



SUMMER REPORT 2018

Prepared for Adoma Toulouse

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TABLE OF CONTENTS

Executive Summary	3
Background	3
Research Overview	3
Key Findings	3
Proposed Solutions	3
Methodology	4
Key Informant Interviews	4
Participant interviews	4
Program Logic Model	5
Program Strengths	6
Housing First	6
Case Worker Relationship	6
Program Weaknesses	7
Waiting as Trauma	7
Language Barriers	7
Medical Care	7
Proposed solutions	8
Understaffing	8
Language Materials	8
Community-Building	8
Self Assessment Tool	9
Survey Questions	9

EXECUTIVE SUMMARY

Background

Adoma is a semi-public housing organization in France under the CDC group. In 2018, the Toulouse office launched a pilot program to provide permanent housing and accompaniment to Syrian refugee families.

Research Overview

This report is based off interviews with professionals engaged with the program (case workers, translators, doctors, nurses, psychologists) and focus groups conducted with each of the 6 families and 1 individual participating in the program.

Key Findings

Overall program participants were extremely pleased with their case worker and spoke highly of the positive impact of permanent housing. Program participants also identified several consistent issues around the wait time for their official documents, the French language barrier, and the mental health burden of their family members who were not granted asylum status.

***“We just want to live a normal life here in Toulouse.”
« On veut que vivre une vie normale ici à Toulouse. »
-Program Participant***

Proposed Solutions

Several potential solutions have arisen to aspects of the waiting period. While Adoma has no control over the bureaucratic process, there are steps which can be taken to alleviate the process including hiring more case workers, providing language learning materials, and facilitating networking within the participant group.

METHODOLOGY

This research is qualitative and is based off ethnographic observations, key informant interviews, and focus groups over a period of two months. One key deliverable of the research is a self-assessment tool for evaluation at the end of the one-year program.



Key Informant Interviews

- 3 social workers
- 2 doctors
- 1 psychologist
- 2 interpreters
- 1 nurse
- 1 academic

Participant interviews

- 6 focus groups with each family (only adults)
- 1 individual interview

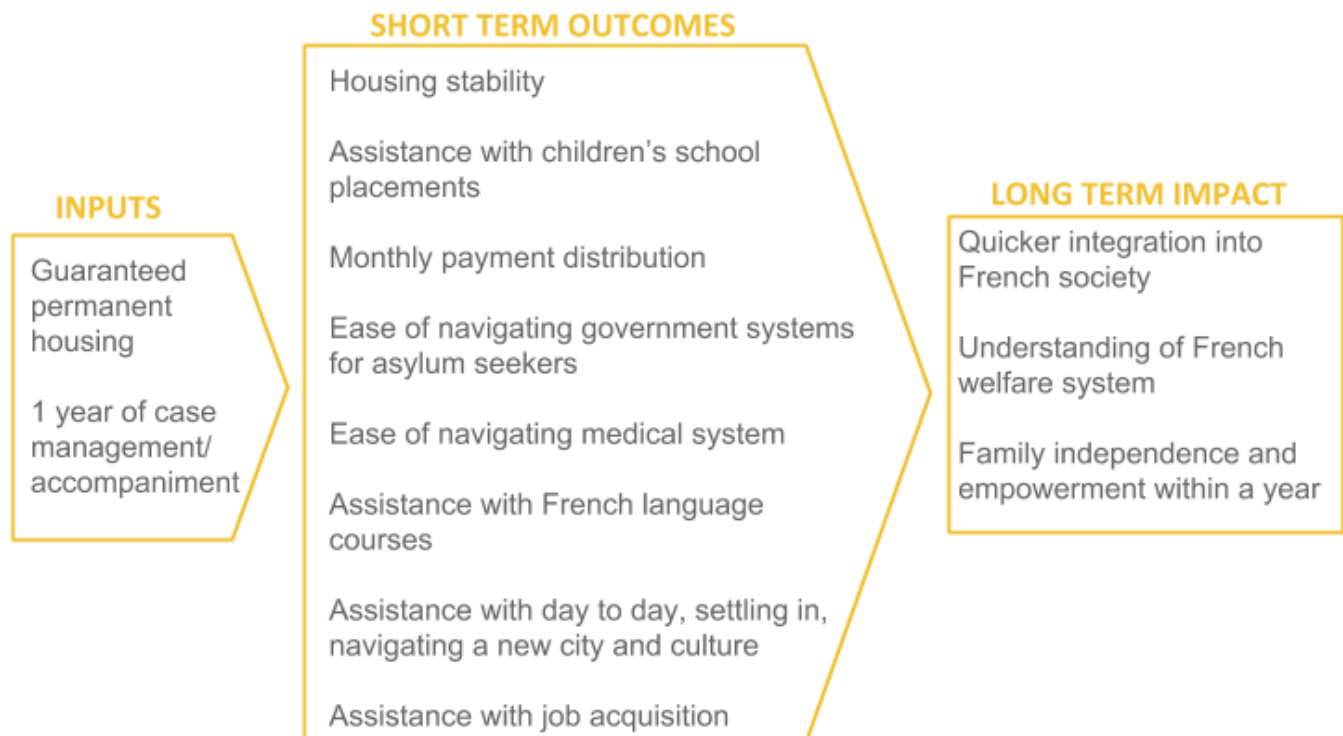
Interviews with professionals were conducted in French and included questions about access to healthcare, prejudice, perception of system efficacy, general population trends.

