

# **Monitoring and Evaluation Report 2021**

## **Baobab Centre for Young Survivors in Exile**

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## Chapter 1: Background

The Baobab Centre for Young Survivors in Exile (The Centre, hereafter) is a non-profit organisation that provides support and care in order to meet the rehabilitation needs of young refugees and asylum seekers in the UK. Most of their service users are unaccompanied refugee youth. This description refers to individuals who have fled their home countries without the accompaniment of a parent or guardian and have sought asylum in foreign country. Founded in 2008, the Centre aims to address the unique needs and challenges faced by young people and provide a safe and empowering environment for them to heal, grow, and build new lives. It offers a range of services, including individual and group psychotherapy, counselling, education, legal assistance, and social support, and a variety of arts and sports activity based groups, helping young people to navigate their journey and build their future. Baobab conducts annual Monitoring and Evaluations (M&E) to assess its performance and its impact on the lives of their service users since 2015. The M&E process involves collecting and analysing data on various aspects of the centre's operations, providing an opportunity to understand service users' mental well-being and service impact. The data collected is used to identify areas of strength and areas that need further reflection by the staff team and community members in order to improve services offered.

## Chapter 2: Aims

This M&E report has five aims:

- Gather information on users' demographics and mental health.
- Assess service usage, service impact, and feedback of services.
- Investigate users' sense of belonging.
- Understand users' future aspirations.
- Study users' experience during the COVID-19 pandemic.

## Chapter 3: Methods

### 3.1. Procedures

Researchers from the Anna Freud National Centre for Children and Family (AFNCCF) conducted in-person and online interviews in 2021 with service users. Each interview lasted between 1-2 hours and interpreters were available if necessary. Participants were invited to take part in the interview by staff and provided written consent. It was emphasised that their participation was voluntary, and their care would not be impacted by their decision. The participants did not receive compensation for taking part. The interview data was stored securely with a unique ID assigned to each participant's response, and their full names were kept separate from the questionnaire. Demographic information was gathered from the Centre's internal record, including gender, date of birth, age, ethnicity, country of origin, date arrived in the UK, date of first contact with the Centre, status in the asylum process, and education level.

### 3.2. Participants

The centre has established a specific set of referral criteria and all the participants would meet these criteria. All the participants are under the age of 24 at the time of referral, are seeking asylum in the UK or have refugee status, have experienced organised and/or interpersonal violence in their home country or on their journey into exile before the age of 18, have lost aspects of childhood and adolescent developmental experience through experiences of traumatic violence and loss, are having psychological difficulties in the UK, and are willing to participate in individual and group psychotherapeutic work.

### 3.3. Measures

#### 3.3.1. Mental well-being

**The Patient Health Questionnaire-9 - PHQ-9 (Kroenke & Spitzer, 2002)** was used to measure the severity of depressive symptoms. It consists of 9 items that are derived from the diagnostic criteria for Major Depressive Disorder (MDD). Each item is rated on a 4-point Likert scale, ranging from 0 to 3 (0 = not at all, 1 = several days, 2 = more than half the days, 3 = nearly every day). An example of an item is *“feeling down, depressed or hopeless”*. The total score ranges from 0 to 27, with higher scores indicating more severe symptoms of depression. The PHQ-9 has demonstrated good diagnostic validity and varying sensitivity (Gilbody et al., 2007). It is often used as a brief initial assessment measure for depression.

**The General Anxiety Disorder Scale 7-item - GAD-7 (Spitzer et al., 2006)** was used to assess symptoms of generalised anxiety disorder (GAD). It consists of 7 items rated on a 4-point Likert scale, ranging from 0 to 3 (0 = not at all, 1 = several days, 2 = more than half the days, 3 = nearly every day). The total score ranges from 0 to 21, with higher scores indicating greater severity of anxiety symptoms. An example of an item is *“being so restless that it is hard to sit still”*. The GAD-7 has demonstrated excellent internal consistency, good test-retest reliability and good validity in previous studies. The GAD-7 is commonly used as a screening measure of anxiety during initial assessment. It has been translated into multiple languages.

**The Health of the Nation Outcome Scales for Children and Adolescents - HoNOS-CA (Gowers et al., 1999)** were used to evaluate health and social functioning of an individual. The HoNOS-CA is designed to be used in community-based and inpatient care. The scale consists of 12 items that assess various aspects of functioning, including physical/verbal aggression (item 1), use of alcohol/drugs/solvents (item 4), experience of strange/unusual thoughts (item 7), not

having good friends (item 10a), experience of bullying (item 10b), difficulties in looking after oneself (item 10c), problems with relationships with people where they live (item 11), and support by a good friend (item 12). Each item is rated on a 4-point Likert scale ranging from 0 to 4 (0 = not at all, 1 = insignificantly, 2 = mild but definitely, 3 = moderately, 4 = severely). If an item was rated “*moderately*” or “*severely*”, respondent was asked to provide more information in words. The total score ranges from 0 to 48, with higher scores indicating greater levels of dysfunction. The HoNOS has demonstrated good validity but variable reliability (Orrell et al., 1999).

**The Warwick Edinburgh Mental Wellbeing Scale – WEMWBS (Tennant et al., 2007)** , a 14-item self-report scale that assesses seven dimensions of mental well-being in the past two weeks: emotional well-being, psychological well-being, sense of identity, sense of control, personal relationships, personal accomplishment, and meaning and purpose. Each item is rated on a 5-point Likert scale (1 = none, 2 = rarely, 3 = sometimes, 4 = often, 5 = all the time). An example of an item is “*I’ve been feeling good about myself*”. A total score is obtained through the sum of all items, which can vary from 14 to 70. The scale has been translated in over 25 different languages and demonstrated good validity in different cultural groups and good reliability (Tennant et al., 2007). It has a mean score of 51 in the general population sample in the UK with a standard deviation of 7.

