



Mercy
UNITED KINGDOM

Graduate Impact Evaluation

Eido Research

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Contents

Executive summary	4
Introduction	9
Outline of the report	10
Literature review	12
Methodology	14
Population sampling & response rate	20
Relationship with God	21
Changed abilities, behaviours, and experiences	22
Change since graduating	28
Did Mercy UK cause these changes?	31
How can Mercy UK improve?	34
Relationship with self	37
Changed abilities, behaviours, and experiences	38
Change since graduating	45
Did Mercy UK cause these changes?	48
How can Mercy UK improve?	50
Relationship with others	55
Changed abilities, behaviors, and experiences	56
Change since graduating	60
Did Mercy UK cause these changes?	64
How can Mercy UK improve?	67
Relationship with Mercy UK	73
How influential is Mercy UK?	74
Where would respondents be if they hadn't attended Mercy UK?	76
Where do respondents believe they are because of attending Mercy UK?	78
Correlations	82
Success and non-success mapping	85
Social Return On Investment	93
Methodology	94
Outcomes and data modeled	95
Model results and discussion	96
Recommendations	101
Independence and individuality	102
Staff relationships	104
Prayer and human support	105
Conclusion	107

Executive summary

This report demonstrates the impact Mercy UK has on the lives of the residents of its home in Oxenhope. Women were sampled from across the years of Mercy UK's operation; 100 women were surveyed online and 10 followed up with telephone interviews. Response rates were high at 79 per cent, meaning that this data can be considered a representative picture of all Mercy UK graduates.

We measured women's relationships in three areas: with God, with themselves and with others. Below are some headlines.

Relationship with God, self, and others

With their relationships to God, before attending Mercy UK, **only 23 per cent of women agreed that they had a positive relationship with God. This has increased to 95 per cent currently.** Likewise, the percentage of women who felt confident in 'recognising the voice of God' has risen from 1 per cent to 70 per cent.

With their relationship to themselves, confidence in applying techniques to fight **life controlling habits rose from zero per cent to 66 per cent currently.** Prior to joining Mercy UK, **81 per cent of women felt 'down, depressed, or hopeless' everyday. This has fallen to only 4 per cent.** There was likewise a huge decrease in self-harm, from **71 per cent of women self-harming at least one a week prior to Mercy UK, falling to only 6 per cent currently.** 'At Mercy UK I discovered that I am valuable, incredibly valuable', said one graduate.

With their relationships to others, only 12 per cent of women said they felt supported and respected by their network before attending Mercy UK. **At the point of the survey, this had increased to 62 per cent.** 'I have so much hope and joy for the future', said one graduate. 'I'm medication free, living with my husband and pregnant.'

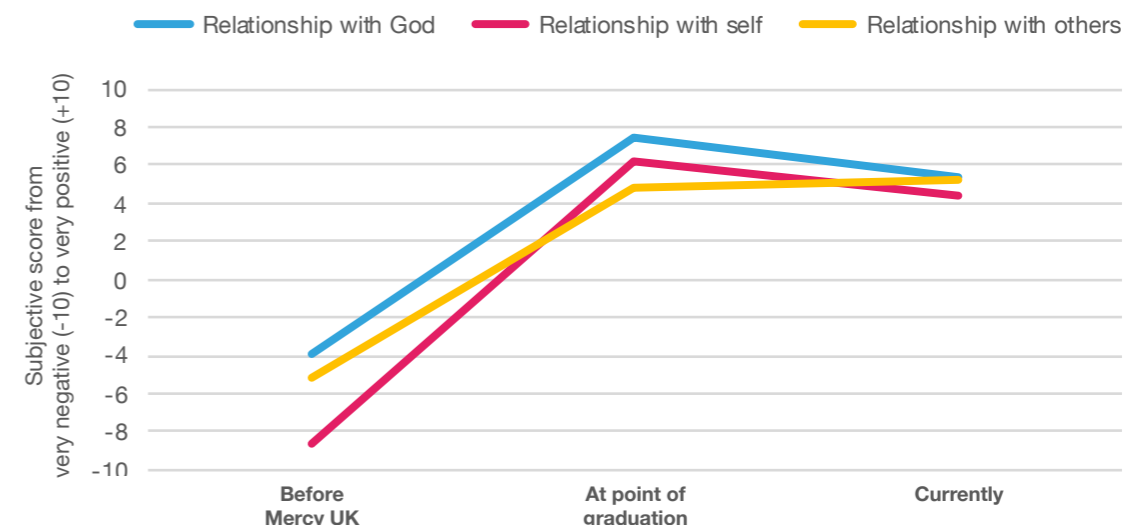
With regards to whether they believed Mercy UK was a cause of these changes, on average **85% believed Mercy UK was a main or significant cause.** In answer to the question, 'where do you believe you would be in life if you hadn't attended Mercy UK', **63% of graduates said that they believed they would be dead.** '[Without Mercy UK] I would have committed suicide', said one graduate.

The percentage of women who felt confident 'recognising the voice of God' has risen from 1% to 70%

The percentage of women who self-harmed at least once per week has fallen from 71% to 6%

63% of respondents believed that they would be dead if they hadn't attended Mercy UK

On average how positive graduates felt about their relationships God, with self, and with others



As shown in the chart above, before attending Mercy UK, on average residents scored themselves negatively in all three of these areas, but by graduation, these scores had become strongly positive – and remained positive after Mercy UK.

Since graduation, some residents have experienced a decline in their relationships, with the average scores for God and themselves declining. However, Mercy UK should be encouraged that although the averages may fall slightly, the majority of residents still continue to grow in their relationships with God, self and others.

Social Return on Investment

The SROI has made it clear that Mercy UK's residential home is delivering outcomes that are highly valuable to society and government, and that the positive outcomes for these women are very unlikely to have happened had they not been in the residential home. **The total estimated five-year value of a yearly graduating group of 15 women in the home is over £2,200,000.**

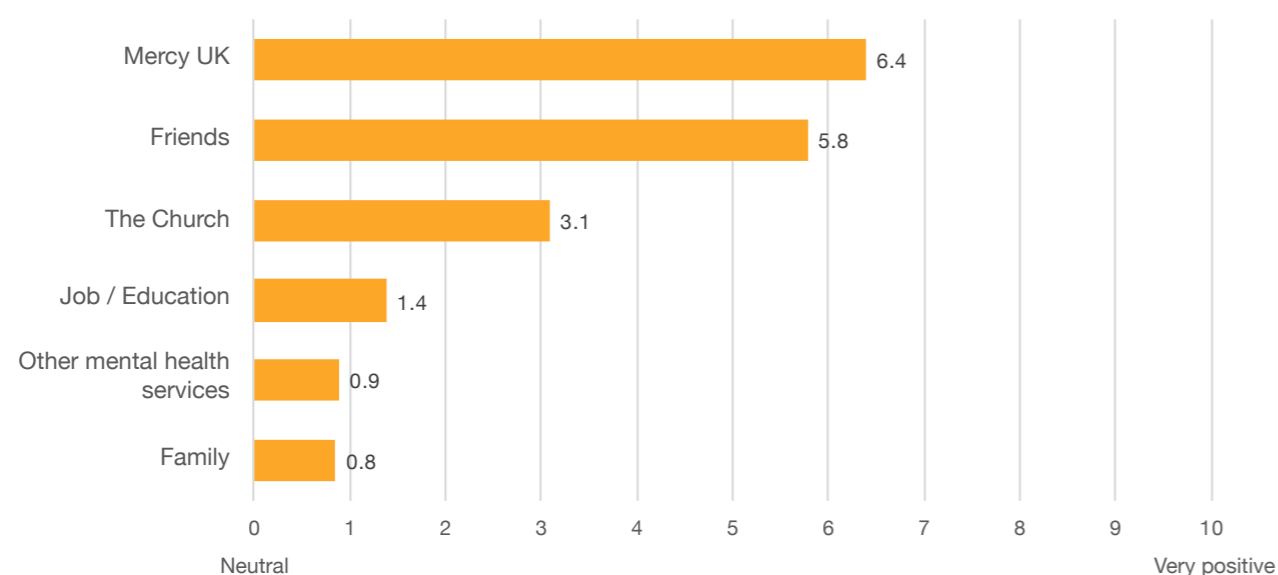
The home does require significant funding to generate this value – £578,000 per year in total costs. However, given the evidence for the sustainability of the outcomes, over a five-year period this converts into an estimated three-fold return on investment (£3.82 for each £1 invested).

The total estimate five-year value of 15 graduated women from the home is over £2,200,000

Comparison

When compared with other influential areas of their lives such as the Church, family, friends, their job/education, or other mental health services, **graduates ranked Mercy UK as the most positive influence on their journey to recovery.**

Averaged score (between -10 to +10) of 'how influential' different areas of graduates' lives have been in their journey towards recovery



Recommendations

Again, whilst the results in this report are outstanding, there is always room for growth. For Mercy UK, three main themes emerge:

Transitioning out of Mercy UK

Residents suggest that there is room for growth both in the preparation for transition and support through the transition phase. To better prepare women, Mercy UK may consider implementing practical teaching on life skills such as folding clothes or navigating friendships and romantic relationships. Mercy UK may also consider having some of the sessions taken by safe male facilitators so that women do not feel as isolated from men as some reported currently.

For the transition, Mercy UK may consider additional support via text communication, such as sending graduates devotional readings to maintain

a connection with the home. Also, it was suggested that Mercy UK could involve families more in the transition process (perhaps by training families on what to expect).

Communication and Respect in the Home

Fifteen per cent of respondents felt that residents were not sufficiently respected by staff. Another 16 per cent felt they could have been treated more like adults.

The crux of this issue seems to be not the rules themselves, but the lack of clarity around why certain rules exist. Equally, with regard to how rules are enforced, some women suggested they would appreciate clearer communication about why discipline is occurring, as well as the opportunity to better communicate their own feelings. Specifically, some respondents stressed that they sometimes did not feel as if Mercy UK was treating them like 'normal human beings' and wanted greater acknowledgement of pre-existing relationships with friends and family.

Mercy UK Programme

Some respondents felt that Mercy UK's stance on "taking everything to God" sometimes meant that there was not enough importance placed on human support. To solve this problem, a few suggested that Mercy UK's programme should become more focussed and specialised towards specific life-controlling issues.

Others felt like they would have benefited from more independence and individuality within the Mercy UK programme. Finally, it is clear from the statistics that certain groups have had more success in some categories than others. We recommend that Mercy UK examines each of these relationships and asks the question: "How can we improve our programme for the other groups?". For example, those who enter the home with a history of drug use tend to be doing better after the programme in their relationships with God. What could the causes of this be, and how could those without that history benefit equally?

Conclusion

In summary, we hope that this report is immensely encouraging for Mercy UK and their stakeholders and that it guides those making decisions to the benefit of all involved.



1 Introduction and methodology

Introduction

Since 2005, Mercy UK's residential home has existed to provide women dealing with life-controlling issues **a place to 'experience God's unconditional love, forgiveness, and life-transforming power'** (Mercy UK, 2019).

Through a six-month residential stay, the structured programme provides these women with 'biblical teaching, individual and group study, prayer, worship, discipleship, 1-2-1 support and mentoring' to help them make the changes they want to see in their lives (Mercy UK, 2019).

Since opening this home, almost 300 women with life-controlling issues have attended the home. These issues include, but are not limited to, eating disorders, depression, self-harm, trauma from past abuse, and drug and alcohol addictions.

Whilst Mercy UK have some data on the immediate impact of their home upon these women's lives, the ultimate goal is to see these women thriving in the long-term. Knowing that the 'six months at Mercy UK is just a step along the way, not the end destination', **this report therefore asks the question: What has been the long-term impact of Mercy UK's residential home upon the lives of the women who have graduated?**

What has been the long-term impact of Mercy UK's residential home upon the lives of the women who have graduated?

Outline of the report

Drawing upon a retrospective pre-test impact evaluation, qualitative interviews, and a social return on investment analysis, this report maps the long-term impact of Mercy UK on the lives of former residents. It is divided into the following chapters:

The first part of Chapter One presents a brief literature review. This draws upon studies conducted surrounding "co-occurring" and "dual diagnosis" recovery processes. It also looks at the influential "spiritual dynamic" that sets Mercy UK apart from many other residential programmes.

The second part of Chapter One details the project methodology. This consists of the research design process, as well as the questionnaire structure that were used to evaluate the impact of Mercy UK. It concludes with a summary of the response rate as well as an explanation of why the data collected can be considered representative of Mercy UK's long-term impact.

In Chapters Two to Four, we present the full results of the impact evaluation. Aligning closely with both the theoretical and theological understanding of Mercy UK's impact, as well as the structure of the questionnaire, this chapter is divided into four different relationships: graduate relationships with God, with themselves, with others, and with Mercy UK. Within each of these sections, three main dimensions of the relationships are discussed: graduate abilities, graduate behaviours, and graduate experiences. Finally each section concludes with an analysis of the causal link between Mercy UK and these changes, as well as a critical understanding of areas of potential improvement.

In Chapter Five, a more in-depth analysis looks at the direct relationship between the graduates and Mercy UK. Drawing upon additional case study data from 10 interviews with Mercy UK graduates, this chapter focuses on understanding the causal link between Mercy UK and graduate lives, the underlying causal and influential variables of their success, as well as the lessons that can be learned by those who have been less successful in life after graduation.

In Chapter Six, the Social Return On Investment analysis is presented. This analysis estimates the value of the outcomes discovered in financial terms as compared to the financial costs of the residential home. It presents a conservative estimated total value that the impact that Mercy UK has had upon graduate lives.

In Chapter Seven, based upon the data presented in the previous chapters, key recommendations are made as to adjustments and changes in the Mercy UK programme moving forward. These are to be considered as suggestions, but ones that Eido believe there is extensive evidence for.

Finally, in Chapter Eight, the report is concluded.

Literature review

As previously stated, the beneficiary group of Mercy UK are women with 'life controlling issues' (Mercy UK, 2019). This can be understood to include (although not limited to) eating disorders, depression, self-harm, abuse issues, and drug and alcohol addictions.

Whilst Mercy UK refer those who are in a life-threatening 'survival' stage of recovery to more specialised centres and resources, they admit women who demonstrate they are at a 'stability' stage in this process. This often means that women who enter the residential home have a strong desire to progress towards recovery, whilst still demonstrating Non-Suicidal Self Injury (NSSI) as well as other forms of self-harming behaviours (such as eating disorders).

Recovery for women with life controlling issues

Whilst each of the aforementioned life controlling issues has a unique body of literature, with specific underlying causes and treatments for each issue, research is relatively undeveloped into the treatment and process of recovery of those individuals who exhibit these "co-occurring disorders" or together "dual diagnosis".

This may be surprising, considering the high level of link and overlap between these concepts. Indeed, studies have shown a strong causal connection between self-injury and eating disorders (Paul, Schroeter, Dahme, & Nutzinger, 2002), substance abuse (Haw, Hawton, Casey, Bale, & Shepherd, 2005), substance dependence (Harned, Najavits, & Weiss, 2006), and post-traumatic stress disorder (PTSD) (Weierich & Nock, 2008). Likewise, experiences of sexual assault and trauma have also been heavily linked, with studies confirming a causal link between the two (Suyemoto & MacDonald, 1995; Warm, Murray, & Fox, 2003; Yates, 2004).

The limited research that does look at the overlapping causes and routes of recovery for these issues points to some key unifying factors. With regards to causes, several studies highlight NSSIs and other forms of self-harming behaviours being routed in emotional regulation, and the need to reduce negative emotions (Kamphuis, Ruyling, & Reijntjes, 2007).

Likewise, when it comes to the steps to recovery, recent studies are highlighting that greater levels of integration of substance abuse and mental health services are more effective than less integration (Brunette, Mueser KT, Drake RE, 2004).

Recent studies are highlighting that greater levels of integration of substance abuse, and mental health services are more effective than less integration.

With regards to the process of recovery of "co-occurring disorders", in a meta-analysis of the literature, Kevin Coffey (2019) identifies four crucial factors needed to progress from co-occurring disorders towards recovery: The first is hard work, discipline, a commitment to change, and a willingness to address dual disorders. Here, if substance abuse is present, sobriety is a key first step. Secondly, knowledge and psychological education is an important part of recovery. Here the individual learns about the 'etiology' of their disorder, and likewise how each disorder affects the other. Crucially this isn't just academic and head knowledge, but is rather a changed feeling, as individuals rarely see personal change from abstract ideas, but from lived experiences. This may in turn require a change in behaviour and relationships (Daley & Thase, 2004). Thirdly, recovery requires individuals to develop effective support systems. This highlights the social nature of recovery, and reveals the need to have others share their experiences, problems, and feelings. Finally, maintenance is the final phase of treatment. This is the phase in which individuals have to maintain earlier gains and continue to grow and develop as a person.

Finally, gender differences have also been noted in the process of recovery. Here, studies have shown that women with co-occurring disorders are more likely to stay longer in treatment when compared to men (Choi et al., 2015).

Influence of spirituality

Whilst there are many residential recovery centres in the UK, US, and Australia, and whilst many of them integrate spirituality implicitly, a relatively unique factor of Mercy UK is the explicit integration of faith and God in their theory of change. This is considered by Mercy UK to be a key factor in their process of change, and at the heart of their ongoing impact strategy.

Research shows that personal spirituality can have a significant effect on the individual, both as a motivation towards recovery as well as a barrier and protection from relapse back into self-harm and substance abuse disorders (Sussman et al., 2013: 1204). Likewise, spirituality can be a powerful source of resilience. For those in recovery, spiritual practices instil positive emotions through activities that replace substance use. Individuals who report higher engagement with spirituality also tend to have better health, less illness, better treatment response, and lower mortality rates (Womble, Labbe, & Cochran, 2013).

Conclusion

The body of literature that refers to the growing holistic approach to "co-occurring disorders", as well as the integration of spirituality, both point towards Mercy UK being well positioned to make significant impact in the lives of their graduates.

Methodology

To discover the impact that Mercy UK have had to date upon graduates of their residential home, a carefully constructed methodology was required. This was due to a combination of complicating variables. Firstly, the topic in question was one of a highly sensitive nature. Questions surrounding anxiety and depression, drug-use, eating disorders, etc., are amongst the most personal areas of an individual's life. Secondly, the research population had all completed the programme, with over 150 women spread across the country, many of whom who graduated as early as 2006. Finally, much of the Mercy UK programme involves improving the spiritual well-being of residents. Measuring and capturing indicators of subjective spiritual changes is a challenge, and requires a bespoke approach.

With this in mind, both the research design and the questionnaire design required careful consideration.

Research design

In order to measure the change in an individual's life and uncover the causality behind this change, the research design needed to comprehend how Mercy UK graduates were doing both before, as well as after, the programme.

Traditionally, the approaches to this require longitudinal methodologies. This design would involve collecting data about Mercy UK graduates at two points in time: once before entering the home, and once again at point of exit. This, however, was not possible or indeed preferable for two main reasons:

Firstly, since the entire research population had already completed the programme, and indeed many had been out of the house for several years, it was not possible to speak to women at these two points in time. Likewise, the data that is collected at point of entry to the Mercy UK programme was not sufficiently detailed to provide the required baseline.

Secondly, however, there is a danger that responses to longitudinal questionnaires concerning highly subjective variables (such as emotional and spiritual wellbeing), are susceptible to a concept called "response shift bias". A response shift bias occurs 'when an individual's internal frame of reference about the construct being measured changes between the pretest and the post-test' (Little et al., 2019: 2). Studies have shown that educational programmes bringing about subjective change well-being are more susceptible to response shift bias (Drennan and Hyde, 2008).

For these reasons, an online Retrospective Pre-test Design (RPT) was chosen as the ideal research design for this impact evaluation.

Retrospective pre-test design

An RPT administers both the pre- and post-test measurements after the intervention. This approach asks participants after the programme to assess their skills, knowledge or personal qualities both as they were before the programme as well as they are at the point of taking the assessment.

Numerous studies have investigated the validity of an RPT in relation to the traditional pre-post design. In a synthesis of the literature surrounding these tests, Klatt and Taylor-Powell (2006) concluded that 'the retrospective pretest has been shown to be more consistent with objective measures, observations from program judges, and performance measures' (2006:4) than other traditional approaches.

Likewise, several nationally funded studies have also utilised the RPT approach. In a study funded by the National Institute on Drug Abuse (NIDA) in the US, Nida and Finch (2007) examined programme outcomes of high school students recovering from substance use disorder across 18 high schools in seven states. They argued that RPT was the ideal strategy to measure the subjective changes in the national programme.

In their review of the literature, Rong Chang and Todd Little (2018), from the College of Education, Institute for Measurement, Methodology, Analysis, and Policy at Texas Tech University, concluded that 'pretest data collected at the posttime provide a highly reliable and valid reflection of participants' true preintervention levels and thereby provide very precise estimation of participants' perceived changes due to the programme effects' (2018:10).

'Pretest data collected at the posttime provide a highly reliable and valid reflection of participants' true preintervention levels'

Social desirability bias and confirmation bias

However, RPTs aren't immune from other forms of potential bias. Whilst response shift bias is effectively eliminated using this design, there is a danger is all research that responses will bias towards social desirability or confirm their own desired journey of recovery. Because respondents want there to be a change in their lives, as well as because they know Mercy UK want to see change, there is the potential that their baseline measurements will be unnaturally low, whilst their current measurements will be unnaturally high. Whilst numerous studies have found that RPT is no more susceptible to social desirability, or compliance with implicit task demands than traditional pretest designs (i.e. Howard, Millham, Slaten, and O'Donnell, 1981), there still is a need to mitigate this form of bias in the design.

