up at night. They reported that they sometimes snore if they are very tired or sleep in a particular position.

The aim was that this tool would be used with a range of young people at more than one time point to enable tracking of change and continuity over time, but as the programme is still in its early stages the tool has not been used very widely yet.

The programme team used role play with Pathfinders staff to engage them in thinking about unaccompanied asylum-seeking children and young people and sleep, diet and exercise. Staff were also able to share their own life stories and experiences with the programme team. Most staff members were of African origin and had personal experience of immigration.

The programme's indirect nature also posed a challenge for data collection using the instruments. In future, better-funded evaluation work is recommended to enable primary data collection from young people, rather than relying on staff to gather data.

Use of sleep packs

As part of the programme, the programme team sent sleep packs to the City of London in February 2021. The sleep packs were intended to be passed on to staff by the City, but we were told they did not reach Pathfinders staff. The sleep packs included a night light, lavender bags, a sleeping mask, worry dolls and a stress ball. One supported housing worker said he would have liked to receive these for use with young people.

Case consultation notes

We reviewed notes from two case consultations between the programme team and Pathfinders staff, where they reviewed two young people's sleeping patterns and noted down any suggestions to help regulate their sleeping pattern. Notes described a young person who struggled to stay asleep and a young person who was kept awake by their worries. Suggestions to help regulate their sleeping pattern included:

- getting less sunlight in the morning and more sunlight later in the day, including wearing sunglasses if going out in the morning;
- having some kiwi fruit in the evening; and
- getting out of bed for around 30 minutes if unable to fall back to sleep to distract themselves by:
 - having a warm drink;

- reading or listening to a podcast; and
- avoiding screens such as mobile phone, tablet, TV etc.

Notes from the second case consultation described a young person with poor sleep onset latency, they were kept awake by their worries and tended to nap during daytime. Suggestions included:

- getting more sunlight in the morning (not wearing sunglasses)
- exercising, such as running or boxing, to resist napping during daytime;
- having a warm shower or hot bath, including keeping feet and hands exposed afterwards;
- turning off heating in the bedroom, or reducing it to about 18 degrees;
- keeping a gratitude diary or notebook and writing down daily experiences they are grateful for, in order to help change their mood state prior to sleep; and
- having some kiwi fruit near bedtime.

Case study

We reviewed a case study from February 2021 of a young person placed with Pathfinders. The case study consisted of notes from a one-hour case consultation between the programme team and the young person's social worker, key worker and therapist. The programme team's role was to act as an enabler in this consultation and bringing a 'newcomer' perspective to the case.

The young person was placed with Pathfinders in March 2020, and turned 18 years old in late 2020. They had not attended school prior to arriving in London, and could not read or write in any language. They were eventually placed in supported housing, referred to the Refugee Council for legal advice, advocacy and therapy, and were attending online college. The young person reported sleeping difficulties, partly due to worrying about their family. Whilst attending therapy, the therapist and key worker reported that the young person had expressed that their sleeping difficulties had receded. The young person had engaged well, initially through art based therapy but recently through talking therapy. According to the therapist, further therapeutic input was not required.

It was discussed during the case consultation that the young person's social worker should meet with the young person to discuss next steps and help them gain insight of how to cope with inevitable situations that might arise, including understanding if they were managing their sleep, why this might be erratic, and how they have dealt with stressful thoughts such as immigration uncertainty. The young person wishes to live independently, although their ability to be independent is limited by their very basic literacy and numeracy skills, as well as immigration status and much depends on their asylum substantive interview which is still pending.

Perceived strengths of the programme

The programme team reported good engagement from Pathfinders staff members, and that staff had been open in sharing ideas and talking about their work with young people. Attendees were able to use the discussion time built into the training to discuss issues in applying the training (such as lockdown and fear of being stopped by the police, if going outside to exercise).

A key success, the programme team and a City of London manager believed, had been gaining entry to work with the City's IROs and supported accommodation workers. The programme team is also about to gain permission to work with LAC nurses and medical staff. They have also received high levels of engagement from City to deliver the programme and the team have received additional funding from the City to continue to develop the programme.

Knowledge gained

We asked interviewees how they had found the training. All the participants we interviewed reported finding the training interesting and learning new things, including knowledge about the neurological impacts of sleep deprivation, gut health, probiotics and not taking extensive exercise or eating before bedtime. One interviewee reported that before attending the training, they would seek medical intervention or look online for videos to help young people sleep, and that attending the training enabled staff to use strategies which helped young people open up more about their problems.

Insight gained

More importantly, staff reported gaining insights into young people's lives and challenges. One member of staff mentioned that attending the training had made them realise some of the reasons of why unaccompanied asylum-seeking children and young people experience sleep problems, such as the stress and anxiety of applying for asylum and waiting for a Home Office decision.

Several staff members also mentioned that they thought the programme model could be applied to any young people they work with and not just unaccompanied asylum-seeking children and young people, and one staff member reported that they had gained insight of how much sleep impacts day-to-day activities, and were surprised that they could apply the programme model to their own lifestyle.

The programme team felt Pathfinders staff's own initial view of their professional role was to be practical and stick to rules and boundaries. However, throughout the programme, they felt staff gained insight into their roles in terms of relationships, wellbeing and engaging in conversations that enable them to pass on the right information to help other staff, such as LAC nurses.

