Evaluation Report: Baobab Centre for Young Survivors in Exile

Profiling a Traumatised Community

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"I feel scared when I dream about my past life and it is like it is there in front of me. I feel scared about everything. Life is scary."

Within this evaluation study, 80 young people (69.5% male, 30.5% female), ranging in age between 15 and 29 years old (M = 20.4 years), were administered a series of questionnaires as part of a monitoring and evaluation process. The young people came from 25 different countries, most of which were in the African and Asian continents (the most common countries from which the sample came were Afghanistan, the Democratic Republic of Congo, Uganda and Nigeria). The remaining countries of origin included various Middle Eastern countries including Iran and Iraq; Albania, 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 physically, sexually and emotionally in their communities, in prisons, in armies where they were forcibly recruited and in various trafficking situations being trafficked for labour, for sexual exploitation and for criminal activity. Many have experienced rape and being trafficked. All of these young people have experienced, in the words of the Baobab Centre Mission Statement Child and Adolescent specific human rights abuses and these abuses have taken place in a political context and often in corrupt and exploitative situations where the perpetrators of the abuse have been sadistic and received financial gain.

47 of these young people were followed up 12-months after their initial assessment, and a further 21 were followed up after 24 months. For the purpose of this report, the first time point will be referred to as *Baseline,* the first year follow-up as *T2*, and the second year follow-up as *T3.* Though data is being collected from these participants beyond T3, numbers within later time points are too small to report at this stage.

This report draws upon data from all three time points initially (*Baseline, T1, T2)* and reflects upon the overall profile of the challenges, competences and internal worlds of a heterogeneous sample of

adolescent and young adult asylum seekers who in most cases have experienced overwhelming and violent events during their developmental years. Their experiences and narratives are often include ones of humiliation, violence, trafficking and violation in their home countries and/or on their often prolonged journeys into exile in the UK. They also have narratives of their various difficulties in the UK especially difficulties in accessing asylum and stability in terms of housing, education and work. Alongside these narratives of challenging and difficult experiences are narratives of resiliencies and coping.

The second section of this report endeavours to explore their trajectories in order to identify whether there are some elements in their psychological and social world which may improve, stabilise or even worsen during their new life and affiliation with the Baobab Centre for Young Survivors in Exile. The final section looks at their experience of the Baobab Centre as well as their overall feelings about their sense of belonging. Throughout the report, we report on numerical and statistical changes, particularly within a number of established questionnaires that have been systematically and universally used in a diverse range of mental health settings. We also draw upon the more qualitative and experiential narratives that provide a deep and more enriched picture of these young people's worlds.

Part 1: Profiling Young Survivor's Worlds

This section addresses the presenting characteristics of this community of young people

A Depression

The Patient Health Questionnaire (PHQ9), a standardised measure of depression, is being used to record indicators of depression. This instrument had been introduced more recently within the assessment battery resulting in lower numbers compared to some of the other questionnaires. On a sample (n=35), 20% were reporting moderate presence of depression whilst 49% were reporting severe levels of depression. Some of young people's accounts of their depression and distress are shown below.

'I feel sad when I lose someone, when I know something bad about someone, when I remember'

' I remember my past and when my baby isn't eating well, it makes me sad what happened to me before'.

'I feel sad because of what has happened in the past, when I was taken into prison, tortured. And also there is uncertainty about the future, I don't know what's going to happen'.

' I feel sad when I hear about bomb blasts in any country'.

B Anxiety

The Patient Generalised Anxiety Disorder Scale (GAD7)), a standardised measure of anxiety, is being used to record indicators of anxiety. This instrument was also introduced more recently within the evaluation meaning that numbers are lower than for other questionnaires. On a sample (n=35), 23% were reporting moderate levels of anxiety whilst 51% were reporting severe levels of anxiety. This pattern of anxiety severity was very similar to the self-reported levels of depression, as reported in the previous section . Levels of anxiety had been previously captured using the Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Reynolds, 1978), a 28-item self-report measure. Within the sample, 80% had fallen into the clinical or borderline range. Some of young people's accounts of their anxieties and fears are illustrated below.

