

# Evaluation Report: Baobab Centre for Young Survivors in Exile Profiling a Traumatized Community, 2020

**Dr Saul Hillman**  
**(Anna Freud National Centre for Children and Families / University  
College London)**

**Data Collection: June-December 2020**

**Report Published: February 2022**

*“Coronavirus has been a very difficult time for me. So boring, sad, and I’m stressed a lot all the time. I was alone the whole time and it’s been a really bad time for me. I was not happy, I was very sad. So many struggles. I already had so many problems and the Corona make me more bad.”*

(P121, young man, 19, from Afghanistan)

*“The lockdown affected me in two ways. First, I am being a little bit lost. I don’t know where it came from and when they are going to find a vaccine and all this. Secondly, I am being lonely, I can’t go and visit my friends, I am only meeting for example friends from Baobab online and everything we are doing is at zoom, that’s how it has affected me.”*

(P24, man, 38, from Uganda)

*“I am feeling very stressed - at the moment I am doing my studying, you can’t concentrate with an empty belly concern is lockdown again I am scared is being stuck without food and getting angry - spoke to Baobab and to the social worker situation is bad, the only option is going back to selling drugs. Baobab helped me to get out of that lifestyle. I started selling in 2014 then in school 6 to 8 months then went to college then got in a fight then got banned for two years then selling. Baobab helping to get back to college planning for futures.”*

(P114, young man, 22, from Afghanistan)

## Contents

Introduction .....	3
Part 1: Past risk factors of the population .....	7
Key Findings for Part 1 .....	7
A Violence and the Consequences of Violence .....	8
B Journeys to the UK .....	9
C Life in the UK .....	9
Summary of Part 1 .....	9
Part 2: Covid and Baobab in 2020.....	12
Key Findings for Part 2 .....	12
Summary of Part 2 .....	15
Part 3: Profiling Young Baobab Survivors Worlds in 2020 .....	17
Key Findings for Part 3 .....	17
A Depression .....	18
B Anxiety .....	18
C Anger .....	18
D Affect Regulation .....	19
E Behaviour .....	20
F Positive wellbeing /Resilience.....	22
Summary of Part 3 .....	22
Part 4: Changes over time.....	23
Key Findings for Part 4 .....	23
A Depression .....	24
B Anxiety .....	24
C Affect Regulation .....	24
D Behaviour .....	25
E Positive wellbeing/Resilience.....	26
Summary of Part 4 .....	26
Part 5: Impact of the work of the Baobab Centre.....	29
Key Findings for Part 5 .....	29
A Reported experience with “difficulties” .....	30
B The internal context: psychological and psychotherapeutic support.....	30
C The external context: practical support.....	31
D Sense of Belonging .....	31
Summary of Part 5 .....	32
Conclusion: Implications for Future Reports and Reflections .....	34

## Introduction

**The Baobab Centre for Young Survivors in Exile** (The Baobab Centre) began the process of setting up an evaluation of its service users in 2015 with semi-structured interviews conducted by external Research Assistants (RAs), students from the Anna Freud Centre and University College London. This process has been repeated on an annual basis with six further data collection periods up until 2020 from which much of this report draws upon. During this time, there have been minor modifications to the schedule, both in content and structure, though it has remained largely the same.

**The interview schedule** contains several sections:

- a subsection on demographic/background information;
- a subsection on mental wellbeing/resilience;
- a subsection on mental health (low mood, anxiety, managing affect);
- a subsection on 'other' behaviours;
- a subsection on their sense of belonging within the UK;
- and finally a subsection on their experience of the Baobab Centre.

The evaluation makes use of **a number of established questionnaires** (PHQ9; Kroenke, Spitzer & Williams, 2001; GAD7; Spitzer, Kroenke, Williams & Lowe, 2006; Warwick Edinburgh Mental Wellbeing Scale; WEWMBS; Taggart, Stewart-Brown, & Parkinson, 2015; Affect Regulation Checklist; Moretti, 2003; HONOSCA, Gowers, Harrington, Whitton, Lelliott, Wing, Beevor & Jezzard, 1999) alongside questions that have been developed specifically for this population. All through a mix of questions are asked, some open and some closed, leading to a mix of quantitative and qualitative data.

Throughout the report, when we use T1, we are referring to the initial or baseline assessment which is most commonly conducted relatively early (i.e. within the first three months) in relation to their placement at the Baobab Centre. All participants from T1 are encouraged to take part in a repeat assessment at approximately 12 months following this (referred to as T2), 24 months (T3), 36 months (T4), 48 months (T5) and 60 months (T6). Throughout the report, the sample size ('n') will fluctuate whilst the number of participants at the latter time points will diminish in size. Within this evaluation report, we will refer to five time points (T1, T2, T3, T4, T5) given that numbers were this year too small for T6 for any meaningful interpretation.

To date, that is since 2015 and up until and including our 2020 evaluations, **105 young people have completed baseline assessments (T1)**, 66 have completed assessments at T2, 33 at T3, 16 at T4 and 12 at T5. This is of course less than the overall population at the Baobab Centre over the years, and two points are worth noting. First, the young people are vulnerable individuals and may feel stirred up by the critical assessment and thus reluctant to participate again. Second, and specifically for the 2020 survey which took place exclusively online, some young people found the assessment to be too long and did not want to participate. However the accumulated sample size is now robust and allows for longitudinal analysis, especially at T2 and T3.

On the full sample of young people whose data feeds into this report, 70% are male and 30% are female, ranging in age between 15 and 38 years old (M = 19.9 years). The young people in this accumulated sample came from **29 different countries**, with the most common countries of origin being Afghanistan, the Democratic Republic of Congo, Uganda and Nigeria. The remaining countries of origin included various other African countries (including Algeria, Morocco, Tunisia, Sierra Leone,

Cote Ivoire, Sudan, Somalia, Ghana and Guinea), Middle Eastern countries (Iran, Iraq, Kurdish young people from Turkey), Asian countries (Bangladesh, Pakistan, Vietnam and China), and Albania.

It was noted in last year's report (Hillman, 2020), when data on young people's risk profiles was collected and integrated to our monitoring report for the first time, that:

"The experiences of the sample were multifarious with high incidences of close family members being killed or tortured, along with 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 situations being trafficked for labour, sexual exploitation and criminal activity. 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 violations have taken place often in corrupt and exploitative situations where the perpetrators of the abuse have been sadistic, treating young people as objects for their political or 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."

All young people have experienced either organized or interpersonal violence or both from State and non-State perpetrators. Some young people come from functional families with strong attachments. Others come from dysfunctional families with insecure, ambivalent and unstable attachments.

This report focuses predominantly on the **data collected in 2020 (n=29)** which comprised of young people who had assessments at several different time points depending on how long they had been involved at the Baobab Centre and in the Baobab community. This sample draws upon all six time points including 9 at T1, 7 at T2, 5 at T3, 3 at T4, 2 at T5 and 3 at T6.

**The first section of the report** explores 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.

With a focus on the current pandemic climate, **the second part of this report** offers results from a specific Covid-related survey we conducted in 2020 in addition to our regular monitoring and evaluation exercise. The survey provided a window into the impact of the Covid pandemic and the subsequent lockdowns on a subset of young people within Baobab who were attending the centre in 2020. The section examines the attitudes, experiences and challenges faced by this population over the past year and since March 2020 when many social restrictions were introduced in the UK in order to limit social contact as a consequence of the Coronavirus.

**The third section** examines how the population who were seen in 2020 presented across a wide range of clinical well-being domains, as per our regular monitoring and evaluation survey. Here, we draw upon both their competencies, including their resiliencies and strengths, and vulnerabilities.

**The fourth section of this report** endeavours to explore their trajectories over time 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 this part, we draw upon follow-up data from our monitoring and evaluation surveys on the fuller sample that has been collected over the last six years from the first five time points (T1 to T5).

**The fifth section** looks at the experience of the 2020 cohort 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.

We draw upon both quantitative and qualitative data and the results reported above in **our last section** which offers a discussion of the findings.

**Baobab** adopts a holistic and integrated approach within a non-residential, therapeutic community model, with both individual and group psychotherapy and a variety of activity-based groups and community events. At the Baobab Centre the developmental model is a key organizer of the thinking of all the staff. The Baobab perspective sees that the experiences of sequential traumatisation (including experiences of violence, loss and many unplanned changes) during the childhood and adolescent years result in development becoming in many aspects stuck (fixation) and sometimes going backwards (regression). The Baobab Therapeutic Model is holistic and integrated. Young people have access to casework/social work support and a range of individual and group psychotherapeutic approaches (including the key worker model) are used, supplemented by the overarching container where young people belong to the community, which allows young people to make connections and friendships with adults and peers and find their voice and capacity to think and to reflect, to agree and disagree (after their experiences of being forced to leave their home community, usually suddenly). The clinical parts of the work are carried out by a multidisciplinary team of experienced and specialist child, adolescent and young adult focused clinicians who work closely with our senior social worker and caseworkers. Their work addresses the complexity of rehabilitation in terms of both internal world, worries, conflicts, somatic difficulties and problems alongside the current external context, with interventions towards enabling young people to access education, physical health care, housing, benefits and asylum and supporting them through the prolonged and bureaucratic processes where they exist in a state of uncertainty for often many years of their adolescence and early adulthood. It is this 'holding' environment that enables young people to assimilate and acclimatise into their lives in the UK and to move forward in their development, in a context where the UK State expects them to live in a situation of profound uncertainties that they cannot bear.

