



## **ROOM TO HEAL MEMBERS' SURVEY 2015**



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# 1. Introduction

Room to Heal is a human rights charity supporting people who have survived torture and organised violence to rebuild their lives in exile. At the heart of our work lies the cultivation of a healing community, through which our members can restore connection and support one another in overcoming the crippling legacy of their traumatic experiences. This is complimented by a holistic therapeutic programme, and intensive casework support.

This report is the third of its kind for Room to Heal (RtH). Capturing the perceptions of our members is vital to assessing an organisation like RtH's performance. The business of RtH, that is 'healing', is essentially a personal and internal journey.

Over the past three years, RtH has been developing an evaluation framework with input from Trustees and reference to the Charities Evaluation Services, Comic Relief and other sources of best practice. Each year we plan to incorporate new sources of data, quantitative and qualitative materials, in our annual evaluations, in order to build a more well-rounded picture of RtH and to assess more effectively its programmes. In addition, throughout the year we use activity attendance monitoring, end of project evaluations, donor reports and evaluations, staff feedback and case studies, to monitor the implementation of projects and the effectiveness of our approach.

Due to our limited resources, we have had to focus our annual evaluation for 2015 on an analysis of feedback from our membership.

The survey and draft report were compiled by Chloe Davies, Deputy Director, Isabella Mighetto, Researcher, and Rae Ambarwati, Senior Community Support Worker, and reviewed by trustees.

## 2. Key Findings

### **100% of respondents felt Room to Heal had helped them**

[70% felt Room to Heal had helped them “very much”; 30% felt Room to Heal had helped them “quite a lot”]

**100%** felt life was more meaningful as a result of coming to Room to Heal

**80%** felt their quality of life had improved

**85%** felt their wellbeing had improved

**95%** felt more positive about the future

**83%** felt less isolated

**90%** felt more supported

**74%** felt more able to engage sensitively with the opposite sex

**89%** felt more able to cope with symptoms of trauma such as anxiety and depression

**100%** felt more able to talk about the traumatic, painful things that happened to them

**95%** felt more able to talk about their needs and issues

**100%** felt more able to access mainstream services

**93%** were helped by Room to Heal to access financial support

**88%** were helped by Room to Heal to access housing

**100%** were helped by Room to Heal to access healthcare providers

**94%** of respondents felt more able to cope with the asylum process

**100%** felt clearer in education and career goals and more confident in pursuing them

**80%** felt their confidence had improved

**88%** felt Room to Heal had helped them be feel part of a wider community in London

When asked what Room to Heal meant to people, as in last year’s survey, the key theme emerging was one of family, protection and belonging, reflected in the following quotes:

*“It means a positive feeling and by being as a family gives you a bit of uplifting and resilience.”*

*“Room to Heal is a mother to me, where she accepts me as I am and gives me tools to move on with my life. Even if I stumble, she’s there for me all the time.”*

*“Like a temple, where you can hide from the cruelty of the world.”*

*“Room to Heal is my community, my family, a place where I am open and free to share my thoughts without fear.”*

*“It means a positive feeling and by being as a family gives you a bit of uplifting and resilience.”*



Figure 1: What Room to Heal means to people, key themes

### 3. Looking back on 2015

Throughout 2015, our two core teams, therapeutic and casework, continued to work hand in hand to support individual members in the process of rebuilding their lives in exile, in the context of the healing community that lies at the heart of RtH.

We provided short-term, trauma-focused psychotherapy to new members, prior to their entry into our weekly mixed-gender therapeutic support groups. Our casework team continued to provide on-going support to individual members in resolving material difficulties, for example related to housing, benefits, medical and legal challenges and developing education and employment opportunities.

A key change over the year has been the shift from single to mixed-gender therapeutic groups. Over recent years, we had increasingly realised that by operating single-gender groups, we were perpetuating a split in the community and preventing important therapeutic work that could only take place in a mixed-gender context. Having successfully piloted increased mixed-gender activities, since January this year we have integrated our men's and women's therapeutic groups and are now running two mixed-gender groups.

In addition we have run a varied programme of bodywork, social and creative activities. For example in 2015 we began a creative partnership with Ice and Fire Theatre Company, who have been assisting our members in developing artistic skills and creating a theatre piece to perform in 2016. We have run a therapeutic gardening programme, cultivating plots in the Mildmay Centre and Culpeper Community Garden. Finally, we have also run a 12-week mindfulness for trauma course.

All of our activities together contribute to the flourishing *therapeutic community* that lies at the heart of our work – a place of home and belonging that supports meaningful integration of our members into the wider UK community.

Activity	Details
Short-term individual therapy and assessments	Weekly or fortnightly prior to joining the therapeutic support group
Therapeutic support groups	Two weekly mixed-gender therapeutic groups
Therapeutic and skills retreats	2 therapeutic retreats and 3 skills retreats
Therapeutic gardening and social activities	Twice weekly gardening and social sessions at Mildmay Community Centre and Culpeper garden
Psychoeducation	12 week mindfulness for trauma course
Casework	Sessions to support members address issues (legal, education, housing, health and welfare).
Creative activities	Fortnightly Ice and Fire Creative group, plus Ice and Fire creative retreat
Creative activities	Storytelling course run by Mark Fish prior to Summer party
Bodywork	Weekly chi kung group
Public events / Training to other organisations	Summer party, Training trip to Tunisia Public event in Devon Public event with Songworks Choir

## 4. Room to Heal's Aims

### Our Mission:

To support people who have survived torture and organised violence to rebuild their lives in exile through an integrated, community based programme of therapeutic and casework assistance.

We aim to enable people who have survived torture and other forms of organised violence:

1. To heal from their traumatic experiences;
2. To deal with material challenges

And our developing aim is to:

3. To improve the care of torture survivors.

AIMS	ACTIVITIES/ OBJECTIVES	OUTCOMES
<b>1. To enable people to heal from their traumatic experiences</b>	<p>The following activities will help us to achieve this aim:</p> <ul style="list-style-type: none"> <li>• Therapeutic groups</li> <li>• Psycho-education, including mindfulness training;</li> <li>• Body-oriented therapies;</li> <li>• Nature therapies and social gardening sessions;</li> <li>• Creative activities;</li> <li>• Intensive therapeutic &amp; skills retreats.</li> </ul>	<p>The following changes in our members will enable us to measure our success:</p> <ol style="list-style-type: none"> <li>1. Instillation of hope and meaning in life;</li> <li>2. Reduced isolation;</li> <li>3. Development of trust and a sense of belonging</li> <li>4. Reduction of anxiety, depression and related post traumatic symptoms;</li> <li>5. Increased ability to articulate traumatic history.</li> </ol>
<b>2. To assist people in dealing with material challenges</b>	<ul style="list-style-type: none"> <li>• Casework sessions (to address legal, housing, health and welfare issues);</li> <li>• Interventions in support of asylum and other material needs;</li> <li>• Education and employment advice sessions;</li> </ul>	<ol style="list-style-type: none"> <li>1. Increased knowledge of and ability to access/receive support from relevant services (legal, welfare, housing, health);</li> <li>2. Increased confidence in navigating asylum process;</li> <li>3. Greater knowledge of and ability to access education, voluntary work and employment training;</li> <li>4. Greater opportunities to become involved with the wider community.</li> </ol>
<b>3. To improve the care of torture survivors</b>	<ul style="list-style-type: none"> <li>• Disseminate our evidence-based model in the UK and abroad;</li> <li>• Articles and media materials;</li> <li>• Training sessions;</li> <li>• Public events;</li> <li>• Engagement with key stakeholders.</li> </ul>	<ol style="list-style-type: none"> <li>1. Local communities, policy makers, mainstream service providers and the general public have a greater understanding of the needs of survivors of torture and organised violence;</li> <li>2. Policy and practice are better suited to meeting the needs of survivors of torture and organised violence.</li> </ol>

## 5. Survey Methodology

We intend increasingly to monitor and evaluate RtH's progress towards achieving the following *Theory of Change*:

If we **enable survivors of torture and organised violence to heal from their traumatic experiences, reduce their isolation and help them to address material life challenges**, particularly in the context of the asylum process, then we will have **improved their quality of life and helped them rebuild their lives**. This is because survivors of torture, living in exile in the UK, typically experience severe deficits in all these areas.

