



<b>Intellectual Output 1</b>	
<b>National Report</b>	
<b>Country</b>	<b>United Kingdom</b>
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## Introduction

This document presents the results of the desk and field research implemented in the frame of the project under IO1 for the Social Integration of Migrants and Activation of Paths for Learning and Employability project. It was implemented in the period November 2019 - March 2020. Desk research was carried out to analyse existing practices to support migrants and refugees in the reception process. The reception process refers to the process and arrangements in a country to support new arrivals. This reception process can consist of psychological, physical or financial support. The reception arrangements generally have two goals. They aim to address basic material and psychosocial needs and distinguish between various categories of individuals; this will help professionals to identify any specific needs. The effectiveness and methodology of each existing practice identified in the desk research was assessed in order to gain inspiration for the current project. In the field research, interviews were carried out with professionals working with migrants in the reception process. The information gathered from the interviews provides an insight into the challenges faced by migrants and refugees, how existing tools can be improved and any existing gaps in the support services. Furthermore, professionals gave their insight into the use of non-verbal tools in expressing trauma and challenges.

## Findings of Desk Research

In the United Kingdom, a range of psychological tools and techniques are available to support migrant women in expressing difficult life events as newcomers. The National Health Service (NHS) provides psychological support in expressing oneself through accredited therapies and techniques. These include traditional therapies such as **Cognitive Behavioural Therapy (CBT)** and **Eye Movement Desensitisation and Reprocessing (EMDR)**. These tend to be widely used in the health service and are often recommended by health professionals. CBT provides one-to-one or group sessions with a tailored approach in order to help individuals achieve goals and actively overcome challenges. CBT is an effective therapy to treat Post Traumatic Stress Disorder (PTSD), depression, anxiety and trauma, which is beneficial for migrant women who have suffered trauma. The aim of CBT is to focus the thoughts and feelings to address and make changes in behaviour and the way they may approach situations.

EMDR also provides tailored support to help individuals with a range of challenges, particularly for those who have experienced a deep trauma resulting in intense PTSD symptoms. It focuses on past trauma. Treatment includes the therapist making hand motions that move from one side to the other, while asking the patient to follow with their eyes, similar to watching a swinging pendulum. Completing this mundane action, whilst talking about specific trauma, allows the brain to reprocess this event as an ordinary memory and thus reduces the intensity felt by the event. After 3 or more sessions, it has been found to be highly effective in reducing intense symptoms.

Non-verbal approaches are also recommended by the NHS in the United Kingdom. These tend to be art-based approaches to support clients and to promote wellbeing. **Art and Music therapy** are used in vulnerable populations to help people express difficult emotions and/or events. They often occur in group scenarios and, therefore, promote social connectivity. These approaches help to identify coping strategies and develop internal and emotional strength. Non-verbal techniques using art can also boost empowerment, reduce stress and encourage positive participation. As a result, the journey of healing can become easier. Art therapy uses mediums such as drawing, painting, colouring and sculpting. This can be applied to migrant women who have suffered trauma to help them to express their story and emotions. In addition, Music Therapy can be used as a tool for expression as research has found that music can stimulate multiple parts of the brain simultaneously and helps to improve psychological symptoms of trauma through encouraging a non-verbal emotional outlet.

More alternative methods have also been used with migrant women who have suffered trauma. There have been local projects and initiatives which use creative, positive and non-verbal techniques to initiate expression. For example, the **Expressive Origami Therapy**, originated in Japan, is a non-verbal therapeutic technique which helps to practice mindfulness when dealing with trauma. Those who engage in this will attend group workshops to express themselves and their emotions relating to trauma. This can be an effective tool for the SIMPLE project.

Another technique is **Sand Play therapy**. This method has been used since the 1940s and fosters storytelling through the use of sand and figures to uncover levels of the subconscious. There is minimal personal invasion and individuals work at their own pace. This is useful for those who have suffered trauma as it is seen as a sensitive approach and promotes wellbeing and personal healing.

In terms of the effectiveness of psychological interventions and therapies, it is particularly evident in **mindfulness-based techniques, CBT and EMDR**. Nevertheless, there are individual differences which need to be considered in relation to personal preference and the needs of each individual. Regarding the target group of the project, the use of non-verbal tools could also be beneficial in order to minimise the language barrier and resulting stress felt by those who attend the sessions. Research has shown that expressing emotion in a second language is not as emotional or beneficial as in a native language, thus this may impact the migrant women's ability to express their emotions and stories. Non-verbal techniques can help to tackle this as the expression is more visual and therefore universal. Furthermore, these techniques are less invasive and encourage emotional healing.