The holistic psycho-social model of the Baobab works to enable young people to little by little, with the help of experienced psychotherapists, face their vulnerabilities and in parallel access old resiliencies and develop new resiliencies and coping strategies. In the context of Baobab the five key resiliencies include:

- *Belonging*: the development of attachments and trust.
- *Reflection*: being able and enabled to explore both challenging and nourishing experiences at your level of understanding.
- *Creativity*: as a challenge to the constricting consequences of sequential trauma.
- *Community*: finding a place in the transitional community of Baobab and in the community of exile.
- *Agency*: finding ways to solve problems individually and collectively and to take and share responsibilities.

High expectations are placed on all staff to, at different times, take on three different roles in relation to the young people – substitute carers, advocates and adult role models – in addition to their role as administrator, clinician or social worker. The 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 have been often destroyed,

lost and they themselves have been repeatedly retraumatised, the 'changes' described in this report are very encouraging and are likely to have been significantly facilitated by Baobab's structure.

## Part 1: Past risk factors of the population

This first section addresses the past risk factors that are known to have been experienced directly or indirectly by the young people surveyed. These have been recorded at Baobab from available information including documents provided by legal representatives and clinicians' notes. This data has been extracted on each young person where there is sufficient and coherent information on adversities, past experiences and their overall journey to the UK including the Baobab Centre. It was first included in our monitoring report last year.

For this section, it was possible this year to collate available information **on a total of 75 young people**. Last year's report (Hillman, 2020) summarised this information from 65 young people so this slightly larger and updated sample draws upon just ten more young people. A comparative analysis with the report from 2020 showed some slight differences across all the domains reported below, though except where noted below differences were too minimal to draw any conclusion, as past risk factors have remained relatively constant across the population of young people who attend the Baobab Centre.

---

### Key Findings for Part 1

- ❖ The overwhelming majority of young people at the Baobab Centre (85%) have experienced physical violence; all (97%) have experienced emotional abuse.
  - ❖ All (96%) have experienced separation from primary carers, most (88%) remaining without contact. Two-thirds have experienced the death of a family member, with many witnessing dead bodies of family or community members in home countries.
  - ❖ Half have experienced sexual abuse; half have experienced exploitation.
  - ❖ Journeys to the UK were traumatic for 91%, with many experiencing observations of dead bodies.
  - ❖ Half have had their credibility challenged upon arriving to the UK. 20% have been detained.
  - ❖ For the overwhelming majority (88%), the Baobab Centre was a key "significant relationship" in their lives.
-

**Physical violence to their own bodies** continued to be prevalent in the population (for **85%** of this year's sample), with similar forms as observed in last year's report, including torture, being trafficked and beaten for labour, sexual exploitation or criminal activity (including terrorism), and being physically assaulted by both state agents (police and soldiers in their home countries and on their journeys into exile) and traffickers and people smugglers. These are broad categories and cover, in practice, many violent practices and contexts. Physical violence, for instance, also includes forced recruitment into government and rebel armies where the senior soldiers treat the new recruits with immense brutality including forced drug taking, branding, beating, sexual abuse and rape.

**Emotional abuse and neglect of their developmental needs** was experienced by nearly all young people (**97%** of the updated sample). Again, this manifested in diverse ways including being rejected by parents for being gay, being ignored, alongside being objectified again both in their home countries and on their journeys into exile, or being used and exploited by civilians in different contexts (for instance sexual abuse of young people usually early or middle adolescents, on their own, separated from their families and supportive networks), or by corrupt traffickers, army commanders, and local police and soldiers. Most were having to deal with unresolved mourning and bereavement after separation and loss of key attachment figures, with mourning tasks including mourning both concrete and abstract losses.

**Sexual abuse** was experienced by 44% of this year's sample, with 85% at a high level i.e repeated incidents of sexual abuse over a long period of time often many months and even years.

**Domestic violence** increased from 45% to 59% of the sample this year with 82% experiencing this at a high level. This consisted of witnessing the father hitting the mother or experiencing personal neglect and abuse. Some young people witnessed the humiliation and sometimes murder of close family members or community members during situations of organized violence or war (e.g. between ISIS and the State and Kurdish armies in Iraq).

Many events in these young people's lives were traumatic and violent. Many had seen the body of parents after murder with evidence of brutal beatings and amputations, including beheaded bodies (e.g. family killed by the Taliban). Many have experienced sudden tragedy (e.g. family drowning while trying to move into exile and usually in the sea journey between Turkey and Greece, or between Libya and Italy).

## A Violence and the Consequences of Violence

**The death or disappearance of a significant family member** remains perhaps the most shocking and traumatic thread running through many of the narratives. Disappearance or death of a family member was experienced by 73% of the sample with 71% of these experiencing multiple losses. In total, 72 per cent of the losses were death whilst 28 per cent were disappearances (up from 18% in last year's report). Significant brutality and human rights abuses were reported from Afghanistan, Ethiopia and Kurdish areas of Iraq, Iran and Turkey. Most of this population believed that disappeared parents were in fact dead.

**Separation from parents/carers** and significant family members was the norm with 71 out of 74 (96%) experiencing this (up from 87%) and only 4% not. Of those, 88 per cent were not able to maintain any contact with them following separation whilst only 12 per cent did. Many young people have been clear over the years that they prefer to live with uncertainty rather than search for parents and siblings only to hear that they are no longer alive. There is also the significant issue that many young people fear that if they made contact with family members this would have the consequence that families

would experience further punishment. These fears in this population are confirmed by the Red Cross and various Human Rights organizations such as Amnesty International and Human Rights Watch.

Based on their reported experiences back in their home countries, **51% reported exploitation**. Of those that did, 68% were for labour, 38% for sex and 43% for criminal activity.

Multiple **experiences of abuse** were prevalent at the hands of a variety of different perpetrators. Abuse was most prevalent in their own communities (47%) and in their families (41%). Abusive relationships from authorities (31%), traffickers (27%) and the military (20%) were also evident. Accounts vividly described abuse from community gangs, government forces (police or soldiers), members of insurgent groups, traffickers, religious leaders, militia, or teachers.

## B Journeys to the UK

Their **journeys to the UK** were often challenging with traumatic departures (some being rushed out of their home country by relatives and having no opportunity to say goodbye to their most close attachment figures), travelling alone and of course involving further trafficking, people smuggling, and further abuse. In several cases, the young adults reported being detained in immigration detention centres and prisons on their journeys in countries they passed through en route (for instance Libya, Bulgaria, Hungary, Greece and Serbia). Others reported being drugged and raped. Many have reported observing dead bodies on their journeys – seeing bodies in deserts or drownings at sea. Others described observing violence perpetrated against others. **Overall, 65% reported ‘a lot’ of hardship with the journey to the UK** whilst 26% reported ‘some’. Only 9% stated that their journey to the UK had not involved any hardship. Overall, 67 out of 74 (91%) had found it problematic with 75% of those stating that this was very high.

## C Life in the UK

The final subsection concerned **their arrival in the UK**. Across this sample, **48% reported having had their credibility challenged on arrival in the UK**. A further 20% had been in detention. Over three quarters of them reported challenges to their asylum claim as the majority were refused asylum on application; 45% had initial appeals refused, 63% had applications rejected, whilst 37% had excessive waiting times for decisions regarding their status. In the UK, only 16% reported abuse from their biological family, 9% from their foster family -- a minority as the Baobab Centre works essentially with unaccompanied minors who are separated from their families. 12% referred to experiences of slavery in the UK including being forced to work for traffickers in closed houses in the UK and then being arrested by the UK police as criminals.

Many did report **significant befrienders** in the UK. Of those for whom we have information regarding this specific aspect, **88% indicated Baobab as a "significant relationship"** in the UK. Other significant relationships included friends (72%) and Social Workers (28%). Several have adult befrienders arranged through other NGOs, e.g. through the Jewish Council for Racial Equality's befriending project.

### Summary of Part 1

The **first section of this report** documents the historical contexts and background factors that make up the sample. Levels of adversity, including mistreatment and trauma, were at very similar levels to what the report from 2019 had shown. Abuse had come from both adults outside their families including government officials, and members of insurgent armies, traffickers and increasingly from perpetrators within their families. On top of these were the young people's difficult experiences of their lives on their journeys into exile and their lives in the UK.

Analysis of the data shows that the following three aspects were key in the experiences of this population:

- **Separation and Loss**

While many of their narratives were full of significant trauma and overwhelming consequences of human rights abuses 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 (72 per cent) as opposed to disappearance (28 per cent). An overwhelming majority of young people described in detail separation from their families at different time points (96 per cent). In the vast majority of cases (88 per cent), these lacked any form of contact. Many of the population have observed the humiliation, arrest, imprisonment or murder of parents, and many had observed their parents' bodies after violent death.

