

Working with Community Providers

Summary

This document contains the results of a survey conducted by the National Capacity Building Project (NCB) on the topic of working with community providers. The survey was open from August 24 to September 22, 2014. Thirty-five individuals from 19 Survivors of Torture (SoT) programs responded. The survey focused on five key areas related to the respondents' work with community providers: basics of work with community providers, how they create relationships with community providers, capacity building efforts with community providers, resources for training local community providers, and data sharing with community providers. The survey was designed to help NCB better understand our partners' needs in working with community providers and to allow SoT programs to understand their colleagues' efforts in this area.

Results showed that **the vast majority of respondents use community providers for case management/social services**, followed by legal aid and medical care, and then education. Employment services, housing/resettlement, dental care, and faith-based providers were also frequent partners.

Almost all respondents work with community providers via referral, for care and care-coordination, both sending and receiving referrals to and from community providers. Respondents also stated that they develop resources, conduct outreach, and do capacity building with outside providers.

Respondents indicated that the most pressing need that could be filled by community providers is **client housing**. Recreational activities and basic needs are also ripe for growth. The biggest **barrier is that of insufficient resources in the community**, followed by financial barriers and time.

Most respondents conduct capacity building (training and consulting) with local community providers. The **vast majority of capacity building is done in person in groups**, followed by one-on-one training. The majority of respondents believe that **one to four hours is enough training to effectively serve survivors of torture**, and most organizations provide that much training. **Most training is provided to case management/social services providers**, followed closely by **medical care** providers. **Ongoing training generally occurs four times a year**. Most respondents would like **more resources to help train community providers**, especially **medical care providers**. Resources would also be helpful for training case management/social services and employment rehabilitation, and physical therapy/massage specialists. Almost all respondents develop their own training materials, including PowerPoint presentations and brochures, and a majority of respondents use www.HealTorture.org in their training.

Slightly **more than half of the respondents share client data with community providers**. Most receive client data from community providers **through phone calls, emails, and via fax**. Most are 'moderately satisfied' with the timeliness and accuracy of reporting.

Limitation: This survey did not include mental health providers as a community provider. This was an error in the survey design, as many organizations do refer out for mental health services.



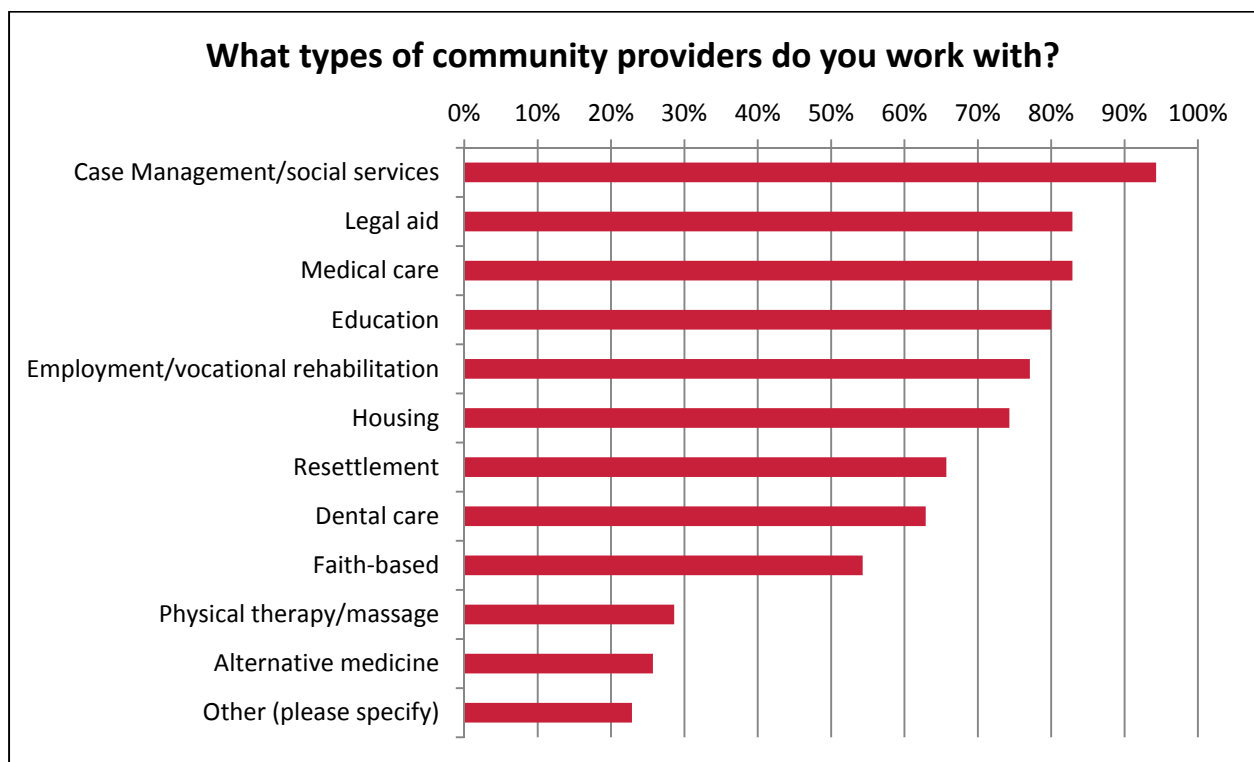


Detailed results

Basics of your work with community providers

What types of community providers do you work with?

As the graph below shows, the vast majority of respondents use community providers for case management/social services. Legal aid and medical care follow, but significant numbers of respondents use community providers of all types, demonstrating how critical such providers are to our work with survivors of torture.

