



## **Baobab Evaluation Report**

**December 2015**

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### **Introduction**

The Baobab Centre for Young Survivors in Exile was set up to meet the psychological and developmental needs of child, adolescent and young adult asylum seekers and refugees. This group of young people have all experienced organized violence, loss and massive change. Significant numbers suffer from the consequences of sequential traumatisation. The Baobab Centre offers a holistic child and adolescent centred non-residential therapeutic community approach where the community members have the opportunity for long term individual psychotherapy, group psychotherapy, attendance at various arts based groups (storytelling, drama, art, music) shared meals and events. There are regular therapeutic retreats which offer an opportunity for intensive group work, shared living and fun. They also hold regular community meetings where young people who have experienced violent community conflicts have the opportunity to develop their confidence in having dialogues and disagreements and expressing difference, with peers and adults. In addition to therapeutic work, young people can access practical advice and support through the care and asylum systems, along with physical health, education, care and access to housing and benefits.

Within this evaluation study, 49 young people (36 males, 13 females) ranging in age between 15 and 29 years old (mean = 21 years), completed a series of questionnaires as part of a monitoring and evaluation process. These were administered by postgraduate researchers from the Anna Freud Centre. The young people who agreed to be interviewed came from 19 different countries, though the full population of young people at Baobab spans as many as 32 countries, most of which were in the African continent (the most common countries from which this sample came were Uganda, Sierra Leone, Ethiopia and Nigeria). The remaining countries of origin were all from the Asian subcontinent including Afghanistan, Vietnam and China. The experiences of the sample were multifarious with high incidences of close family members being killed or tortured, their own experiences of being

abused including rape, forced recruitment and being trafficked, amongst other political situations such as internally conflicted failed states including situations where children and adolescents were seen as expendable by many adults. Within this sample, available data on 35 participants indicates that 11 (31.4%) were assessed within 12 months of their engagement in Baobab Centre, 13 (37.1%) were engaged within 12 to 24 months, and 11 (31.4%) had been engaged for over 24 months.

This report is divided into two parts. Part One will focus on the presenting difficulties and challenges faced by the full sample of young people in the study (n=49). Part Two will focus on the smaller sub-cohort of 28 young people who have been followed up one year later on a briefer version of the interview (following feedback from the young people at time point 1). There will also be a very exploratory phase focusing on a cohort of young people who have been assessed at three time points (n=7).

Within both sections, the report will be further sub-divided up into several sub-sections which explore the young people's internal world (behaviour, depression, anxiety, affect regulation, resilience and sense of belonging). A third section considers the overall feedback and evaluation from the users of the service.

## **Part 1: The Internal World of Young Asylum seekers**

The evaluation research made use of five established questionnaires of emotional well-being and psychopathology. These were able to provide us with a window into young people's behaviour, mood levels, anxiety, and ability to regulate emotions.

### **A Behaviour**

The HoNOSCA, a measure of clinical outcome for use within Child and Adolescent Mental Health Services, provides a global assessment of the behaviour, impairments, symptoms and social functioning of children and adolescents with mental health problems. Initially, we present frequencies of the highest/severe levels of symptomology/difficulties/impairments.

- There were behavioural difficulties in this sample: 61% suffering from a lack of concentration/restlessness, 24% engaging in disruptive behaviour, 19% injuring or harming themselves intentionally, and 4% engaging in alcohol or other drug consumption.
- The impact on young people's learning: 38% experiencing educational difficulties, and 11% stopping to attend educational sessions.

- There were many psychological difficulties: 50% suffering from anxiety, 30% hearing voices/abnormal thoughts, 26% with self induced somatic symptoms (e.g. vomiting), and 27% being restricted through a disability or illness.
- There were social impairments: 37% reported suffering in relation to close friendships, 28% struggling with independence and responsibility, and 24% lacking satisfactory friendships.