Slight increases in reported exposure to domestic violence, or in separation from family and carers, although on a statistically insignificant sample of 10 young people, were however noted. *Future reports might shed more light on whether this points to a deterioration in the risk profiles in terms of community experiences* – with more young people being taken on at the Baobab Centre in 2020 coming from failed States and/or abusive or broken families.

In addition, a significant number of young people were exposed to dead and wounded bodies, in their home countries and on their journeys into exile.

- **Exposure to Corruption and Exploitation**

Further reporting in this section depicted **a picture of significant exploitation** by corrupt adults who treated these young people as objects to meet the profit-making needs of the traffickers rather than as the subjects of their own lives. Exploitation might have been for labour, crime, forced recruitment into armies, or for sex, all forms of trafficking. The exploitation and abuse reported appeared to come again from such a diverse range of sources including government employees, government and insurgent, militia, criminal gangs in the community, corrupt individuals, families and religious leaders.

- **The Often Prolonged Journeys from their Home Countries to the UK**

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, although 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. In many ways, journeys into exile were not ending with arrival to the UK.

The sample is a very heterogeneous one where the young people have 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. It is striking in that respect that the absence of safeguarding in the lives of these young people continues in the UK. Young people arrive in the UK with almost no material possessions. They come only with their identity and this is often challenged when they arrive in the UK.

But a common thread was also running through this population's risk profile, perhaps the one positive learning from this exercise, in that **their uprooted and traumatised lives had still enabled them to make secure new contacts** whether through Baobab, friendships, religious groups or other professionals.

At a theoretical level we are mindful of the concept of ACE's, Adverse Childhood Experiences, and the research that shows that young people who have experienced significant numbers of ACE's are likely to have consequences in terms of both physical and psychological symptoms. ACE's were first described by Felitti et al. (["Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Deaths in Adults: the Adverse Childhood Experiences \(ACE\) study"](#), *American Journal of Preventive Medicine*, 14:4, 245-248, 1998) whose research showed that high levels of stress during the developmental years result in neurological and biochemical changes which can lead to mental health and physical difficulties. (["What Are ACEs? And How Do They Relate to Toxic Stress?"](#). *Center on the Developing Child at Harvard University*).

## Part 2: Covid and Baobab in 2020

This second part of the report focuses **on a sub-sample of 29 young people who attended the Baobab centre in 2020** and specifically examines their attitudes, perceptions and experiences in relation to the Coronavirus pandemic. In general, most young people attend the Baobab Centre for three years or more. **Within the subsample group of 29, only five out of 29 had experienced symptoms of Covid19** whilst no one had been tested positive and there were no reports of anyone having underlying symptoms.

Many spoke about **challenging moments that they had experienced during the lockdown.**

*“I have had a difficult experience like when the bus broke down and we all had to get off the bus I walked and waited for another one and then the bus driver drove the wrong way back to his house and refused to take me back home so I had to walk. Also, a cashier refused to take my money at the beginning of the pandemic because I was Asian, they were avoiding me and think it's because the West blame the East for the pandemic. Also, I was attacked by a group of children for my race. I didn't know what to do, I didn't know if I could fight back because they are children so I ran. The police were very good, but it made me very scared.”*  
(P35, young man, 24, from China)

Another young man (P66, 21 years old, from Afghanistan) lived with flatmates at the time and reported feeling ‘stressed’, ‘gloomy’ and being ‘stuck at home’. He complained about how routines had been ‘messed up’ especially with sleeping and had felt his mental health much worse, feeling ‘moody’ and ‘getting upset quickly’ in contrast to how he said he normally was prior to the pandemic, which was ‘happy’ and ‘optimistic’.

---

### Key Findings for Part 2

- ❖ 2020 lockdowns and the pandemic had significant negative impacts on Baobab young people’s reported sense of wellbeing.
  - ❖ Relationships within and outside Baobab helped young people manage feelings of anger.
  - ❖ Young people overwhelmingly abided by all rules of lockdown – although all aspects of their lives showed negative impacts.
  - ❖ There was evidence of positive resiliencies constructed during this difficult period, both through activities and altruistic behaviour.
  - ❖ Baobab support was felt to be essential by the vast majority, both in terms of material support and continuing therapeutic interventions.
-

Young people were asked to reflect upon how they were across a number of areas since March 2020 (the onset of the pandemic) and overall reported **worsening wellbeing**. *Table 1* displays these changes.

	<i>Much worse</i>	<i>Worse</i>	<i>Same/Better</i>
<i>Anxiety</i>	10	17	2
<i>Mood</i>	11	14	4
<i>Anger</i>	4	7	19
<i>Habits</i>	4	13	12
<i>Motivation</i>	6	15	8
<i>Sleep</i>	8	9	10
<i>Relaxation</i>	3	14	13
<i>Relationships</i>	7	7	15
<i>Sense of hope</i>	5	11	10

*Table 1: Self-report perceptions of changes since onset of pandemic (number of participants)*

Anxiety levels were experienced as being much worse in 93% of the sample, mood levels were similarly worse in 86%, motivation declined in 72%, a sense of hopefulness about the future had dropped in 62% of individuals, sleep was poorer in 63%, whilst negative habits had increased in 59% of cases. Difficulties in relation to relaxation were noted as being more so in 90%.

*“I was always worried about getting the virus or what was going to happen. The pandemic left me really hopeless because the Home Office closed.”*

(P122, young man, 19, from Afghanistan)

*“I felt very bored and a little bit of sadness. I was scared to go out in case I got infected.”*

(P106, young woman, 23, from Vietnam)

*“It has affected everyone... I have been isolated with no external contact and being driven 'crazy'. Had to stop going to university, didn't have much work to do.”*

(P40, young man, 27, from Guinea)

However, while there were also declines in relation to anger management difficulties (37%) and relationships (42%), **for a majority anger management remained steady (63%) and slightly more than half (51%) found relationships both within and outside the Baobab community to sustain them. These results suggest that even within the midst of increasing anxiety and deteriorating well-being, young people were also able to find resilience both within themselves and in their networks.**

There was **a strong acceptance within this group of many of the instructions** that were imposed upon the population during the first lockdown of 2020:

- 96% respected the regulations regarding ‘not going out’.
- 88% respected this in relation to not using public transport.
- 100% did not attend public gatherings.
- 100% endeavoured to adhere to the social distancing regulations.
- 92% kept to the hygiene and sanitisation rules.
- 96% agreed with self-isolating when required.

Young people were reporting feeling differently about both their own wellbeing and of those close to them.

- 16 out of 29 (55%) were feeling worse about their physical health.
- 21 out of 29 (72%) were feeling worse about their psychological health.
- 18 out of 29 (62%) were feeling worse about caring for those that they love.

The survey also looked at **what areas of everyday life** had been impacted and found negative impacts across all sorts of social practices.

- 88% found their routine impacted to some degree.
- 80% found that their more global worries were worse.
- 75% found social connections affected with nearly 50% at a very high level.
- 67% found that being alone was heightened with over 50% at a very high level.
- 65% found that their studies were moderately/severely affected.
- 50% found that their access to support was affected.
- 48% found that religion practice was affected.
- 43% found that their own safety was worsened.
- 43% found that their finances were worse.
- 38% found that their diet/food was worse.
- 25% found that racism had got worse though over 50% did not think it had been affected.

*"The situation affected my education. No college or school. This is the big thing. We are just staying at home doing nothing. The classes weren't online."*

(P91, young man, 19, from Afghanistan)

*"I had to stop working because of coronavirus. And I could not go to Baobab centre to receive consultation and advice from the professionals for my health. And I had to stay at home all the time and I could not go out, because I had to stay home."*

(P106, young woman, 23, from Vietnam)

All young people spoke strongly about **what they missed** about their life that existed pre-pandemic.

*"I miss my mental health consultant at Baobab, who I usually see once a week. I also miss the food that I get from Baobab Centre."*

(P106, young woman, 23, from Vietnam)

*"Going, like, to Baobab and hanging up with my friends, going out and being active keeping my mind busy doing my coursework."*

(P97, young woman, 27, from Angola)

The survey also explored **how young people managed their life** during the pandemic. Whilst face to face interactions were sparse, 81% were participating in remote or virtual social communications. Social media usage was a significant part of this. Other dominant activities that they took part in included music (81%), cooking (81%), TV/Film watching (68%), reading (52%), religion/prayer (50%), exercise (45%), nature (26%).

*"Boxing makes me calmer everyday punching bag – helps with my anger, been boxing for 3 years."*

(P114, young man, 22, from Afghanistan)

*"Nothing to do so quite difficult but trying a lot of things to distract, going running, exercising 1 hour 30 minutes. Running is helping a lot with anger."*

(P90, young woman, 22, from DRC)

**There were some positive, altruistic behaviours** that in the young people managed to take part in. 15% said they had been helping vulnerable people including doing their shopping. Over a third had learned new skills during this period. We discuss these findings briefly in conclusion.

In relation to **their own support outside of Baobab** (social services, housing, benefits, etc.), there were varied responses with 12 out of 27 (44%) stating they received more support than normal whilst 7 out of 27 (26%) were receiving less.

Overall, support was coming **mainly from Baobab (98%)** whilst 21% were getting support from the NHS, 31% from a psychologist/psychiatrist (outside of Baobab) and 24% through their peers. Most support (Baobab and non-Baobab) was online with 55% exclusively, 35% mostly and only 10% taking place face-to-face, with some of the staff meeting young people outdoors in parks and on benches.

