



**CEO & Chair of Trustees**  
**Brighton Exiled/Refugee Trauma Service (BERTS) Annual Report 2025**  
**For the operating period 1/1/2025 to 31/12/2025**

**Date of AGM Saturday 21 March 2026**

This report was circulated to all members and volunteers for comment, and formally presented and approved by Trustees at the AGM.
Charity Name: Brighton Exiled/Refugee Trauma Service (BERTS)
Charity Registration Number: 1188586
Registered Address:
C/O REFUGEE RADIO 113 QUEENS ROAD BRIGHTON BN1 3XG
All Trustees were present at the AGM

AGM Matters Arising and Minutes

1. A draft report was circulated to all personnel. Please feel free to notify the Chair with any matters arising by 1 March 2026.
2. Governance: Trustees voted 5:0 in favour of agreeing that in terms of governance, the AGM requires a minimum of 3 Trustees to attend (1 of whom may be the Chair) in order for the meeting to be quorate.
3. A verbal report was accepted from the Social Media Officer, and the Safeguarding Officer.
4. The Chair thanked the Trustees for their support over the past year.

**Brighton Exiled/Refugee Service: Reference and Administrative Information**  
Aims, Structure, Governance and Management of BERTS

Trustees and Members

Chair: Colin Blowers

Trustees: Tessa Axelrod, Reem Abushawareb, Mehran Rezaei Toroghi, Sally R Munt, and Itziar Aldecoa Tamayo

**PERMANENT OFFICERS:**

1. CHAIR OF TRUSTEES – COLIN BLOWERS (CLINICAL SUPERVISOR & CBT PROFESSIONAL STANDARDS)
2. CLINICAL DIRECTOR, AND CEO – SALLY R MUNT
3. TRUSTEE – REEM ABUSHAWAREB (COMMUNITY REPRESENTATIVE, SOCIAL MEDIA OFFICER)
4. TRUSTEE – MEHRAN REZAEI TOROGHI (COMMUNITY REPRESENTATIVE AND SOCIAL RESEARCHER)
5. TRUSTEE – TESSA AXELROD (PUBLIC HEALTH SPECIALIST, EX-NHS PARAMEDIC, AND

SAFEGUARDING OFFICER)

6. TRUSTEE – ITZIAR ALDECOA TAMAYO (SUPPORT WORKER MANAGER)

### **ADDITIONAL KEY ROLES:**

1. TREASURER - DAVID LEWIS
  2. OFFICE MANAGER – SASHA MERCER
  3. PROJECTS MANAGER – ALYSHIA GOULSBOROUGH
  4. IT AND WEBSITE MANAGER – DAVID GUEST
  5. GP ADVISOR: DR HANNAH GOULD-BROWN
- BERTS is a dedicated trauma service hosted by Brighton & Hove CBT, for refugees, asylum seekers and destitute migrants in Sussex. BERTS is a no-cost service and is a predominantly voluntary service run for the benefit of the community. Although we are primarily a CBT/EMDR/NET service, we also provide other accredited mental health interventions with other modalities/training, where appropriate. We also offer a limited number of therapist trainee placements.
  - BERTS offer free/no cost specialist trauma counselling and psychotherapy to local refugees, asylum seekers and/or destitute migrants to help them come to terms with their refugee journey and forced relocation in the UK. Our clients are typically suffering mental health impairment due to extreme trauma as a result of political, religious or cultural oppression, torture, war, trafficking and/or slavery. We are a 'safe' organisation and do not ask patients for proof of status.
  - Currently our staff are predominantly unpaid and usually volunteer their time for free, so that mental health support can be provided free of charge to clients. We undertake a very limited number of subcontracted treatments for local NGOs and/or Sussex Partnership NHS Trust. However, the principle of donated skills and time is our principal focus of operations.
  - BERTS became a Charitable Incorporated Organisation (CIO) on 17th March 2020 and was previously known as The Sanctuary Project which started treating clients in 2015.
  - 2025 was our 10th year of operation and we have continued to develop and consolidate our operations as a registered charity.
  - BERTS is primarily managed on a day to day basis by the Trustee, Clinical Director and CEO, Professor Sally Munt, who discusses and receives referrals as Clinical Director from associated Voluntary, Community, and Social Enterprise [VCSE] organisations and statutory providers, principally NHS and Social Services, and subcontracted city services for the homeless. Sally Munt is assisted by administrative and support staff who oversee the support workers and manages HR matters, by a Projects Manager, IT Manager, and Treasurer. There is a team of psychotherapists/psychologists, a team of support workers, Trustees, and an admin team; the CEO oversees and is responsible for all aspects of activities both clinical and governmental.
  - Key Changes in staff during 2025: – we appointed a new Office Manager, several new therapists, a new Trustee, a Support Worker Manager and made some changes to roles during this year.

### **Achievements, Activities and Objectives**

During 2025 we continued to follow BERTS founding principles as written in our Volunteer Handbook which was revised during Autumn 2025 so the latest version is 2025/6. We did not have specific annual objectives for 2025 to carry over from our 2024 AGM as our work is ongoing and iterative, and is responsive to local need and changing funding conditions.

NHS referrals constitute the majority of referrals. Our objective is to treat a referred patient within 6 months of being placed on the waiting list. No patient has had to wait for longer than this during 2025; we have a waitlist for treatment as of January 2026 and we hope to continue with our 6 month limit although this may not be sustainable in the longer term, staff depending.

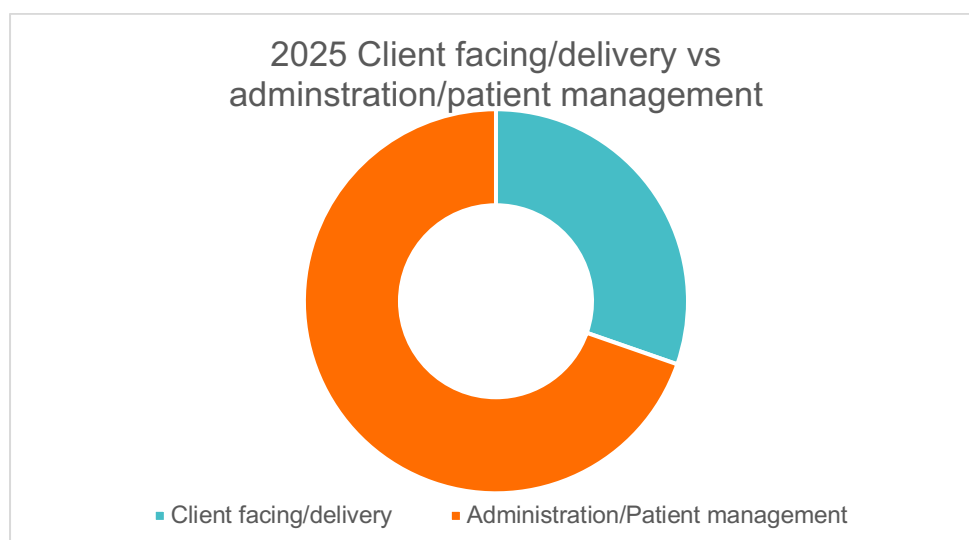
During 2024 the Chair asked an HR Consultant to look over our policies and procedures to ensure we were properly addressing our liabilities, and minor changes to our handbook and processes were implemented. We aim to review this in 2027.

### Annual Summary:

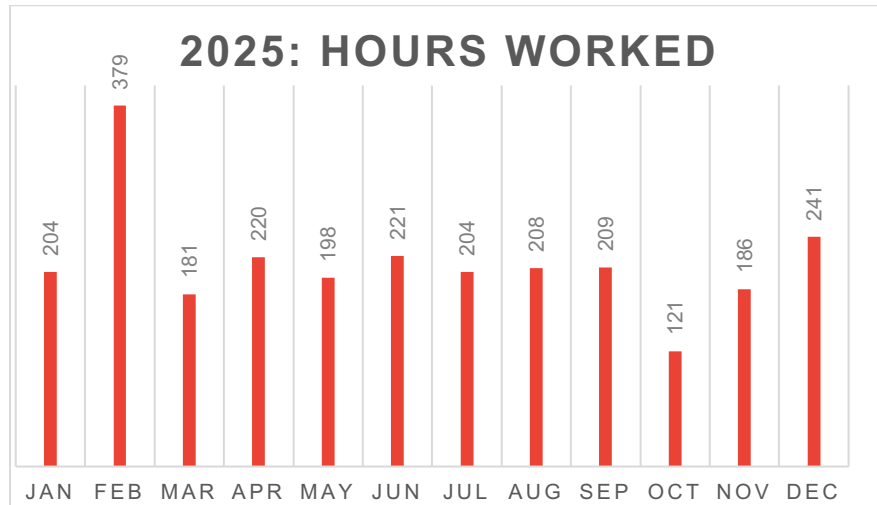
This year we spent more time on administration due to focussed small funding grant by UOK. This was a partnership between Robin Hood Health Foundation/WellBN, Trust for Developing Communities, and BERTS. Most of this work was done (unpaid) by Projects Manager, and Chair. This brought us in income for the year, as did our other UKHO/SEMP grant occurring later in the year, partnering with NHS surgery WellBN & HERA which is for 6 months from October-April 2026 but will pay for delivery of limited asylum seeker therapies at a more standard rate as only CD has capacity to deliver this as additional clinical work (this payment remains less than the normal rate for this work however, and remains subsidized). We have appointed several new counselling and early career clinical psychologist volunteers for 2025 and we should improve our productivity/capacity for therapeutic delivery going forward as an outcome of expanding our therapeutic resource. These volunteers were initially tasked with delivery of the bespoke emotional stabilisation module and were not specialists in complex trauma treatment, although we later provided training in NET, following the EMDR training we did in 2023. We also appointed a trainee clinical psychologist assistant on a small paid internship for 1.5 days per week, paid pro rata. Thus, this year because fewer qualified/accredited experienced trauma therapists claimed an honorarium, this meant that CD could do some extra paid work taking additional NHS referrals, and we could also fund a clinical psychologist trainee on a part-time basis.