From this statement we have identified the outcomes (as outlined in the previous page) against which we need to gather evidence in order to assess performance. The survey is a key source of such evidence.

Members' feedback was sought through a questionnaire. A total of 20 respondents were recorded. This is 25% of the total active membership of 80 (RtH members 2015). 25% represents a recognised sample for evaluation purposes. The majority of the sample was self-selected from regular attendees of weekly therapeutic support groups in 2015. Since members are required to attend group therapy sessions as part of their membership of RtH, this approach is valid in evaluation terms.

For those with difficulties expressing themselves in written English, a member of staff went through the evaluation questions with them. This may have introduced some bias, in terms of participants attempting to please the staff member and Room to Heal. However, the fact that members feel comfortable giving feedback with a staff member shows the level of trust in the relationships developed at Room to Heal.

The responses were classified on a 5-point scale of *very positive/ positive/ neither positive or negative/ negative/ very negative* or *significantly more/ a little more/ no change/ a little less/ significantly less* or on a 4-point scale of *very much/ quite a lot/ a little/ not at all*, plus the categories of *not applicable* and *no answer*.

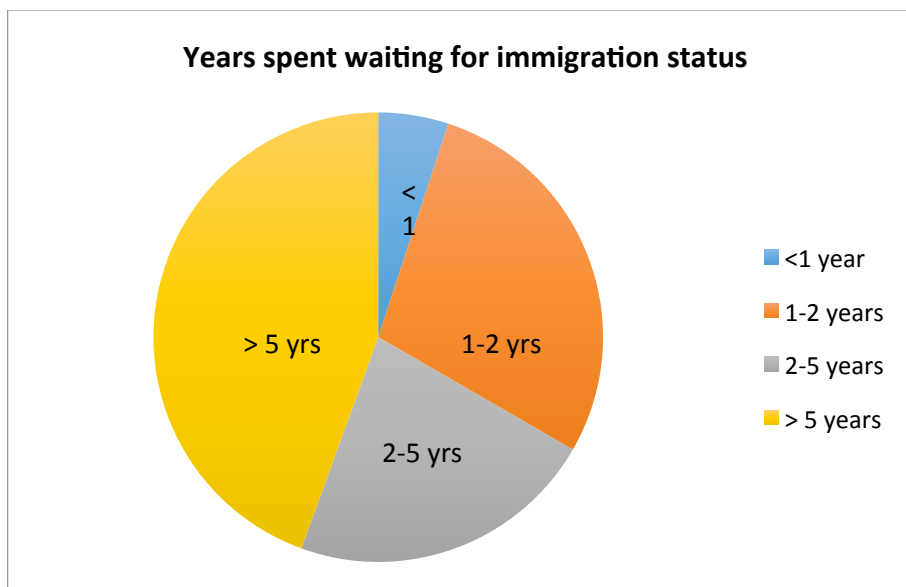
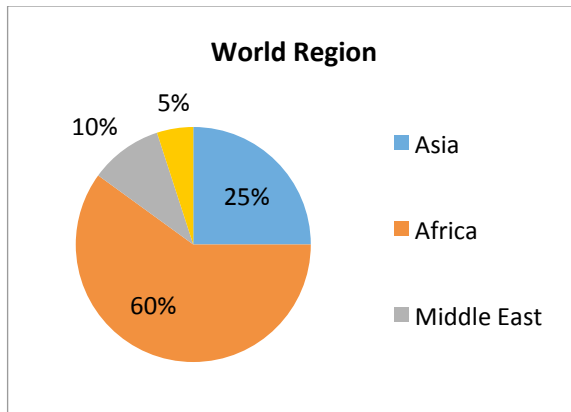
The write-up of the evaluation is itself a subjective - and challenging - process. Firstly, it requires a clear summary of Room to Heal's aims and outcomes. This is particularly difficult because Room to Heal's holistic, integrated approach transcends neat classification. Secondly, it requires a categorisation of respondents' answers into different outcome sections when they often apply to more than one. Thirdly, activities tend to facilitate more than one outcome.

The process of writing up quotations from respondent's longer answers is also problematic as obviously not all answers can be included due to the demands of having to keep the evaluation a certain length. This therefore introduces an element of bias from the part of those who compile the evaluation report.



## 6. Profile of Respondents

As in previous years, 10 respondents were men and 10 women, of mixed ages. The breakdown of the regions from which they come and the length of time they have been waiting for their immigration status is outlined below.



## 7. Survey Findings

Aim 1: To enable people to heal from their traumatic experiences

### Outcome 1: Instillation of hope and meaning in life

- **80% felt their quality of life had improved** [25% much better; 55% a little better; 15% no change; 0% a little worse; 5% much worse]

*"Your spirit is always lifted up when it is down";*

*"I got my refugee status but my quality of life seems to depend more on my mental health and my mood and room to heal has helped with this";*

*"A little has improved because I am still facing homelessness and I have to deal with negative asylum decision";*

*"Attending individual therapy and support group and other activities have improved the quality (of my life). The feeling that RtH can protect me if anything happens gives me comfort."*

- **85% felt their wellbeing had improved** [20% significantly better; 65% a little better; 10% no change; 5% significantly worse]

*"Before I joined RtH I used to feel that my life was lifeless. That I was useless, and there was no reason that I should live. I always felt I didn't have to be with other people because I could see them and for me to be miserable and very thoughtful. My life was messed up for I went through lots of trauma - that I thought I should always live in isolation. I had never seen any happiness and no love but just being abused almost throughout my life, so I was left with no hope. [...] RtH has helped to build my hope and my confidence, and a new life."*

- **100% felt life was more meaningful** as a result of coming to Room to Heal [31% very much; 53% quite a lot; 16% a little]

*"Here at Room to Heal I see that life goes up and down";*

*"Now I have feeling that life is more meaningful because I met the staff and volunteers who care a lot about me and people they give all the love they can. Caring and loving who have helped a lot to build my life from total madness!!"*

*"RtH makes life more meaningful to me because they show me care, give support, and always checking about my welfare."*

- **95% felt more positive about the future** [40% very much; 55% quite a lot; 5% a little]

*"It has helped me to become more strong and I can face life confidently";*

*"I have felt more confident and hopeful";*

*"...I feel I have a future because my family [Room to Heal] are always there for me";*

*"Each week people in the group have some problems but sometimes they bring good news to the groups and I become hopeful because I see that problems don't last forever, when I am alone I don't see this";*

*"I have received support through counselling that has helped me to be more confident about the future.";*

*"The support you have at RtH gives you a lot of hope that pushes you forward in life";*

*"[I feel] peace and happiness";*

*"I didn't choose my past, I'm not even choosing my present. But I would like to choose my future".*

## Outcome 2: Reduced Isolation

- **83% felt less isolated** [33% significantly less isolated; 50% a little less isolated; 11% no change; 6% a little more isolated]

*"Because I can see myself very able to cope with all and when I need help anytime I know RTH is there for me. Being an alien in this world, I still proudly can say I do have this RTH to be there for me anytime. Thank you";*

*"Less isolated, I feel worthy and appreciated. I can rely on others and people can rely on me easily. With the experiences of others, I cope with the pressure better";*

*"RtH makes me a proud person that I have a family that love and show me some respect."*

- **90% felt more supported** [58% significantly more supported; 32% a little more supported; 10% no change]

*"Knowing there are people ready to help me. Whenever I am in need it is very encouraging. Room to heal is like a family to me."*

- **90% felt more supported by other members of Room to Heal** [58% significantly more supported; 32% a little more supported; 5% no change; 5% a little less supported]