Family focus groups were conducted with an Arabic translator in their homes. Participants were invited to share what they felt comfortable with as a group and their case worker was asked to step out of the room for any sensitive topics if necessary. Participants were asked about their physical and mental health, understanding of the French healthcare and welfare systems, housing needs, challenges they face, and opinion of Adoma.

PROGRAM LOGIC MODEL

The pilot program in Toulouse is based off the “Housing First” philosophy which identifies housing as the most important first step in stability for vulnerable populations.

Adoma Toulouse took responsibility for apartment leases for each family prior to their arrival in France. One case worker was assigned responsibility for the families and single individual to provide accompaniment over the course of a year. Accompaniment includes medical visits, translation, visits to government offices for the asylum seeker documentation process, assistance with enrolling in French language courses, assistance with children’s school placements, and general orientation in the city. The long-term goals of the accompaniment would be lease acquisition by the program participants, and full independence in Toulouse with an understanding of the French welfare system and supports available to refugees.



PROGRAM STRENGTHS

Housing First

Participants expressed almost universally positive feelings towards their housing placements. One of the doctors interviewed expressed the importance of permanent housing as she serves many populations of people who have serious medical issues arising from instability in their housing. Housing is a clear first step for participants to begin an independent life in Toulouse.

However, it was very clear from the research that Housing First is not a solution in and of itself, and that the year of accompaniment is just as necessary. Some participants faced particular challenges in their housing situations as well, including disagreements with neighbors and inaccessibility of public transit (both of these issues were being addressed by Adoma staff).

Case Worker Relationship

Participants also had a positive relationship with their case worker and were very happy with his services when he accompanied them to the prefecture, schools, doctors, etc. In many cases, participants are entirely dependent on their case worker to serve as translator and guide to the healthcare and welfare systems in Toulouse.

However, **with only one case worker for all 41 program participants, there were clear challenges with the pilot program.** All 6 families and 1 individual lived in very different locations, and their case worker spent several hours during the day driving between locations. Many members of these families were additionally vulnerable with intense medical needs (the reason they received asylum status). Overscheduling was a constant issue, as it was impossible for 1 person to address all the accompaniment needs of 41 people (particularly given the language barriers). The high demands of the first few months in particular (multiple meetings at the prefecture, multiple meetings at school to enroll children, meetings with landlords, accompaniments to the pharmacy, post office, and bank, etc.) made the task impossible for just one person. Frequently he would be in the field with a family and receive an emergency call for a hospital accompaniment. Overall, this understaffing issue led to great frustration on the part of program participant as well as the case worker himself.

PROGRAM WEAKNESSES

The major issue identified by almost program participants was that they had yet to receive their official documentation at the time of the focus groups (2 to 3 months after arrival in France). This had a snowball effect in blocking their full access to healthcare (save emergency situations), job applications, French language classes, legal services, etc. This period of waiting has been extremely stressful for all participants.

Waiting as Trauma

While no participant explicitly labelled the waiting period as a form of trauma, it was evident from the emotional reactions of many participants that it has taken a toll on their mental health. Because they are unable to fully access their rights and healthcare and do not yet feel comfortable in the city or with the language, many participants stated that they do not often leave the house and have little to do during the day. Many of them struggle with traumatic memories of the war, or are unable to stop worrying about the health and wellbeing of their family members who remain in Syria or refugee camps in Lebanon.

Language Barriers

Without access to the government's mandated French classes, participants have been unable to learn any French and find many daily tasks (such as grocery shopping) to be a challenge, and larger tasks such as going to the prefecture for paperwork to be impossible on their own.

"We came here to seek medical care for our daughter, but she has not yet been treated."