'Thinking that I don't have people or family in this country, I am alone, I worry that people will find me (the ones that brought me here) and they might take me'.

'*I am scared that my baby will be taken away, that they will send me back to my country, that people with abandon me and that I don't know about my future'.*

'I feel anxious most of the time about my family and about what is happening to them and whether they are dead or alive'..

'If I am facing someone with more power or an authority I am scared. Situations that I don't have control over, fear of being judged and people talking about me, fear of being misunderstood, I go into hiding. I am scared of being returned to my home country…'

C Anger

Though sadness, distress and anxiety were dominant emotions within this population, anger and aggression were strongly evident too. Young people's descriptions of their own anger and aggression were very evocative of how overwhelming their experiences had been in often very young lives. Within the HONOSCA measure, there is a question that asks about their own physical and verbal aggression to which around 40% of young people said it was not a problem at all. For the 60% who did experience this, most did so at a mild/moderate level, with only 6 per cent acknowledging it was moderate/severe. In many cases, anger was expressed as a feeling that they struggled to both understand and control rather than to act out or enact.

'I don't know what makes me feel angry. I'm not angry easily. I easily leave the place where I am or I fight'.

'I don't know what makes me angry but when people put me down or when I don't want people to betray me'.

In other cases, young people were able to relay reasons for their anger.

'I feel angry when I think about the past, you know what I went through'.

'I feel angry when I tell someone the truth and they don't believe me, when someone hides something or when someone uses me for something'.

'The thing that makes me feel angry is the life we are living now people don't support each other for everything is better now'.

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 (reflection) aspects of regulation. This population of young people had clear difficulties in relation to emotional control. On a sample (n=78), 74% were reporting moderate difficulties in regulating / managing emotion. The affective dyscontrol subscale is the most predictive of risk and within this sample, they had a mean of 1.68 which was significantly higher when compared to a sample of high-risk youth (N = 179; 46% female) collected by Moretti and Craig (2012) from juvenile justice and clinical settings with a mean of 0.97 (sd 0.61).

Many young people reported struggling to manage their emotions.

'When I am angry I am out of control'.

'When people ask me of my experiences, what happened, why did it happen, I don't want to talk about it. I just don't want to communicate with people'.

'I try not to think about things'

Others reported different strategies to help them control their feelings.

'I breath in and out ten times and I try not to think about it'

'When I am sad, I cuddle my baby and talk to him and it makes me happy'.

'I try to go out and get some fresh air and try to watch some funny videos so I can laugh'.

'When I feel sad I go to the mosque and pray'

'I just to try to mind my own life, focus on me and making life better'.

E 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. For the purpose of this evaluation, specific items were chosen which were more focused around behaviour, symptomology and social functioning. The table below displays the proportion of young people with moderate or severe levels of these behaviours or difficulties.

Behaviour/Symptoms	**%**
Disruptive behaviour	19%
Alcohol/Drugs	4%
Hearing voices/seeing things/abnormal thoughts	25%
Social impairments	**%**
Lack of satisfactory friendships	28%
Difficulty looking after self	24%
Troubled by relationships with people close	42%

Table 1: HONOSCA items – proportion of severe/moderate presence of symptoms

Table 1 shows that over a quarter of young people experienced moderate to severe levels of abnormal thoughts/hearing voices. If milder experiences were also included, this number rose to over 50%. Alcohol appeared to be a relatively minor problem with only 4% experiencing moderate/several problems and 85% having 'no' problems in relation to this. Social relations were problematic with 42% having moderate/severe difficulties in forming close attachments to others. . Similar levels of around one in four young people struggled with self-care/independence and maintaining satisfactory social relationships.

F Resilience

The WEMWBS is a 14 item scale of mental well-being covering subjective well-being and psychological functioning. Within the sample (n=80) , 68% had scores in the low range when compared to the mean of 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 had been 50.7. A more clinical categorisation of scores used a system where a WEMWBS score of less than 40 was indicative of low well-being and with a high risk of depression (Taggart et al., 2015). In this sample at baseline, 41% of the sample were in this lowest clinical range.

