Evaluation Report: Baobab Centre for Young Survivors in Exile

Profiling a Traumatised Community

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April 2020

"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".

"Thinking about the future, feeling like something awful might happen. I guess it's the uncertainty. It's the resilience that I have"

"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."

"When I read the news and hear bad news or when I am being compared to others (my story is worse than yours), I feel anxious. When I feel anxious, I lie down, rest, avoid the sources of anxiety, but the thoughts always come back at night when I'm in bed."

Introduction

Within this evaluation study, 100 young people (76% male, 24% female), ranging in age between 15 and 29 years old (M = 18.7 years), were administered a series of questionnaires as part of Baobab Centre's ongoing evaluation process. The young people came from 29 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 other African countries including Nigeria, Uganda and Sierra Leone, Cote Ivoire and Guinea alongside Middle Eastern and Asian countries including Iran and Iraq, Turkey alongside Kurdish young people from Iraq, Iran, and Turkey and Pakistan and Bangladesh; also represented were smaller clusters from 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, treating young people as objects for the political or financial gain of the perpetrators who often received financial gain. This means that young members of the Baobab Community may have spent extended periods of time not being offered involved parental care and not being treated as the subjects of their own lives.

63 of these young people were followed up 12-months after their initial assessment (T2), and a further 26 were followed up after 24 months (T3). Further follow up date at two later time points are also referred to (T4, T5), albeit on reduced sample sizes of 12 and 11 respectively. 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.*

This report draws upon data from all three time points initially (*Baseline, T2, T3)* 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 often include ones of humiliation, organized and interpersonal 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 strong indications of resiliencies and coping.

The first section of the report provides a window into the young asylum seekers' histories and risk factors. This data is retrospective and draws upon knowledge around their extreme and mostly traumatic challenges and experiences. **The second section** examines how the population first presents at baseline across a wide range of well-being domains. **The third 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 in the UK and their 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: The context and risk factors

This first section addresses the past risk factors that are known to have been experienced directly or indirectly by the young people. These have been recorded at Baobab from available information including documents provided by legal representatives and clinician's notes. For this section, it was possible to collate available information on 65 young people.

Physical violence to their own bodies was experienced 'a lot' by 55 (85 per cent) of the sample. This took a variety of forms including "torture", "being trafficked for labour and sex" and being "beaten up" by both state agents (police and soldiers in their home countries and on their journeys into exile) and traffickers.

Emotional abuse and Neglect of their developmental needs was experienced 'a lot' by nearly all young people (97 per cent). Again, this was diverse in how it manifested including "being rejected by parents for being gay", "being ignored", or "coming out of a bereavement" alongside being objectified (used and exploited by corrupt traffickers, army commanders, and local police and soldiers) again both in their home countries and on their journeys into exile.

Sexual abuse was experienced 'a lot' by 26 (40 per cent) of the sample. It was not present in 52 per cent of the sample.

Domestic violence was experienced 'a lot' by 29 (45 per cent) of the sample. This consisted of witnessing "father beating up mother" and experiencing personal neglect and abuse. Some young people witnessed murder of family members during situations of organized violence or war (eg between ISIS and the state and Kurdish armies in Iraq….), for example "brother's murder".

Many events in these young people's lives were traumatic and violent. Many had witnessed murder (e.g. family killed by the Taliban) and tragedy (e.g. family drowning)

The death or disappearance of a significant family member was perhaps the most shocking and traumatic theme or thread than ran through so many of their narratives. Three quarters of them (74 per cent) had experienced either the death or disappearance of at least one family member. For 52 per cent, this was for more than two family members. In total, 82 per cent of the losses were death whilst 18 per cent were unconfirmed disappearances.

Separation from parents/carers and significant family members was the norm with 87 per cent experiencing this and only 7 per cent not. Of those, 90 per cent did not maintain any contact with them following separation whilst only 10 per cent did.