*"I have hopes about Room to Heal. I believe Room to Heal would help me. I feel I belong here and they protect me";*

*"Because RtH treat everyone with equal rights and they don't discriminate or judge anyone";*

*"By having many people together in the same place it help build a strong relationship between the members."*

- **100% found the support group helpful** [89% very helpful; 11% found it a little helpful]

*"It is helpful to me because it's the place where I share my problems and people are willing to listen to me."*

*"In the groups I feel relaxed, I don't have stress that I feel, I can share my feelings with others. Before I liked to be alone and it was very hard for me to be close to groups."*

*"Support group helps me to share with other members what we are going through and together we are looking the ways we can resolve our anxiety";*

*"The support group which I always have a chance to express myself freely, openly and honestly about my life and be able to learn and get support from others."*

### Outcome 3: Development of trust and a sense of belonging

- **75% felt more connected with other people** [30% significantly more connected; 45% a little more connected; 15% no change; 10% a little less connected]

*"Therapeutic retreats have helped relate to others positively";*

*"Knowing there are people ready to help me. Whenever I am in need it is very encouraging. Room to heal is like a family to me."*

- **100% felt that Room to Heal had helped them build relationships** (with friends and other people who were important to them) [32% very much; 47% quite a lot; 21% a little]

*"Room to heal is like my family, listening to me without judging me";*

*"I now have friends at my school because I feel confident to communicate more. I also have good friends from my group therapy";*

*"Having met people at Room to Heal has helped me to relate with other people";*

*"It gives me extra courage."*

- **74% felt more able to engage sensitively with the opposite sex**[16% significantly more able; 58% a little more able; 26% no change]

- **100% felt the Culpeper social was very helpful** [87% very helpful; 13% little bit helpful]

*"We cook and share the meals, we are a family";*

*"You have the opportunity to socialise and create a bond with others in a fair and open atmosphere";*

*"I get to know more people with whom we're in the same situation [...] Interaction with many others makes me happy. Making new friendship, chatting and having a smile and a laugh outside the problems I go through feels great";*

*"Coming to Culpeper makes me have a sense of belonging."*

#### **Outcome 4: Reduction of anxiety, depression and related post-traumatic symptoms**

- **100% found individual therapy very helpful**

*"Suddenly I find the place where I could express myself and feel comfortable and suddenly I felt empty my bad experience or bad memories share to someone who completely I trust and feel safe."*

*"Individual therapy helped me to not focus on negative things. It took away some of my burdens. It was a positive process and my therapist helped me a lot";*

*"Was helped to gain confidence and trust in sharing my inner pain."*

- **89% felt more able to cope with symptoms of trauma** such as anxiety and depression [33% significantly more able; 56% a little more able; 11% a little less able]
- **80% felt that symptoms such as flashbacks, sleeplessness, panic attacks had got better** [15% much better; 65% a little better; 10% no change; 10% a little worse]
- **70% felt their overall health had improved** [25% significantly more healthy; 45% a little more healthy; 15% no change; 15% a little less healthy]

#### **Outcome 5: Increased ability to articulate traumatic history**

- **100% felt more able to talk about the traumatic, painful things that happened to them** [50% significantly more able; 50% a little more able]

*"It is distressing talking and explaining what you have been passing through, and hard and it is painful."*

- **95% felt more able to talk about their needs and issues** [53% significantly more able; 42% a little more able; 5% no change]

*"I believe talking about things was difficult but very helpful."*

## Aim 2: To assist people in dealing with material challenges

### Outcome 1: Increased knowledge of and ability to access relevant services

- **100% felt more able to access support from other organisations** as a result of support received from Room to Heal [50% very much more able; 31% quite a lot more able; 19% a little more able]

*"My caseworker was always on email to make sure we are all on the same chapter and happy so far";*

*"Giving positive suggestions and advice (useful)."*

- **100% felt more able to access mainstream services** [43% very much; 43% quite a lot; 14% a little]
- **94% felt more confident contacting their lawyer**

*"Room to Heal has helped me to build more confidence in contacting my lawyer. They also help in communicating with my lawyer on my behalf."*

*"Before, I didn't even know how to contact my solicitor about my case."*

- **100% of those without a lawyer felt more confident to find a good lawyer** than if they had to find one on their own

*"By helping me get a lawyer this has improved my situation and got my status";*

*"They found me a good lawyer who is appropriate and good in communication";*

*"Calling on behalf of me and pushing my lawyers and getting updates. Also went to the court for my hearing."*

- **83% felt Room to Heal had made it clearer to them which benefits they could apply for** [58% felt it was significantly clearer and 25% felt it was a little clearer; 8.5% no change; 8.5% a little less]
- **83% felt more able to explain their needs to benefits service providers** [75% significantly more; 8% a little more; 17% no change]
- **93% were helped by Room to Heal to access financial support** [50% were helped quite a lot and 43% were helped a little; 7% not at all]

*"In all my destitute situation, I got support as grant that RTH applied for me which I am very grateful to."*

*“Room to Heal always looking out for me and helping with grants for support.”*

*“RtH helped me to claim my employment support allowance and made all the calls and emails for me.”*

*“Applied for grants and always helped me cover travel costs and retreat cost. I cannot complain.”*

- **82% felt more informed of housing options available** [64% significantly more informed; 18% a little more informed; 9% no change; 9% a little less]
- **88% were helped by Room to Heal to access housing** [50% were helped quite a lot and 38% were helped a little; 12% not at all]

*“When I was meant to be moved out of London, RtH helped to retain my accommodation by writing a letter to Section 4.”*

*“Got me from the streets to Hackney winter shelter then to the permanent shelter where although I am not comfortable, I have a bed and shelter.”*

*“Taking the lead in phoning hostels and night shelters or sometimes referring me to some organisations or finding me some addresses to phone.”*

- **100% were helped by Room to Heal to access healthcare providers** [70% were helped quite a lot and 30% were helped a little]

*“I was helped to fill in an NHS form which exempted me from paying - to get free treatment.”*

*“Room to Heal helped me find a female GP.”*

*“Room to Heal made vital recommendations for further medical support and [I am now] in right safe hands with medical support.”*

*“I have a lawyer today, I have a doctor”.*

## Outcome 2: Increased confidence in navigating the asylum process

- **95% felt Room to Heal had helped them to better understand the asylum process and their rights** [53% significantly more; 42% a little more; 5% significantly less]

*“I have a lot of support from RtH and they have supported me through all the journey of the asylum process and I feel positive.”*

- **100% felt that they understood the asylum process better** [65% much greater understanding; 35% little better understanding]
- **94% of respondents felt more able to cope with the asylum process** [6% felt less able]

*“Overall you feel that you are not alone in the fight”;*

*“Given support and help to cope with waiting”;*

*"I have received a positive trafficking report from the home office and this is because room to heal has given me support at the home office with documents";*  
*"Negative asylum decision and long waiting has a great impact [on quality of life]."*

- **85% felt more able to provide testimony of their experiences** [32% significantly more able; 53% a little more able; 10% no change; 5% a little less]

### Outcome 3: Greater knowledge of and ability to access education, voluntary work and employment training

- **100% felt better informed about places to study and receive training** [82% felt quite a lot more informed; 18% felt a little more informed]

*"By helping me how to choose the course which suits me and also applications to colleges. RtH gave me the right information."*

*"Sharing valuable information like opportunity to learn at uni, my dream course..."*

*"RtH advised me the place suitable to learn or to gain skills in the area such as baking, cooking."*

- **100% felt clearer in education and career goals** and more confident in pursuing them [70% quite a lot more; 30% a little more]

*"Room to heal helped me find my goals in marine biology but, I think so I couldn't achieve my goals because it is very hard in this country";*

*"...I am very grateful to go back to college and I know I am progressing in life";*