With this in mind, both the wording of the questionnaire as well as the method of delivery were adapted to discourage any social desirability bias.

Firstly, all responses were advertised as confidential and anonymous, with Mercy UK never being able to see the individual results of any of their graduates. Secondly, the research invitation letter, as well as subsequent emails, made it clear that this was a space to make responses as brutally honest as possible. Participants were strongly encouraged to be critical and explicitly warned against writing what they thought Mercy UK 'wanted' to hear. Thirdly, the research being conducted by an external, non-religious organisation added weight to the objectivity of this research.

Follow-up interviews

Whilst the RPT would provide quantitative and some qualitative data on the impact that Mercy UK had had upon the lives of graduates, there were some questions that required a more in-person and qualitative approach.

With this in mind, a sample of 10 case-studies were selected based upon the initial quantitative results. These case studies looked to answer the question of 'why'. More precisely, 'why did some women thrive after attending Mercy UK?', 'why did this happen?', and 'how can Mercy UK replicated these successes in the future?'. Questions here also looked at the less successful stories of graduates. 'Why do some women struggle after leaving Mercy UK?', and 'how can Mercy UK ensure that this happens less in the future?'.

Questionnaire design

Having built the research design, the next approach was to identify the types of questions that would be asked in the online questionnaire.

To do this a series of consultations were arranged with Mercy UK to fully understand the outcomes framework of the residential home. Further to this, Mercy UK documentation was also analysed to understand the curriculum.

Based upon these consultations, as well as the past literature, the following questionnaire framework was designed. It comprises of four main relationships, and four main dimensions to these relationships.

Four main relationships

The first theoretical structure split the graduates' life into four main relationships:

1. **Their relationship with God:** referring to their spiritual lives, and their direct engagement with their faith and God.
2. **Their relationship with themselves:** referring to their personal lives and their interactions both internally with their mental wellbeing, as well as externally with their physical wellbeing
3. **Their relationship with others:** referring to their social lives and their relationship with family, friends, work etc.
4. **Their relationship with Mercy UK:** referring to Mercy UK's influence in their lives in general.

This initial 'relational structure' is found both within Mercy UK's curriculum, as well as in academic and biblical literature.

With regards with the former, Mercy UK aim to help the women specifically in their relationship with themselves, with God, and with others. This is a framework that is widely understood throughout the programme.

With regards to the latter, the framework is grounded in the works of Richards and Bergin (1997), who describe the main dimensions of spirituality. More recently, the same relationships have been used in metrics such as the Theistic Spiritual Outcome Survey (TSOS), which looks at the dimensions 'love for God', 'love of Others', and 'love of self'. This has been developed for use within psychotherapy by Richards et al (2005).

Finally, there is a strong biblical precedent for this structure, aligning with the Great Commandment given by Jesus found in Mark 12:30-31, enabling our team to treat the participants of our research with respect and care.

Four main dimensions

The second theoretical structure split each of these relationships into four main dimensions:

- 1. The graduates' abilities:** to what extent do they feel knowledgeable and able to engage in this relationship.
- 2. The graduates' behaviours:** to what extent do they put their abilities into practice in this relationship.
- 3. The graduates' experiences:** to what extent do they experience breakthrough in this relationship.
- 4. The contribution that Mercy UK is deemed to have had** in this relationship: to what extent do they feel Mercy UK has influenced this relationship.

This second structure again aligns closely with Mercy UK's literature as well as the academic literature on the subject.

With regards with the former, Mercy UK work under a principle of 'Educating, Equipping, and Empowering' the women to see meaningful change in their lives. These concepts can be roughly mapped on to abilities, behaviours, and experiences.

With regards to the latter, social scientists have frequently understood an individual's spiritual as well as emotional wellbeing to be seen in their beliefs, in their practices, and in their experiences. Whilst this has been used, adapted, and added to over the past 50 years of research, the general framework has remained the same.

Finding standardized indicators of these concepts

Once the framework had been finalised, with a list of key concepts found in each, it was necessary to find key indicators of these concepts. This is an important clarification, especially when it comes to measuring spiritual outcomes. As many critics have rightly pointed out, it isn't possible to fully measure the spiritual dimension of people's lives as we might measure, for instance, their practical contribution to society. However, it is possible to measure what are called 'indicators' of this area. These are attributes that will change when the spiritual domain also changes. In this regard the final step was to find these indicators and phrase the questions.

Whilst many of these concepts required bespoke questions and indicators to be asked (such as measuring the abilities that Mercy UK graduates felt they had regarding hearing God's voice etc.), a lot of them could be measured using pre-established and standardised metrics.

The advantages of these standardised metrics are that they have been used and tested extensively, as well as peer reviewed by academic panels. Where possible therefore, these academically validated tools were used to measure the conceptual framework.

The tables summarise the framework as well as the standardised scale used to measure the key concepts.

1. Relationship with God

Dimension	Concept	Scale
Abilities	Receiving forgiveness, God's voice, authority of faith	Mercy UK 2018 exit survey
Behaviours	Prayer, worship, Bible reading, church	-
Experiences	Emotions and feelings with God	Attitudes towards God scale (ATGS)
Contribution	General causality questions about Mercy UK	-

2. Relationship with self

Dimension	Concept	Scale
Abilities	Self-forgiveness, beliefs and attitudes towards oneself	Mercy UK 2018 exit survey
Behaviours	Emotional, physical, and psychological, self-care	Mindfulness Self Care Scale (MSCS)
Experiences	Self-esteem	Rosenberg's Self Esteem Scale (SES)
	Anxiety and depression	PHQ-9
Contribution	Medication	-
	General causality questions about Mercy UK	-

3. Relationship with others

Dimension	Concept	Scale
Abilities	Forgiveness, boundaries, vulnerability	Mercy UK 2018 exit survey
Behaviours	Intimacy with others	Mindfulness Self Care Scale (MSCS)
Experiences	Work and social engagement	Work and Social Adjustment Scale (WSAS)
	Childhood experiences	Adverse Childhood Experiences (ACE)
Contribution	General causality questions about Mercy UK	-

Population sampling & response rate

Having built the research design as well as the questionnaire, the next step was to identify exactly who this research would be approaching. As the goal of this research was to evaluate the impact of the Mercy UK programme, all Mercy UK graduates from all years since 2006 were included in the research population. In total this number came to 171 graduates.

Based upon this research population a strategic random sample of 100 graduates was selected. The reason that this smaller sample size was taken was to ensure that the research had a high response rate and limited non-response bias. To further increase the response rate, all women were offered a £20 Amazon gift voucher for their time in the completing the survey.

Of our 100 sample of women, 87 responded to our survey. Five responses had to be excluded as the respondents did not finish the survey, leaving the project with an 87 per cent partial complete response rate, and an 82 per cent completed response rate. Graduates completed the survey over the course of eight weeks (from 3 August to 25 September). The table in Appendix document 2 shows how the age, graduation year, and other demographic breakdown of the respondents is very similar to the total graduate pool.

Furthermore, we have tested for the difference between the means of two sets of scores (first 30% and last 30% who responded). We found that those who instantly completed the survey had very similar responses to those who completed the survey later or needed a reminder.

Ethical considerations

Given the highly personal nature of the research, there were several ethical considerations and precautions that were taken in line with the British Sociological Association's (BSA) Statement of Ethical Practice.

To create a 'safe space' to allow participants to be completely honest, all questionnaire data collected was anonymous, and all case study interviews were kept confidential from Mercy UK.

To mitigate for either of the interviews, or the survey, bringing up feelings of pain or hurt, participants were advised to take breaks or pause when they wanted. Likewise, all questions were worded objectively with no implied 'right' or 'wrong' answers.

Finally, if participants were experiencing significant trauma and this was brought up through the research process, interviewers were advised to point participants towards either Mercy UK directly, or towards Samaritans (local women's centres) to provide non-spiritual counselling and support.

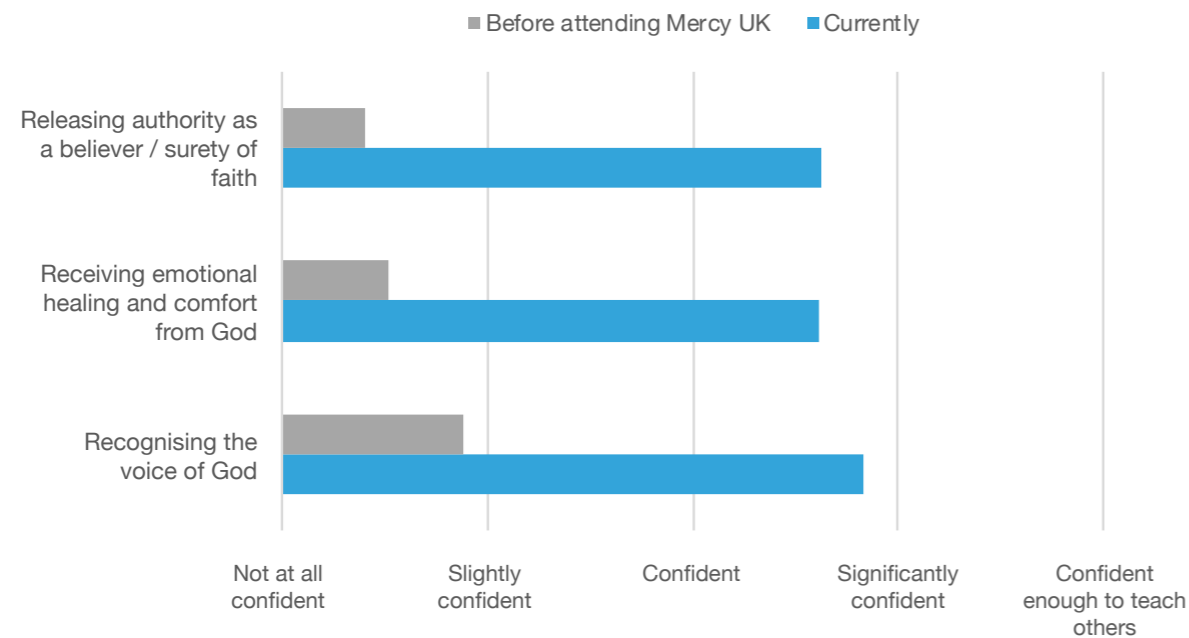


2 Relationship with God

Relationship with God

The first section dealt with respondents' relationship with God, and how this changed before and after their time with Mercy UK. We explored this through the themes of **abilities, behaviours, and experiences** - with questions covering, for instance, the level of confidence participants had developed in recognising God's voice, how regularly they read the Bible, or if they experienced being angry with God. On the whole, Mercy UK has seen a huge increase in women having a flourishing relationship with God.

Average level of confidence that graduates had applying spiritual concepts to their lives



Abilities

In each area of Ability, we saw the women increase in confidence and become far more likely to feel able to trust in God and their relationship with him. Before joining Mercy UK, only 1% of women felt confident in 'recognising the voice of God', 'receiving emotional healing and comfort from God', and 'releasing [their own] authority as a believer'. Currently, 70% of women reported that they feel at least confident in their abilities. As the chart above shows, all areas of abilities followed the general trend. As one woman described it, "I learned about the powerful ways in which the Holy Spirit moves for the first time. I learnt to hear him speak directly to me and I learnt to rely

The percentage of women who felt confident in 'recognising the voice of God' has rise from 1% to 70%.

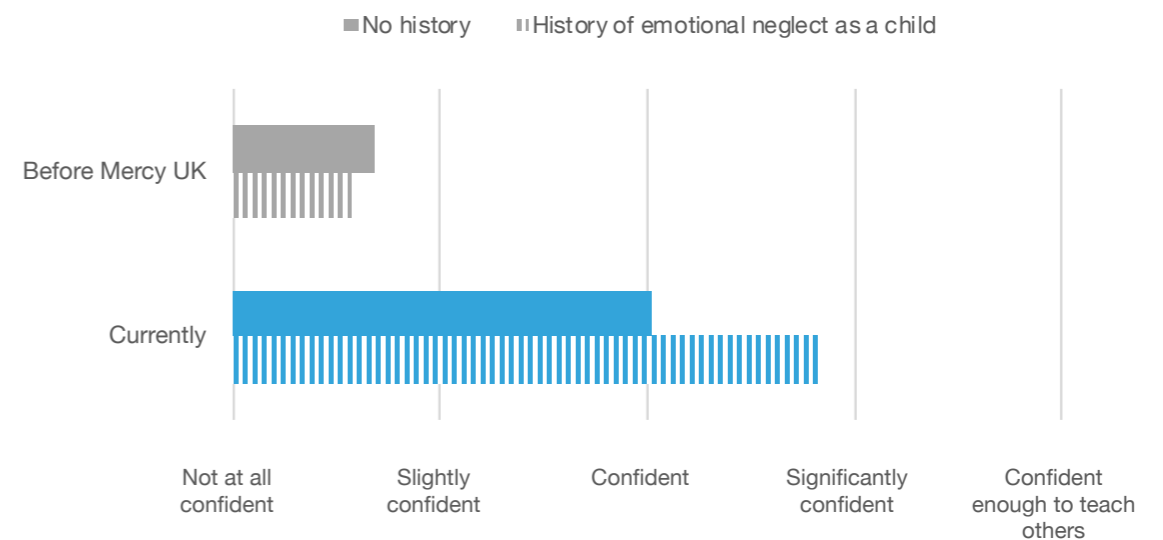
on him. My time at Mercy UK was foundational to my faith journey." When asked 'In what ways has Mercy UK influenced how you relate to God?', another respondent simply stated, "In every way." She continued,

'Prior to coming to Mercy UK I had a negative relationship with God. Although I knew I needed God I was so angry at Him. I thought God was to blame for the trauma I had faced or He had let it happen. This anger and lack of trust towards God completely destroyed how I related to Him. During my time at Mercy UK I began to discover for myself who God really was and how He felt about me. I also through learning to hear His voice learned the reality of how God felt about the horrible things that had happened to me. How His heart breaks for us and this revelation changed everything for me and my relationship with God.'

Whilst some women reported that their ability to relate to God declined after their leaving Mercy UK (see What can they do better?), the vast majority had either found faith through their time at Mercy UK, or strengthened a faith they arrived with.

We also looked at differences between certain groups. In this section, we found the greatest transformation to be amongst women who had a history with either drugs, with sexual abuse and emotional neglect in early childhood. Women in either of these categories tended to have a higher increase in their confidence in recognising the voice of God, receiving emotional healing, and releasing authority as a believer than those who had no experience of drug or sexual abuse - perhaps because their confidence on arrival was particularly low, as well as Mercy UK having a tangible effect on them.

Average level of confidence increase for graduates with a history of neglect as a child

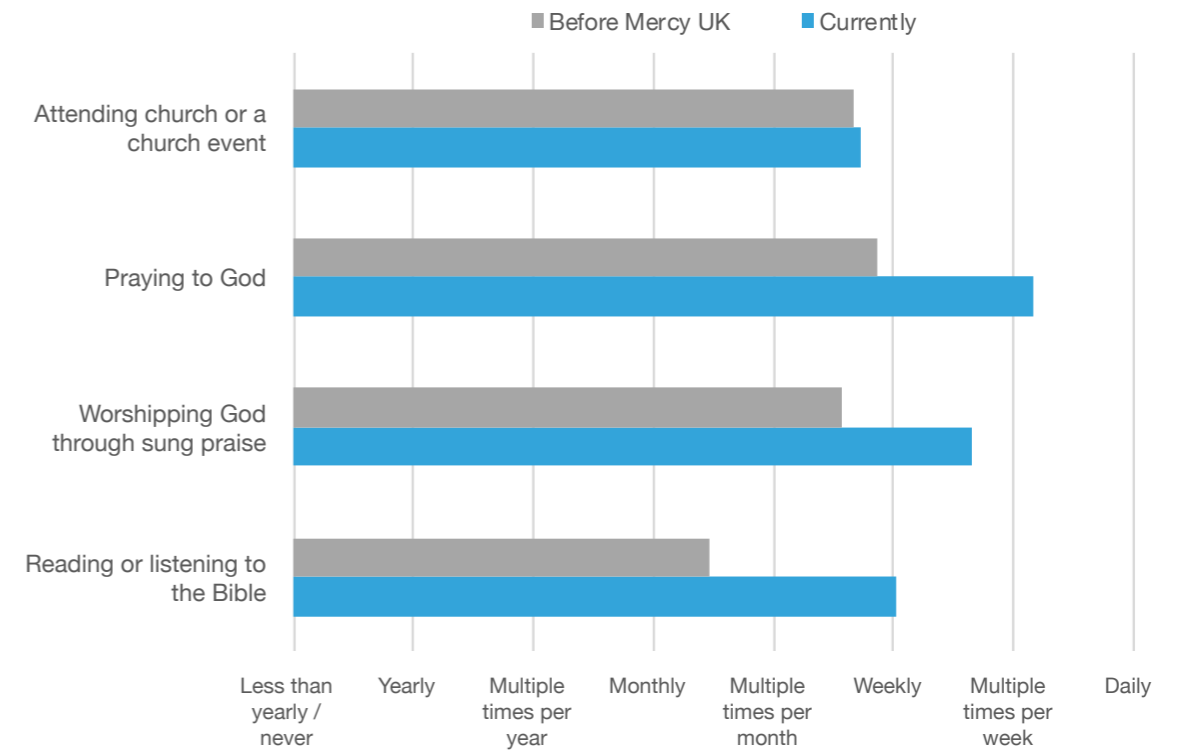


Behaviours

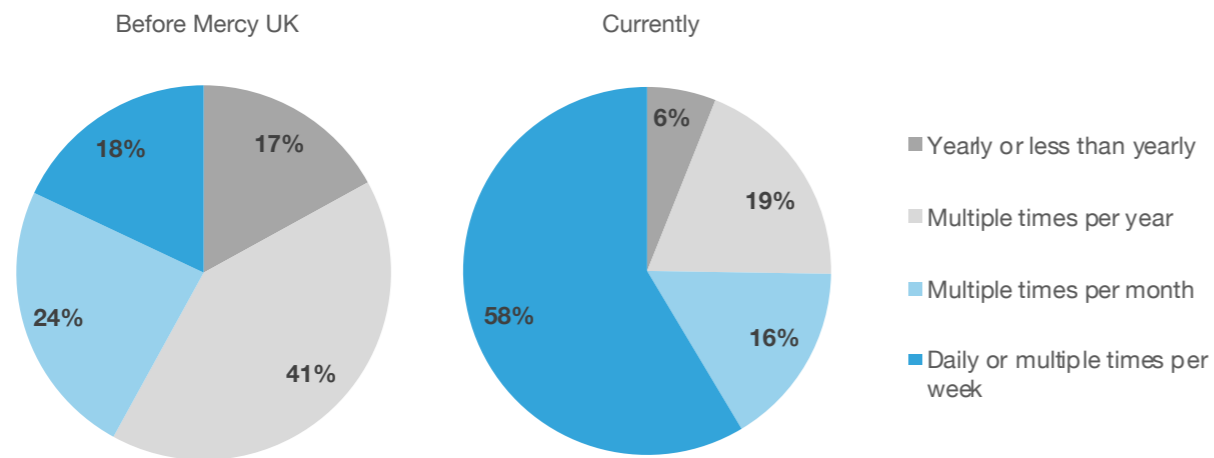
Whilst the change in Behaviour section was less dramatic, it was still notable. The greatest shift was in the women's reading or listening to the Bible, which on average rose from 42% to 74% of women reading or listening to the Bible at least monthly. This was followed by their engagement with prayer, which as a daily practice increased from 73% to 90%. As one resident noted, 'daily prayer, sung worship, and Bible reading were a really valuable routine for the foundations of my faith. I built up the good habits of basic disciplines. [...] When I read the Bible I read it because I want to my because I have to. I get much more out of it that way.'. In particular, we saw residents with a history of anxiety and emotional neglect in childhood coming to spend more time on worship, prayer and Bible reading than those who did not. This would be particularly encouraging if it reflects, as we suspect, that Mercy UK has been able to provide these women with helpful and healthy ways of managing their mental health through their faith. Conversely, the rates of church attendance remained a weekly habit and saw no marked increase: somewhat surprising given how many women described finding or developing their faith at Mercy UK.

The greatest shift was in women's reading or listening to the Bible at least monthly, which on average rose from 42% to 74%.