Based on their reported experiences back in their home countries, 36 (55 per cent) had been involved in trafficking whereas 29 (45 per cent) had not. Exploitation itself was reported considerably with labour (34 per cent) followed by crime (23 per cent) and sex (13 per cent).

The perpetrators of abuse were varied and it was it was most prevalent in their own community (48 per cent) and in their families (38 per cent). Abusive relationships from authorities (31 per cent), traffickers (23 per cent) and the military (20 per cent) were also evident. Accounts vividly described of abuse from community gangs, soldiers, rebels, religious leaders, militia, teachers and family members.

Their journeys to the UK were often challenging with traumatic departures, travelling alone and of course involving trafficking and further abuse. In several cases, the young adults reported being detained in immigration detention centres and prisons. Others reported being drugged and raped. 42 (65 percent) reported 'a lot' of hardship with the journey to the UK whilst 26 per cent reported 'some'. Only 9 per cent stated that their journey to the UK had not involved any hardship.

The final subsection concerned their arrival in the UK. Across this sample, 34 (52 per cent) reported having had their credibility challenged on arrival in the UK. A further 14 (22 per cent) had been in detention. Over three quarters of them (78 per cent) had asylum-related challenges that they reported; 23 (45 per cent) had appeals refused, 29 (57 per cent) had applications rejected, whilst 39 (77 per cent) had excessive waiting times for decisions regarding their status). In the UK, only 17 per cent reported abuse from their biological family,9 per cent from their foster family, whilst 14 per cent referred to slavery.

Many did report significant befrienders in the UK. Baobab was hugely important (49 percent) whilst friends were reported by 57 per cent as being important individuals in their networks. 19 of them (29 per cent) reported social workers as important.

Part 2: 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. On a sample (n=47), 32% were reporting moderate presence of depression whilst 13% were reporting severe levels of depression. Some of young people's accounts of their depression and distress are shown below. Some responses are far more generic and focused both on the pathology and the impact it has on their behaviour.

"The whole life makes me feel sad. I want to keep away, but this is life I can't run away from it. I take tablets."

For some, the depression is intrinsically linked to memories from their traumatic past.

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

'"I feel sad because of what has happened in the past, when I was taken into prison and tortured."

"I am thinking about my past; self-harm by cutting, I think about suicide."

For others, the focus is more on their current and future lives even though these will feel very entwined in the past..

"I feel sad about my future, I worry a lot, I worry about my illness (mental illness)"

"...and also there is uncertainty about the future, I don't know what's going to happen"

B Anxiety

The Patient Generalised Anxiety Disorder Scale (GAD7)), a standardised measure of anxiety, is being used to record indicators of anxiety. On a sample (n=47), 28% were reporting moderate levels of anxiety whilst 45% 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.

As with depression, the anxiety may often be related to the adversity in their own pasts.

"I am anxious about working in the trafficking house, scared the abusers might find me; I hide in my house and avoid contact with people"

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

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".

"Remembering the past and home office appointments"

The anxieties may often also bring in worries about their own futures.

'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…'

"….anxious about whether I can stay in Britain or not"

"People, bad thoughts about my life and family, my future."

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 41% of young people said it was not a problem at all. For the 59% who did experience this, the degree varied with only 19% reporting it is 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 fight when I get angry and break things around me"

"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".

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".

Another young person described his reaction to being unfairly accused of something.

"A lot of things make me angry. Talking about myself and my past makes me angry, when friends are aggressive with me and don't hear me nor listen to me. I'm mad at the time; things always take more time than I expect and then I lose interest and give up. When I get angry, I raise my voice, sometimes get violent, and I often regret it"

"I want to hit things and be physically aggressive (the wall, a tree) and that hurts me"

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. There was a clear difficulty in this sample in terms of managing feelings. The affective dys-control subscale (i.e. a difficulty in controlling one's feelings) is the most predictive of risk and within this sample, they had a mean of 1.67 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).