Compared to face-to-face, 21 out of 26 (81%) found online support worse whilst **only 8% found it better.**

*"I don't like it. Online is horrible. Because sometimes online, it makes me feel uncomfortable! You feel more open when it's face to face. When I stay home all the time, it makes me not want to talk. I don't like to talk online. Sometimes the internet is bad, and then I can't understand what's been said and so yeah, I don't like online."*  
(P31, young woman, 25, from Ethiopia)

*"I prefer face-to-face because I talk to you directly; with the computer I don't feel like I am talking with you, I might see you but I don't see you."*  
(P24, man, 38, from Uganda)

**Practical support received from the Baobab Centre** included food boxes (71%), accessing the internet/phone/laptop (62%) and dealing with universal credit/housing (41%).

Different therapeutic interventions from the Baobab Centre were used at times by young people in this survey. Of those who did take part, **75% found it useful seeing their individual therapist**, 71% were positive about group therapy on line where they could meet with their friends, 63% about art, 93% about music therapy, 51% about the Monday WhatsApp Social Club, 43% about philosophy and 71% about the community groups.

Overall, Baobab support was hugely well received by this group during this period **with two thirds giving a score of 10** on a 10-point scale and the remainder all higher than 7.

In relation to the more global side of the pandemic, 44% were worried about the easing of the lockdown whilst 53% were worried about the future of the pandemic. One of the researchers wrote after their interview with a young man, 23, originally from DRC (P75):

*"[he was] scared about what will happen in the future. Has affected him a lot not knowing when his life can return to normal, and resuming normal activities like going to college and the Baobab holiday."*

## Summary of Part 2

This section of this report presented results from a separate exploration on a subsample of young people in relation to how the 2020 pandemic and lockdown had impacted them. It is well documented that large-scale events such as this pandemic, which are often unexpected and cause death, trauma

and significant losses, have a significant impact on mental health. Such events affect social processes, causing disruption of services and social networks and communal loss of resources. They do, of course, have secondary consequences for those who are not directly affected through physical and mental health outcomes. Exacerbating this, there has been a loss of coping mechanisms for many with reduced access to support systems including mental health treatment.

This short sub-study on Covid drew upon 29 young asylum-seekers, and reported very high levels of worsening mental health, in the form of anxiety, low mood, hopelessness, motivation, sleep, negative habits and far more. Though the group were overwhelmingly supportive about the various regulations and restrictions, they could also see it having a **very negative impact on their lives. Nearly three-quarters of them stated that their psychological health had been compromised, over half stated that their physical health had been negatively affected whilst nearly two-thirds reported that caring for others had been affected.** Within their individual lives, there were significant negative repercussions on their daily routine, social connections, their studies, finances and access to mental health support. Further activities were impacted including their own religious practices.

On a positive note, young people were also engaging in constructive activities to manage the disruption. These again were varied and included music, reading, exercising and engaging in nature, or helping others. **This is a significant finding from this survey: just as young people could reflect on how lockdowns and pandemic life had negative impacts on their health and increased their sense of vulnerabilities, they were also able to reflect on the many sources of resilience that they explored during this time, both for themselves and, sometimes, for others** – in line with other research that has found that life during Covid has also led to people thinking, reflecting, and focusing on priorities. **For this population of young people, these activities could also be evidence of post-traumatic resiliencies** (Renos Papadopoulos, *Therapeutic Care for Refugees*, 2018, and *Involuntary Dislocation Home, Trauma, Resilience and Adversity-Activated Development*, 2021). Further reports will seek to throw more light on the constructions of resiliencies that our Covid19 survey has revealed.

It must be stated that this small study was conducted just after the first lockdown and provides a window into how they initially coped with this. We have not been able to learn about how they managed either the easing of the first lockdown or the onset of the second lockdown earlier this year or the impact of vaccinations.

## Part 3: Profiling Young Baobab Survivors Worlds in 2020

This section addresses the presenting characteristics of the community of young people at the time interviews were conducted, between June and December 2020. It draws upon the sample of 29 young people who were interviewed during this period.

---

### Key Findings for Part 3

- ❖ 74% of the 2020 Baobab population had depression scores in the clinical range (moderate/severe). Almost 50% were 'severe'. This was much higher levels than in previous years.
  - ❖ 61% had anxiety scores in the clinical range (moderate/severe). Just under 50% were 'severe'. Levels of anxiety remained steady compared to previous years.
  - ❖ Fewer young people than in previous years reported anger management to be challenging (37%) – but when anger management was challenging, more were reporting higher difficulties.
  - ❖ Capacity to control emotions was higher this year, with fewer young people scoring low on difficulties to regulate emotions; however, nearly half of participants were above the clinical threshold for difficulties to manage emotions.
  - ❖ One in three had problems with disruptive behaviours or lack of satisfactory friendship; one in five had difficulties looking after self. However these results were not changed from previous years, and sometimes improved.
  - ❖ Scores for mental wellbeing/resilience remained very low, 71% with resilience levels below the national average, and 43% at high risk of depression. Scores for mental wellbeing/resilience were marginally lower than in previous years, and there were also many reported examples of resilient strategies adopted.
  - ❖ Future reports will develop tools for the measurement of resilience beyond the Warwick-Edinburgh scale currently used, so that the constructions of strengths and resilience that Baobab young people demonstrate alongside their huge vulnerabilities can be better analysed.
-

## A Depression

The Patient Health Questionnaire (PHQ9), a standardised measure of depression, is being used in this evaluation to record indicators of depression. On the sample (n=29), 96% were reporting the presence of depression though a number of these were at a low level. In total, however, **74% were reporting moderate/severe levels of depression**. Depression scores on the PHQ-9 were **much higher in this current cohort than they had been on the fuller sample one year previously (50%)**.

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 lockdown affected me in two ways. First, I am being a little bit lost I don't know where it came from and when they are going to find a vaccine and all these. Secondly, I am being lonely, I can't go and visit my friends, I am only meeting for example friends from Baobab online and everything we are doing is at zoom, that's how it has affected me."*

(P24, man, 38, from Uganda)

*"I feel more alone. Sometimes I don't even want to talk. Even my friends have noticed the change. I don't even think about having fun anymore. Just about keeping me and my son safe. My sleeping has been affected."*

(P31, young woman, 25, from Ethiopia)

*"Just you know, when it's one of my bad days I just don't do anything. I just want to lie down in the bed and I can't move."*

(P97, young woman, 27, from Angola)

## 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=28), 86% were reporting the presence of anxiety. As with depression measures, a number of young people were at a very low level. **However most (61%) were reporting moderate/severe levels of anxiety**. This score was a little lower in this current cohort than it had been on the fuller sample one year previously (71%).

Some of young people's accounts of their anxieties and fears are illustrated below.

*"Ok, I felt like everybody else, I was in shock, then I was scared and then every time I went shopping there was nothing and then it felt like the end of the world but I get therapy and that was helpful, my therapist told me to do stuff around the house but during the first month and a half I was very scared."*

(P97, young woman, 27, from Angola)

*"Very very difficult. I am worried for my child's health as we haven't been out he is now scared of people and socialising and my wife is ill and we can't get a doctor's appointment. I am scared to go out. Even when we do go out people don't wear masks I am very frightened."*

(P35, young man, 24, from China)

## C Anger

In addition to sadness, distress and anxiety, anger and aggression remained important emotions that the young people at the Baobab Centre dealt with in 2020, although results were mixed. **To the question asking about their own physical and verbal aggression within the HONOSCA measure, 63%**

of the 2020 cohort responded it was not a problem at all – against 41% in last year’s report on the fuller sample. But for those who did experience angry and aggressive feelings, those in the most moderate/severe range were much higher (37%) compared to the sample (22%). In other words, these results suggest that while more young people appeared to manage to control anger and anxiety last year, for those who had ongoing difficulties in managing to control their anger, this was exacerbated and difficult, if not impossible, to understand, and was often acted out.

These are some of the ways young people described their difficulties in managing anger last year:

*“About 2 and a half weeks ago. Asking for advice about jobs at job centre as I was trouble applying for jobs. I got upset and kicking windows thought it was the metal but it was the window and then broke. I was taken to the police station and they emailed Baobab.”*

(P114, young man, 22, from Afghanistan)

*“I feel very sad and very upset that in this day in 2020 its still happening in the world the authorities that are supposed to protect you are killing people cold-bloodily during the day I felt very sad and upset and angry and its very nice and BLM [Black Lives Matter] is very good to fight about what we believe that is peace innit?”*

(P97, young woman, 27, from Angola)

*“When there is something that has happened that I don't like, I get very angry. Like when someone says something that I don't like or when they are talking so much and I don't like the person. I feel very angry, and it's possible that I might hit them or shout and scream at them.”*

(P121, young man, 19, from Afghanistan)

*“When I am on my own, I have punched the wall and I shout.”*

(P122, young man, 19, from Afghanistan)

## D Affect Regulation

Capacity to manage, control, or regulate emotions is captured in our survey by using the Affect Regulation Checklist (Moretti, 2003), a 12-item measure adapted from published scales of emotion regulation which focuses on both maladaptive (e.g., lack of control, suppression and being too controlled) and adaptive (reflection) aspects of regulation. Remarkably, given the difficulties of the pandemic context, **difficulties in regulating emotion were observed far less in this 2020 sample** (46% scoring low) compared to the previous evaluations in 2019 (76%). It appeared that the subsample seen in 2020 were overall better at managing affect, at least for a small majority of young people who may have developed **positive coping styles** during the pandemic. These results should be read in conjunction with reported results below in [section F: positive wellbeing/resilience](#).