Medical Care

Many program participants appear to have been granted asylum status due to pressing health concerns (chronic conditions such as diabetes, or war-related injuries). However, they have been unable to access long term care while they wait for their official paperwork. Only emergency situations are treated. For those who have been able to seek medical care, the language barrier has often been a challenge; they feel dependent on their case worker to serve as an interpreter (translation services in Toulouse hospitals have been insufficient.).

PROPOSED SOLUTIONS

Understaffing

The most serious and readily addressable issue with the program is that of understaffing. Two possible solutions to the understaffing issue are proposed. **More case workers should be hired** proportional to the number of program participants. Adoma might consider a cap of 3 or 4 families per case worker, or they might consider hiring a field case worker for physical accompaniments and an office staff to be available on call for emergencies, paperwork, etc.

Alternately, for the first few months of accompaniment, program participants might be housed in the same temporary housing where they have proximate access to their case worker and are not isolated in emergency situations. This would also allow participants to meet one another and build social networks.

Language Materials

Adoma can assist participants in accessing online language learning materials, or if possible provide print material to begin learning the language while participants wait for language courses to begin. Particularly accessible is **Duolingo, a free smartphone app which has courses for Arabic speakers to learn French.**

Community-Building

While Adoma does not have control over the documentation process or bureaucratic requirements, there are potential ways to alleviate the trauma of the waiting period. Almost all participants expressed a desire to meet other Arabic speakers and would like assistance in building community.

Adoma should consider introducing program participants, perhaps hosting a picnic in a park or other simple activity to **help program participants build community.** This is a simple way to help participants find daily activities and build social networks to alleviate the trauma of waiting, isolated, at home.

SELF ASSESSMENT TOOL

The following self-assessment tool has been developed for Adoma to evaluate the program after the year of case management/accompagnement, based off key metrics identified by both professionals and participants.

Survey Questions

1. What is your gender?
Quel est votre sexe?
2. What is your age?
Quel âge avez-vous?
3. What is your education level?
Quel est votre niveau d'éducation?
4. How long have you lived in Toulouse?
Vous êtes à Toulouse depuis quand?
5. Where were you prior to coming to Toulouse?
Où étiez-vous avant Toulouse, par exemple, en Turquie ou Lebnan?
6. For how long were you there?
Combien des mois/ans passiez-vous là?
7. What languages do you speak?
Quelle(s) langue(s) parlez-vous?
8. Have you been to the hospital or clinic since arriving in Toulouse? *Avez-vous déjà allé à un hôpital ou clinique à Toulouse?*
Yes *Oui*
No *Non*
9. [If yes] How satisfied were you with your visit to the hospital or clinic? *Étiez-vous satisfait avec les soins à l'hôpital ou le clinique?*
very satisfied *très satisfait*
somewhat satisfied *satisfait*
neither satisfied nor dissatisfied *neutre*
somewhat dissatisfied *insatisfait*
very dissatisfied *très insatisfait*
10. Have you ever faced discrimination for being Syrian while in Toulouse? *Avez-vous déjà fait l'expérience de la discrimination contre les syriens ici à Toulouse?*
Never *Jamais*
Rarely *Rarement*
Sometimes *Parfois/Quelquefois*
Often *Souvent*
Always *Toujours*

11. How comfortable would you feel going to a doctor if accompanied by an Adoma staff member? *Sentez-vous à l'aise d'aller au médecin avec un intervenant social d'Adoma?*

Very uncomfortable *Très pas à l'aise/beaucoup pas à l'aise*

Uncomfortable *Pas à l'aise*

Neither comfortable nor uncomfortable *Ni à l'aise, ni pas à l'aise*

Comfortable *À l'aise*

Very comfortable *Très à l'aise*

12. How comfortable would you feel going to a doctor alone? *Sentez-vous à l'aise d'aller au médecin tout seul(e)?*

Very uncomfortable *Très pas à l'aise/beaucoup pas à l'aise*

Uncomfortable *Pas à l'aise*

Neither comfortable nor uncomfortable *Ni à l'aise, ni pas à l'aise*

Comfortable *À l'aise*

Very comfortable *Très à l'aise*

13. How would you rate your own health? *Comment est votre état de santé?*

Very poor *Très mauvais*

Poor *Mauvais*

Fair *Moyen*

Good *Bon*

Very good *Très bon*

Excellent *Excellent*

14. How would you rate the health of the male members of your family? *Comment est l'état de santé des hommes/garçons dans votre famille?*