### 3.3.2. Service user experience of the Centre

Interview questions were developed by staff from the Centre and a consultant from the AFNCCF. During the survey, participants were asked a range of questions. These questions covered topics such as how often they used the Centre’s services, why they used them,

whether they found them more or less difficult over time, and their overall evaluation of how helpful the Centre was to them. As part of the survey, participants were asked for their feedback on the Centre's services. They were specifically asked if they found the Centre helpful and if they had any negative experiences. Additionally, participants were asked to suggest ways that the Centre could improve its services.

### 3.3.3. Sense of belonging and hopes for their lives

Participants were asked ten questions about their sense of belonging. The first three questions inquired about their feeling of belonging to a place or to a group of people, the Centre, and a community or individuals who have passed away or been left behind. They were asked to respond with “Yes”, “No”, “Don’t Know”. Next, they were asked whether they felt they belonged the most, and whether they felt a part of an ethnic and cultural community in the UK. Participants were then asked to rate on a Likert scale if they had ever faced negative comments, and to indicate how they felt around refugees compared to others. They were asked if they had someone they could trust to talk, and if so, to provide the name and a brief explanation of what helped them feel like they belong and what made them feel they did not belong. Participants were asked to write down three hopes for their lives and their future.

### 3.3.4. Impact of the COVID-19 pandemic on service users

Staff from the Centre and a consultant from the AFNCCF created specific questions aimed at exploring service users’ experiences during the COVID-19 pandemic. The survey included questions on a variety of topics related to the pandemic. These topics included the effect of the pandemic on participants' physical and mental health, the impact of lockdown, their



thoughts on easing restrictions, their outlook on the future of the pandemic, and their experience of online versus face-to-face meetings.

### 3.4. Data processing and analysis plan

The raw data collected by the Centre was cleaned and pre-processed by consultant LVG for analysis. The study used a mixed method study design, and data analyses were conducted by consultant LVG and KC. For quantitative data, the consultant reported descriptive statistics of central tendencies such as mean and standard deviation, as well as percentages and frequencies. For qualitative data, feedback from service users was reported through selected excerpts. The hopes for the future data were reviewed and categorised into different themes by coder KC, and the percentage of service users who endorsed each category was reported. Finally, consultants LVG, KC, and MB contributed equally to the interpretation of findings and recommendations.

## Chapter 4: Results

### 4.1. Demographic information of service users in the 2021 M&E

In 2021, 44 service users took part in the M&E, with 78% of them being male. 15% of the participants were taking part for the first time. The average age of participants was 22 years, with the youngest being 16 years old and the oldest being 38 years old. The service users came from 19 different countries to the UK (as shown in Figure 1), with the largest ethnic group being Afghan (27%). 73% of the service users had asylum status granted, while 13% had pending applications or fresh claims, and 7% of them had their asylum claim refused (as shown in Figure 2). Almost half of the service users reported not being in education, with 18% in part-time education and 33% in full-time education. Almost 70% had access to a support worker. On average, the service users had been in contact with the Centre for four years. Most of them participated in two consecutive rounds of service evaluations.

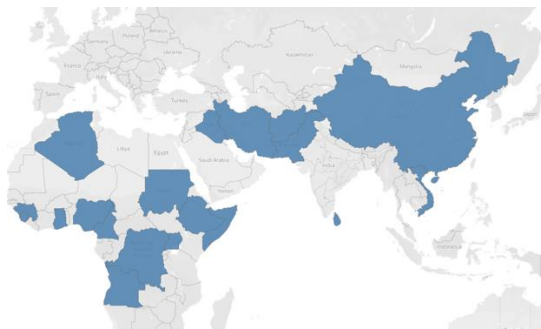


Figure 1. Countries of origin of service users

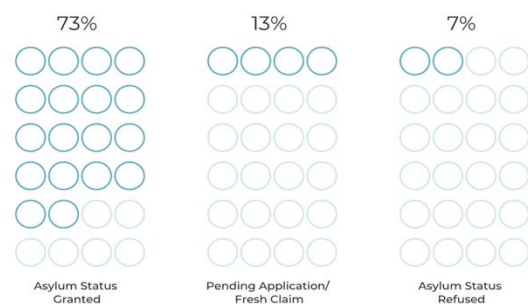


Figure 2. Asylum statuses of service users

## 4.2. Mental well-being of service users

### 4.2.1. Anxiety, depression, psychotic symptoms, and behaviours

The average results of the service users on depression and anxiety measures indicated that they were experiencing a clinical level of psychological distress. They reported moderate levels of depression symptoms ( $M_{\text{PHQ-9}} = 13.31$ ,  $SD_{\text{PHQ-9}} = 5.91$ ) and generalised anxiety symptoms ( $M_{\text{GAD-7}} = 11.53$ ,  $SD_{\text{GAD-7}} = 5.75$ ). Around 22% of them reported moderate to severe levels of strange or unusual thoughts, such as hearing voices or seeing things. 10% reported moderate-to-severe levels of aggression and substance use.

### 4.2.2. Adaptive functioning

Over 90% of the service users indicated that they did not have moderate or severe issues with self-care or independence. However, 16% reported moderate to severe difficulties making friends (16%) or experiencing bullying (16%). 36% reported having support from a close friend. Only 7% reported difficulties with people they live.

