



ANNUAL SUMMARY & EVALUATION 2016



CONTENTS

ANNUAL SUMMARY & EVALUATION 2016	0
1. BACKGROUND	2
2. KEY FINDINGS	3
3. LOOKING BACK ON 2016	6
I. ACTIVITIES	7
II. KEY CHANGES OVER 2016	8
4. SURVEY METHODOLOGY	10
5. PROFILE OF RESPONDENTS	12
6. SURVEY FINDINGS	13
7. CONCLUSION AND RECOMMENDATIONS	32
APPENDIX 1: ROOM TO HEAL'S AIMS	35
APPENDIX 2: THERAPEUTIC GARDENING	36
APPENDIX 3: CULPEPER SOCIAL	38
APPENDIX 4: COMMUNITY FORUM	40
APPENDIX 5: RETREATS	41
APPENDIX 6: SHARING THE RTH MODEL; TUNISIA AND BEYOND	43
APPENDIX 7: CHANGES TO THERAPEUTIC STRUCTURE 2016	45

1. BACKGROUND

Room to Heal (RtH) is a therapeutic and 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 members can support one another to overcome the crippling legacy of their traumatic experiences and find renewed meaning in life.

Each year we evaluate the impact of the work of RtH in order to inform our development and improve our services. The central part of this year's Summary & Evaluation is our Annual Members' Survey, through which members are able to reflect and share their views on how they have been affected by belonging to RtH. The evaluation process offers an opportunity to reflect on what is working and what is not working



for our members, as well as a chance to step back and review the year itself: some of the key changes, achievements, setbacks and challenges the organisation has faced. This helps us to inform our programming and ensure that our actions and activities have reflected our aims and targets.

We use qualitative and quantitative data to try to build a well-rounded picture of RtH: to assess our activities and monitor the implementation of our projects and the effectiveness of our approach. We realise that numbers and percentages alone cannot capture the myriad ways in which members interact with RtH as an organisation, and so throughout the survey, we aim to give members enough space to add additional comments where they see fit. This year we have also opened our evaluation to partner organisations to gather more feedback and gauge how we are perceived externally by those who work closely with us and who share mutual clients. The results are thus incorporated into the evaluation, alongside insights from our staff team.

The Annual Members' Survey was compiled by Isabella Mighetto, Evaluations and Fundraising Coordinator, and Rae Ambarwati, Senior Community Support Worker, and edited by Chloe Davies, Deputy Director. Rae completed the quantitative analysis and Isabella the qualitative. The report was reviewed by staff and Trustees and shared with our members.

2. KEY FINDINGS

This evaluation focuses on members of RtH's perspectives on the impact of RtH's work on their wellbeing. It breaks down elements of RtH's work into constituent parts, shedding light on how different elements of our programme affect a person. It is clear, from our survey results, that each element has played a specific part in improving someone's life, e.g. preventing homelessness or easing trauma symptoms, but what comes across most strongly in our members' feedback, as in previous years, is the sense of RtH as a family, a place of belonging and safety on which they can rely.

"It's my family where there is no barrier between staff and members, we're respected equally and feel cosy to call this place home."

The RtH community reduces people's isolation and imparts confidence. It enables people to find hope and survive the multiple stresses they face. Ultimately it helps people to rebuild meaningful lives.



Figure 1: The 15 most frequently used words to describe RtH in the 2016 Annual Members' Survey

What makes this sense of family, trust and belonging possible? Members' feedback centred on how the non-judgemental atmosphere of trust and acceptance allowed them to feel able to 'open up' to one another, with the consistent support of RtH therapists. Members

frequently alluded to the importance of the values of RtH, such as 'respect', 'care' and 'love.' Many mentioned being made to feel 'human' again; that RtH really valued them as individuals.

"They show me love. RtH treats me as a human being, nicer than anyone has treated me all those years. I didn't think of myself as a human being before but RtH has made me see myself as a human being."

It is also clear that our integrated approach, our provision of therapeutic and casework support, our responsiveness to people's practical, as well as psychological, challenges helps build this sense of safety and trust. Members felt that casework provision, alongside our therapeutic work, gave them much-needed security and provided practical solutions, without which they would feel 'lost'. Members reported feeling less alone and that they were able to share their experiences with others and feel there was always someone fighting their corner. For most respondents, casework had had a real impact on their life: from supporting their asylum claims, liaising with solicitors, helping them find safe housing and encouraging them to pursue education and training.

The 2016 Members' Survey showed that:

- 95% felt their quality of life had improved
- 91% felt more able to enjoy life
- 95% felt life was more meaningful
- 95% felt more positive about the future
- 100% felt more listened to
- 100% felt more supported
- 96% felt less isolated
- 86% felt more able to maintain relationships with others
- 77% felt more able to engage sensitively with the opposite sex
- 100% reported improvements in their mental health
- 100% felt more able to cope with the effects of trauma
- 86% felt more able to talk about traumatic things that had happened
- 89% felt better able to cope with the asylum process
- 94% felt more aware of their rights & entitlements
- 75% felt RtH had helped them access other specialist services
- 93% felt RtH helped them access financial support
- 80% felt more able to access housing
- 89% felt more able to access healthcare providers
- 73% were informed by RtH about places to study and receive training
- 100% felt their confidence had improved
- 87% felt RtH had made them feel part of a wider community.

The results of our Partners' Survey showed that:

- 100%** felt RtH complemented the work of their organisation
- 100%** of those working with mutual clients observed positive changes
- 100%** felt RtH makes a unique contribution to the field
- 100%** felt collaboration with RtH improved their knowledge & service provision
- 87%** felt their experience of RtH had been 'very positive'
- 100%** of those working with clients said they would refer a client to RtH or recommend RtH's services to another organisation.
- 100%** of those working with clients said they would refer a client to RtH or recommend RtH's services to another organisation.

3. LOOKING BACK ON 2016

Throughout 2016, RtH's healing community for survivors of torture and organised violence has continued to flourish despite worrying changes in the political landscape. Further cuts to mainstream services, punishing political rhetoric, an even harsher Immigration Bill and severe housing shortages throughout the capital have meant that the daily struggles our members face are exacerbated and our staff team is increasingly stretched to provide assistance to members with complex immigration status and an array of pressing practical needs.

Senior Partner Damian Hanley, of Wilsons LLP, wrote in the Partner's Survey that one of the unique strengths of RtH is:

"The ability to provide a variety of support services to clients that would otherwise not be met or would only be met in a piecemeal fashion."

Therapeutic group activities enable us to build the strong, authentic community that lies at the heart of RtH and supports each member through the myriad challenges they face.

We have increasingly recognised the centrality of our legal protection work. While our members face the constant threat of forced return to the countries from which they fled, are forbidden from working and isolated from mainstream society, meaningful recovery from trauma is limited.

We spend considerable energy on this dimension of our work: ensuring our members can access appropriate immigration advice and representation, helping them to cope with their trauma and articulate their story, providing therapeutic reports and letters to document our observations, to be used in asylum proceedings.

In addition, we have continued to offer our core activities: assessments and short-term individual psychotherapy, group psychotherapy, casework to address people's practical challenges, therapeutic gardening, as well as three intensive therapeutic retreats in Norfolk and several community trips (to Kew gardens and Hampstead Heath). In addition we have extended our partnerships, including offering drama training with Ice&Fire theatre group and yoga with Ourmala.

2017 marks our 10th Anniversary and we are looking to share the RtH journey, learning, expertise and stories we have gathered, to the wider community.

The table overleaf summarises our activities over 2016:



i. ACTIVITIES

Activity	Description	No of Beneficiaries
Assessments for New Referrals and Individual Psychotherapy	Relational and trauma-focussed psychotherapy for individuals prior to joining the therapeutic support group or to members in crisis.	662 referral meetings, assessment sessions and individual therapy sessions for 63 individuals
Therapeutic Support Group	Two weekly mixed-gender therapeutic support groups.	100 therapeutic support groups (2 groups, 50 weeks) for 27 members
Legal Protection Work	Assisting members in accessing appropriate legal support, articulating trauma and gaining legal protection	50 members
Casework Sessions	Practical support for individuals relating to accessing legal, welfare, health and housing services.	1296 casework sessions for 50 members
Intensive Rural Therapeutic & Skills Retreats	<ul style="list-style-type: none"> - Two intensive therapeutic retreats for members - One skills retreat for members to build confidence and learn new skills. 	11 members
Therapeutic Gardening & Food-Growing Programme	Weekly gardening group at Mildmay Community Centre, run by a senior psychotherapist and gardening coordinator.	47 members
Gardening and Cooking Social	Weekly social in the Culpeper Community garden.	52 members
Drama Workshops & Performances	Creative partnership with the human rights theatre group Ice&Fire, culminating in a performance at the British Museum during Refugee Week & Summer Party.	7 RtH members involved with Ice&Fire; 4 public performances and presentations attended by 1200 people
Community Forums	Open forum for the RtH community, held quarterly	4 forums attended by 21 members

ii. KEY CHANGES OVER 2016

• Structuring programme

Since the start of 2016, we have been more rigorous when it comes to structuring engagement in therapeutic programmes. Alongside collaboration with members, we have introduced regular therapeutic reviews, where insight and feedback can be shared and goals set. We have also introduced new rules with regard to attendance of the therapeutic support group whereby members must not miss more than four sessions in any 12-week period. Although at first reticent to formalise attendance monitoring in this fashion, the therapeutic groups are now more coherent and, as a result, therapeutic work has deepened. Groups work best when they are fully attended, on a regular basis, primarily because the level of trust deepens accordingly. And trust enables meaningful engagement in RtH on a wider level, and of course in members' lives outside and beyond RtH.