*"They encouraged me to do something college rather than being isolated";*

*"[They helped me] find my potential and passions";*

*"They advise me to do some studies. I got the chance to do 10k running."*

- **80% felt more able to take part in educational activities** and/or volunteering [40% significantly more able; 40% a little more able; 20% no change]

- **53% have contacted or applied to colleges/schools/courses** for the academic year 2015-2016

*"I am always supported and encouraged to move on with life."*

- **80% felt their confidence had improved** [35% significantly more; 45% a little more; 20% no change]

*"I start looking forward with confidence on the future. I plan how I want to see my next days."*

*"As the confidence is built I have the reason to hold onto and see myself achieving all those dreams I am looking forward."*



#### Outcome 4: Greater opportunities to become involved with the wider London and UK community

*“By meeting new people I feel more confident.”*

- **90% felt that being a member of Room to Heal had improved their English skills** [26% very much; 53% quite a lot; 11% a little; 10% not at all]

*“Having a conversation in English helps me a lot”;*

*“By putting every member in English speaking it gives members opportunities to improve their English skills.”*

- **88% felt Room to Heal had helped them feel part of a wider community in London** [33% very much; 45% quite a lot; 11% a little; 11% not at all]

*“I still do not feel at home or that I belong in London. I am neither here nor there.”*

*“I feel like I am part of the community in London.”*

*“You meet different people from different backgrounds. Personally, I also have a chance to take part in fundraising which allows me to meet different people outside London.”*

*“Friday evenings at Culpeper garden with both members and staff has been a great way for me to socialise with people that wouldn't otherwise be able to talk to.”*

*“Room to Heal is part of Mildmay Community, and Mildmay is part of London community, so we feel a little bit.”*

#### Developing Aim: To improve care of torture survivors by sharing the Room to Heal model

**Outcome 1: Local communities, policy makers, mainstream service providers and the general public have a greater understanding of the needs of survivors of torture and organised violence.**

##### I. London Destitution Advice Network (LDAN)

Our Casework Coordinator attends quarterly meetings at the London Destitution Advice Network (LDAN), an online information-sharing network run by the Asylum Support Appeals Project (ASAP). As an illustrative example of how the online network functions: a particular contribution to this network, that had a positive impact on practices at a national level, was when our Casework Coordinator spotted a repeated problem in the issuing of

Biometric Residence Permits. Biometric Residence Permits (BRPs) are the ID documents for newly recognised refugees. He was able to address the delays in BRPs being issued successfully for three of our members through direct contact with the Home Office. He shared the new and worrying trend with organisations around the UK and noted how he had been able to deal with it, mainly just as a piece of news in case others had been struggling with similar situations, expecting that they might have more pointers on how to avoid these situations in the future. We had a flood of responses from practitioners in Leeds, Birmingham, London and elsewhere thanking us for the useful information and sending through distressing stories of clients waiting for months for their ID documents, whom thanks to our email they were now able to support.

## **II. HBF, FFT and WTC Network**

Since the summer, our Casework Coordinator has initiated quarterly meetings with the caseworkers at Helen Bamber Foundation, Freedom from Torture, and the Women's Therapy Centre, where they discuss mutual clients, share learning in the particular context of providing practical support within therapeutic contexts, and offer informal peer support to one another. This helps us to establish cross-organisational perspectives on the impact of particular policy changes on survivors of torture and other forms of violence, coordinate strategies for approaching statutory bodies to advocate for our members, and is also an opportunity to inform the well-established campaign teams in these larger organisations of our own learning, from our hands-on experience of the situation on the ground.

## **III. London Destitution Forum**

Our Casework Coordinator attends the quarterly Red Cross led Destitution Forum with updates from other organisations supporting migrants in London and the South East. Again, this helps us to establish a well-rounded perspective on the situation for our members and other asylum seekers, what are the salient issues, where support can be found and where the significant gaps in support are. This is an opportunity also to flag-up and educate more widely around the impacts of destitution specific to torture survivors, so that practitioners are better equipped to identify and challenge unsuitable policies.

## **IV. National Asylum Stakeholder Forum (NASF)**

We have recently been accepted to join the National Asylum Stakeholder Forum, a platform promoting dialogue between the voluntary migrant-support sector, and government departments. It is known to be the best platform for influencing Home Office policy, jointly chaired by the Home Office and Refugee Action, and is the vehicle by which partner organisations Freedom from Torture and the Helen Bamber Foundation continue to negotiate and safeguard concessions from the Home Office for their clients, concessions which in some circumstances could appropriately be extended to members of Room to Heal who also need regular access to a similarly specialist, trauma-focused, therapeutic organisation.

## **Outcome 2: Policy and practice are better suited to meeting the needs of survivors of torture and organised violence**

### **I. The Refugee Therapy Practitioners' Forum (RTPF)**

This forum brings together leading practitioners in the refugee therapy field to pool resources and learning and to collectively strengthen our voice on policy and in the sphere of public education. Room to Heal has participated regularly in this forum, sharing our experience and

determining courses of effective collaboration. The forum offers a chance to interact with and influence Home Office Representatives and decision-makers, who are occasionally invited to participate, enabling us to discuss the impact of policies on the lives of torture survivors and encourage positive changes where possible.

## **II. Platforma**

We also work with organisations such as Platforma, who develop refugee arts, particularly in the context of Refugee Week. We feel these forms of artistic communication are also important ways of influencing policy, albeit less direct. For example, we are running a year long collaborative art project with Ice and Fire Theatre Company, who are training our members in different forms of artistic expression and helping them to develop a dramatic piece for performance. Organisations such as Platforma help us to disseminate this work and reach as wide an audience as possible.

## **III. British Red Cross trafficking panel**

The invitation in late 2014 to Room to Heal to the British Red Cross Trafficking Panel is indicative of increased awareness of our work on the part of partner organisations, and an acknowledgement of our extensive experience in working closely with victims of trafficking. Participating in the panel discussion also gave us the opportunity to broaden our perspective on the issue of trafficking, well beyond the remit of purely clinical work. The opportunity to meet with other specialist organisations, working with this client group, proved very useful in building and strengthening our network.

## **IV. Centre for the Study of Emotion and Law (CSEL)**

We are building a partnership with CSEL, which has the potential to enable us to effect policy-making positively. For example we are developing a research project on male survivors of sexual violence and reluctance to disclose such experiences in asylum interviews, for the purpose of educating policy-makers, researchers and Home Office representatives.

## 8. Discussion of survey findings

### Aim 1: To enable people to heal from their traumatic experiences

It is clear that each of the 4 outcomes related to this aim overlap and intersect, in the context of enabling our members healing from traumatic experiences.

Many respondents' answers refer to more than one outcome, and each outcome is linked to another. For example: quality of life improved because isolation was reduced because belonging and trust were facilitated and there was a realisation that people cared and would listen and not judge. For the purposes of this report we have grouped responses as logically as possible.

#### Outcome 1: Instillation of hope and meaning in life

*"Room to Heal has helped to build my hope and my confidence and a new life" was one reason for wellbeing having improved. This answer directly corresponds with Room to Heal's mission statement.*

Members typically arrive here traumatised by their past, unable to cope with a present life in exile, and with little or no hope for the future. The enduring legacy of extreme violence, coupled with a life in exile outside of any familial, social, cultural or institutional system of support is often too much for one person to bear, and people are often suicidally depressed when they first join.

Many of our members when they arrive feel they are not 'worth' partaking in a journey towards healing and not 'worth' relationship. It thus becomes all the more significant when members cite feeling *"worthy"*, *"confident"*, *"strong"* and *"hopeful"* and relate these to quality of life and wellbeing.

- 100% of respondents felt life was more meaningful as a result of coming to Room to Heal. One member said: *"Room to Heal [...] brought about new meaning to be able to stay alive."*

Confidence came up frequently as a reason people felt more positive about the future. Confidence, hope and reduced isolation were mutually strengthening: members felt that confidence and trust facilitated connection with others, lessening isolation. In turn, feeling like they were not alone anymore gave greater confidence.