Average frequency of graduate behaviours with God



Average frequency of graduates reading the Bible



Experiences

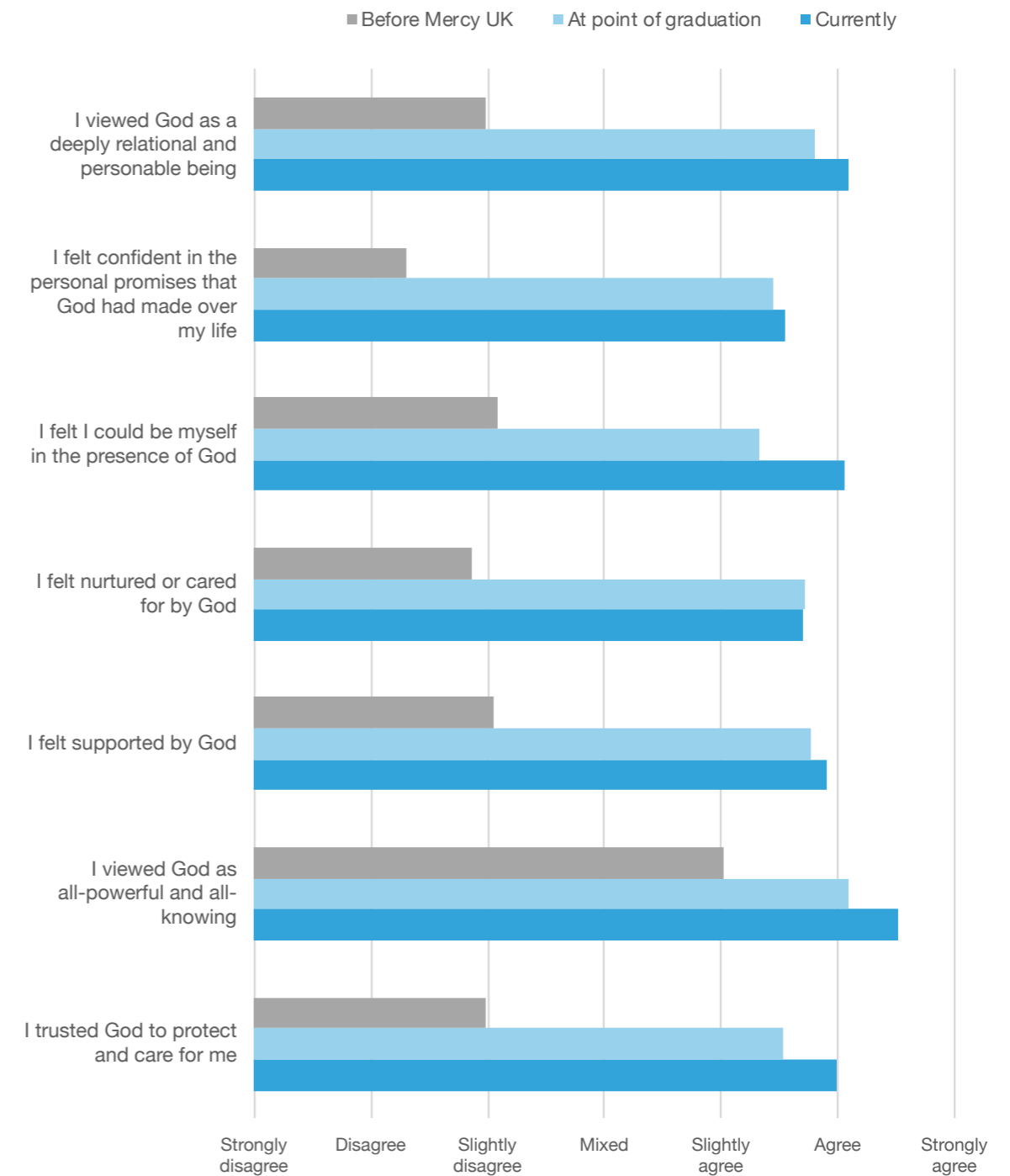
We also saw encouraging trends in how participants experienced their relationship with God, from before and since their arrival at Mercy UK. Before attending Mercy UK, only 23% of women agreed that they had a positive relationship with God, which increased to a remarkable 95%. The women reported feeling far more likely to feel confident in, for instance, God being loving and supportive, and far less likely to feel that God had let them down. In all but one area, the improvement trend continued even after the point of graduation, implying the progress made whilst at Mercy UK continues to bear fruit in subsequent years.

The one exception to this was the response to “I felt nurtured and cared for by God”, which dropped from 81% of women agreeing after graduation to 76% currently. Whilst this is only an incremental difference, it does show the effect that challenges the women may face after graduation, when they are out of the “Mercy UK bubble”, as several women put it, may have on the way they perceive God. One of the steepest differences from the point of graduation to taking the survey was in the women feeling they could be themselves in the presence of God. 68% of women agreed with the statement at point of graduation, which increased to 87% at present. In the words of one respondent, “I discovered God was a loving Father, a gracious Saviour, the bestest Friend and the One who had created me ...[and] I was able to be myself with my heavenly Daddy and be fully vulnerable without any fear.”

“During my time at Mercy UK, I began to discover for myself who God really was and how He felt about me. This revelation changed everything for me and my relationship with God”.

Another particular change was around anger at God, for which women reported a consistent and steep decrease. A little above 60% of women had felt angry at God to some extent before they joined Mercy UK, whereas this dropped to 38% at the point of graduation, and continued to fall after graduation (18% for respondents’ current state). For instance, one of the residents noted that her anger towards God had previously ‘completely destroyed how [she] related to Him. During my time at Mercy UK I began to discover for myself who God really was and how He felt about me [...] and This revelation changed everything for me and my relationship with God.’

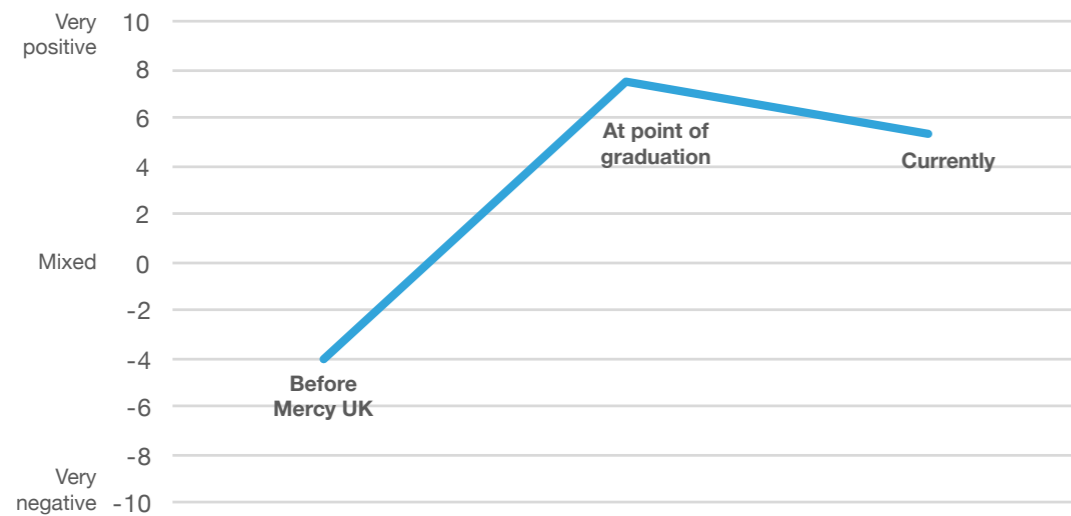
Average graduate level of agreement about experiences with God*



*The Attitude towards God scale assesses feelings of anger toward God as well as feelings of comfort associated with God. Before attending Mercy, women scored 4 on the ATGS, which decreased to 1 after attending the programme, meaning on average, women’s anger at God reduced. Whilst women felt less angry at God after attending Mercy, they felt they received more comfort from God. Before attending Mercy, on average, women scored 2 on ATGS subscale, which increased to 5 after attending the programme.

How have relationships with God changed since graduating from Mercy UK?

Average graduate rating of their relationship with God



We asked graduates two questions regarding their relationship with God after graduation. Firstly, **‘how do / did you feel about your relationship with God before Mercy UK, at point of graduation, and currently?’**. The results in the graph above show that there was a significant increase in positivity during the Mercy UK programme, which afterwards declined slightly.

Secondly, we asked graduates the open question, **‘how has your relationship with God changed since graduating from Mercy UK?’**. In response to this question, the 68 per cent of respondents’ said their relationships with God had grown in the time since leaving Mercy UK.

For many, Mercy UK provided a new basis for going forward in their faith, though some found that readjusting to the world outside Mercy UK could be difficult, whether because of other commitments and distractions, or the very real hardship that they had experienced. In this context, many respondents took increased ownership of their faith.

68% of respondents said their relationships with God had grown in the time since leaving Mercy UK.

As one respondent put it, ‘My relationship has deepened and grown since leaving Mercy UK,’ and another described her faith had ‘gotten deeper and more secure’ since graduation. For many women, Mercy UK had provided a new basis for faith, a chance to untangle spiritual and emotional problems and to begin afresh. In the words of one participant,

‘I feel like Mercy UK was my growing up phase, undoing all the wrong thinking, wrong ideas and going back to basics. Learning how to live free of things like anxiety, fear, etc. I feel like now I am at a different stage in my journey where I no longer really have to battle those things like anxiety I am completely free of those. I’m at a new level in my relationship with God where I know my life would be nothing without Him. He’s my advisor, my strength, my friend, and everything in between’.

Another woman responded that her faith ‘has developed and grown more and more. Based on the right foundation now - love and relationship instead of law and religion. Makes all the difference’.

However, 23 per cent of respondents’ faith had suffered since leaving Mercy UK, and had declined. Describing the challenges she had faced since graduation, one woman admitted that ‘a lot has happened since Mercy UK that has broken down my relationship with God which I am trying to regain. I feel I have lost faith’. Another woman said her time at Mercy UK had been ‘brilliant. I was always praying and speaking to God. I felt His love and guidance for my life. Now I don’t have it. Lasted about 5 years’.

23% of respondents’ said their faith had suffered since leaving Mercy UK.

Respondents - both those whose faith had sustained them as well as those whose faith had declined - noted several challenges to faith after leaving Mercy UK: re-adjusting to the outside world, encountering suffering, and difficulties with their church communities.

With regard to the first of these, one woman eloquently observed:

‘I hear Him less clearly than I did before. I think it is because I am distracted and have less time. I think I am also out of the God bubble. I think because I am doing normal life and working full time, I do not have the time that I did at Mercy UK. I think I am also not as desperate. I sometimes wonder whether I felt disappointed with God in that I thought life would be more than this. I’m not as close to Him nor hear from Him as clearly as I’d like to’.

Another described how ‘the first year after leaving was difficult readjusting to the world, but my relationship remained strong. This second year I feel a bit consumed/distracted by the world and distanced from the Lord’. Notably, the majority of women speaking in these terms did not blame God or Mercy UK for this shift, but rather the busyness of normal life. For instance, one respondent described that her experience of God is ‘not as intense as [it] was, but that is down to me not spending showers of time with him each day as I did in Mercy UK’.

Others described how the suffering they had endured had seriously challenged their faith. One participant described what she had undergone in starkly honest terms:

‘Since Mercy UK it’s gone downhill. Everything was positive and good for a couple of years until I was hospitalised twice and sectioned under the mental health act. So bruised and feeling let down I gave up with God and holding an anger towards him that I cannot let go of no hard I try. I have gotten to a place where we coexist side by side, but there isn’t much relationship going on.’

Another also recounted how her difficulties with mental health had affected her experience of faith. She said she had

‘always had a firm belief that God is with me and knows me but my faith was shaken after the birth of my child and I felt completely abandoned by him. I couldn’t sleep, was having intrusive thoughts every time I shut my eyes and was diagnosed with post natal depression. I prayed and prayed but felt like God had left me as nothing seemed to change. I have been working on rebuilding my relationship with God over the past year with help from my pastor.’

Lastly, participants spoke about the difficulties they had faced in their church communities, and how this had affected the practice of their faith. In the words of one woman, ‘I’m not part of a church at moment as I had too many hurts through the church too much judgement! So I decided to walk away from that church as did a few people - not found another as of yet!’ However, the disappointment some participants felt with their church did not necessarily threaten their faith; in the words of one:

‘My relationship with other Christians and with church has changed significantly. I get frustrated by cliques, offence, in-fighting, hypocrisy, polarisation of certain issues etc. within the church and wish there was more love, grace, peace, inclusion, etc. In the past few years, I’ve had a few health challenges which have led to me changing churches, being able to go less often and serve less often. It is amazing to me how many friendships fizzled out and people’s opinions of me changed. [Yet] my relationship with God got better as my relationship with the church got worse.’

Despite all these challenges, it was encouraging to see that many respondents had taken increased ownership of their faith. One woman reported that since Mercy UK,

‘I have done sozos, read books, watched preaches, journalled and gone to conferences. I have also gone to Germany alone for a conference

about God. It’s made my relationship with him have a good foundation. My relationship with him has got better.’

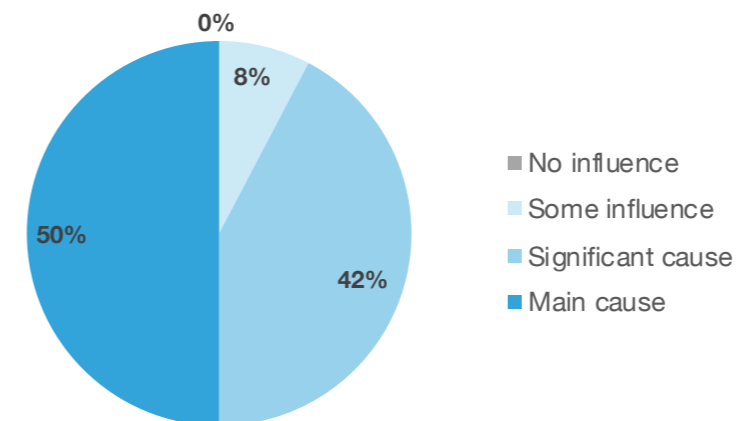
Another detailed that her approach to faith since Mercy UK has

‘had to change, with the demands of life and work, so some days I think my relationship has fizzled out but actually when I think about the higher reality from a different perspective, it’s just shifted into a new kind of relationship, more of a partnership, where I’m not so reliant on worship and the environment I’m in to facilitate my relationship, but now it’s one where I have to do some work, I have to have discipline to spend time in the word and prioritise my time. If anything, although it feels like a harder relationship to maintain and doesn’t feel as strong, I actually think it’s more intimate.’

Accordingly, whilst the difficulties the women faced sometimes had a considerable negative effect on their faith, this was by no means a given, and some women were able to make difficulties an opportunity to grow closer to God.

Did Mercy UK cause these changes?

Percentage of graduates who said Mercy UK caused their change in their relationship to God



We asked women to what extent they felt the changes in their relationship with God can be attributed to Mercy UK. As the chart above shows, all women agreed that Mercy UK had at least some influence on their relationship with God, but the majority of women attributed their time at Mercy UK to be a significant or main cause.

When we followed this up with an open question as to 'how did Mercy UK influence your relationship with God' the answers were in line with this chapter.

47% of respondents described how Mercy UK had increased their understanding of God - in many

cases, introducing them to the idea of a loving, gracious God for the first time. **41% of women praised Mercy UK for helping them develop intimacy with God, and 23% of residents saw an ability to hear from him as Mercy UK's particular contribution to their relationship with God**, generally through charismatic gifts. **Mercy UK had functioned as a safe place for 22% of the residents**, where they could invest in this relationship, and, in 13% of the cases, form a new relationship with God. **13% of respondents highlighted that they grew in their identity through this process, and were able to healthily express anger at God, often for the first time.** Others, however, noted some downsides and disagreements with Mercy UK about this side of the program (see Critiques, below).

As we saw in the previous section, on the whole, Mercy UK gave respondents a fuller, and far more positive understanding of God (a dramatic increase from 1% feeling positive about God to 70%). In the words of one woman, Mercy UK had transformed her relationship with God, 'in every way,' and that this had helped her come to terms with her past trauma. She explained that,

'Prior to coming to Mercy UK I had a negative relationship with God. Although I knew I needed God I was so angry at Him. I thought God was to blame for the trauma I had faced or He had let it happen. This anger and lack of trust towards God completely destroyed how I related to Him. During my time at Mercy UK I began to discover for myself who God really was and how He felt about me.'

Others too discovered their faith for the first time at Mercy UK. As one woman said, 'Mercy UK taught me almost everything in relation to who God is and how I should/can relate to God', and another agreed, 'It allowed me to find a safe place where I could begin to explore a relationship with him, one separate from what I had previously been taught'. Some respondents also described the distinctive feel of the Mercy UK home, and how it allowed them to develop 'a relationship with God rather than following a religion'. As one put it, 'Mercy UK was like being in God bubble- just me and Him (and the other residents and staff) and it is where I first got to know Him'. Another described how this 'bubble' had enabled her to explore her new faith more fully, without distraction, and with transformative results:

'Whilst at Mercy UK, I experienced God speaking to me for the first time. It's such a pure and light environment so it was the perfect place to encounter him and learn how to interact with him without other influences. It was like my training ground and it was really beautiful.'

47% of respondents describe how Mercy UK had increased their understanding of God.

Other women highlighted specific experiences which they felt had a healing effect on their lives. As one described,

'Whilst in the home I met God. Like the real God!!!! One time when I was in room 5 going to sleep listening to worship music on my cd player. His presence filled the room and I felt this furious love that changed my life forever.'

Participants' descriptions of their faith often took on familial or romantic metaphors, showing the intimacy with which the women had come to view their experience of God. As one woman described it, 'Mercy UK was like going on a marriage retreat with God. I had fallen out with Him but loved him, we needed some space so I could journal and talk to him and process.' Another woman said, 'I now know that I can come every day to him. With all parts of me - I don't have to be afraid. I trust him and put my hope in him. He's my loving father.'

The closeness and warmth which many women used to describe their relationship with God are particularly poignant when they are experienced in tandem with an improvement in the women's mental health. For instance, one participant described how she 'heard from Him that I am precious and not broken and that has gone deep down into the roots of who I am. I do life every day with God and in the battles and in the precious gifts His gives, I travel through everything close to Him.' Another woman echoed this experience in saying that Mercy UK 'brought me back to Him and showed me that what He says about me is true, I'm not a mistake or disappointment to Him.'

"Whilst in the home I met God. Like the real God! His presence filled the room and felt this furious love that changed my life forever".

Additionally, the home was seen by some as fostering healthy spiritual boundaries and exploration. In the words of one respondent, the home had given her 'freedom to be me. And ways to explore how I best relate to God. Given me a safe environment to be able to explore these things and experience freedom.' Other respondents felt they had space to express anger at God, and that this had facilitated further healing. In the words of one, 'Mercy UK gave me permission to be angry so that I could process it, forgive and move on', whilst another said 'they showed me its OK to be real with God to take all my hurts to Him.' However, for other women, the approach to boundaries and discipline was felt to be less helpful, as will be outlined below.

How can Mercy UK improve?

Encouragingly, many respondents felt that Mercy UK was already doing everything possible to advance their relationships with God. **However, some respondents felt that there was not enough space for independence and individuality within the Mercy UK programme, and complained that it was too regimented, without enough space for personal expression.**

Fifteen per cent of respondents also felt that Mercy UK participants were not sufficiently respected by staff, and 16 per cent would have liked to be treated more as adults and for there to be more space for expressing difficult emotions (such as questioning God). Importantly, 14 per cent of respondents felt that there was inadequate support during the transition period after the Mercy UK programme, and a minority (6 per cent) highlighted specific teachings that they found harmful.

Of those who felt there was **not enough space for spiritual independence and individuality**, one woman suggested that 'It would have been good to have permission for God to lead me in my study and to have been less prescribed, at times'. She said she would have appreciated 'more space to encounter him in the ways that I heard from him most'. Another felt that 'more emphasis needed to be placed on taking ownership for yourself, your journey and your faith rather than looking to someone else to do it all for you'. These participants, and others like them, thus emphasised the significance of independence not as just personal freedom, but as facilitating their spiritual integrity and maturity.

At other times, we heard of some respondents feeling patronised or inhibited by some staff members. In particular, there was a theme of women feeling an atmosphere of praise and worship came at the **expense of honesty and space to express doubts or any negative feelings about God**. As one woman put it, 'There were times where maybe it would've helped to be more vulnerable/real with God and express negative emotions. Sometimes I felt pressure to be positive when my feelings/what I was trying to process didn't match that'. Another participant echoed this in expressing the paradox of her Mercy UK experience:

'While I was there, it helped me build a personal relationship with God. However it also influenced me negatively because I felt I was not allowed to express some beliefs or doubts or feelings I had about God and the Bible.'

15% of respondents felt that Mercy UK participants were not sufficiently respected by staff, and 16% would have liked to be treated more as adults.

"I felt I was not allowed to express some beliefs or doubts or feelings I had about God and the Bible".

A third noted that 'there were times at Mercy UK where I felt I was unable to express how I truly felt about God. It didn't always feel like there was space to embrace my wondering and questioning'. Unlike the respondents who had felt that Mercy UK had allowed them to acknowledge and release anger towards God, some women had an opposite experience. In the words of one, Mercy UK had allowed 'space to question God but not necessarily being angry. I remember two occasions where I was angry and instead of being allowed to journey through that anger I was rebuked for it'.

Of those who felt frustrated by some staff's approach to honesty in negativity, there was a roughly equal split between those who felt able to remain honest with and connected to God through their personal devotion, and those who did not, and whose faith suffered as a result.

Whilst there was consistency in some women feeling stifled in being able to express negative reactions, there was less coherence on pace and expectations in general. Regarding the pace and content of the programme, one respondent felt that she would have appreciated being 'challenged more on my faith and relationship with God', while another felt that Mercy UK could have 'been a bit softer at times; the programme is very full on and driven towards healing so sometimes it feels like that is all God is interested in'.