A repertoire of existing practices from the United Kingdom is available on SIMPLE Google Drive, under the following link:

<https://docs.google.com/spreadsheets/d/1BiiLY3WLWw0Fwq2xa3aHF5RlzfWlt541/edit?dls=true#gid=1006665117>

## Findings of Field Research

There are two different ways to classify the migratory situation in a country. The 'flow' and 'stocks' of a country, in relation to migrants, can be calculated to understand the situation. Flow refers to the number of migrants changing their country of residence. On the other hand, stocks refer to the number of migrant residents in a country during a specific period. Thus, these two numbers will differ (House of Commons, 2020).

The total number of newcomers in the United Kingdom calculated as net migration was estimated to be around 240,000 by September 2019. More individuals tend to immigrate than emigrate; this trend has occurred since the 1990s. (House of Commons, 2020).

In the United Kingdom, migration stocks numbers have increased for both men and women over the years. The difference between the percentage of women and men is not large. In 2018, 52% of migrants living in the UK were women, only 2% more than men.

The stocks in the United Kingdom have increased over time for migrants. The stocks of migrants in the UK (12.45%), is above the European average levels (9.8%). However, this number has decreased for individuals claiming asylum between 2010 to 2013. No statistics are available for the stocks of migrants and refugees since 2013 (Migration Observatory, 2018).

When researching the number of individuals with, at most, a lower secondary level education, most EU member state countries tend to have less educated migrants moving to the country compared with the

educational attainment of their native peers. This is not the case in the United Kingdom. There is a gap of 4.0 points. Migrants tend to be educated to at least a lower secondary level education, more so than their native peers (Eurostat, 2018). Furthermore, in the United Kingdom, more than half of migrants have attained a tertiary level of education (Eurostat, 2018).

Unemployment rates for all individuals living in the UK has been decreasing over the last 8 years. This includes non-EU migrants, UK citizens and EU migrants (Migration Observatory, 2018). In 2012, the rate of unemployment in non-EU migrants was 10.6%, 8% for UK citizens and 7.8% for EU migrants. In 2018, the unemployment rate of non-EU migrants was 5.7%, 4.1% for UK nationals and 3.4% for EU migrants, showing a significant decrease in the unemployment rates.

The United Kingdom does not have a national strategy on integration and has moved away from a top-down approach, encouraging local authorities to be more involved with migratory concerns and social inclusion (European Commission, 2020). There are more than 150 programmes to help refugees with integration and many charities focusing on this type of work.

Please **summarise finding of the field research** carried out in your country.

**- How did you go about recruiting interviewees?**

In order to recruit interviewees, Inova contacted existing contacts in organisations which work closely with migrants. Inova works closely with Voluntary Action Sheffield and the New Beginnings project. Emails were sent to the project lead to invite them and other appropriate individuals for interviews.

Inova's contacts in other organisations were also used. This included the Sheffield City Council, Elements Society and others. Inova searched for other local organisations in the area who work closely with migrants, such as TimeBuilders. Individuals with the appropriate professional title were also contacted on LinkedIn.

The SIMPLE interviews were also promoted at the Refugee and Migrant Forum. At this forum, representatives from organisations which work with refugees and migrants in the reception process attend and speak about current challenges.

The interviews were also promoted at a local branch meeting in Nottingham for the Labour party to individuals who work with migrants and to those who would be able to refer Inova to appropriate organisations.

**- How many individuals/organisations have you approached and how many applied to take part in the interview?**

A total of 10 individuals took part in an interview. One individual agreed to take part in a face-to-face conversation however, they never replied to the emails sent. Overall, we reached out to 43 potential participants.