• Legal protection

In recognition of the centrality of legal protection work, we are strengthening our internal capability, and both of our caseworkers, Iman and Suzie, have begun OISC training which will enable them to give Level One Immigration Advice. In addition we have been using a volunteer consultant, with extensive experience in the legal field, for additional advice



where appropriate. Legal Aid firms are often at capacity so it has become more and more of a struggle to find free (and decent) legal advice for our members. Our casework team has been undeniably strengthened by the arrival of Suzie Grayburn, our second caseworker, in May 2016. Casework underpins RtH's therapeutic work and, as evidenced in this report, is hugely appreciated by our membership.

• Hosting schemes

We have set up links with two refugee-hosting schemes which means we are now equipped to deal with emergency cases of street homelessness as well as securing long-term hostings. We have been putting more energy and resources into our fledgling 'Pathways' programme, supporting members with applications to further education and training. We are strengthening partnerships 'Code your Future' who offer a six-month introductory course in coding and have also developed partnerships with the E5 Bakehouse, Luminary Bakery and

Centre for Better Health, who offer bike maintenance placements, training in plastics and baking, as well as OrganicLea, a cooperative food-growing project offering volunteering and training opportunities.

- **Training in Tunisia**

In 2016, our Director, Mark Fish has undertaken two trips to Tunisia to work with psychologists from the OMCT (World Organisation Against Torture) and psychologists and educators from Sabratha, Libya, to share our integrated, community-based model and train them in our therapeutic approach. This international work has great potential for growth and we hope to expand on the outreach side of our work in the coming year.

- **Strengthening Rth operations**

On an organisational level, we are very pleased to have welcomed Clare Spencer into the new role of Operations Director. Focusing on our structure and sustainability is central to the coming year: 2017 will mark Rth's 10th Anniversary.

4. SURVEY METHODOLOGY

We continue to apply the following *Theory of Change* to monitor and evaluate Rth's performance:

“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 these areas.

The Annual Members' Survey gathers data and feedback in order to assess performance against the outcomes we identified in relation to the above *Theory of Change* statement and our aims as listed in Appendix 1.

The questionnaire was compiled collaboratively, drawing on questions from previous years but in 2016, we streamlined the questionnaire and amended phrasing to make it clearer and more comprehensible to members. A total of 22 members filled out the questionnaire. This is 25% of the total active membership of 85 (Rth members, November 2016). 25% represents a statistically significant sample for evaluation purposes. The majority of the sample was self-selected from those who regularly attended the therapeutic support groups over the course of 2016. Since joining the therapeutic support group is a prerequisite for becoming a full and engaged member of the Rth community, ensuring a majority of respondents were in the group further validated the survey's responses.

It was made clear to all respondents that the questionnaire was voluntary, that they could decide to stop completing the questionnaire at any point without explanation or consequence, that their comments could be given anonymously and that they could let us know if they would prefer us not to share their views.

Most respondents filled out the questionnaire on their own. Each respondent was given space and privacy, but also support or clarification if required. A member of staff went through the questions with those who have difficulties expressing themselves in written English, showing the member the questions and the space to answer, allowing the member to speak freely and transcribing the response onto the questionnaire.

Although some of the questionnaire contained 'Yes/No' answers, the responses were generally classified on a 4-point scale of 'Much better/ A little Better/ No Change/ Worse' and often with the option of 'This Doesn't Apply to Me'. It is worth noting



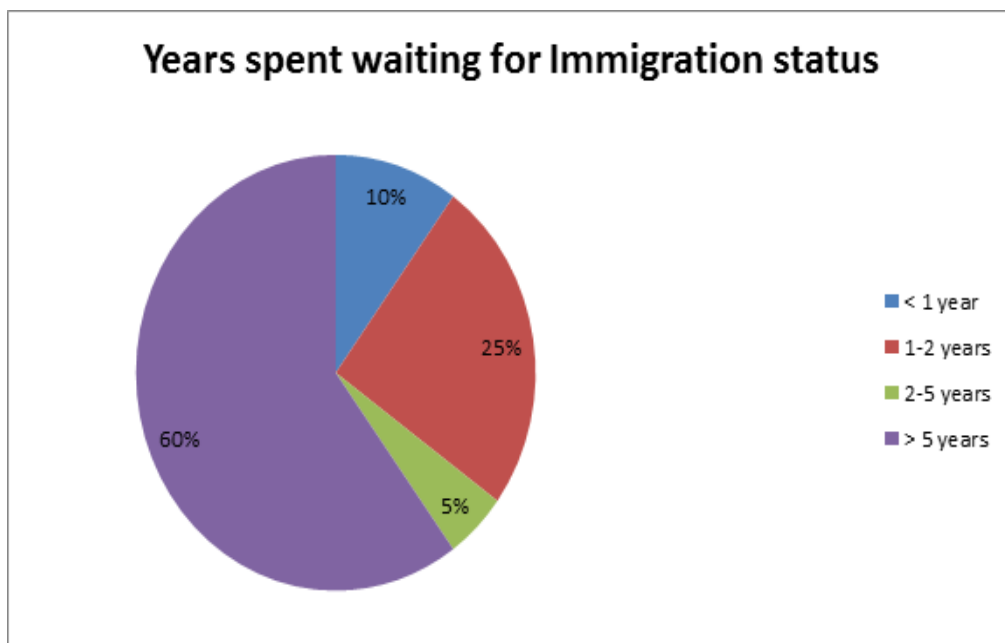
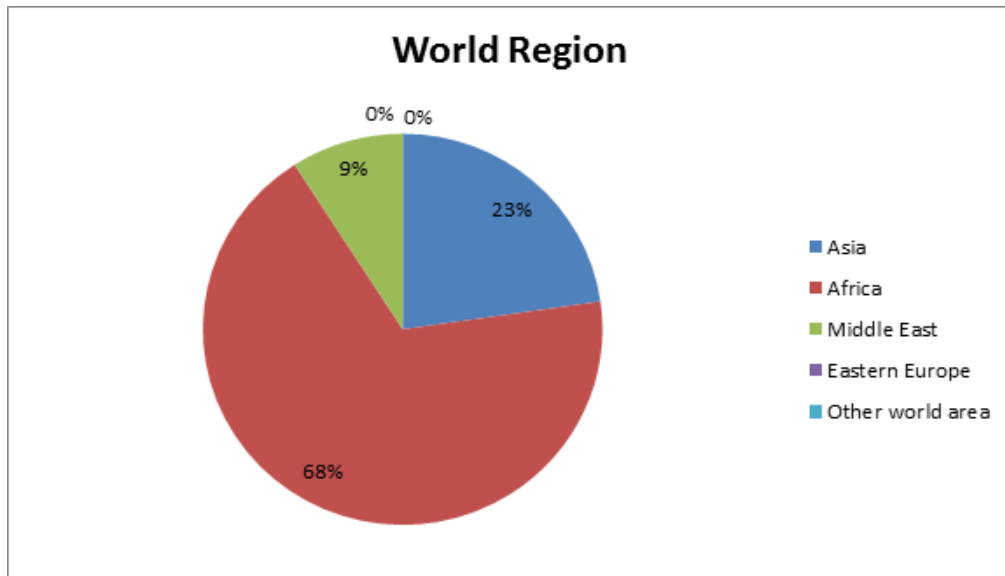
that percentages were calculated based on the number of people who answered the particular question; it excludes the number who stated 'This does not apply to me.'

The fact that we administer the evaluation reports internally rather than appoint an external evaluator has implications. This may introduce some level of bias (with members perhaps attempting to give more positive responses to be polite or to please staff). However, the relationships members have with staff also mean they are able to trust and open up in a way they might not with external evaluators.

The process of compiling the evaluation report, of sifting through responses and choosing and shortening respondents' more lengthy answers, introduces the subjective perspective of the person writing the report. Furthermore, ordering the survey responses in-line with RtH's aims and outcomes is challenging, as it means we have to categorise responses that transcend neat classification, and does not quite reflect the holistic, integrated approach of RtH or the way each output can produce any array of non-linear outcomes.

