



**London  
South Bank  
University**

EST 1892

# **Beneath the Surface:**

**how asylum seekers understand and  
evaluate their well-being**

**Alessia Cogo, Sally Inman, Pip McCormack and Maggie Rogers**

*“I fight (laughs) I had many problem, I had many problem... but experience I just I try to be strong, sometimes yes I feel stress, sometimes I cannot...I feel I want to die I want... but sometimes you know I say, no, I have to carry on, to do my...because I am strong”*

Client M

*“So in terms of whatever situation you find yourself in, you are not going to be there forever and for the fact that you are not going to be there forever, be grateful within that situation where you are because while you are grateful you will see a bright light”*

Client D



ISBN 978-0-9560514-1-7



## Table of Contents

<b>Introduction</b> .....	3
<b>Origins and aims of research</b> .....	4
<b>Methodology</b> .....	6
Overview .....	6
Participants .....	7
Co Researchers.....	8
The Interviews.....	8
Issues with the interviews.....	9
<b>Findings</b> .....	<b>10</b>
Clients' self-description.....	10
Clients understanding of wellbeing .....	13
Social resources .....	14
Physical Resources .....	15
Inner resources .....	15
Social/economic challenges.....	16
Physical challenges.....	18
Psychological challenges.....	19
How Clients evaluate their wellbeing .....	19
The role the centre plays in the wellbeing of clients .....	22
What more could the centre do .....	26
<b>Conclusions and recommendations</b> .....	<b>27</b>
Conclusions .....	27
<b>Recommendations</b> .....	<b>28</b>
<b>References</b> .....	<b>29</b>
<b>Acknowledgements</b> .....	<b>30</b>
<b>Appendices:</b> .....	<b>31</b>
Appendix 1 Staff Development session – wellbeing 10 – 1130 am 19 July 2016 .....	31
Appendix 2 Training programme for volunteers .....	32
Appendix 3 Interview Schedule.....	35
<b>The authors</b> .....	38

## Introduction

Southwark Day Centre for Asylum Seekers (SDCAS) works towards the relief of the poverty and distress of asylum seekers and refugees, and the promotion of health, wellbeing and education. The organization provides a wide range of holistic services from three sites in which to overcome social and economic disadvantage, improve lifestyle chances, and provide opportunities to build resilience throughout the asylum process.

The basis of this piece of research is to explore the term 'Wellbeing' and what this means for asylum seeking communities. The term is frequently used in today's language but is often difficult for individuals to describe. *Feeling comfortable, healthy or happy* is one example (dictionary definition) – these are broad, far reaching, fleeting descriptions for most of us, but how does this all fit within the context of harsh asylum and immigration policy, and service delivery?

*Legal restrictions make the lives of asylum seekers difficult, impacting on their wellbeing. Asylum Seekers face restricted access to work, education, housing, welfare, and, in some situations, to basic health care services whilst waiting years for a decision from the Home Office.*

*All of these post-migration stresses add to the effect of previous trauma in creating the risk of ongoing post-traumatic stress disorder and other psychiatric symptoms. (Mann 2013)*

Asylum seekers bring a unique kind of experience to our understanding of wellbeing and we need to ensure that we shape our services to reflect this.

SDCAS wishes to thank everyone involved, especially our clients for sharing their experiences. We remain grateful to all the people involved in conducting this research project.

*Pauline Nandoo*

*Coordinator SDCA*

## Origins and aims of research

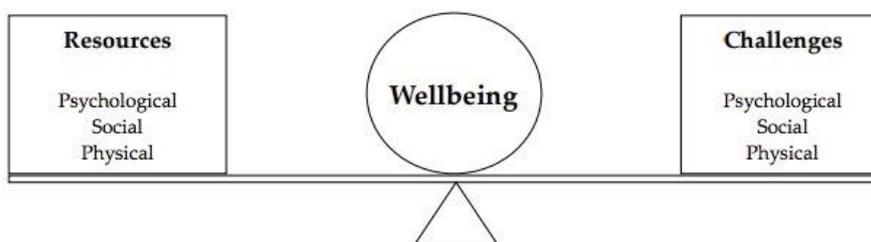
A group of volunteers at The Southwark Day Centre for Asylum Seekers (SCDAS) undertook research into the wellbeing of clients at the centre (see introduction). The group of volunteers included experienced researchers and newly trained volunteers who already worked at the centre providing advice and support. The idea for the research came from the SCDAS co-ordinator and staff, who were keen to understand more about the wellbeing of clients and how the centre might better enable clients to 'move on' in terms of their wellbeing.

The aims of the research were:

- To establish how SDCAS clients understand and evaluate their 'wellbeing' using a range of qualitative research methods
- To identify the personal resources and skills that clients already possess
- To train clients in qualitative research methods in order to help further develop their sense of wellbeing and to enable them to support other clients<sup>1</sup>
- To identify how SDCAS might better provide opportunities and preparation for clients to feel more empowered in their sense of wellbeing and better able to move on

The definition of wellbeing used for the research was developed from work done by Dodge et al (2012:230). The see-saw representation of wellbeing (Dodge et al 2012: 230) allowed us to interpret wellbeing as a dynamic phenomenon (see figure 1).

Figure 1: See-saw representation of wellbeing



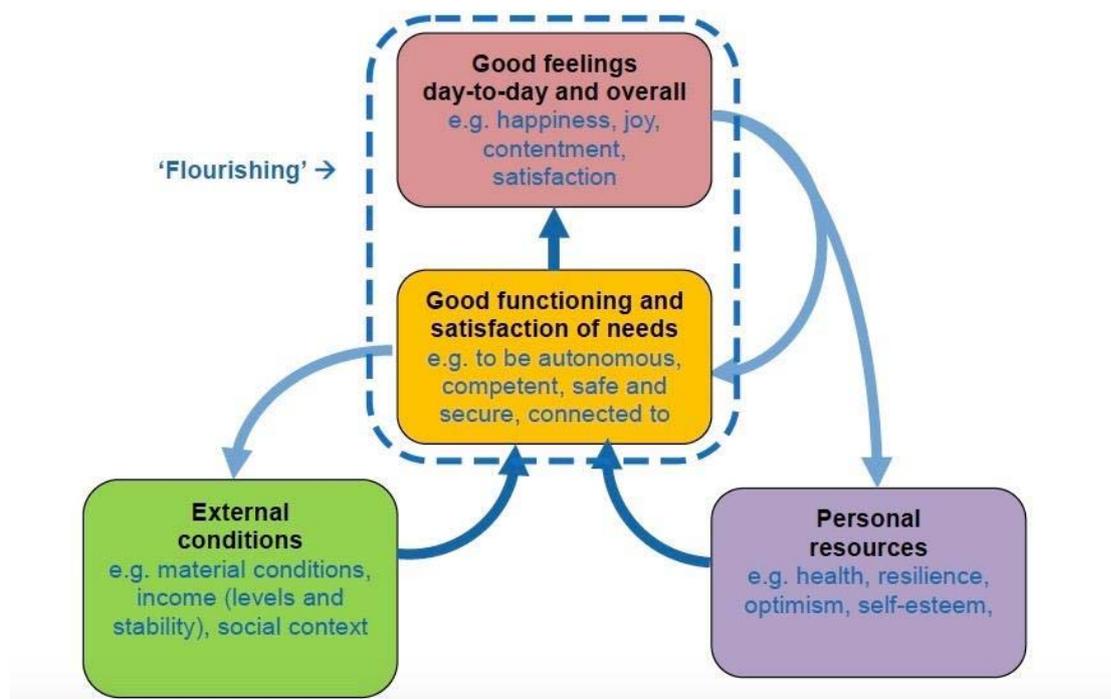
---

<sup>1</sup> As explained later in detail, this aim was not completely achieved mainly due to clients' availability.