Very poor *Très mauvais*

Poor *Mauvais*

Fair *Moyen*

Good *Bon*

Very good *Très bon*

Excellent *Excellent*

15. How would you rate the health of the female members of your family? *Comment est l'état de santé des femmes/filles dans votre famille?*

Very poor *Très mauvais*

Poor *Mauvais*

Fair *Moyen*

Good *Bon*

Very good *Très bon*

Excellent *Excellent*

16. During the past month, including today, how often have you felt sad or depressed? *Pendant le mois passé, avez-vous senti triste ou déprimé?*

Never *Jamais*

Rarely *Rarement*

Sometimes *Parfois/Quelquefois*

Often *Souvent*

Always *Toujours*

17. Have you ever seen a therapist in Toulouse? *Avez-vous vu un(e) psychologue à Toulouse?*

Yes I have seen someone more than once *Oui, j'ai vu un(e) psychologue plus d'une fois*

Yes I have seen someone once *Oui, j'ai vu un(e) psychologue une fois*

No, but I would like to see someone *Non, mais je veux voir un(e) psychologue*
 No, I am not interested in seeing a therapist. *Non, je ne veux pas voir un(e) psychologue*

18. How would you rate your French knowledge? *Quel est votre niveau de la langue français?*
 I do not speak French. *Je ne parle pas français*
 I know a few words and phrases. *Je comprends quelques mots et phrases*
 I am able to have a basic conversation. *Je peux parler élémentairement.*
 I am confident in my ability to speak and understand French on a daily basis. *Je parle avec confiance quotidiennement.*
 I am fluent. *Je parle couramment.*

19. How has accessing healthcare here in France compared to accessing healthcare in [your home country]? *L'accès des soins à Toulouse, vous semble-t-elle plus facile ou plus difficile que celle de Syrie?*
 Accessing healthcare in France is significantly easier. *L'accès des soins à Toulouse est beaucoup plus facile.*
 Accessing healthcare in France is easier. *L'accès des soins à Toulouse est plus facile.*
 Accessing healthcare in France is about the same as accessing French care in [country]. *L'accès des soins n'est plus facile ni plus difficile.*
 Accessing healthcare in France is harder. *L'accès des soins à Toulouse est plus difficile.*
 Accessing healthcare in France is significantly harder. *L'accès des soins à Toulouse est beaucoup plus difficile.*

20. How does the quality of healthcare here in Toulouse compare to the quality of healthcare in [your home country]? *La qualité des soins à Toulouse, vous semble-t-elle inférieure ou supérieure que celle de Syrie?*
 The quality of care in France is significantly better. *La qualité des soins à Toulouse est beaucoup plus supérieure.*
 The quality of care in France is better. *La qualité des soins à Toulouse est supérieure.*
 The quality of care in France is about the same as it is in [country]. *La qualité des soins à Toulouse n'est supérieure, ni inférieure.*
 The quality of care in France is worse. *La qualité des soins à Toulouse est inférieure.*
 The quality of care in France is significantly worse. *La qualité des soins à Toulouse est beaucoup plus inférieure.*

For the following statements, please say how much you agree or disagree.

21. I am confident that I understand the French healthcare system and my rights to access healthcare. *Je comprends bien le système de soin médicaux ici à France, et mes droits d'accéder les soins.*
 Strongly agree *Tout à fait d'accord*
 Agree *D'accord*
 Neither agree nor disagree *Ni d'accord ni en désaccord*
 Disagree *En désaccord*
 Strongly disagree *Tout à fait en désaccord*

22. I am confident that I can take care of my health needs (for example, fill my prescriptions or go to a doctor) here in Toulouse. *Je me sens confiant(e) que je peux prendre soin de ma santé (par exemple, aller au médecins ou remplir une prescription) ici à Toulouse.*
 Strongly agree *Tout à fait d'accord*
 Agree *D'accord*
 Neither agree nor disagree *Ni d'accord ni en désaccord*
 Disagree *En désaccord*

Strongly disagree *Tout à fait en désaccord*

23. I have been able to meet other Syrian families in Toulouse. *J'ai rencontré des autres familles syriennes réinstallées et je me sens parti d'un communauté ici à Toulouse.*

Strongly agree *Tout à fait d'accord*

Agree *D'accord*

Neither agree nor disagree *Ni d'accord ni en désaccord*

Disagree *En désaccord*

Strongly disagree *Tout à fait en désaccord*

24. I would like to meet other Syrian families here in Toulouse. *Je voudrais rencontrer des autres familles syriennes réinstallées à Toulouse.*