Colin Blowers kindly offered to do more clinical supervision this year due to the change in less experienced volunteers arriving with the delivery brief of emotional stabilisation rather than trauma work. Colin meets with the 4/5 counselling volunteers at least once a month in addition to the monthly 'all staff' meeting; later in the year another Clinical Psychologist joined this group which was a welcome addition to the groups skills and competencies.

External projects, personnel changes and HR matters, including the Operations Managers departure, recruitment, supervision, training, improved reporting, and a number of high risk patient cases that meant there were a lot of extra liaison and team meetings to discuss risk. Regrettably there was no Salomons/Canterbury Christchurch University clinical psychologist placement which brings in income for the charity, and we hope this is restored in the future. Our greatest single purpose as a charity continues to be offering 1:1 therapy to patients, mainly delivered face to face or online. Patient administration and operating BERTS overall took more time this year than patient treatment, this is partly to do with admin contracts we had with different partners, the fact that the CD was required to do more operations management this year due to strategic and personnel changes, and also to do with a number of organisational changes within the charity itself in order to develop training and standardize our clinical provision.

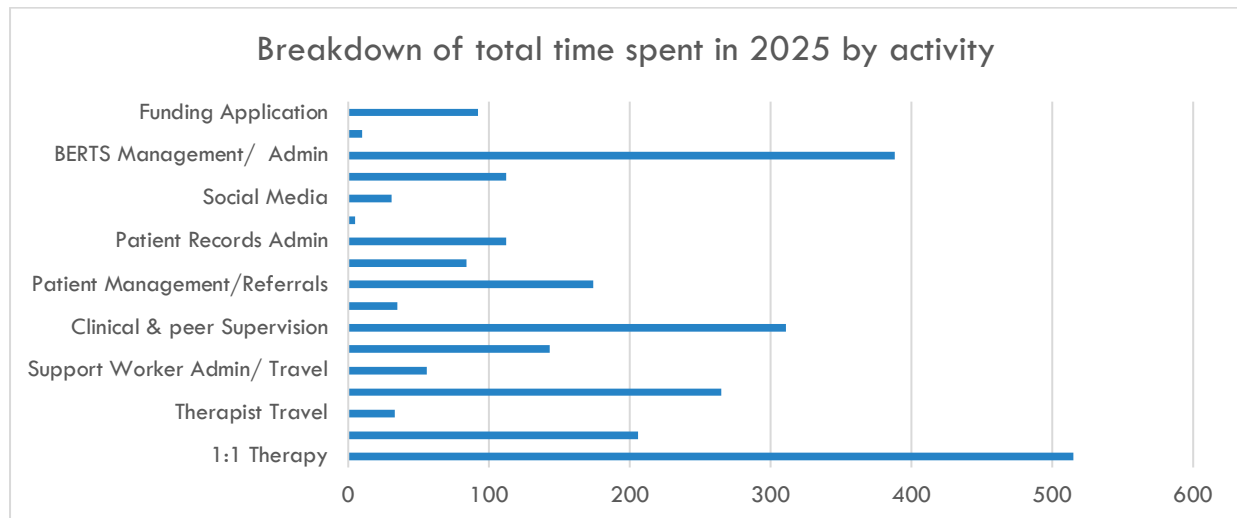


This was quite a different distribution this year.



Task	Hours 2023	Hours 2024	Hours 2025
1:1 Therapy (clinical hours)	894	564	490
Therapist Admin	332	384	206
Therapist Travel	101	27	33
1:1 Support Work	441	172	265
Support Worker Admin/ Travel	137	37	56
HR, E&D	125	129	143
Clinical & peer Supervision	306	121	311
Meetings NHS/VCSE	31	48	35
Patient Management/Referrals	110	111	174
IT & Website Updates	74	184	84
Patient Records Admin	125	69	112
SMG admin	0	0	5
Social Media	93	19	31
Training & CPD	59	59	112
BERTS Management/ Admin	289	537	388
Special Project	34	139	10

<b>Funding Application</b>	195	55	92
<b>Total hours</b>	<b>3346</b>	<b>2655</b>	<b>2547</b>



### Key Achievements:

1. Improving Access to Migrant Pathways [IMP] funded project. We received £8k during 2024-5 for a funded bid in partnership with Trust for Developing Communities and Robin Hood Health Foundation. This was funding directed to help health inclusion for asylum seekers, refugees and migrants, in Brighton & Hove. Available on the BERTS website here:  
<https://brightonandhovecbt.com/refuge>
  - a. Projects Manager and Chair worked on the first destination online resource for new asylum seekers who have arrived in the city, which was hosted by Trust for Developing Communities on their community resource pages during 2025. 150 pages of website content was generated, and the resource is extremely comprehensive and valuable, it is a significant contribution to community access and knowledge, and the only resource of its type currently available.
2. South East Migration Partnership (SEMP) in September 2025 there was an urgent call for bids for this scheme so CD contacted HERA and WellBN and asked them to partnership with us in a bid; this is UKHO funding that has been directed to the SEMP, a regional community hub. Delivery of this project is over 2025-6 (Sept-April). This is a complicated bid involving diverse activities and the complex trauma treatment in the bid will be subcontracted to Brighton & Hove CBT as there is currently no capacity in BERTS to provide this service for free. BERTS will be delivering other therapeutic activities at the asylum hotel and outside (in reach and outreach) during Spring 2026 in conjunction with the partners, and also meeting UKHO representative.

### **SEMP Costs for SE Asylum Therapeutic Care Grant**

#### **The Hera Project**

Enhanced social  
prescribing support  
9 x sessions Oct -  
Nov  
Monthly walk  
support

700

500

Management (7 x £400 daily rate)	2800
<b>Total</b>	<b>4000</b>

**BERTS**

25 treatment sessions for three patients	6000
<b>Total</b>	<b>6000</b>

**WellBN**

<b>Mental health support 9 sessions</b>	4000
<b>Monthly walk support</b>	500
<b>Education event at Asylum Hotel Jan 2026</b>	500
<b>Total</b>	<b>5000</b>

<b>Partnership total</b>	<b>15,000</b>
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3. Screening protocol for NHS Primary Care in Sussex – Chair, together with our GP Advisor Dr Hannah Gould-Brown who is a GP at the St Peter's GP practice in Brighton, with a specialist interest in refugee work, met several times in 2022 to design a screening protocol for GPs and Practice Nurses for newly arrived asylum seekers, assessment of physical and mental health. As experts working with this community we wanted to stress the co-implication of physical and mental health in addressing the needs of asylum seekers, refugees, and victims of trafficking, who have frequently been subjected to torture and sexual violence. The protocol went out the GPs in the area to comment on and provide feedback in 2023 and also to the Sussex NHS GP management group. All feedback was acted upon and the screening protocol was going to be trialled in primary care during 2023. However, the illness of the lead PCN Manager has halted progress on this trial so we are currently hopeful that another GP practice in Eastbourne led by Dr Neil Singh will be now trialling the protocol. Thank you to those particularly from RHMF who continue to raise this at NHS RAM meetings and we continue to monitor progress on this initiative. Note: there hasn't been much progress on this in 2024 or 2025 despite chasing. This was not taken up again by the NHS in 2025 despite Clinical Director chasing it up with Commissioning Team, which is very disappointing.
4. Staff Training – a number of therapists completed personal CPD trainings of different methods primarily provided by BABCP or EMDR membership, including on new models for treating PTSD. Clinical Director also wrote and delivered 3 x 2 hour small group trainings to all therapists during Autumn/Winter 2025 in order to standardize our treatment provision and ensure that we have consistency across the service. All therapists and counsellors were funded and required to take the 2 day online training by the N.E.T. Institute in Germany in Narrative Exposure Therapy in December 2025. This was very successful and we continue to refine and improve our treatment model across the service and standardize our delivery protocols.
5. We continued with specialist EMDR clinical supervision, kindly provided by NHS EMDR Consultant and CBT therapist Vicki Lidbetter who provides monthly group supervision to 2 BERTS therapists on an ongoing basis. We suspended this in Summer 2025 due to staff sickness however this should be reinstated during 2026 when our experienced EMDR therapist returns.
6. A significant new strategic development starting in 2024 was the partnership with University of Canterbury's training institute Salomons, based in Tonbridge Wells. Clinical Director began discussing with Salomons in early 2024 the possibility of hosting a trainee Clinical Psychologist on

a doctoral programme on a 6 month placement. It also involves at least 3 hours a week supervision for each placement student that is provided by Clinical Director. She attended a mandatory 2 day training event for Salomons placement supervisors in February 2025 as part of this agreement. Over the summer, we also had meetings with Surrey NHS/Guildford University for the possibility of developing a similar placement with them, but there were unable to proceed in time for the Autumn placement start date. Both partnerships were reviewed in March 2025 and we have discontinued Surrey University. We continue to be open to Salomons placement however so far no more are forthcoming.

7. Trustee Tessa Axelrod and CD applied for funds of £2,000 from the Brighton & Hove Fairness Fund for People 25/26 in December 2025, for delivering short CBT treatments of 6 sessions duration for emotional regulation skills, 1:1 with asylum seeker patients. We are currently awaiting the outcome of this application.