Though levels of well-being were very low in comparison to a normative sample, many did report positive strategies for making themselves feel better, more comfortable and more hopeful.

'I draw, nothing makes me happier than drawing it makes me think about my future'.

'Seeing my friends and going to college makes me happy and makes me laugh'.

'Listening to music, talking to people makes me think of the future and optimism'.

'Going out on long walks makes me feel better'.

'Coming to individual group psychotherapy at Baobab'.

Part 2: Changes over time

For the second part of this report, we draw upon a smaller subsample of 49 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. There is also some focus on a subsample of up to 21 young people who were assessed across three time points.

A Depression

Using the PHQ9, on a sample (n=17), at T2, 18% were reporting moderate presence of depression and 42% were reporting severe levels of depression. Levels of severe depression were much lower than they had been at baseline. At T3, albeit on a small sample (n=13), the levels of severe depression were even lower at 15% whilst moderate depression was at 31%. Though this measure had only been introduced quite late meaning that sample size was small, levels of severe depression were slowly declining.

	Baseline	T2	T3
Moderate depression	20%	18%	15%
Severe depression	49%	42%	31%

Table 2: Depression severity over time

B Anxiety

Using the GAD7, on a sample (n=17), 24% were reporting moderate presence of anxiety and 24% were reporting severe levels of anxiety. Levels of severe anxiety were much lower than they had been for baseline. At T3, albeit on a small sample (n=12), the levels of severe depression were even lower at 8% whilst moderate depression was at 42%. Though this measure had only been introduced quite late meaning that sample size was small, levels of severe anxiety were declining. On a previous measure for anxiety (the Revised Children's Manifest Anxiety Scale(RCMAS: Reynolds & Richmond, 1978), there had also been a statistically significant decrease in anxiety levels.

	Baseline	T2	T3
Moderate anxiety	23%	24%	42%
Severe anxiety	51%	24%	8%

Table 3: Anxiety severity over time

C Affect Regulation

Young people's capacity to regulate their emotion, as captured using the Affect Regulation Checklist, marginally decreased very slightly. However, when examining the data in more detail, it was clear that there were more significant improvement in the subscale that related to emotional control, meaning that they were becoming more able to manage their feelings.

On a sample (n=47) at T2, 74% were now reporting moderate difficulties with managing emotion which was not dissimilar to the baseline measurements and suggested these challenges remained at high levels. At the T3, albeit on a small sample (n=21), moderate difficulties for managing emotion were at even higher levels for this population (85%). Clearly, this capacity to regulate feelings was one which was not improving as much as other areas.

Further evidence for this can be found qualitatively through some individual young people.

Participant 13 (aged 21)

At BASELINE, when asked what he did when he was 'sad', he said '*Sometimes I harm myself when I see my blood I feel a bit bette*r'.

At T2, in response to the same question, he said '*I want to be alone, I think of possible solutions'.*

At T3, in response to the same question, he said '*Thinking about the future and not knowing what's going to happen, feeling that you're by yourself, listening to music'.*

Participant 17 (aged 27))

At BASELINE, when asked what he did when he was 'angry', he said ;*I play a shooting game in my phone'.*

At T2, in response to the same question, he said ;*I punch the wall, I squeeze my stress ball, I just walk off'.*

At T3, in response to the same question,' *What I do - I distract myself, go to the gym to relieve it. I take it out and release it on weights'.*

Participant 39 (aged 16))

At BASELINE, when asked what he did when he was 'anxious', he *said 'I'm scared of people who brought me here. I just stay in my house'.*

At T2, in response to the same question, he said '*I don't do anything, I can't do anything about it'.*

At T3, in response to the same question, '*When I think about my status, the uncertainty. I talk to (the psychotherapist)*

D Behaviour

Several items relating to behaviour and social functioning on the HoNOSCA were explored for change.