**Description of interviewee's profile according to the second part of the questionnaire (Question 1 and 2)**

Profession	Role	Tasks (official contract statements)
Local Authoring Asylum Support Liaison Officer	<ul style="list-style-type: none"> <li>● Proving support</li> <li>● Conduct assessment of needs</li> </ul>	<ul style="list-style-type: none"> <li>● Supporting transition into mainstream society with all needs (housing,</li> </ul>

	<ul style="list-style-type: none"> <li>Referring individuals to external services and organisations</li> </ul>	<p>clothes, jobs, emotional...)</p> <ul style="list-style-type: none"> <li>Smoothing the transition (assessment from doctors, working with other organisations)</li> <li>Setting up English Language classes</li> </ul>
<p>Qualified Social Worker working in the field of integration, diversity and inclusivity</p> <p>Development Coordinator (Cohesion Advisor) for Cohesion Sheffield.</p>	<ul style="list-style-type: none"> <li>Working (cross-sector) in Sheffield and surrounding areas focusing on the wellbeing of the city</li> <li>Supporting wellbeing with a focus on female migrants</li> </ul>	<ul style="list-style-type: none"> <li>Focus on “Economic opportunity and wellbeing as essential conditions for cohesion”</li> <li>Collaborating with organisations to provide support for wellbeing</li> </ul>
<p>Employment Advisor for newcomers</p>	<ul style="list-style-type: none"> <li>Supporting individuals to get into employment</li> <li>Encouraging participation</li> </ul>	<ul style="list-style-type: none"> <li>Supporting new comers to start a new life through employment</li> <li>Ensure individuals are able to sustain employment (tackle issues which can reduce this ability / refer to services for support)</li> </ul>
<p>International Student Ambassador</p>	<ul style="list-style-type: none"> <li>Provide emotional support for newcomers</li> <li>Provide welcome packs to international students when landing in the United Kingdom</li> <li>Airport pick-ups</li> <li>Advice on what happens during migration</li> <li>Practical tips (registering with the doctors, VISA, etc)</li> </ul>	<ul style="list-style-type: none"> <li>Provide advice and person experience of the United Kingdom</li> <li>Support new coming students in integrating into the English culture and life</li> <li>Providing advice on activities to help settle in</li> </ul>
<p>Trustee Volunteer on SAVTE Management Committee</p>	<ul style="list-style-type: none"> <li>Different roles; teaching basic English, supporting integration</li> <li>Sign posting to other agencies for support</li> </ul>	<ul style="list-style-type: none"> <li>Working 1-1 with individuals</li> <li>Working in group setting</li> <li>Providing psychosocial support</li> </ul>
<p>New Beginnings Participation Coordinator</p>	<ul style="list-style-type: none"> <li>Integration of newcomers into life in Sheffield</li> </ul>	<ul style="list-style-type: none"> <li>Encourage inclusion</li> <li>Social integration through participation</li> </ul>

	<ul style="list-style-type: none"> <li>• Encouraging participation in social activities around the city</li> <li>• Empowering individuals to take the lead in development and organising social activities and events</li> <li>• Preventing isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Signposting to other organisations for support if applicable</li> </ul>
Sheff Care support worker New Beginnings volunteer	<ul style="list-style-type: none"> <li>• Organising activities and events</li> <li>• Interviewing individuals to find out their needs (psychosocial)</li> </ul>	<ul style="list-style-type: none"> <li>• Community interpretation</li> <li>• Working with new arrivals</li> <li>• Referral to other organisations if applicable</li> </ul>
New Beginnings Project Lead	<ul style="list-style-type: none"> <li>• Working with individuals on a 1-1 basis</li> <li>• Supporting integration in Sheffield</li> <li>• Personal targets in education, volunteering and social activities</li> </ul>	<ul style="list-style-type: none"> <li>• Leading the New Beginnings project</li> <li>• Integration</li> <li>• Referring to other organisations if necessary</li> </ul>
Living History Coordinator – Element Society Displaced Migrants – Living and History Project	<ul style="list-style-type: none"> <li>• Working on a social project entailing sharing memories</li> <li>• Encouraging migrants to get their voices heard</li> <li>• Involvement in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinating the Living History project</li> <li>• Recruitment</li> <li>• Increasing interest for the project</li> <li>• Community development</li> </ul>
Frontline worker and Team Leader in the charity sector working on Refugee Resettlement	<ul style="list-style-type: none"> <li>• Accept referrals into their organisation from UNCHR, Home Office and Local Council Authority.</li> <li>• Work in refugee resettlement.</li> <li>• Work with partner agencies who provide other elements related to this work (e.g. housing and health).</li> </ul>	<ul style="list-style-type: none"> <li>• Collecting arrivals from the airport and provide support to families.</li> <li>• Providing orientation, improving health and wellbeing, building independence, assisting with skills to volunteer/ work/ engage in meaningful activities.</li> </ul>

### **Additional activities your interviewees are doing for newcomers, which are not included on the list of official services provided by the organisation?**

Individuals who were interviewed for the project often reported that they provided additional emotional and psychological support for their clients. They reported providing their own personal experience on different matters. Interviewees also reported that they were required to build relationships and encourage trust with their clients in order to maximise the psychosocial support they were able to provide.