5. PROFILE OF RESPONDENTS

22 members filled out the questionnaire: 13 men and 9 women, of mixed ages. The breakdown of the regions they come from and the length of time they have been waiting for their immigration status, is outlined below:



6. SURVEY FINDINGS

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

Outcome 1: Instillation of hope and meaning in life

- **95% felt life was more meaningful** as a result of coming to RtH [52% much more positive; 43% a little more positive; 5% no change; 0% less meaningful]

"They show me love. RtH treats me as a human being, nicer than anyone has treated me all those years. I didn't think of myself as a human being before but RtH has made me see myself as a human being."

"I don't know the purpose for me to live/survive! But RtH brightens my life by making me aware that there is HOPE."

"I see how my life has been transformed."

- **91% felt more able to enjoy life** [24% much more able; 67% a little more able; 9% no change]

"I am safe."

"RTH showed me the light. In spite of whatever happened I can now see the light, and enjoy life."

- **95% felt their quality of life had improved** [19% a lot; 76% a little; 5% no change; 0% worse]

"I can see the transformation in my life - I came when I had lost trust in pretty much everything but right now I can see the light at the end of the tunnel."

- **95% felt more positive about the future** as a result of being part of RtH [52% much more positive; 43% a little more positive; 5% no change]

"The first time I came and Chloe said 'we are here to help you' I didn't believe her (I had no food, no medication, no home), now I have all those things and I feel more positive. Everything is in place now, more than before, I'm getting there. Even if there are circumstances in the way, I'm getting there."

"I'm very scared of my future especially the possibility to be sent back home where I suffered a lot."

"I do gain faith and hope weekly from the support group."

"[RtH], gives me hope for the future."

"I still have challenges but I hope with time I will be ok."

"Room to Heal showed me the light."

Discussion

Bendfeldt-Zachrisson describes torture as a "catastrophic existential event."¹ Survivors, by their very survival, are coming to terms with existence in a world in which everything that makes them human has been used to cause them pain. The existential dilemma of the survivor "may be the dominant feature and may be the most difficult for the person to overcome."² Many of our members experience this as a profound hopelessness and loss of direction. Turner & Gorst-Unsworth state that one of the most difficult tasks in the recovery process for torture survivors is "*not the control of evident symptoms but the rebuilding of their shattered sense of self.*"³

We take an expansive definition of healing as a starting point: refusing to pathologise or to medicalise distress, but instead to see pain as a consequence of traumatic lived experiences. Healing from such devastating trauma is intensive, long-term and demanding for all involved. It is at this deep level that RtH works, enabling members to move from a place where life feels that it is 'over' to one where finding hope and meaning become a possibility.

"I don't know the purpose for me to live/survive! But RtH brightens my life by making me aware that there is HOPE."

Bessel van der Kolk states: "as human beings we belong to an extremely resilient species"⁴ and this is very much what RtH attempts to tap into. By surviving unspeakable things, RtH members have already demonstrated their resilience to the world: "*No matter what the losses, the stark but profound fact of survival becomes the essential grounds for choosing again to give meaning to one's life, as trust and hope slowly become again possible.*"⁵

Our members experience the "love", "care", "safety", "enjoyment", "community", "support", "family", "sharing" as re-humanising, helping them to shift from a deadened and depressed state of being, to one where they begin to see, despite everything that has happened to them, that they still have a life worth fighting for.

"I see how my life has been transformed."

¹ Bendfeldt-Zachrisson, F. 'State (political) torture: Some general, psychological and particular aspects'. *International Journal of Health Services*, 15:339-349, 1985.

² Bendfeldt-Zachrisson, F. 'State (political) torture: Some general, psychological and particular aspects'. *International Journal of Health Services*, 15:339-349, 1985.

³ Turner, W. & Gorst-Unsworth, C. (1993) *Psychological Sequelae of Torture*, Medical Foundation for the Care of Victims of Torture, 16

⁴ Van der Kolk, B (2014) *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma* (London, Penguin)

⁵ Gorman, W. (2001) *Refugee Survivors of Torture: Trauma and Treatment*, *Professional Psychology: Research and Practice*, 32(5), 448

Outcome 2: Reduced isolation

- **96% felt less isolated** [32% much less isolated; 64% a little less isolated; 4% no change; 0% more isolated]

"I feel I am less alone."

"I [no longer] keep my problems on my own."

"Better to come to RtH, being on my own makes me worse."

- **100% felt more listened to** [55% a lot more listened to; 45% a little more listened to; 0% no change; 0% less listened to]

"Happy to find someone ready to hear, to listen thoroughly to your concerns and help to find solutions."

"I am able to express my feelings to someone who is willing to listen."

- **100% felt more supported** [73% a lot more supported; 27% a little more supported; 0% no chance; 0% less supported]

"Members of staff will always support and listen to you."

"I know that people care about me."

- **95% felt more supported by other members of RtH** [68% much more supported; 27% a little more supported; 5% no change; 0% less]

"I'm coming here long time. I like everybody."

- **86% felt more able to maintain relationships with others as a result of coming to RtH** [43% much more able; 43% a little more able; 14% no change; 0% less able]

"I now want to socialise with people more open than before, starting to trust in people."

Discussion

*"The dehumanization inherent in torture attacks the refugee's usual sense of personhood, of social bonds, and of values, causing him or her instead to feel acutely isolated and vulnerable."*⁶

Just as torture attacks social bonds and the ability to form relationships, healing involves nurturing and rebuilding these human bonds. Turner and Gorst-Unsworth state "Survivors of torture may gain the greatest support from each other."⁷ Through engaging in the therapeutic support group alongside others who have this common experience (not only with regards to a traumatic past, but also related to present challenges of being an asylum seeker in London), people begin to realise that they are not in fact alone, as one member wrote: *"Gives [me] more confidence knowing others have got the same problems as you."* Members begin to recover the capacity for relating to other people which had been destroyed through torture. This is experienced as profoundly healing and is the beginning of a process of rediscovering the humanity in themselves and others.

"They show me love. RtH treats me as a human being, nicer than anyone has treated me all those years. I didn't think of myself as a human being before but RtH has made me see myself as a human being."

"I feel not alone and fully supported [...] Now I am much better."

However, some members disclosed that although they feel fully supported by and integrated into the RtH community, this feeling of support and togetherness does not translate to their everyday lives. One member said they felt less isolated only as *"part of Room to Heal community because I don't feel the same in my community where I live."* and another stated: *"When I'm with everybody at RTH I feel much better, when I go home it's like I'm in a different world."*

Often living in destitution, alone or in crowded but alienating NASS (asylum) accommodation, and with frequent negative and long-winded encounters with the Home Office/solicitors/welfare providers, structurally welcoming support networks are often non-existent and people feel lonely and disenfranchised. However, the support from RtH and particularly from other members who often end up forming long-lasting friendships can start to reduce isolation on a wider scale: *"I now want to socialise with people [I am] more open than before, starting to trust in people."*

Many members are signposted - and many are already plugged into (prior to joining RtH or independently) - other organisations and networks, for example migrant support and solidarity groups, women's groups and many attend courses and workshops where meaningful relationships are built and a sense of being part of a community is fostered.

⁶ Gorman, W. (2001) Ibid. p446

⁷ Turner, W. & Gorst-Unsworth, C. (1993) Ibid. p.9

Outcome 3: Development of trust and a sense of belonging

- **100% felt their confidence had improved** [36% felt much more confident; 64% a little more confident; 0% no change; 0% less confident]

"I feel secure with RtH. I feel hopeful. I wish I had found RtH before."

"I feel more confident. I can move on."

"Now I go more places where I never would go before because I have more confidence."

"I am becoming more confident and feel safe, unless I am missing my family and this causes me distress."

- **82% felt more connected with other people** (e.g. family, friends, neighbours, classmates) [18% much more connected; 64% a little more connected; 18% no change; 0% less connected]

"[At RtH] people feel like they have an international family".

"I've made friends. RtH has made me make friends with people. We are like sisters and we keep in touch - talking, laughing, having fun. The friends I met even the members and staff and volunteers they feel like they are my family."

"I find some friends, feel belonging."

- **77% felt more able to engage sensitively with the opposite sex** as a result of coming to RtH [32% a lot more able; 45% a little more able; 23% no change; 0% less able]

"It has helped me to mix with men - has helped me not to be scared of men - now I can be around men. It has helped me not to panic. It has helped me to calm down. It's helpful to socialise."

"I can talk more with people, making friends with everyone, men and women."

- **87% felt RtH had made them feel part of a wider community** [55% very much; 32% a little; 9% no change; 4% not at all]

"Make me feel more integrated."

"Part of this greatest is that I feel safe in London and in the UK in general."

Discussion

A person's capacity for trust is seriously damaged after surviving torture and organised violence, exacerbated by a hostile political climate where migrants are scapegoated. This makes the job of building trust all the more vital - it lays the foundation for the relationships that are formed at RtH and beyond.