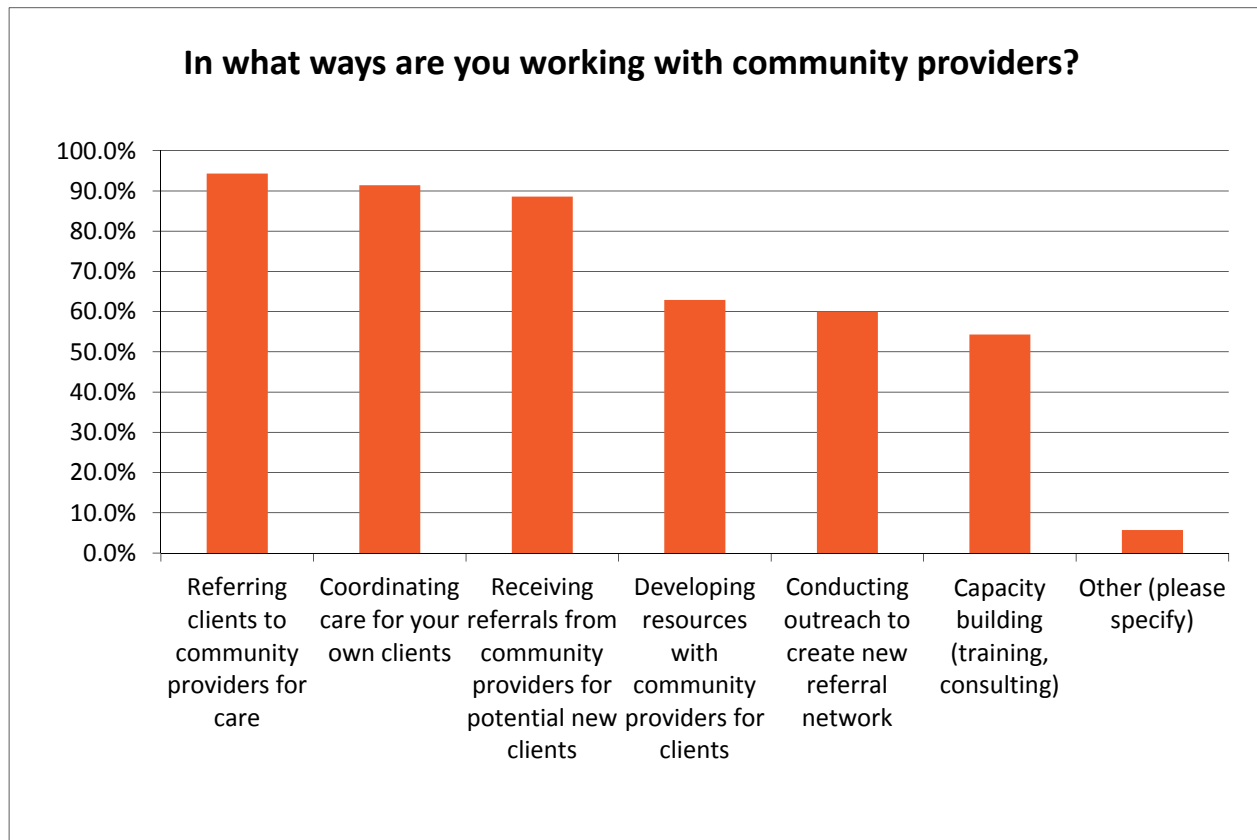


“Other” responses: mental health; therapeutic arts; therapy; state agencies; art/sewing/music; English classes; agencies providing temporary housing for asylum seekers; recreation; food access/nutrition programs.

In what ways are you working with community providers?

As the graph below shows, the most common ways of working with community providers is via referral, for care and care-coordination; respondents also receive referrals from community providers for torture rehabilitation services. Other ways respondents work with community providers include reaching out to expand existing referral networks, engaging in capacity-building, and developing resources for clients.





“Other” responses:

- Relationship building to encourage continuity of care between agencies
- Embedding staff in an external primary care clinic