- Disruptive behaviour did significantly decline from baseline to T2 though this was not evident from baseline to T3. 19% at baseline had reported disruptive behaviour as 'moderate/severe' and this proportion dropped to 12% at T2.
- Alcohol/drugs remained a very minor issue with levels similarly low throughout though there was a marginal increase in it being self-reported as problematic from baseline to both T2 and T3.
- The experience of abnormal thoughts/hearing voices did decrease significantly from Baseline to T2. At baseline, it had been 25% moderate/severe but this reduced to 18% at T2.
- Difficulties looking after self –was not significantly different from baseline to T2 or T3 though this was a much less-reported problem. At baseline, nearly a quarter had reported it as moderate or severe but this dropped to 13% at T2.
- Being troubled by close relationships was significantly lower at T2 compared to baseline suggesting that young people were becoming more adept at managing close relationships. This domain had been very high at 42% for moderate/severe at baseline and dropped significantly to 13% at both T2 and T3. .

E Resilience

Resilience/wellbeing levels on the WEMWBS improved and this was statistically significant from baseline to T2 but not from baseline to T3. At baseline, 68% had scores in the low/clinical range in relation to standard norms but this number has only marginally decreased to 63% at T2 and 52% at T3. Clearly, there was a positive but slow trend of improvement in well-being. When examining the lowest clinical 'scorers' , 41% of the sample were in the lowest range at baseline and this dropped to 26% at T2 and 10% at T3.

	Baseline	T2	T3
Proportion (below normative mean)	68%	63%	52%
Proportion (below clinical score of 40)	41%	26%	10%

Table 4: Resilience (WEMWBS) over time

Overall, participants were feeling more confident, feeling closer to others, feeling good about themselves, feeling optimistic, not being restricted by physical or mental problems, and feeling more useful

Part 3: Impact of the work of the Baobab Centre

'Baobab are so important to me, without them I would not be here today'.

'In every way Baobab is like my house. If I have a problem I come here and people older than me tell me what to do - this is the right way and this is the wrong way'.

They (Baobab) are like a shield against the external. Without Baobab I wouldn't be able to live until this time'.

This section addresses how the various strands of the Baobab Centre may have made an impact on the young people's lives. We were also able to look at the perceptions of the young people in terms of their difficulties and how they drew upon the support of the Baobab Centre.

- 87% of young people (YP) identified themselves as having 'difficulties' when they first arrived at Baobab. Of these, 71% were at the highest levels (rated 4/5 on a 5 point rating scale of severity)
- A significantly lower number (66%) of YP currently believed they currently had 'difficulties they were encountering, and though this was still expectedly high, a much lower number (32%) were at the highest levels of severity (rated 4/5 on a 5 point scale). From baseline to T2, young people were reporting lower levels of their current difficulties (44%) with only 10% at the most severe/high levels.

Baobab was responsible for assisting participants across a number of practical domains. At baseline, the numbers helped included were:

- 79% through access to asylum
- 66% through access to education
- 60% through access to health services
- 56% through access to housing
- 48% through access to benefits

At T2, participants were finding that Baobab was helping them even more with these same areas.

- 89% for asylum
- 82% for education
- 71% for health services and housing
- 68% for benefits

Young people's use of Baobab for psychological support was reflected in the young people reporting significant help with 'feelings' (74%), 'memories' (98%), 'relationships' (95%), 'behaviour' (91%) and 'understanding about the past (86%)'. 90% reported that Baobab had helped them significantly 'get used' to life in the UK. These numbers remained steady at T2.

Baobab clearly had widespread psychological benefits to young people and these were experienced from baseline.

'When I first came here I had problems and didn't know who to talk to /follow it up with. Coming here to Baobab I have someone to address my problems and to help me deal with them, which made me feel more at rest'.

'Baobab has helped me with my life. Before I came I wanted to kill myself, I felt unsafe. Baobab helped me with this. They helped me with immigration, health'.