The items that showed the highest levels were:

- *keeping feelings to oneself* (59% experienced this very strongly)

- *do other things to keep my mind off how I fee*l (54% experienced this very strongly)
- *try hard not to think about feelings* (48% experienced this very strongly)
- *its best to keep feelings in control and not think about them* (44% experienced this very strongly)

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."

"When I feel sad I sit alone and I don't want to talk to anyone."

Others reported different strategies to help them control their feelings.

"If I get angry usually I go somewhere quiet and calm down or wash myself"

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

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

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	3%
Hearing voices/seeing things/abnormal thoughts	24%
Social impairments	**%**
Lack of satisfactory friendships	26%

Difficulty looking after self	21%
Troubled by relationships with people close	37%
Bullying	33%
Support	56%

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

Table 1 shows that around 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 3% experiencing moderate/severe l problems and 83% having 'no' problems in relation to this.

Social relations were problematic with over a third having moderate/severe difficulties in forming close attachments to others. Around one in four young people struggled with self-care/independence whilst around a quarter reported a lack of satisfactory relationships. The experience of bullying or harassment was also experienced by around a third of young people. Difficulties in accessing support was strongly reported with well over half of the young people noting this.

F Positive wellbeing /Resilience

The WEMWBS is a 14-item scale of mental well-being covering subjective well-being and psychological functioning. Within the sample (n=92) , 64% had scores in the low range when compared to the mean of general population. 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, 33% 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 *try not to think about the past using strategies I've learnt. Like playing football to distract myself, staying busy, writing poetry"*

"Study a lot, being confident, looking after myself and my body"

”*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”.

“*Solving Rubik’s cubes, drink sometimes, watching movies I feel positive when I help for example someone fell on the bus stop and I offer my help*”.

For some, the positive well being was related to therapy and their involvement with Baobab.

“Coming to individual and group psychotherapy at Baobab”.

“When I think what happened when I left my country - Therapy made me realize how to feel calmer when I am distracted”

Part 3: Changes over time

For the second part of this report, we draw upon a smaller subsample of 63 young people who were followed up one year following an 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 26 young people who were assessed across three time points. Smaller subsamples of young people were seen across four or five time points. Given that some of the measures were not always consistently administered, the 'n' values may fluctuate.

A Depression

Using the PHQ9, on a sample (n=25), at T2, 36% were reporting moderate presence of depression and 8% 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=19), there were no young people in the range for severe depression whilst 26% were in the range for moderate depression. 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	32%	36%	26%
Severe depression	13%	8%	0%

Table 2: Depression severity over time

ID64 illustrates that it was the way in which she managed the 'sadness' that had improved by T3.

"I feel sad about not having my privacy and not feeling secure. Having barriers. You can't move forward and you don't feel safe and secure. You have no friends. When I feel sad sometimes I talk to myself, sometimes I listen to music".

B Anxiety

Using the GAD7, on a sample (n=25), 24% were reporting moderate presence of anxiety and 20% 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=19), the levels of severe anxiety were even lower at 16% whilst moderate depression was at 32%. Though this measure had only been introduced quite late meaning that samplie size was small, levels of severe anxiety were declining and this statistically significant from baseline to T2 ($p<0.05$). 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	28%	24%	32%
Severe anxiety	45%	20%	16%

Table 3: Anxiety severity over time

C Affect Regulation

Young people's capacity to regulate their emotion, as captured using the Affect Regulation Checklist, increased significantly from baseline to T2 (2.78, 60, $p<0.01$) though this did not hold on a smaller sample to T3. However, when examining the data in more detail, it was clear that there were more significant improvements in the subscale that related to emotional control, meaning that they were becoming more able to manage their feelings (2.11,46, $p<0.01$) from baseline to T2. This did not hold for T3. The reflection subscale showed statistically significant change from baseline to T2 (-.2.23, 60, $p<0.05$) and to T3 (-2.24, 23, $p<0.05$). Here, the young persons were finding it easier to reflect upon their feelings.