However, with reference to the question regarding quality of Life, one respondent stated that their quality of life had worsened. This statement did not reflect many of the more positive answers that this respondent gave and they made clear that this change was *"Nothing to do with RTH, it's the Home Office rejecting my accommodation since November 2014"* and then: *"Negative asylum decision and long waiting has a great impact [on my quality of life]"*.

This also means that positivity towards the future is negatively impacted: one respondent wanted to move forward with their life but said *"I have no papers yet"*. For those struggling with the destabilisation and distress that waiting for papers engenders, it is hard to focus on one's psychological well-being. For those with papers, therapy can begin to take more priority. One member who has refugee status said: *"quality of life seems to depend more on my mental health and my mood and Room to heal has helped with this"*.

## **Outcome 2: reduced isolation**

Torture and organised violence, in the words of Helen Bamber, "destroy all that is good in human relationships" and it is primarily due to this breakdown of trust, that survivors tend to avoid relationship, closeness and intimacy - ironically some of the very things that can facilitate overcoming the crippling legacy of trauma. This is coupled with the huge challenges of building a life in exile, having lost one's family, friends and surrounding culture.

The paradox of seeking isolation when in pain, when it is that reconnection with others - many of whom have similar traumatic histories - that can help one to heal is echoed by many respondents who highlight their previous tendency to hide away and be alone: *"Before I liked to be alone, it was very hard for me to be close to groups."*

There is a real sense of a 'before' and 'after' joining Room to Heal.

- 90% of respondents felt more supported and;
- 100% found the support group helpful.

When asked to state which activity/ies had been the most helpful, it was the therapeutic support groups that were most cited (it came up 8 times as members' favourite activity). However, one member (although included in the 100% who found it helpful) said the therapeutic support group was the least helpful activity because she found it *"hard to trust people and felt isolated and judged"*, preferring individual therapy. However, through Room to Heal, and particularly through going on therapeutic retreats, she felt significantly more connected, and could *"relate to others positively"* with a greater *"sense of belonging"* from the community.

In the context of a "therapeutic community" it is the community itself, through "self-help and mutual support" which "is the principal means for promoting personal change"<sup>1</sup>. It is through the process of building trust, creating an environment of mutual support, safety and openness that isolation can be lessened, and a sense of belonging, hope and meaning slowly instilled.

## **Outcome 3: Development of trust and a sense of belonging**

With the support of other members and staff at Room to Heal, it is clear from the survey that people feel they are slowly more able to open up and build trust with others. As one respondent said, *"I am able to share to someone who I completely trust and feel safe."* One

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<sup>1</sup> De Leon, G. (2000) *The Therapeutic Community: Theory, Model and Method* (New York, Springer Publishing Company) 119

member said: *"I feel I belong here and they protect me"*. A sense of safety then, is key to enabling the ability to open up and build trust.

As people are able to increasingly reveal themselves and their feelings, the realisation grows that people are not alone in suffering, echoed by Mark Fish (see below). Room to Heal is described as having a *"fair and open"*, *"non-judgemental"* atmosphere where it is as a result of being shown *"care, support"* and *"all the love [Room to Heal] can"* that respondents feel that life is fuller and more meaningful.

One member described feeling proud to be a part of the *"family"* of Room to Heal, where *"love and respect"* are shown, where these had been lost or destroyed. *Family* is a concept that came up frequently in this year's questionnaire, as it did also in previous years' surveys.

The provision of a 'new family' at Room to Heal brings a sense of belonging and can also give members the space to grieve for the families they have lost. It is particularly whilst on the therapeutic retreats that feelings of family and belonging emerge most strongly: *"I feel the family warmth now, because of the way my friends gave me that kind of support. It reminds me every single day I'm missing my mum."*

Spending time away from London, and away from the stresses of everyday life, in a beautiful and nurturing natural setting is experienced as profoundly healing, restoring connection with others.

*Therapist's observation:*

*On therapeutic retreats in particular, in the context of a very beautiful natural environment and a feeling of safety, of a pronounced sense of family and not having to deal with other worries that they have to deal with in London, people can begin finally to express aspects of their narrative that they haven't been able to before. In groups and on retreats, there can be a ricochet effect for other people doing the same thing, expressing things for the first time, out loud, and finally feeling what they've been through, then finding some relief and also, a correspondence with others: that suffering is suffering and that you're not alone in it and very often the kind of things you've been through, they have also been through. People begin to understand that their reactions, whatever they are - including suicidal ideation and depression - are actually normal reactions to very abnormal circumstances."*

*- Mark Fish*

### **Transition to mixed gender therapeutic support groups**

Since merging men's and women's support groups in January this year, 74% of respondents said that they felt more able to engage sensitively with the opposite sex [16% significantly more able; 58% a little more able; 26% no change]. It was in relation to the therapeutic retreat that one member said: *"For the first time I didn't have to be scared of the men."*

*Therapist's observation:*

*"Having run the united groups for a year now, we can observe that women and men have built working relationships through being in the afternoon/social activities and in the support groups together. In these groups, they may work hand in hand or give and receive advice to one another, as well as relate to each other's experiences.*

*Women and men have learnt how to interact more, open up towards one another and an initial shyness, which often characterised communicating with members from the other sex, has decreased. After a recent retreat, women and men formed a closer-knit friendship group, which supports and contacts even outside of RtH times.*

*One member commented that although he did not have any sisters in his family of origin, he saw himself relating to some of the women as sisters, in a supportive way."*

*- Kirsten Hubert*

### **Outcome 3: reduction of anxiety, depression and related post-traumatic symptoms**

It has been widely recognised that reduced isolation and marginalisation significantly reduces depressive symptoms in refugee survivors of torture.<sup>2</sup> Respondents echo this finding: *"It helps me to be in the community and to cope with all the anxieties and lessen my depression state."*

The survey makes clear that for many people, becoming part of a community - through the weekly support groups and in a wider sense, through shared social activities, therapeutic retreats and at the Culpeper garden - helps to rebuild a sense of personhood: *"RtH made me believe that I am a human being like other people, that I have a right to life, happiness and bright future, which I hadn't realised before."* Being allowed to feel human again is integral to the healing process, and it is clear that enjoying life together is also a significant part of this: *"chatting and having a smile and a laugh outside the problems I go through feels great."* This came up in relation to the therapeutic retreat: *"Playing games, making jokes and laughing with friends. It showed me that I can have a normal time like others."*<sup>3</sup>

At the same time, however, two people said that they felt 'a little less healthy' and that symptoms such as flashbacks, sleeplessness and depression had worsened. It is not clear whether this change is a result of challenging life circumstances triggering resurgence in traumatic symptoms (for example an asylum refusal) but it is clear from their profiles that

<sup>2</sup> Mollica, R. et al. (1998) 'The dose-effect relationship between torture and psychiatric symptoms in Vietnamese expolitical detainees and a comparison group', *Journal of Nervous and Mental Disease*, 186 (9), 543-553; and Gorman, W. (2001) 'Refugee Survivors of Torture: Trauma and Treatment', *Professional Psychology: Research and Practice*, 32(5)

<sup>3</sup> See Appendix 1, p. 32 for more on the Therapeutic Retreat at the Grange, Norfolk.

these two respondents have been waiting for their leave to remain for over five years, which we know considerably adds to the stress that people endure.