We also used the work of the NEF (National Economic Foundation), in particular their definition of wellbeing (see fig 2), which is based on a deeper understanding of the concept:

“Wellbeing can be understood as how people **feel** and how they **function**, both on a personal and a social level, and how they **evaluate** their lives as a whole. To break this down, how people **feel** refers to emotions such as happiness or anxiety. How people **function** refers to things such as their sense of competence or their sense of being connected to those around them. How people **evaluate** their life as a whole is captured in their satisfaction with their lives, or how they rate their lives in comparison with the best possible life.” (Michaelson et al 2012 p.6)

Figure 2: NEF representation of wellbeing



The research comprised five stages:

**Stage 1** - To agree a working definition of wellbeing in the context of refugees and asylum seekers using the work of NEF and Dodge et al.

**Stage 2** – To work with staff and a group of clients/volunteers (separately) to clarify and firm up the definition of well-being we are using for the research e.g. to agree amendments etc. To get both groups to identify existing provision for developing wellbeing as defined within SDCAS and its partners.

**Stage 3** -To provide research training for the group of clients/volunteers focussing on qualitative methodologies that i) will develop their knowledge and skills in qualitative methods e.g. interviews, observation, case studies, non- traditional methods such as visualisation, drama, use of photos, statements etc. To explore the appropriateness of some more quantitative methods such as Likert scales etc. ii) develop these skills in the context of this particular research.

**Stage 4** - To undertake the research with clients both one to one and in focus groups using a range of qualitative methods

**Stage 5** - Analysis of findings, writing report and recommendations

## **Methodology**

### **Overview**

The research attempted to access the experiences and perceptions of clients with respect to how they understood wellbeing, how they assessed their current wellbeing and their evaluation of the role of the centre in promoting wellbeing. To try to do this we adopted a qualitative methodology where the emphasis is on understanding and honouring the participants' own words as generative of meaning and knowledge. The experience of our previous research with clients (Inman and Rogers 2015) confirmed our belief that accessing this complex set of understandings and experiences would be best achieved through a qualitative approach. We were also conscious that the definitions of wellbeing that we used for the research would guide interviewees responses and thus it was crucial that we used definitions that 'made sense' to staff and volunteers working in the centre in that they resonated with their experiences of working with clients. In order to do this we organised a staff development session where we explained the nature of the research to staff and volunteers and explored the definitions of wellbeing in relation to their knowledge and experience of clients. (see appendix I for materials for the session) In addition we organised two sessions with a psychiatrist who worked with clients at the centre. The aim of these sessions was for the psychiatrist to help us develop research that was sensitive to the experiences and needs of clients.

Initially we thought that we might use a range of qualitative methods. These were:

- One to one semi structured interviews with clients
- Visualisation whereby clients were asked to think more freely about their experiences in relation to well being
- Observation during centre activities
- Freeze frame drama involving groups of clients focussing on their experiences of wellbeing
- Use of art work

In practice time constraints and the difficulty of bringing clients together whilst they were at the centre meant that in the end we only used two of the methods initially drawn up. These were one to one interviews and visualisation. The visualisation was included as part of the interview.

## **Participants**

Twelve participants took part in the research, nine women and three men. They were selected from across all three of the centres. The participants had been attending the centre for between 3 months and three years. The youngest was in their late 20s and the oldest in their 60s.

The participants reflected the diversity of people who attend the centre. They came from a range of countries, these included, Algeria, Nigeria, Sierra Leone, Syria and China. Of the 12 interviewees, nine were fluent in English, two spoke in their second language and one had a translator to complete the interview. They had a broad range of educational backgrounds and a range of past employment. Some were living alone or had had relationships or marriages which had broken down, some were living with partners. A number had dependent children.

Participants had been referred to the centre by churches or refugee support for a variety of reasons. These included issues with housing, food, lack of social contact and confusion regarding their status and how to progress their claim. Others had found the centres themselves through searching on the internet. About 75% were suffering from health problems of some sort either physical or mental, or they had a close relative who was ill.

## **Co Researchers**

In our previous project for SDCAS we had provided research training for a group of volunteers/clients who then worked with us as co- researchers. This had worked very effectively and so we decided that we would follow a similar approach in the wellbeing research. The rationale for doing this for the earlier project was:

“Firstly, such clients would be able to relate to other clients in a way that might open up their experiences and feelings that might be more difficult for us to achieve as relative strangers. Secondly, we felt that a parallel gain of the research could be to provide research training to some clients who would then gain new skills that they could use in other situations. Thirdly, if we were able to train clients/ volunteers then the project would be more sustainable in that it would not totally rely on us as researchers and could continue to develop without us.” (Inman and Rogers 2015)

For the wellbeing project the centre coordinator advertised across the three centres for volunteers/clients to attend the research training and work with us on the project. Initially 6 volunteers came forward and we provided training sessions over 4 days. The sessions were participative and involved developing understanding and skills in designing interview schedules, interviewing, observation, the use of less conventional research methods such as freeze drama and visualisation and data analysis (see appendix 2 for the training materials). Only one of the volunteers had been a client and he was unable to continue as he gained employment during the training days.

## **The Interviews**

We conducted interviews between October 2016 and April 2017. Not all the volunteers who attended the training were able to carry out interviews throughout the research period. Two of the volunteers obtained full time jobs during the research period and thus were only able to conduct a small number of interviews. We had decided that interviews would be run by pairs of researchers comprising one of the original research team with a volunteer. One of the research team would lead each of the first interviews and then a volunteer would lead the second interview.

We interviewed twelve clients; all interviews were recorded and transcribed. The clients interviewed should not be seen as necessarily a representative sample of the

whole client group. Centre staff and/or volunteers approached clients initially and those that agreed to be interviewed were largely self-selecting. It was sometimes difficult to find interviewees as clients were understandably prioritising accessing help and advice and we had to work around this. One potential interviewee backed out of the interview when he realised that we were recording his answers.

In the interviews we asked clients about:

- their backgrounds
- their understanding of wellbeing
- their evaluation of their current wellbeing
- the role of the centre in promoting clients wellbeing
- how the centre might better promote clients' well – being

(see appendix 3 for the interview schedule)

### *Visualisation*

As part of the interview we conducted a visualisation exercise as a way of getting at clients' understanding and evaluation of their own wellbeing. Visualisation is essentially a technique where people are asked to form a mental picture of a place, situation etc. either through recalling an experience or imagining one. The visualisation exercise we used is below.

*Can you close your eyes and imagine or think about a situation where you have felt good? Think about where it is, who is there, what they are doing, what you are doing, how you are feeling?*

*Open your eyes and share this with us: where are you? Who are you with? What are you doing? How are you feeling?*

### **Issues with the interviews**

Interviews often had to be conducted in less than ideal situations in that the centres are based in church premises with limited 'private' spaces and a huge demand on the limited spaces available. Many interviews were conducted in cold and noisy spaces. In some interviews we had to compete with people coming past to get to other areas of the centre and in one case an extremely noisy fridge that made it

almost impossible to hear the client. We had to sometimes reschedule the timing of interviews as other activities such as legal advice rightly took precedence over the interviews. Some of the interviewees had limited English and/or spoke with very strong accents which in a few cases posed difficulties with transcription.