- The item 'keeping feelings to oneself ' (experienced this very strongly) was reduced from 59% to 47% at T2 and 42% at T3.
- The item 'do other things to keep my mind off how I feel' increased in severity from 54% to 67%. at T2 and 60% at T3.
- The item 'try hard not to think about feelings' remained at a similar level (47%) but increased at T3 to 60%.
- The item 'it's best to keep feelings I control and not think about them' was again at a similar level (47%) at T2 and 52% at T3.

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

Participant 3

White Male, aged 17 at baseline.

At baseline:
"I want to fight with someone or make them hurt me so I can feel something sometimes when I feel angry I don't know what I am doing."

At T2:
"Nothing, just sometimes I'm playing games or laying in bed or cleaning my room. Sometimes fight with me so I can find someone to punch or they can punch me when I'm feeling sad."

"I watch TV, read and want to be alone when upset."

"I will try to punch a wall or punch my head on the wall or I'll play games to beat someone but if I lose I will be more angry."

At T5:
"*When angry I want to fight but when I relax I am scared to fight and I back up. When I come here it helps me sometimes."*

Participant 64

Nigerian Female, aged 17 at baseline.

At baseline:
"…when someone does things that irritate me, like lying, deceiving, taking advantage of me. When I feel angry I ignore the person, try to have my own space and think about what that person did."

At T2:
"I feel anxious about not having safety in the house, about my visa decision, when I got out people looked at me, you don't want to feel the past, struggles to make the present better."

At T3:
"Doing things that I want, getting things like I really want, if I get my visa then I'll know I'm not stuck. I have more opportunity. I can achieve my goals what I really want to do."

Participant 4

Male, aged 19 at baseline.

These responses were following being asked about how he managed feeling sad and suggested more resources and strategies were adopted over time.

At Baseline:
"Cry and wish that the sadness will go away."

At T2:
"*Bad dreams. Being in a situation with no support. Having no guidance when it's my first time doing something. Nothing I can do: ask my brother - he helps me. Speak to Sheila: she guides me and is really helpful. It's very important."*

At T5:
"I got out with friends and read books to take my mind off things."

Participant 13

White Male, aged 21 at baseline.

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

Male, aged 27 at baseline.

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."*

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 ($t=-2.25$, 49, $p<0.05$) though this was not evident from baseline to T3. 19% at baseline had reported disruptive behaviour as 'moderate/severe' and this proportion dropped to 14% at T2. At T3, this had increased to 23%.
- 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 (3%) to 7% at both T2 and T3. The increase in this usage was statistically significant from baseline to T3 ($t=-2.28$, 11, $p<0.05$).
- The experience of abnormal thoughts/hearing voices did not decrease significantly from Baseline to T2 though it was quite marked. At baseline, it had been 24% moderate/severe but this reduced to 16% at T2. Albeit on a small sample, this had increased to 36% at T3.
- Difficulties looking after self was not significantly different from baseline to T2 or T3 though this was a much less-reported problem. At baseline, 21% had reported it as moderate or severe but this dropped to 14% at T2. At T3, the levels were 21%.

- 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 was statistically significant ($t=2.54, 36, p<0.05$). This domain had been very high at 37% for moderate/severe at baseline and dropped significantly to 18% at T2 and 14% at T3.
- Difficulties with friendships was also lower at T2. At baseline, 26% had reported it as moderate or severe. This dropped to 19% at T2 and down to 7% at T3.
- Difficulties with bullying, 33% had reported it as moderate/severe at baseline, and this dropped to 6% at T2. On a small sample, this was 50% at T3.
- Support access was a problem at baseline for 56% of young people. This continued to be the case at T2 with 87% reporting it. At T3 this was 29%.

E Positive wellbeing/Resilience

Resilience/wellbeing levels on the WEMWBS improved and this was statistically significant from baseline to T2 ($-2.90, 51, p<0.01$) but not from baseline to T3. At baseline, 33% had scores in the low/clinical range in relation to standard norms but this number had largely remained the same at 35% at T2 and 13% at T3. Clearly, there was a positive but slow trend of improvement in well-being.