## Financial Review and Independent Examiner's Report

Until 2020, BERTS operated completely as a no-cost service, there was no bank account, no income, no fundraising and limited expenditure such as website charges and maintenance, professional indemnity insurance, security checks (DBS), Continuous Professional Development, professional fees and accreditation, transport, office, stationary and so on. Incidental costs were covered by Brighton & Hove CBT as a charitable gesture, and by individual psychotherapists as part of their annual professional fees and activities. This arrangement became untenable as we have expanded and as Brighton & Hove CBT's income changed. Volunteers continue to provide their time for free and cover their own expenses however a completely no-cost operation has become unfeasible so since 2022 we sought out external funding out of necessity required to fund partially some core activity (treatment) and also some strategic development funding for specific initiatives such as the screening protocol, 1:1 short course CBT delivery, and the website @refugeehelp.

A fully accredited (not member or provisional accreditation, only full accreditation) psychotherapist or clinical psychologist (BPS) volunteering for BERTS receives an honorarium payment of £20 per clinical hour of patient treatment. This is intended to go toward meeting the costs of our psychotherapist team and is not intended to be payment for services per se. It might cover for example room hire cost, transport to appointment, or help with insurance or accrediting body membership cost. The operating principle of BERTS is our professional labour is provided for free. (A typical payment for a BABCP Accredited therapist is c.£100-120 per hour, a Clinical Psychologist is £150-180 per hour, by comparison). Therefore we remain a predominantly donatory, goodwill service.

Chair continues to search for third sector funding opportunities but these are limited given that our core operation is NHS is open-ended complex specialist trauma work that the NHS currently doesn't fund. The NHS Sussex Trauma Pathway remains in development and not fully implemented and we are struggling to understand what the NHS is currently activating or resourcing in order to provide appropriate provision for asylum seekers, refugees and destitute migrants in the city in terms of appropriate access to mental health care for these vulnerable communities, who also commonly represent a marginalised (health exclusion) group with restricted access to appropriate health care due to a complexity of factors. We understand that NHS Time to Talk instigated a very limited treatment resource for a small number of asylum seekers with complex trauma during this year 2024 (managed by an ex-BERTS IAPT therapist), to be delivered within the IAPT programme, although this represents only a fraction of what is required to provide appropriate health inclusion for ethnic minorities in the city, as required by NHS England policies on Health Exclusion. Whilst many consultations have taken place over the past 12 years, the lack of appropriate MH provision for treatment for complex trauma in this vulnerable group – the majority of which suffer from serious mental illness conditions as a result of their asylum trauma - remains much the same. Other areas with similarly high numbers of

asylum seekers such as Bristol and London have specialist regional NHS MH services for asylum seekers and refugees. NHS Sussex does not appear to have the will to investigate such provision, either as a sole provider or as a joint provider with NHS Surrey or Kent, or even in partnership with third sector providers. This means that the Sussex, and its coastal towns and cities which host so many vulnerable and traumatised asylum seekers, provides very little targeted mental health treatment or care for this demographic, other than psychopharmacology provided by local GPs, which is often not appropriate for the severity of illness. (With notable exception of the 'Safe Surgeries' within the city).

### Projected income generation for 2026

Currently, many subcontracted NHS and local statutory funded grants do not allow for funding for 1:1 delivery of services, which is basically all we do, whether in support work or therapeutic treatment. This means we are excluded from most relevant funding calls.

The financial situation going forward for 2026 is even more challenging. The funding situation in 2024/5 already worsened with many funding programmes for asylum seeker needs specifically excluding 1:1 delivery of services. There were two national initiatives that required an extremely tight deadline, but the window available was not sufficient for us to develop a partnership bid with local organisations who would have made us eligible under their funding criteria. Our funding from the IMP project (£8k), for which we thank our partners RHHF and TDC, and then the SEMP partnership with HERA and WELLBN were the only external funds we were able to find this year, leaving us extremely financially vulnerable going forward with a serious projected shortfall for 2026.

### Income from Salomons/Homeless Link

In 2025 there was £2671.50 income per six month clinical psychology placement, paid by Salomons to BERTS until March 2025. This should be paid again if there is another clinical placement in 2026 but this cannot be guaranteed. The national UK charity Homeless Link has worked to develop a framework to support voluntary and community organisations within the homelessness sector to implement trauma-informed care in practice. This funding has come through their programme.

### Indemnity Insurance

We continue to have annual professional indemnity insurance with HowdenPro Group Ltd, details below. This covers any student/trainee placement and claims against BERTS, details can be found below:

<b>Receipt</b>
Brighton Exiled/Refugee Trauma Service (BERTS)
28/08/2025
Customer Reference: xxxxxx
Policy Reference: xxxxx
T: 01924 241945
E: enquiries@howdengroup.com
We would remind you that there is no automatic entitlement to a return premium if you cancel the policy.
Return premiums are entirely at the discretion of Insurers and are usually only permitted in exceptional circumstances.
Thank you for payment of the premium due in respect of your policy for Professional Civil Liability.
The amount paid is broken down as follows:
Amount
Civil Liability Premium (including Legal Helpline) : £207.24
Employers Liability Premium : £0.00
* Insurance Premium Tax : £24.00



Administration Fee : £15.50
Total Insurance Cost : £246.74
* Insurance Premium Tax (IPT) is at the current rate of 12%. (There is no IPT on the Legal Helpline element of the premium).
Howden is

### Banking

During 2021 due to the expanding costs we opened a Business Account with the Co-operative Bank and we have continued with them in 2025 despite all the ongoing problems we have accessing Customer Services, often being put on hold for an hour or more, and their totally inadequate app which only shows transactions for one calendar month, and even then the beneficiary is unclear.

Chair, and CD are now the only card holders on the BERTS bank account.

We have a 2025 **Financial Report** which has been kindly prepared by our Treasurer:

### **BRIGHTON EXILED/REFUGEE TRAUMA SERVICE** **(BERTS)**

### **INCOME & EXPENDITURE STATEMENT**

### **YEAR ENDED 31 DECEMBER 2025**

	<b>2025</b>	<b>2024</b>
<b>Income</b>	£	£
Grants	5,300	31,090
Donations received	60	550
Total income	5,360	31,640
<b>Expenditure</b>		
Insurance	247	247
DBS checks	269	50
Therapist fees	6,900	5,305
CEO Fees	6,000	6,000
Administration staff cost	3,204	3,670
Office expenses	1,335	1,177
Client support costs	1,089	829
Resources	331	180
Training	2,727	-
Fixed asset depreciation	154	154
Total expenditure	22,256	17,612
<b>(Deficit)/Surpluses</b>	(16,896)	14,028

**BALANCE SHEET at 31 DECEMBER 2025**

	2025		2024
Assets	£		£
Cash at bank	14,869	Cash at bank	31,611
Fixed assets	156		310
	<b>15,025</b>		<b>31,921</b>
Liabilities			
General fund	<b>15,025</b>	General fund	<b>31,921</b>

<b><u>Fixed assets</u></b>	(write off over 3 years)	Cost	Dep'n	NBV
Printer	2024	379	252	127
External HD	2024	85	56	29
		<b>464</b>	<b>308</b>	<b>156</b>

These are audited accounts that have been externally checked by Independent Chartered Accountant Tom Atkins.

Thank you to our Treasurer, David Lewis, Chartered Accountant, for his very kind ongoing support for BERTS this year and previous years.

**Independent Financial Report**

Tom Atkins ICAEW number 8960987 is a local independent chartered accountant who has kindly agreed to provide our independent financial report to the Charity Commission going forward. We are also very grateful for his support to BERTS:

**Independent examiner's report**

**Independent examiner's report to the trustees of BRIGHTON EXILED REFUGEE TRAUMA SERVICE (BERTS)**

I report to the trustees on my examination of the accounts of Brighton Exiled Refugee Trauma Services (BERTS) ("The Trust") for the year ended 31 December 2025.

**Responsibilities and basis of report**

As the charity trustees of the Trust you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the Trust's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable

Directions given by the Charity Commission under section 145(5)(b) of the Act.

**Independent examiner's statement**

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the Trust as required by section 130 of the Act; or
2. the accounts do not accord with those records.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Signed:



Tom Atkins

Brighton

17 March 2026

**Clinical Overview and Summary**

Despite a Labour Party Government, it is very depressing to report that conditions for asylum seekers in the UK have actually worsened this year in many important respects. The political environment in the UK (due to the ongoing rise of Far Right parties and following white Christian Nationalism influence from USA) has become even more hostile to refugees and migrants. As I write at the end of 2025, the government is promising to 'empty' the asylum hotels and relocate refugees to migrant camps. These environments, likened to prison camps, have historically produced further emotional trauma, serious disease outbreaks, child neglect and abuse, high rates of self-harm and suicide, and violence due to intolerably desperate conditions, and we are seriously concerned about the treatment of refugees nationally and how the UK is increasingly breaking human rights laws and slipping toward a xenophobic and cruel culture toward refugees. Unaccompanied children have been housed with adult strangers in these camps leading to further neglect and abuse. Our patients are increasingly feeling desperate and unsafe, suffering from serious mental illnesses with PTSD affecting all clinical presentations this year with multiple other diagnoses in addition.