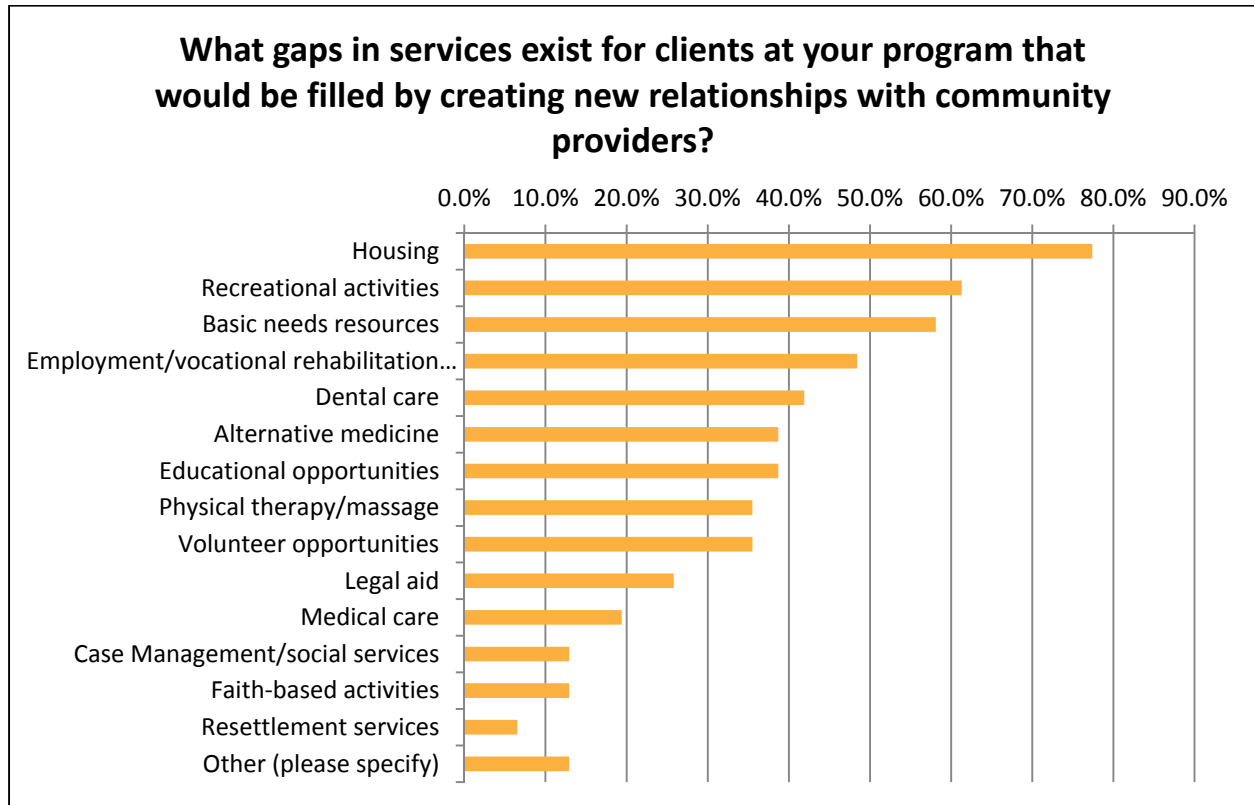




Creating relationships with community providers

What gaps in services exist for clients at your program that would be filled by creating new relationships with community providers?

The graph below highlights gaps in current services for torture survivors that could be addressed by creating new relationships with community providers. The most pressing and urgent need is for housing for survivors.



“Other” responses:

- Mental health services, counseling, “life coaching”
- A partnership with a local center for integrative medicine to provide acupuncture and massage
- Trauma sensitive counseling

Barriers to working with community providers

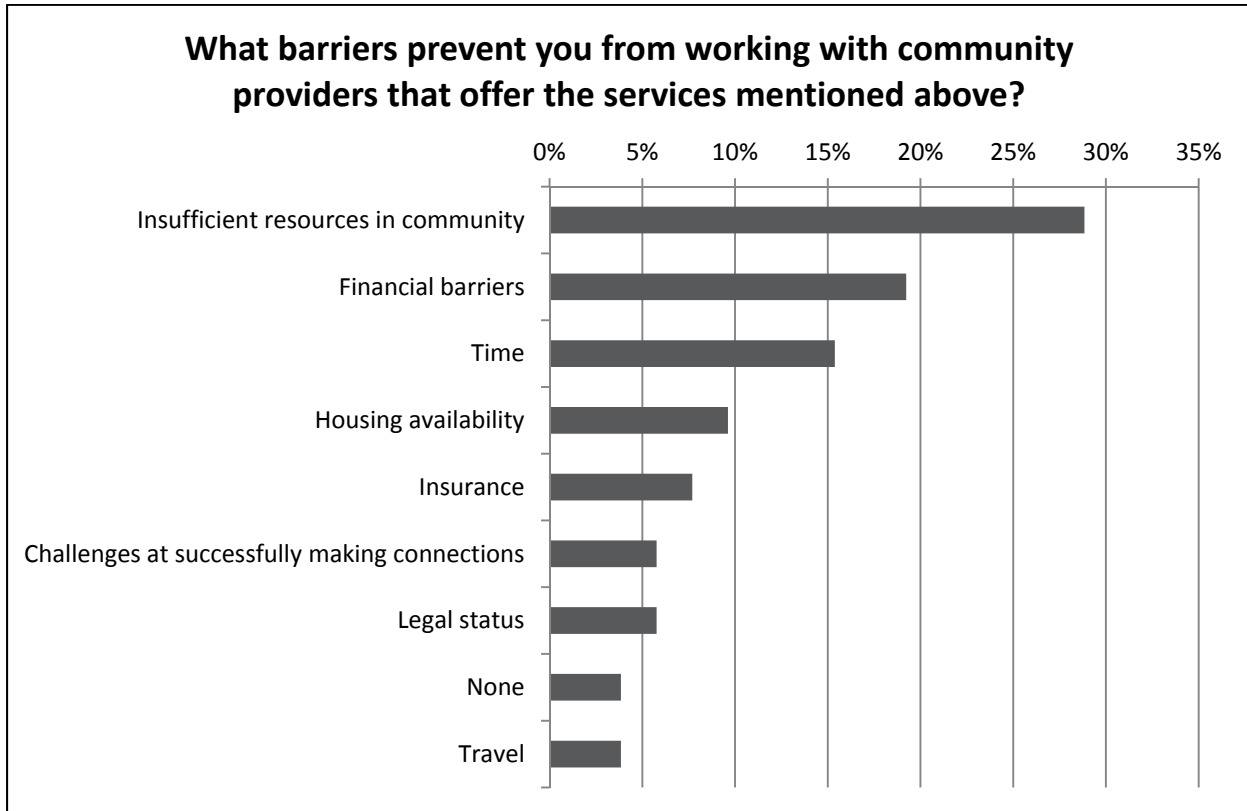
Respondents reported that the biggest hurdle to meeting the needs mentioned above are overburdened community resources that include wait lists, a lack of housing options, and insufficient educational and volunteer opportunities. Additionally, several respondents commented that the legal status of torture





survivors who are asylum seekers severely limits their access to community services. For example, social security numbers are often required for community services. Interesting outliers included:

- lease conditions that limit the number of dwellers per residence
- lack of control being in a 'hosted' environment
- the demanding schedules of primary care physicians



Capacity building with community providers

Do you conduct capacity building (training, consulting) with local community providers?