This applies also to the therapeutic retreats, where for some, the worry of their normal day-to-day life was a continuous presence: *“Actually, I’m not feeling very well, maybe because I’m worrying about the life back in London”*. For one respondent, talking about the past was particularly challenging: *“it recalls the pain and flashback which is very uncomfortable and unbearable.”*

However, 100% of participants felt physically better by the end of the intensive therapeutic retreats, with two thirds feeling ‘quite a lot’ or ‘very much’ better. This is the same across both types of retreats (therapeutic and skills). People mentioned they were sleeping bit and felt fitter from the physical heavy work. *“Waking up every morning giving us such good morning exercise and some kind of positive power to my body that I was busy that whole day”*. One member also said: *“I did not take severe pain killers for 3 days – that’s a life changing situation.”* The country air also had a positive effect, with one members saying: *“I haven’t used asthma medication for the two days because of clean air.”*

### **Outcome 3: increased ability to articulate traumatic history**

- 100% of respondents felt more able to talk about the traumatic, painful things that happened to them. One respondent said: *“suddenly I find the place where I could express myself and feel comfortable.”*

However, many members highlighted the painful and difficult aspects of this process of articulating trauma: *“It is distressing talking and explaining what you have been passing through, and hard and it is painful.”* This is, of course, further compounded during the asylum process when members are required to repeat and re-repeat traumatic experiences in interviews. The member who stated the above has been waiting for papers for over 5 years.

The discomfort and pain of being in a group setting and sharing with and listening to others is summed up by one respondent’s description of the support group on a therapeutic retreat: *“At the beginning it was quite strange and I feared about other people and stories, but after that retreat helped me to make bond with others but still painful to listen and share our feelings.”*

For some, articulating one’s trauma is very difficult in a group setting, compared to during individual therapy: *“You have all the time individually, able to discuss things at large, become more open [...] without fear of who else is listening.”*



*Therapist's observation:*

*“As our members struggle through the asylum process they are faced with the daunting task of articulating their traumatic history to Home Office Representatives, Barristers, Immigration Judges, as well as other supporting agencies, to ‘prove’ their history of torture and abuse.*

*There are significant therapeutic debates as to the necessity, or not, and the most useful process of articulating trauma in the context of healing. Even those who do advocate for the need to process trauma through an articulation of some kind - such as proponents of Narrative Exposure Therapy and related approaches – propose this is undertaken in prescribed ways and in controlled circumstances, ensuring that clients are not overwhelmed by a traumatic reliving of past abuses.*

*Unfortunately, the existing asylum system forces torture survivors to engage in the process of articulation with very little control, or pacing and in what is a hostile environment. Often people are simply overwhelmed or unable to articulate shameful aspects of their history. The incompleteness and disorder of narrative is often misunderstood by immigration representatives and taken to be indicative of subterfuge, rather than indicative of trauma.*

*Helping our members cope with the process of articulating their traumatic histories in the context of their asylum claims, and providing supporting evidence of our observations of the manifestation of their trauma, is central to our work. This process can also help our members to normalise and cope with their experiences.”*

*- Chloe Davies*

## **Aim 2: To assist people in dealing with material challenges**

Although separate aims, Aim 1 and Aim 2 are intrinsically linked. All too often, trauma discourse “focuses on high-impact events that occurred in the pre-migration environment. One of the dangers of this focus is that it overshadows basic needs in the present lives of resettled refugees”<sup>4</sup>. Our members typically perceive the protracted struggle they face to win their asylum claim, and the marginalisation and dehumanisation they experience in this process, as just as hard to bear as the original trauma they endured. This is in part because while they struggle through this process they are constantly faced with the threat of forced return to the countries from which they fled, and the prospect of further torture and death.

While people are facing this level of insecurity, combined with destitution, homelessness and other destabilising life-circumstances, the chances of meaningful healing are limited. It is for this reason that our casework team is central to our work and why our casework and therapeutic staff work so closely together.

Symptoms of trauma, depression and anxiety significantly impact people’s ability to navigate the complex and alienating asylum system and to deal with material and practical concerns. Conversely, the stress and insecurity of waiting for asylum cases to be processed, ongoing insecurity and material deprivation all have a catastrophic impact on a person’s

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<sup>4</sup> Ryan, D., Dooley, B. & Benson, C. (2008) Theoretical Perspectives on Post-Migration Adaptation and Psychological Well-Being among Refugees: Towards a Resource-Based Model *Journal of Refugee Studies*, 21 (1)

psychological health. As Freedom from Torture (2013) said: “When survivors of torture are effectively made destitute, this can lead to a deterioration in their mental health and/or to an increased risk of suicide.”<sup>5</sup> It can also have a long term impact on their ability to recover from past trauma.

### **Outcome: increased knowledge of and ability to access relevant services**

As discussed in Aim 1, as a result of multiple traumas (including pre- and post-migration trauma), when they first come to Room to Heal, members often find trusting others highly problematic. Our members face huge difficulties in approaching and building trust with mainstream service providers, sometimes preferring to go without safe housing, medical attention or legal representation, for fear of further abuse or deportation. The building of trust is therefore central to our work.

The work undertaken in the context of the therapeutic process enables greater trust with our caseworkers and this then helps confidence to grow. In turn, the work we do to solve people’s material challenges, helps bolster our members’ recognition that we take their lives and difficulties seriously, whatever they are.

- 80% of our respondents felt more confident in general and 94% felt more confident to contact their lawyer by themselves to discuss their case.

One of the key facets of casework at Room to Heal relates to explaining processes and services and demystifying the labyrinthine asylum process.

- 100% said they felt they understood the asylum process better.
- Furthermore, 83% felt Room to Heal had made it clear to them which benefits they could apply for, 82% felt more informed of housing options available and
- 100% felt more informed about places to study and receive training.

We continue, in a climate of increasing hostility and decreasing provision of services, to research and signpost our members to places where they can meet their wide-ranging practical needs, from studying and volunteering, to getting a hot meal and a food parcel to take home, and we advocate on behalf of members to secure proper legal representation in immigration and homelessness proceedings, and to secure proper access to sensitive, reliable and free healthcare. However, against a backdrop of greater austerity measures and cuts to the public sector, signposting is becoming increasingly challenging: for example, many organisations in the migrant support sector cannot reimburse travel costs for our members. However:

- 100% felt more able to access support from other organisations as a result of support from Room to Heal.
- 100% felt more able to access mainstream services.

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<sup>5</sup> Freedom from Torture (2013) *The Poverty Barrier: The Right to Rehabilitation for Survivors of Torture in the UK*

However, casework at Room to Heal is not all about informing and explaining. Our casework team has secured over £3,000 in hardship grants for eight destitute members (93% of respondents said they had been helped to access financial support) and we helped 18 people avoid street homelessness (88% of respondents said they had been helped to access improved housing).

### **Outcome: increased confidence in navigating the asylum process**

The increased ability to articulate one's traumatic history, an outcome of Aim 1, is clearly facilitated through the therapeutic process and has huge implications for the ability to give testimony to one's lawyer, or during asylum interviews. This is reflected by the 85% who felt more able to provide testimony of their experiences.

With confidence and support, comes a greater sense of hope about the future, about moving on with life, overcoming the obstacles material challenges pose to the process of healing: *"I have a lot of support from RtH and they have supported me through all the journey of the asylum process and I feel positive."* Again, the realisation that other members are struggling with similar issues means that *"overall you feel that you are not alone in the fight"*.

### **Outcome: greater knowledge of and ability to access education, voluntary work and employment training**

Educational, vocational and employment opportunities are integral to respondents' feelings of positivity towards the future.

- 100% felt clearer in education and career goals and more confident in pursuing them: *"I am very grateful to go back to college and know I am progressing in life."*
- 80% felt more able to take part in educational activities and/or volunteering and this is testament to an increase in confidence, as well as an increased understanding of the options available:

*"I start looking forward with confidence on the future. I plan how I want to see my next days"* and:

*"As the confidence is built I have the reason to hold onto and see myself achieving all those dreams I am looking forward."*

### **Outcome: Greater opportunities to become involved with the wider London and UK community**

- 88% felt that Room to Heal had helped them feel part of a wider community in London.

However, 11% chose “not at all”. One reason was: *“Because this is big city”* and another wrote *“I still do not feel at home or that I belong in London. I am neither here nor there.”* Living in exile, coping with the difficulties of life in a new place, compounded by intrusive traumatic memories brings with it a deep sense of isolation and alienation.