As in previous years, we used the affective dyscontrol subscale to measure difficulty in controlling/managing one’s feelings as the most predictive of risk. Within this sample, they had a mean of 1.12 which was still 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). In particular, the young people responded strongly to the following items on the Moretti and Craig scale:

- *if I think about my feelings, it just makes everything worse;*
- *I try hard not to think about my feelings.*
- *It's best to keep feelings in control, and not to think about them.*

- *It's best to keep my feelings to myself.*

The following from a young man from Afghanistan, aged 20, is representative of the complexity of emotions that young people revealed in the survey, where personal vulnerability and experiences of everyday racism trigger feelings that are difficult to manage:

*“The only thing that haunts me is imagining if Sheila got ill, if she wouldn't be helping me how would get help from the council or police. I don't like being alone by myself - thinking angry out of control hard to keep in control. Central London is full of racism from police officers - involved walking in central London Somali man 4 officers came to him and took his phone and watched him and what was to happening, he was arrested because he took a picture of a building. I can't stand for that - you can't speak to them because you will go to jail, I am scared - they won't listen.”*

(P101, young man, 20, from Afghanistan)

In this case, the above young man was working for a food delivery company and he saw police questioning a Somali man outside the Houses of Parliament. He parked his bike and he in fact bravely went over and asked the police why they had stopped this man. The Somali man was taking a photo of the Houses of Parliament. After some discussion the police went away and the Somali man was very appreciative of the young man's intervention.

## E Behaviour

As explained in previous reports, this evaluation makes use of specific items from the HoNOSCA , a measure of clinical outcome for use within Child and Adolescent Mental Health Services, chosen to focus on **behaviour, symptomology and social functioning**. *Table 2* below displays the proportion of young people with moderate or severe levels of these behaviours or difficulties, with comparable figure from last year's report drawing on historical data from our 2015-2019 records.

	2020 sample	2015-19 sample
<b>Behaviour/Symptoms</b>		
Disruptive behaviour	33%	19%
Alcohol/Drugs	4%	3%
Hearing voices/seeing things/abnormal thoughts	19%	24%
<b>Social impairments</b>		
Lack of satisfactory friendships	30%	26%
Difficulty looking after self	19%	21%
Troubled by relationships with people close	15%	37%
Bullying	7%	33%
Difficulties in feeling supported by friends	7%	5%

*Table 2: HONOSCA items – proportion of severe/moderate presence of symptoms*

- Some behaviours (*abnormal thoughts/hearing voices, alcohol/drug usage, lack of satisfactory friendships, difficulties looking after self of feeling supported by friends*) were very similar in the current cohort in comparison to previous cohorts, with no discernible impact from lockdowns and the pandemic context.
- Disruptive behaviour was more prevalent in the 2020 sample than in previous years (33% against 19%).

- Difficulties in relation to bullying was much less evident in our sample (7%) compared to the previous population (33%). One explanation here might be the fact that there was much less access to the ordinary staff and peer group connections as the lessons and lectures were on line. This might also explain why troubles linked to relationships of people close were less prevalent last year (15%) compared to previous samples (37%).

Table 2 further shows a similar prevalence (around a fifth of young people) of experiences of moderate to severe levels of **abnormal thoughts/hearing voices**, with that number rising to over 50% again this year if milder experiences are also included.

*"Sometimes I hear my brother's voice in my head. Still, I hear his voice. Since he died."*  
(P121, young man, 19, from Afghanistan)

**Alcohol and substance abuse** continued this year to be a relatively minor problem with less than 5% experiencing moderate/severe problems and 80% having 'no' problems in relation to this (83% in previous years).

*"I drink sometimes. It makes things worse though. I used to drink more but the last 4/5 weeks it's less. When I drink I get super emotional and I don't like it."*  
(P122, young man, 19, from Afghanistan)

**Social relations** remained problematic for a minority with 15% having moderate/severe difficulties in forming close attachments to others – though the prevalence this year was lower by half compared to previous cohorts (37% in previous years). Again last year around one in five young people struggled with self-care/independence whilst around a third reported a lack of satisfactory relationships. Interestingly, young people last year did not report more difficulty in looking after themselves compared to previous, non-Covid impacted years.

*"Most of the time I don't feel close to my friends, even when I am with them I my mind is going somewhere else. They are joking and I won't be happy with them. That's why sometimes they don't want to be too close to me. But I have a friend."*  
(P121, young man, 19, from Afghanistan)

*"When I think about friends, this makes me upset. Most of my friends has been fake with me. I don't have a lot of friends, but for now I got only one friend. But my past friends they've been fake with me."*  
(P112, young man, 22, from Kurdish Iraq)

Accessing support from peers/friends was managed well when they were directly asked. In the overwhelming majority of cases, young people were not having difficulties accessing support from a friend. Though this is positive, it also contradicts some of the difficulties reported earlier in relation to forming closer relationships.

As the researcher noted about a young man from Guinea who was enrolled in his 2d year of university studies:

*"It has affected everyone, and him particularly. Has been isolated with no external contact and has felt himself being driven 'crazy'. Had to stop going to university, didn't have much work to do."*  
(P40, young man, 27, from Guinea)

## F Positive wellbeing /Resilience

The WEMWBS (the Warwick-Edinburgh Mental Well-Being Scale) is a 14-item scale of mental well-being covering subjective well-being and psychological functioning. Within the sample (n=29), **71% had scores in the low range when compared to the mean of general population.** A further clinical categorisation was also applied 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 T1, 43% of the sample were in this lowest clinical range. **Only 5% were above a score of 60 which represents a very strong mental well-being.** Scores on the wellbeing and resilience scale were marginally lower in this sample (71% in the clinical/low range) compared to the previous years (64% in the clinical/low 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 even as struggles were very prevalent over the last 12 months in this population. Young people were still able to report ways in which they were learning to manage or regulate their emotions. Though many were not successful in this process, **there were strong examples of resilient and resourceful strategies that they were adopting:**

*“When I went home it was difficult, people weren’t talking to each other, it was very isolating and I was struggling, people didn’t want to talk to me, I didn’t have the human touch, so it was very lonely and isolating, but I have tackled it successfully. (...) I was reading the Bible every day and I got to know more about God. (...) I’m also a cyclist so in the night-time I took my bike and started to exercise and it helped me physically and mentally. I talked to my therapist online, I talked with people, it prepared me to not be so isolated -- and a thing that gave me hope, I had to study for 2d year exam and managed to do coursework, tried to keep myself occupied.”*

(P65, young man, 24, from Sri Lanka)

## Summary of Part 3

The **third section of this report** focused on the young people who were assessed during 2020. As with previous cohorts of young people attending the Baobab Centre, they displayed alarming, high and clinical levels in a number of psychosocial domains, with standardised measures consistently indicating that **this population of young people remains an extremely vulnerable and traumatised group who present routinely with complex problems.**

Overall, it appears that the recent cohort might have **been struggling more** given the global pandemic and were scoring higher on depression and a number of other dimensions, whilst conversely having lower wellbeing scores on the WEMBWS.

They were, however, scoring marginally lower on anxiety and perhaps of most relevance they were appearing to be better at managing emotion. **This would seem to confirm the above finding that young people were able to assess and construct sources of resiliencies while also acknowledging the negative impacts the context was having on their wellbeing.** Young people’s experiences of sequential traumatisation – the extreme experiences of their pasts – may have played a key role there, allowing them to not be overwhelmed by the context (what we have called above “post-traumatic resiliencies” – see Renos Papadopoulos, *Therapeutic Care for Refugees*, 2018, and *Involuntary Dislocation Home, Trauma, Resilience and Adversity-Activated Development*, 2021).

## Part 4: Changes over time

In the next part of this report, we **explore changes at yearly time points across all the various measures and indicators**. This analysis includes a sample of 66 young people who were seen at both T1 and T2, 33 who were seen at both T1 and T3, 16 who were seen at both T1 and T4, and finally 12 who were seen at T1 and T5. The numbers were too few for T6 in order to examine any meaningful patterns. At times throughout this section, the 'n' will fluctuate depending on whether measures were completed or not.