Though the percentages above pertain to the more severe levels, self reports of any evidence of the behaviours, impairments and symptoms above were far higher at minimal/moderate/severe levels. For behavioural difficulties, 94% concentration difficulties, 71% disruptive behaviour, 47% self-harm/injury, and 22% alcohol/drugs usage. For learning, 67% educational difficulties and 37% stopped attending sessions. For psychological difficulties, 83% anxiety, 70% hearing voices, 63% self-induced somatic symptoms and 43% restricted through illness/disability. Finally, for social impairments, 67% difficulties in close relationships, 74% difficulties with independence, and 61% lacking satisfactory friendships.

HoNOSCA scores were higher for those young people who had been engaged for less than 12 months compared to those over 24 months. Similarly, the scores for the more recently engaged participants were also higher in particular on the ‘behaviour’ subscale.

## **B Depression**

We were also able to explore depressive symptoms in this population using the Moods and Feelings Questionnaire (MFQ; Angold, Costello, Pickles & Winder, 1987), a 33-item self report measure. In the sample (n=49), the mean score on the MFQ was 36.24 (sd 12.80). If we consider that clinical cut off scores recommended by NICE are reported to be above 27, then an overwhelming 39 participants (82%) of this sample fell into this clinical range. Depression scores were higher for those young people who had been engaged for less than 12 months compared to those over 24 months.

The level of emotional need in this population was great with over half of respondents scoring ‘most’ or ‘often’ on many of the items:

- 57% blamed themselves for things that were not their fault.
- 57% thought bad things would happen to them.
- 53% had difficulties making up their mind.
- 53% were sleeping worse.
- 47% felt miserable or unhappy in the previous two weeks.
- 45% was very restless
- 45% felt lonely
- 43% did not feel as good as people their age.

*'Cry and wish that the sadness will go away'*  
*'If I feel miserable I go to bed and sleep for a long time when I wake up I find something to do'*  
*'I lock myself in my room, isolate myself'*  
*'Sometimes I cut myself to calm down'*

## **C Anxiety**

Levels of anxiety were captured using the Revised Children's Manifest Anxiety Scale (RCMAS: Reynolds & Richmond, 1978), a 28-item self-report measure. Stallard, Velleman, Langsford and Baldwin (2001) recommend that an overall cut off point of 19 out of 28 can be used to identify young people experiencing clinically significant levels of anxiety. Within the sample (n=49), 41 (84%) fell into this clinical or borderline range. Only 8 had levels of anxiety within the normal range on the RCMAS. The overall mean for this sample was 23.69 (sd 5.58). When anxiety was explored in more detail, worry/oversensitivity had the most clinically significant scores; those relating to physiology were moderate, whilst those relating to social concerns/concentration were at the lowest level. RCMAS scores did not vary according to how long young people had been engaged at Baobab.

The level of emotional need in this population was great with over half of respondents scoring 'most' or 'often' on many of the items:

- 69% felt others their age were happier than them
- 65% worried about what was going to happen
- 61% found it hard to get to sleep at night
- 61% worried about something bad happening to them
- 59% found it hard to keep their mind on work
- 59% had their feelings hurt easily
- 51% worried about what other people thought of them
- 51% felt someone would tell them that they did things wrong

*'Worries about my past, I isolate myself'*  
*'I try to escape – I find an excuse'*  
*'Sometimes I am lonely and frozen at home'*

## **D Affect Regulation**

We also were interested in young people's ability to manage their emotion, and for this, used the Affect Regulation Checklist (Moretti, 2003), a 12-item measure adapted from published scales of emotion regulation. The measure focuses on both maladaptive (e.g. lack of control, suppression) and adaptive aspects of regulation.

This population of young people had clear difficulties in relation to affect regulation and emotional control. Considerable difficulties appeared strongest in relation to suppression evident with 80% saying they felt it best to keep feelings in control and not think about them, 82% trying hard not to think about feelings, and 80% thinking it best to keep feelings to themselves. The affective dyscontrol subscale is the most predictive of risk and within this Baobab sample had a mean of 5.13 (sd 2.26) which showed considerably high affective dysregulation. This was considerably higher compared to a sample of high-risk youth (N = 179; 46% female) collected by Penny and Moretti (2012) from juvenile justice and clinical settings with a mean of 3.59 (sd 2.5). Affect Regulation scores were higher for those young people who had been engaged for less than 12 months compared to those over 24 months.