We were asking clients to talk about areas of their experience that were very often extremely painful to recall. In some interviews clients became visibly upset as they either recalled past experiences in the country they came from or current experiences in the UK. However, whilst some clients were clearly upset they were keen to continue with the interview.

## **Findings**

We have organised the findings in relation to the emerging themes of the interviews.

These are:

- clients' self description
- clients' understanding of wellbeing
- how clients evaluate their well – being
- the role the centre plays in the well – being of clients

### **Clients' self-description**

As a precursor to exploring wellbeing, the researchers asked clients to describe themselves. If they had difficulty in doing this the researchers suggested that the clients thought about how they thought a close friend or family member might describe them. Although the responses varied in the length and depth of description the question served as an introduction to the visualisation exercise and gave insights into perceived skills and attributes. This was a difficult part of the interviews as clients were sometimes unsure as to what was being required of them.

How the clients saw themselves was strongly connected to the depth of, and opportunities for, relationships with friends and family members. Some clients had very little or no outside support apart from churches and other organisations. Where there was personal support this gave a different and more positive view of their self-image. For example, while one of the clients identified themselves as being 'quiet' and 'sometimes nervous', when pressed further as to whether they might be

described as 'sad or happy' by her sister the client responded as being 'Happy - talking a lot' (Client L).

Some of the clients interviewed seemed well aware of how their circumstances were shaping their self-image. For example, one client described considerable variance in their self-description according to their immigration status.

*My personality? Umm I feel I'm strong because I fight (laughs) I had many problem, I had many problem... but experience I just I try to be strong, sometimes yes I feel stress, sometimes I cannot...I feel I want to die I want... but sometimes you know I say, no, I have to carry on, to do my...because I am strong Client M*

When asked what kind of experience made them feel strong the response from the client clarified this further:

*Experience? You know before I got my status I live like this... sometimes I sleep here sometimes there, with friends, sometimes on a bus yeah and this place...that's why I like..., (name of staff member) I feel like I'm in a warm place...they look after us...you feel someone look...you feel like these people...in this life...there is someone who look after you, who want to help you, because you know many experience...bad experience...you know when you remember some things Client M*

Religious belief played a large part in how some clients described themselves, for example, one client saw themselves as being a 'very soft spoken person' who hoped for an improvement in their situation despite the feeling that there was little they could do about it:

*(Long pause) Um I'm a Christian...I believe in God...and whatever comes my way um I believe is something that is destined by my creator and there is little or nothing I can do about it...I only hope and pray that ...you know...that the best come...you know at the right time...umm...so that's my belief...umm...I am a very soft spoken person...I know this from when my dad was alive...umm and um I believe that every human being is unique and his or her own and you know you have to get...you have to gather that sort of conviction...and hope that the situation might get better at some point...um...so you know that's what I believe...that's the way I see it Client JC*

However, when pressed as to how others might describe them the client offers further insight:

*(Laughs) They would talk about me as a jovial person I like cracking jokes and things like that...yeah...but at the same time I'm very mindful about what type of jokes...I don't want to offend...so I'm very mindful and I try to you*

*know...put myself in peoples shoes and see the way, you know ...they react about everything* Client JC

The importance of social interaction was very evident in several of the clients' responses to being asked to describe themselves and how others saw them. Being able to crack jokes and make people laugh made clients feel at ease and helped them forget their problems. The ability to laugh and crack jokes was central to several of the interviews and was seen as an important attribute along with a positive outlook:

*I probably try to maintain my, you know, happy, um, personality. I don't know I just try to be friendly and make some jokes and if there is a problem try to solve it, you know, these to maintain your positive..... That's the only thing, yeah.*  
Client JP

In trying to give a self-description clients often cited the centre and the relationships formed there. When asked by the researcher if a friend or someone they know were to describe them, some clients framed their responses in the context of the centre:

*She is gentle and easy going and loved by people and ... at the centre I have found people are ... easy because I was welcomed to the centre ...*Client A

*Yes apart from here I don't have anywhere I can go to feel free, forget my problems, when I am at my house it comes back, when you come here, I see people, I chat...its as if I have this burden but I come here and talk... if you have problems you must talk and forget a bit because when you are alone you have everything in your heart. At the beginning I did not know that this was making me depressed, I couldn't sort myself out(Not understood) I went to see people to talk about my story and to forget my past and I couldn't often.* Client MH

Independence forced by necessity was also a feature of clients' self-description. The fear of getting into trouble, coupled with the traumas experienced made one client describe themselves as easy-going while keeping traumas experienced hidden from others.

*I think I'm like an easy-going person. You know I don't like getting into trouble, anything that will put me into trouble I really don't like it. And because my heart has once been shattered, looking at my background you know, like family background, I don't have stable place where I can say "These are my parents" so because of that I am ... something that I've always ... me from my childhood and, even at this point, so I'm always thinking that anything that will sort of makes my heart to be shattered I don't always want it so many a times I just want to, sort of, be on my own, Not for being on my own for good but not wanting to get into trouble so that makes me go in easily and even some of my*

*friends at school, they would come and tell me “your life is so easy, you come ...”*  
Client DP

## **Clients understanding of wellbeing**

This was in many ways the most difficult part of the interviews. We were attempting to get at how clients understood wellbeing in terms of the two models described earlier in report (see pages 5 & 6). Within these models there are three types of resources people may have and these are mirrored by a similar set of challenges.

These are:

- Social/economic resources/challenges (immigration status, friends, community, centre, housing, church etc.)
- Physical resources/challenges (health, money etc.)
- Psychological resources/challenges (inner beliefs, values, faith. mental health etc.)

In terms of the wellbeing balance (the ‘See-saw’ model described on page 5) in the interviews the responses were weighted towards the challenges rather than the resources. This balance clearly reflected the circumstances that clients find themselves in rather than any inherent lack of resources.

We used visualisation (see Methodology section page 7) as a way of enabling clients to access a place and a time when they felt ‘good’ and used their responses to analyse their perceptions of wellbeing. Clients visualised themselves in a range of situations, some of which were surprising, for example a hospital (Client M). Other examples included being with their children, in their home country, in church and the first time they came to the centre:

*I can remember the first day I came in, you know, they were like I don’t know “don’t cry, take a seat, wipe your tears, everything will be fine. Take a cup of tea” and you know, socializing and everything so me thinking right now I still see myself in that mood, you understand what I mean. Client DP*

*I am with my son and I know when we are together, like the relationship because I know he has been my saviour...so we are more or less like husband and wife. I can picture him, he is always calling my name, he won’t call my surname when he wants to be phoning I can ... we are chatting. Client A*

*Before twenty years, sitting in Baghdad, not in Mosul. But feel happy because we have children, all her family near her and her the children very beautiful around her...this is the happy times... Client ND*

A common thread of visualisations was the fact that a time when clients felt good about their wellbeing was also a time when they were with people. No clients described a situation in which they were alone. Throughout the interviews social resources came through particularly strongly as having a positive effect on a client's wellbeing.

### **Social resources**

Clients described a range of social resources that are important for their wellbeing. The centre is clearly crucial in maintaining the wellbeing of many clients. It is a place where they meet people and feel welcomed, valued and included.