### 4.2.3. Changes in service users' mental health since their first year of service engagement

At the first year of service engagement, 35 users completed assessment for depression, anxiety, resilience, aggression, and substance use. On average, they reported a *moderately severe level of* depression symptoms ( $M_{\text{PHQ-9}} = 14.95$ ,  $SD_{\text{PHQ-9}} = 5.49$ ) and a *moderate level of* generalised anxiety symptoms ( $M_{\text{GAD-7}} = 13.43$ ,  $SD_{\text{GAD-7}} = 5.14$ ), with 42% of them having low resilience score similar to the bottom 15% of the general population. There was minimal reported disturbance caused by aggression, unusual experiences, and alcohol use.

Of these 35 service users, 17 (dropout rate = 51%) returned for the second evaluation. We examined percentages of clinical caseness, which refer to the percentages of individuals who report an anxiety/depression score that is above the clinical threshold for a possible diagnosis of anxiety/depressive disorder. The results showed a decrease in depression caseness from 94% to 89%, and anxiety caseness reduced from 100% to 83%. In addition, there was a reduction of percentage of individuals with low resilience scores (at the bottom 15% of the general population) from 44% to 17%. These results suggest that the service users reported improved mental health and increased resilience over time, with insignificant disturbance caused by aggression, unusual experiences, and substance use.

Six service users completed these questionnaires during their third to fourth year of service engagement. In this sample, the results showed that depression caseness decreased from 100% to 83%, and anxiety caseness decreased from 100% to 67%. As for resilience, the percentage of individuals scoring in the bottom 15% of the general population dropped from 33% to 0%. These results suggest that long-term service users experienced a reduction in anxiety and depressive symptoms over time, and an apparent increase in resilience level. The disturbance caused by aggression and unusual experiences declined, and some of them still reported having minimal disturbance due to alcohol use.

### 4.3. Service user experience at the Centre

#### 4.3.1. Service usage

Service users attended the Centre to access individual psychological therapy, group psychological therapy, advice on housing/legal/education, social groups, and leisure activities. Service users received support to address common mental health issues, such as

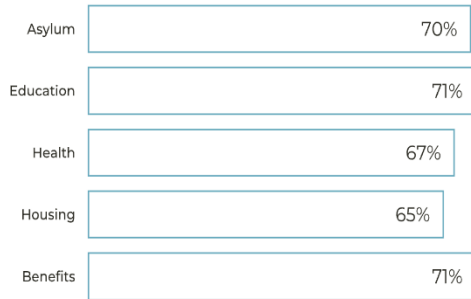
anxiety, depression, complex post traumatic stress, psychosomatic somatic symptoms, sleep disorders, difficulties in studying and suicidality, through individual counselling and group therapy. The centre also provided them access to leisure activities, like drama and music lessons. They benefited from advice on various issues, such as transportation, housing, and benefits. A service user stated,

**“...They help with transportation when I cannot walk due to my injury. They help me regarding legal matters by contacting my solicitors on my behalf. Also with rent-related issues by contacting the landlord. They also help with my benefits...And also with education and enrolling in college.”**

**– 22-year-old woman from Somalia**

Service users were queried about the extent to which the Centre has helped them in getting practical and personal support. The majority agreed that the Centre helped them with accessing asylum, education, health, housing, and other benefits (as seen in Figure 3). They valued the Centre for its help in managing their emotions. The majority agreed that the Centre has helped them managing their emotions, memories, relationships, behaviours.

Percentages of service users agreed that Baobab Centre has helped them to access:



Percentages of service users agreed that Baobab Centre has helped them with:



Figure 3. Percentages of service user agreement

#### 4.3.2. Service impact

Of the 41 responses collected, 85% of them reported a reduction in their difficulties, with an average decrease of 2.2 points on a five-point Likert scale. They credited to the support provided by the Centre. One service user said,

**“Now I have less difficulties. I still have difficulties now, but I have a group of people who support me and so, I have less now.”**

**– 22-year-old man from Afghanistan**

Two service users reportedly experienced more difficulties with alcohol use over time, with an average increase of 3 points.

**“Now, I am better! I do have difficulties but the only is the alcohol. But I am better in comparison with the past.”**

**– 19-year-old man from Afghanistan**

**“The alcohol is a huge problem. I am giving a fight.”**

**– 19-year-old man from Afghanistan**

### 4.3.3. Service user feedback

#### 4.3.3.1. All-round support

Service users reported that the Centre has provided them with all-round support, from therapy to everyday life support. One service user said,

**“Baobab has helped me with almost all aspects of my life. Like I said, they helped me with asylum, housing, education, health, my feelings and my thoughts.”**

**– 26-year-old man from Afghanistan**

#### 4.3.3.2. Trustworthy, caring, responsive, and practical service

Service users perceived the Centre as being trustworthy, caring, responsive, and practical. A service user said,

**“Baobab Centre is the best place to find help. They have helped me a lot in any single thing. They are very friendly, and they are really helpful.”**

**– 20-year-old man from Afghanistan**

#### 4.3.3.3. Personal growth

With the support provided by the Centre, service users felt able to understand their thoughts, feelings, and behaviours.

**“Baobab has helped me with my feelings, my sleep, and my anger.”**

**– 16-year-old boy from Afghanistan**

One service user shared how the Centre has helped them to stay alive.

**“They helped me with many things. To stay alive, to give me life, to start a new life because I didn’t know anyone. They helped me to believe in myself. I am really grateful.”**  
– 26-year-old man from Afghanistan

A service user stated that they felt more motivated and capable.

**“I am motivated to do something. They make me feel like I can do when I end up...when I feel that I am nothing or I do nothing.”**  
– 25-year-old woman from Ethiopia

#### *4.3.3.4. Social connections*

Service users said they felt more connected and less isolated. One said,

**“I think it has helped me with feelings and emotions...My life used to be very isolating, now I meet new people with the same mindset.”**  
– 23-year-old man from Pakistan

Other service users have been able to access a family-like community where they can connect to people with similar experiences. A service user described,

**“Let me tell you something Baobab is like a family, a big family. I am really happy that I meet them in my life. They support me so much. It's like my family now.”**  
– 19-year-old man from Afghanistan

#### *4.3.3.5. From accepting the past to embracing the future*

Service users reported becoming more able to accept the past and embrace challenges.