---

### Key Findings for Part 4

- ❖ Levels of low mood decreased marginally over time; most of the decline came from those experiencing the highest levels of depression (74% to 42% after five years). Depression remained prevalent in the population.
  - ❖ Anxiety levels declined over time, with the most important decline coming from those experiencing the most severe levels of anxiety (70% to 17% after 3 years).
  - ❖ The capacity to regulate emotions also improved over time, especially after four years.
  - ❖ Most measures of behaviours were improving over time, and capacity to manage friendships also improved; alcohol/drugs use remained very low (<5%).
  - ❖ Mental wellbeing and resilience were also improving over time, with the proportion of those scoring low halved after 2 years (to 19%).
-

## A Depression

**Depression levels on the PHQ9 were diminishing marginally though not significantly.** At T1, 93% indicated some presence of low mood with 74% at moderate or severe levels. At T2, on a sample (n=32), this was still at high levels with the presence of low mood at 88%, **though with a lower number of 59% at moderate/severe levels.** At latter time points, albeit on much smaller sample sizes, changes were very gradual and uneven: low mood remained prevalent throughout the population at T5, although the decrease at moderate/severe levels was more pronounced at 42%, **with most of the decline taking place at the most severe levels.** *It should be noted that the PHQ9 was introduced late as an assessment measure resulting in a lower sample size, particularly at T1.*

	T1 n=66	T2 n=32	T3 n=25	T4 n=16	T5 n=12
Low mood	93%	88%	84%	88%	83%
Moderate/severe depression	74%	59%	60%	69%	42%

## B Anxiety

**Anxiety levels on the GAD7 were diminishing significantly.** At T1, 93% indicated some presence of anxiety with 70% at moderate or severe levels. At T2, on a sample (n=25), this had noticeably dropped with far less (49%) reporting the presence of anxiety, with 24% reporting at moderate or severe levels. At T3, on a small sample (n=19), the presence of anxiety was reported at marginally lower levels (46%) with **those at moderate or severe levels at 17% -- a significant decrease from T1.** At latter time points, on a much smaller subsample, the numbers fluctuated and are less valid to interpret. *It should be noted that the GAD7 was introduced late as an assessment measure, resulting in a lower sample size, particularly at T1.*

	T1 n=66	T2 n=25	T3 n=19
Low anxiety	93%	49%	46%
Moderate/severe anxiety	70%	24%	17%

As with depression/low mood, those who had the most clinically high 'severe' levels were diminishing over time.

## C Affect Regulation

Young people's capacity to regulate their emotions, as captured using the Affect Regulation Checklist, **improved over time** although this was particularly significant for those who had completed four yearly assessments (T1 to T4).

- At T1, 58% of young people had scores above the clinical threshold, indicative of difficulties with managing emotions.
- At T2, this had dropped to 42%.
- At T3, this had diminished further to 40%, further to 13% at T4 (and 38% at T5, though on a smaller subsample).

When examining the data in more detail, it was clear that there were also **significant improvements in the subscale that related to emotional control**, meaning that they were becoming more able to manage their feelings from T1 to latter time points. **The reflection subscale also showed changes with the young people becoming more adaptive in thinking about their own thoughts and feelings.**

Though the trends continued from T1 to latter time points (T3, T4, T5), these were not statistically significant.

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

Participant P3 (young man from Afghanistan, aged 17 at T1)

At T1:

*"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:

*"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 P4 (young man from DRC, aged 20 at T2)

At T2:

*"[What makes you angry?] when I can't remember. Happens most of the time. When I'm trying to put my point across and I can't express it in the right way. Forgetting most - when I forget the simplest things. Try and relax and think, but it doesn't help."*

At T4:

*"I feel angry about not being in control and just feeling that I'm not in control of things in the past because I like to be in control even now. When I feel angry I try to walk away and try my best to calm down. Speaking about it does help."*

At T5:

*"[What makes you angry?] Not being with my family and feeling left out. I try to relax and think positive."*

Participant P45 (young woman from DRC, aged 15 at T1)

At T1

*"[What makes you angry?] I prefer not to answer, I go out. I leave the house if very bad I might scream or throw things."*

At T2

*"[What makes you angry?] My life."*

At T5

*"[What makes you angry?] If someone pisses me off, their behaviour. I would just chill and not think about it."*

## D Behaviour

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

- **Disruptive behaviour declined from T1 to T2** though this was not evident to subsequent time points. 21% at T1 had reported disruptive behaviour as 'moderate/severe' and this proportion dropped to 17% at T2, whilst remaining at similar levels later (22% at T3, 19% at T4 and 15% at T5).
- **Alcohol/drugs remained a relatively minor issue** with levels fluctuating over time. At T1, levels were at 5%, remaining at similar levels at T2 (6%) and T3 (5%).
- The **experience of abnormal thoughts/hearing voices decreased over the five time points, from 59% at T1 to 30% by T5 for any indication or presence at any level of severity**. For the most severe levels (moderate/severe), it decreased from 24% at T1 to 18% at T2. Albeit on a small sample, this increased to 26% at T3, diminishing further to 20% at T5. The decrease from T1 to T2 was statistically significant.
- Difficulties looking after self were significantly decreased over time. At T1, 21% had reported it as moderate or severe but this dropped to 14% at T2 and 16% at T3. **By T4 and T5, there were no young people with moderate or severe levels in this domain**. In sum, **young people were becoming more independent and able to manage their own autonomy**.
- Being **troubled by close relationships was significantly lower** at T2 compared to T1 suggesting that young people were becoming more adept at managing close relationships. This was statistically significant from both T1 to T2, T3 and T4. This domain had been very high at 34% for moderate/severe at T1, dropping to 17% at T2, 16% at T3 and 0% at T4.
- **Difficulties with friendships was also lower at T2 and T3**. At T1, 28% had reported it as moderate or severe. This dropped to 19% at T2 and down to 5% at T3. The change was statistically significant and continued to fall further at latter time points. Indeed, 54% indicated difficulties (at any level) with friendships at T1, but this was down to 20% by T5.
- Regarding **difficulties with bullying, 29% had reported it as moderate/severe at T1, and this dropped to 9% at T2**. The levels continued to drop for latter time points with 10% at T5.
- Difficulties in relation to peer support was not a problem at all within this population and this had barely changed over the course of time.

## E Positive wellbeing/Resilience

**Resilience/wellbeing levels on the WEMWBS improved and this was statistically significant from T1 to T2** but not to the latter time points (T3, T4, T5). At T1, 39% had scores in the low/clinical range (<40) but this number had largely declined to 19% at T2 (4% at T3 and T4, and 1% at T5, though on smaller subsamples making statistical comparison difficult). **Clearly, there was a positive trend of improvement in well-being**.

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

Resilience will be explored in greater depth over the next year(s) with the introduction of different measures.

## Summary of Part 4

Part 4 highlights the experiences of anxiety, depression, regulation of affect, well-being/resiliencies and difficult behaviours for different points in time during the involvement of young people at the Baobab Centre. **The improvement in all these areas is certainly not linear and is clearly complicated**. When young people begin psychotherapy their state of mind may seem to improve, and then usually becomes worse as young people face their vulnerabilities and the defences they have unconsciously developed as antidotes to emotional pain and distress. Defences are developed in extreme

circumstances as a way of dealing with extreme and painful experiences. However these defensive strategies, in less challenging times, come to restrict relationships, behaviour and emotional life. **As defences are addressed during psychotherapy sessions individuals are likely to feel depressed, anxious, emotional and disorientated.** Slowly over time new and more useful defences are created and the emotional difficulties dwindle.

As noted in Section 1 of this report, the population in the Baobab community have experienced extreme events and extreme emotions, terror, guilt, shame, rage and grief. They have all lost parents, siblings and extended family members as well as having experienced organized and interpersonal violence. As a consequence even after individuals have gained asylum (always a key event of their life in the UK) **both internal and external events might trigger anxieties, depression and memories.**

The psychotherapeutic work conducted at the Baobab Centre aims **not to erase emotional difficulties but to enable young people to become aware of their states of mind and to cope with these.** This will include flashbacks, intrusive thoughts and memories of various traumatic experiences. Inevitably, our evaluation this year found, as in previous years, that **clinical pathways across time remained clearly non-linear**, with many events, internal and external, challenging improvements. **Some young people remain unstable with fragmented internal worlds and fragmented and unstable identities.**

Though change was often slow and gradual across many domains, there were some noticeable improvements:

- Levels of depression were diminishing very marginally across the time points, though those self-reporting within either the ‘moderate’ or ‘severe’ category diminished much more so. However, it must be stressed that the very presence of depression, even in the mildest form, was still at very high levels at follow-ups.
- Levels of anxiety also declined at a relatively slow rate across the time points, though the presence of more ‘moderate’ or ‘severe’ anxiety was diminishing more markedly.
- Positive wellbeing levels increased significantly across the latter time points. Those below the clinical threshold for low wellbeing had been 39% at T1 and fell to less than 5% beyond T3.
- Difficulties in managing and regulating emotions significantly declined from T1 over the latter time points. At T1, 58% were above the clinical cut-off for affect regulation difficulties, and this dropped to 42% at T2 and further to 13% by T4.
- 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.

**In general, some but not all the classic symptoms of complex post traumatic stress disorder improved significantly over time.**

As stated above, the reported findings demonstrated that **progression in relation to affect regulation was slow** and this was something that did not always improve or even at times showed a slight plateau. Clearly, these individuals were being exposed to challenging and often novel situations and conflicts in their daily present 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. The suppression of feelings was, however, slower to decline.

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 – in communities that are in turmoil there is a high level of suspicion between people and trust is *unusual*. 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. At follow-up, these levels marginally increased, but remained low. 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.