Some interviewees reported that it was not in their job role to refer individuals to activities and services. They found themselves signposting individuals for the correct treatment, social activities or centres to improve social inclusion and wellbeing. Furthermore, others reported that they organised the activities themselves in order to improve social connections, wellbeing and a sense of community.

### **Possible differences in needs of the psychological support between men and women**

Generally, individuals reported many different outlooks on the differences in the expression of distress, the need for psychological support and in the overall circumstances between men and women. There seems to be a common need for support for women and men for processing the pre-arrival trauma and living away from their family; however, interviewees differed in their response to which gender is more affected and in need of more intensive support.

Some interviewees felt that women are more emotional than men and are more likely to share their story. Men often struggle to express their feelings as they need to be 'tough' in their society or specific culture. This can therefore affect the type of support which is provided to, and what is asked for, by the two genders.

In terms of the needs which can affect the types of psychological support, it has been found that women are often single mothers. This is seen as a double disadvantage as they have the added pressure of supporting dependants as well as themselves. More women than men have been abused sexually or physically or have been trafficked. However, one participant pointed out that this is also the case for men as they tend to have trauma related to military associations. Thus, it is important to consider the pre-arrival trauma faced by both genders. Some findings suggest that men may experience larger difficulties in adjusting to their new environment and this can lead to mental health issues. This could be a result of the stigma of men expressing their emotions and needs relating to mental health. However, there were also some differences in the answers to this; it was also stated that men are often more privileged in different cultures and societies. Therefore, they are often more heard in society compared to women and therefore receive the necessary help they require. Women who have been subjected to abuse often do not feel like they can express their struggle as they do not have as much of a place in society. Once they have migrated to another country, women are often not aware of the support is available to them. It was also reported that men are more 'active' so they seek out more activities which can help with social isolation.

### **Cases of distress/discomfort/difficulty or even incapacity in expressing and describing past events faced by newcomers**

In summary, interviewees reported seeing cases of distress in their clients, especially those which are difficult to express and describe. This tends to occur most of the time. The types of difficulties experienced include circumstantial difficulties, trafficking, sexual abuse, physical abuse, genital mutilation, fleeing bombings, asylum status issues, Post Traumatic Stress Disorder, and many others.

Most often, participants reported that the difficulties that are expressed tend to be more so by women as men tend to struggle with discussing difficult past events. It was found that women tend to be more emotionally expressive and more often affected by traumatic events, although it is also argued by some participants that both genders experience the same level of trauma and some workers work with the same level of expressiveness in both genders.

It is important to also take into account cultural differences in the presentation of mental health issues in migrants and refugees, as they often report physical symptoms such as fatigue and pain which is most likely a display of a lack of mental wellbeing. Interviewees mostly reported that this distress is necessary to treat and acknowledge with professional help.

### **Available instruments, tools, approaches that you know/use to help migrants to overcome the distress caused by the transition to regain the psychological stability**

The respondents stated that the available instruments include:

- Volunteering
- Counselling
- Social activities
- Courses and training
- Different organisations and bodies (referral).

### **Are these tools sufficient for existing needs? Which are the weaknesses of the available tools?**

Some interviewees reported that the methodology of certain organisations such as SAVTE and Cohesion Sheffield are sufficient at tackling the challenges and meeting existing needs. However, more often, individuals reported a need for further tools to be developed. This was as a result of a lack of existing tools and techniques, as well as the belief that there is a need to continue to improve services over time, as more change can always happen and be beneficial to all those involved.

The support tends to be inconsistent and no clear tools exist as such; there is no collective approach to managing the psychological transition of the reception process for migrants and refugees. The system is fragmented.

### **Regarding the access to professional psychological help, how much do national/regional existing policies focus on the aspect of psychological wellbeing of migrant women? Are they easily accessible?**

There are local organisations and support centres which can provide support for migrant women to improve psychological wellbeing. These support services are in universities, in third sector organisations and the National Health Service (providing counselling services).