Capacity building is a key to expanding existing networks of community providers, and 78.1% of respondents are engaging in this through training and consulting.

Quantity of training given to a community provider *before* referring clients for services

We asked how much training SoT programs provide to community providers *before* referring survivors for community services, and how much training is *sufficient* for community providers to receive before receiving referrals. The majority of respondents indicated that between one and four hours of training is sufficient and



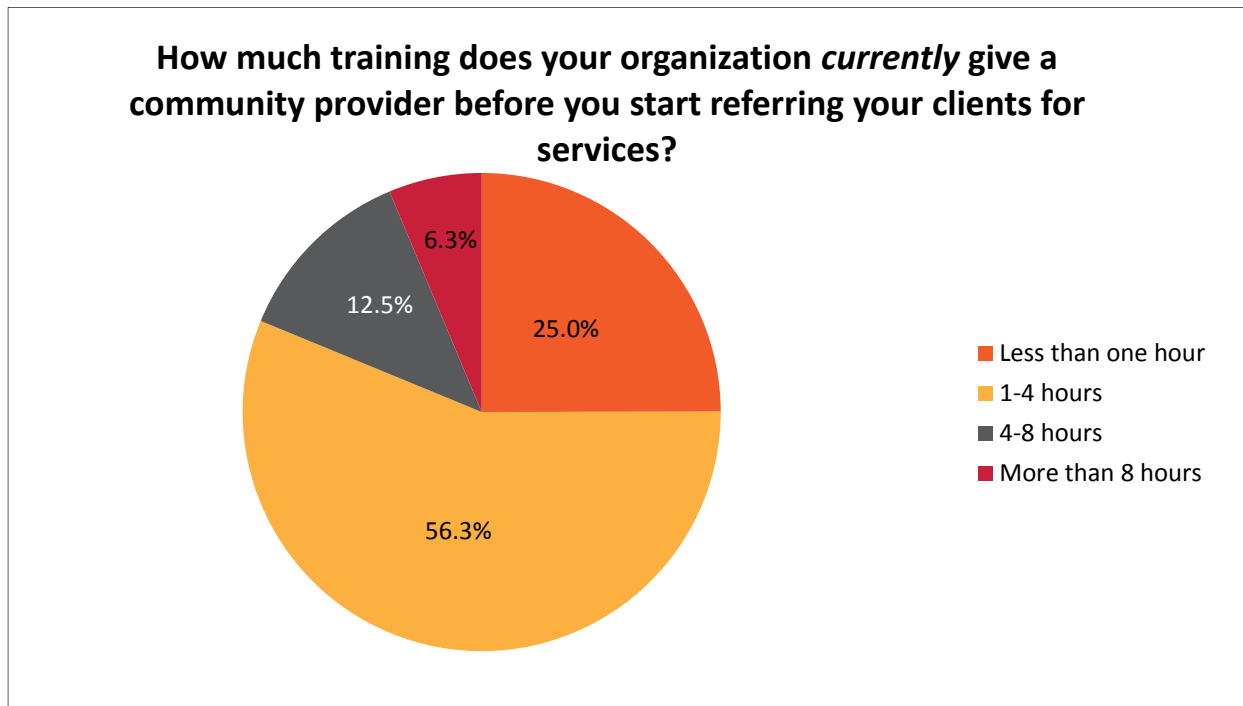


that they are currently providing that amount. However, respondents indicated that ideally, they would train community providers somewhat more than they do now. 25% of respondents provide less than one hour of training, and no-one thinks that is a sufficient amount of training to provide. Also, 25% of respondents think that they *should* be training more than 8 hours, but only 6.3% of respondents actually do that. Similarly, 30% of respondents think that they *should* be training 4-8 hours, but only 12.5% of respondents actually do that.

Several respondents noted that the need for training is affected by several factors: provider type, the provider's experience with torture and trauma survivors, and the reason for the referral. One respondent said that an hour of training for staff at a food pantry was sufficient but that medical providers would need more.

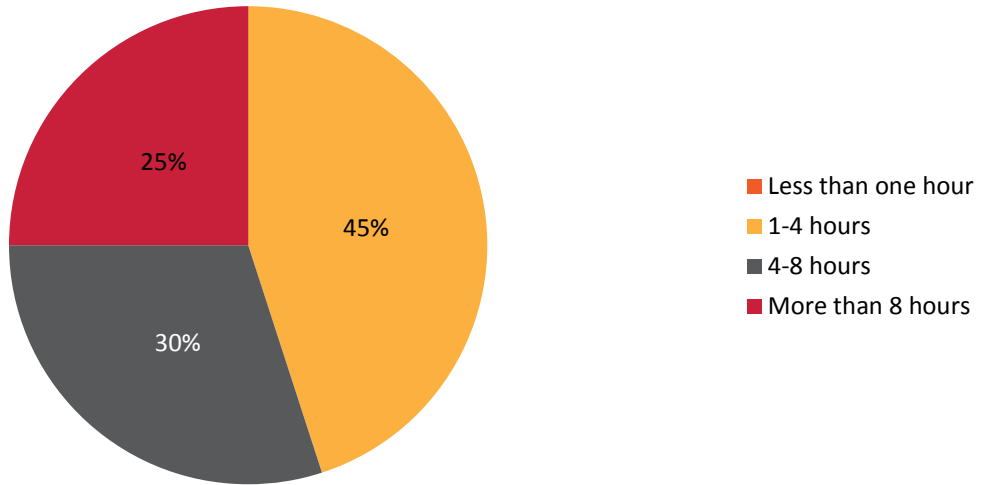
Some respondents indicated that they do not train community providers.