**Patient Treatment Model**

Treatment durations have traditionally been from 6 weeks to 40 months+, depending on individual patient clinical need. The typical PTSD treatment is to follow NICE guidelines and be 25 sessions, but we find that sometimes this duration is not long enough to address multiple and complex instances of trauma and allow for cultural differences in delivering multicultural psychotherapeutic delivery. In addition, due to frequent problems of insomnia, chaotic night/day rhythms due to night terrors, hunger, disorientation, and the unpredictability of UKHO appointments, our DNA/discharge policy is significantly looser/more generous than most mental

health services. We often have to do a lot of emotional stabilization work before trauma treatment can be commenced, - for 2-3 years in some cases, which is not sustainable as a service with the usual resource pressures and not equitable for those waiting in the queue to be seen by a therapist.

During Autumn 2024 the Clinical Director had discussions with other therapists and NHS colleagues about the possibility of designing a two stage treatment model. This has been because therapists who were trained in treating complex trauma are spending significant periods of time doing this emotional stability work instead, for extended numbers of sessions that could be delivered by trainees in accredited courses in mental health, or early career therapists/counsellors without specialist further training in complex trauma such as EMDR or NET or CBT for complex trauma.

In Spring 2025 we commenced having a two tier delivery model, with either group or individual short course treatments in emotional stabilization, followed by 1:1 trauma therapy (NET, EMDR CBT for Complex Trauma, or other). We required facilitators at the Assistant Psychologist level to deliver a formulaic/standardized emotional stabilization treatment before patients go on to complex trauma psychotherapy. CD met with Dr Mary Griggs, Consultant Clinical Psychologist at Hope: Asylum Seeker & Refugee Trauma Service (Traumatic Stress Service), AWP Mental Health Partnership NHS Trust, who manages a specialist service in Bristol, and Mary kindly offered resources and use of their protocols which was kept under review during 2025, in conjunction with consideration of using volunteer APs and Counsellors to deliver (and recruitment thereof). Changing our treatment protocol to a 2-tier model required some careful thought and planning in terms of demands on specialist staff to deliver, and the accompanying literature (translated) that would be made available to patients. This work was undertaken and piloted during 2025 and was successful, although further training on the model was required and delivered subsequently by the CD during Autumn 2025 to ensure a shared toolkit and approach.

#### DNA Policy

A consistent pattern on DNA and disengagement must be observed before consideration of discharge and our normal protocol is 3 consecutive DNAs and for the case to be discussed with the CD before discharge, who will also contact the patient herself to enquire about barriers to attendance. Nevertheless patients continue to disengage with treatment for a number of reasons – deterioration in mental health being the primary reason, and risk of acute mental breakdown is a fairly continuous risk which we have red flagged with GPs on a number of occasions. Other reasons for disengagement include: digital poverty (no access to stable wifi/privacy), cold weather (difficult when you cannot afford heating in winter), no money for transport to therapy (cannot afford bus tickets), lack of nutrition/affordable food mean that staying in bed with low energy is tempting, and so on. Most of our non engagement issues could be solved with extra funding to support access to therapies. Health exclusion is very real with this population, and BERTS simply doesn't have the resources to fund participation in treatment more than the minimal we already do.

### Patient Demographic Profiles

#### Patient Summary

BERTS has so far accepted 210 patient referrals for mental health trauma, all of whom were refugees, asylum seekers and or destitute migrants in the Brighton & Hove area, and who have benefitted from longer term treatment for significant mental distress. We treated 25 patients in 2025, most of whom received more than 25 sessions of treatment, some of whom received 40-50.

#### Patient referrals process

The need to include GAD PHQ9, PCL-5, International Trauma Questionnaire and possibly IOER in referrals has been discussed and continues to be reviewed. NHS staff referrals are now expected to complete some of these measures before sending us the referral. Non-medical staff are not expected to do this. This will enable us to triage more accurately and also assess risk whilst patients are waiting for a therapist. We are grateful to Holly Bryan of WellBN for developing the patient referral form into the SystemOne database that NHS PCNs use as their primary patient record.

#### Patient health profiles

Most of our patients have significant psychiatric diagnoses with co-morbidities present, including often trauma-based psychosis and enduring/severe depression and acute anxiety, defined in NHS classification as those with Serious Mental Illness [SMI]. Additional typical presentations may also be GAD, suicidality, social anxiety, panic attacks, eating disorders, paranoia, self-harm, and avoidance disorders – all symptoms of extreme trauma coupled with frequent isolation and cultural alienation. These patients are often multiply traumatized, and require lengthy clinical interventions. Although referral to NHS IAPT/Talking Therapies can provide helpful short-term interventions, NHS does not provide much locally in terms of specific treatment for this multicultural client group which often requires flexible and costly treatment subject to frequent DNAs due to the challenges of asylum seekers' daily lives; because of complex trauma they are frequently assessed by IAPT, ATS, or CAMHS and rejected. We also occasionally end up treating sequentially more than 1 member of a family where there are systemic presentations; whole families can be suffering from serious mental health trauma. This can be a problem if children are in distress due to the lack of capacity in CAMHS. Every year of BERTS operation a significant number of referrals were declined as being unsuitable for our service and alternatives were suggested or recommendations for interim measures and re-referral advised. We continue to recommend that patients who are unable to conduct therapy in English participate in ESOL lessons at Brighton Metropolitan College and additionally go to the Migrant English Project for 1:1 support so that they can access our service. We are still in a position in which we have normally to decline treatment to under-16s; we need a child and adolescent volunteer therapist on the clinical team in order to address this unmet need.

We continue to receive most of our referrals direct from the NHS and Social Services/vulnerable adult and unaccompanied children asylum seeker unit. Statutory Services provide the bulk of our referrals although local NGOs and housing associations also refer. Most of the referrals are discussed on the phone with the Clinical Director first; we continue to normally refuse clients who do not have sufficient language fluency or proficiency and refer them first to Migrant English Project or Brighton Metropolitan College for social integration, stabilisation, and English Language fluency, and we recommend re-referral in 6 months. We have provided patients with an interpreter as recently as last year, but the therapeutic intervention was not very successful due to reasons previously explained – this has always been our experience, unfortunately and this is why we continue to normally insist that patients are able to speak English for a therapeutic treatment to be successful. The additional benefit of greater social inclusion that comes from linguistic confidence also contributes to a decrease in isolation and an increased ability to access medical services, which are important for therapeutic risk.

We always will continue to offer therapy and support to homeless patients.

In 2020 NHS Sussex formulated a new mental health strategy for local provision which explicitly shifted significant responsibility onto local NGOs for mental health support of refugees/asylum seekers. This has had significant implications for our service and others such as Refugee Radio and Voices in Exile and the Network of International Women (who also offer mental health support) going forward in terms of burden/resource criticality and expectations re our capacity to fill this gap. Wait times for patients on our list has varied over 2025 from 2 weeks to 6 months.

Patients are allocated a therapist mainly in order of referral date, however if there is a patient with urgent or acute need, or a minor, they are moved up the queue with the Clinical Director's discretion, in consultation with the referrer. Currently we have 9 patients waiting for allocation to a therapist (Jan 2026) but we closed to new referrals in November in order to manage the waiting list. We will reopen to referrals in Spring/Summer 2026. We are seeing an increase in patients who are actively suicidal, and highly vulnerable, due to the pressures on NHS. We have had an increase in safeguarding concerns this year, and we observe that many of our patients are frequently in mental health crisis – anecdotally CD has the impression that patients referred to us appear to be more unwell than in previous years and suffering from more acute distress.

We continue to be all too aware of the lack of sufficient treatment options in NHS mental health services for asylum seekers and refugees in the city. We have also observed continued reluctance by some primary care providers to refer on complex/acute cases for psychiatric evaluation, or prescribe appropriate psychopharmacology where needed. There seems to be based in unhelpful assumption by mental health professionals that BME healthcare users are 'over-medicated', yet the psychopharmacological needs of refugees are acutely different to Black BME citizens and this is a problem to do with demographic categorization – where refugees are bunched together undifferentiated, in with BME British, and so their very specific needs are elided/ignored. We strongly encourage NHS colleagues to disaggregate the mental health needs of British BME versus asylum seeker patients in order not to withdraw necessary psychiatric and psychopharmacology treatments from asylum seekers. We continue to know of patients with severe PTSD, confusion, disorientation, and trauma-based psychosis being prescribed inappropriately or presentations of severe, enduring depression or patients with torture-related disability being advised by primary care providers to 'exercise' or given inappropriate medication such as 50mg Sertraline, which does not remotely or appropriately address the severity of the presenting mental illness diagnosis/symptoms.

#### Social Prescribing, Destitution and Welfare Issues

We continue to build on an effective relationship with HERA, based at WellBN PCN and Trust for Developing Communities where we can cross-refer patients for social prescribing and welfare concerns. Nevertheless: **destitution continues to be an acute aggravating factor in refugee mental illness and significantly affects participation in treatment.** Many of our patients are living in acute poverty and in terrible housing situations, or actually street homeless. This has meant that sometimes BERTS has paid for bus or train fares for patients to access support, we have paid for essential clothes and shoes for patients who cannot afford them, we have paid for electricity meter credit, we have paid for 3 nights respite care in a hotel for one patient having an acute mental health crisis, we have paid for clearing blocked drains, for deterring rat infestation, for CCTV for security, basic supplies for setting up a home, shoes or winter coats, we have also paid for basic medicines for Covid and for flu (during the epidemic Nov/Dec 2025), we have given out Christmas presents, bought groceries, provided dental care, and occasionally we have provided a mobile phone or basic second-hand laptop for online sessions. When our patients are destitute, meeting basic needs where the state has failed to do so, means that charities like ourselves need to step up and be more flexible in our sphere of operation. Basic humanitarian responses to need have been required, but necessarily our resources are very limited.