Furthermore, feelings of dislocation from the wider community in London are exacerbated by changes to legislation and punitive Immigration policies. The Immigration Bill of 2015<sup>6</sup> contains unprecedented expansion of the powers of immigration officials to detain individuals, seize property and interfere with the everyday life of people who are suspected to be in the UK without authorisation<sup>7</sup>. There is also a rising climate of racist hostility towards refugees and asylum seekers, worsened by unsupportive media attention and political parties scapegoating migrants. The asylum seeker label can transform an identity into a politicised image of “marginality, dishonesty, a threat, unwelcomed.”<sup>8</sup> Understandably, members are often reluctant to reach out to the wider community and this seems linked to revealing identity: *“I do have a good relationship in the community, friends because I wear several layers of masks, not to make other people know the real me.”*

- Notwithstanding, 75% felt more connected to other people,
- 100% felt Room to Heal had helped them build relationships (see Aim 1).

Our weekly Culpeper social is seen as a mutually beneficial exchange where negative stereotypes are challenged and, as one member put it, *“Friday evenings at Culpeper garden with both members and staff has been a great way for me to socialise with people that [I] wouldn't otherwise be able to talk to.”* One member cited the Culpeper social as being the least helpful to them, because *“you meet different people you are not close with,”* seeing this aspect from a less positive perspective. However, this respondent still formed part of the 100% of respondents who found the Culpeper social helpful. It is also through outreach and fundraising that members have felt more connected to wider society: *“You meet different people from different backgrounds. Personally, I also have a chance to take part in fundraising which allows me to meet different people outside London.”*

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<sup>6</sup> UK Visas & Immigration (2015) Immigration Bill 2015-2016, <https://www.gov.uk/government/collections/immigration-bill-2015-16>

<sup>7</sup> See Patel, C. (2015) ‘Immigration Bill 2015 – What you need to know’ (Migrant’s Right Network), <http://www.migrantsrights.org.uk/blog/2015/09/immigration-bill-2015-what-you-need-know>

<sup>8</sup> Zetter, R. (2007) More labels, Fewer Refugees: Remaking the Refugee Label in an Era of Globalisation *Journal of Refugee Studies*, 20(2), 184.

## 9. Conclusion and recommendations for Programme Development

The following quote echoes much of what members wrote when asked to describe what Room to Heal means to them:

*"Room to Heal means a lot more to me - brought about new meaning to be able to stay alive. RtH helped me to give me hope for the future, RtH made me believe that I am a human being like other people, that I have a right to life, happiness and bright future, which I hadn't realised before. The love and caring extended to me by the staff and volunteers is great and rare to be found somewhere else."*

It directly highlights the fundamental aim of Room to Heal: to create an integrated, healing therapeutic community to support members to rebuild their lives in exile. Like last year's members' survey, members wrote time and again - and in response to many different questions asked - that Room to Heal represented a 'family' (family came up nine times when asked what Room to Heal means to members). Members describe feeling *"at home"*, feeling they *"belong"*; and as the survey findings indicate, responses were overwhelmingly positive (see key findings, p4). We can therefore safely say that our activities are helping us to successfully achieve our outcomes.

What makes this sense of family flourish? Some members spoke of the way in which they were treated, with dignity and as human beings, as central to their sense of belonging at Room to Heal. For example:

*"I believe the staff respect the members and talk with value and dignity, which I do not get some places that I normally go. Staff are people like us with their daily routine life, but are amazing. Well done!"*

A sense of security and trust in the organisation and the way members were treated was also key. Others pointed to the fact that they felt they had "a voice" that was listened to and appreciated, as being key in their sense of belonging.

These point to aspects of RtH's therapeutic approach and wider philosophy. For example:

- Bearing witness to the devastating trauma that people have experienced;
- Moving beyond an expert-patient relationship, enabling people to discover for themselves what they need in order to best heal;
- The idea of life journey, rather than pathology;
- Recognising that as human beings we are united by common existential concerns of love, loss, death and longing.

It is clear from our respondents' answers that Room to Heal has played a vital role in their lives: reducing profound feelings of loss, isolation, marginalisation, meaninglessness and hopelessness when they first entered Room to Heal; and successfully creating a community where trust, safety, kindness, empathy, friendship and support provide a place of belonging, instilling lives with hope and meaning and creating a space where healing can be facilitated.

Although one member wrote *"you have done the best"* and *"for me I feel that RtH gives and has given us all that there is to offer"*, it is clear that there is always room for improving our programme. We received some helpful suggestions from our members:

## **I. Developing additional social activities, outings and skills**

Members expressed the wish to have more organised activities and outings together as a community. *"More activity"; "Creative stuff"; "Yoga, knitting group and arpileras"; "Cooking, art therapy"; "Music"; "I like to do some sports"* were among suggestions for how Room to Heal could improve their programme. Members also expressed a wish to go on more excursions together: *"We can often visit places as we did a few weeks ago when we went to Kew Gardens"* and also to vary the location for the retreats: *"Instead of going to the Grange all the time, it would be much appreciative if we could go somewhere else just for a change, please"*.

We have set up a community forum, where members can voice such suggestions and play an active role in making them become a reality. We are soon to have ambassadors for activities and outings and will continue to monitor this aspect of our programme, making sure to listen carefully to the suggestions and wishes of our members.

Members also expressed a wish for computer skills: *"We need computers, computer skills workshops"* and more generalised skills: *"I have need for lessons and classes."* This is also something we will be discussing as a community.

However, one member mentioned that there are already a lot of activities offered, and that Room to Heal could do with following up members who do not attend:

*"For me I feel that RtH gives and has given us all that there is to offer. If we are able to attend each and every activity put forward - on each and every day at the time asked to do everything and do them accordingly. RtH offers a lot of activities and support!"*

## **II. Casework**

A number of people mentioned a desire for further assistance with education and skills development. *"Advice for education and studies"; "Finding a job"; "Help with CV"*. We are hoping to begin a partnership with Arsenal's 'Employability' scheme, which would provide such advice.

More signposting for housing and shelter also came up as a recommendation: *"Probably be connected to come hostels and night shelters or working with some of them"*. This is an area we are always trying to develop.

Two members mentioned a visiting programme/ making more of a connection to people in detention: *"If someone is in detention they should be able to go visit him/her if he/she is a member of R2H"* and another member said RtH could improve its programme by organising *"Visit people in detention."* We will continue to discuss this amongst staff and members.

Members also highlighted their lack of funds: *"They could provide some financial support"; "Since I am very new, I don't have any ideas but if they could provide some financial support as well"* and *"To improve our transport supports and also provide a Lyca mobile which is free to call from other Lyca."* In good news, free Lyca mobiles and contracts for members have since been provided.

## **III. Accessing RtH's services**

15% mentioned difficulty accessing Room to Heal's services. This amounted to 3 out of 20 respondents. [85% either said 'no', 'never' or left the box blank]

One member said they “*sometimes*” had difficulty accessing RtH activities or services and one said they had difficulty “*telephoning in the past*”. The third person who mentioned this said: “*Because I am new and was not clear about the pathway, and I feel it is too much to ask help, sometimes because of this I expect from RtH to ask me my difficulties*”.

This could point to discussions about how we support new members; especially when many respondents speak of low levels of confidence before and upon joining Room to Heal. As we have seen in the survey findings, confidence levels tend to increase alongside familiarity with members, staff and with the process.

## Appendix 1: Focus: Retreats at the Grange, Norfolk

In 2015 we ran two therapeutic retreats, two skills retreats and one Ice & Fire retreat. In total eight men and eight women spent at least four days on retreat. Seven people went on more than one retreat.

**100% of members said they enjoyed the retreat** ['quite a lot' or 'very much']. Members mention being together in the group, the family atmosphere at the Grange, and the quiet rural life, so different from the pressure of London, as the main things they enjoyed.