Compare the two charts below on how *actual* pre-referral training compares to the *ideal* amount training.





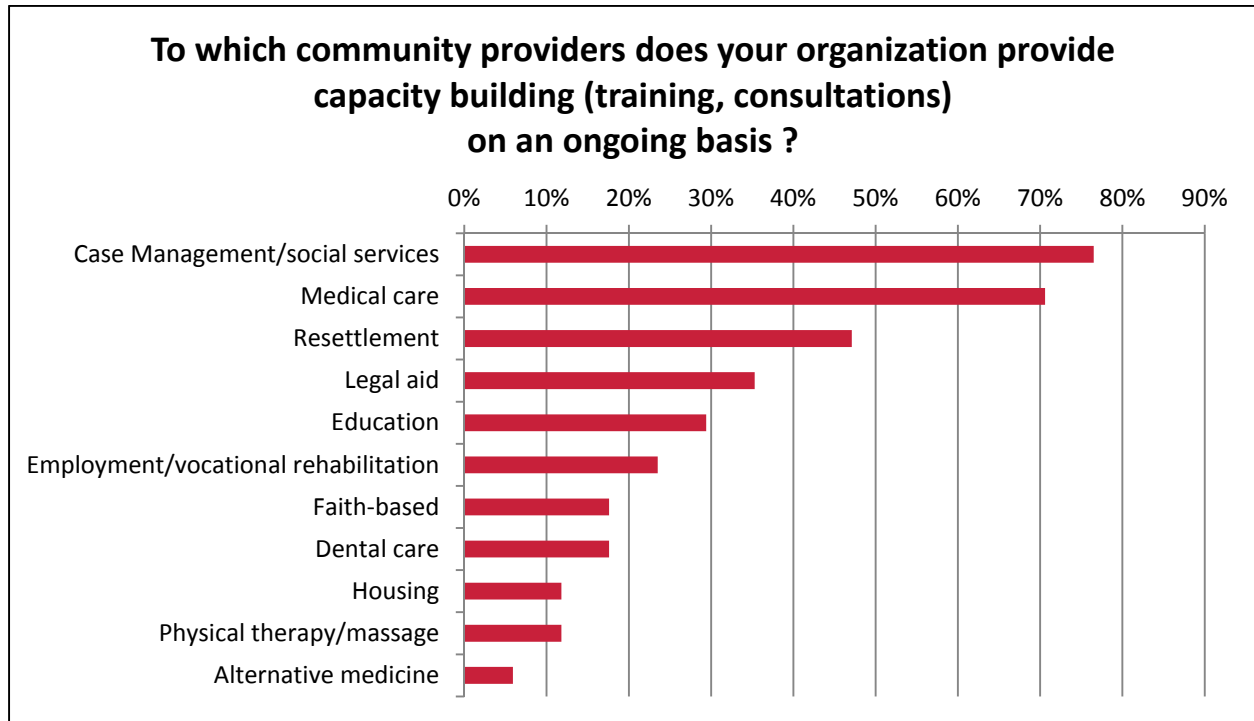
How much training do you think community providers *should* receive in order to effectively serve survivors of torture?





Ongoing capacity building training

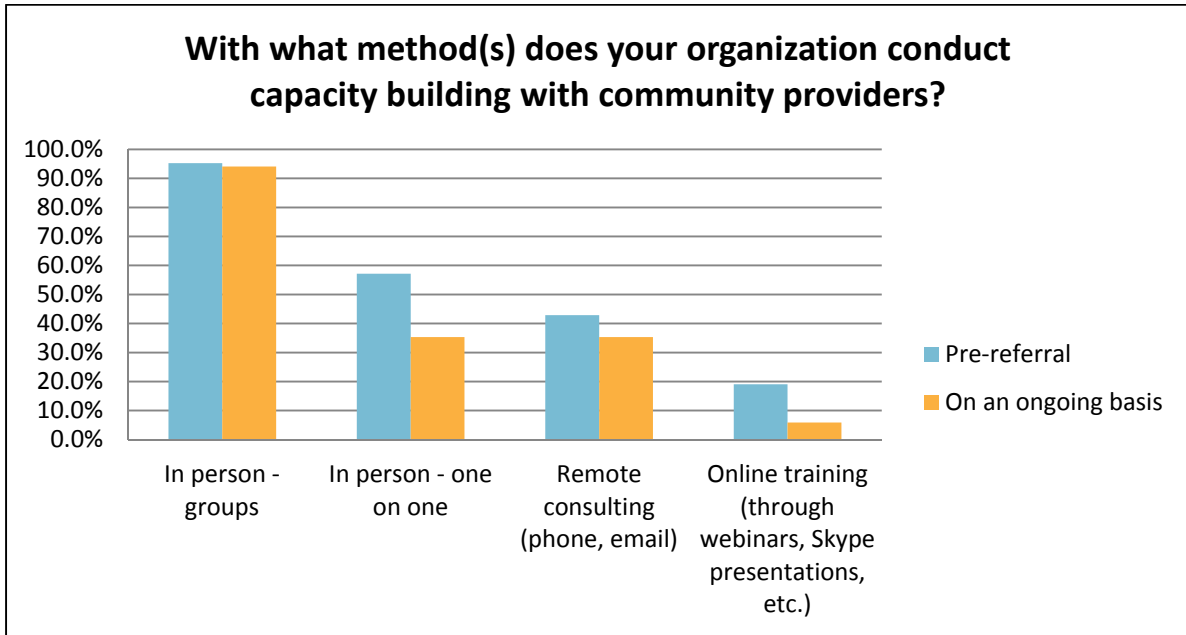
Social services and medical care providers are the most common recipients of ongoing training.