This includes relationships between the men and women in the RtH community. In 2015, our men's and women's therapeutic support groups merged to forge two mixed-gender therapeutic support groups. In the same year, 74% of respondents said that they felt more able to engage sensitively with the opposite sex, and, in 2016, it increased to 77%. In 2016's survey, one woman respondent said: *"It has helped me to mix with men - has helped me not to be scared of men - now I can be around men. It has helped me not to panic. It has helped me to calm down."*

The overarching feeling of being part of a community translates into everything else "[In a] therapeutic community [...] the community itself, through self-help and mutual support, is the principal means for promoting personal change."⁸ Through reaching out to others, people can rebuild a sense of self: *"I am feeling more part of the community now and that I belong and that my views are also important."* One of our partners stated in this year's Partner Survey:

"From what I understand of the studies of psychotherapeutic benefits to people who have suffered displacement, torture or other serious harm, community is so important to re-building trust -- this is not something that individual therapy alone can achieve. Room to Heal understands this and community is a key feature and quite unique to RtH." (Sarah-Jane Savage, Senior Protection Officer, UNHCR)

For most respondents, this was fostered through the togetherness and mutual support of the weekly therapeutic support groups: *"I was able to share my deepest thoughts and pain without being judged"* and *"Therapeutic support group empowers me and brings back my self-confidence and restore all that I believe I've lost"*. Of the respondents who attended group therapy in 2016, 94% found it helpful.

Working together in the garden also bolsters the group dynamic and encourages working as a team:

"It is useful to do gardening as a team. I been in RtH now for almost less than a year but I feel like it is my second home. People welcome you as member of a family and it feels safe there".

As in last year's Members' Survey, the idea of RtH being a second or a new 'family' was strong: *"I see RtH as a family and that support empowers me"*, and the therapeutic support group was described as *"like a family and more importantly as a safety net i.e acting as someone you would contact in terms of trouble and distress"* and *"Feel like I am talking to my family."* When asked to summarize what RtH meant to them at the end of the questionnaire, **50%** of members referred to RtH as a **'family'**.

⁸ De Leon, G. (2000) *The Therapeutic Community: Theory, Model and Method* (New York, Springer Publishing Company) p.119

"They are like the family I never really had. Wherever I have issues they always help me out, no matter what. Even at college, I have put RTH as who to contact if they need to contact someone because I don't have anyone else."

The feeling of safety (of course bound up in trust and belonging) also came up frequently. But this was not just related to the sense of security at RTH; it related to how people felt after receiving their refugee status or leave to remain: *"I feel free. Before I was scared. I didn't have any papers for over 10 years. Now I feel I am free person. I am not scared anymore. I'm not scared of immigration."*

However, for members in limbo, without immigration status, insecurity was much more apparent: *"I still have a lot of challenges especially about my presence in this country in the future."* How can you feel a true sense of belonging when your future in the UK is so uncertain?

"I'm very scared of my future especially the possibility to be send back home where I suffered a lot."

The fear, anxiety, frustration and disappointment provoked by having uncertain status takes a toll on a person's emotional resilience:

"Waiting period is uneasy to explain because it increases the anxieties and worries because you do not know the outcome."

But despite the external difficulties it was widely acknowledged that without RTH's support, things would be so much harder. One member said, *"Thank God I have the group to help me cope with this situation."*

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

- **100% felt more able to cope with the effects of trauma** [55% much more able; 45% a little more able; 0% less able]

"Being in the greenery environment, it helps my well-being and soothes my mind from all the trauma and stresses of daily life."

"I am able to build on my resilience to stress."

"Although I'm not going many places, now I can stroll around, before I couldn't go to any busy places. I managed to go to a busy shopping centre for the first time yesterday, before I couldn't ever do that."

"I feel clean when I'm with RTH."

- **82% felt the symptoms such as flashbacks, sleeplessness, panic attacks had got better** [14% much better; 68% a little better; 9% no change; 9% worse]

"I find guidance [...] we share our experiences and how we cope with anxiety and stress."

"Dealing with thoughts has really improved in a better way. I choose sometimes what to think of and I refuse those thoughts I do not want."

- **91% reported improvements in physical health** [41% much better; 50% a little better; 9% no change; 0% worse]

"Loads better where I've lessen[ed] the intake of my very strong pain killer due to exercises as Chi-Gong and Yoga. Yoga has helped me a lot and I'm grateful for all."

"Before I was better, but I have a long waiting for my papers, now my body became worse."

"It is the same as it is triggered by stresses."

- **100% reported improvement in their mental health** [50% much better; 50% a little better; 0% worse; 0% no change]

"Come to this place give me more energy and I feel strong."

"I have met new friends who welcomed me. The place is very pleasant, my mood is getting better. I have more hope now to be better."

"When first I came to RtH, I used to cry and get panicked and scared but now I've improved. I've improved much - if it was not for RtH I don't know where I could be. Now I can manage to stay alone in the house."

Discussion

100% of respondents said they felt more able to cope with the effects of trauma and 100% felt their mental health had improved.

Like all the outcomes, this cannot be put down to any one factor, but is instead a sum total and subjective interaction of forces and activities. The therapeutic gardening programme was cited frequently as calming and relaxing: *"Being in the greenery environment, it helps my well-being and soothes my mind from all the trauma and stresses of daily life."*

Individual therapy was also unanimously seen as helpful: *"One to one crisis ones [therapy] make me feel better"*. Knowing that there is someone there in moments of despair and crisis is a huge comfort for people.

However, as stated above, the external environment and the relentless challenges of being an asylum seeker in London profoundly impact mental health and can undo so much of the positive progress a person makes: *"Outer conditions make my mental health worse again."*

Not only do these challenges negatively impact on the ability to enjoy life and feel positive about the future (the 9% who felt they was 'no change' in their ability to enjoy life and in their quality of life were still waiting for an asylum decision, or had recently experienced a negative decision) but it profoundly affected their sense of self-worth and confidence:

"Negative decision of my asylum application has affected my mental condition again and I have started fearing about my life again and things I have been applying to overcome my mental condition, I have started ignoring those activities as I have started feeling I am less important again."

Not only was the psychological impact of this articulated, but the immigration system and concomitant waiting had obvious ramifications on the body:

"Before I was better, but I have a long waiting for my papers, now my body became worse."

"I do believe that the mental and physical are really connected this means when I feel low my body is driven to feel the same. What even I am trying to do the strength is lacking."

The importance of the body in healing from trauma is key, and we try to ensure that physical activities and body-oriented therapies are included in our holistic programme of activities. This year, our members were offered yoga once per week with our partner organisation, Ourmala: *"Yoga helped me a lot because before I was having serious back pain."*

91% reported improvements in physical health as a result of being part of RtH.

Outcome 5: Increased ability to articulate traumatic history

- **86%** felt more able to talk about the traumatic, painful things that had happened to them [50% much more able; 36% a little more; 14% no change; 0% less able]

"It was difficult at the start but I later gained experience from sharing and appreciating I am not alone."

"I am able to express myself without any fears. There is a trust unlike explaining yourself to a stranger who you are not aware how they will take you or judge you."

"I was able to share my deepest thoughts and pain without being judged."

Discussion

One member explained how, in individual therapy, they were able to express their feelings without feeling 'bad' because *"there was no one else there. So I felt not shy."* This is of course, expected, that people will experience shame and have inhibitions and anxiety about disclosing highly traumatic and difficult things, which they may not have ever disclosed to anyone before, or may not have even fully acknowledged themselves.

"Sometimes is very hard to share very important things for me in the group for the first time. It is easier in individual therapy."

"It's stressful to talk about your problems."

Several members said it felt easier to express themselves during one-to-one therapy than in a group: *"I like it more than the group"*. Many of our members will not have engaged in any form of counselling or therapy before, so individual assessments and counselling sessions are important to lay the foundations for the group work. One member said it gave *"an opportunity to know what to expect in the group session."* This also lessens the anxiety involved in joining a pre-existing group of unknown people.

"[I am] more open than before, starting to trust in people."

There was a strong sense that articulating one's personal narrative became easier with the development of trust over time:

"[It] was not easy. After one month, I began to become more confident to share my experiences."

The ability to speak about past trauma is essential for one's asylum claim. Many people need time, not only to build up trust but also to find a language to disclose their experiences of violence and persecution. Disclosing this to solicitors and Home Office officials often provokes re-traumatisation. At RtH, members are aided throughout the asylum process and therapists and caseworkers work in tandem to give consistent and sensitive emotional and practical support to those who are articulating their past in statements and interviews.

INDIVIDUAL THERAPY

Of those who *had* attended, 100% found it helpful [65% of members had attended of which 83% found it very helpful; 13% quite helpful]

"It helps me to identify myself and to know 'me'."

"I am able to express my feelings to someone who is willing to listen."

"Individual therapy was very helpful. When I met my therapist I was very lost. She gave me hope and helped me to manage the situation I was in."

GROUP THERAPY

94% of those who *had* attended found it helpful [77% of members had attended Group Therapy of which 88% found it very helpful; 9% quite helpful; 3% did not find it helpful]

"Feel like I am talking to my family"

"It feels like a family and more importantly as a safety net i.e acting as someone you would contact in terms of trouble and distress."