**“The Baobab Centre has helped me in understanding my past, the difficulties in the past. They help me to get through them, leave them out and establish social relationships with other people.”**  
– 25-year-old man from China



**“Baobab has helped me to accept and face my life. They have encouraged me to face challenges and keep moving forward and not giving up.”**

**– 26-year-old man from Algeria**

#### *4.3.3.6. Accept limitations*

When asked about what was unhelpful, the majority of the service users acknowledged that the Centre has been working very hard within their limit,

**“They have tried. Things may not have worked out as well as they should have but BAOBAB has always helped wherever they could. I cannot think about where they could have helped more.”**

**– 23-year-old man from Pakistan**

#### *4.3.3.7. Education and housing*

Educational and housing needs were raised. Some service users expressed difficulties with finding a guarantor or a permanent accommodation.

**“Maybe more education, for example, a private teacher for young people.”**

**– 22-year-old man from Pakistan**

**“They could do more to help young people to find a guarantor for their housing...”**

**– 28-year-old man from Guinea**

#### **4.4. Sense of belonging**

Service users completed questions about their sense of belonging. Nearly 70% of them agreed that they felt that they belong to a place or a group, the Centre, people who have passed away/community they have left behind or being part of their ethnic and cultural community

in the UK (as shown in Figure 4). About 57% reported negative comments being made about their nationality, ethnicity, religion, skin colour, or status. However, 68% reported feeling better or the same for having a refugee friend, and 75% of them reported having someone to talk to about their feelings. Most of the service users reported feeling a sense of belonging when they had someone they could talk to, who was non-judgemental, listening, accepting, interested in them, encouraging, genuine, helpful, trustworthy. This could be someone who spoke the same language or from the same cultural background. Other felt a sense of belonging through practical factors such as being granted asylum status or accessing social and religious activities. However, a few of the service users reported not feeling a sense of belonging to places or people. Negative experiences like ignorance, avoidance, bullying, physical assault, racial comments, and gossiping, were seen as unhelpful in promoting their sense of belonging.

#### Percentages of 'yes' responses

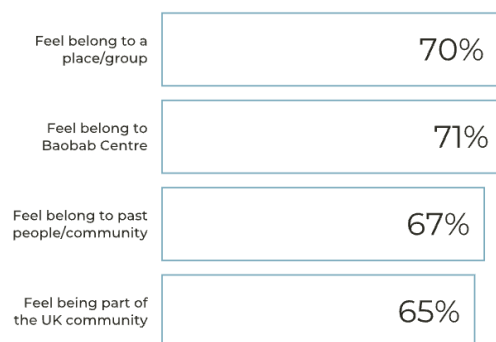


Figure 4. Percentages of yes responses to questions related to sense of belonging

#### 4.5. Hopes for the future

The service users shared their three future aspirations. Based on their responses, categories were created and percentages of endorsement was calculated. The most frequent aspirations

were: gaining employment/starting a business (44%), feeling more positive about themselves or life (27%), starting a family (20%), and gaining further education (16%), receiving asylum status and settling in the country (14%), having permanent housing (12%). Other hopes included improved physical health (10%), earning more money (9%), reuniting with family members (9%), better future for children (7%), helping others (5%), spiritual closeness (2%), and finding life purpose (2%).

#### 4.6. Impact of the COVID-19 pandemic on service users

Service users reported mixed feelings during the COVID-19 the pandemic, such as anger, loneliness, sadness, and boredom. Many felt negatively impacted by the pandemic, feeling isolated and missing social activities. For some, they described the impact of lockdown as the worst event in life. Other found opportunities for self-care. 70% reported the same or better physical health, but 53% reported worse or much worse mental health. 43% were uncertain about future pandemic, and 16% were a little scared. 65% found remote connections to be worse. Lockdown made it difficult for some to maintain routines, like going to college and socialising.

## Chapter 5: Discussion

The Baobab Centre aims to offer caring, responsive, and practical all-around support to asylum seekers who are survivors of trauma. Over 92% of service users had experienced at least one traumatic event prior to their arrival in the UK (personal communication, 2021). On average, they experienced a moderate level of depressive symptoms. In line with this finding, a meta-analysis has found that Major Depression has the highest prevalence rates compared to other types of mental disorders in the refugees and asylum seekers population (Patanè et al., 2022). Service users also reported a moderate level of anxiety related symptoms. One-fifth of service users reported feeling bothered by strange or unusual thoughts. This figure is surprising given the low prevalence rate of psychosis indicated by meta-analytic reviews (Blackmore et al., 2020; Patanè et al., 2022).

A potential explanation could be that the Centre focuses on providing support to unaccompanied minors, who are considered to be more at risk of harm than the broader population of refugees and asylum seekers. Unaccompanied minors may have experienced multiple traumatic events during their developmental years, and such experiences may elevate the likelihood of developing psychotic experiences (Shevlin et al., 2008). The reported level of psychological distress among service users underscores the importance of providing psychological care in community settings. Despite experiencing ongoing symptoms, the service users exhibit sufficient levels of social functioning and independence, which further emphasises the potential benefits of community-based care in addressing their mental health needs.

Of all types of service provision, individual psychological therapy stood out to be most popular. Other services are also highly valued (e.g. group therapy, social groups, advice,

leisure activities). It was not possible to evaluate the impact of each initiative on service users' mental well-being. This form of evaluation will be available in next year's evaluation.