Similarly, the emphasis on healing which Mercy UK naturally places on its participants' time in the home sometimes proved counterproductive. For instance, Mercy UK's teaching on healing was unhelpful to a woman who did not see herself healed at Mercy UK - 'Mercy UK seemed to teach that God healed all but I have not been healed physically' - whilst another, who underwent a bereavement, felt her grief compounded by feeling let down by the community, and further trauma:

'I was very upset when, during my time in the home, I [lost my friend to cancer.] I went in with trauma and left with more. That has made me feel bitter. I feel her condition was over-spiritualised, my support network let me down a month in to leaving - I was upset by all of this, making me feel abandoned and rejected.'

"I remember two occasions where I was angry and instead of being allowed to journey through that anger I was rebuked for it".

Even for those who did not mention specific difficulties on leaving the home, 14 per cent of respondents did feel that they would have appreciated **more support in their relationship with God as they transitioned out of Mercy UK**. One woman suggested Mercy UK 'could maybe have more teaching on how to schedule time for prayer and personal Bible study into a day. At Mercy UK there was a lot of group Bible study and worship. So maybe encouragement for making self appointments to spend time with God one on one'. Another echoed this, by saying she would have appreciated 'some

support after graduating, like perhaps a devotional for the first three months to keep you focused after leaving Mercy UK, and more opportunities for prayer support'. Others spoke with urgency about the struggles they had faced after graduation, and how more support would have helped, such as the participant who said, 'I needed more support during the aftercare period. Maybe an accountability partner within the Mercy UK staff team. I was lost and alone when I left Mercy UK as the aftercare was non-existent back then and things deteriorated quickly'. A fourth woman highlighted the lack of community many women have outside Mercy UK. She identified a need for:

'better transitional support or a larger dedicated team for graduates as many of us don't have a strong support system outside of Mercy UK. The difference is dramatic once you've left the Mercy UK house. I feel that the transitional team is/was quite small, and there was often a lot of changes in staff which had a negative impact. Even someone receiving notifications via whatsapp or email with recommendation of resources, blogs, books, videos would really help. For myself, it would be especially helpful if we could get the daily declarations and Bible readings sent electronically to help keep us disciplined. Being a part of the reading plan would help keep the word alive in us. It would be an encouraging practice knowing there are other girls in the Mercy UK home reading, and declaring the same things.'

14% of respondents did feel that they would have appreciated more support in their relationship with God as they transitioned out of Mercy UK.

Ongoing responses from Mercy UK

Whilst critiques did not vary by graduation year, changes have been made by Mercy UK to address identified areas of improvement. Ongoing research and analysis in the future will identify whether these changes are addressing the critiques voiced above. Mercy UK have implemented the following changes into their programme:

- Independent Safeguarding/Spiritual Coercion & Control Audit conducted by 31:8 (formerly Churches Child Protection Advisory Service). The audit identified any areas in the practice and the delivery of the Mercy UK programme that could be construed as spiritually coercive or controlling. (2015).
- Self-expression rooms. Opened a music room and craft room in the home to facilitate more self-expression of faith. (2017).
- Adjustments made to the schedule to allow more free time. (2018).
- Utilisation of Keys to Freedom Discipleship Model within the Choices that Bring Change Curriculum. (2017).
- Removal of all formalised measures of behavioural management such as probation periods and disciplinary measures. (October 2016).



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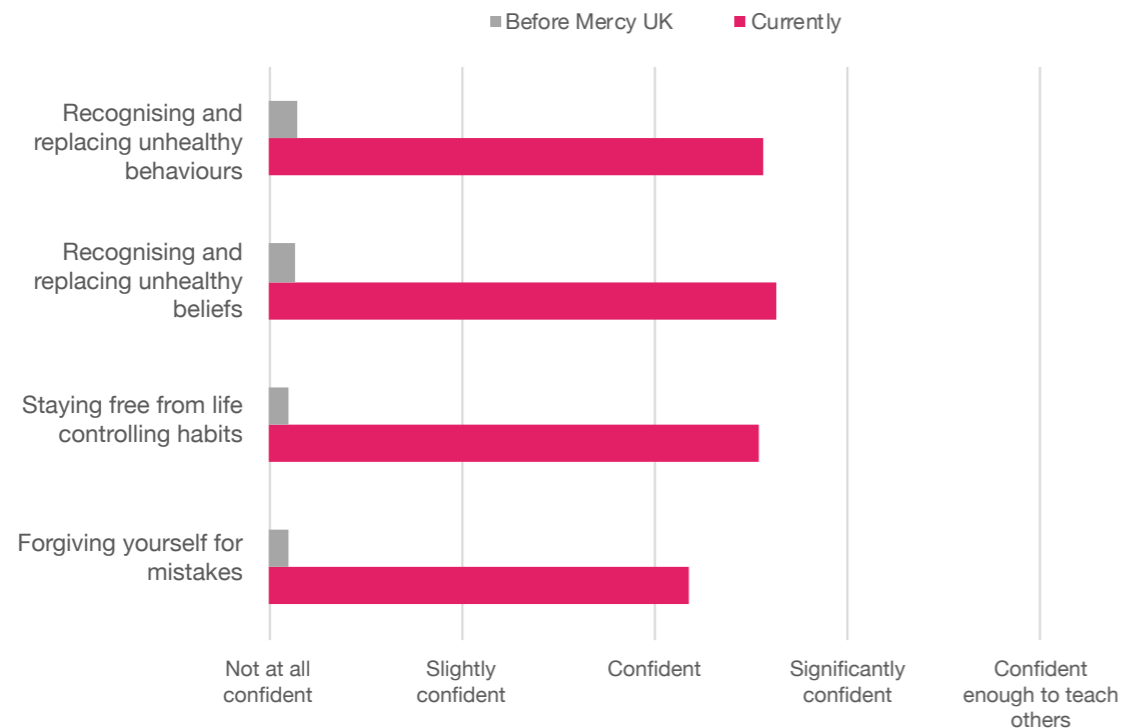
Relationship with Self

Relationship with Self

The second section charted the transformation in women’s relationship with themselves. As before, we explored this through the themes of **abilities, behaviours, and experiences** - exploring themes from the women’s capacity to forgive themselves for mistakes to their experience of substance abuse. The overwhelming majority of women reported that their time at Mercy UK had had a profound positive impact in this area.

Abilities

Average level of confidence graduates had towards personal abilities in their lives

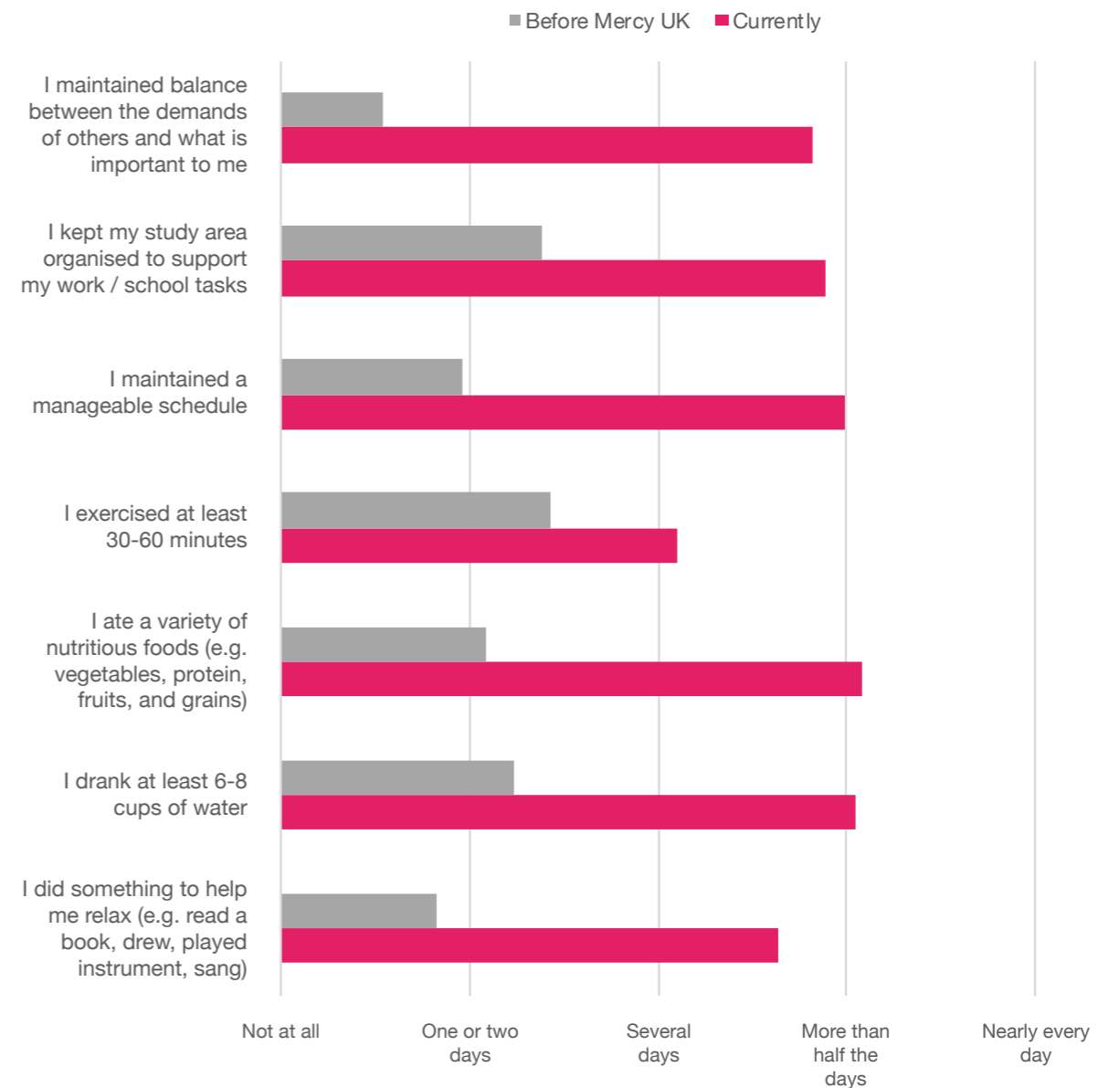


In each ability area, the average participant’s confidence grew from being ‘not at all confident’, to between ‘confident’ and ‘significantly confident’. The number of women who felt at least confident in applying these healthy behaviours rose from 0 per cent before attending Mercy UK to a striking 63 per cent at the point of the survey. Before attending Mercy UK, none of the women felt confident to stay free from life controlling habits, whilst at the time of the survey, this rose to nearly two thirds. Similar trends were captured for recognising unhealthy behaviours and beliefs. When asked in what ways Mercy UK had influenced their relationship with themselves, one woman replied, ‘I was taught how to how to identify negative thought patterns and see how they developed into negative behaviours. [...] by trusting God and the staff at Mercy UK, it led to freedom’.

The percentage of women who felt confident in personal abilities increased from 0% to 63%.

Behaviours

Average frequency of graduate positive behaviours towards themselves*

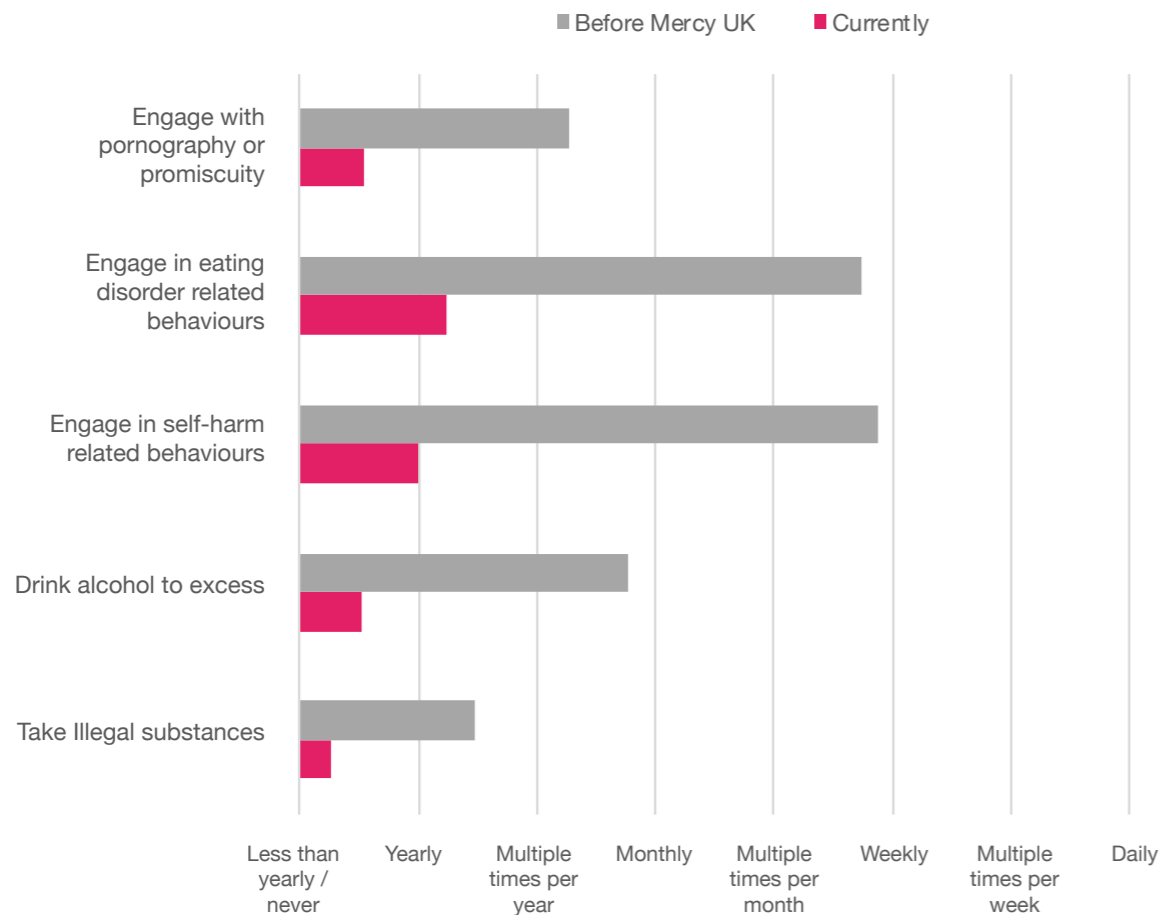


We also saw encouraging trends in how improved self relationships manifested in the women’s behaviour. We asked women to reflect on three areas (positive self-behaviours, negative self-behaviours, and substance use), and, as the charts show, we saw a great improvement across all areas. Before attending Mercy UK, only 11 per cent of women felt that they practiced healthy habits nearly every day in an average fortnight, which increased to 38 per cent at the point of survey.

* Throughout this section we used a Mindfulness Self Care Scale (MSCS). This 33-item scale measures the self-reported frequency of self-care behaviours. Areas the scale looks at: Mindful Relaxation, Physical Care, Self-Compassion and Purpose, Supportive Relationships, Supportive Structure, Mindful Awareness. Each area we looked at has improved based on women’s feedback. Whilst on average, they scored 1 (out of 5) before attending Mercy UK, their scored increased to 3 (out of 5) after Mercy UK.

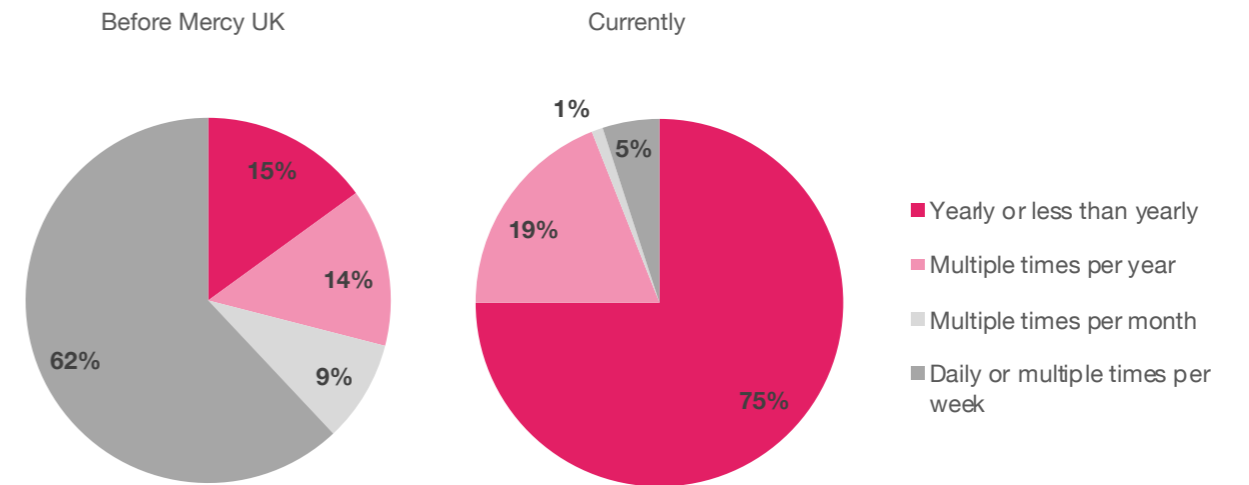
Whilst this increase is not as dramatic as others, we saw great improvements on maintaining balance between demands and needs. Before Mercy UK only 6 per cent of women felt they maintained this balance, which increased to 72 per cent after Mercy UK. Women also reported improvement in their ability to relax. Whilst only 5 per cent of women said they did something relaxing before Mercy UK, 54 per cent of women said the same at the point of the survey.

Average frequency of graduate negative behaviours towards themselves



On the whole, women reported that Mercy UK helped them lay down destructive behaviours such as drug and alcohol use, pornography, self-harming, and unhealthy or destructive eating habits. Forty-six per cent of women entered Mercy UK struggling with these unhealthy habits on a regular basis, which reduced to only six per cent engaging in these negative behaviours currently. The most striking decline was reported by women who engaged in self-harm related behaviours. Before attending Mercy UK, 71 per cent of women self-harmed at least one a week, which decreased to 6 per cent currently.

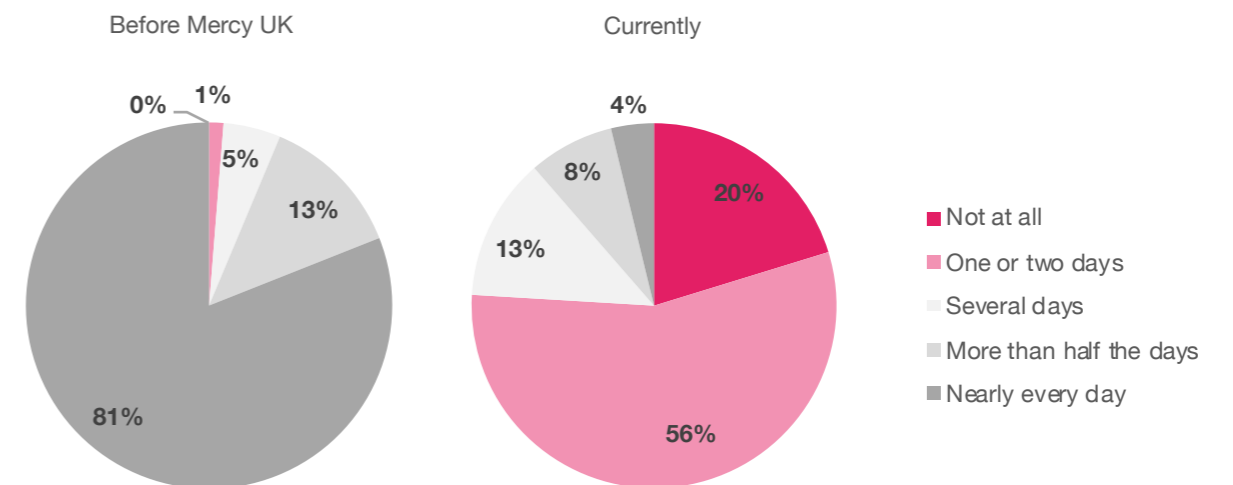
Average frequency of graduates engaging in self-harm behaviours



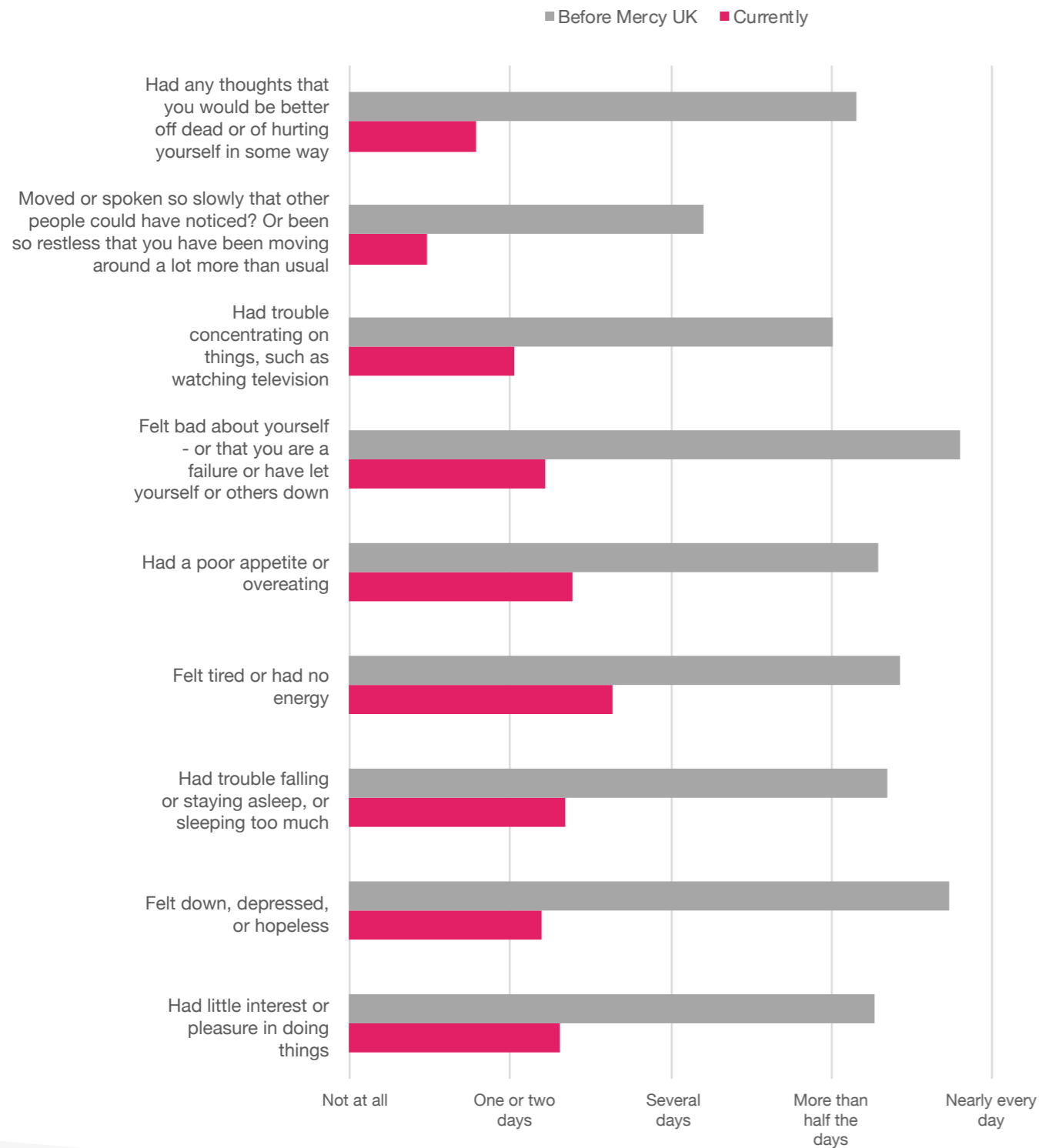
Experiences

Coherent with these improved behaviours, the majority of women reported a notable improvement in their self esteem. Remarkably, on average, **women's self-esteem improved from 5 per cent to 76 per cent of women feeling satisfied and good about themselves**, whilst negative self-perception diminished, from 89 per cent to 23 per cent. In particular, we saw a complete shift in women feeling they are worthy as people. Currently, 80 per cent of women reported having a robust self-worth, which increased from just 3 per cent before Mercy UK. As one resident put it, 'now I am happy to be me, I am proud of myself and I can look in the mirror content with who I am'.