With what method(s) does your organization conduct capacity building with community providers: pre-referral, and on an ongoing basis?

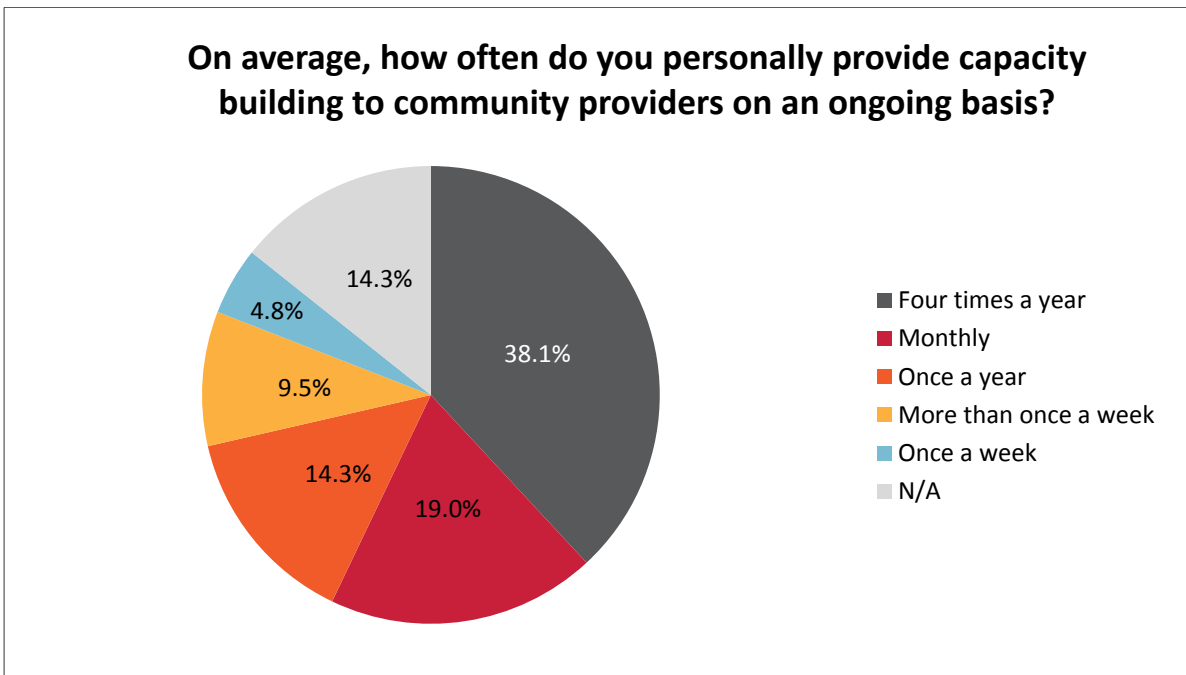
The vast majority of training – both pre-referral and ongoing – is done in person, in groups.





How often do you personally provide capacity building to community providers on an ongoing basis?

Ongoing training is most often provided three or four times a year, although some respondents provide training more often, on a monthly basis, and a few provide training only once a year. One respondent noted that the frequency of training varies by provider type.





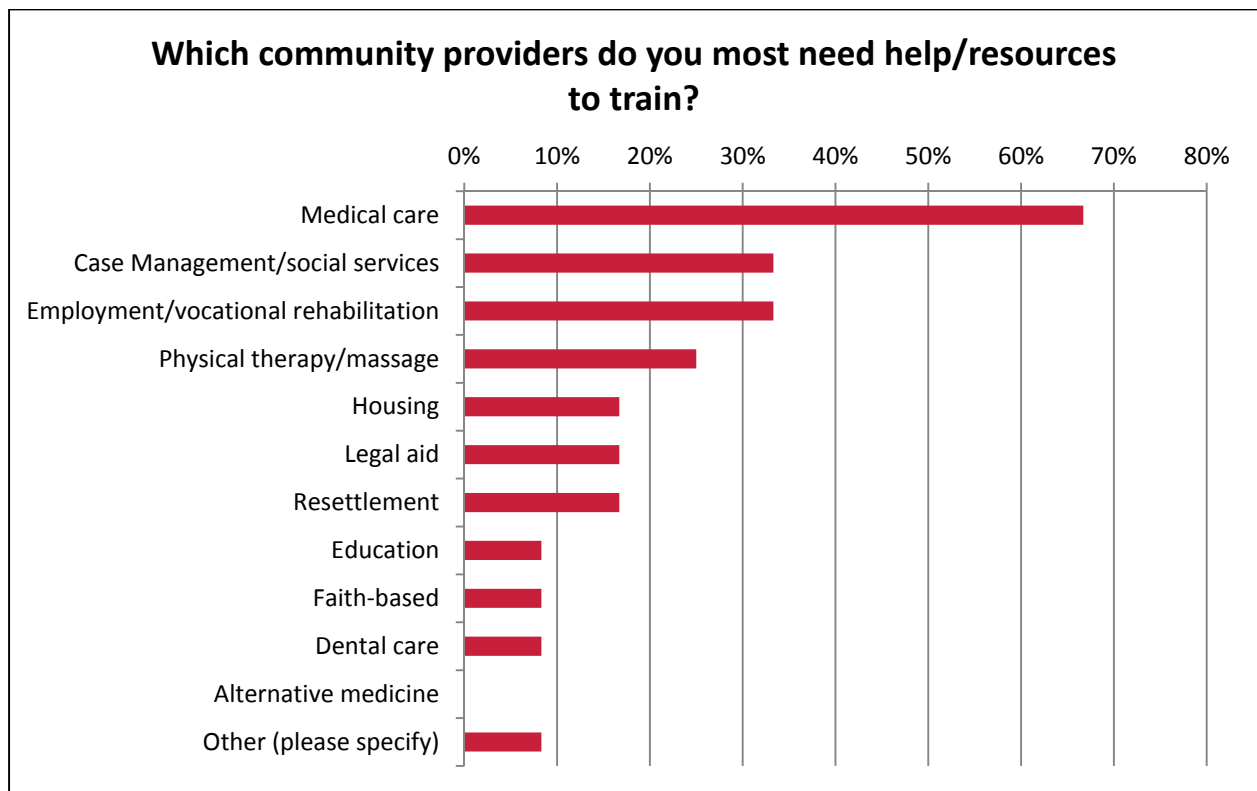
Resources for training local community providers