- 89% stated when they are upset, it takes them a long time to get over it
- 84% found it very hard to calm down when upset
- 84% stated their feelings just take over and they can't do anything about it
- 78% had a hard time controlling their feelings

*'I try to ignore feelings, distracting self and sleeping'*

*'I don't want to talk – I just sit on my own'*

*'Stay alone and try to forget'*

*'I keep busy, in order not to think'*

## **E Resilience**

The WEMWBS is a 14 item scale of mental well-being covering subjective well-being and psychological functioning. Within the sample (n=50), the average well-being score of 43.01 (sd 11.23) was significantly below the average score in the general population. In the national data set survey in Scotland in 2006 (*Health Education Population Survey and the Well What do you think Survey*), the average was 50.7. Indeed, only 12 participants (24%) in the sample were over the standardised average of 50.7 demonstrating how this population clearly had a very low positive psychological functioning. WEMBS scores were lower (i.e. lower well-being levels) for those young people who had been engaged for less than 12 months compared to those over 24 months.

Some areas on the WEMWBS indicated absent/very low levels:

- 37% were not able to think clearly
- 36% did not feel relaxed
- 35% did not feel confident
- 29% were not interested in other people
- 29% did not feel loved
- 29% were not able to make their mind up about things

When participants were asked what they did to make themselves feel better, they referred to several clear themes besides attending the Baobab Centre: *OTHER PEOPLE, EVERYDAY ACTIVITIES, PLAYING SPORTS (e.g. football), RELIGION* and *THINKING ABOUT THE FUTURE*.

## **F Sense of Belonging**

The concept of 'belonging' is central to the work of The Baobab Centre. Many of the young people had suffered loss and violence at the hands of their communities, their experiences in the UK could place them once more in positions of vulnerability and rejection. The 'Therapeutic Community' and group work intends to build trust in others, experience non-violent conflict and share current and past experiences with other Baobab members.

At some level, there seemed to be a strong sense of belonging, and whilst 80% felt they belonged to a place or group of people, an even higher proportion (89%) stated they felt they belonged to or were part of the Baobab Centre. Whilst there was a clear process of engaging with something new, there was also the loss of their past/people (56% felt they belonged to a people or community which had passed away).

There were affiliations to other groups in the community which had resonance with some participants but not with others:

- 46% belonged to a religious centre in the UK
- 36% felt they were part of an ethnic and cultural community in the UK, whilst 64% did not
- 42% had friends from their country but the majority did not
- 62% felt better around friends who were also refugees

There were, however, many reasons cited for why they often did not feel like they belonged. These included feeling disrespected by others, feeling discriminated against, and feeling alienated from others.

*'Nobody thinks about you when you are not listened to'*

*'Everything, the accent, the way you dress, the way you behave is different here. You're not from here, that speaks for itself, my background obviously.'*

*'When we are refugees are put in the system like we are animals or like nothing to the UK it makes me feel like I don't belong'.*

Trust was an integral element which was brought up by participants: 81% have someone they trust enough to talk about their feelings. There were, however, mostly very negative qualitative responses amongst participants when thinking about their more global sense of trust towards others.

*'I just trust myself'*

*'I don't trust people in general..I have to look out for myself'*

*'Everyone can do something bad, I don't feel trust in people because I know they can do something wrong'*

## **2. Follow Up: Looking at change in young people at Baobab**

For this part, we draw upon a smaller subsample of 28 young people who were followed up one year following their initial assessment. We explore where there are changes in a number of the same areas as reported in the previous section. A small sub-sample of 7 of these young people were also followed up after two years, and this section will draw upon these findings too.