Average frequency of graduates feeling down, depressed, or hopeless



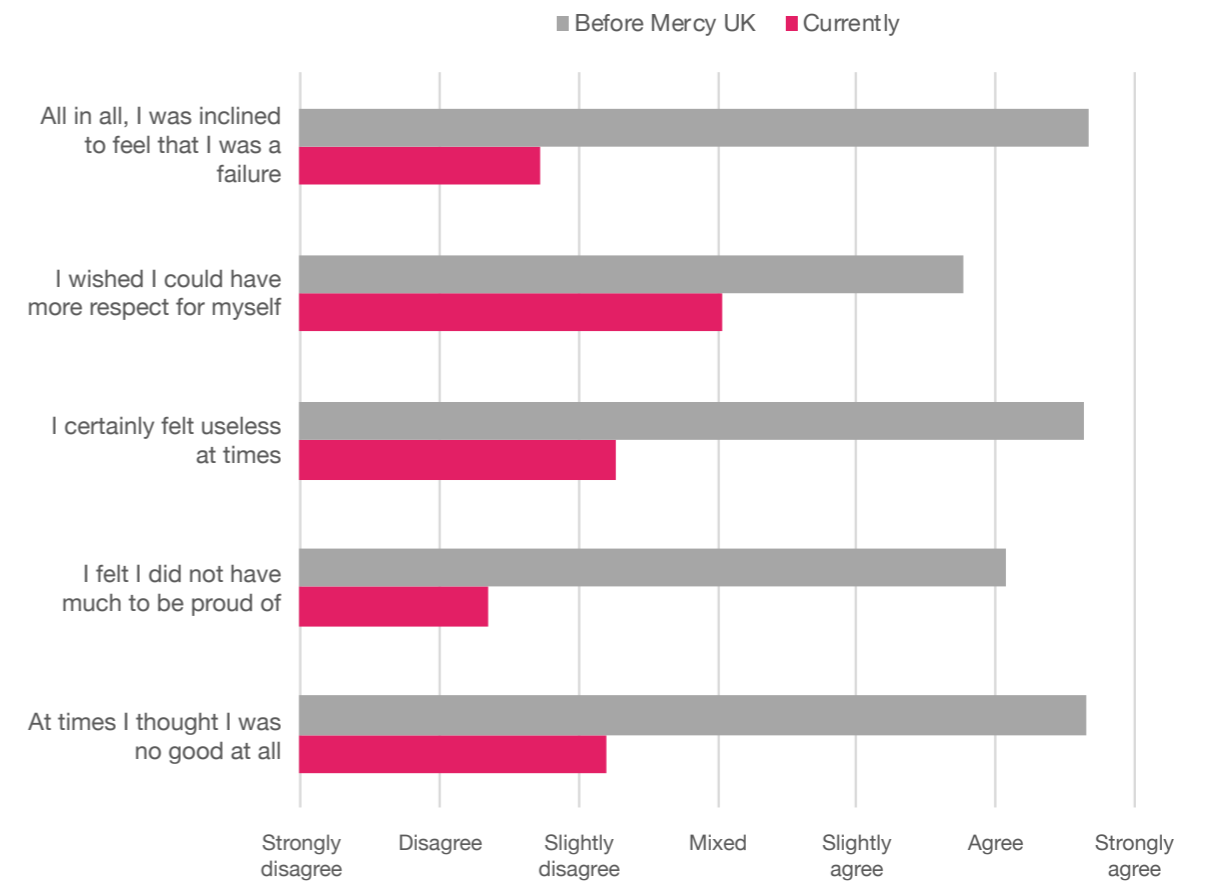
Average frequency of graduates' negative experiences with themselves*



* This set of measures utilised the PHQ-9, a metric that is part of PRIME-MD, and scans for symptoms of depression. On average, women started off with a score of 29 (which signifies a 'moderately severe' condition). This dramatically decreased to 10 after attending Mercy UK (which signifies a 'mild' condition).

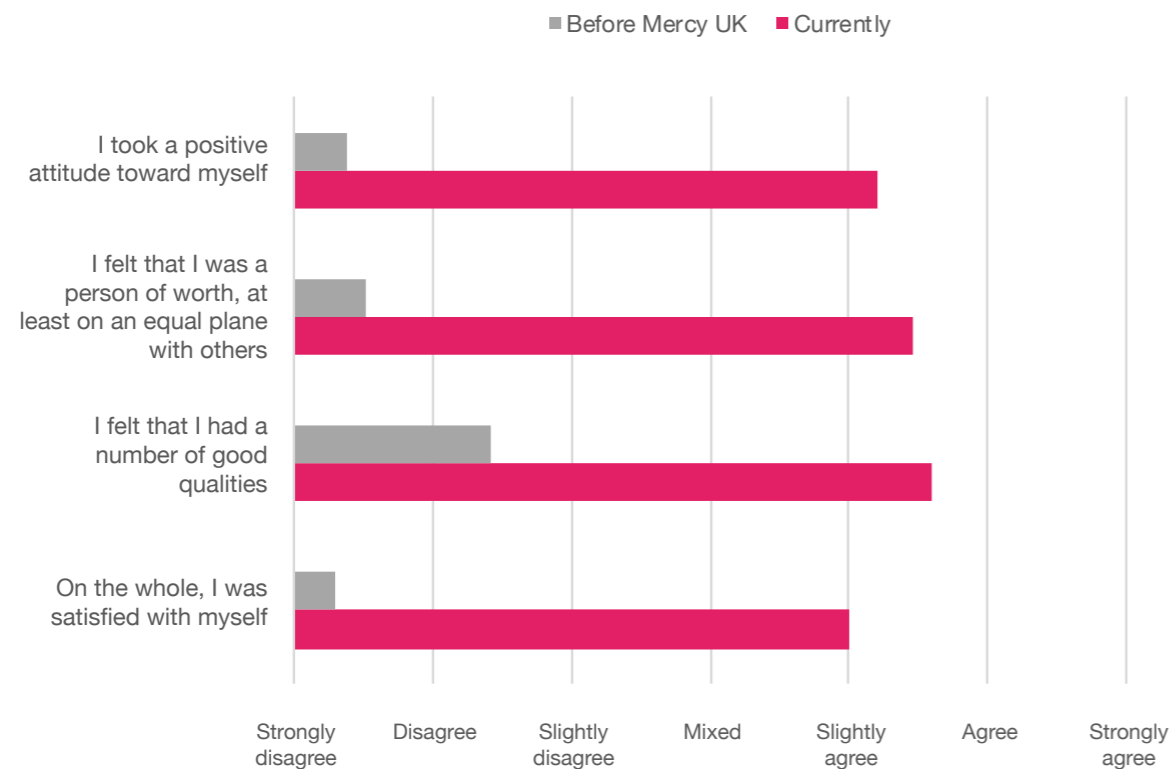
Many residents indicated that they battled low mood and depression before entering Mercy UK. On average, 63 per cent of women entered Mercy UK experiencing signs of depression and low mood nearly every day. However, only eight per cent of women reported experiencing these difficulties on the day they took the survey. Specific questions about “feeling low, depressed and hopeless” and “feeling bad about yourself” showed an even greater decline (from 94 per cent to 11 per cent and from 95 per cent to 14 per cent, respectively). Graduates also noted that Mercy UK helped them ‘replace negative thoughts and interact with God’, meaning they were more likely to report that they “don’t self harm anymore”.

Average level of agreement of graduates about negative experiences



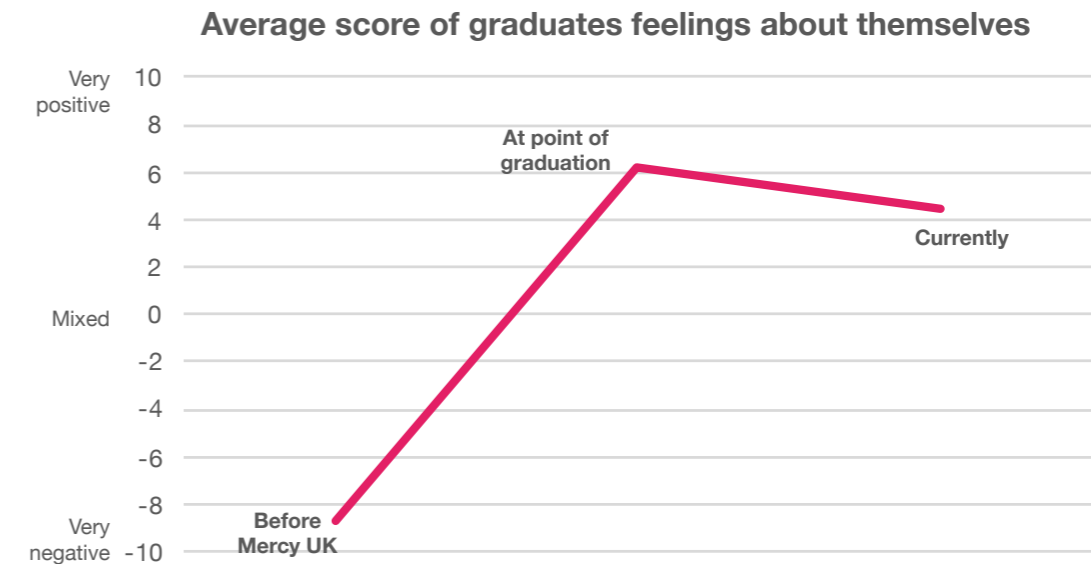
We also found that women who previously self-harmed showed a higher increase in their self-esteem than those who did not report self-harm. Those with a history of self-harm started the programme with lower self-esteem, but currently, they reported a higher sense of self-esteem than those who did not struggle with self-harm. This could be due to the effect of the transformation which had occurred in women’s lives: those who had been feeling under more pain and pressure prior to Mercy UK, having felt restored to a healthier and happier place, are more likely to be able to view their current experience with added optimism and enthusiasm.

Average level of agreement of graduates about positive experiences*



* This set of measures, amongst others in this section, utilised Rosenberg's Self Esteem Scale (SES). Originally the measure was designed to measure the self-esteem of high school students. However, since its development, the scale has been used with a variety of groups including adults. Before attending Mercy, women's self-esteem was quite low which is evidenced by an average score of 11 out of 60 on the Rosenberg's Self esteem scale. This figure increased to 42 out of 60 after attending Mercy which indicates a healthy, balanced self-esteem.

How has this relationship changed since graduating from Mercy UK?



In general, we saw a small but significant decline in the way the women saw and treated themselves after the point of graduation. This would be likely due to the difficult circumstances which many respondents had reported they encountered on leaving Mercy UK, with some relapsing to pre-Mercy UK ways of relating to themselves. However, even with this average decline, **76 per cent of the participants were still reporting a considerably more positive relationship with themselves after their time with Mercy UK than beforehand.**

In general we did see a decline in the way the women saw and treated themselves after graduation.

The way participants saw and treated themselves improved across a variety of areas, including **self-worth, self-care, confidence, and self-awareness.**

The majority of participants framed their struggles with self-esteem in militaristic terms, such as the woman who described how, 'I now speak truth and life over myself instead of the enemy's lies'. Another summarised how her self-worth had improved and progressed 'hugely', saying that,

'Before Mercy UK, it was like I had switched black and white in my head and it didn't matter what anyone said I would not switch them back. I believed I was fundamentally awful and I would not surrender that belief. But at Mercy UK I was able to switch black and white back again and start seeing myself as Jesus does. This is one of the founding principles of my faith and something I return to again and again and again. 10 years on and I still use Truth Statements as a weapon (and have found that the strongholds that they are bringing down are different and things I never would have identified 10 years ago).'

There was also an emphasis on the women's improved self-worth encouraging them to be kinder to themselves, which increased from 5 per cent on entering the home to 76 per cent at the point of the survey. As one woman said, 'I've been able to celebrate myself, be proud of myself and see myself more and more how God sees me,' and another participant spoke of her encouragement that:

"I've been able to celebrate myself, be proud of myself and see myself more and more how God sees me".

'I know deep down that God thinks I'm precious. I also know that people (Mercy UK) thought I was worth investing in. That means I'm valuable. My parents also have shown a real love for me. So even though when I don't feel like I'm loved and feel upset, alone and isolated, I know deep down that I am loved and that I'm actually okay. So I'm much kinder. I don't need to punish myself anymore as I don't hate myself. I'm okay.'

Similarly, many respondents felt that relationship with God had helped them grow in the way they interacted with themselves. As one mentioned:

'I find it much easier to forgive myself quickly and take my mistakes to Jesus. I used to constantly feel bad and like I was a failure, but learning about what forgiveness actually meant and beginning to see myself as Jesus saw me, I have been able to release forgiveness quickly. This has meant that my level of self care has increased dramatically and I treat my body with respect and care, rather than treating it as the enemy.'

Another outlined how her faith had encouraged her towards better mental health, remarking that since Mercy UK she has 'tried to pray and ask God what He thinks of me when a negative thought comes up, which leads on to having more positive thought patterns'.

This self-kindness also manifested itself in practical ways: in particular, through self-care. Women showed great improvement in this area; from 17 per cent of women frequently practicing self-care at point of entry to 62 per cent at the point of the survey. As one participant put it, 'I no longer set unrealistic expectations for myself, I am more gentle with myself, and therefore can relax and enjoy life more than before. Physically, I also take better care of myself, remembering that I am a child of God'. Another woman emphasised the importance of the 'truths' she had learnt at Mercy UK which enable her to be 'kind to myself and I remind myself that I am worth being loved. I schedule time for myself where I can do something just for me. I remind myself of God's truths and promises over my life'.

"I no longer set unrealistic expectations for myself, I am more gentle with myself, and therefore can relax and enjoy life more than before".

It also resulted in increased self-confidence, with the women reporting shifts such as being 'more confident in who I am and in my abilities'. For instance, we saw women's ability to balance others' demands and their own needs increase from 6 per cent at entry to 72 per cent at the point of the survey. A participant noted how her improved self-confidence had increased her ability to relate to others from a place of internal strength and calm. She said that her:

'self-belief is much improved. Therefore, I find it much easier to maintain balance between the demands of others and what is important to me. Whereas before, I would have found it difficult to say "No" for fear of offending someone, now I respect my own boundaries. It also means that I receive a "No" from other people better because I can respect their boundaries.'

This woman's experience is shared by others who reported progress in self-awareness since Mercy UK. In the words of one participant: 'I've got to know myself better and I'm slowly learning to be more myself. I've learnt what my strengths and weaknesses/likes/dislikes are and that it's okay to be unique and flawed but still be loved by God'. As another put it: 'I have become stronger, more self aware in Him and am able to maintain self respect'.

However, one woman noted her disappointment that whilst 'some areas really improved, [and I became] quicker at moving on from mistakes, other areas have been more challenging, like my sense of worth, as I'm getting older and I am not where I would have wanted to be in life'. Fifteen per cent of participants described a decline in their relationships with themselves since graduation, such as the woman who said, 'I am probably a little harsher on myself again, almost 10 years post graduation. I am very quick to notice and usually rectify it, though! But I am definitely tougher on myself than when I first graduated'. Another woman noted her frustration that whilst she took efforts to avoid unhealthy coping mechanisms, she had not yet been able to replace them with more effective, positive ones, and experienced more tension and stress as a result. She said that since Mercy UK, her life has been:

'different, but not any better. I try to control my behaviours and my make better choices out of my own will. Which means I suppress and emotionally explode. When I had my coping mechanisms I exploded less.'

Others also described how they had 'returned to [a] pre Mercy UK state'. With tangible disappointment, one respondent said:

'I tried but I cannot concentrate or it does not last long and that is really hurting me at this moment. I am really missing those moments and hope to be able to experience it again. I pray that there's an opportunity to interact with myself again in freedom.'

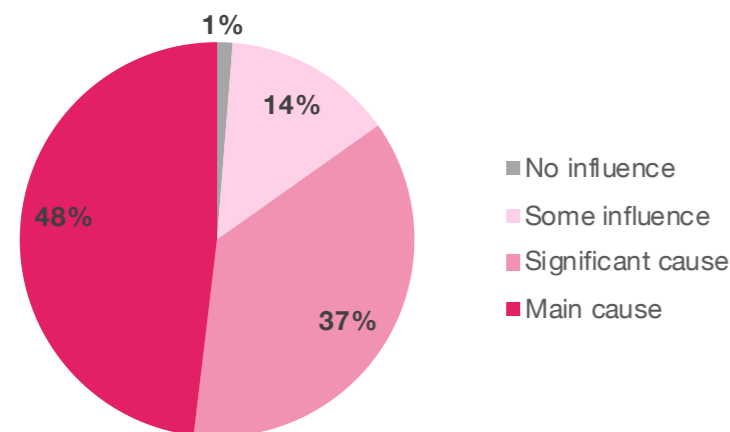
Similarly, another woman said how at the end of Mercy UK, 'I felt incredibly loved, and I liked myself. I was good to myself by what I did and ate. Unfortunately, this has gone'. This kind of decline in the women's self esteem was often attributed to being out of the 'Mercy UK bubble,' as one woman put it:

At Mercy UK we all know we are surrounded by a bubble of protection and in a God bubble. It's easier to fight from that place. It's harder to always 'choose life' when there are so many other distractions in everyday life.

To counter this, many women had suggestions for how Mercy UK could better prepare and support women for their lives outside Mercy UK, which will be detailed below in iv. Critique.

Did Mercy UK cause these changes?

Percentage of graduates who said Mercy UK caused the changes in their personal lives



The women's responses in this section were largely similar to the description in **their relationships with God**. We asked the women about their relationship with themselves, and in particular, to what extent the above-listed changes can be attributed to Mercy UK. **For a remarkable 85 per cent of women, Mercy UK had been at least a significant cause of these changes - with just under half (48 per cent) saying it had been the single main cause of progress** - whilst 15 per cent also reported having benefited from other sources.

Survey respondents stated that Mercy UK helped them relate more positively to themselves, increasing their feelings of self-worth, encouraging them to take care of themselves, as well as develop self-confidence and self-awareness. Notably, respondents rated their

relationship with God as the second most important factor in changing how they related to themselves, their time at Mercy UK being most transformative. Encouragingly, some respondents emphasised that they had taken more agency in their own lives and expressed appreciation for the tools Mercy UK had provided.

First, there was a theme of women attributing a developed self-worth to their time at Mercy UK, and in particular feeling that they could believe God's truth for them. In the words of one respondent, 'at Mercy UK I discovered (slowly as it was hard to take in) that I am valuable, incredibly valuable', whilst another said 'I have learnt to love myself and treat myself with respect. I know I am worthy and have a purpose now'. Another woman referenced the practical and psychological development she had received in saying that 'Mercy UK gave me tools that have helped me identify lies and replace them with God's truth. It was at Mercy UK that I began to understand my value and believe that God loved me.'