Short-term and long-term service users consistently reported reductions in anxiety caseness and depression caseness, as well as an increase in resilience level. Long-term service users were more disturbed by aggressive behaviours and unusual experiences than short-term users. However, they reported declines in aggressive behaviours and unusual experiences over time. Consistently with quantitative data, 85% of the service users reported a reduction in difficulties comparing to the past. Given the high level of service user engagement, it is likely that the Centre has contributed to the positive changes reported by their service users. However, these changes could have been explained by other confounding variables, such as changes in asylum status and life circumstances.

Individual accounts from service users indicate that they felt they were able to understand more about their psychological experiences, felt more motivated, and became more self-efficacious. Furthermore, they became able to accept their past and embrace challenges in life. In addition to personal growth, they reported having a positive social connection with each other, which has reduced their sense of loneliness. Tackling loneliness is important as it has been known as a predictor of suicidal ideation and behaviour (McClelland et al., 2020). Service users perceived the Centre as a family where they can connect with other people. Overall, their individual accounts are in harmony with the reductions in anxiety and depression caseness.

Findings indicate that service users would like to access more support around housing and education. Having better access to housing support is valid given the link between housing and mental health (Ziersch & Due, 2018). Access to educational opportunities is another

important area that has been identified. Some service users report that they would like to give back to the Centre, which affirms the Centre's therapeutic community model that emphasise on participation and mutual support.

Regarding, sense of belonging, most of the service users reported feelings of belonging to someone or somewhere. They described several positive qualities that could increase their sense of belonging. They also outlined negative factors that hinder the development of belonging, and these qualities are largely linked to physical and social trauma. Of note, over 50% had experienced negative remarks about their nationality, ethnicity, religion, skin colour or status. This figure highlights the need for further evaluation.

When asked about hopes for the future, service users were most likely to mention '*having a job, a business, or a career*', which highlights their need to establish independence. Other frequently observed topics included feeling better, starting a family, getting a settled asylum status, and having more opportunities. The Centre is thought to have helped with moving closer to these goals.

The evaluation of how service users fared during the COVID-19 pandemic showed that 70% of them reported improved physical health. It is possible that the pandemic and associated lockdown measures had resulted in service users having more time to rest and recuperate, which leads to improvement in physical health. We also found that a small number of people reported difficulties with their mental health, and some of them attributed this to routine disruption. It is possible that this loss of structure had led to a sense of purposelessness or feelings of uncertainty.

## 5.2. Strengths and Limitations

The evaluation highlights many strengths. The Centre has a track record of collecting qualitative and quantitative data for evaluative purposes, making it possible to specify the demographic of the service users, as well as changes in mental well-being over time. The collection of qualitative data has allowed us to discover unmet needs and new directions for service provision. This evaluation was conducted by an independent group of consultants, who have no conflicts of interest with the Centre. As such, the evaluation has minimised self-serving biases. When discussing limitations, it is important to acknowledge that the evaluation survey has been revised multiple times over the years, making it more challenging to conduct complex analyses. Additionally, we observed that most users attend less than three evaluations consecutively, which further complicates evaluating changes over time. Our examination of clinical caseness percentages for anxiety and depression and how they change over time is a method with limited internal validity. It provides only weak support to the idea that changes are solely due to the service center's provisions. Other factors, such as natural improvement over time, unmeasured confounding variables, and the loss of participants who did not benefit from the center's offerings may also contribute to changes in clinical caseness.

## 5.3. Recommendations

### 5.3.1. Recommendations for future service development

1. **Characterise short- and long- term service user needs:** During our evaluation, we discovered initial indications that there are differences in the experiences of aggressive behavior and unusual occurrences between short-term and long-term service users. However, the sample size used in this study was small, so further analysis with a larger sample size is necessary to confirm our findings. By conducting a more comprehensive study, we can gain a better understanding of the nature and extent of these differences, which will help to inform the Center's service provision and improve outcomes for all service users.
2. **Improve access to self-directed resources:** Improving service users' access to self-directed resources may help to provide them with knowledge they need to navigate their unique challenges. As indicated by a recent qualitative study, this is especially important for asylum-seeking minors (Fuller & Hayes, 2020). These resources can cover a range of topics, such as education, housing, business development, and substance misuse. However, we recognise that development and adaptation of these can be complex, given the diverse backgrounds and abilities of service users. Providing materials in different languages and formats, by co-producing with relevant experts and service users, would be helpful to ensure the content is culturally sensitive. In addition to self-directed resources, the Center may consider organising events or initiatives to enhance employability skills in the UK. Offering a CV clinic, interview skills training, or a business start-up workshop could provide valuable insight and sense of hope to individuals who are settling down in a new environment.



- 3. Continue to encourage non-male service users to participate in future M&E:** We noticed that most of the data collected came from male service users, perhaps because male service users are more common than female service users among the refugee and asylum seeker community. The Center took steps in this year's evaluation to actively seek out non-male service users to participate, which is a positive development. It is essential to continue this in future evaluations to ensure the data collected is representative of all service users' experiences and perspectives.

### 5.3.2. Recommendations for future service evaluation

- 1. Increase data capture rate:** This evaluation is limited due to incomplete data at different time points, which is a common issue in busy clinical services. It is recommended to use a secure online platform to collect data consistently in the future. After this year's evaluation, a quality improvement project was initiated to create an online evaluation survey for the center.
- 2. Establish in-service normative data:** With a big enough sample size, it would be helpful to establish the internal consistency for each measure. This action will help understand whether the psychometric measures used can reliably measure the outcomes they are interested in.
- 3. Conduct activity-specific evaluation:** This evaluation did not capture changes in service users' experience following their participation in the Centre's activities. This form of evaluation could provide valuable insight into the usefulness of each therapeutic component within the Centre's service provision. A quality improvement project had been undertaken to modify the evaluation survey. As such, it will be possible to evaluate service users' experiences following their participation of each

service activity. For example, future evaluation can examine whether service users report clinically significant change following their engagement with 1-to-1 therapy.