### **A Behaviour**

The HoNOSCA generally showed some improvement in psychological functioning. The overall HoNOSCA score had decreased from 19.64 to 17.60, whilst some individual items demonstrated a more individual and varied picture. At the third time point, the global score (n=7) had decreased even more significantly to 11.86. Most of the subscales also diminished over the three time points.

The items relating to behaviour showed limited improvement over the one year period.

- Concentration difficulties (severe/high) were now exhibited by 36% - a drop of 25%
- The other areas of 'disruptive behaviour', 'predisposition to self-harm' and 'alcohol and drug consumption' showed little change.
- Changes at the two year follow-up on a smaller sub-sample were slightly more pronounced.
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The items relating to learning highlighted changes in both directions..

- 28% had difficulties with education – which was a decrease of 10%
- Conversely, a greater number (18%) had had to stop education sessions – which was increase on the previous time point.

The items relating to symptoms showed a more significant downward shift

- Self reported severe anxiety had been 50% at the previous time point and was now 11% lower.
- Nearly half as many were reporting self induced somatic symptoms compared to the previous year (14% compared to 26%)

- Significantly lower numbers (21%) were reporting that a physical illness or disability as restricting their activities compared to the previous year (27%)
- There were less obvious changes in hearing voices which had not dropped significantly.

The items relating to social behaviour showed significant improvements.

- Difficulties in close relationships was much less of a problem now than it had been (25% compared to 37%). This was statistically the most significant change in the HONOSCA.
- A lack of satisfactory friendships also diminished from 24% to 18%.
- Problems in relation to independence had also dropped from 28% to 18%.

Overall, the majority of the individual areas appeared to be clearly changing but given the challenges in this population, progress was slow and variable.

## **B Anxiety**

Levels of anxiety were captured using the Revised Children's Manifest Anxiety Scale (RCMAS: Reynolds & Richmond, 1978).

At the second time point, there was a statistically significant decrease in anxiety levels. The total score dropped from 23.68 to 18.89. Though the subsample of the third time point was very small (n=7), this dropped even more substantially to 6.86. Of more interest, perhaps, was that at the first time point, 84% of young people's scores fell in the clinical range, whilst one year later, 73% did. At the third time point, albeit on a small subsample (n=7), this had diminished to 57%. Overall, the decreases in anxiety at all three time points were statistically significant, though it is nevertheless clear that this population has elevated anxiety levels.

## **C Affect Regulation**

We also were interested in change in young people's ability to manage their emotion, and for this, used the Affect Regulation Checklist (Moretti, 2003). Young people's capacity to regulate their emotion only marginally decreased from 17.42 to 15.29. The subscales of *affective dyscontrol* diminished significantly whilst *suppression* decreased to a lesser extent. The other subscale *reflection* did not diminish. On the sub-sample of young people who had been engaged for less than 12 months, the decrease in scores (i.e. improved regulation) was more evident than for those who had been attached for longer.

A number of individual items showed great change

- 'I have a hard time controlling my feelings' dropped from 78 to 61%,
- 'Its very hard for me to calm down when upset' dropped from 84 to 61%
- 'My feelings just take over me and I can't do anything about it' dropped from 84 to 64%

- 'When I get upset, it takes me along time ot get over it' dropped from 89 to 61%
- 'I try hard not to think about my feelings' dropped from 82 to 57%
- 'It's best to keep feelings in control and not to think about them' dropped from 80 to 64%
- 'Its best to keep my feelings to myself' dropped from 80 to 60%

From the qualitative responses, it was apparent that they were learning strategies to manage difficult feelings:

- *'I just stay patient'*
- *'I squeeze my stress ball, I just walk off'*
- *'Relax myself and listen to sfot music before I go out'*
- *'I just pray'*
- *I talk to somebody about it'*
- *'I try to get engaged with other things like watching a film/*
- *'I try to make myself calm' Put myself in a position that will make me feel confident'*
- *'I overcome it – I just sot them out. You don't just stay there you solve them*

#### **D Resilience**

Resilience scores, as tracked on the WEMWBS scale, only showed a marginal improvement in well-being from 43.02 to 47.13 but more significantly, only 24% had been in the normal range at the first time point, and this number doubled to 48% when re-assessed one year later.. This is very strong evidence of improvement. Overall, participants were feeling more confident, feeling closer to others, feeling good about self, feeling optimistic, not being restricted by physical or mental problems, and feeling more useful. On the sub-sample of young people who had been engaged for less than 12 months, the increase in scores (i.e. increases in resilience) was more pronounced than for those who had been attached for longer whose increases were steady.