"At Mercy UK I discovered that I am valuable, incredibly valuable".

One of these tools which was cited repeatedly was the practice of self-care - how the women grew in thinking about themselves more kindly and taking better care of themselves. For example, one woman described that now 'I value myself more. I eat healthy food, I take my medication, I shower every day, I keep my environment clean, I try to exercise and buy myself things that I need/want. Before I couldn't do these things.' Another participant reported that since Mercy UK, 'I am kinder to myself, I have more self-respect and self-awareness. I have more grace for myself on the bad days. I enjoy my own company now!!' For many women, their faith remained a motivating factor in their self care. As one woman put it, Mercy UK had enabled her 'to be kinder and more patient with myself. To help me see how God does. To let mistakes go quicker and not beat myself up over them'.

"Mercy UK taught me about my value and helped me to know what I had to say was important".

We also saw a rise in the women's self-confidence through their time at Mercy UK, and how this had affected their world-view. In the words of one respondent, 'I am confident in who I am and have constant hope for my future,' and another stated that 'Mercy UK taught me about my value and helped me to know what I had to say was important.'

Lastly, we heard that a majority of women's self-awareness had developed through being at Mercy UK. One individual described how Mercy UK had helped her handle internal conflict with courage: 'Mercy UK has helped me to learn how to have inner conversation where I could be honest and brave to reach out my own feelings and thoughts.' Another woman focused on how knowing herself better had improved her quality of

life, as 'I also know what I enjoy and have learnt more about myself,' whilst a third had become more grounded as through Mercy UK, she had 'better self-awareness of [herself] and [her] issues'.

In particular, respondents also suggested that many of these changes were brought about through relationship with God. One woman summed this up by saying she was now 'more positive about myself and my worth; I know who I am based on what God says about me.' Another said that Mercy UK had 'helped me identify the lies and replace them with God's truth, which has in turn helped me feel better about myself', whilst a third expressed gratitude for how at Mercy UK, 'people spoke life over me. They showed me who I truly am and as I started to let God in He showed me how He sees me and that changed everything!'

Mercy UK "helped me identify the lies and replace them with God's truth. They showed me who I truly am".

Through this shift, we heard encouraging reports of how some respondents had taken more agency in their own lives, and expressed appreciation for the tools Mercy UK had provided. For instance, one respondent said that Mercy UK had 'given me tools, taught me how to love myself; it's about choosing and I have a choice.' Another said that, 'I no longer sit in self pity and find ways to help myself when feeling down or attacked', and a third described how 'Mercy UK gave me the tools to keep going, keep praying, and keep going to God, even when I have messed up or feel like a failure'.

How can Mercy UK improve?

On the whole, respondents felt there was little else Mercy UK could do to improve their relationship with themselves. However, some respondents mentioned how they felt that staff had **not fully respected them** - that they had (intentionally or unintentionally) shamed them, or caused them to feel like they didn't belong, and others highlighted that they felt unseen at various points. Fourteen per cent of participants expressed a desire for **more support during the transition** out of Mercy UK, and 11 per cent suggested more room for **independence and individuality** within the Mercy UK schedule. Finally, 18 per cent of respondents highlighted a desire for more **human support**, including counselling and teaching on self-care and compassion, as well as a desire for more life skills that were not explicitly focused on God, such as financial training and cleaning and tidying.

Unfortunately, 16 per cent of respondents felt disrespected by staff, either by being shamed by them, unseen or not understood, or that there was an insufficient response to participants' experience of trauma. In particular, a theme emerged of women feeling their mental ill-health was something to be ashamed of as a Christian.

One woman described how she:

'came away with the belief that struggling with mental health made me a bad Christian as I would be choosing 'to be in the swamp'. This has had a serious impact on me as I didn't seek help and felt worse and worse about myself and I actually became more unwell than I ever have been about a year after I left Mercy UK.'

Similarly, another participant said that the staff 'sometimes made me feel guilt/shame for having certain beliefs or behaving in certain ways', whilst a third 'felt that some "consequences" were delivered in a way that made me feel punished and so further increasing my self condemnation/shame'. To counter this, she suggested it might be beneficial to use 'perhaps more communication and less automatic sanction?'

Staff "sometimes made me feel guilt / shame for having certain beliefs or behaving in certain ways".

Some women also reported feeling unseen by the Mercy UK staff, for a variety of reasons. One woman expressed her frustration that: 'I sometimes felt that it was impossible to have a normal human conversation with the staff.'

Another referenced the rawness of the counselling process and the additional support she would have appreciated afterwards. She said she could have:

'maybe been encouraged to read God's creative power booklet after sessions or maybe been assigned a hug master who I knew was safe to go to for a quick hug after sessions, since I always felt incredibly vulnerable afterward.'

Whilst these women had felt this lack of support was due to procedural or boundary reasons, others perceived the staff as **sometimes being distracted by other residents in more visible need, at the expense of those who appeared to be coping better**. As one participant put it,

'There were a few times when it felt like I wasn't seen when things were going on for other residents at the time and support lessened, but ultimately I decided my emotions in those moments and did not choose to fight, staff were always supportive when I came to them after this.'

Others had reported a lack of respect from staff which manifested itself as an insufficient response to the women's experience of trauma, mental ill-health, or neurodiversity. Whilst she acknowledged that Mercy UK might since have changed its approach, one participant was disheartened that although,

'I had been through abuse before Mercy UK, this was brushed off by my facilitator would just tell me to forgive. I feel there needs to be counselling at Mercy UK, not just forgive and move on. Things may have changed since I graduated in 2013.'

Another woman, who has autism, felt she was unfairly expected to conform to conventional coping methods, which might not meet her specific needs. She said that 'it could have better acknowledged and learnt about how I express myself with autism rather than expecting more functioning ways of self expression.' Similarly, a fellow participant would have appreciated more grace and understanding from staff as she managed her own reactions in the Mercy UK home, 'by helping me see my behaviours were for trauma reasons' rather than a lack of discipline or ill-intention.

A healthy proportion (14 per cent) of respondents identified a need for more support during transition from Mercy UK back to usual life. For example, it was suggested that increased staff availability and more online resources might help women reintegrate with their communities. As one woman put it:

'I feel that the transitional team is/was quite small and there was often a lot of changes in staff which had a negative impact. It doesn't necessarily mean there needs to be 20 people ready at the phone, even receiving notifications via whatsapp or email with recommendation of resources, blogs, books, videos would really help. For myself, it would be especially great and helpful if we could get the daily declarations and Bible readings sent electronically to help keep our discipline. Being a part of the reading plan would help keep the word alive in us. It would be an encouraging practice knowing there are other girls in the Mercy UK home reading, discussing and declaring the same things. It could be a very special and powerful tool. I strongly feel that aftercare could be improved.'

Mercy UK "could have better acknowledged and learnt about how I express myself with autism rather than expecting more functioning ways of self expression".

Another woman identified the importance of interacting with a consistent person on the Mercy UK staff, both during their stay and afterwards. She said, 'in reality, if you're receiving health [support] for any sort of mental health issues, and especially in my case with autistic traits, it needs to be consistent, it needs to be the same person every time'. She went on to note that her therapist, with whom she'd been working since Mercy UK, had suggested that the manner in which Mercy UK had switched care staff working with individual women was unsafe - we will look at this further in **Part 5: Recommendations.**

We also heard from a proportion of women who would have preferred Mercy UK to have made more space for independence and individuality for its guests. One respondent said Mercy UK could 'allow more time in the schedule for free time in the day for us to do something we enjoyed. Like more opportunities for crafts or something relaxing. Care for self time.' More than just a personal preference, this was often framed as a question of liberty, when residents would have preferred, in the words of one, 'more freedom - to have a choice, not a schedule'. Additionally, it was sometimes felt that the emphasis on house rules and lack of personal choice created a dependence on Mercy UK post-graduation. One respondent described how, 'it was so regulated, when I graduated, I felt a bit lost without all the rules. Would be good to learn how to make decisions for myself,' whilst another added, 'It can institutionalise you to a point where you really don't know how to cope in the outside world'. In addition to rules and boundaries, the lack of independence in community living could also have adverse effects on some women. As one noted:

"It was so regulated, when I graduated, I felt a bit lost without all the rules. Would be good to learn how to make decisions for myself".

'I think something I noticed when I came home... is that I really struggle to be on my own (even now), and, because of the nature of Mercy UK (constantly being with people), I never really realised how much of a problem that was for me because I was always around people. I didn't really learn to be on my own.'

At the same time, we also heard from a number of women whilst they would have appreciated more independence, they found that the emphasis on God's healing came at the expense of basic human support, both emotionally and practically. A perceived lack of emotional support was summed up by one woman who felt Mercy UK 'could have allowed me to talk to someone more rather than keep on telling me to "go to God,"' as well as the woman cited above who was 'told off for screaming and...virtually left to deal with it myself'. As another respondent put it, 'I feel I wasn't taught any life skills or skills that wasn't all about God. So CBT, DBT skills etc. would be useful as well as all the God stuff'. Similarly, other women identified a

gap in teaching on the practical outcomes of therapy, such as the participant who said 'I still need help with this. I think I needed one-to-one support with understanding how to care for myself. I have recently done some work on self-compassion in therapy which would have been helpful at Mercy UK'.

In practical terms, other women told us they would have appreciated more help with specific life skills. As one said, 'I think I would have appreciated having more financial training. It was quite minimal during the time I was there, although it may have changed since'. Another participant suggested Mercy UK:

'could have taught me how to not just look after the environment that people see, like the home, but also what people couldn't see - like the drawers and cupboards. I learned how to clean a house but I would chuck all of my clothes in my cupboard and it was a mess. Being taught on how to fold clothes nicely would be a great life skill.'

This theme of human interaction could therefore be an area of growth for Mercy UK, particularly in paying attention to whether the emphasis on relying on God might make participant feel less supported by the Mercy UK team, and indeed other people in general, and lead to associated feelings of frustration and disappointment. It would also be an occasion for tailoring their care and coaching to the women's specific needs, circumstances, and experience, to best prepare them for life after Mercy UK.

Ongoing responses from Mercy UK

Whilst critiques did not vary by graduation year, changes have been made by Mercy UK to address identified areas of improvement. Ongoing research and analysis in the future will identify whether these changes are addressing the critiques voiced above. Mercy UK have implemented the following changes into their programme:

- Utilisation of non-diagnostic screening tools to ensure that applicants with mental health issues are screened and referred to more appropriate services. (August 2015).
- Charity-wide launch of 'Ethical Framework' Policy. (May 2018).
- Annual staff team-wide Mental Health First Aid Training. (May 2018).



4 Relationship with others

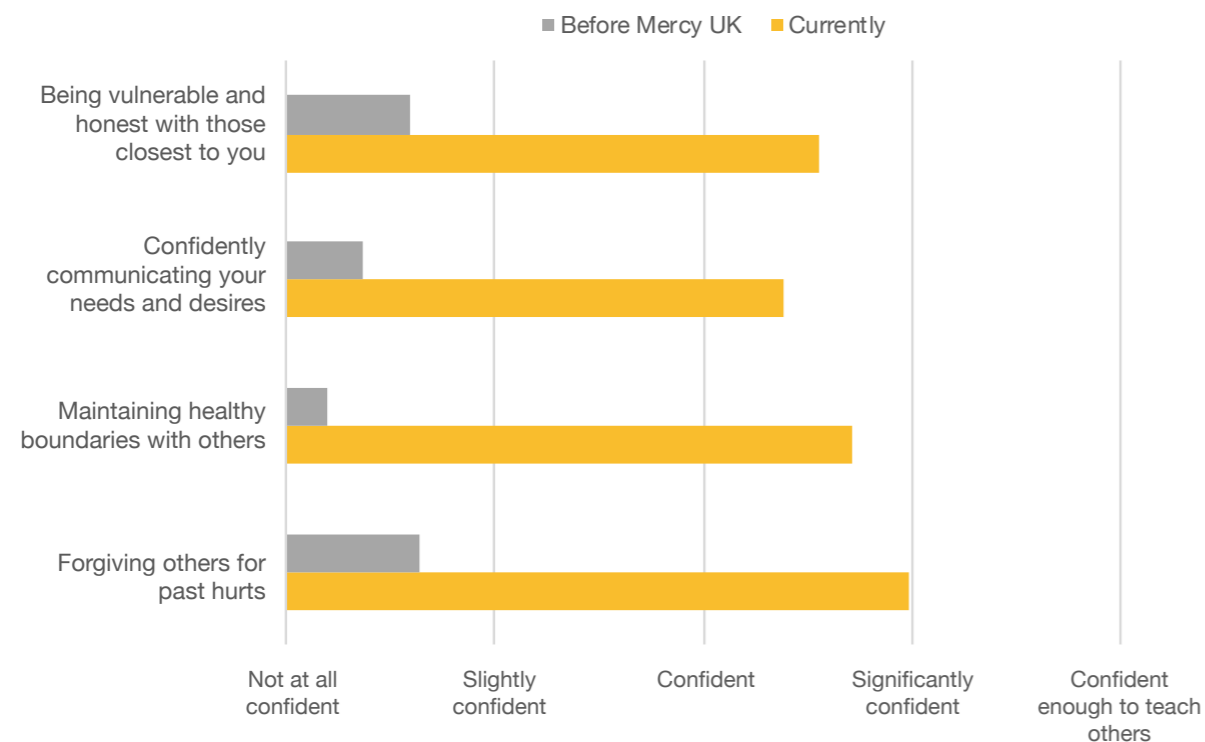
Relationship with others

Abilities

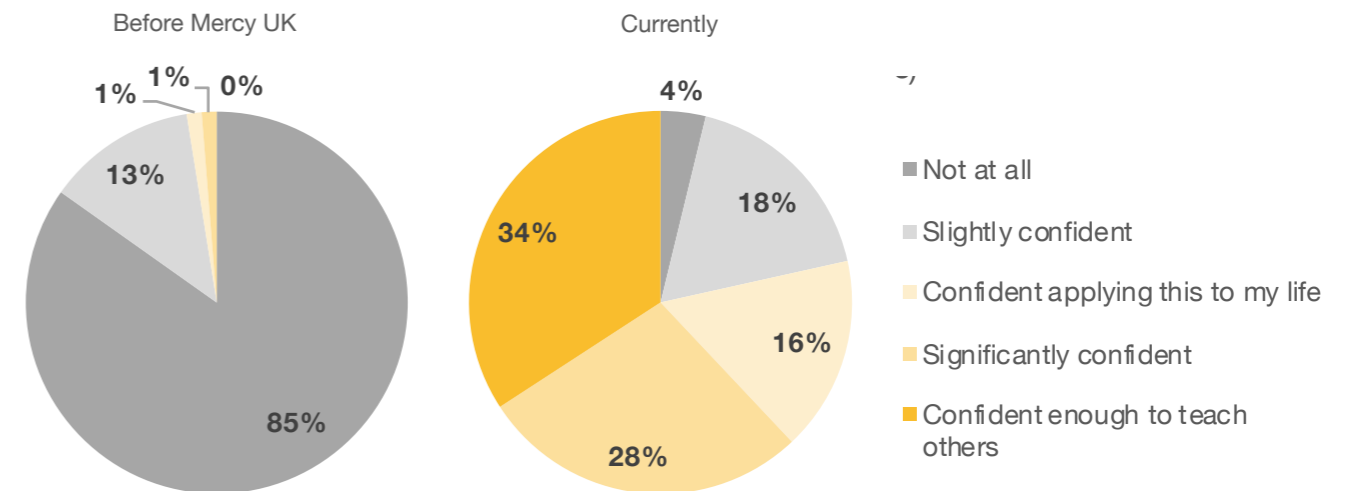
Positive trends continue for **Relationship with Others**. With regard to abilities, women were asked about their attitude towards being **vulnerable and opening up to others, communicating effectively, building and maintaining healthy relationships, and forgiving others for past hurts**. Before Mercy UK, women reported a distinct lack of confidence in these areas, with a marked improvement by the time they took the survey. We saw the most improvement in women's ability to maintain healthy boundaries with others, from 1 per cent to 78 per cent being at least confident enough to apply this to their lives. One resident noted that Mercy UK 'gave me the confidence to stand up for myself, to start having boundaries [...] This journey still continues and God is currently doing something incredible in my life about being someone who 'adds value' to others'.

The percentage of women who felt confident in social abilities rose from 1% to 78%

Average level of confidence graduates had applying important social behaviours to their lives



Percentage of graduates who are confident in maintaining healthy boundaries with others

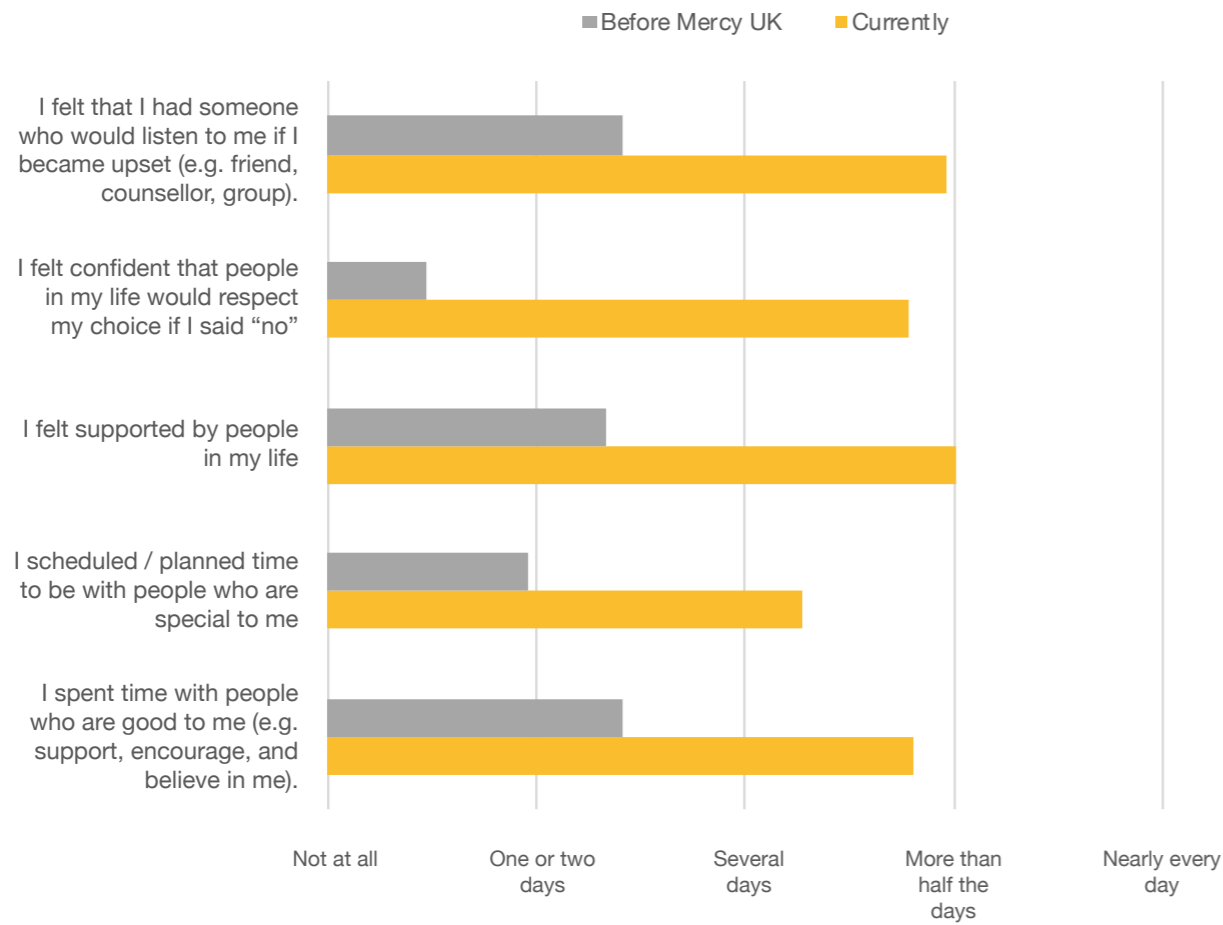


Behaviours

Women also suggested that their relationships with others have become **healthier**. We asked respondents about their behaviours in an average fortnight before attending Mercy UK and at present. Only 12 per cent of women said they had felt supported and respected by, and they themselves made time for, their social network on a daily basis before attending Mercy UK. This increased to 62 per cent at the time of their survey. For instance, respondents' level of confidence that people in their lives would respect their choices, particularly when the women said "no", showed a marked improvement, from 5 per cent to 66 per cent. As one of the residents noted, asserting her boundaries and having her "no" respected really helped her on her journey. She said, 'I've found this helpful to know I am allowed to say no. That was significantly healing to learn from Mercy UK'.

We also asked residents about their childhood experiences. Questions covered, for instance, if women had suffered emotional and/or physical abuse as a child - if parents or other responsible adults swore at or insulted them, put them down, humiliated them or acted in a way that made them afraid that they might be physically hurt - and compared the results for those who answered either yes or no. As with the differences between the groups with or without reported self-harm behaviours, those who reported having experienced childhood abuse also felt more supported and respected by, and spent more time with, their networks after Mercy UK than those who did not report childhood abuse. This is an encouraging finding with regard to the transformation Mercy UK can bring in these women's lives, and, again, may also be at least partly due to the significant trauma these women had endured, and the difference they felt upon coming to a more positive place in their lives.