*I feel like I'm in a warm place...they look after us...you feel someone look...you feel like these people...in this life...there is someone who look after you, who want to help you, because you know many experience...bad experience...you know when you remember some things... Client M*

*so the joy of my life is being able to spend some time with people...it doesn't matter what country they come from or what language they speak it doesn't bother me...the fact that people are trying to understand Client JC*

*So when I got here to see her I was so happy because, unlike my country when you get to a place ... everyone will be looking at you like "who is she? Who is she?" You feel left out.. So when I got there I wasn't left out. Immediately I saw ( X centre co-ordinator) who said "just come in, just come in". so I filled the form, advice, lunch. They sat me down and said "its ok, someone will attend to you now" The friendliness of this community. Client A*

*I think my greatest assets of keeping me going is being able to talk to people who understand the conditions that I face...um in many cases...in many cases these are physical and they can give me assurance and sometimes they give me their attention to listen to my difficulties that makes a great...you know...um means a lot to me and its answering (?) my everyday life...I don't know if that makes sense? Client JC*

Other key social resources include a sympathetic GP, a befriender, and the church:

*Dr N she...when I go to see her and I sit with her I feel ahhh when she talk to me good...she... if I tell her I have pain here (points to neck) she help me, she said to me...she look at me...if I wanted her to do something she would do...she help me yeah...I love her. Dr N I love her she is a good woman Client M*

*R: So have you been coming here for a long time? To this centre?*

*Yes, it's that befriender...found me this centre...because it was social...so I would go out...she was the one who found me this centre...she has done everything...(?) because I am so confused Client DC*

*They sent me somewhere for counselling...but that is not helpful...it's not what I need...it was not helpful...and my befriender...because most of the time she text me so I don't forget...because when he text me in the morning I will forget...so he will call me and say look at the text Client DC*

*I am a Christian and I am a catholic and we have a group called charismatic ... Charismatic group, we go, sing, pray and we have another charity organization who move around to houses and help the poor, they help me, they pay for my rent, yes, they pay for my rent..... Client CH*

What came through most strongly was that wellbeing was, for these clients, strongly related to feeling included, belonging somewhere and being seen as a person and valued as such.

### **Physical Resources**

Understandably clients often lacked physical resources such as secure accommodation, access to a regular income and good physical health. Given this, there was not a great deal of evidence of clients having a range of physical resources they could rely on to support their wellbeing. However, some clients were able to point to specific examples of physical resources in their lives, even if they were sometimes of a temporary nature.

*before I left the place I did not know where I was going and I didn't have money given to me to rent a place...so in the interim I thought I would have to stay outside...you know...on the street...but you know the (?) introduced me to P the Reverend P...and he was willing to accommodate me here...it's not exactly what I had wanted but find I'm able to put a roof over my head is to me an answer to prayers...it was an answer (long pause)it's not exactly what I had wanted but find I'm able to put a roof over my head is to me an answer to prayers...it was an answer Client JC*

*Wellbeing to my own understanding is the way you feel in terms of your physical wellbeing or in terms of maybe food wise, are you eating balanced diet which I try to do, am I living, you know, life to the standard, maybe yes so some extent of my best ability, you know and I try to take my kids along as well Client DP*

Not surprisingly, we found very few references to clients having physical resources that they felt were adequate enough to support positive aspects of their wellbeing.

### **Inner resources**

As researchers we felt that many of the clients we interviewed had considerable inner strengths and resources, but it was often difficult for the clients to identify and

verbalise these resources themselves. However some were confident in their inner strengths:

*Researcher 1: what skills do you have to help you get through, to meet the challenges? Can you identify them?*

*(Laughs) I'm strong, yes.*

*Researcher 2: So strength is one of the things ...*

*Researcher 1: What challenges are you facing?*

*Yes, I'm strong, I'm happy Client N*

What came through very strongly was a resilience and a determination that was fuelled by religious belief, and/or a love for their children, which motivated clients to carry on even when their situations were quite desperate:

*Um I'm a Christian...I believe in God...and whatever comes my way um I believe is something that is destined by my creator and there is little or nothing I can do about it...I only hope and pray that ...you know...that the best come...you know at the right time... Client JC*

Many clients talked about how their children are essential to their wellbeing:

*When he is happy, I'm happy because most times when I get up I begin to cry... "Mummy, Mummy, what again ... who did this just now?" They begin to advise me against him seeing me crying ... when I come to this country I try to move myself a little not to cry. When he sees me happy when I see him smiling I'm happy. Client A*

Some of the clients had an inner belief that things can change and get better and this gave them an optimism that others did not possess:

*So in terms of whatever situation you find yourself in, you are not going to be there forever and for the fact that you are not going to be there forever, be grateful within that situation where you are because while you are grateful you will see a bright light Client DP*

The resources that clients identified as supporting their wellbeing were diverse and this diversity was also reflected in the challenges they described.

### **Social/economic challenges**

Clients talked about a number of socio-economic challenges that they face on a day-to-day basis. The immigration status of clients is understandably a major concern.

*But if I see them (immigration officials) now honestly my body will start shaking any time that it's time to get sign, I get restless, I won't sleep, I think they take me from there, because they have done it, they have called Nigerian embassy. In august they tell my partner that they have to take us there. Even him he doesn't have parents, but I am not from his home... but now they gave us notice*

*we don't know what to do and he is stressing.... (sigh) but believe in god...*  
Client A

The fact that many clients have unresolved issues around their right to remain in the UK has very serious financial implications and many are forced to live on hand outs from the centre and other bodies.

*Yeah, I'm talking about the resources, and you have very little resource and sometimes there's a financial thing ... I mean if you got the money you can do a lot of things right. You can allocate money and you can do lots and lots of things. If you don't have money you can't build a house, or you can build a house with your bare hands... That's what I say, if you got resources you can use wisely and let things happen quickly. That's my point.* Client A

Lack of immigration status can also mean that some clients have no access to public funds this can mean they are denied health treatments, disability and child and unemployment benefits.

*yes, my first child, so that's from pregnancy I started having nightmares, a lot immigration things, when I was in my first term I sent the registration to the pregnancy centre and somebody call me and said that I don't have status here so you have to start paying for your maternity and the other thing, so I said God what am I going to do, I am not working cause I left the people that brought me here. Then I couldn't speak very well and I could not understand and was very nervous about what the immigration was about. This side I don't have parents, I am not in good terms with the people that helped me and brought me here because you know their mentality, and I don't have the precedents my godmother died and they said that it's me who killed her because I am not taking care of her and did not send her money. You know our mentality back there - and the mentality is that if you are overseas you have a lot of money to bring.*  
Client CH

*Yeah I have no recourse to public funds...nothing...only the... and it was it has him and X that helped me to get the HC2 for my medications because I can't afford to buy them...so.... I went to detention...I was sick and I have to call that uncle...to help me get my...every time when I went to the health care...they think...maybe because I am in detention...but I'm not well...it's not because of detention...detention makes me sick...I want prescriptions...before ever...I'm still in these circumstances...these sickness circumstances...* Client M

Some clients described the sense of social exclusion they feel:

*people they look at you like, I don't know like you are nothing I feel like this because they look at me...even in college that's why (11.31) I'm telling you because I have been in college and I feel like when I sit with people I feel people they are not...they not like me and this I feel...that's why sometimes I'd rather be at home...because people I feel like they look at me like...not a lot of times...*  
Client M

## Physical challenges

Many of the clients faced a number of serious challenges in relation to their physical health.