### **3: Evaluation of Experience of Baobab Centre**

When young people first arrived at Baobab, 78% described themselves as having *strong* or *quite strong* difficulties. This number dropped to 52% when asked about their current thoughts about their problems. Clearly, the challenges were very pronounced but had diminished. Similarly, the intensity of their problems when they arrived at Baobab had been much higher (66% for severe/high needs) compared to how they perceived their problems currently (21% for severe/high needs). This is a dramatic difference and demonstrative of a significant shift in perception of difficulty. At the follow-up, the level of intensity of their current problems (severe/high) had showed a huge decrease from 21% to 2%.

Though the levels had dropped, it was clear that their difficulties were affecting their ability to manage their life: 42% stated this was moderately high or severely affected whilst only 15% said their problems did not affect them. Again, at follow-up, this number dropped dramatically to only 6% stating their problems had a severe/high affect on their lives. Even more interestingly, the strength of their feeling about the ‘problem’ had dropped from 81% to 38%.

A thematic analysis on difficulties that young people arrived with included:

- Practical (*‘Housing and Immigration, I was not belonging to nowhere’*)
- Trusting others (*‘I came with a lot of bad feelings, and I wouldn’t trust’*)
- Communication (*‘Was really frustrated, couldn’t talk to anyone, didn’t get anyone to help me’*)
- Dealing with the past (*‘I was afraid about my past and my future’*)

It was clear that participants had struggled earlier on:

*‘I did not know what to do at all – I drank a lot and I became aggressive with people’*  
*‘I didn’t deal with things well. Denial’*  
*‘Locked myself up and isolated myself’*

They learned many coping mechanisms including discussions with people including professionals (e.g. Baobab Centre).

*‘Sharing my experience with group members’*  
*‘Patience’ thoughtfulness and talking with good people’*  
*‘Talk to people to ask advice – before I could not find words for my feelings and thoughts’*

Though resilience and resourcefulness had increased, struggles were clearly ongoing.

*‘I’m still a work in progress’*  
*‘I am still not finished but better than before’*  
*‘I still sometimes make mistakes and judge things badly’*

The Baobab Centre recognises that the psychological needs of this population can be largely influenced by difficulties in the UK. A Social Worker provides support with negotiating the system in the UK. The young people reported:

- 67 % had been helped with access to asylum
- 61 % had been helped with access to education
- 57 % had been helped with access to health services

- 57 % had been helped with access to housing
- 57 % had been helped with access to benefits

At the one-year follow-up, this had increased in all of above areas demonstrating the value of the Baobab Centre: 82% asylum, 82% education, 73% health services, 63% housing and 64% benefits.

Psychologically, participants were able to see how it had positively impacted many areas: 89% had been helped with their feelings, 87% with their memories, 85% with their relationships, 85% with their behaviour, 80% with conflict resolution, , 87% with feelings about themselves, 88% with understanding about their past, and 78% with getting used to living in the UK.

When asked about how the Baobab Centre helped the, responses clustered into the following themes:

- Thinking positively
- Gaining confidence
- Dealing with the past
- Facing the future
- Dealing with problems

*'Helped me feel relaxed, helped me get over depression, how to understand self, deal with people, be at peace with myself'*

*'I learned to integrate more into the community and by not escaping the past but learning to deal with it – facing it!'*

*'Help me throughout difficulties, gave me hope'*

## **Conclusion**

This monitoring and evaluation report has highlighted a number of significant areas, all of which emphasise how this population of vulnerable young people face significant external changes which in turn dramatically impacts their internal worlds.