Across an average two weeks, the average frequency that graduates had done or felt the following with others



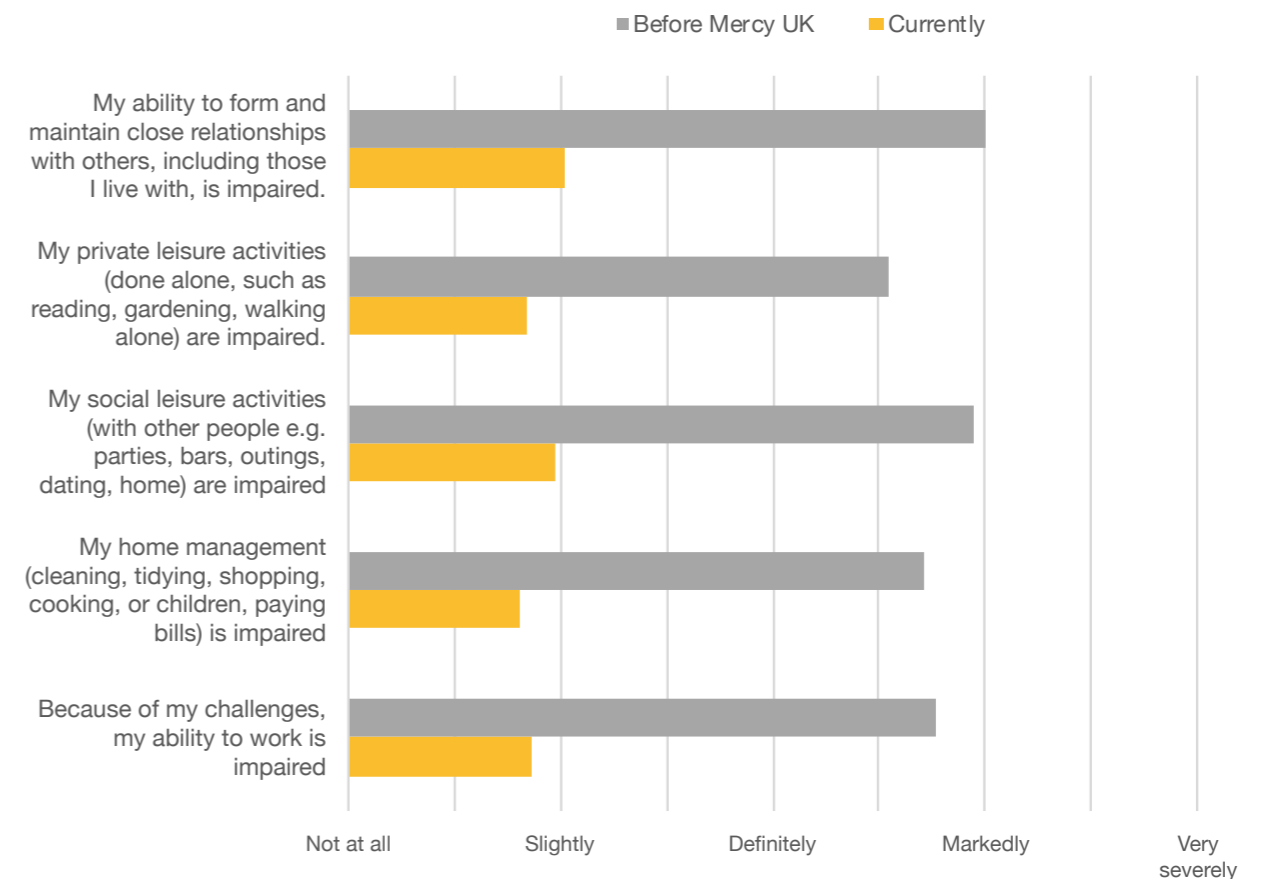
Experiences

In order to understand the full extent of the challenges participants faced, we asked former residents to what extent these barriers (mental and physical health issues, experiences of trauma) affected their day to day activities such as work, home management, social leisure, and relationships. Seventy per cent of women noted that before Mercy UK their challenges had markedly interfered with how they wished to live their lives, whilst this interference had greatly diminished afterwards, to only 10 per cent. Whilst all areas showed improvements, women reported that their ability to maintain close relationships benefited the most from these developments. Seventy-seven per cent of women entered Mercy UK feeling that, because of their challenges, their ability to form and maintain close relationships was impaired. At the time of the survey, by contrast, just 13 per cent of respondents reported that they struggled with relationships.

The percentage of women who felt that their life controlling issues had markedly interfered with how they wished to live their lives fell from 70% to 10%.

We observed a more significant decrease in the barriers affecting women's lives for those who experienced self harm, emotional, or sexual abuse. Whilst these vulnerable groups reported that their work, social, and private lives were affected more severely before entering Mercy UK, we found they also considered their life less affected by challenges than those who did not have a history with self harm or abuse. However, we did not see similar advances for those who had experienced emotional neglect: although they did undergo a noticeable improvement, it did not exceed those who had not experienced neglect.

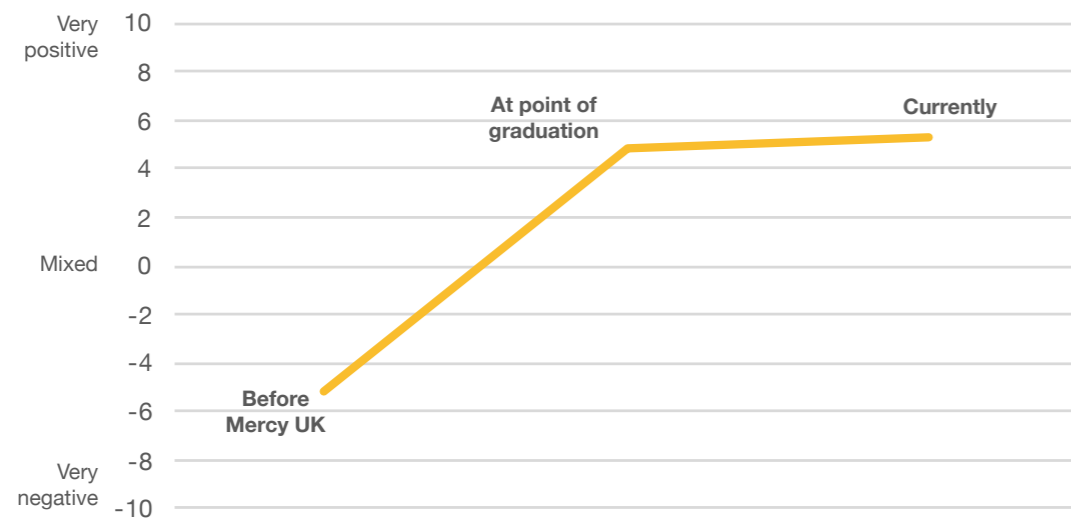
Average extent that 'life controlling issues' influence graduates' work, personal, and social lives*



* This set of measures utilised the Work and Social Adjustment Scale (WSAS), a scale that measures 'how much your problem impairs your ability to carry out the activity'. Women on average, scored at 28 (out of 40) before attending Mercy. This score suggests, on average, women were moderately severely (or worse) impaired by their problems that affected their work/daily activities. After attending Mercy, this score decreased to 9. This score is within the range of subclinical population, meaning women experienced little to no effect on their daily activities.

How have relationships with others changed since graduating from Mercy UK?

Average score of graduate feelings about their relationships with others



As the chart above shows, on the whole, we saw an increase in women's relationships with others. However, 10 per cent of participants had experienced difficulties in their relationships with others since leaving Mercy UK. In some cases these difficulties had been productive.

Respondents had grown in **asserting their boundaries**, in their ability to **trust or be vulnerable with others**, in their **self-confidence and self-worth**, and in their ability to **communicate and resolve conflict**. This often resulted in **improved relationships**, and 16 per cent of respondents were keen to emphasise that their relationships were more equal, and that they were now able to offer as well as accept support from others.

Of those who had experienced difficulties since leaving Mercy UK, there was a roughly equal split between those who had been discouraged by them and those for whom they had been a motivating challenge. Of those who had been discouraged by stressors, one woman said:

'There are some things that haven't changed much. I still find myself comparing myself to others quite a lot, perhaps even more so the longer it's been since I've left Mercy UK. I compare myself with other former

Respondents had grown in asserting their boundaries, in their ability to be vulnerable with others, and in their ability to communicate and resolve conflict.

residents and think I should have done more with my life by now. I still sometimes feel awkward around men and how to relate to them.'

On the other hand, some women found that they were more able to cope with difficulties and were not too discouraged by them. As one woman put it, her life after Mercy UK:

'started okay, started to have a couple of real good safe people who I could talk to (on a level I wouldn't have shared at before), started to build some normal friendships and have fun (which I hadn't done in many many years). But then things changed and people move, and I am now relearning to connect again. Much better and healthier relationship with parents since moving out.'

We also heard encouraging reports of how women had developed positive relationship behaviours and strategies. **For instance, 62 per cent of women had been able to establish and assert healthy boundaries (compared to just 1 per cent at point of entry)**, such as the respondent who said, 'I used to not have good boundaries and be very afraid of conflict but now I am better at recognising unsafe people and setting appropriate boundaries'. Another explained that, since Mercy UK, 'I've put better boundaries in place in relationships at work and with family', and a third noted that she now has 'clearer boundaries with people. My yes means yes, and my no, no'.

Since Mercy UK, "I've put better boundaries in place in relationships at work and with family".

We also heard about progress the women made in communication in general. Whilst practically none of the women had felt confident in communicating their needs and desires before joining Mercy UK, almost half of the women felt at least confident in this by the point of the survey. One woman spoke about how her increased self-esteem had helped her communicate more confidently with others. She said:

'I used to be very downtrodden and would hate to speak out my own thoughts. I was always afraid of judgement and if people didn't like me. Now I'm completely confident in who I am so I'm able to speak bravely. I'm now a leader and help other people. I have full confidence in who I am as a person. So my relationships are healthier because I'm not trying to please people. I'm not affected if people dislike me, because I like myself.'

Another respondent had found that she could now 'communicate better because of the relationships I formed, and I am more confident in being with others because Mercy UK showed me my worth and what I could bring to relationships'. Relationships had, on the whole, notably improved:

respondents had a much healthier and happier approach to boundaries, especially in asserting their own needs without placing undue expectations on others. For instance, one respondent said that:

‘Relationships are definitely the thing I struggle most with and have had the most problems with in the past being told I’m needy and using unhealthy behaviour to get attention, whereas now I’m able to communicate my needs better and not be as overly dependent.’

Likewise, others described how they had learnt to relate from a place of appropriate trust and vulnerability. At the time of the survey, 56 per cent of women felt confident in being vulnerable and honest with those who are closest to them, an increase from merely 4 per cent. In the words of one respondent, ‘I am able to trust people and have mutual friendships; I am open and honest with my closest friends and they help me a lot’, and in those of another, ‘I communicate myself and my feelings with ease. I’m open and vulnerable appropriately’. Other women framed relational vulnerability in terms of fear versus safety, like the one who said that after Mercy UK, ‘I myself am more open and therefore I can relate to and understand others easier. I’m not so scared of people anymore, or scared that everyone will hurt me, because I am secure in myself’.

“I am able to trust people and have mutual friendships; I am open and honest with my closest friends”.

Other women spoke about how Mercy UK had encouraged their self belief, resulting in better confidence and self-esteem. As one woman put it:

‘Before Mercy UK I was afraid of anyone not liking me and would often people please or hide in order to survive. Since Mercy UK I’ve gained the confidence and belief in myself with God’s help to be authentic and less afraid.’

Another agreed that after Mercy UK, she has been:

‘far more confident in myself. I can stand in the knowledge of who I am in Christ and stand in His strength, and as I do that I am able to see people more how He sees them and that gives me confidence to relate to people I would have been too afraid to relate to in the past.’

Similarly, we heard about women’s increased self-worth through their time at Mercy UK. In the words of one participant, ‘I am more confident in being with others because Mercy UK showed me my worth and what I could bring to relationships’, whilst another said, ‘I’m not so scared of people anymore, or scared that everyone will hurt me, because I am secure in myself’.

This progress resulted in improved relationships, as women reported how their time at Mercy UK allowed them to invest fully in their emotional lives:

‘As God has continued to heal me and lift my shame I have developed better relationships and these days I actually have real friends! Something I DREAMED of, and actually makes me emotional to write down on here. But I really do, I finally have people in my life who know me and cheer me on and care when bad things happen or I am worried. And it all started with having to start to let God and people in.’

In practical terms, others identified progress in relationships, both, ‘in an employment way, holding down a job, and relating to colleagues’, and in being ‘closer to my family.’ In particular, we heard about the shift Mercy UK had enabled through women having more equality in their relationships. In the words of one:

‘The biggest change has been in my close personal relationships where I can be more authentic and genuine and friendships are more balanced – I am no longer the ‘broken’ one and can be a good friend.’

Another explained that Mercy UK had changed her approach to relationships:

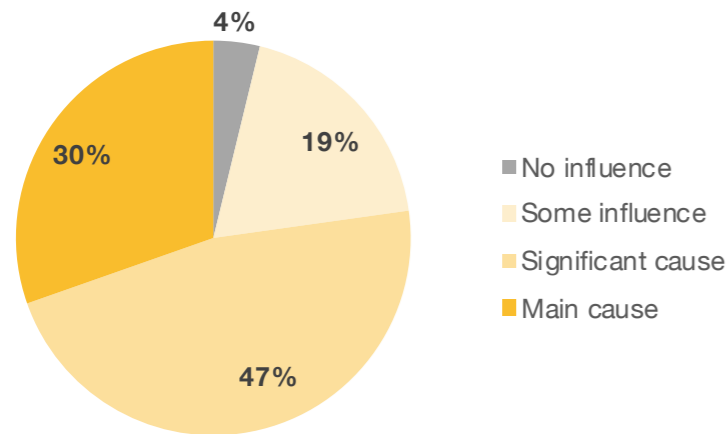
‘completely. Before Mercy UK it was very much me needing people’s help but not expressing my needs. Meeting people for coffee usually meant them counselling me or trying to help me in some way. Now I actually just spend time with friends without needing help. And often I am the one meeting someone for a coffee to help them.’

“I feel more confident. I feel I can support others now. I can help if needed. I’m not the one relying on other people for everything”.

Others also referenced how they were now able to offer support to others after Mercy UK. As one participant observed, ‘I feel more confident. I feel I can support others now. I can help if needed. I’m not the one relying on other people for everything’. This is a particularly encouraging result, meaning that the women are increasingly likely to enjoy both more equal relationships and to feel able to make a positive difference to their networks themselves.

Did Mercy UK cause these changes?

Percentage of graduates who said Mercy UK caused the changes in their personal lives



The women's responses in this section were largely similar to the previous two areas (God and self). When asked about their relationship with others, whilst **the majority of women attributed Mercy UK as a significant or main cause to these changes, as many as 23 per cent felt that Mercy UK had little to no influence with their relationship with others.** This is likely due to the lack of interactions residents have outside the home whilst at Mercy UK, meaning that they have little chance to put into practice the tools they learn there; this point is further developed in the **Critiques** section.

We heard from the majority of respondents that Mercy UK had helped them introduce a range of relationship-building behaviours, including healthy boundaries, identifying safe relationships, appropriate trust and vulnerability, and empathy. Participants also grew in **self-confidence and self-worth.** This had led to improved relationships for many. As before, relationship with God facilitated growth in all of the areas mentioned above. **Crucially, the Mercy UK community – relationships with staff and other Mercy UK participants – was also essential to this process.** However, a significant minority of Mercy UK respondents also emphasised some downsides of the Mercy UK programme with regard to how they related to others, which will be discussed in greater detail below.

Of the relationship-building behaviours, asserting boundaries had proved particularly helpful, with an increase from 1 per cent to 62 per cent of women feeling confident in maintaining healthy boundaries. In the words of one of the residents, 'learning and practicing boundaries was instrumental,' whilst another participant described that, through Mercy UK, she had 'learned powerfully that not everyone needs to know everything about me and that it was okay

The majority of women attributed Mercy UK as a significant or main cause to these changes.

to have boundaries and only share my life with a few trusted people'. Similarly, we heard how Mercy UK had helped women to identify safe relationships and respond accordingly. As one participant put it, 'Mercy UK helped me to identify negative influences in my life and gave me the confidence to remove myself from these influences'; another said, 'I'm able to recognise who is a safe person and know how to put boundaries in place with people'.

Many women found that their improved self-esteem increase their ability to appropriately trust and be vulnerable with others.

Conversely, there was also a shift for many women who found that their improved self-esteem increased their ability to appropriately trust and be vulnerable with others. For instance, one resident said that Mercy UK 'taught me how to trust and open up through the counselling sessions'. Another described how she had learnt that:

'how you relate to others is related to how you view yourself. Once I realised who I was and that I was not this horrible person undeserving of anything good this had a direct impact on my relationships. I felt more able to open up to people, to be my true self and to allow myself to invest time in my relationships knowing I deserved it.'

Other women described how they had learnt an empathy at Mercy UK that helped them become less fearful of the world around them, such as the respondents who said 'I can understand people more and I have come to realise that not everyone is out to cause me problems' and 'Mercy UK has given me tools to understand others better'.

As we saw above, women also reported that Mercy UK had tangibly helped their self-beliefs, their self-confidence and self-worth. For instance, one participant said that 'Mercy UK helped me to find a voice which has helped me to relate to others because I am no longer afraid of speaking', whilst another agreed that 'I'm no longer afraid to speak my mind and stick up for myself'. Others emphasised that Mercy UK 'profoundly influenced how I relate to others as I understand the value I have', and that 'I think that I learned to love myself and that I was loved by God. That in turn increased my love for others'.

"Mercy UK helped me to find a voice which has helped me to relate to others because I am no longer afraid of speaking".

Improved relationships emerged repeatedly as a key development in life after Mercy UK for our participants. As one woman put it simply, 'my relationships with others have got stronger since Mercy UK. I can trust people again'; another observed that 'Mercy UK taught me how to have healthy and happy relationships with the people around me'.

This growth in relationships was most commonly attributed to the community at Mercy UK, both with fellow residents and staff. Of fellow residents, we heard that ‘living in an environment where people and staff cared about you made a huge difference in seeing that I was significant and loved.’ Other women wrote of how they had learnt from other residents and been encouraged by living in community, such as the participant who wrote:

“Living in an environment where people and staff cared about you made a huge difference in seeing that I was significant and loved”.

‘I think it was significant being in the home with other girls also fighting for breakthrough because you realise that it’s not all about you. And when you get down and sad it’s really easy for our minds to be consumed by us. And how we feel. But I found it humbling watching others press in to God.’

Respondents also expressed gratitude for the relationships they had been able to develop with staff, and how they had been a source of healing in themselves. In the words of one participant,

‘Staff went out of their way to help me understand others and gave me the space to explore how I interacted. I was always around other people, so I was constantly developing relationships and the other residents understood where I was socially and helped and encouraged me.’

As another woman put it:

‘At Mercy UK we lived in a house closely with other residents and staff. Not only did I have to learn to get on with people and cope with their out-of-control-ness, but I also couldn’t hide away in shame very easily. My battles were obvious and my struggles and days with my head down were clear to see – and yet I was still loved and made friends.’

Finally, we heard repeatedly of how Mercy UK had helped residents develop through their relationships with God, and how this had a particular effect on the women’s relationships with others after Mercy UK. One participant noted that ‘whilst at Mercy UK learning about God helped me to not rely on my feelings of shame or embarrassment which has helped me be able to relate to people’. The role Mercy UK played in helping women in all these areas can be summed up by the respondent who told us she:

‘learnt how to be comfortable in my uniqueness and embrace who I was really created to be. I learnt how to be secure in myself and not be clingy, needy, and rely on others to give me love, approval, self worth, etc. Whenever I found myself going down the direction of seeking other people’s approval, I was guided towards seeking God and learning to rely on Him and seek strength from Him.’

How can Mercy UK improve?

As with the God and self categories, many respondents could not think of anything more Mercy UK could have done to improve their relationship with others. However, 27 per cent of residents emphasised that they would have appreciated more **support in transitioning out of Mercy UK**: particularly with regard to **training on how to manage a variety of relationships outside Mercy UK (including friendships, work, and romantic relationships)**, as well as **involving their families in the transition process**, and training on how to manage pre-existing relationships. Some respondents in this category also felt there was **insufficient follow-up once they had left Mercy UK**. Other respondents stressed that they sometimes did not feel like Mercy UK was treating them like ‘normal human beings’ and wanted **greater acknowledgement of pre-existing relationships with friends and family**. Finally, 18 per cent of respondents felt like Mercy UK told them to ‘take everything to God’ and that there was therefore **not enough room for human support within the programme**, which they thought caused ongoing issues after the programme.

27% of residents emphasised that they would have appreciated more support in transitioning out of Mercy UK.

Of the 27 per cent who offered critiques of how the transition was handled, a majority of women would have appreciated more practical relationship training. For instance, one participant suggested, ‘perhaps more one-to-one times talking with people about different relationships, and how to manage them. For example, how to relate to someone in authority at work, etc.’, whilst another said that ‘it was helpful to learn how to relate to friends and family in a healthy way, but I would have found it useful to learn how to relate and talk to strangers in a healthy way’. Another respondent would have appreciated:

A majority of these women would have appreciated more practical relationship training.