"I look forward to seeing everyone in the group"

"I was able to share my deepest thoughts and pain without being judged"

"Therapeutic support group empowers me and brings back my self-confidence and restore all that I believe I've lost"

"Gives more confidence knowing others have got the same problems as you."

"There are people in the group who have similar experiences"

"It pushes me to come out and face the week ahead".

Aim 2: To assist people in dealing with material challenges

Outcome 1: Increased knowledge of and ability to access/ receive support from relevant services (legal, welfare, housing, health)

LEGAL

- **94% felt more confident to communicate with their lawyer** about their case, or to find a good lawyer if they didn't have one [68% lot more confident; 26% a little more confident; 5% no change; 0% less confident]

"Room to Heal helped me find a barrister, helped me find a solicitor."

"My caseworker(s) have been chasing my lawyer several times and through them phone calls she (lawyer) saw me in April for the first time."

"When I came I was low - confused, lost but now I am better and loud."

WELFARE

- **93% felt the support and information from Rth helped them access financial support** (benefits, cash, vouchers) [7% said it had not helped them]

"Food bank, income support, NASS. Even before I claimed asylum they helped me apply for free medication and also a grant. They are so many, I can't even list them all!"

"I did receive cash which helped me to buy things I wanted. I am please for that and receive voucher for food. Thanks for that. It makes a big difference."

HOUSING

- **80% felt more able to access housing** [50% a lot more able; 30% a little more able; 20% no change]

"They helped me to get a house from NASS and with Salvation Army- they helped me to call them [...] RTH helped with supporting letters."

"When I was in destitute situation, Rth applied for my 'NASS' application and was there for me all the time."

"It is an ongoing process, still homeless but been supported a lot more."

"Helped me find a housing solicitor."

HEALTH

- **89%** felt that the support and information from RtH made them feel **a lot more able to access healthcare providers** (GP, Doctors of the World drop-in clinics, NHS etc) [89% a lot more; 0% a little more; 11% no change]

“RtH helped me find GP and a female one.”

“Yes, definitely when I couldn't sleep or anything I'm worried about, RtH is my first contact point, I remember therapists called the GP several occasions to raise concerns.”

“RtH help me to get my new HC2 certificate⁹ and access to mental health team.”

Discussion

Supporting our members to secure legal protection after torture and organised violence is a key part of our work. This can be through finding someone an immigration solicitor, helping them to articulate their traumatic history, and preparing evidence for court.

“I am more informed about my case and understand that my previous solicitor did not do a good job before.”

As discussed, as a result of multiple traumas (including pre- and post-migration trauma), when they first come to RtH, members often find trusting others difficult, particularly people in positions of authority, which includes lawyers and many mainstream service providers. Members will sometimes go without safe housing, medical attention or legal representation, for fear of humiliation or further abuse or of detention or deportation. Increasing people's knowledge of their entitlements and rights (more on this in Outcome 2) and the building of trust and confidence is therefore central to our work.

100% of respondents felt more confident in general and 94% felt more confident to contact their lawyer by themselves about their case or to find a good lawyer if they didn't have one.

Housing is an area that continues to take considerable energy from our casework team, as members in vulnerable situations are threatened with street homelessness on a regular basis, and there is ever-greater pressure on affordable housing in London. Members are often housed in substandard asylum support accommodation, threatened with dispersal or forced into temporary accommodation outside London, to the point that members can no longer attend RtH as they are living so far away. There has been significant tightening of who is eligible for a council house and even in cases of priority need, the council is often not able to accommodate.

RtH caseworkers work closely alongside housing solicitors, will advocate on behalf of members, and write supporting letters. We have strong partnerships with homelessness charities and hostels and have recently set up a link with a refugee-hosting scheme which has so far proved a lifeline for two of our members. In 2016, we successfully prevented 7

⁹ HC2 entitles access to free NHS healthcare and prescriptions.

members avoid street homelessness. We have been able to support them in securing long-term suitable accommodation and through applying for asylum support or to the council.

Over 2015, our casework team secured £5625 from grant applications. This includes foodbank vouchers. Members also receive a hot meal on a Tuesday and Friday and are often able to take home fruit and vegetables from the garden, as well as leftovers. FareShare, who have partnered with us, donating surplus food for our cooking endeavours said the following about RtH:

"We think you're brilliant. Thank you for making such a difference in 2016. We're so proud to partner with you to help feed people in need."

Key to accessing financial support is signposting to other organisations and grant-giving bodies, as one member stated: *"RtH has helped me get financial support from other charities."* Three people mentioned the travel money they received (£4.50) to access RtH in response to the question whether they had been helped to access financial support.

With regard to healthcare, 89% felt that the support and information from RtH made them feel a lot more able to access healthcare providers. For those who answered no change, it tended to be more because they were already set up in the healthcare domain, already receiving free treatment before joining RtH: *"My hospital is free already, I don't need help with healthcare"* and another member said: *"I already had a GP when I joined RtH. It was the mental health clinic who sent me to RtH."*

Outcome 2: Increased awareness of rights and entitlements

94% felt more aware of their rights and entitlements [75% a lot more aware; 19% a little more aware; 6% felt their awareness had not increased]

"I feel now that I can start standing for my rights, that everything is possible to be changed to go on to the next level if I want to change and move on. What I also feel now is that I have a group of people who can stand up for me. I am not alone anymore."

75% felt RtH had helped them access other specialist services and/or organisations (for example Red Cross, Refugee Council, Migrant Centres) [75% said they had been helped; 25% said they had not]

Discussion

Integral to having an increased awareness of rights and entitlements is the feeling that you are a person *worth having rights* and that you are entitled to support and to live in dignity. This feeling of self-worth is something that grows over the course of the therapeutic process. For many members, applying for grants or benefits to which they are entitled represents a considerable challenge. Members are encouraged to make phone calls and fill out forms on their own, but with the knowledge that that they are not on their own in the process. This is a powerful way of combatting the sense of alienation that comes with being a destitute asylum seeker navigating one's way through confusing systems.

Outcome 3: Increased confidence navigating asylum system

- **89% felt better able to cope with the asylum process** [71% a lot; 18% a little; 11% no change; 0% less able]

"For my first claim I was worried about going alone but Iman came with me which was a huge relief- she was in the interview with me which made it so much easier."

"Yes, by writing a report for me has helped a lot, by communicating with my solicitor on my case has been helpful as well."

"I feel free. Before I was scared. I didn't have any papers for over 10 years. Now I feel I am free person. I am not scared anymore. I'm not scared of immigration."

Discussion

RtH explains processes and demystifies the asylum process. As a result 89% felt better able to cope with the asylum process.

"RtH stood with me in court, made feel supported and I didn't feel alone."

"I need more help. Because it's been 5 years I'm with RtH, but my case still not decided."

Outcome 4: Greater knowledge of and ability to access education, voluntary work and employment training

- **73% were informed by RtH about places to study and receive training** [73% were informed; 27% were not, but this includes people who were not looking for such help]

"I am planning to start an English course which I learnt about at RtH."

- **57% were helped to access education and training** [57% were helped; 43% not]

"I took the name of my local college to my caseworker and they helped me to apply, emails, the form, everything. They even printed out a map for me to take there."

"I don't have money for transport to study."

Discussion

Our caseworkers inform members of opportunities available to them. RtH is now in a much better position to suggest courses and training (having recently established partnerships with organisations and social enterprises who offer education and training to those without the right to work e.g. E5 Bakehouse, Luminary Bakery, Centre for Better Health, OrganicLea and Hack Your Future). However, there are also huge barriers to accessing education when you do not have refugee status: *“Being an asylum seeker I do not seem to fit into most study programmes.”* It is hard to find funding opportunities for members who are asylum seekers, not all places are suitable for our members and for some destitute travel costs in London are prohibitive: *“I don’t have money for transport to study.”*

Three people mentioned not being ready for further education or training: *“They did talk to me and ask me what I wanted to do but I was not ready”*. Another member said: *“I don’t feel mentally ready.”*

As well as practical considerations, for people with severe post-traumatic symptoms, the inability to concentrate, high levels of tiredness and severe depression, anxiety as well as intrusive flashbacks, are all huge obstacles for feeling ready to engage in a challenging new course, or to commit to something for a long time.

We are very pleased to have secured three sizeable financial grants enabling three of our members to start courses at university.

“I took the name of my local college to my caseworker and they helped me to apply, emails, the form, everything. They even printed out a map for me to take there.”

Developing Aim: To improve the care of torture survivors

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

From the Members’ Survey:

- **69% felt more confident to share their experiences as an asylum seeker or refugee with wider society** (for example to educate or to raise awareness) [23% a lot more confident; 46% a little more confident; 27% no change; 4% less confident]

“I’ve been part of conference and talk about life for an asylum seeker.”

“Yes, I did and will do it in future as to increase awareness and explain the turbulences during the journey. People want to know how they can help better.”