- 4. Conduct more rigorous analyses of qualitative data:** This evaluation routinely collected service users' verbal account of their experiences and perspectives, such as their hopes for their future, their sense of belonging, and their experiences during the COVID-19 pandemic. It may be possible to analyse this data using more academically rigorous qualitative analytic methods, such as a thematic analysis (Braun & Clarke, 2006) or a manifest content analysis. However, these qualitative analyses are much more time consuming and labour intensive, for example, two independent coders are required to code each response independently, generate and review themes together.
- 5. Consider collecting data related to post-traumatic stress:** Service users' self-report depressive and anxiety symptoms, as well as alcohol use and unusual experiences, can be possibly underlined by an undiagnosed PTSD presentation. In the future, it may be beneficial to screen for symptoms of PTSD and complex PTSD using well validated measure, such as the International Trauma Questionnaire (ITQ; Cloitre et al., 2018). During the assessment, participants should be assured that they do not need to provide detailed accounts of their past traumatic experiences. While discussing these experiences can be distressing in the short term, it is an effective approach for identifying and treating symptoms over the long term (Murray et al., 2022).
- 6. Align data to the Life Events Checklist for PTSD:** The Centre has been reliable in gathering information on service users' encounters with events that could potentially cause trauma. To facilitate future evaluation, it would be beneficial to align this data with the categories outlined in the Life Events Checklist for PTSD (LEC-5; Weathers et al., 2013).

**7. Consider other ways to evaluate resilience:** Whilst the WEMWBS is a validated measure for resilience, it cannot capture individual's beliefs around their ability to cope with adversity. As resilience is a multi-faceted concept, it may be helpful to understand other aspects of resilience, such as trait resilience, using other validated psychometric measures (See Hu et al., 2015), or qualitative interviews. As part of the service development, the Centre has formed a research collaboration with psychologists at University East Anglia (UEA) to explore views of unaccompanied refugees or asylum seekers from Afghanistan on ways of coping and how these were developed.

**8. Further understand service users' experience of racial discrimination and racism:** The present evaluation reveals that over 50% of service users had experienced some form of racial discrimination or racial trauma after relocating, but it is unclear how this has affected their quality of life and ability to function. The Centre may wish to conduct additional evaluations to explore this further.

#### 5.4. Declarations

This report was prepared with the involvement of three external consultants, namely LVN, MB, and KC, who are associated with Beigi & Chiu Clinical Psychology Ltd, a private clinical psychology company based in London, the UK. The company has a history of providing pro-bono consultation services to charitable organisations and higher education institutes, such as Age UK, Think Equal, Anna Freud National Centre for Children and Family, and Goodenough College. It is important to note that neither the company nor the consultants received any financial compensation for their contribution to this report. Additionally, KC, one of the

consultants, is affiliated with the University of East Anglia and has research collaborations with the Centre.

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## Appendices: Questionnaire Pack



### **BAOBAB CENTRE**

### **EVALUATION QUESTIONNAIRE – TIME POINT 1**

(Version 2021)

#### **Filling in the questionnaire:**

1. This task should be pleasurable and a learning and reflecting experience for everyone involved.
2. We can take more than one session to complete the questionnaire.
3. Please try to persuade everybody to go through the form with you and fill it in. If young people are really reluctant they should not be pressured.
4. Try to give each young person the option of saying that nothing is helpful, make it clear nobody will be angry and nothing bad will happen if they give negative responses. Also, say that they do not have to please you or Baobab and underline that we all learn from constructive criticism.

**Researcher name:** \_\_\_\_\_

**Participant's ID number:** \_\_\_\_\_

**Date completed:** \_\_\_\_\_

**Entered on database (tick and initial) [ \_\_\_\_\_ ]**



**Demographic data sheet**

**[To be filled in by clinician / Baobab staff member]**

**Name of person completing this section: \_\_\_\_\_**

- A. ID number**
  
- B. Gender**
  
- C. DOB**
  
- D. Age**
  
- E. Ethnicity**
  
- F. Country of Origin**
  
- G. Date arrived in the UK**
  
- H. Date of first contact/involvement with Baobab**
  
- I. How long have they been coming**
  
- J. Where are they in the Asylum process?**
  
- K. Are they in Education?**  
**Full Time      Part Time      Not in Education**  
i. If NOT, why not?

**L. Do they have a Support Worker/Social Worker/Key Worker/Personal Advisor?**

(probe: or something similar)

Yes No

**M. How much contact do they have with them?**

**N. Who provides their accommodation and subsistence?**

- [ ] Semi-independent
- [ ] Foster care
- [ ] Relatives
- [ ] UK Visas and Immigration (UKVI)
- [ ] Own council flat
- [ ] Private rented
- [ ] Destitute
- [ ] Other

If 'Other', please state what this is:

**O. Who pays for their accommodation?**

**Section A: Happiness/Resilience**

We would like to ask you about your feelings of happiness and positivity in the past two weeks.