#### Poverty and Social Exclusion:

In this past year 20% of our patients were destitute and street homeless, and with No Recourse to Public Funds. We amended our referral form in order to understand housing/homelessness better and with more reporting categories. Therefore, these details can only be taken as a snapshot of patient details on referral date. Homelessness, and insecure housing, remain one of the biggest factors for patient distress and are aggravating factors for serious mental illness. Despite our frequent advocacy to housing services, we have had little success improving living conditions for many of our clients and the housing situation in the city for the poorest and most vulnerable demographic remains desperate. Many of our patients are prioritising their poor

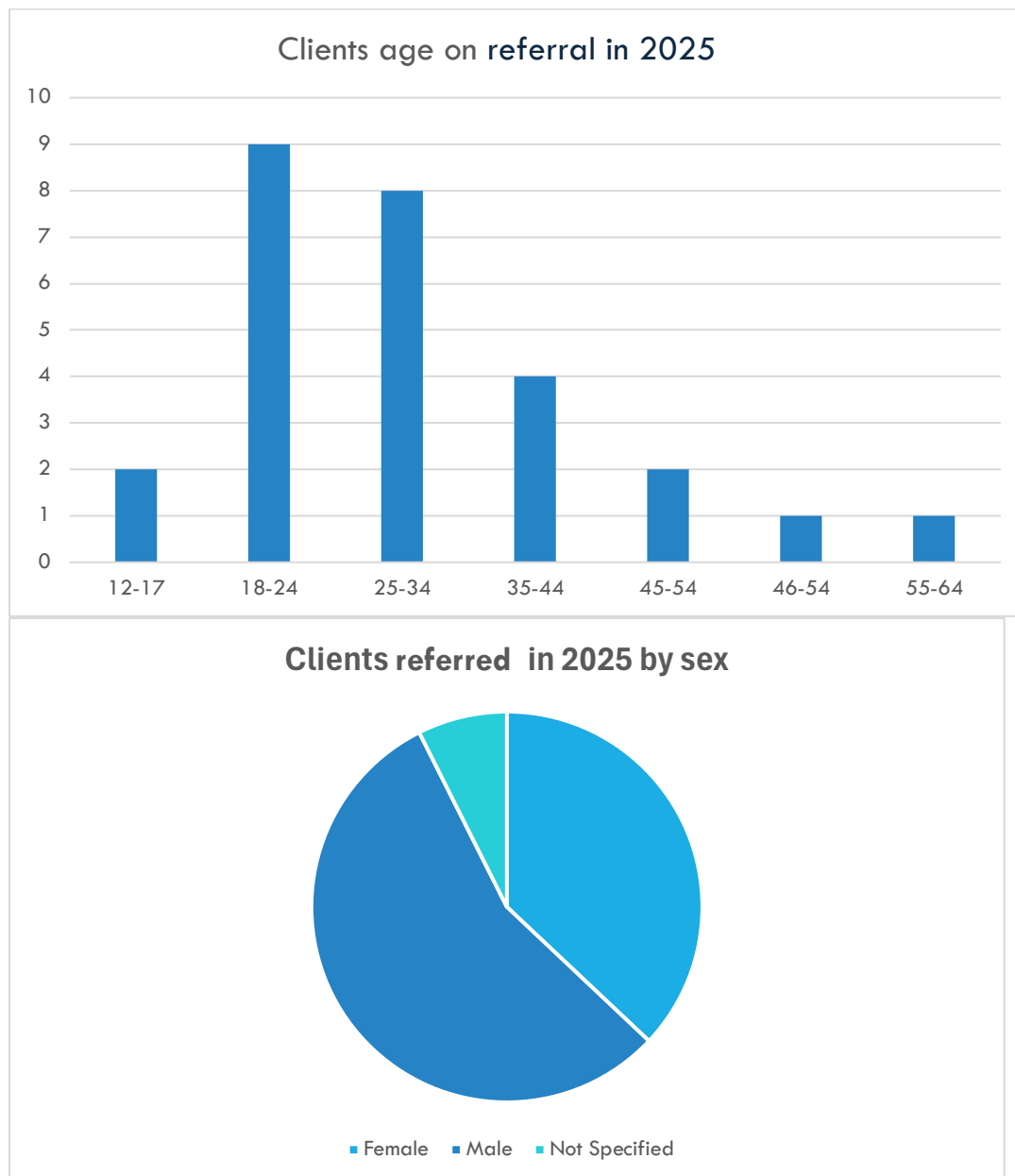
housing over their mental health treatment, which requires understanding from therapist practitioners – to look at one’s trauma, a patient needs a sense of safety, which most do not have.

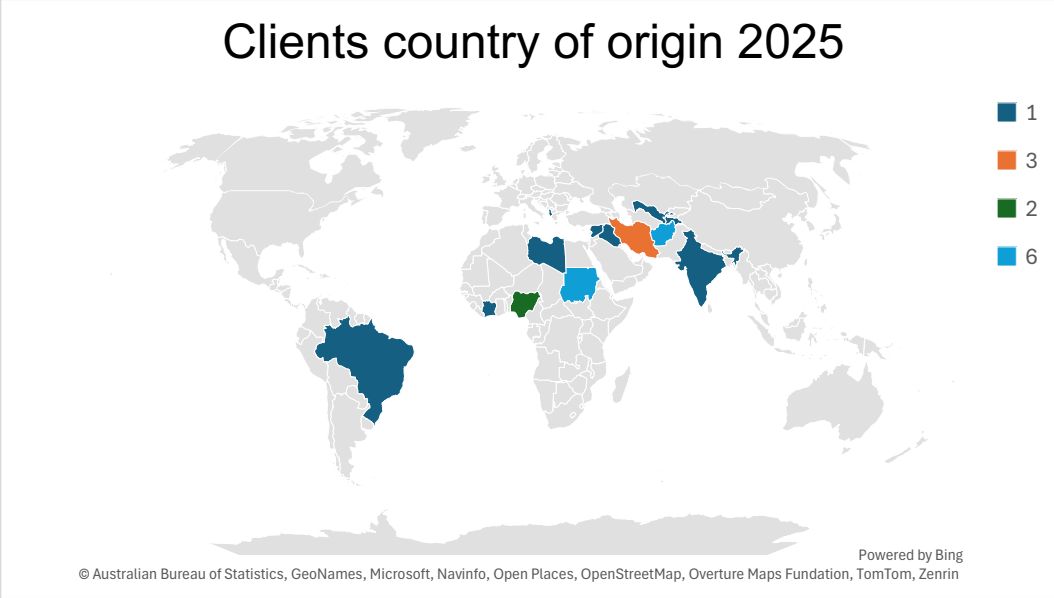
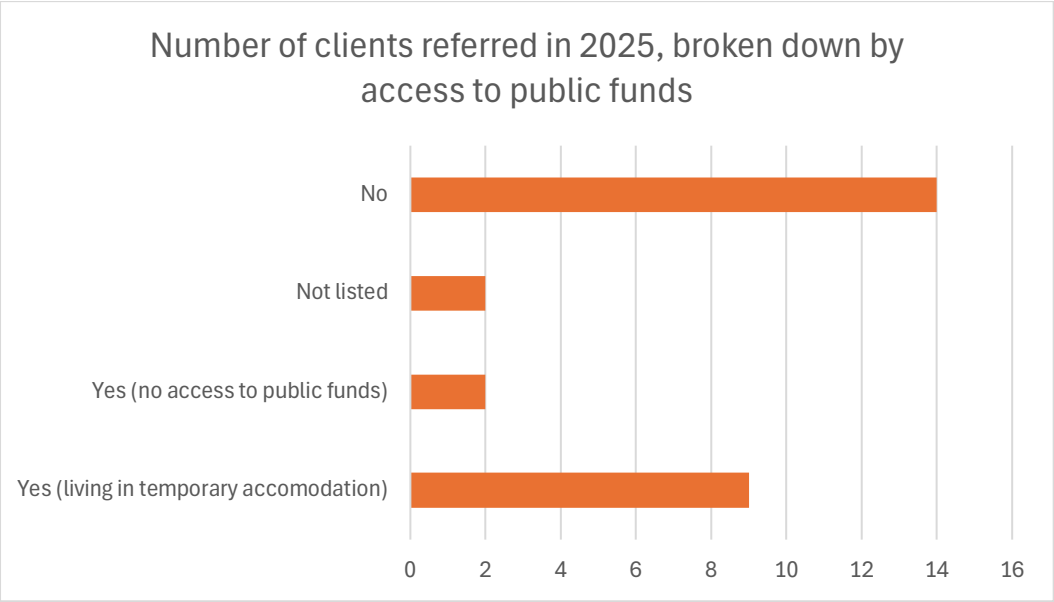
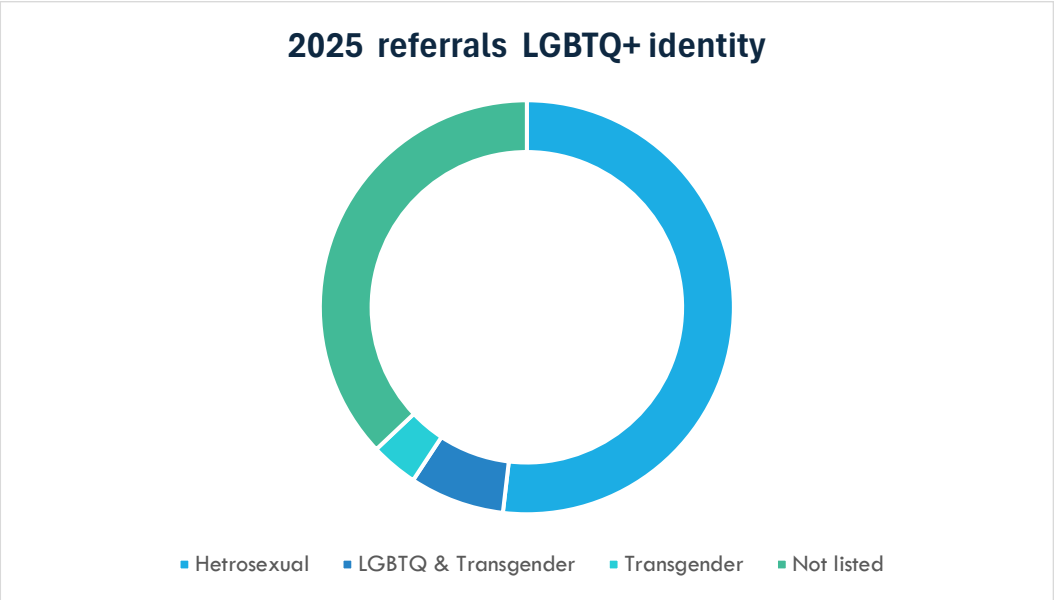
#### Summary Information of Patient Referrals:

##### Equality and Diversity Statistics

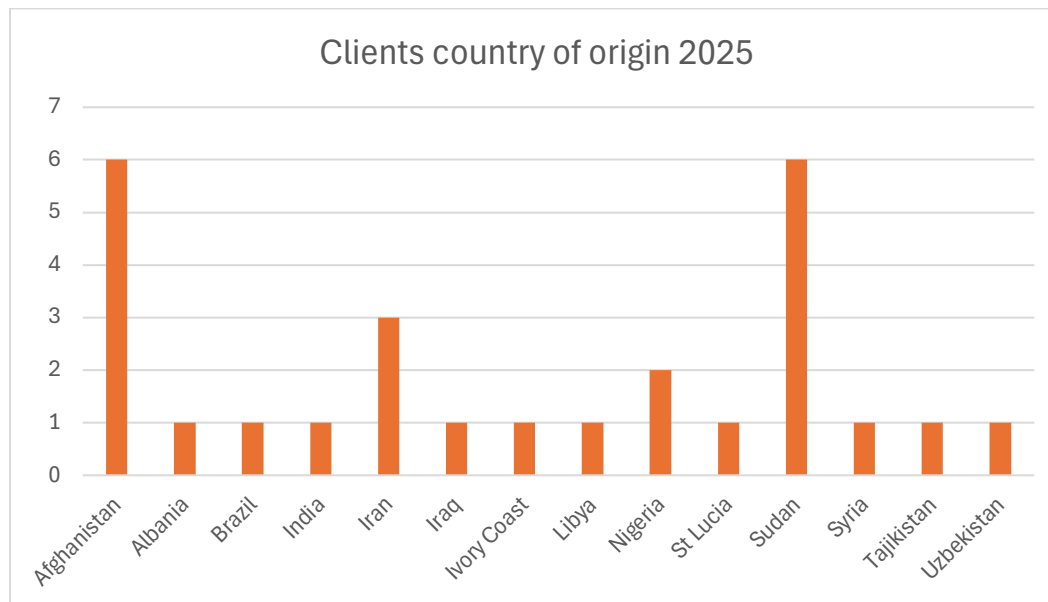
We started collecting full patient data in 2022, due to reasons of caution and concerns about GDPR and patient confidentiality.

Below is a brief visual overview of our patient demographics for 2025:









These demographics give us a clearer picture of patient referrals, although some data may change over the course of treatment, for example, a patient may not have disclosed to the referrer that they are LGBTQIA, or that they are street homeless/destitute, as this is not a formal category of referral. Additionally, referrer may not have understood that the patient is an ethnic minority with a specific nationality (for example, Turkish, but identifies as a Kurdish refugee), Sudanese or Egyptian or Iranian Coptic Christian etc. In sum, more people were referred to us from Sudan this year in relation to the ongoing war there, and new countries have appeared: St Lucia, Tajikistan, and Uzbekistan.

### Service User Feedback and Comments from Activities:

Any prospective funder requires outcomes measures, this is increasingly normative in the voluntary sector, it is an activity that also helps us reflect on our operations and potentially improve experiences by service users. During 2024 Chair received training in the Refugee Council tool the Outcomes Star. This ended up being too costly and complex to implement and so we continue to search for an appropriate outcomes measure that could be used by our practitioners. Every funder requires their own version of outcomes measurement and this places an unreasonable burden on charities for retraining and sometimes purchasing costly licences or software. We generally refuse to provide 'outcomes of the month' and provide instead narrative therapist feedback coupled with patient monitoring with medical assessments such as GAD 7 or PQH9 or equivalent. Chair needs to work with Project Manager in 2026 to devise and implement an appropriate outcomes assessment for our patients.

BERTS have been able to state clear and defined activities; including inputs, short-term and long-term outputs and outcomes, and wider society impact outside of our interaction base. All these will help the organisation to reach its overall aim: to improve the quality of life of the targeted population, through providing essential and appropriate mental health care. To build upon this work, BERTS needs to implement better qualitative and quantitative data collection over the coming year in order to demonstrate and measure the outcomes and outputs stated in the framework.

This includes:

- Questionnaires to support workers to evaluate the outcomes of volunteering with BERTS on their development and their interactions with wider society.

- A questionnaire designed for therapists to evaluate the outcomes of volunteering with BERTS on their personal and professional development and their interactions with the wider society.
- Starting interview and exit interviews with all volunteers to understand their growth during their time with BERTS.

All these data collection methods should include EDI and a chance for volunteers to provide feedback to BERTS, so we can try to retain volunteers and grow more as an organisation. Although this is time consuming, we need to prioritise for development in 2026. Unfortunately, too much time in 2025 has been spent on fire-fighting and reacting to circumstances, rather than strategic development – a classic scenario in underfunded third sector working... we are aware we wrote this last year and continue to find this frustrating.

Another audit of the time frame of clients' treatment with BERTS to better understand the average duration of treatment is desirable. We did not do this, due to lack of staff availability. We will carry this task over to 2026.

### Staff Summary

Establishing a separate counselling service as part of our new 2-tier stabilisation protocol commenced in February 2025, such counsellors have to be at least tier 5 in further education/training, under clinical supervision, and have complementary professional experience in healthcare or social care.

Mental Health Practitioners, as volunteers, continue to pay for their own mandatory CPD, individual accreditation, professional indemnity insurance, premises costs and ongoing business expenses.

Our clinical staff who are qualified and accredited clinical psychologists, social workers, psychiatrists/medical doctors, nurses, high intensity CBT therapists, psychotherapists and counsellors, means that we have become a Multidisciplinary Team [MDT], including a Trustee who is a former NHS Paramedic and specialist in world health; as a group we have advanced specialist expertise and meet monthly to share and support each other.

We continue to have a monthly meeting for all therapy staff to attend, clinicians and placements, this is our main opportunity to meet as a clinical team and review any issues with delivery and discuss any issues with patient care, we also use this opportunity for group training. This is also an essential 'team building' meeting as we work in an isolated way and don't see each other regularly in any other forum. It is also important given that our work can risk secondary trauma that we build strong relationships of trust with each other as a clinical team so that if we need support then it is available.

In addition, our counselling and trainee clinical psychologists have mandatory supervision with Colin Blowers at least once a month, meaning that they are seen for a minimum of twice a month by seniors, plus all therapists are encouraged to seek 1:1 supervision on an ad hoc basis where necessary with either Colin or Sally. CEO/Clinical Director [CD] together with therapist/Trustee Colin B continue to provide 1:1 clinical supervision to individual BERTS therapists and counsellors on a request basis. CD continues to be responsible for recruitment, retention and management of clinical and admin staff, and Operational Manager [OM] is responsible for managing and recruiting support workers, in consultation.

We always need more accredited cognitive psychologist or psychotherapists, or a senior/experienced psychotherapist in another modality to offer 1-2 hours per week of complex trauma therapy. Please could all therapists consider asking their colleagues to donate a small

amount of clinic time if appropriate. Geography not necessary now as half of our provision is now delivered as online therapy and will be for the foreseeable future.

This year we welcomed two new Trustees: Mehran Rezaie Toroghi and Itziar Aldecoa Tamayo. In 2025 we appointed a volunteer Consulting GP – Dr Hannah GB – to be available in an advisory capacity where there is a patient without a registration that requires medical advice or prescribing advice, or when the CD needs to consult on medical matters relevant to a patient's mental health treatment.

During 2025 the CEO/CD wrote responses to over 5,000 emails and received over 200 telephone enquiries regarding client referrals, ongoing client matters, and organisational enquiries. During 2024 she worked for the charity typically for more than 20 hours per week (0.6 FTE) for which she receives an honorarium payment of £6,000 p.a., to be paid annually on September 1<sup>st</sup>. This payment was agreed to be ongoing in recognition of the increasing labour required to keep BERTS going, and the charity becoming more sustainable as a CIO in the longterm. In addition, fully qualified therapists with full accreditation are eligible to claim basic expenses for providing patient care at the hourly rate of £20. This year we have funded a trainee clinical psychologist placement in the form of Tanya Akpinar who is given 5-6 patient case-load and works for BERTS 1.5 days per week (not including supervision), this has worked well as Tanya gains clinical experience and training under the joint supervision of Colin and Sally, and she has also received NET training so emotional stabilisation plus NET can be her delivery model for a number of patients this year.