"I can share my journey to my freedom. I always feel so happy and great to share my experience as a refugee in this country."

"Sometimes I talk to my friends who are not refugees how hard it is to be a refugee, how hard it is to go to the Home Office. It is not easy."

"Not confident! Don't want to share my experiences."

"Because I don't believe that I will bring any change about the way asylum seekers are viewed by the wider public."

"It is always good to talk even if it doesn't change anything."

From the Partners' Survey:

- **100% felt RtH's work complemented that of their organisation** [75% a lot; 25% a little; 0% not at all]

"It is a great help that the clients have an organisation in Room to Heal that really cares about their well-being and support and means that we can focus on their immigration problems."

- Damian Hanley, Wilsons LLP

"[RtH] provides essential reports / letters supporting legal cases and providing essential support to clients"

- Victoria Marks, ATLEU (Anti-Trafficking and Labour Exploitation Unit)

"Very much in keeping with Culpeper's community ethos and aims of developing an inclusive community of diverse people."

- Martha Orbach, Culpeper Community Garden

"I feel we have very similar ethics and ways of working and can offer a lot more between us than individually."

- Ben Margolis, The Grange (Retreat Centre)

- **100% felt that collaboration (e.g. through working with mutual clients, knowledge-sharing platforms, training) improved their knowledge and service provision?** [88% a lot; 12% a little]

"Increased awareness of other people, more tolerance, less judgemental, better understanding of people who've sought refuge or asylum."

- One of our partners.

With regard to RtH's outputs for this outcome, we have participated in the following:

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). This helps us establish a well-rounded perspective on the

situation for our members and 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.

II.Helen Bamber Foundation (HBF), Freedom from Torture (FFT) and Women's Therapy Centre (WTC) Casework Network

In the summer of 2015, our Casework Coordinator 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 has attended 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) Sub-Group

In 2015 we were invited to join the National Asylum Stakeholder Forum Sub-Group, a platform promoting dialogue between the voluntary migrant-support sector, and government departments. It is known to be the most effective platform for influencing Home Office policy, jointly chaired by the Home Office and Refugee Action, and is the vehicle through 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 RtH who also need regular access to a similarly specialist, trauma-focused, therapeutic organisation.

V.Migrant Health Conference, University of East Anglia

A small team from RtH participated in a conference at the University of East Anglia entitled *Working with Refugees, Asylum Seekers and other Forced Migrant Communities: Recognising Vulnerabilities and Building Resilience*. Two members, Michael and Priscille, contributed to a workshop with asylum seekers from other organisations, entitled "No choices about me – without me: Panel of Experts by Experience". A fruitful exchange was enjoyed by all, and health practitioners, migrant groups and individuals from all over the

country learnt from Michael and Priscille about the importance of sensitive communication and a welcoming attitude on the part of health-workers - from receptionists to doctors - and how important this is in reducing fear and making people feel confident to access health services.

VI.Expanding our online social media presence

We are expanding our online media presence through Twitter, Facebook, Instagram and have also developed a RtH blog, encouraging members, volunteers and staff alike to share their experiences. This includes a blog about one of our member's involvement in the Young Vic theatre production of 'Now We Are Here', a play which received brilliant reviews and was performed to sell-out audiences. Another entry was the account of Rosida carrying the Refugee Olympic Team flag for the London procession for the Rio 2016 Olympic Games. We are also using online platforms to support partner organisations' campaigns on issues of migration, and encourage our followers and friends to do the same, for example with #WeStandWithYou.

VII.Theatre partnership with Ice&Fire

Over the first half of 2016, Ice&Fire, the human rights theatre group, continued to provide theatre and storytelling workshops with a group of RtH members. These culminated in a performance as part of 'Moving Stories' at the British Museum for Refugee Week, which was repeated at the annual RtH Summer Party.

"A deeply stirring insight to the tragic losses and everyday humiliations of asylum seekers here in London, but told with such sensitivity, humour and freshness. Thoroughly moving."

- A member of the audience at the British Museum.

Discussion

This third aim is still something we would very much like to expand upon in the coming year. Communications and model-sharing are two key areas for our 10th Anniversary celebrations. We have learnt an extraordinary amount over the past ten years of being a specialist therapeutic community for survivors of torture and organised violence and believe we are now in a position to share our expertise so that other torture survivors can be better supported more widely, both on a national and international scale.

With regard to members' involvement in sharing their experiences as an asylum seeker or refugee with wider society, 69% felt more confident to do so: *"I can share my journey to my freedom. I always feel great to share my experience as a refugee in this country."* This year, a significant number of members have participated in speaking out, including two members' taking part in a conference at the University of East Anglia and performing with Ice&Fire, moving and educating audiences comprised of members of the public.

However, understandably, others were not so positive about 'speaking out': *"Not confident! Don't want to share my experiences,"* and another member said they did not wish to share their experiences more widely *"Because I don't believe that I will bring any change about the way asylum seekers are viewed by the wider public."*

However, it is one of our aims to do just that, to counter stereotypes and negative rhetoric and challenge xenophobia through sensitively and eloquently sharing our learning and unique and privileged perspective so that 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 and so that policy and practice are better suited to meet their needs.

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 and identify issues ripe for strategic litigation. RtH 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. British Red Cross Trafficking Panel

The invitation in late 2014 to RtH 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 has also given 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, has proven useful in building and strengthening our network.

7. CONCLUSION AND RECOMMENDATIONS FOR PROGRAMME DEVELOPMENT

Similar to last year's Survey, it is clear from members' responses that RtH has played a vital role in their lives: reducing feelings of loss, hopelessness, marginalisation and isolation and creating an environment where hope and meaning can be instilled. Members see RtH as providing a new or a second 'family', a place of mutual respect where members feel they belong:

"It's my family where there is no barrier between staff and members, we're respected equally";

"Room to Heal means my family, where I feel loved. It means everything."

All the feedback from members is illuminating and encouraging and bolsters our staff and volunteer team, reminding us why it is that we do the work we do and why it is that all of us in the community value each other and feel valued.

The figures show the high levels of positive change and indicate that RtH's therapeutic community model is working: RtH really does provide members with a space where healing is possible. 100% of partners thought RtH made a unique contribution to the field and that among our 'unique strengths' were: *"Creating a safe space where people feel included and welcome."* (Ben Margolis, The Grange) with *"extremely friendly, helpful and committed staff."* (Damian Hanley, Wilsons LLP).

Despite the overwhelmingly positive responses from this year's Members' Survey, it is clear that there is always space for improving our programme and responding to members' concerns and suggestions.

i. Accessing RtH

When asked if members experienced difficulties accessing RtH, 82% said 'No' and 18% 'Yes'. Most answers related to the fact that RtH provides members with travel fares so that they can attend the therapeutic support group, individual therapy and casework appointments. However, one member mentioned not having enough money to access football training, as this is not one of the activities that RtH reimburse travel for. Another stated that the reason they do not access RtH is because they are *"simply not motivated sometimes."* Whereas someone else acknowledged that despite the length of journey, it's *"better to come to RtH, being on my own makes me worse."*

One respondent mentioned the issue of telephoning the RtH office: *"It would be more appreciate to have Lyca mobile sim card because many people can't contact the personnel in time of crisis."* Unfortunately we did try a Lyca sim card with the RtH phone but the signal was not strong enough in the Mildmay Community Centre building. We operate a policy whereby we ring members back if they ring us.

ii. Additional activities

"I would like to have a life-story session if that can happen, art therapy and to be connected with local charities and communities whose people do not know RtH? I would like to make us known in the Borough. If we can get training such as CV writing and prepare people to get ready to move on when the time comes. More mindfulness if possible."

We have incorporated these suggestions with feedback from Community Forums in 2016, whereby members voice such suggestions and, we hope, contribute to making them become a reality. These suggestions included:

- Table tennis
- Trips around and outside of London: (including a suggestion for a seaside trip)
- Dance activities and workshops (including a suggestion for Zumba classes)
- Music classes and workshops (including a singing class)
- Mindfulness
- Yoga
- Swimming
- Baking
- Story-telling
- Cycling lessons

iii. Reaching more people & raising the RtH profile

"Many more people on street could join Room to Heal. I know a lot who need this service in our asylum community."

This is evidenced by the high volume of requests and the number of new referrals. We currently operate a long waiting list. Another member said:

"Hope to keep going on - there are many people out there who need the service you are providing. Your support has literally changed my life and not only me but as well the members I have been attending with. I can see the life in them and in their eyes!!! :)"

From the Partners' Survey: *"I think you need to get bigger! Or your profile should be more widely known"* - Sarah-Jane Savage, UNHCR. With our 10th Anniversary celebrations coming up in 2017, we are going to increase/expand our communications work and seek to develop our third aim, which is to raise our profile and hopefully draw in more funders, particularly individual donors. Watch this space!

iv. Offering more individual therapy

Currently we are only able to offer short-term individual therapy prior to someone joining a therapeutic support group. However, given the depth of trauma our client group has experienced there is often a need for longer periods of individual therapy. We currently refer these individuals to other providers. Sadly, however, there is a dearth of appropriate services

available, especially those that can offer the integrated care we do, and many of the therapeutic services we would have referred people on to are now operating at reduced capacity due to funding shortages. We are currently thinking through how we might develop our services in this regard, extending individual therapeutic support to cover those who are referred but who cannot join the support groups for a variety of reasons, but who would hugely benefit from individual counselling from RtH.