*A good day is no delight for me...because if I get up I say what I see for the day is what I believe in...so if I am able to eat for the day...is OK...that is what I believe in...I can't say this is a good day because sometimes I wake up my body is free and the next minute I am sick and the next minute sometimes I am collapsed and admitted to hospital so I can't be able to say this might be a good day for me...and sometimes I get up like this morning to get up it was very difficult for me...I had to call for help to move my hand for me to stand up, I can't stand...so I don't move... Client DC*

It was difficult for many clients to separate physical challenges from their mental health as the two aspects were often closely linked

*An imagination of the future is never coming in my head...the only thing for me in my head as if too much suffering and no way out...and maybe my time is due to me...I'm not thinking about the future to be honest...I suffer...I have lost...I have lost confidence for the future...I know sometimes K says D...you will be well...somethings will be fine...no not for me...because I've been ill days, years, months so everyday...so I don't have any hope...I don't have any hope...I don't have any hope that maybe things will be ok for me...maybe it will be like this...no what I see for today is what I believe in...and I don't even have hope to say...oh maybe tomorrow I will get better...(?) it's just an example I'm not talking its hope...I don't have that...its finished in me...it's just finished in me completely...what I see for the day is what I believe in...if I see this today for today is OK...and sometimes it takes me two or three days to even eat...my uncle before was saying you can't be taking these medications, strong medications without eating...because my appetite is lost...and when I cook the food to chew it I find is very difficult Client DC*

*I feel about myself very down...I feel...I'm one feeling that is always coming within me every day... the suffering is so much that is always comes close to me that it is my time to die...because I am not seeing any hope for me...it's just suffering, suffering, suffering, suffering...everyday suffering...everyday suffering...maybe it would be better if I don't exist...sometimes I'm at the hospital maybe twice or three times a month...so I just lose hope and everything...sometimes I sit with them and I say...maybe my time is due...and its always in my head...and I think the time is coming close for me to die now...it's always what is in my thoughts everyday...it never fades out of my thoughts...especially when I'm alone...that is what comes to me...everyday...I can't go to sleep ...I scream...they try to give me some medications...new medications I'm taking now...and they change it for me...because the others they make me sleep too much...and the pain will be so serious even if I take the pain killers it won't work...it's so serious...sometimes if I sit like this to getup is a struggle...and if I get to work is struggle...every day life's mystery everyday... sometimes if this has started (?) pain me for more than six months non stop... nothing make it stop paining...and if it comes into my eyes, when I make it.....I*

*am sick...it's too much for me...I don't have anyone at home to come with me...to be honest I'm just thinking my times is due...its only that that comes to my mind...yeah...only death that comes to my mind...only death Client D*

## **Psychological challenges**

Many clients we interviewed have ongoing mental health issues, often directly related to the traumas they have experienced. Many of those we interviewed were struggling with regular flash backs of painful and/or frightening events from their past.

*It means good health here (points to her head) because sometimes I'm scared sometimes I'm scared to seem crazy yeah that's why we need for me... I need to be err now well yeah Client M*

*Even if I don't talk about my history when I remember it makes me very sad. I don't like to go home and think about it*

*Interviewer 2: yes...*

*MH: Because my past is so sad*

*Interviewer 2. What do you all talk about then?..*

*MH At the centre?*

*Interviewer 2:Yes*

*MH About our children and about everything around us here... just to pass the time. But often when I leave the centre, always the past catches us again. We are trying to flee the past but...*

*Interviewer 1:: What helps you in the centre or with the children. Or with life in general*

*MH I hope that one day I am going to forget the past... Client MH*

The strength of their connection with their children and their hopes for the future seemed to support them in coping with their emotional and mental health. Clients appeared to find the interview process helpful.

## **How Clients evaluate their wellbeing**

In this part of the interview we were attempting to get clients to evaluate their current wellbeing on a scale of 1-10 and then describe what might help to raise the score in the future (see appendix 3). Many clients found this a difficult exercise especially because their lives were in a state of flux and uncertainty with their wellbeing dependent on many factors outside of their control. Very few clients rated their wellbeing higher than 7. In addition, inevitably clients rating their wellbeing on a scale

of 1-10 were very subjective and therefore the same scores across clients were not necessarily comparable. Factors that seemed to determine how clients scored their current wellbeing were health (their own and their children's), their immigration status, issues with accommodation and individual inner strength. Whilst we have pulled out the main factors individually for reasons of analysis they are clearly interconnected for clients.

### *Accommodation*

Problems with landlords, unsuitable accommodation and the uncertainty of current and future accommodation were important factors in the low evaluation scores.

*I think it's because sometimes I'm not very sure what is going to happen tomorrow...and the uncertainty...sometimes scares me...and makes me drift towards the negative side of life which might not be the case...because at the moment this place is going to be pulled down...as I speak I don't know where I'm going...each time I think about it...you know I get scared...and physically I'm not strong to be able to...you know...walk around and look for a place...umm...so that alone can get me worried... Client JC*

*To start with would be accommodation, cause sincerely I'm not happy with the situation of my accommodation at the moment. But like I said, which is actually my main challenge at the moment. But I try not to see it as a challenge and the reason why I try not to see it as a challenge is mostly because I realize that the gift of life is something that cannot be compared with anything. So for the fact that I am still alive and as long as I am still alive I will get there. Even though I am not yet there. So that keeps me going because I am not happy with the fact that I'm in one room with me and my children, we have to share everything ... and it's been like that for a while. Client DP*

*Because umm I have problem with my landlord, my GP, I'm scared...you know when I see people I talk to them I feel...I don't want to talk with them. Client M*

*You know before I got my status I live like this... sometimes I sleep here sometimes there, with friends, sometimes on a bus yeah Client M*

### *Immigration status*

Many clients described living in a state of anxiety and fear as they waited for a response to either applications or appeals with respect to their right to remain in the UK.

*Right...first of all...umm I'm hoping and praying that you know I will get a favourable response from the Home Office and that will pave the way for me to carry on with everything that I want to do...umm I do believe that I can do certain*

*amount of work...in the UK...voluntary work that will give me the opportunity to meet different people at different times...and that will improve...you know...my way of life... Client JC*

*....but the stress you have here emotional stress... emotional stress ... on and on. Last two weeks I went to sign and every time I see police people I start panicking, that's may, because they came to our house one day, really they didn't come because of my family, for somebody else and the person had moved Client CH*

*... I don't even think about the paper, I don't think about ... to be in the country because my son is the most important thing for me now and that is what bothers me. Client A*

### *Health*

Many clients interviewed suffered from poor health. Some had serious medical conditions requiring regular hospital treatment e.g. a heart condition. Others had more general health problems often related to their previous experiences e.g. poor sleep patterns, stress related illnesses. Clients also worried about the health of their children and this was often a contributing factor to the evaluation score.

*It is my health issue I know I'm ok so the immigration issues does not really bother me. Really what bothers me is my son's health so when he's ill ... if the paper comes today and my son is not in good health I might not enjoy the paper, I might not enjoy the right to be in this country because my son is all fine ... if my son is at peace I don't have the power to be in the country I know with my son my wellbeing is fine Client A*

*Health for me it's health, not money, health is the most important thing, if you don't have health you cannot work and you cannot do anything, yes the important thing is health Client F*

*The health very important to her because...her health here not good...and have her children around her... (Interpreter) Client ND*

*Because I don't think of anything ... when you think you have nothing. When you sleep you ... so nothing else bothers me as ... I can eat, my son is eating ... you are in good health you have everything. ... Last year I cannot sleep, I cannot sit down, the paper ... my son was shouting at me "are you o.k?" ... when people see I'm in pain ... so now if I am ill I don't remember I'm illegal because ... so that is why I am saying that my wellbeing would be seven ... life is full of ups and downs ... Client A*

*I've been ill days, years, months so everyday...so I don't have any hope...I don't have any hope...I don't have any hope that maybe things will be ok for me...maybe it will be like this...no what I see for today is what I believe in...and I*

*don't even have hope to say...oh maybe tomorrow I will get better.. it's just an example I'm not talking its hope...I don't have that...its finished in me...it's just finished in me completely...what I see for the day is what I believe in...if I see this today for today is OK...and sometimes it takes me two or three days to even eat...my uncle before was saying you can't be taking these medications, strong medications without eating...because my appetite is lost...and when I cook the food to chew it I find is very difficult Client DC*

*That's how and the immigration honestly please I begged them I have sent them all I could for the sake of this child, she had tonsils she had ear problem, they said you have all those things in Nigeria, I am not working I don't have anybody to take care of me if I go there Client CH*

### *History*

Many clients come to the centre having experienced much sadness and trauma in their lives. Their history has a big impact on their wellbeing, which makes many of them, in their words, “so sad”.