The first section of this report displayed alarming, high and clinical levels in a number of psychosocial domains. The standardised measures consistently pointed to this population of young people being an extremely vulnerable and traumatised group:

- 82% had depression scores in the clinical range
- 84% had anxiety scores in the clinical range
- Emotional dysregulation and dyscontrol was even higher than equivalent high risk groups of youths
- Only 24% had resilience levels which were in the normal range

- Problems were reported across many domains including behaviour, symptomology, social functioning and learning.

The second section set out to explore whether in a relatively short period of time (12 months) change across such domains was possible. Considering the entrenched difficulties and backgrounds with multiple trauma, change was variable and slow, however, there were some notable findings:

- Levels of ‘clinical’ anxiety were down from 84 to 73% which was suggestive of slow improvement. This number dropped even further to 57% on the small subsample at the 24 month follow-up
- Levels of affect regulation also improved slowly
- Resilience levels increased marginally, but of most interest, those below the clinical threshold increased from 24 to 48%
- Overall, many domains did improve but given the complicated past and present conflicts, the trajectory was by no means linear.

It is perhaps important at this juncture to reflect upon the shape of this ‘change’ in a little more detail. At one level, we can glean from this small study conducted on a relatively small sample (n=28) and over a short time period (one year) and on the even smaller subsample at 24 month follow-up that certain dimensions are suggestive of improvement, however on closer examination of the data, we can reflect differently and view these with more caution given that these young people were still struggling psychologically. It is important to view these ‘changes’ through the lens of attachment theory and internal working models. The findings in this study are supportive of what would be expected from John Bowlby’s Internal Working Models (IWMs) where new experiences are only being very slowly assimilated into existing models. With this population of adolescents and young adults, who all experienced their own violent, abusive and abhorrent pasts, they too will need time to unlearn long-standing habits, thought patterns, and maladaptive coping mechanisms, with the result that in spite of new stability, support and reduced/absent conflict in their lives, progress can be more fragmented and staggered, and not follow the linear curve that we often simplistically seek in models. In reality, the picture is much more complex and challenging with these young people arriving in the UK with scripts, where initially they may perceive their environment and other attachment figures (including Baobab) as repeating past experiences, with the consequence that their current model is confirmed or strengthened. With time, they are more able to delineate the past from the present, however, the potential for ‘change’ is confounded by the many predicaments and conflicts that are likely to be consuming their lives, whether it’s unresolved loss and grief, or current difficulties with finances, studying/work, language, culture, friendships, relationships, and above all in the case of this population, their asylum status. Given this myriad of challenges, it is inevitable that there will be steps forwards and backwards.

The third section focused on how the participants have viewed the Baobab Community and there were high levels of satisfaction reported for help in areas covering asylum, education, health, to name a few. Participants were also able to see how psychological and emotional health had been helped through the therapeutic support. And most tellingly, their perception of their own problems and challenges were significantly less than they were when they arrived.

In sum, this report underlines what a challenging population this is considering both pasts of such adversity, catastrophe, trauma and pain, and current conflicts they are facing in their everyday existence. Clearly, their lives are unpredictable and this report has endeavoured to capture this.

At the first time point, they were asked about their goals and there was a clear appetite for so many of the ingredients in life that most people take for granted. They wished for education, work, stability in relationships, their own family, money, and their own home. They also referred to immigration as being a significant goal or hurdle to overcome and the desire to integrate and above all lead a more normal life. These goals remained the same at the 12 month follow-up, and though many were being addressed, many were also ongoing.

The strengths of this report are clear since they have given voice to a significant proportion of the population of young people at Baobab, and use a wide range of standardised measures.

This evaluation has provided great insight into the vulnerabilities, complexities and potential for change within the right holding environment. With increases in sample size, refinements of measurement and a longitudinal focus over a greater time period, we will learn considerably more about the challenges for this population.