**Further reports will need to focus on whether significant risk factors (as presented in the first section of this report), including 'exposure to violence', 'experience of trafficking', and separation from kin attachment groups, can be statistically related to anxiety levels and their slower evolution over time. Similarly, different risk factors may be related to wellbeing scores improving over time at a slower rate.**

Since collection of data and analysis for this monitoring and evaluation started in 2015, the research team has held in mind many variables and has now a significant amount of data built up over time. On reflecting upon this year's data, we find that **we could in future examine in more depth and detail the specific circumstances of young people in terms of the currently hypothetical links between past and present difficulties and mental health difficulties.** This would **enhance understanding of young people's coping mechanisms and service evaluation of the work conducted at the Baobab Centre**, a central aim of which is to enable young people to slowly and bit by bit explore their internal emotional difficulties and vulnerabilities so as to start a process of working through these so that ways to cope with them are found – sometimes facing them and sometimes finding ways to divert their reflections. Work at the Baobab Centre thus aims to enable young people to develop a sense of agency and to be able to care in many ways for themselves, including knowing when they need to ask for help with external or with internal difficulties. In their clinical experience at the Baobab Centre therapists find that the ways in which young people cope over time is for example linked to their previous education and family circumstances i.e. both formal and informal education. **Future monitoring reporting needs to build on this experience and access more details about potential sources of resilience in order to explore what might correlate with changes in mood and resurgence of symptoms of complex post traumatic stress disorder.** The expectation is never a linear reduction in symptoms after such extreme experiences during their childhood and early adolescent years of sequential violence and violation, separation and loss. However, young people do cope in extraordinary ways and most engage in work, in studies, and in building close relationships.

## Part 5: Impact of the work of the Baobab Centre

This section addresses how the various strands of the Baobab Centre may have made an impact on the young people's lives, how young people perceive their difficulties and how they draw upon the support of the Baobab Centre. It draws upon the 29 participants who took part in the evaluation in 2020.

---

### Key Findings for Part 5

- ❖ All young people at the Baobab Centre arrive experiencing 'difficulties'. 'Difficulties' here refers to both internal difficulties (mental health, helplessness and hopelessness, conflicts, worries, fear, unease, developmental difficulties) and external, practical difficulties (support, care, credibility challenges, housing, benefits, education, healthcare, or racism). The Baobab Centre's holistic approach addresses both kinds.
  - ❖ 93% of young people at the Baobab Centre in 2020 reported having experienced 'difficulties' at the highest level when they had first arrived – twice as many as in previous years, reflecting increasing levels of complexity in the issues experienced – whether in their home country, on their journeys, or in the UK.
  - ❖ But this had dropped to 13% experiencing 'difficulties' at the highest level *now* – half the proportion reported in past surveys, reflecting increasing levels of support offered during the pandemic.
  - ❖ Young people were reporting very significant help received (in the 80-90% range) thanks to psychotherapeutic support, whether with feelings, emotions, or coping with life in the UK.
  - ❖ Levels of support received with external difficulties (asylum claims, education, housing, etc.) increased in the 2020 sample. By year 3, most young people (between 82% and 96%) had received some support.
  - ❖ Young people's construction of belonging remained strong, with Baobab remaining of pivotal importance in the construction of the community of exile.
-

## A Reported experience with “difficulties”

93% of young people (YP) identified themselves as having ‘difficulties’ when they first arrived at Baobab. Of these, 100% were at the highest levels (rated 4/5 on a 5-point rating scale of severity). **‘Difficulties’ in the questionnaire is a purposely loose term that relates to internal emotional and psychological difficulties but also external practical issues such as material support (housing, benefits, education, etc) or young people’s asylum claims – or both of these as a general term comprising self-perceived notions of agency or helplessness, or being stuck in their development.**

A significantly lower number (73%) of YP currently believed they **currently** had ‘difficulties they were encountering’, and though this was still expectedly high, **a markedly lower number (13%) were at the highest levels of severity (rated 4/5 on a 5-point scale).**

Importantly, a higher proportion of young people described themselves as having difficulties **when they first came to Baobab** in this latest 2020 cohort compared to the previous cohorts of respondents with *all* experiencing these difficulties as moderate or severe (100% at these levels, vs. 55% at these levels in previous years). **This would seem to reflect the clinical experience of the Baobab Centre where the perception is that over the years the Centre has been seeing young people with more complex issues than in the past, and with less support than before.** Complex issues include dysfunctional family life in home country or separation from parents at a very young age.

However, when probed **whether they experience difficulties now**, the numbers experiencing difficulties at a higher level were lower than in the past (13% in 2020, vs. 27% for young people from 2015-2019). This finding should be read in relation to section 1 above related to Covid-19 support and **could be a reflection of the depth of support that the Baobab Centre offered during 2020 lockdowns.** It should however be noted that even when young people gain asylum (a major element in the stabilisation of the external context for them) they still describe many difficulties both internal and external. Sometimes it is only the award of asylum that leads to young people facing massive loss, unresolved bereavement and separation issues.

## B The internal context: psychological and psychotherapeutic support

Young people’s use of Baobab for psychological support was reflected in **the young people reporting significant help with ‘feelings’ (92%), ‘memories’ (96%), ‘relationships’ (77%), ‘behaviour’ (81%), ‘understanding about the past (88%)’.** There were also **very high levels of perceived support for coping in the UK (88%).** These numbers remained stable and even increased to even higher levels at latter time points. They remained stable when compared with previous cohorts of respondents.

Baobab clearly was experienced by young people as offering widespread psychological support, and this was experienced from baseline. For the clinical work done at the Baobab Centre these are hugely encouraging results, as it means all young people are reporting that they feel they have improved. However, it does not necessarily mean that psychotherapeutic work at the Baobab Centre progresses in a linear fashion, and “improvement” involves many complexities. The psychotherapeutic work at the Baobab Centre is not simply counselling and for some of the young people psychotherapeutic work involves enabling them to face the contradictions in themselves, as well as difficult issues such as their internalisation of aspects of their experiences of abuse and the corruption in their societies. Some young people may find ways to avoid the experiences of pain, terror or grief by using a variety of unconscious defences and often dissociation, projection and externalisation as well as repression. Others might emerge from experiences of sequential traumatisation defenceless and underdefended. These complexities are especially apparent when working with the central issues of regulation of affect where it is necessary to explore the roots of strong feelings (e.g. rage, terror, grief, shame and guilt) in order to enable young people to better manage them.

### C The external context: practical support

In terms of **help received with external difficulties**, respondents last year identified Baobab as responsible for assisting participants across a number of practical domains:

- 65% with access to asylum at T1, increased to 96% at T3.
- 74% with access to education, remained consistent at latter time points.
- 68% with access to health services, increased to 82% at T3.
- 69% with access to housing, increased to 70% at T2 and 81% at T3.
- 63% with access to benefits, remained consistent at latter time points.

Compared with previous years, the current cohort also appeared to be accessing more practical help (e.g. benefits, housing, health service, education services) at T1.

<b>Access to Baobab support at T1</b>	Asylum support	Education support	Support in accessing health services	Housing support	Support in accessing benefits
2020 cohort	65%	74%	68%	69%	63%
2015-2019 sample	78%	60%	57%	50%	44%

In all cases, levels of support from Baobab were high at T1 but this was increasing during their involvement with the Centre. Given that it takes a very long time to become established in the UK with settled status (e.g. asylum, permanent accommodation, good quality healthcare, settled education), the level of need was likely to be great throughout.

In the words of some respondents from 2020:

*“Helped with asylum, been with me every step of the way including mental health, integrating, understanding my life.”*

(P40, young man, 27, from Guinea)

*“Have helped with feeling nervous, anxiety and fear. Therapy with Baobab helped me feel more confident. Also felt that Baobab is my family. Also had really useful English lessons as well as help with finding housing by making my case with social worker stronger.”*

(P82, young woman, 20, from Vietnam)

*“Baobab helped me be seen, they supported me through getting my visa (Nov 2019). Support me with my feelings. I can talk to someone that I trust. They helped me immensely. I can talk to them whenever I have a problem. I am starting to talk more in my therapy group too.”*

(P100, young man, 27, from Afghanistan)

*“Baobab helped me to be more confident and to be able to forget the pain of the past. Baobab has helped me to feel better in life and also to get me to sleep better at night.”*

(P106, young woman, 24, from Vietnam)

### D Sense of Belonging

Young people were also asked about their ‘sense of belonging’. As with the probing of “difficulties”, this is another question purposefully left loose in our survey that remains useful in providing some

window into the workings of the Baobab Centre as a non-residential therapeutic community of exile for the young people who attend.

Among last year's respondents, this sense of belonging, as in previous surveys, remained strong:

- 87% stated that they felt they belonged to 'a place' at T1. This was up to 90% at T2.
- 100% stated that they felt they belonged to Baobab at T1 and T2.
- 95% stated that they felt they belonged to a place or culture in the past at T1 and this increased to 100% at T2.

It can thus be seen that unaccompanied young people are able to develop new attachments and sustain former attachments too. In terms of present attachment Baobab was unequivocally pivotal, but past attachments to place and family remained – especially in a context where their credibility is often challenged by the UK authorities. The young people's construction of belonging, in this sense, remained a complex process.