*When I leave the centre, always the past catches us again. We are trying to flee the past ... I hope that one day I am going to forget the past. Client MH*

*....when I remember all the stress if I remember my little princess and all that I suffered I suffered a lot and then if I didn't have money for her I can't keep her I can't afford to put her in one of the big schools where they take care of her. But from the place where I am from they still believe that this type of child is a taboo is a curse that's still there. Client CH*

### *Inner strength*

Some clients clearly recognized that their own inner strength enabled them to evaluate their wellbeing higher than other clients.

*Everyday I smile, I'm strong, very strong. I have to go to the hospital for my daughter, she has to go for her operation Client N*

*What I mean in the sense that thinking of my life in the time past thinking of where I am now even though I have aim and you know I do want to become somebody better or somebody important in life, even though I am not yet there, for the fact that I'm on my way there. Client DP*

## **The role the centre plays in the wellbeing of clients**

We asked clients to talk about the role that the centre plays in supporting and promoting their well-being. The previous research (Inman and Rogers 2015) had

demonstrated the holistic nature of the provision that the centre makes for clients and how important this is for clients.

*Perhaps the most important finding of the research is the overriding importance of the manner in which the centre operates in providing advice and advocacy. The holistic approach to support derives from a strong culture and ethos which involves a welcoming atmosphere; empathy and sensitivity; opportunities for clients to gain confidence and self-esteem; provision of a place of safety and friendship; a lived commitment to equality and inclusion; care and responsiveness; enabling engagement and ownership; and a sense of purpose. It is these things which together give the centre a unique identity for clients and maybe distinguishes it from what might appear to be similar provision elsewhere. (Inman and Rogers 2015)*

Clients talked about the key role of the centre in offering basic services, such as hot meals, food bags, clothing and help with transport fares and the documents related to immigration *and extradition*.

*I'm living on nothing...because P had to come and ask me are you getting any benefit? I said no, and when I explained to him...they said they should be giving me a food bag every week, every week I get a food bag from them. Client DC*

Most clients think these are important services in the centre but they also emphasise that the centre offers more than just basic services, and that the role of the centre goes beyond covering their basic needs. For instance, client DP said that:

*Coming to Copleston wasn't only about a hot meal. It was far beyond that. Client DP*

The advice service is clearly one of those services that go 'far beyond that'. Clients mentioned advice services as one of the most important aspect of SDCAS work. Clients refer to advice as essential for their wellbeing, more than covering the basic needs, because within advice issues are addressed that relate to different aspects of their lives. This confirms previous research done within SDCAS (Inman and Rogers 2015) on how advice is evaluated by the clients at the centre.

*at that time as well, I wasn't status sorted, there were so many things that needed to be done, my case was hopeless, I mean so many things and they were there to say "no, we just have to push through law", you know...it's been amazing. Client DC*

Advice is considered as a crucial aspect of the centre, both the formal and informal.

The interviewees also referred to the people carrying out advice, "*the great people, great work, lovely people*" (Client A). Clients talk about volunteers and staff at the

centre by name and praise them because they “give courage” and “bring comfort”. One client refers to the people working at the centre with a poignant metaphor, as the ones that help you cross the road when you cannot see:

*[I was] Like someone who was blind and now can see [...] someone that needed help, even though, you can't physically see it, but inside you can't see anything so having someone, you need to cross the road, having someone to hold you and makes you cross conveniently as if you can see* Client DP

Clients described the key role that SDCAS plays *in providing social support.*

*the only time I feel some times relief is if I come here [...] at the end of the day the happiness stops* Client DC

*when I first came I was very shy and he was...I was very, very, shy and when I started coming here the trauma was in me and the medicine...I was so depressed, so depressed...I just told you I can't see the future...it was this centre which helps me...its these people...I think this centre is the only place that I came that I meet this type of population of people* Client DC

The social support offered by the centre comprises being able to talk in a safe space, feeling free to express worries and voice issues of concern. The centre provides that safe environment for clients.

*Yes apart from here [the centre] I don't have anywhere I can go to feel free, forget my problems, when I am at my house it comes back, when you come here, I see people, I chat...it's as if I have this burden but I come here and talk* Client MH

There are other aspects of the centre that the clients value and mention in their accounts of what services they appreciate and would like to keep. The art sessions are mentioned with smiles and the art therapist is also singled out as someone the clients like to see.

*Yes I do art (big smile) with K...I never did art before...and she tries, she encourages me to be doing art, art, art, art, art...then I started doing art...I think we came here the same time...I think she came a week before me...and I started doing the art and now I'm improving...every week I do art if she is here [...] if she is not here I go home straight away* Client DC

These sessions, together with the Women's group sessions seem to help clients build up their confidence and find some calm space

*she says oh it is nice...she is trying to make me build confidence...because I have lost confidence in everything...I have lost confidence...I don't have confidence in anything...I don't have confidence in myself in anything Client DC*

The massage sessions and the crèche are also reported to be particularly important for the clients

*I do go mostly to the one on Thursday ... and that is because we do have like a woman's group and child, like I always want my little one to have something to play. Client DP*

Other classes seem to be helpful too, such as ESOL, natural remedies and parenting classes:

*ESOL classes yes that's why I can speak. I can speak but I can't write very well, so ESOL helped me. Now we are doing natural remedy, I like to do all this it's helped me with my English, it's helped me to interact with people Client CH*

One client especially describes in what ways these classes helped her deal with her daily challenges.

*Sometimes my baby get on my nerves and when he is screaming for the father and I am not happy about it I just sort of use the skills that I gained from mother and baby group with X, cause they gave us a lot of strategies which can distract children from what they are doing, or give them attention.. So those kind of knowledge, kind of make me know how to manage it. Rather than if it were just to be before I would just break down and cry and even they may beat up their children cause I wouldn't know what to do. I wouldn't now but I know how to deal with it, to handle it. Client F*

Overall, the interviewees emphasise the pivotal role of the centre in contributing both to their day-to-day and their long-term wellbeing, as well as to address their challenges and contribute to their resources. One client summaries the role of the centre in a few words:

*I feel like I'm in a warm place...they look after us...you feel someone look...you feel like these people...in this life...there is someone who look after you, who want to help you, because you know many experience...bad experience...you know when you remember some things...Client M*

Whilst there was little criticism of the centre some clients mentioned some issues of concern, such as cuts to funding for the centre:

*'I want the centre to survive and to help others in the future. You see because if I had come and this centre didn't exist I cannot imagine what my life would be you see, I cannot imagine my life. I want it to continue, to help people in the*

*future- because when you are alone many things go through your head, if the centre wasn't here you wouldn't know what to do' Client MH*

Some clients talked about how the centre could improve the internal organisation and communication. One client felt that there was sometimes a *“lack of organisation, and an unclear structure”*

### **What more could the centre do**

We asked clients what more the centre could do to contribute towards the wellbeing of clients.