As Kirstin Hubert said in the 'Therapist's Observation' (see Appendix 7), *"Looking ahead, perhaps we could consider a structure for those referrals who are not appropriate but could be offered 12 individual sessions instead, so that we might offer some therapeutic assistance, as well as have more time to find appropriate places for them to be referred to."*

From our Partner Survey:

"It is one of the few places to offer mixed group therapy, with a unique healing approach. However, this is also a weakness for some clients. More one to one sessions would suit most of my clients better, especially those who may have suffered domestic abuse or rape."

(Barbara Gehrels, Notre Dame Refugee Centre)

We will be carefully considering expanding this part of our work in 2017.

And lastly in the words of a member:

"Thank you very much for the people who support RtH. Without you people who are supporting RtH I don't know where we would be. Thank you, thank you thank you millions of times. God bless you."



APPENDIX 1: 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.**

Our developing aim is:

3. **To improve the care of torture survivors.**

AIMS	ACTIVITIES/ OUTPUTS	OUTCOMES
	The following activities will help us to achieve this aim:	The following changes in our members will enable us to measure our success:
1. To enable people to heal from their traumatic experiences	<ul style="list-style-type: none"> • Therapeutic groups; • Therapeutic and social gardening sessions; • Physical therapies; • Creative activities & workshops; • Intensive therapeutic & skills retreats. 	<ol style="list-style-type: none"> 1. Instillation of hope and meaning; 2. Reduced isolation; 3. Development of trust and a sense of belonging; 4. Reduction of anxiety, depression and related post traumatic symptoms; 5. Increased ability to articulate traumatic history.
2. To assist people in dealing with material challenges	<ul style="list-style-type: none"> • Casework sessions (to address legal, housing, health and welfare issues); • Interventions in support of asylum and other material needs; • Education and employment advice sessions. 	<ol style="list-style-type: none"> 1. Increased knowledge of and ability to access/receive support from relevant services (legal, welfare, housing, health); 2. Increased awareness of rights and entitlements; 3. Increased confidence in navigating asylum process; 4. Greater knowledge of and ability to access education, voluntary work and employment training.
3. To improve the care of torture survivors	<ul style="list-style-type: none"> • Drama workshops, performances, attendance at conferences to influence public perceptions on migration; • Knowledge-sharing platforms, forums, peer support and training; • Articulating and communicating our unique model and reaching a wider client-base. 	<ol style="list-style-type: none"> 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; 2. Policy and practice are better suited to meet the needs of survivors of torture and organised violence.

APPENDIX 2: THERAPEUTIC GARDENING

78% of respondents attended and of those who did, **100%** found it helpful [56% very helpful; 22% quite helpful; 0% unhelpful; 22% did not attend]

"It's lovely. It reminds me of back home, planting and deciding what to plant next and having a cup of tea and biscuits after is very lovely"

"I like to be more active and do things in the garden. I remember my childhood by when I was cutting the grass the other day".

"Wow that is good also - I just go to remind me of back home where we are farmers and how I used to do things, giving me memories of back home which is very good."

"It is always good to witness something planted and harvest them at the end"

"It is very productive activity that you cultivate something and wait for it to grow up and when it grows up you feel happy that you participated in producing something."

"Plants are living things and so am I. Very often I forget that I have a life or I am living!!!! It's amazing to see the plant grow and bear beautiful fruits."

"Gardening helps me to get away from some thoughts by keeping my mind engaged at something useful. You give life to something that doesn't exist before and that alone is exciting."

"Being in the greenery environment, it helps my well-being and soothes my mind from all the trauma and stresses of daily life."

"I like it but not everyone comes to help"



Fig 2. A screen-print from the RtH gardening group collaborative screen-printing project.

Discussion

The natural world is at the heart of our work. Our garden at the Mildmay Community Centre, where our offices are based, is a space where members can cultivate and contemplate, reconnecting with themselves and their surroundings. Working in nature is in itself a healing activity: *“Being in the greenery environment, it helps my well-being and soothes my mind from all the trauma and stresses of daily life.”* Working together to develop this garden provides members with a sense of purpose, ownership and achievement- whilst also providing a harvest we can all share: *“When it grows up you feel happy that you participated in producing something.”*

Working in the garden can help people to relate to life through the metaphor of nature. Planting a seed and watching it grow gives hope for the future. *“You give life to something that doesn’t exist before and that alone is exciting.”* Nature can take the place of words as a means of communication with members from widely diverse cultures who have experienced extremely traumatic events. Where the severity of trauma symptoms can make it hard for some members to engage in talking therapies, working with plants can provide a powerful means of expression. The familiarity of working with plants also allows members to reconnect with their past. In 2016’s survey, many alluded to being reminded of ‘back home’ and of childhood through working in the garden.

The following is a quotation, which a member wrote in relation to the printmaking project:

*“The garden is like paradise for us –
when I came here I was very depressed and without hope.
It was winter and now for me it’s spring.
When I’m working in the garden,
my mind goes quiet
and I’m peaceful for a while.”*



APPENDIX 3: CULPEPER SOCIAL

92% found the Culpeper Gardening Social helpful

[64% very helpful; 28% quite helpful; 4% found it unhelpful; 4% had not attended it]

"It's something I look forward for every Friday where we all meet and share a food, sometimes I cook my traditional dish and everyone enjoys that, makes me feel the "oneness" we are all one despite coming from other parts of the world."

"Relaxing and interesting"

"Somewhere where we feel at peace, at home."

"I feel at home being around people, flowers and plants."

"Come to the garden every Friday is very good for me because it helps me reunite with people that are my family in London and we share a lot of things in common."

"Beautiful. Wow! I love it! Meeting, talking, laughing, joking, eating, cooking together. I love it very very, very, very much."

Discussion

Members refer to a social, warm and open environment. They talk about being with 'family': *"Attending Culpeper Social gathering is in very friendly atmosphere and I found it quite healthy activity to switch yourself off from the outer world."*

"It helps me to spend some good time outside on Friday with people, chat and eat there and forget about tensions."

However, one member said: *"It is quite good but I hate the monotony of the activities in the garden."* This respondent does not like the sameness each week, whereas, for many members, this consistency provides much-needed stability and is a comfort to see familiar faces and know what to expect.

Another member, who said it was 'not helpful' explained that it was because *"people are only talking to their friends"* suggesting that there is an element which is not accessible or open. This is something that has come up in Community Forums before and is part of an ongoing discussion about how we are with each other as a community, going back to the Community Charter and the guidelines set out within, which give members an indication of expectations upon joining RtH.

Coming to Culpeper provides a space where members can interact with the wider community: *"We are used to keep ourselves private but Culpeper gives us a bit of what real life is like."* This is also very much in-line with RtH's objective to support the integration of our members into society beyond RtH, and to raise awareness of refugees. Striking up conversations in and about shared garden spaces provides a learning opportunity for all involved.

There was also the recognition that it is welcoming seeing a different group of people in the Friday garden session from those who attend the regular Tuesday support group and afternoon activities. *"Good for socialising - good to see the people you don't see on Tuesday and with different types of food as well."*



APPENDIX 4: COMMUNITY FORUM

94% felt they were given the opportunity to participate in decision-making within the RtH community [50% very much; 44% a little; 6% not at all]

“Everybody has a say at RtH.”

“I am feeling more part of the community now and that I belong and that my views are also important.”

“Yes because when RtH came with a project I get asked for my view.”

“Lot of changes in the last few years came as a result of our feedback.”

43% said they had attended a community forum this year; [57% said they had not attended a community forum this year.]

91% said they found it useful [45.5% very useful; 45.5% a little useful; 9% not at all] - but was difficult to ascertain out of those respondents who said it was not at all useful, how many of them had actually attended (check figures again).

“Because in there I did not feel comfortable.”

“Many ideas were mentioned but most of them are still in process to be achieved.”

“It is important to have a space to voice my thoughts and concerns.”

Discussion

In 2016, we decided, in discussion with members, that monthly Community Forums were too frequent, so made them quarterly. The integration of men and women into the mixed-gender support groups in 2015 lessened the need for such regular Community Forums, which had initially been their purpose: to bring the men and women of the community together.

We also need to continue to think, with our members, about the purpose and structure of these meetings and how to get members more involved. Firstly, we face a logistical challenge in bringing the whole community together. As the survey shows, only 43% of respondents said they had attended a Community Forum in 2016 and this is not a particularly large attendance rate. Our members have irregular and unpredictable timetables due to the multiple challenges in their lives, which can make this difficult. Many also have college or have family commitments or attend other organisations. Secondly, when people have been so consistently disempowered, reawakening their agency in provoking organisational change becomes a therapeutic challenge.