Do you need additional resources or help to train local community providers?

Most respondents (68.4%) answered yes to this question: they need additional resources or help to train local community providers.

Which community providers do you most need help/resources to train?

Respondents need the most help in working with medical professionals. Assistance with training social services/case management and employment/vocational services community providers would also be helpful to this group.



Do you use resources developed in-house to train community providers?

Almost all respondents (90%) use resources developed in-house to train community providers. Below are the resources that respondents mentioned developing:

- Power point presentations
- PTSD information
- Handouts
- National Partnership for Community Training





- Training curriculum
- Combination of resources that have been developed internally and externally
- Brochures

Do you use resources from HealTorture.org in training?

Many (57.1%) respondents use resources from the www.HealTorture.org website in training community providers. Several respondents indicate that they share the entire website with community providers as a resource. Specific publications mentioned include [Healing the Hurt](#), and [Like a Refugee Camp on First Avenue](#). Multiple respondents listed that they refer to the [webinars](#) on the site. Also mentioned were the [social services](#) section of the site, and the [videos](#) that are available.

Do you use other web resources to train community providers?

Many (63.2%) respondents use other web resources to train community providers. Specific websites that were mentioned as particularly helpful in training include:

- [National Partnership for Community Training](#) (particularly their country-specific handouts)
- [Amnesty International](#)
- [International Rehabilitation Council for Torture Victims](#)
- USCRI Learning (an internal resource for affiliate members)
- The [Detention Watch Network](#) and [Lutheran Immigration & Refugee Service](#)'s materials and websites (particularly for training faith-based orgs to do detention visits)

Sharing data with community providers

For the purposes of this survey, "*Client data*" refers to any information that you currently send to or receive from community providers, about your clients, which can include acknowledgements of referrals, numbers of appointments, test results, instrument scores, and requests for and receipt of records, etc.

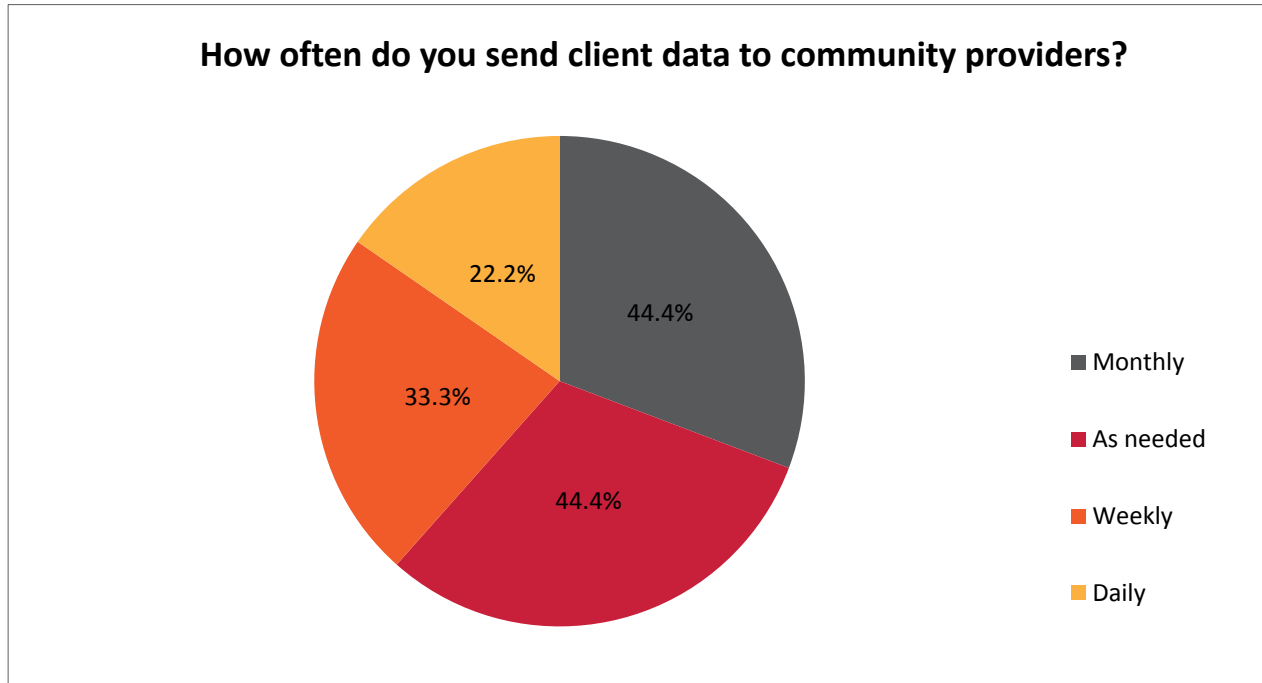
Do you send data to community providers?