Accommodation issues are stark for some clients - some of them do not have any place to sleep and find themselves sleeping on the street or on buses. Some interviewed suggested that the centre could consider offering the occasional sleepover for those who are homeless:

*You know...just maybe a night sleepover for some of the clients you know...because some of them are...I've been here when people have come and the client has come knocking at the door in the middle of the night asking for...if they can come in...and spend the night...Client JC*

Clients appreciate the classes offered at the centre. The English as a Second Language (ESOL) provision is appreciated by clients and some would welcome an expansion of ESOL to include higher-level classes as well as beginner's provision.

Clients mentioned classes that have been discontinued in some centres such as movement therapy and massage, which they saw as very beneficial for their physical and psychological wellbeing. They would be pleased if these classes could be reinstated.

Some clients seem concerned with developing skills that could help them get work and they see the centre as potentially helping them to develop a range of practical skills. Computer skills are mentioned as essential and learning to use a computer is of concern to most (especially older) clients. The possibility to access a centre computer is also something that clients would appreciate.

Clients reinforce the need for the centre to provide them with a space to talk and discuss their concerns, especially the need for the women's group to continue. Other clients expressed the need for more one-to-one support.

## **Conclusions and recommendations**

### **Conclusions**

1. The clients we interviewed understood their wellbeing as comprising their physical and mental health and being influenced by factors such as accommodation, their immigration status, and material poverty. They saw their wellbeing as being supported through family, friendships, and a range of supportive relationships both formal and informal. These include GPs, vicars, centre workers, and befrienders. SDCAS is much valued as a safe space where clients feel valued and included. Those interviewed were not always able to be explicit about their personal resources, but those that were talked about resilience, the importance of religion, friends and family in sustaining them and their capacity to believe that the future will be better. Though clients are obviously concerned about their lack of material resources they were clear that as long as their basic needs are met their health, status and friendships are more important than financial resources.
2. Clients' evaluations of their wellbeing are of necessity subjective in nature and therefore the same scores across clients were not necessarily comparable. Few of those interviewed rated their wellbeing high on a 0-10 scale. The evaluations given were related to the same interconnection of factors described in their understanding of wellbeing - housing, physical and mental health, immigration status etc.
3. The research provided further evidence of the importance of SDCAS to clients. Clients talked about their appreciation of the provision made for them in terms of advice and support, the classes and activities, and the provision for their basic needs. The interviews reaffirm our previous (Inman and Rogers

2015) research in relation to the huge importance of the ethos of SDCAS for clients as a place where they feel safe, valued and included.

4. The research proved challenging for a number of reasons: Firstly, the concept of wellbeing is complex and open to a range of interpretations and this, combined with the fact that for many of the clients English was not their first language meant that it was often hard for clients to describe the more nuanced aspects of their wellbeing. Secondly, all those interviewed were vulnerable and we were asking questions that dealt directly with those vulnerabilities. Thirdly, the practicalities were sometimes difficult and we often had to interview in cold and noisy spaces where confidentiality was often difficult to achieve. Also during the research period SDCAS accommodation was in a state of flux and uncertainty. Only one of the three physical centres was secure. Finally, as we have described in the methodology section our original intention was to recruit and train some clients to work with us on the research. This didn't materialise. We can only speculate about the reasons for this. In retrospect it might be due to a combination of the degree of physical upheaval already indicated and the particular nature of the clients at the start of the research. Whilst the volunteers we worked with were very skilled and committed there were sometimes conflicts where the needs of the research clashed with the needs of clients and the volunteer's personal situation.
  
5. It became clear during the early stages of the research that we could only obtain a partial picture of how clients can/do move on in terms of their wellbeing. In order to get a fuller picture we would have needed to interview clients who have either moved on in terms of having left the centre or have taken on a different role within the centre. For example, become a centre worker or client volunteer. For a number of reasons this was not realistic at that time.

## **Recommendations**

Throughout the findings there are indications of the centre's work that need further development. However, in bringing these together four main areas emerged most strongly.

1. SDCAS to consider developing more classes directly linked to employment, for example, computing skills. Also to develop more group work so clients can share skills and knowledge more formally.
2. SDCAS to review current communications to explore ways of developing a more streamlined and transparent communication and organisational strategy. For example, it would be helpful to develop digital technology/social media to raise awareness of what is available to clients on particular days at each centre location. To explore using students on practical experience and/or interns to develop this aspect of the centre if a funded post is not possible.
3. Future research needs to be done to probe deeper into how clients succeed in moving on in terms of their lives. It would be useful to explore further what it means to move on as a refugee and what more SDCAS can do to make this journey smoother where possible. The research should focus solely on ex-clients.
4. Our research has evidenced the central importance of SDCAS to the wellbeing of refugees and asylum seekers. It is therefore crucial to ensure that future funding is at a level that will ensure that the centre can continue and expand the vital work that it does.

## References

Dodge, R., Daly, A.P., Huyton, J., Sanders, L.D., (2012) 'The Challenge of Defining Wellbeing', International Journal of Wellbeing, Vol 2, No 3, pages 222-235 ISSN 1179-8602

Inman, S and Rogers, M (2015) Behind the Headlines: Report on research into the effectiveness of the advice and advisory service of the Southwark Day Centre for Asylum Seekers, SDCAS

Mann, R (2013) Working with our Strengths: A Psychosocial Wellbeing Approach to Supporting People Seeking Asylum, unpublished paper for SDCAS

Michaelson, J., Mahony, S., Schifferes, J., (2012) 'Measuring Wellbeing: A Guide for Practitioners' NEF

## **Acknowledgements**

Thanks to Pauline Nandoo for inviting us to do the research and to her, Bettina Dreier, Peter Williams, Judith Ahikire and Gillian Reeve for their support throughout the process. Thanks to Maurice Lipsedge who provided invaluable advice at the start of the project. Thanks to Judith Arkright, Frances Dolan, Warren Lee and Tabitha Whitfield for their contributions to the data collection. Finally a huge thank you to the clients who gave their time so generously and were so open and honest with us.

## Appendices:

### Appendix I Staff Development session – wellbeing 10 – 1130 am 19 July 2016

#### Plan of session

1. Pauline introduction - why do we want to focus on research on wellbeing? (10 minutes)

2. Focus of the research (Sally and Maggie 5 minutes)

Focus of research is not measuring client's wellbeing but exploring how clients understand wellbeing in their particular circumstances. Also to explore what we mean by 'moving on' and how this is understood by clients and staff (to include what strategies, provision is in place to help clients to move on)

3. The research plan – share with staff (Sally and Maggie 5 mins)
4. Exercise exploring elements of well being drawing on work of New Economics Foundation and Dodge. To agree a working definition for the research
  - a. To go through the models on well – being using flip chart
  - b. To ask for comments, additions etc to the model
  - c. To ask staff to suggest what needs to be in the boxes particularly those around personal resources and external conditions/challenges

(Sally, Maggie and Alessia max 40 minutes)

5. Discussion of 'moving on' – what it means for clients – obstacles and possibilities
  - a. What does moving on mean for clients?
  - b. What provision does SDCAS make for clients to enable them to move on?
  - c. What else could it do?