APPENDIX 5: RETREATS

Over the course of 2016, our members benefited from two intensive therapeutic retreats (May and October 2016) and one skills retreat (March 2016), all three at The Grange, in Norfolk.

Respite from the Stresses of Daily Life

For many of our members, daily life is a struggle: waiting for papers whilst living in destitution and navigating the complexities of the UK immigration system can be extremely isolating and destabilising. The associated stresses hinder one's ability - and take up significant mental energy - to overcome the legacy of traumatic experience. Joining a retreat located far away from habitual routine and the hustle and bustle of the big city is therefore hugely beneficial to members and provides a necessary space for people to begin to engage more deeply in therapeutic work and focus on connecting with themselves and those around them:

"It's been a great experience for me...it gave me a sanctuary where I was able to forget for a moment the difficulty I face in my life right now."

"The retreat gave me a break from the busy and anxious life in London..."

Benefits of the Natural Environment

Members commented on the positive effects of walking by the sea and working in the garden. One member told us that the clean air had meant he hadn't needed his asthma medication.

"I like the green scenery, being trusted with the animals (ponies) to take them for a walk to feed them."

"I felt so relaxed and so calm."

Building Skills & Enhancing Well-being

"It was good for me, for the nourishing experiences I had. It was good for my well-being. I feel relaxed now and I enjoyed all the activities we had together."

During the skills retreat in March, members took part in a pottery workshop:

"The skills retreat made me aware of the talents and skills that were inside me. I would like to be involved in the skills retreat more if I am given more chances. Thank you Room to Heal to give me such a privilege."



Restoring Relationships

In living and working together, as well as participating in support groups, the sense of community is strengthened, and members can develop resilience toward the stress and strain in their lives:

“This retreat gave me friendship.....made to be united with others.”

“I feel myself free and as of in my home. I went back to my childhood years in my village. It exceeded my expectations. [...] I have learned that I am not alone.”

A Profound Healing Experience

“[Retreat] takes the pain away and makes room for positive thoughts and soothes the mind. I feel sad to leave I wish it was a bit longer, but I am very thankful to RtH- without you it would be impossible.”

“Retreat gives me a lot of strength and energy”

The retreats at The Grange in 2016 were particularly poignant as they were the last to be hosted by Ben and Sophie, who are moving on from The Grange.

We are currently re-envisaging our retreats programme for 2017, based on talking with our members in the context of the Community Forum and during more informal feedback. They have expressed the desire for more regular, shorter trips together, as well as longer retreats in different locations. We are therefore exploring different locations in the UK and activities they might engage in, as well as more skills-based events.

“The retreat was fun and I will like to go again and again.”

APPENDIX 6: SHARING THE RTH MODEL; TUNISIA AND BEYOND

Since 2014 Rth has forged a working partnership with OMCT (World Organisation Against Torture) in Tunisia. To date, the main focus of this partnership has been the provision of ongoing training and supervision in the Rth model of therapeutic group-work. The training workshops, co-facilitated by our Director, Mark Fish and OMCT psychologist, Rim Ben Ismail, are attended by OMCT psychologists, social workers and lawyers and by psychologists from the Tunisian Ministry of Social Affairs. The training has enabled all of the participants to initiate and maintain their own therapeutic support groups ('groupes de paroles') with survivors of torture and other forms of state violence. The training also enabled participants to begin to address issues of vicarious trauma stemming from their work.

In 2016 Mark visited Tunis on two occasions, once in May 2016 and again in October, to continue to facilitate this training. On the latter occasion, Mark and Rim were invited by an American development organization, Chemonics, to provide a similar introductory training to OKLES (Organisation of Knowledge Light for Education and Science) an NGO based in Sabratha, Libya, supporting children affected by conflict. This training was implemented as part of Chemonics' Libya Transition Initiative ("LTI"), to counter extremism and violence in the community of Sabratha through alternative and innovative means.

The 'OKLES' training, similarly to the ongoing training with OMCT and the Tunisian Ministry of Social Affairs, provided an experiential introduction to group-work and group dynamics. Participants were able to garner first-hand knowledge of the creativity and complexity of group dynamics, a kind of learning by doing, through the shared experience of being together in a facilitated group. It is hoped that the experience and learning generated from the workshop would help the OKLES staff-team to both conceptualise and engage in therapeutic group-work with their beneficiaries.

On each occasion, the training was very well-received:

Feedback from participants from **May 2016** workshop on 'groupes de parole':

- 100%** said the organisation of the workshop was good
- 90%** said the training met their expectations
- 100%** said the pedagogical methodology suited the dynamics of the group
- 100%** said the training improved capacity to run 'groupes de parole'
- 100%** were satisfied by the facilitators of the workshop.
- 100%** were satisfied by the methodology used during the workshop.

Feedback & suggestions:

"Have this type of meeting once a month."

"Condensing the content resulted in it being tiring and stressful: increase the number of days dedicated to the workshop to 2 to 3 days."

"Increase the number of 'groupe de parole' sessions, make them once a month, and lasting at least 2 or 3 days."

"Organise a visit to Room to Heal."

Feedback from participants from **October** workshop on 'groupes de parole':

88% said the organisation of the workshop was good [12% said 'average']

90% said the training met their expectations

91% said the pedagogical methodology suited the dynamics of the group

100% said the training improved capacity to run 'groupes de parole'

100% were satisfied by the facilitators of the workshop.

100% were satisfied by the methodology used during the workshop.

Feedback & suggestions:

"Give more time over to groupe de parole (GP) meetings and change the setting to being outside in the fresh air."

"Please offer more training sessions in succession i.e. reduce the time in between each session."

"I suggest coming to visit us at CDIS and to expand on the experience of GPs."

"It is enriching. We experienced what it means to be a member of a GP and to speak about ourselves and our weaknesses."

"Acquired new, useful techniques for running groups."



APPENDIX 7: CHANGES TO THERAPEUTIC STRUCTURE 2016

For those without a regular structure to their week, the consistency of RtH provides some stability and chance to interact: *"Group is on Tuesday every week and it's great because it pushes me to come out and face the week ahead", "I always look forward to Tuesdays", "I don't miss Tuesday or Friday."* The monitoring rules introduced in early 2016 cemented this structure.

Therapist's Perspective:

"One of the main developments during 2016 has been the tightening of attendance requirements for members of the therapeutic groups. Life inside groups becomes impoverished when too few people attend regularly. We felt a stronger structure from the organisation was called for and so the clinical team – in collaboration with our members - devised minimum attendance requirements. For a group to be rich and deep, for members to build trust, it is important that those present provide a consistent matrix, and that when they leave endings and goodbyes are processed properly."

We had to be aware of the factors causing absence (i.e. depression, illness, transport problems, reluctance and avoidance, appointments with doctors or solicitors, all of which happen more often than not on the exact same day of the group). We wondered whether there might be a deeper resentment towards being asked to give commitment in a world that does not provide our members with a secure place; whether asking for responsibility from group members felt like too much of a burden."

We decided together that members could miss 4 sessions out of 12. Attendance is more closely monitored by therapists and by other members of the group and if someone is missing sessions, then we pick up on it and explore it. If they miss a fifth session, everyone knows that they will lose their place in the group. They could then be put on the waiting list for a space again and would be assessed for re-entry if their circumstances changed, or they may decide the community approach was not for them."

Looking back over the year, some people – including very senior members – have dropped out in this way, and some have returned, going back onto the waiting list. There is now an expectation to hear from members about what happened when they were absent, and we have set up a framework for enquiring into what makes coming regularly to Room to Heal difficult. Consistency and regularity are qualities needed for building a new life and are the basis for being able to attend college or work."

The requirements have also created an influx of new people due to having more free spaces. I have welcomed these developments. It gives me the opportunity to develop and hone my assessment skills, as well as allowing for more individual sessions for any prospective members, before they join the group and the busier, social part of our community. Looking ahead, perhaps we could consider a structure for those referrals who are not appropriate but could be offered 12 individual sessions instead, so that we might offer some therapeutic assistance, as well as have more time to find appropriate places for them to be referred to"

(Kirstin Hubert, Group Psychotherapist).

REFERENCES

Bendfeldt-Zachrisson, F. 'State (political) torture: Some general, psychological and particular aspects'. *International Journal of Health Services*, 15:339-349, 1985.

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

Freedom From Torture (July 2013) *The Poverty Barrier: The Right to Rehabilitation for Survivors of Torture in the UK*

Gorman, W. (2001) Refugee Survivors of Torture: Trauma and Treatment, *Professional Psychology: Research and Practice*, 32(5) pp. 443-451

Turner, W. & Gorst-Unsworth, C. (1993) *Psychological Sequelae of Torture*, Medical Foundation for the Care of Victims of Torture

Van der Kolk, B (2014) *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma* (London, Penguin)