Actions taken

One staff member mentioned that their management team has opened a small gym facility for young people (whose access to offsite gyms has been affected by covid-19 restrictions), while another staff member stated that encouraging physical exercise and having a balanced diet is now part of the care leaving independent skills training that is arranged by the safeguarding team for young people, thanks to staff members attending the training.

One staff member stated that the training had been helpful to some of the young people they work with, but that it was too early to notice any impacts on young people's wellbeing. However, the staff member had provided one young person with strategies to help them fall asleep, as they had no previous sleep routine, and reported that the young person had found this helpful.

Personal benefits reported by staff

Some interviewees mentioned they had incorporated what they had learnt during the training into their own personal life. One member of staff, for example, reported trying changes in their eating patterns (kiwi fruit two hours before bedtime, and not eating before bedtime). Two other staff members also mentioned that several team members had bought weighted blankets to help them fall asleep. They had gained insight into why they might have difficulty falling or staying asleep during the day or at night.

Several staff members reported they had learnt about what probiotics are and its impact on mental and physical health. One interviewee stated that they had changed their shopping patterns in that they now checked before buying if food products, such as yoghurt, included live bacteria.

Challenges experienced by the programme

Geographical spread

As the July 2020 baseline report found, the City of London places young people (LAC and care leavers) in a wide range of geographical settings. Last year this spanned most of London's boroughs (19) plus Kent, Essex, Medway, Hampshire and Luton. Placements include both IFAs and supported living providers. In future, more local placements, in recognition of the geographic spread of the City's social housing, would make it easier for unaccompanied asylum-seeking children and young people to access services offered by the City.

Varying levels of experience and knowledge

The programme team found that attendees had a range of levels of experience, including those with limited experience of working with unaccompanied asylum-seeking children and young people. They also found it challenging at times to keep attendees interested due to the various levels of experience and knowledge of words such as trauma informed, the difference between PTS and PTSD, post-trauma and developmental trauma, etc.

Online delivery

Support workers joining the training sessions did so generally during their working hours, and were subject to interruptions (this was also the case in one of the interviews). The programme team noted occasions when participants had to leave their screens at times. The programme team felt that in-person training would also have enabled participants to engage more, but that staff did their best to engage despite interruptions. One interviewee also highlighted that they would have preferred in-person training and felt it was challenging to keep staff engaged. However, they also thought online delivery had been efficient as it didn't require staff members to travel, they could attend the training and go back to work straight afterwards. Another member of staff did not think online session had been a disadvantage as they had become used to it during the past year.

Time constraints

One interviewee mentioned they would have liked more detailed information on the impacts of day-to-day activities on sleep but that there was not enough time to go into detail on certain sections of the training. The interviewee would have liked the training to include more time for interactive exercises, e.g. a short quiz, as the sessions mainly consisted of going through the slides which they felt left attendees tired and less engaged towards the end of the sessions.

Recommended improvements

We asked interviewees what improvements could be made to the programme in future, who offered a range of practical suggestions, including:

- practical and visual examples such as video clips;
- examples of foods that young people have liked that have made a difference;
- real or mock sessions with young people about sleep, diet and exercise;
- a list of the food mentioned in the training for attendees to take away with them;
- refresher course following up 3 or 6 months later; and
- interactive exercises, e.g. a short quiz.

Suggested improvements from the programme team

We also asked the programme team what improvements could be made to the programme in future, or if the programme could have been delivered differently in any way. The team stated that they would have liked to work with young people directly, and if they had enough resources, they would have made different versions of the programme for staff with different levels of expertise.

3. Conclusion

The intervention programme remains at a relatively early stage in its development, and the aim of the programme so far has been to raise awareness to professionals about sleep, diet and exercise and how they can apply their awareness in their work with unaccompanied asylum-seeking children and young people.

Overall the programme received positive feedback from staff members, who reported that they had gained knowledge and insight of how sleep affects day-to-day life, and a better understanding of the challenges unaccompanied asylum-seeking children and young people face, and how their past experiences affects their sleep, diet, physical and mental health. Some interviewees mentioned they had incorporated what they had learnt during the training into their own personal life, in terms of their eating and shopping patterns. Staff had started to apply what they had learnt into practice, for example, encouraging physical exercise had become part of the independent skills training young people receive. Despite staff experiencing disruptions to the sessions, they tried their best to engage in the sessions. Staff had gained insight into their professional roles more in terms of relationships, wellbeing and engaging in conversations that enable them to give the right information to help staff such as LAC nurses.

In future, the programme team aim to include foster carers, children and young people directly in their work. The team have received additional funding from the City of London to continue with the programme, which will allow them to develop and expand the services towards becoming a mainstream intervention. The programme team have begun to work with IROs and support accommodation workers, and are about to gain permission to work with LAC nurses and medical staff, in hope of being able to work directly with unaccompanied asylum-seeking children and young people and benefit more unaccompanied asylum-seeking children and young people in the future, by helping to improve their overall wellbeing and standard of living.

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Coram (The Thomas Coram Foundation for Children)
Coram Community Campus
41 Brunswick Square
WC1N 1AZ

www.coram.org.uk

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