Often, individuals were not aware of specific national policies which focus on this topic (this may be due to the lack of them).

### **How important is it from your point of view to overcome the situation of distress caused by past events on the way toward successful inclusion in the new society?**

Some interviewees agreed that overcoming distress caused by past events was very important in order to achieve successful inclusion in another society. Individuals stated that overcoming distress is necessary in order to become a productive citizen and helping them to feel a part of the new society.

There were some participants who disagreed, as they believed that someone can be a functioning member of society without overcoming these issues. They stated the distress can be so traumatic that this event can never be dealt with. Thus, we should not label someone as not being able to be integrated successfully as a result of something which was not their fault. One participant also stated that the English community is very accepting.

### **What are the gaps between existing needs and available instruments to help restore their psychological and emotional wellbeing?**

There seems to be a lack of continuous help from service to service and the help tends to occur only for a limited amount of time. There was a suggestion of a 'one stop process' rather than the current fractured system where migrants and refugees are being referred from organisation to organisation, with no single professional supporting them from the start of their journey until the end.

There is a lack of services to meet the needs of all migrants, in all psychosocial situations. There seems to be an ongoing trauma being experienced by newcomers in terms of grief as a result of the separation from families. There is a lack of support for this, so even when newcomers process most of the trauma experienced, there is still unresolved grief which can affect their mental wellbeing. Furthermore, cultural differences are not being understood enough or taken into much consideration by all supporting bodies.

A 'joint' approach has been suggested to incorporate psychological support through mindfulness and meditation and a physical exercise support for lower level psychical movement.

### **According to your experience, what would be the migrant women's most preferable way to express and describe difficulties?**

Most participants stated that the most preferred way to resolve the trauma encountered was through discussing challenges and feelings with others and taking part in social activities which promote connectivity, rather than non-verbal exercises (this seems to be due to a lack of experience using the non-verbal exercises).

### **Do you think that non verbal techniques can be helpful for migrant women to narrate their stories (for example through the use of images)?**

There were very mixed responses for this question. Often, people reported that it depends on the individual. Nevertheless, there was a larger majority of participants who disagreed with the use of non-verbal techniques for the following reasons:

- It can be patronising and disrespectful
- It can trigger traumatic memories
- Cautious with the use of this technique as there needs to be a professional present in case of a negative experience
- Talking is more helpful
- Participation in 'active' social activities in some organisations has been found to be more useful

On the other hand, some interviewees stated this is a great method to promote wellbeing and increase social connectivity. Art exploration through drawing, collaging and the use of other creative outlets can be beneficial for expressing feelings and it is very accessible. It can aid in sharing stories and gives an opportunity to meet with others.

## Overall conclusions, and recommendations for the design of the SIMPLE Model

The overall conclusions of the desk and field research suggest that both men and women experience significant amounts of trauma as a result of the experiences in their home country and in the arrival process. Women tend to be more emotionally expressive in sharing their experiences and men can sometimes find it difficult to discuss these issues too. The lack of expressiveness in men tends to lead to additional mental health issues, as women take more advantage of social activities and become more connected to the individuals in their new home. There is a need to support both men and women in overcoming these challenges in a gentle way.

In the United Kingdom, the level of support seems to be fragmented as there is no official process to support migrants in all of the psychosocial aspects of their arrival and journey. The organisations, mostly charitable, work together closely; however, there is a need for an ongoing service throughout their life in order to develop a good understanding of their situation. Furthermore, there are tools missing to support migrants as they do not take into account all of the challenges experienced by newcomers e.g. grief. The existing tools are somewhat effective to support wellbeing and connectivity, such as volunteering, social activities and counselling. However, some are limited, particularly the counselling services.

Most participants reported that non-verbal techniques are not as effective as other tools for expressing trauma and that it is the verbal tools that are necessary to overcome challenges. The non-verbal tools can be a part of a 'joint' approach, but verbal expression should also be included. Thus, the SIMPLE Model, which will provide support to individuals, should take both approaches into account to promote psychological wellbeing.

Additional Resources:

<https://hiddensocialspace.files.wordpress.com/2019/09/artasresistance-27june2019.pdf>

<https://www.odi.org/opinion/10335-fleeing-unknown-journey-eritrea-england>