In March 2025 we addressed our lack of child and adolescent therapists with recruitment of two 'Youth Fairies') but these volunteers never received patients as there was a lack of understanding about the necessity of attending regular monthly supervision so they both withdrew; we recruited a small team of Assistant Psychologists/Counsellors in Feb 2025 one of whom was required to resign due to failure in risk and safeguarding monitoring, and another had performance issues, so we retained 2 therapists from this recruitment who are doing well. Recruitment of experienced trauma therapists continues to be a significant resource burden for the charity.

### **Brighton & Hove Mental Health Refugee, Asylum Seeker, Migrant Working Group**

CEO/CD continued to be part of the NHS working group on mental health for asylum seekers and refugees which is a NHS-facilitated working group/partnership between statutory services and local NGOs, called RAM. Chair attends this meeting occasionally although it continues to have poor outcomes in terms of increasing statutory care and MH resources to this vulnerable group. There were cuts in funding at NHS Sussex during 2025 and this meeting after being convened for 12 years (the majority of which were attended by CD), was folded into another meeting that is convened by Brighton & Hove City Council, it will now include the NHS and voluntary sector charities and not be primarily about asylum seekers or mental health but more generally on health inclusion. This is very regrettable: NHS Sussex is now even more distanced from understanding the direct health needs of this excluded population.

### **Infrastructure**

BERTS does not have its own building, we cannot afford an office, (most therapists who volunteer for BERTS either work primarily online or have their own clinic space, those that don't are able to access the Jubilee Library in donated facilities by the Library Service); this excludes us from most government funding initiatives which are predicated on business models that exceed our financial reach.

### **Technical Support and Communications**

Web support and technical support for the database continues to be provided by the generous time and technical knowledge and skills donation of our IT Manager, who is really essential to our continued operations and we thank him for his ongoing commitment to BERTS. We continue to

depend on his goodwill and generosity to provide advanced, secure data hosting and management; a single commercial software portal for all our needs remains out of reach as we simply don't have the funds to explore this further.

We continue to be very grateful to all the admin team Alyshia and Sasha for all their hard work, responsiveness, and reliability, for their careful maintenance of our systems and records. Our Trustee Reem continues to serve as our Social Media Officer and she manages our BERTS Facebook page, keeping up our profile, for which we are grateful. We have deleted our account on X for widely held reasons.

#### Premises Costs

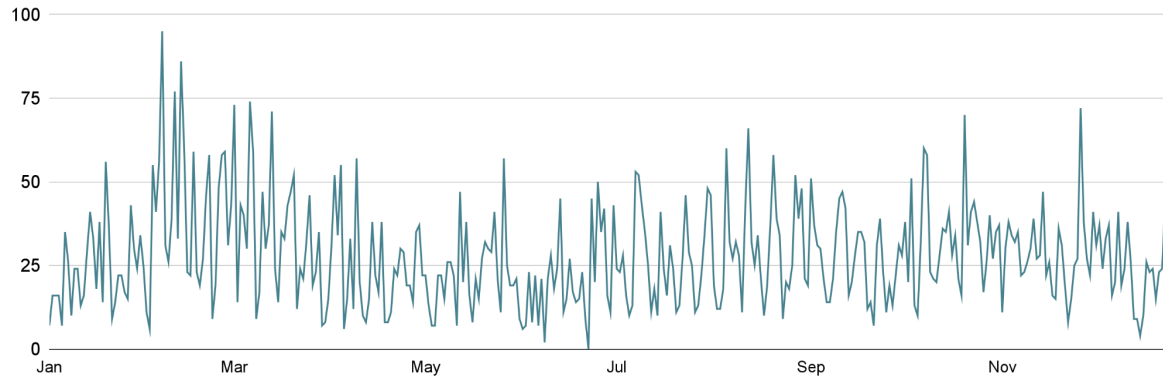
We continue to be deeply grateful for Brighton Jubilee Library and Hove Library's continued valuable support for BERTS in provision of clinical treatment space. We also note that this has added benefit in that clients start to use the Library as a resource independently of their therapy, which has a range of social inclusion benefits and informational access for them that is really valuable.

Treatments in 2025 were delivered roughly 50/50 face to face and online, because we do have generous access to the Brighton Jubilee Library room, Whitehawk, and Hove Library room without charge because of their commitment to refugee community in the city.

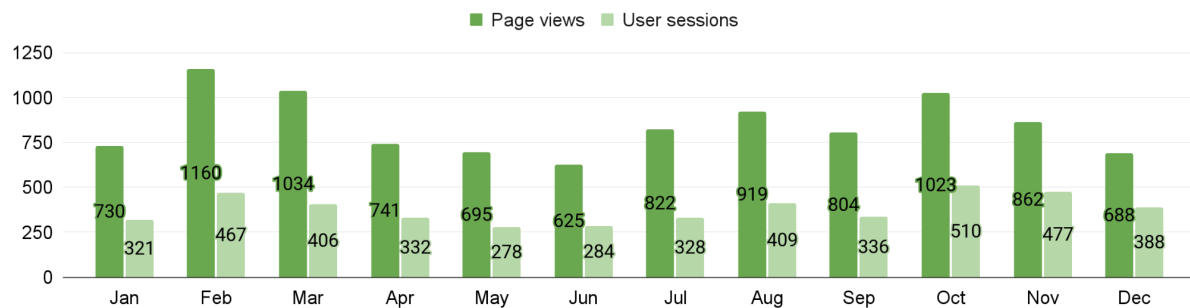
Moving to mixed F2F and remote delivery also addresses our critical shortage of donated clinical space, which had become urgent since local churches and community buildings are now charging for use of rooms and no longer offering voluntary services as no-fee use of their premises. St John the Evangelist in Preston Park have also offered us clinical space thanks to the kindness of the vicar in charge. All Saints church in Hove have offered us space in the past. Despite us treating NHS patients for free, we have been unable to gain access to any kind of suitable NHS space to treat patients, with the occasional exception of patients being treated at Robin Hood Health Foundation/WellBN practice in Hove who kindly made space available for us there during less used periods. As we don't have facilities to pay for clinical space, remote delivery may end up being our primary mode in the future which does provide other problems in terms of digital poverty and lack of access to broadband and privacy in our client group.

## Web Statistics

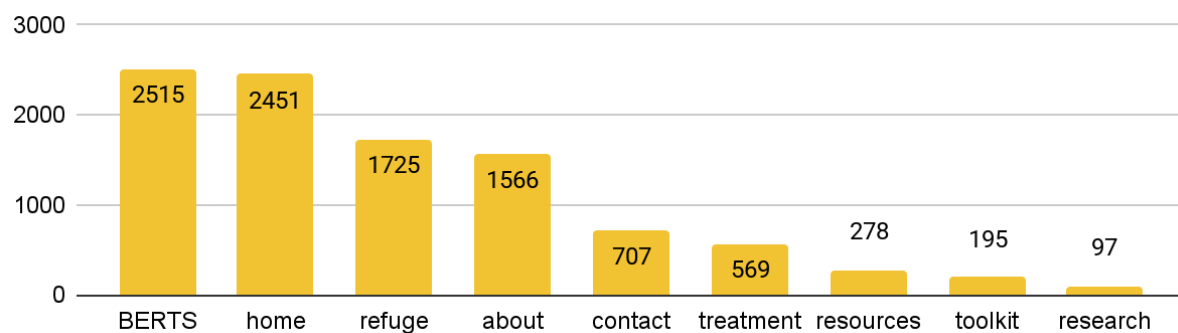
**Daily activity** Shows page views per day on the Brighton and Hove CBT website. On average, 28 pages are viewed per day with a peak of 95 page views on 6 February. In total, 10,103 pages viewed in the year.



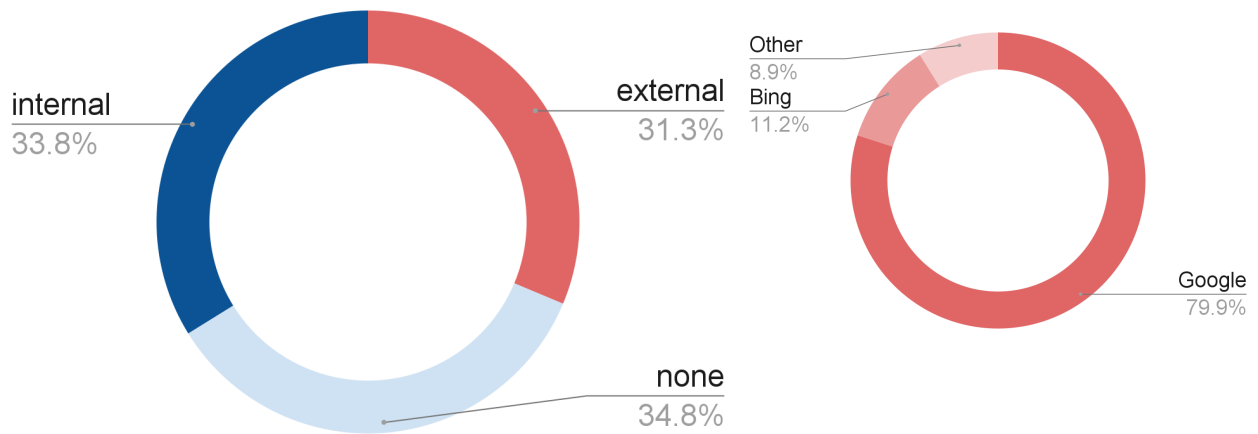
**Monthly activity** Shows the monthly totals and individual users browsing pages. On average, each visitor views 2.3 pages.