	None	Rarely	Some	Often	All the time
1. I've been feeling optimistic about the future.	1	2	3	4	5
2. I've been feeling useful.	1	2	3	4	5

<p>3. I've been feeling relaxed.</p> <input data-bbox="209 257 300 338" type="checkbox"/>	1	2	3	4	5
<p>4. I've been feeling interested in other people.</p> <input data-bbox="209 465 300 546" type="checkbox"/> <input data-bbox="209 546 300 627" type="checkbox"/>	1	2	3	4	5
<p>5. I've had energy to spare.</p> <input data-bbox="209 750 300 831" type="checkbox"/>	1	2	3	4	5
<p>6. I've been dealing with problems well.</p> <input data-bbox="209 954 300 1034" type="checkbox"/>	1	2	3	4	5
<p>7. I've been thinking clearly.</p> <input data-bbox="209 1158 300 1238" type="checkbox"/>	1	2	3	4	5
<p>8. I've been feeling good about myself.</p>	1	2	3	4	5
<p>9. I've been feeling close to other people.</p> <input data-bbox="209 1494 300 1574" type="checkbox"/>	1	2	3	4	5
<p>10. I've been feeling confident.</p> <input data-bbox="209 1697 300 1778" type="checkbox"/>	1	2	3	4	5
<p>11. I've been able to make up my own mind about things.</p> <input data-bbox="209 1946 300 2027" type="checkbox"/>	1	2	3	4	5

12. I've been feeling loved. <input type="checkbox"/> <input type="checkbox"/>	1	2	3	4	5
13. I've been interested in new things. <input type="checkbox"/>	1	2	3	4	5
14. I've been feeling cheerful.	1	2	3	4	5

15. What do you do to make yourself feel positive, happy and hopeful?

### **Section B: Feelings and Thoughts**

The following questions all explore what you've been feeling and thinking, and how you may have been acting recently. For each item, please tick how often you have felt or acted in this way. Please think about this in relation to the last two weeks.

#### **PHQ - 9**

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed or hopeless.	0	1	2	3

3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself or that you are a failure or have let yourself or your family/friends down.	0	1	2	3
7. Trouble concentrating on things such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed/Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thought that you would be better off dead or of hurting yourself in some way.	0	1	2	3

**GAD-7**

	Not at all	Several days	More than half the days	Nearly every day
10. Feeling nervous, anxious or on edge.	0	1	2	3
11. Not being able to stop or control worrying.	0	1	2	3
12. Worrying too much about different things.	0	1	2	3
13. Trouble relaxing.	0	1	2	3
14. Being so restless that it is hard to sit still.	0	1	2	3
15. Becoming easily annoyed or irritable.	0	1	2	3
16. Feeling afraid as if something awful might happen.	0	1	2	3

17. What makes you feel sad? What do you do when you feel sad?

18. What makes you feel anxious or scared? What do you do when you feel anxious or scared?

19. What makes you feel angry? What do you do when you feel angry?

In the following section could you answer how much each phrase fits with your view of yourself? Please again think about the last two weeks or so.

	A LOT LIKE ME	A LITTLE LIKE ME	NOT LIKE ME
20. I have a hard time controlling my feelings.	2	1	0
21. It's very hard for me to calm down when I get upset.	2	1	0
22. My feelings just take over me and I can't do anything about it.	2	1	0
23. When I get upset, it takes a long time for me to get over it.	2	1	0
24. Thinking about why I have different feelings helps me to learn about myself.	0	1	2
25. Thinking about why I act in certain ways helps me to understand myself.	0	1	2

26. The time I spend thinking about what's happened to me in my life helps me to understand myself.	0	1	2
27. If I think about my feelings, it just makes everything worse.	2	1	0
28. I try hard not to think about my feelings.	2	1	0
29. It's best to keep feelings in control and not to think about them.	2	1	0
30. I keep my feelings to myself.	2	1	0
31. I try to do other things to keep my mind off how I feel.	2	1	0

### **Section C: Your Behaviour**

For each item, please tick how often you have felt or acted in this way over the past two weeks.

1. Have you been bothered by your own physical or verbal aggression?

Not at all	Insignificantly	Mild but definitely	Moderately	Severely
0	1	2	3	4

If 'Moderately' or 'Severely' please tell me more about what this is like:

2.

a. Do you use alcohol, drugs or solvents?

b. If yes, have you had problems as a result of these?

Not at all Severely	Insignificantly	Mild but definitely	Moderately	
0	1	2	3	4

If 'Moderately' or 'Severely' please tell me more about what this is like:

3. Have you been bothered by strange or unusual thoughts in your head eg. hearing voices, seeing things?

Not at all Severely	Insignificantly	Mild but definitely	Moderately	
0	1	2	3	4

If 'Moderately' or 'Severely' please tell me more about what this is like:

4. Have you been bothered by not having good friends?

Not at all Severely	Insignificantly	Mild but definitely	Moderately	
0	1	2	3	4

If 'Moderately' or 'Severely' please tell me more about what this is like:

5. Have you been bothered by bullying?

Not at all Severely	Insignificantly	Mild but definitely	Moderately	
0	1	2	3	4



If 'Moderately' or 'Severely' please tell me more about what this is like:

6. Have you found it difficult to look after yourself or take responsibility for your independence?

Not at all Severely	Insignificantly	Mild but definitely	Moderately	
0	1	2	3	4

If 'Moderately' or 'Severely' please tell me more about what this is like:

7. Have you been bothered by relationships with people where you live?

Not at all Severely	Insignificantly	Mild but definitely	Moderately	
0	1	2	3	4

If yes, what kind of relationship is this? (Eg. foster carer, neighbor in accommodation)

If 'Moderately' or 'Severely' please tell me more about what this is like, and what kind of difficulties have you had with them:

8. Have you been supported by a good friend?

Not at all Very much	Insignificantly	Mild but definitely	Moderately	
0	1	2	3	4

## Section D: Experience of Baobab

The following questions all explore your feelings about your involvement with Baobab, from when you first came to how things are now. We are interested in your experience of the place so that we can continue to serve the community and improve our services. Please circle the response where appropriate.