About half of respondents (51.9%) send data to community providers. (One respondent, however, noted that they never send data to community providers: "We are prohibited from doing so.")

How often do you send data to community providers?

Respondents send data with a wide variety of frequency. One respondent stated that it varied "depending on the provider and how closely we work with them".

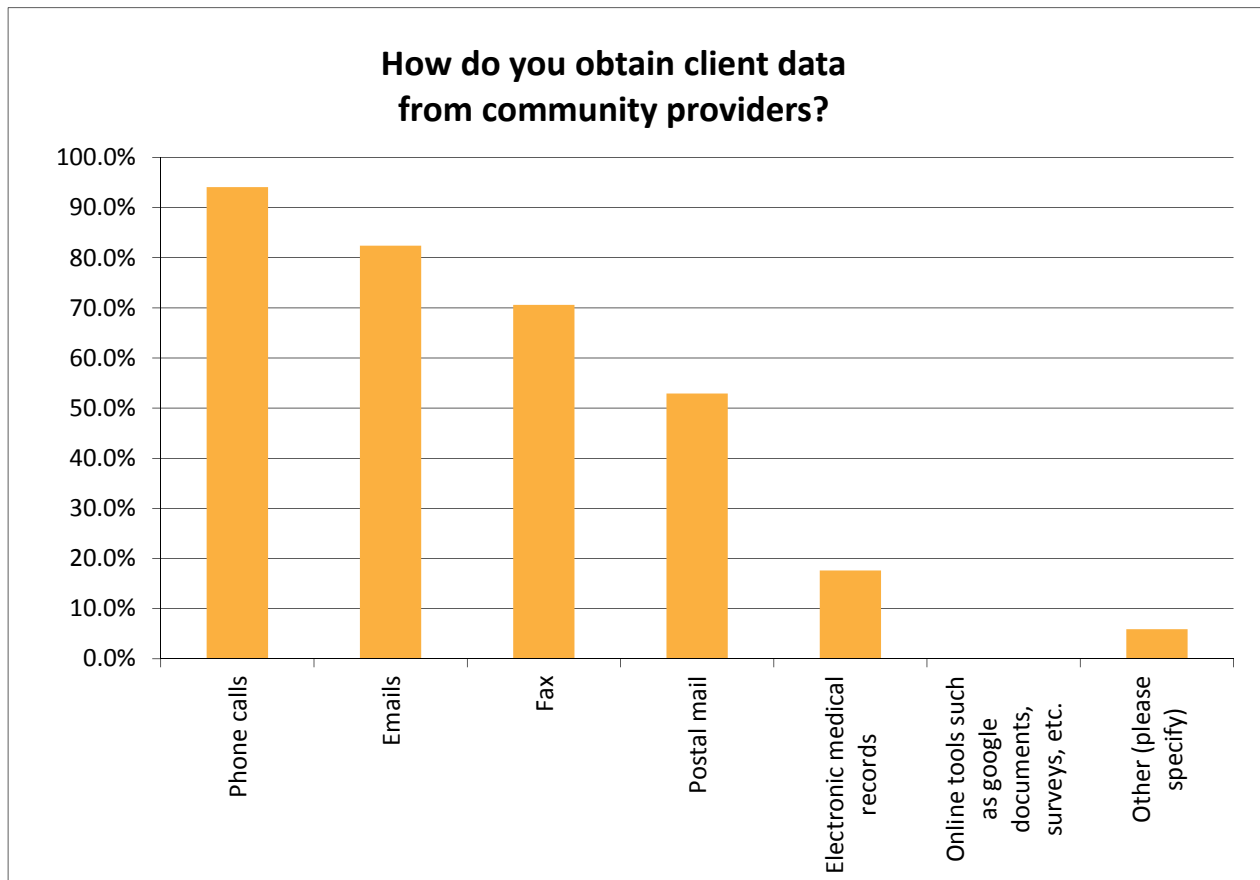




How do you obtain data from community providers?

Most respondents (63%) receive data from community providers, and as the chart below shows, the most common method of obtaining data is by phone call, followed closely by email and fax. A significant amount of data is obtained by postal mail, and a small minority via electronic medical records or within referrals for services.





How often do you receive data from community providers?

Most (46.2%) respondents indicated that they receive client data from community providers on a weekly basis, followed by 38.5% indicating they receive it on a monthly basis. A small number (15.4%) receive data from community providers on a daily basis. Other responses included receiving data within referrals, or receiving data as needed (two respondents).

How satisfied are you with the data that you receive from community providers? (Timeliness and accuracy)

Most (75%) respondents indicated that they were moderately satisfied with the data their organization receives from community providers. (Results were the same for timeliness of submission and accuracy of submission.) A few (18.8%) were very satisfied, and a minority (6.3%) of respondents was somewhat dissatisfied.





Conclusion

The National Capacity Building Project appreciates all of the responses that we received from this survey. We will use this information to inform our future capacity building work. We hope that you find it useful to review the results, and consider the approaches that your colleagues use in working with community providers.