	Baseline	**T2**	**T3**
Proportion (below clinical score of 40)	33%	35%	13%

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 4: 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.

- 88% of young people (YP) identified themselves as having 'difficulties' when they first arrived at Baobab. Of these, 55% were at the highest levels (rated 4/5 on a 5 point rating scale of severity)
- A significantly lower number (77%) of YP currently believed they currently had 'difficulties they were encountering, and though this was still expectedly high, a much lower number (27%) were at the highest levels of severity (rated 4/5 on a 5 point scale).

From baseline to T2, young people were reporting even higher levels of their current difficulties (83%) with only 13% at the most severe/high levels. Clearly, problems still existed though the severity had significantly declined.

There was a significant decrease in the reporting of past difficulties ($t=2.09, 14, p<0.05$).

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

- 78% through access to asylum at baseline, increased to 86% at T2 and T3. This was statistically significant ($t=-2.29, 16, p<0.05$)).
- 60% through access to education, increased at 78% at T2 and T3. This was statistically significant ($t=2.28, 27, p<0.05$).
- 57% through access to health services, increased at 68% at T2 and T3
- 50% through access to housing, increased to 68% at T2 and T3. This was statistically significant ($t=2.76, 29, p<0.05$).
- 44% through access to benefits, increased at 55% at T2 and T3

Young people's use of Baobab for psychological support was reflected in the young people reporting significant help with 'feelings' (77%), 'memories' (96%), 'relationships' (83%), 'behaviour' (86%), 'understanding about the past (86%)'. These numbers increased to even higher levels at T2 and T3.

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

"Baobab has helped me in various and enormous ways, such as disclosing / discussing my past experiences in my psychotherapy, meeting new people, and participating in many activities"

"Baobab helped me with my mental health and what is in my mind. They help me with my confidence and my feelings"

"Having a space where I can talk about how I feel and not be judged for it. And feeling relieved when I leave. For me it's for emotional support and it has helped me therapeutically"

"Understanding myself, my strengths and weaknesses"

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

"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 always been there for me throughout my whole life since I've been in the UK. They helped me get a house when I was homeless and they provided support in all circumstances".

"*when the group supports me and helps me create relationships"*

"They housed me when I was homeless, they helped me financially and they encourage me to participate in stuff"

'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."

These practical and psychological benefits were often very entwined.

"*Thinking about the future and what I will achieve. The positive news after getting the asylum status had really improved my life and when good things happen, I believe in myself more"*

As expected, change was slow and often took significant time and trust before the young people were more resilient in managing. This is illustrated below in young person (ID9) – 18-year old male:

At baseline:
"Thinking that I don't have people or family in this country. I am alone. Worrying about authorities - Worry that people will find me (the ones that brought me here) - they might take me. Worry about my uncle - don't want to go back to him. I just stay on my own."

At T2:
"I don't do anything, I can't do anything about it my current situation, not being able to do things at life. Not answer phone calls or be in contact with anyone."

At T3:
"Sometimes feel sad for no reason. Sometimes when I think about the past. I want to be alone / sleep".
"Sometimes I have negative thoughts, like if it's too noisy I feel talking in my head. It bothers me, I feel upset"
When I think about my status, the uncertainty. I talk to Sheila."

At T5:
"When other people disappoint such as when other people say they will meet you somewhere and they don't turn up, I watch TV, read and want to be alone when upset."
"When there is a task, I will worry about it until it is done".
"Baobab has helped a lot - everything. Sometimes I even come for English and Math classes. When the benefit money don't come through, Baobab helps with that until the money comes in".

ID24 (29 year old male at baseline) at a four year follow-up interview displayed a fundamental and integrative shift in how he managed his new life in the UK.

"I cope by listening to music, walk around the park when it's sunny, distract myself from the bad"

"If I hear about asylum system, immigration, changing in the rules, something that could impact my friends who are still in the system. I try to talk to them, and talk to people who know more about immigration (people in Baobab). I try to find answers".