'To be more mentally strong, to overcome difficulties in your life'.

'Baobab have helped me progress a lot since I started coming. Before I couldn't interact with people' but now I can and I maintain communication friendships and relationships

'Most thing to understand my past and to understand how to control my feelings and memories so it doesn't affect me in my future. Coming and talking is a relief'.

Some of these observations were more practical.

'Baobab has helped me a lot to learn English, to help me feel better and to look for college and an apartment and write a letter to the home office.'

'Baobab feels like a family. It's helped me with relationships because I have a group here. They have helped me with my mental health because I see a psychotherapist every week'.

Sense of Belonging

Young people were also asked about their 'sense of belonging'.

- 92% stated that they felt they belonged to 'a place'
- 100% stated that they felt they belonged to Baobab
-77% stated that they felt they belonged to a place or culture in the past. In sum, 'belonging' was important both in terms of a present attachment, of which Baobab was unequivocally pivotal, but also their past.

Furthermore, 48% felt like they belonged to an ethnic group and with 82% felt like their friends were refugees. 52% had experienced to varying degrees negative remarks from others though only 13% were at the most severe/high levels.

In relation to trust, 85% felt like they trusted someone, though in 90% of these cases, this was a member of staff, invariably a therapist, at Baobab. In other cases, family members, friends, other professionals (e.g. lawyers) or even God were cited.

-'Someone who is happy and lies to live life and who won't judge me, some of us don't have the luxury to be open as society cannot accept. Someone who I feel comfortable with'.

- 'Any community who support or help me Someone who respects me and understands me'.

They were very expressive about what made them feel like they belonged:

- being listened to / understood
- feeling safe
- feeling cared / loved
- feeling accepted
- being around others
- having relevant information
- education

They were equally expressive about what made them feel like they did not belong:

- discrimination
- isolation
- undefined status

Conclusion

This report has highlighted a number of significant areas, all of which illustrate 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:

- 69% had depression scores in the clinical range (at a 'moderate' or 'severe' level). Almost 50% were 'severe'.
- 74% had anxiety scores in the clinical range (at a 'moderate' or 'severe' level). Over 50% were 'severe'.
- Emotional dysregulation and dyscontrol was even higher than equivalent high risk groups of youths
- 68% had resilience levels which were below the national average whilst 41% were below the clinical cut-off which suggested a high risk of depression
- Problems were reported across several other domains including having abnormal thoughts and hearing voices.
- Problems in relation to relationships were also evident with high numbers struggling with close relationships and friendships.

The sample is a very heterogeneous one where they've experienced a very wide range of adversity in their home countries and are likely to be experiencing a range of external events in the UK which would be impacting upon both their well-being and of course they were able to adapt to life in the UK.

At this juncture, it is important to clarify that though this population have a wide range of clinical presentations, as indicated above, many of them are not displaying these behaviours and may well be functioning and thriving in many situations. The findings from this evaluation was able to demonstrate that many of these young people were not exhibiting the behaviours that may be expected for those whose lives had been embedded in so much trauma and adversity. For example, levels of alcohol and drug usage was reported as minimal and self-reported levels of aggression was minimal. One can only speculate at this stage that possibly this population are more likely to display their trauma internally (e.g anxiety, depression) rather than through externalised behaviours (e.g.

physical aggression towards others). What this report has not been able to establish is why certain young people are coping better, both emotionally and behaviourally. Such analyses would require far more data about the other 'variables' in these young people's past and present lives.

Further analyses attempted to examine whether these domains changed whilst they were involved at Baobab. The same sample from baseline were followed up both one year later (T2) and a small subsample two years later (T3). Indeed, though change was often slow and gradual across many domains, there were some noticeable improvements.