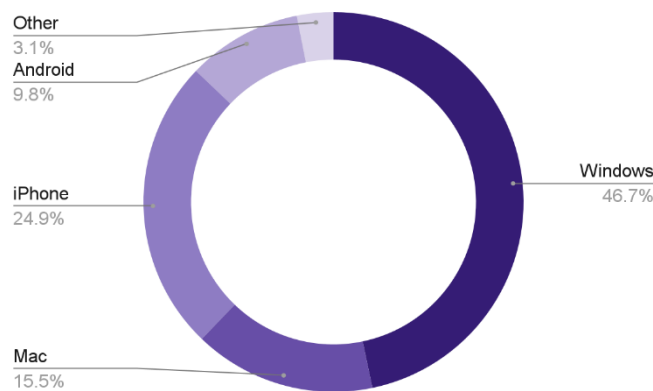
**Most popular pages** Shows number of views per page. The refuge page is the comprehensive guide to health and community resources.



**Source of traffic** Roughly a third of traffic comes from internal links (links from other pages on the site). Another third has no referrer, meaning that the address was typed in or the visitor followed a link from an email or bookmark. The last third is external traffic, which mostly comes from Google searches.



**Device usage** Most visitors are using Windows or Mac computers but roughly a third are browsing on mobiles (iPhone and Android).



## BERTS Support Worker Report 2025

Current support workers: 6 (+1 in progress in recruitment)

Moved on in 2025: 4

Recruited in 2025: 5

The provision of support workers in order to enhance sustained client engagement with the service continues to provide valuable additional resource to clients, and good social justice, volunteering, and care experience to a committed team. BERTS provision is based on the principle that mental health is dependent on social inclusion, resulting in improved quality of life, and welfare support and access to resources is essential to that aim.

### **Support Worker Activity and Client Engagement**

**Number of support workers—client sessions delivered:** *estimated at over 265, including regular contact via messaging, phone calls and video calls.*

This figure cannot be stated with certainty, as no statistics were recorded during the first trimester of 2025 and several support workers did not record all of their contacts. Under usual practice, support workers meet clients face-to-face for one hour per week and also provide additional remote support via WhatsApp. In 2025, however, the majority of clients expressed a preference for maintaining contact through phone calls, video calls, and messaging rather than in-person meetings.

### **Support Worker Volunteers – Overview**

The new Support Worker Manager took up the post in March 2025 and for the first 3 months of the year since this position was vacant, engagement was not sufficiently reported. Since then, there has been consistent supervision and regular interaction with the support worker team. Communication has taken place on a weekly basis, with daily contact when complex situations have arisen.

During the year, two highly active and committed support workers stepped back from their roles. One joined the team of psychotherapists at BERTS, while the other relocated due to personal circumstances. Two additional support workers left the team after a six-month commitment, as they moved out of town. In both cases, limited engagement from their allocated clients resulted in a relatively small contribution during their time with the service.

Additionally, three candidates who successfully completed all stages of recruitment were ultimately unable to join the support worker team due to personal circumstances.

Client engagement in 2025 was mixed. While some clients engaged very minimally, those who did engage consistently were able to develop trust and found their conversations with their allocated support worker highly valuable. BERTS support work continues to be a valued service, enabling clients to increase independence and build supportive social networks. However, in several cases where clients presented high levels of vulnerability and significant mental illness/withdrawal, support workers were unable to establish the sustained engagement required to build a consistent supportive relationship.

Despite these challenges, having support workers assigned to clients proved valuable in several situations, particularly through the information reported by support workers to the Support Worker Manager and the client's individual therapists. Even where consistent engagement and trust were not fully achieved, the information transfer was nevertheless positive and useful in many circumstances.

The range of assistance offered remains broad, and inclusive, including support with navigating housing and asylum-related forms and processes, accessing medical services, completing education and study application forms, and identifying language and leisure courses to support network-building. Signposting to English language classes continues to be a frequent need, alongside guidance and support during legal processes that often involve interviews and changes in accommodation.

Continued recruitment of support workers remains necessary in order to extend this service to clients currently on the waiting list.

Overall, volunteers who have achieved the intended level of befriending and trust report positive and rewarding volunteering experiences. Conversely, there is a need to improve how clients understand the value of having a support worker, as limited engagement has at times left support workers feeling ineffective or under-utilised.

## **Goals for 2026**

The key objectives for 2026 are:

1. To increase our reach and recruit additional support workers, in anticipation of potential changes in team capacity. Recruitment was not prioritised by the Support Worker Manager earlier in 2025 due to an initially favourable ratio of support workers to clients; however, subsequent circumstances resulted in a smaller team.
2. To develop a stronger, more coordinated engagement strategy between therapists and support workers at the point of client allocation, with the aim of promoting early engagement, strengthening the working relationship, and improving continuity of support.

## **Support Worker CPD and Activities**

The Support Worker Manager attended BERTS' core training on delivering emotional stabilisation treatments for PTSD and related conditions.

## **Safeguarding**

We have a robust safeguarding protocol which is spelled out in detail in the BERTS Volunteer Handbook; for confidentiality reasons this is only available to volunteers involved in client-facing roles.

All support workers and therapists continue to have DBS Enhanced which is paid for out of BERTS funds.

This year we produced a safeguarding quick reference flow chart, and a leaflet for patients with all local contact information as to what to do in a mental health emergency and where to find help.

As mentioned, one trainee counsellor was required to resign this summer due to failure to keep adequate records. Another trainee counsellor self-resigned due to exposure of their poor knowledge and skills, and their additional failure to keep adequate records. This situation requires more careful thought, as both were recently appointed and adequately qualified and appeared to be functioning competently as part of a team. Nevertheless this performance inadequacy was picked up fairly early and action taken. In terms of learning points, more careful regular supervision of new volunteers' performance may be necessary. CD to discuss performance monitoring improvements with seniors.

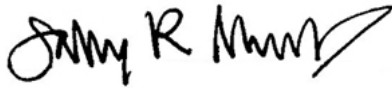


We thank our Trustee Tessa for her ongoing role as Safeguarding Officer and for her professional advice in handling difficult situations. There have been several times in the year when we have needed to escalate concerns and follow our safeguarding procedures as stated in the Volunteer Handbook. We note that there have been no known suicides/deaths, or serious incidences of self/harm, and we hope and pray that this continues.

Any Other Business


The Chair of Trustees and the Clinical Director wish to formally thank all the wonderful people who make our work possible and whom have given so generously of their time during what has been a demanding period for us all. This is a special big thank you to all Trustees and officers of BERTS, all of our volunteer support workers, to admin and IT support, Treasurer, therapists and support workers and all those who remain committed to supporting members of our community who are struggling with trauma as a result of seeking asylum in Brighton & Hove.

Thank you all BERTS volunteers for the incredibly valuable work you are doing for asylum seekers, refugees, and destitute migrants in our community.

A handwritten signature in black ink, appearing to read 'Sally R. Munn', with a stylized flourish at the end.





SRM 31/1/26

## Appendix: Social Media Report (Reem Abushawareb)



**BERTS**  
Social Media  
2025  
Annual Report


BERTS on Social media platforms:

			
X is inactive 11 followers	Facebook Over 127 follower	Instagram No existence	LinkedIn No existence

Facebook had been deactivated since August 2025, waiting for decision to reactivate the page.

### Identified Audience

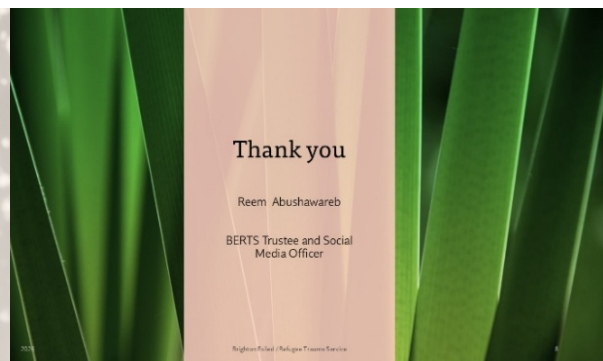
- Targeted audience is mainly refugees and asylum seekers who suffered trauma or experienced war atrocities.
- (Not by choice audience) Officials or authorities
- (Possible audience) Doners to the charity



### BERTS Social media sources

Local services – NGO and government

- Voices in Exile
- Migrant English Project, Cowley club
- Migrant Help
- Immigration Legal Services
- Sanctuary Cafe
- Refugee Radio
- The Guardian Newspaper
- Other



### BERTS Social media challenges for 2026 onwards

Separating immigration topic from political posts generally.

Focus on sharing posts that promote mainly mental health wellbeing and refugees local events and activities eg. psychosocial wellbeing activities.

Focus on posts that address alienation/isolation/loneliness in asylum seekers

Focus on information sharing and also building up diversity and social inclusion

2026 Brighton Exiled / Refugee Trauma Service

### Social media strategy

**X**

- Stopped

Moral values stands against supporting the platform by making a contribution/post.

**Facebook**

- News items, mainly.
- Engage with your audience.
- Listen to your audience.
- Promote your events. Use Facebook Ads
- The First half of 2025, contribution was 1 -3 post a week.

**Instagram**

Instagram has over 1.074 billion users. Instagram has a very high user interaction rate. Instagram has an average interaction rate of 1.22 percent. That is four times more interactions on Instagram compared to Facebook

Yet, no account on this platform. Would there be a decision to launch one?

**LinkedIn**

- 310 million active monthly users,
- connect co-workers, influencers, donors, and corporate sponsors.
- A decision to activate presence on this platform is awaited.

2026 Brighton Exiled / Refugee Trauma Service