"If I try to understand or talk about something that I have experienced, and someone else, like the media, show that they understand more or differently about my experience, country etc. When people don't know what I have been through exactly as in what happened to my family. If the person is in front of me I leave. I go home and relax. I feel I can think when I'm at home. I stop the conversation".

"It has helped through the therapeutic group, also to know myself, how to handle my anger instead of living in my past. I can't forget my past but I can handle it in certain situations. Having one to one talks, things I can't discuss with friends, I get advice and support".

"I feel supported, people have similar issues/ problems. It makes my problems seem less big. I feel I have more hope. I can leave with a smile".

"My hopes are: 1. To nationalise, get a passport so I can travel out of the UK. 2. To have a family, to be able to support it (not on benefits) 3. To have a good job".

<u>Sense of Belonging</u>

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

- 81% stated that they felt they belonged to 'a place' at baseline. This was up to 90% at T2
- 100% stated that they felt they belonged to Baobab at baseline and T2
-95% stated that they felt they belonged to a place or culture in the past at baseline and this increased to 100% at T2. 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 (with similar levels at T2) and with 79% felt like their friends were refugees (with similar levels at T2). 53% had experienced to varying degrees negative remarks from others.

In relation to trust, 79% 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 likes 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 impact their internal worlds.

The first section documents the historical contexts and background factors that make up the sample. On a subsample of 65 young people, previous maltreatment was highly prevalent (97 per cent emotional abuse, 85 per cent physical abuse, 54 per cent domestic violence, 40 per cent sexual abuse). Many of their narratives were full of significant trauma at multifarious levels. Nearly three-quarters had experienced either the death or disappearance of a family member (nearly two thirds of these involved the death or disappearance of at least two members of their family). Death was overwhelmingly the most common reason for the loss (90 per cent) as opposed to disappearance (10 per cent). An overwhelming majority of young people described extensive separation from their families at different time points (87 per cent). In the vast majority of cases (90 per cent), these lacked any form of contact.

Further reporting in the initial section depicted a picture of significant exploitation, whether for labour, crime or sex, as well as trafficking. The exploitation and abuse reported appeared to come again from such a diverse range of sources including the militia, gangs in the community, families and religious leaders. The suffering for the young people did not appear to diminish on their often very traumatic journeys to the UK. Over 90 per cent described the journeys as challenging with 65 per cent of them reporting significant adversity. Once in the UK, though stability and adversity had diminished for most, there were still huge obstacles including asylum-related ones, having their credibility challenged and adapting to a different culture. Perhaps, the one positive learning from this exercise is that their uprooted and traumatised lives had still enabled them to make secure new contacts whether through Baobab, friendships, religious groups or other professionals. 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 their ability to adapt to life in the UK.

The second 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:

- 45% had depression scores in the clinical range (at a 'moderate' or 'severe' level). Almost one third were 'severe'.
- 93% had anxiety scores in the clinical range (at a 'moderate' or 'severe' level). Under 50% were 'severe'.
- 59% had challenges with managing anger though only a third reported these as being "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 33% 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.

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 severe 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). The pattern of change was unsurprisingly complicated without a clear linear positive change across all the domains. Given that their lives had been stricken by extreme risk factors and trauma, positive change and movement was not going to automatically follow. It is also worth adding that the vast majority of young people were still grappling with

significant challenges adapting to life in the UK. In some cases, their functioning was improving, in other cases it had either not changed or even regressed.

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 either the 'moderate' or 'severe' category. This fell from 58% at baseline to 26% 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 (45%) to T2 (20%) to T3 (16%).
- Resilience levels increased marginally, but of most interest, those below the low 'clinical' threshold falling from 33% at baseline to 35% at T2 to 13% 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. This included only slow change in their ability to manage or regulate emotion. The reported findings demonstrated 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 caregivers. 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, given 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 is 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 demonstrates 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 experiential 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 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.