(Sally, Maggie and Alessia 20 minutes)

## Appendix 2 Training programme for volunteers

### Session 1- What is research?

1. **Ice breaker** – working with a partner to find out 3 things that the partner would like to share with the group. Include:  
Jobs, skills, talents, significant experiences, hopes for the future

Report back (5 minutes)

2. What is research?
3. Investigating and finding evidence – can be
  - people's views, knowledge, feelings etc
  - policies eg government policies
  - institutions eg hospitals, prisons schools
  - documents, literature,

Everyday examples – journalists, documentaries, research for books

*Example: if you wanted to find out about clients' experiences and how they feel about the centre, what would you do? In twos/threes how would you go about that? Questionnaires, surveys and documents analysis examples*

We use research to find out – to help decision-making, explain things, expose bad practices etc (5 minutes)

4. We are researching wellbeing

Use document on wellbeing (Maggie)

A simple questionnaire on wellbeing to exemplify quantitative research

- i. Do you feel happy –
  - all of the time
  - most of the time
  - some of the time
  - never
- ii. How do you feel in your daily life?
  - Happy
  - Sometimes happy
  - Rarely happy
  - Never happy

5. Looking at qualitative research methods:

semi structured interviews

observation of e.g. classrooms, nurseries, meetings, prisons

writing and drawing exercises

case studies of e.g. schools, centres

narratives – people's stories

visualisation- closing eyes and describing things or imagining things

We are going to concentrate on:

Sentence completion – e.g. I like the centre because....., I like teachers who....., I am happy when.....

Or drawing e.g. Draw a picture of yourself as you want others to see you or draw a scene which shows people living in harmony

**Observation – show Flash mob clip from You Tube – ask**

Where is it? Who is in it? What is happening?

What are people's reactions? What does it tell us?

**Visualization**

Close your eyes and think of a situation where you felt confident – can you describe it to us? How did it make you feel?

It could be something in the present or in the past or in the future

**Freeze Drama** – power – get the clients to freeze drama around the idea of power

Going to give examples of observation and visualisation (10 minutes)

**Session 2 – Developing skills for interviewing**

We will be using semi-structured interviews as our main research tool. This means a mixture of some closed questions to gather information then open questions which allow the person to describe their e.g. feelings, thoughts, experiences etc with probes from the interviewer

Alessia to present

An example

Intro about the project on wellbeing what we are trying to find out – clients' views about wellbeing and also how the centre supports clients to 'move on'

- i. Tell me a little bit about yourself- how long you have been at the centre, what services do you use, where are you from – (ask what else?)
- ii. What words and phrases come to your mind when you think about wellbeing
- iii. How would you rate your own sense of well being at the moment?
- iv. What contributes to your wellbeing – probe for personal resources, external things
- v. What are the things that make it difficult
- vi. How does the centre contribute to your wellbeing
- vii. What other things could it do to help you to move on

### **Designing the research**

1. How best to organise – e.g. groups, individuals etc
2. Designing a freeze drama and writing or drawing exercises
3. Timescale /timetable

### **Appendix 3 Interview Schedule**

The project was introduced to the clients and then the interview was made of six sections:

Introduction (example of a preamble – please adapt it/change it as you see fit)

- Who we are: “My name is >>>>>>>>> I am a volunteer and researcher at the centre. This is >>>>>>>>> also a researcher and together we are carrying out a research project for the centre around the idea of wellbeing.”
- What the project is about: “We are interested in how clients see their wellbeing and what they understand by wellbeing (wellbeing is how you feel about yourself and your life)”
- Aim: “the project might help the centre to improve the support it provides for well being”
- What: “we want to interview you and the interview will last about 30 minutes. You are free to leave at any time and also to stop the interview at any time”
- Confidentiality: “All you say will be kept as confidential”
- “Is that ok for us to interview you?”

#### 1. Background – Wellbeing

- Can you tell me about yourself?
- Background- homeland, family, education, skills and qualifications, interests: where are you from? What schooling /studying did you do? What work did you do/do you do? What are your interests (Why did you leave your homeland, why the UK? only if appropriate, can leave out if feels wrong to ask)
- How would you describe yourself? Maybe ask them to think about how someone close to them would describe them – e.g. personality, likes and dislikes. Skills etc.

#### 2. Visualisation

This consisted of three steps:

1. Now we are going to do a visualisation exercise to help us talk about wellbeing, or situation when we feel well.

2. Can you close your eyes and imagine or think about a situation where you have felt good? Think about where it is, who is there, what they are doing, what you are doing, how you are feeling?
3. Open your eyes and share this with us: where are you? Who are you with? What are you doing? How are you feeling?

### 3. Wellbeing

- Tell me about wellbeing. What do you think wellbeing is? What does it mean?
- This picture / diagram shows some aspects of wellbeing and also sees wellbeing as a balance of resources and challenges. What do you think?
- Use see-saw diagram and 3 parts of wellbeing- feelings, functioning and evaluation. Ask them to discuss the diagram as they understand wellbeing (careful not to imply their own wellbeing, the idea is to get at their understanding of wellbeing, almost like a definition)
- Might need to push here and use questions to make sure we get at:
  - External conditions/ challenges – questions around the issues people having to face – immigration status, housing, finances, health children , isolation etc
  - Feelings about themselves and their lives, what resources do they have? Psychological, social, physical?
  - Functioning in the world, how they rate their lives, where they would like to be in their lives (evaluation)
- If you had to rate your wellbeing at the moment where would it be on a scale of 1-10? Why did you choose that number? What does it mean for you? How can you get to 10? What would need to change?

### 5. The role of the centre

- You have described your ideas about wellbeing. Can you tell me about the role the centre plays in your wellbeing?
- Are there other things that the centre could do to help clients' wellbeing?
- Possible other questions to probe the last part:
  - What do you enjoy doing at the centre?
  - How has the centre helped you?

- How do you feel now, having been to the centre for x months, compared to how you felt previously?
- What can the centre contribute to you achieving your hopes?

#### 6.Closing

- Is there anything else you want to add?

Thank you for your time!

## The authors

**Alessia Cogo** is lecturer in applied linguistics at Goldsmiths, University of London, where she is also director of the MA in Multilingualism, Linguistics and Education. She is editor of English Language Teaching Journal. Her research concerns English as a Lingua Franca and multilingual practices in migration contexts and their implications for language education.

**Sally Inman** is an Emeritus Professor in Education at London South Bank University. She has published widely on personal and social development, citizenship, sustainability and equality and diversity in education and has directed national and international research projects.

**Pip Mc Cormack** was a lecturer in education at London South Bank University and then the Institute of Education at University College London until she retired in 2016. Her research interests include equality and diversity, informal learning and taking a psychosocial approach to understanding how children and adults learn. Pip has worked on national and international research projects.

**Maggie Rogers** was a teacher and teacher educator at Goldsmiths University. Maggie was also a research associate in education at London South Bank University. She has published on global citizenship and sustainability and been involved in national and international research projects.



**Southwark Day Centre for Asylum Seekers**

C/O Copleston Centre,

Copleston Road

London, SE15 4AN

Tel: 020 7732 0505

E-mail: [office@sdcas.org.uk](mailto:office@sdcas.org.uk)

Website: [www.sdcas.org.uk](http://www.sdcas.org.uk)

**London South Bank University**

Division of Education

103 Borough road

London SE10AA

E-mail: [inmansj@lsbu.ac.uk](mailto:inmansj@lsbu.ac.uk)

Website: [www.lsbu.ac.uk](http://www.lsbu.ac.uk)