*"Being together with new people in a different environment"*

*"Staying in a quiet wonderful home with a wonderful family"*

*"A quiet space makes you sleep well, gives your health back"*

*"Really good to have chance to spend my time with the people also in the same feelings like me.... Even when I was sad they let me to feel I was not alone."*

Overall, the therapeutic retreats were seen as *"relax(ing) in a quiet environment"*, *"safe and comfortable"*, *"helped relate with others positively"*, *"Positive in a way that for a whole week I gave the opportunity to express my thoughts, sorrows and pains"*, *"Every day I felt I got someone who can understand my feeling and got someone to share my thoughts"*

Key words repeated in the questionnaires were *"refreshed"*, *"strengthened"* and *"relaxed"*.

*"Relaxed... this retreat helped me to separate all my worries and enjoy myself."*

A number of members described feeling as though they had returned to their childhoods: *"I feel myself free and as of in my home. I went back to my childhood years in my village."*

A few people felt that the difficult, less enjoyable part were the therapy groups themselves:

*"Some thoughts came in my mind according to atmosphere where I was which brought me to my previous life."*

*"Therapeutically the support group was quite intense and it was scary at some point to deal with our personal problems and take the rest of the group on."*

*"it was very intense talking about other people's problems on a daily basis. At the end I came back exhausted"*.

A couple of members who went on the skills retreats felt that four days wasn't long enough as they had been unable to finish the project they were working on.

**72% of participants on the skills retreats felt a significant improvement in their emotional health** by the end of the retreats, whereas only half of those on the therapeutic retreats felt that that was the case. However, all of those on the therapeutic retreats reported some improvement, unlike those on the skills retreat. It is important to bear in mind that members selected for the skills retreats will have been on a therapeutic retreat already, and are considered to be in a strong enough frame of mind to be able to take on new skills and learning. This may skew results.

Both the skills retreats and the therapeutic retreats gave members the opportunities to learn new skills. Some of the skills mentioned as being valuable were: using tools, building skills, how to feed animals, learning about nature, how to cook, weaving, book-binding, setting a fire, table-tennis and even how to play a guitar.

*"I gained a useful knowledge during this retreat which I think will really impact my future life. The way I see things have radically improve."*



## Appendix 2: Focus: Mindfulness for Trauma workshop

The 12 week programme ran from 12 May to 28 July 2015. It was lead by Mark Gray, an affiliate of the Centre for Applied Mindfulness, with Loan Tran assisting. The programme consisted of a 60 minute mindfulness session after the weekly therapy groups.

The routine included finding a comfortable and engaged sitting position, sitting in silence, bringing awareness to the internal world of thoughts, emotion and physical sensation, and bringing attention to the outer world of sounds, smell, sensation on the skin and vision etc. It is clear that the mindfulness programme provided some useful tools and was appreciated. Attendance was consistent and participants were very engaged in the process:

*"I know that I have some peace, some useful tools in a social situation."*

*"Whenever I start feeling the pain I remember that I should sit straight and start to move. I didn't know that before."*

*"I feel how to control anxiousness and everything like that, that's what's more helpful for me."*

However, there was a generally feeling that the programme had not been long enough. One respondent said *"I need time to adopt something so I think we need more. For the time one hour is enough what I mean is the long-term"* and *"I need more time to adapt to the ideas"*. This has been taken into consideration and members have begun practicing mindfulness for 10 minutes after lunch when they come to Room to Heal on Tuesdays.

There was general agreement that practicing mindfulness at home in a regular way was challenging. This does highlight the need to provide some kind of support for developing personal practice. To this end we will provide an audio recording of standard 15 minute practices that can be used at home.

*"For me personally, who always lacks a discipline, there was a point there when I was frustrated with myself for not doing it daily. And what I found very useful was doing not at a set time but just while I was walking, just sitting on the bus, just trying to incorporated into day-to-day doing just by walking from the station to here. But discipline I find it difficult."*

Mindfulness was mentioned three times by our respondents as being the least helpful activity offered by Room to Heal. Reasons given were: *"sometimes I got sleepy"*; *"The activity was upsetting my mind in the beginning."* There was also a comment about how to improve the mindfulness activity: *"It will be good after mindfulness to have a nap"*

In hindsight it would have been good to have provided some additional one-to-one time. Since there are two facilitators present this could easily be implemented and it would provide an opportunity to work with individuals to fine-tune their practice.

## Appendix 3: Focus: Activities

### Discussion

It is important to note that of the 20 respondents, over half mentioned more than one activity as being 'most helpful' because *"Each activity helps in its own way"*. One member communicated the difficulty of choosing one: *"Truly speaking all those activities help me in some way or another but I have to choose one I will say the gardening."*

Comments such as *"I feel they are all interconnected"* and *"Each of them plays an essential part in my recovering"* highlight just how important Room to Heal's integrated approach is: it is very difficult to pinpoint exactly which aspect of what Room to Heal offers is the most helpful.

70% of respondents did not answer "Which activity did you find the least helpful?", as one member wrote: *"as I say there is not one unuseful."*

Three people wrote down activities they do not attend as being the least helpful: *"The ones I do not go to are not helpful."* This merits further attention: do respondents think these activities will not be helpful and therefore not attend them? Would respondents have liked to attend, but encountered obstacles?

As one member put it, activities, might not be helpful for everyone: *"Every activity is put for a reason but sometimes, it may not work for me but work for others."* She also went on to say that, regarding mindfulness, that is was *"very hard for me in the beginning and afterwards, it comes part of me by practising the exercise on daily basis."* This suggests that activities might not seem helpful straightaway but can be incorporated into life outside Room to Heal.

Activity	No. of respondents who cited this as their favourite activity
Therapy groups	8
Individual therapy	5
Gardening	3
Mindfulness	3
Culpeper Social	2
Retreat	2
Ice and Fire	2
Woodworking	1
Knitting	1

### **100% found gardening at Mildmay a helpful experience**

[69% very helpful; 31% a little helpful]

*"I get energy I feel something positive, I feel happy"*

*"It helps me to be in the community and to cope with all the anxieties and lessen my depression state"*

*"It reduces stress as you do the gardening"*

*"It's a good distraction. I focus on the work and don't think other things. Also it is good to work with others as a team."*

*"Keeping the mind busy away from suicidal thoughts"*

*"Digging - it reminds me of my past."*

*"Improve health, fresh air and a lot of open space."*

## Appendix 4: Focus: Training Workshop in Tunisia

Mark Fish ran a two-day experiential workshop in Tunis, Tunisia in September 2015 for staff members at the World Organisation Against Torture (OMCT, Organisation Mondiale Contre la Torture) and psychologists from the Ministry of Social Affairs. They highlighted the Room to Heal methodology for providing group support to survivors of torture, such that participants were better equipped to facilitate their own therapeutic support groups, 'groupes de parole', in their places of work.

**100%** found the workshop positive [27% found it excellent; 73% good]

*"The workshop had a time limit and could do with being longer"*

*"It enriched our knowledge"*

**100%** felt it covered issues that they had not thought about before  
[50% completely; 40% quite a lot; 10% a little bit]

**100%** felt the delivery favoured the group dynamic  
[90% completely; 10% quite a lot]

**100%** felt that the workshop would help them to develop therapeutic support groups  
[82% completely; 8% quite a lot]

*"The content was useful for work with torture survivors, but we would like another workshop to focus on victims of familial violence."*

*"I suggest examining more case studies in order to benefit more directly from Room to Heal's experience."*

**100%** were satisfied with the dynamism of the training team  
[82% completely; 8% quite satisfied]

**100%** were satisfied with the training team's methodology  
[73% completely; 18% quite; 9% a little bit]

**100%** thought the interaction with the training team was smooth  
[89% completely; 11% a little bit]

*"I thought the interaction was impeded by the short duration, and by the linguistic barriers, even though the translators were competent."*

*"A useful new model which I found convincing and different from the usual trainings. It really engaged me and I would like the opportunity to do another one."*

*"The training team managed the workshop with professionalism."*

## Appendix 5: Reference List

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