- Levels of depression were diminishing at both follow-up, in particular with those self-reporting within the most 'severe' category. This fell from 49% at baseline to 31% at T3.
- Levels of anxiety declined even more significantly from baseline to follow-up, with those in the most 'severe' category consistently falling from baseline (51%) to T2 (24%) to T3 (8%).
- Resilience levels increased marginally, but of most interest, those below the low 'clinical' threshold falling from 41% at baseline to 26% at T2 to 10% at T3.
- Overall, several other domains did improve including lower levels of symptomology such as abnormal thoughts/hearing voices, improved self-care/independence and a better capacity to manage close relationships/friendships.

However, not everything did change, which given individuals' complicated past and present conflicts, was unsurprising. For some areas, the trajectory of change was by no means linear. One area which indicated the slowest change was the ability to manage or regulate emotion. The reported findings showed that this was something that did not improve and even at times showed a slight plateau in change. Clearly, these individuals were being exposed to challenging and often novel situations and conflicts in their daily life, which were testing their resolve. Though when we examine the data in a little more detail, we can see that their ability to specifically control feelings was changing at a marginally higher rate.

Another domain where change was perhaps less clearly linear was in managing close relationships/friendships. Here, though there appeared to be some improvement, it remained problematic. These young people have invariably come from pasts and communities where levels of trust have been broken. Attachment figures have existed within a very traumatised past where those threads of continuity have been cut from their primary caregiveres. It is expected that relationships and friendships will be more challenging to negotiate given that their early expectations and experiences have been often so negative and disorganised.

Another area which shows a less clear trajectory relates to the more externalised behaviours such as alcohol consumption and antisocial behaviour (e.g. aggression). Here, as reported at baseline, levels were maybe lower than we would expect, and at follow-up, these levels even marginally increased. It is possible that early trauma has resulted in more internalising behaviours (e.g. anxiety, depression) than more externalised ones. It is maybe unsurprising that these levels would increase as they became more integrated within their life in the UK.

A final word about these young people and some thoughts on likely change. Clearly, their own respective entrenched difficulties and backgrounds with multiple trauma, change would be variable and slow. The 'change' analysis is encouraging but the shape of the 'change' is more complicated as it is very evident that young people continue to struggle psychologically and socially. These 'changes' can be thought about through the lens of attachment theory and internal working models. As John Bowlby wrote about in his 'Internal Working Models' theory, a slow change is expected given that new experiences are only being very slowly assimilated into their existing models which were mostly very traumatic and negative ones.

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. In reality, the picture for these young people 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 final section focused on how the participants have viewed the Baobab Community and there were positive experiences of being helped in all the practical areas (asylum, education, health services, housing, benefits). These practical elements were even more strongly experienced at follow-up than at baseline which demonstrate the continuity of the relationship between Baobab and the young people. Participants were also able to see how psychological and emotional health had been helped through the therapeutic support. These included help with their feelings, memories, relationships, behaviour and understanding about the past. Nearly all young people felt

that Baobab had helped them 'get used' to life in the UK. And most strikingly, 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.

Baobab adopts a holistic and integrated approach with a focus on a non residential, therapeutic community model. Their particular model uses a range of individual and group psychotherapeutic approaches alongside the many layers around education, health, housing, benefits and asylum. It is this 'holding' environment that enables young people to assimilate and acclimatise into their lives in the UK. Their model is relational and further serves to create a community where all the staff get to know the young people and participate in community activities with them. Given that these young people's familial and community lives had been often destroyed, lost and they themselves had been repeatedly retraumatised, the 'changes' described in this report are very encouraging and are likely to have been significantly facilitated by Baobab's structure.

The strengths of this report are clear since they have given voice to over nearly 100 young people at Baobab, and use a number of standardised measures which allow us to benchmark their scores against other samples. In addition, we are able to collate some more qualitative and experiental illustrations. The narratives of these young people cannot be explored in the depth that this merits given the limitations of an evaluation study, however, we are able to at least to gain some insight into both their current external context (e.g. uncertainties about asylum status) and their past external context including sequential traumatisation and massive loss. This report is not, however, able to unravel the complex relationship between the past and present external contexts, and how these interplay with the young people's internal worlds.

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 the ongoing longitudinal focus over a greater time period, we will learn considerably more about the challenges for this population.