Strongly agree *Tout à fait d'accord*

Agree *D'accord*

Neither agree nor disagree *Ni d'accord ni en désaccord*

Disagree *En désaccord*

Strongly disagree *Tout à fait en désaccord*

25. I feel that I am part of a community in Toulouse. *Je me sens parti d'un communauté ici à Toulouse.*

Strongly agree *Tout à fait d'accord*

Agree *D'accord*

Neither agree nor disagree *Ni d'accord ni en désaccord*

Disagree *En désaccord*

Strongly disagree *Tout à fait en désaccord*

26. I wish I could improve my French. *Je voudrais améliorer le français.*

Strongly agree *Tout à fait d'accord*

Agree *D'accord*

Neither agree nor disagree *Ni d'accord ni en désaccord*

Disagree *En désaccord*

Strongly disagree *Tout à fait en désaccord*

27. I know where to go to take French courses. *Je sais où je peux suivre des cours français.*

Strongly agree *Tout à fait d'accord*

Agree *D'accord*

Neither agree nor disagree *Ni d'accord ni en désaccord*

Disagree *En désaccord*

Strongly disagree *Tout à fait en désaccord*

28. I feel at home in Toulouse. *Je me sens chez moi/à l'aise (à Toulouse).*

Strongly agree *Tout à fait d'accord*

Agree *D'accord*

Neither agree nor disagree *Ni d'accord ni en désaccord*

Disagree *En désaccord*

Strongly disagree *Tout à fait en désaccord*

29. I know where to go to buy groceries to cook healthy meals for me and my family. *Je sais comment acheter des courses et cuisiner des repas sains pour moi/pour ma famille.*

Strongly agree *Tout à fait d'accord*

Agree *D'accord*

Neither agree nor disagree *Ni d'accord ni en désaccord*

Disagree *En désaccord*

Strongly disagree *Tout à fait en désaccord*

30. I understand how to apply for jobs or where to go for assistance in finding a job. *Je comprends comment postuler à un emploi ou où trouver de l'aide pour trouver un emploi.*

Strongly agree *Tout à fait d'accord*

Agree *D'accord*

Neither agree nor disagree *Ni d'accord ni en désaccord*

Disagree *En désaccord*

Strongly disagree *Tout à fait en désaccord*

31. The monthly payment I receive is sufficient for my family's expenses. *Le paiement mensuel que je reçois est suffisant pour couvrir les dépenses de ma famille.*

Strongly agree *Tout à fait d'accord*

Agree *D'accord*

Neither agree nor disagree *Ni d'accord ni en désaccord*

Disagree *En désaccord*

Strongly disagree *Tout à fait en désaccord*

32. My family and I have been able to eat healthy foods since coming to Toulouse. *Depuis que nous soyons arrivés à Toulouse, nous avons mangé d'une façon saine.*

Strongly agree *Tout à fait d'accord*

Agree *D'accord*

Neither agree nor disagree *Ni d'accord ni en désaccord*

Disagree *En désaccord*

Strongly disagree *Tout à fait en désaccord*

33. Before arriving in Toulouse, I feel I was well prepared for what life would be like here. *Avant que je sois arrivé(e) à Toulouse, je me suis senti(e) bien préparé(e) pour la vie à Toulouse.*

Strongly agree *Tout à fait d'accord*

Agree *D'accord*

Neither agree nor disagree *Ni d'accord ni en désaccord*

Disagree *En désaccord*

Strongly disagree *Tout à fait en désaccord*

34. How satisfied are you with the support Adoma has given you? *Veillez indiquer votre degré de satisfaction à l'égard de la soutien d'Adoma.*

Support with housing / *la soutien avec le logement*

very satisfied *très satisfait*

somewhat satisfied *satisfait*

neither satisfied nor dissatisfied *neutre*

somewhat dissatisfied *insatisfait*

very dissatisfied *très insatisfait*

Support with mental health / *le soutien avec la santé mentale*

very satisfied *très satisfait*

somewhat satisfied *satisfait*

neither satisfied nor dissatisfied *neutre*

somewhat dissatisfied *insatisfait*

very dissatisfied *très insatisfait*

Support with healthcare / *le soutien avec les soins médicaux*

very satisfied *très satisfait*

somewhat satisfied *satisfait*

neither satisfied nor dissatisfied *neutre*

somewhat dissatisfied *insatisfait*

very dissatisfied *très insatisfait*

Support with housing / *le soutien avec le logement*

very satisfied *très satisfait*

somewhat satisfied *satisfait*

neither satisfied nor dissatisfied *neutre*

somewhat dissatisfied *insatisfait*

very dissatisfied *très insatisfait*