A few times per week  1	Weekly  2	Fortnightly  3	Monthly  4	Less than monthly  5
1. How often do you come to Baobab? (circle as appropriate)				
2. What do you come to Baobab for? (prompt: therapy, group etc.)				
3. Think back to the period of when you first had contact in Baobab. Did you have difficulties in your life? (probe for difficulties <u>not</u> related to coming to Baobab and more concerned with how they were feeling in general)				
Yes 1	No 0	Don't Know -1		
1. How would you rate the difficulties you had?				
Not at all 1	A little 2	Somewhat 3	Quite strong 4	Very strong 5
Yes 1	No 0	Don't Know -1		
2. Do you have difficulties now?				

3. How would you rate the difficulties now?				
Not at all	A little	Somewhat	Quite strong	Very strong
1	2	3	4	5
7. Has Baobab helped you to...?	Yes	No	Don't Know	
	1	0	-1	
a1. Access asylum				
a2. If no, give details (eg. I did not need help with these / I received help with these elsewhere)				
b1. Access education				
b2. If no, give details (eg. I did not need help with these / I received help with these elsewhere)				
c1. Access health				
c2. If no, give details (eg. I did not need help with these / I received help with these elsewhere)				
d1. Access housing				
d2. If no, give details (eg. I did not need help with these / I received help with these elsewhere)				
b1. Access benefits				
b2. If no, give details (eg. I did not need help with these / I received help with these elsewhere)				

8. Has Baobab helped you with...?	Yes	No	Don't Know
	1	0	-1
... a Feelings			
... b Memories			
... c Relationships			
... d Behaviour			
... e Understanding your past			
... f Getting used to life in U.K			
9. How do you think Baobab has helped you?			
1. Has there been anything that has been unhelpful?			
2. How could Baobab have been more helpful?			

**Section E: Impact of Pandemic**

Last year, we conducted a separate survey with many of you about the impact of Covid on your lives. We are now coming out of this very difficult period. We have a very small number of questions which we would like to ask you.

**1**

What have your experiences been of the pandemic and the lock down? You might want to say a little about what you have felt and what you think about the Covid 19 virus and how the situation affected you?

**2a**

Compared to normal, over the last year, how have you felt about your own physical health during this time?

<i>Much Worse</i>	<i>Worse</i>	<i>Same</i>	<i>A bit better</i>	<i>Much better</i>
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**2b**

Compared to normal, over the last year, how have you felt about your own mental health during this time?

<i>Much Worse</i>	<i>Worse</i>	<i>Same</i>	<i>A bit better</i>	<i>Much better</i>
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**3**

What impact has this lockdown had on you? (probes: routine, social connections, safety, finance, study/work)

**4**

How do you feel about the easing of the lockdown and return to normality?

<i>Really happy</i>	<i>A little happy</i>	<i>Don't mind</i>	<i>A little worried</i>	<i>Very worried</i>
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**5**

What do you feel about the future of this pandemic?

<i>Really scared</i>	<i>A little scared</i>	<i>Not sure</i>	<i>Not scared</i>	<i>Fine</i>
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**6**

Compared to face to face, how do you find virtual/remote computer connections?

<i>Much Worse</i>	<i>Worse</i>	<i>Same</i>	<i>A bit better</i>	<i>Much better</i>
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## Section F: Belonging

We would like to ask you about your feelings of belonging and to ask you to think about whether being a member of the Baobab community helps you to find ways to belong to the UK communities.

Belonging could have more than one meaning. For example when we asked one person who had been kidnapped by traffickers they made a difference between feeling 'bad' belonging to the traffickers and 'good' belonging to the Baobab Centre.

Another young person said that when he was kidnapped he was like an object for the kidnapers. They were not interested in him. He said he feels at the Baobab Centre that he is accepted for who he is not just to do what others want.

We can feel we belong and feel cared about, valued, loved, acknowledged and 'held in mind' by people we are attached to and to whom we belong. We can also be abused by individuals who treat us like objects and possessions and not as people.

Some relationships make us feel good and secure. Some relationships make us feel insecure and uncertain and even frightened. We trust some people and we don't trust others. Please answer these questions with these ideas in your mind.

1. a) Do you ever feel that you belong to a place or to group of people?	Yes  1	No  0	Don't Know  -1
b) If yes, which group or groups?			
2. Do you feel you belong to and/or are a part of the Baobab Centre?	Yes  1	No  0	Don't Know  -1
3. Do you feel you belong to people or a community who have passed away or who you have left behind?	Yes	No	Don't Know  -1

	1	0	
4. Where do you feel you belong the most? (prompt: could be more than one place)			
5. Do you feel part of your ethnic and cultural community in the UK?	Yes 1	No 0	Don't Know -1
1. a) Has anyone made negative remarks to you about your nationality, ethnicity, religion, skin colour or status?  Not at all    A little    Sometimes    Quite often    All the time 1                2                3                4                5  b) If yes, please give detail:			
2. How do you feel around friends who are refugees compared to others?  Better    The same    Worse    Don't know 2            1            0            -1			
3. a) Do you have someone you trust enough to talk to about your feelings?	Yes 1	No 0	Don't Know -1
b) Who do you feel you can talk to? (Probe: anyone other than Sheila or your therapist?)			

9. What helps you to feel that you belong?

10. What makes you feel that you don't belong?

11. What are your three hopes / wishes for your life and your future?

1


2

3



**THANK YOU!**

**Interviewer's observations: Please can you write a short paragraph on your impressions of the young person during the interview (i.e. presentation, demeanour, non-verbal and verbal mannerisms, conduct)**

A large, empty rectangular box with a thin black border, intended for the interviewer to write their observations on the young person during the interview.