Furthermore, 43% felt like they belonged to an ethnic group (with similar levels at T2) and 82% felt like their friends were refugees (with similar levels at T2). 52% had experienced to varying degrees negative remarks from others in relation to their culture or racialised ethnicity. These numbers again remained stable when compared to previous years, and illustrate a sense of belonging also rooted in their "community of exile".

In relation to trust, 81% indicated feeling like they trusted someone, a result in line with previous years. In 93% of these cases, as in previous years, this trusted person was a member of staff, invariably a psychotherapist, at Baobab. In other cases, family members, friends, other professionals (e.g. lawyers) or even God were cited.

Again this year, being listened to and understood, feeling that caring others were involved in their life and interested in their experiences (both destructive and nourishing), feeling safe, feeling cared for/loved, feeling accepted, being around others were all important for young people to make them feel like they belonged. Also playing an important part in this positive construction of belonging is the therapeutic work conducted in groups at the Baobab Centre, where young people learn that they can not only be listened to and understood, but also that they can trust other persons sufficiently to share about how they relate with themselves and others, to share about worrying and contradictory feelings and memories – feelings that might otherwise disturb them in their day-to-day functioning. Through relationships with involved caring adults young people develop insight and thoughtfulness about the world in which they live.

Equally important in the construction of positive belonging to the wider community was access to education, and having relevant information. On the other hand, discrimination, isolation, and having an undefined status (as in not yet having refugee protection, for instance), all made young people at the Baobab Centre feel like they did not belong to the wider community of exile – sometimes marginalised, sometimes invisible, often expendable and not entitled to even basic rights.

### Summary of Part 5

As in previous years, but even more so for the 2020 cohort of respondents, this section of the report reveals **the overwhelmingly positive view of young people of the support received at the Baobab Centre**. As noted, experiences of support increased as the Baobab Centre expanded its holistic and integrated approach during the 2020 pandemic and lockdowns to maintain community relations alive even as support moved online. In many cases, the Baobab Centre stepped in with material support when public services failed to respond to housing or debt crises in young people's lives. **This section**

**shows a clear surge in positive experiences of being helped in practical areas (asylum, education, health services, housing, benefits), but also helped through the therapeutic support in psychological and emotional health** – including help with young people’s feelings, memories, relationships, behaviour and understanding about the past.

Young people at the Baobab Centre are also helped to understand the context they come from and the context where they live now. In these ways, **Baobab remained central to their experiences of life in the UK and their senses of belonging, a positive reflection on the holistic work towards rehabilitation that the Baobab Centre pursues.**

The Baobab Centre works with a population who have arrived in the UK after experiences during their adolescent years of sequential violence and massive loss. Many suffer massive psychic traumatisations. Young people arrive with only their identities and often their identities are challenged during questioning about their credibility within the UK’s hostile environment.

The aim at the Baobab Centre over time is to enable young people to reflect on their experiences, both difficult and nourishing, and to move forward in their development in order that they might participate and contribute to the community of exile. This involves giving time and space to reflection, to the development of insights, and to the rebuilding of trust through a variety of community events and small and larger group activities. Young people are encouraged, when they are in law allowed, to find paid and voluntary work and to study. They are encouraged to think about the reasons why they had to leave their home countries and move into exile. Many young people hold on to their own cultural identity and values.

In order to help the Baobab Centre develop its thinking and understanding about the development of internal resilience – and what resilience means in all its complexity for each young person – more detail about the life experiences of each young person will have to be collected in future reports and analysed in relation to the many services and interventions that Baobab offers to enable young people to move forward in their development and to continue to develop. Baobab aims to be a reflective organization and this monitoring and evaluation process underpins their capacity to reflect in many different ways.

## Conclusion: Implications for Future Reports and Reflections

**The profiles of these young people are a complicated blend of vulnerabilities and strong indicators of resilience.** Given the traumatic histories, protracted, challenging narratives and ongoing difficulties in their transition to life in the UK, it is hardly surprising that these young people's psychological wellbeing will be greatly compromised. **Indeed, this population of young people are presenting as highly depressed and anxious, with the overwhelming majority within the highest (moderate/severe) bands.** They were also struggling greatly with regulating their emotions and managing feelings of anger and aggression. With the added layer of Covid-19 and the lockdown, most described how difficulties had been compounded, whether this was their mood levels, general motivation, or sleeping difficulties.

However, as you would expect in any population, this was **a heterogenous group of young people.** There was clearly quite a broad spectrum amongst the sample with **large numbers reporting improvements and positive impacts from the lockdown,** whether this was through relationships, capacity to relax, reducing habits, controlling their anger, or learning comfortable ways to divert their minds to reduce stress (for example films, music, books, etc.). Furthermore, the resourcefulness and capacities of the young people were also evident in how they had been extremely accepting of rules and restrictions that had been imposed upon them. Given that their lives had been impeded with interrupted access to support, social connections and study/work, **significant numbers in this sample had found resources to manage these deficits and difficulties through virtual socialising, cooking, music, exercise and much more.** These outlets demonstrated their competencies and coping skills in the face of worsening mental health.

As the population of young people at Baobab are explored **longitudinally, resilience is evident in other ways,** whether it is in how many display lower levels of depression and anxiety, anger, alongside a more positive sense of self. They are also becoming more able to manage difficult emotions in appropriate ways rather than suppress affects or lose the capacity to remain in control. Many other domains appear to have a positive trajectory (lower levels of abnormal thoughts/hearing voices, relationship/friendship difficulties, disruptive behaviour). It is only with larger numbers at our follow-up assessments that we will be able to draw more confident inferences on this population. 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.

This year's evaluation results are rooted in the current socio-political context in which Baobab exists and is based. Right now, we are coming out of a global pandemic which is having and will continue to have devastating economic, social and psychological effects on the population, yet it will be the most vulnerable and disadvantaged factions in society like those served by the Baobab Centre that will be most at risk. For this reason, this evaluation report is based on data that must be contextualised around the Covid-19 outbreak, including the climate that these young people are living in with the many barriers in relation to work and housing and opportunities to socialize.

It must further be contextualised within the broad external context, and notably the continuing degradation of asylum provisions in the UK. The external context of these young people's lives is beset with many struggles and disadvantages which are not only slowing the progression we might expect given that their lives may appear to have more stability and security, but these external challenges may well be evoking previous memories and even retraumatising. In today's landscape, the context is worse than ever with massive cuts in Social Service Departments and with the Home Office's preoccupations far more focused on Brexit rather than the needs of communities such as theirs. The whole asylum process is very complicated and entangled in so many practical and emotional layers that it is difficult to make sense of. It is important to mention here both the climate of disbelief and

the hostile environment. Many young asylum seekers cling on to a frail sense of “identity” and this is crushed and challenged in that current context.

As noted by the Director of the Baobab Centre, Sheila Melzak, many of this population regress or become stuck (fixated) in their functioning at the age they were when they first experienced massive psychic trauma (usually in late childhood or early and middle adolescence). Whatever their chronological age at the time of their referral to Baobab they all in many aspects of their development function at a very immature level. They also seem to regress in their functioning at the time when they do eventually gain asylum. According to Sheila Melzak, this key event might be problematic to digest as it highlights that the young people have lost their ‘home’ country and also makes them acknowledge that being in the UK is not necessarily a place where they can feel safer. Though this evaluation did not have the scope to examine the young people’s attachments to their pasts, many of them will report a yearning to return ‘home’ and this longing only strengthens when their lives are socially and economically more compromised, whether this is through financial cuts, experiences of racism, other issues that have emerged out of Brexit, and the current COVID-19 virus.

The recovery and rehabilitation of young people who suffer psychological and developmental difficulties can only take place when they feel safe and stable. They are often unused to talking about feelings, especially as in many communities children and adolescents are discouraged from talking about their feelings and personal experiences or asking others about their feelings and personal experiences. They are used to very different expectations being placed on young people and different relationships with adults from those they meet in the UK. During the years when they should ideally be offered only opportunities for rehabilitation and development they suffer many setbacks relating to the asylum process and the inadequate support processes available in the local community. They are regularly re-traumatised, that is, reminded of their past difficulties and feeling again overwhelmed and helpless, as a consequence of challenging events in their present lives.

The extreme vulnerability of this population is palpable and all of them have their own set of virtual mental scars that have been created after a series of psychological wounds. Though life in the UK is meant to offer the opportunities and even stability to rebuild, they are regularly reminded about their past traumatic experiences when they are in the presence of punitive and autocratic authority figures and will feel terrified and completely helpless over an extended period of time and be reminded of when they felt that they had no control over their lives. This population are expected by the bureaucratic systems that have a huge impact on their lives to live in a state of prolonged uncertainty, some for several years. This is something that young people cannot manage emotionally without some significant costs to their wellbeing, their mental health and their development. Young people need stability and a sense of protection and security in order to move forward in their development.

The work of the skilled and experienced, involved and caring adults around them and the model of a non-residential therapeutic community to which they have open and ongoing access at the Baobab Centre – even beyond sessions of individual or group therapy – will be essential in helping them further transition into adulthood.

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 many function in an unstable way, while at the same time many show huge resilience and creativity which the working models of the Baobab Centre aim to re-enforce, develop, underpin and sustain. This report has endeavoured to capture different aspects of this picture.