‘more opportunities to attend social events/sports clubs with people outside of Mercy UK that you might like to do after leaving to develop confidence in attending such sessions when leaving and wanting to develop networks and relationships outside of Mercy UK. Whilst relationships with others was looked at it was all very insular whilst there and there was no opportunity to begin to or “practice” developing relationships in situations that were more realistic as to what might occur when leaving Mercy UK.’

Similarly, whilst emphasising the security of the Mercy UK House, this woman would have appreciated more practical preparation for life after Mercy UK. She said, ‘it’s very safe building relationships in an environment like Mercy UK but help with more tools on boundaries when leaving would be helpful’.

We also heard that many residents would have appreciated more help with managing pre-existing relationships, particularly in handling the shift which their own development had on their relationships with friends and family. For instance, one respondent said she would have been helped by ‘maybe more preparation and acknowledgement that all the healing that happens at Mercy UK can cause a significant shift in relationships, which can be difficult. More preparation on how to navigate relationships in new seasons without feeling bad or guilty.’ Others agreed with this, saying, in the words of one, ‘more preparation for relationship outside of Mercy UK, helping to look at my individual situation and how I would manage those relationships when I graduated’. In practical terms, another suggested:

‘if possible or appropriate, perhaps having sessions either during or after graduation with the Mercy UK girl and someone they want to reconcile with. This way, there is a mediator to protect and empower the people involved (particularly the Mercy UK girl). This also gives the Mercy UK girl a (hopefully) first experience with using the tools Mercy UK gave us’.

Likewise, we heard from many women that, where appropriate, they would have appreciated more family involvement in their case, particularly in order to facilitate the residents’ successful reintegration in their family units after Mercy UK. As one woman said:

‘I think there would have been value in some support being offered to my family. I underwent a period of transformational change whilst at Mercy UK (and in the years since) but my family didn’t – meaning the “space” for me in my family is still the same shape it was before I came to Mercy UK – a shape I no longer fit in. Effectively, they saw the beginning and end points of my journey but not the journey itself and in many ways the journey created a sense of distance between where I was and where they were – this remains a factor 10 years on (although that is partially a result of some of the choices my family have made).’

On the other hand, we heard repeatedly that the residents would have benefited from more follow-up from Mercy UK staff, especially those who lacked a coherent support network in their usual lives. This need not be a complicated effort on Mercy UK’s part, as some respondents suggested simply ‘perhaps post graduation support asking how things were going, etc.’. For those who did not have particular communities to return to, this became particularly necessary. As one woman put it:

‘I had no one stable when I left. I don’t know how that could have been helped, but my exit address let me down big time so I ended up back in Blackpool. I think the aftercare was pretty bleak to be honest and all too little too late.’

“More preparation that all the healing that happens at Mercy UK can cause a significant shift in relationships”.

There was also a theme of a more straightforward approach to romantic relationships, and any expectations the women might have of them for life after Mercy UK. As one respondent eloquently described, she wished Mercy UK would,

‘Provide on-going support outside of Mercy UK. Give a more realistic, overall view on the outside world (outside of Mercy UK)! Please. As I came out of Mercy UK United Kingdom, expecting too much of myself and others. I came out of Mercy UK with unrealistic expectations, expecting a man of God to be Prince Charming. Without faults. And it has taken seven years of marriage, to a very loyal and patient man of God, who I’ve put through hell and back, to realise that God’s not looking for me [my man, or others] to be perfect!’

Another woman had wanted to hear ‘couples talk about their relationships, talk about what a healthy, godly marriage looks like, that there is such a thing as a healthy godly marriage’, to allow her to know what to look for in the wider world.

In addition to romantic relationships, **women would have appreciated a more holistic approach to relating to men in general**. Given some of the women’s life experiences they told us about, it is perhaps not surprising that some women would identify a corresponding need here. As one put it, she would have preferred Mercy UK to take an approach ‘also enabling residents to speak with men, as I really struggled to speak with men and develop a friendship with them for the first couple of years after graduating’. Another suggested that ‘it would be good to have more classes done by men to help build that trust up with men’ and to allow for a healthier, more mature approach to men in life after Mercy UK.

“I really struggled to speak with men and develop a friendship with them for the first couple of years after graduating”.

As with some of the earlier categories, there was unfortunately a theme of some women feeling a lack of respect from the Mercy UK staff, with 14 per cent of women feeling they were patronised or not taken seriously at times. This particularly emerged through the lens of the approach to pre-existing relationships and a lack of human support. In tandem with the suggestion above that women’s families be more involved in their time at Mercy UK, many respondents felt they would have benefited from Mercy UK ‘allowing more time for communication with people back home.’ As another woman described it,

‘I would have benefited from more access with my AP [accountability partner] whether through phone or email. I was not able to regularly talk to my AP. Weekly phone calls to APs and email/computer access were things that were in the process of being established when I was

due to leave. It was also very difficult because I was an international resident[...]. As a result, I often felt left out and jealous because other residents had regular (weekly evening phone calls) with their APs, and I did not.'

Likewise, a proportion of women felt there was not enough room for human support, leading to ongoing issues after Mercy UK. One respondent related how:

'I struggle to open up and let people in. I tend to hide my thoughts and feelings to the point I feel trapped. I often feel unworthy to be listened to. At times I needed human support at Mercy UK, and when I asked for it I was sent away to God. I would understand this if I had an unhealthy reliance on human support but this couldn't have been further from the truth. I have to really battle more than ever to understand that I am worthy enough for support.'

Others emphasised the paradox between living in a community, and yet their own openness and the forming of deep friendships being discouraged. One woman movingly expressed this in the following terms, saying that Mercy UK could improve by:

'acknowledging that needing help is not attention seeking; different girls have different needs. Many behaviours are seen to have the same root when they could be from different reasons. By listening to me and letting me process with them more and not rejecting the healthy need for staff attention to talk about an issue being raised in a house with girls facing issues. I felt at risk of discharge constantly and had to act according to what the staff wanted me to, even though it wasn't helpful for me. I think emphasising that community is vital to maintain freedom and that you are required to have healthy community. Needing people is healthy and good and there is nothing wrong with it. I felt wrong for standing on my point that the girls need community and human conversations. I think giving grace would've helped me, telling everyone everything is an overshare and discouraging friendships makes it hard to gain them after Mercy UK and communicate healthily within them. Mercy UK could've helped by allowing me to communicate my needs; they were often shut down as manipulation or attention seeking when they were genuine needs. There needs to be less gaslighting and help explaining to others how things affect us as people. They teach us safe people and boundaries yet don't always respect our healthy need to communicate how we feel. Feelings are shut down as needing to be 'dealt with' and if their expression needs to be verbal it's not encouraged. Encouraging girls to speak up, listening to their thoughts and acting upon them would be helpful.'

"Encouraging girls to speak up, listening to their thoughts and acting upon them would be helpful".

Lastly, and related to this, some respondents suggested Mercy UK could reconsider unnecessary rules. Whilst acknowledging the heart behind them and the usefulness of the majority of them, one woman described how they could sometimes be counterproductive and awkward:

'There were a lot of rules, most of which I agreed with and understood the reasons behind them. However, there were some which seemed a bit extreme and created unnecessary tension between residents and some discomfort in relationships afterwards. For example, the strictness about physical contact and sharing or giving possessions. Maybe there could have been some teaching about how Love Languages work in platonic friendships as well as romantic relationships? Some more teaching and explanation about what is appropriate and why/why not would have been helpful because sometimes the level of strictness went a bit too far. For example, if someone had a sore shoulder and someone else massaged it, the staff panicked that it was somehow sexual! Someone was cold and borrowed someone else's jumper so she wouldn't have to go all the way up to the top floor bedroom to get a jumper, and the staff thought that clothes sharing was too closely associated with being in a romantic relationship. It seemed a bit of an odd reaction to innocent events.'

"There were some rules which seemed a bit extreme and created unnecessary tension between residents and some discomfort in relationships afterwards".

Accordingly, whilst the majority of women could not think of any particular improvements for Mercy UK to make, there were recognisable themes where improvements could be made around relationships, both within the home and with pre-existing connections outside Mercy UK.'

Ongoing responses from Mercy UK

Whilst critiques did not vary by graduation year, changes have been made by Mercy UK to address identified areas of improvement. Ongoing research and analysis in the future will identify whether these changes are addressing the critiques voiced above. Mercy UK have implemented the following changes into their programme:

- Introduction of 'Church Partnership' Initiative. This includes the nomination of a key support person, named an 'Accountability Person' (AP) from the resident's home church. The AP supports the resident through their application, the time in the programme and during her aftercare and works closely with the Mercy UK staff to ensure continuity of care and support. (September, 2010).
- Development of remote support services to facilitate improved access to support, prayer or advice for people-helpers or former residents in need of support. (2016)
- Implementation of weekly resident access to email/internet/social media use. (September, 2016).
- Introduction of work-experience opportunities for residents preparing to graduate. Work-experience opportunities include office and administration work, public speaking and media work. (2019)



5 Relationship with Mercy UK

Relationship with Mercy UK

Although the previous sections focus on Mercy UK's impact on residents' relationships with God, self, and others, we also wanted to capture how Mercy UK influenced respondents' lives more broadly. We therefore asked three "general causality" questions: **(1) how Mercy UK has compared with other interventions, (2) where respondents would have been in life had they not attended Mercy UK, and (3) where respondents are in life as a result of attending Mercy UK.** All three areas of inquiry showed that Mercy UK had radically transformed the lives of former residents.

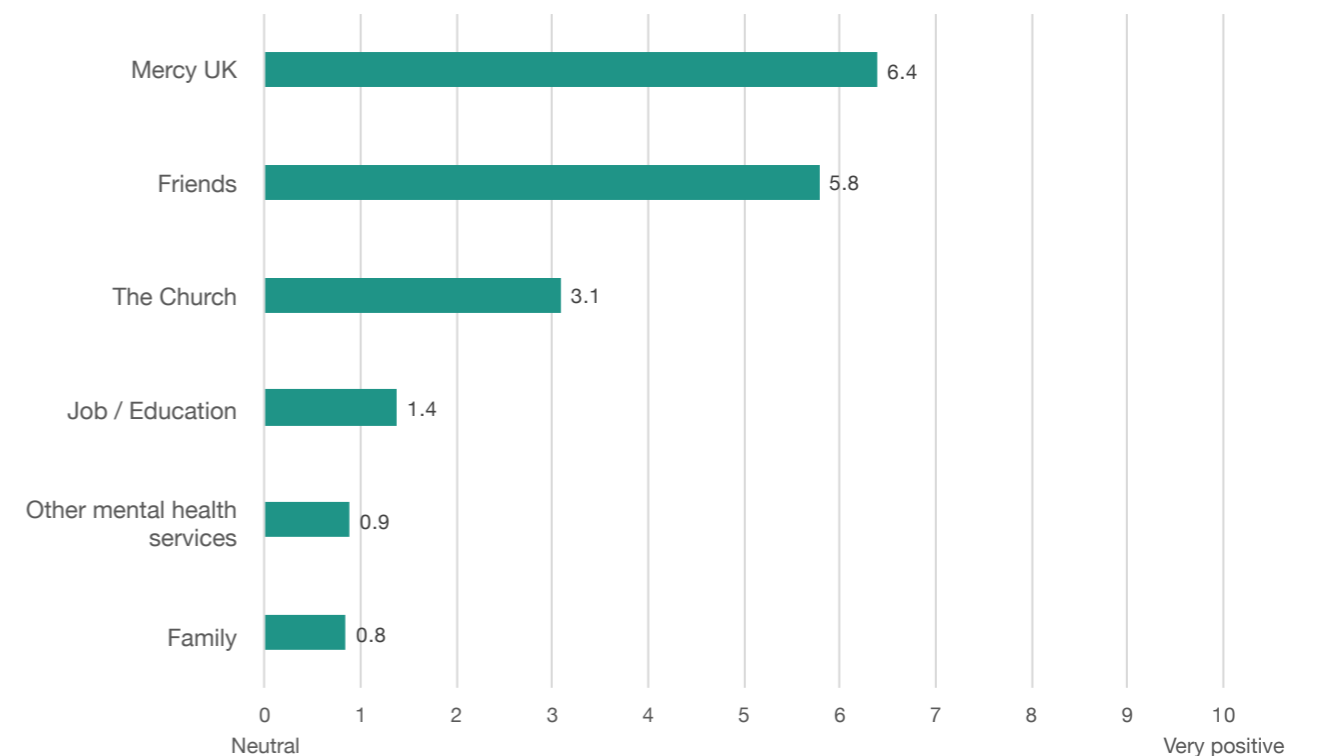
How influential is Mercy UK?

We asked participants how influential the Church, family, friends, Mercy UK, their job/education and other mental health services have been in their journey towards recovery. Participants were asked to rate each area from -10 (very negative) to 10 (very positive). As the chart above shows, women felt that Mercy UK had the most positive influence on their journey to recovery, even more than their closest relationships with friends, family, and their church community. This finding is especially remarkable given that the majority of Mercy UK's influence on respondents' lives occurred over a period of six months, as compared to the ongoing influence of friends, church communities, and other interventions.

92% of women said they had 'defining moment' at Mercy UK that shaped how they related to God

Furthermore, we asked women whether they had defining moment that helped to shape their relationship with God, Self and Others. **Ninety-two per cent of women agreed that they had such a moment that helped to shape their relationship with God. Eighty-one per cent of the women agreed they experienced the same with their relationship with themselves and 67 per cent of women felt their relationship with others was benefited.**

Averaged score (between -10 to +10) of 'how influential' different areas of graduates' lives have been in their journey towards recovery



Other respondents expressed similar ideas, giving thanks for ‘family that I love and am continuing to connect with’ and for the ‘friendships [and] connections’ they felt God had provided. For some women, this improved relationship with God was at least as much a motive for gratitude as their relationships with fellow human beings; as one woman emphasised, ‘I [now] have Jesus, not the Jesus I thought I knew and didn’t like often, but the Jesus I was shown and introduced to at Mercy UK’.

Identity

Survey respondents also affirmed that they felt more confident in their identity than they had before Mercy UK. As one former resident remarked:

‘I am in a place in my life where I accept who I am, and I accept people for who they are. I see others with a heart wide open, and I’ve learnt to love myself and others deeply. I know that Mercy UK has played a part in that.’

For many respondents, this sense of their own identity was closely tied to relationship with God: ‘I know who I am. I am happy with where I am because I know God has a plan and purpose for me’, one woman explained.

Work and helping Others

Satisfaction with work also represented a key part of the fullness of life respondents experienced after Mercy UK. ‘I am happily married and in a job I love’, one woman wrote, and another expressed her contentment that she was able to ‘honour... God in [her] work’. Relatedly, many women were especially grateful that they were now able to help others through their work or home lives. One mentioned that she has ‘a passion for people in my situation... [and] a stable job helping people like me’, and others shared about their work as youth workers, nurses, researchers, or, in the case of one particularly enthusiastic respondent, a former ‘missionary overseas’ who is now married with two kids and ‘a full-time home ed mum!!!’

Equipped for Life

As well as mentioning the fullness of life they had experienced through Mercy UK, one in three respondents also noted that **they now felt more equipped for life**. This feeling of being equipped for life had three principal components: courage, resilience, and the tools respondents had received through Mercy UK.

Because of the courage participants had acquired during their time at Mercy UK, they were able to make the most of opportunities they would not have accepted before. As one former resident mentioned, ‘I’m living life. I am free. I am bold and courageous; I have done so many things that I would never have

“I’m living life. I am free. I am bold and courageous; I have done so many things I could never have dreamed of.”

dreamed of before. I have conquered fears and am so in love with my life and who God created me to be’. For some respondents, this courage was explicitly linked to resilience; in the words of another former Mercy UK resident,

‘I’m free. I have hopes and dreams now. I believe in myself, and I trust people. I’m doing things that I never believed I could before. Life has its ups and downs... but thanks to Mercy UK, I can withstand the storms, hand in hand with Jesus.’

Finally, still other Mercy UK residents highlighted that the tools Mercy UK had provided enabled them to ‘get through the bad moments’, although some asked for ‘refresher courses please!’ because they were unsure how to apply them in the present.

God

When many women considered the reasons for the fullness of life they were now experiencing, **they expressly attributed their transformation to God. In fact, four in ten (41 per cent) of women directly mentioned God in their responses.** As one respondent observed, ‘I have stayed putting God first (which is what I learned at Mercy UK). He has lead my life’. Likewise, another underscored that ‘it was the start of a massive turnaround in my life when I started to see God for who He really is, not just who I was told He was through legalism. God is the whole point of life so I live because of Him’. Although most respondents were grateful for Mercy UK’s role in leading them to God, that is, many ultimately ascribed life changes after Mercy UK to God, as opposed to Mercy UK itself.

“It was the start of a massive turnaround in my life when I started to see God for who He really is.”

Hard Times

Finally, a **significant proportion (20 per cent) of respondents mentioned that they continued to experience hard times despite having been at Mercy UK.** Although some women attributed this to Mercy UK (further discussion in the Critiques sections above), others described it as unrelated; as one respondent admitted, ‘I believe I could be in a better place, but that’s not on Mercy UK. You gave me all the tools etc. for me to use. I did for about five years, but I slacked massively on it’.

Correlations

To better understand the stories of former Mercy UK residents, we compared the status of respondents' relationships with God, self, and others by year of graduation and the respondents' age upon entering Mercy UK. We then further subdivided the health of these relationships into three areas: abilities, behaviours, and experiences. (As discussed above, "abilities" may be understood as respondents' capacity to healthily relate to God, self, and others, "behaviours" represents the extent to which respondents actually practise activities associated with healthy relationships in these domains, and "experiences" denotes how these relationships with God, self, and others affect respondents emotionally.) Our analysis revealed three principal relationships: **(1) more established graduates scored higher in nearly all areas, (2) scores for the 2012-2015 cohorts were significantly lower than those for other graduation years, and (3) residents admitted to Mercy UK at a younger age experienced more improvement in their abilities with God, self, and others** than those who were admitted when they were older.

Established graduates scored higher

Perhaps unsurprisingly, women who had graduated from Mercy UK a relatively long time ago ranked higher in terms of their relationships with God, self, and others than women who had graduated relatively recently. This may be seen in the following graph, as well as in the more detailed graphs below. Notably, women from less recent cohorts did not score more highly than others at the time of graduation, but their scores increased on questions designed to measure the health of their relationships with God, self, and others after graduation. This likely results from the fact that these women tended to be older, and therefore had more opportunity to acquire life experience and apply the lessons they had learned at Mercy UK.

Women who had graduated from Mercy UK a relatively long time ago ranked higher in terms of their relationships with God, self, and others.

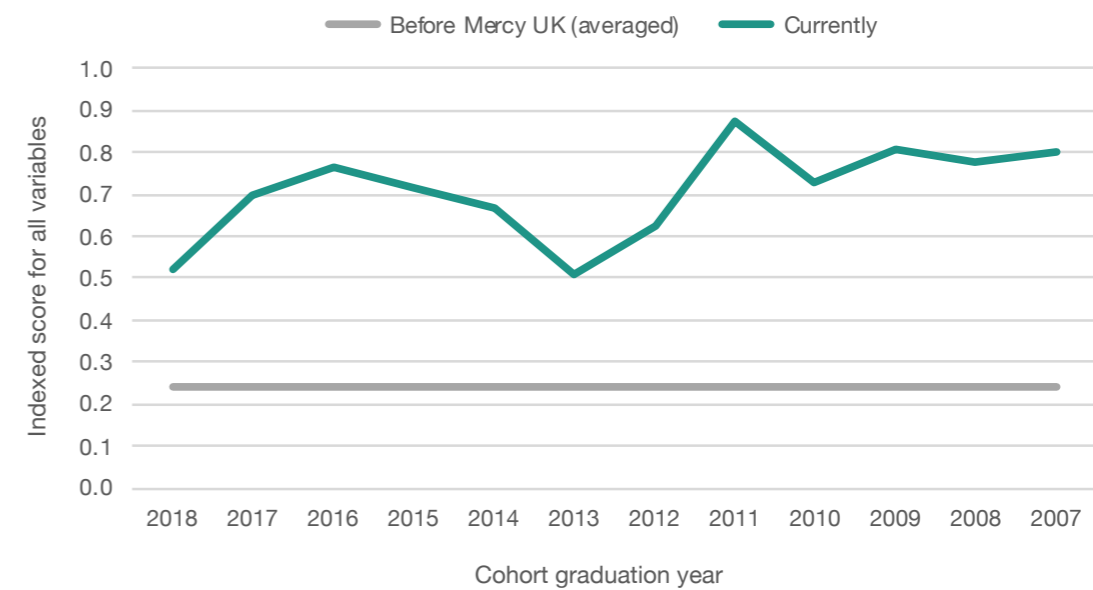
There Is a 2018 and 2012-2015 Slump

However, in the graph opposite, respondents who graduated in 2018, or between 2012 and 2015, consistently ranked lower than their peers across all areas (abilities, behaviours, and experiences) and relationships (God, self, and others). This finding lends itself (tantalisingly) to two competing explanations: either (a) something about the 2018 and 2012-15 Mercy UK programme, or the 2018 and 2012-2015 respondents themselves, reduced these women's performance, or (b) women experience an immediate decline in the health of their relationship with God, self, and others in the first six months after graduation. This increases over the subsequent three years, but then declines again about four years after leaving Mercy UK, only to recover

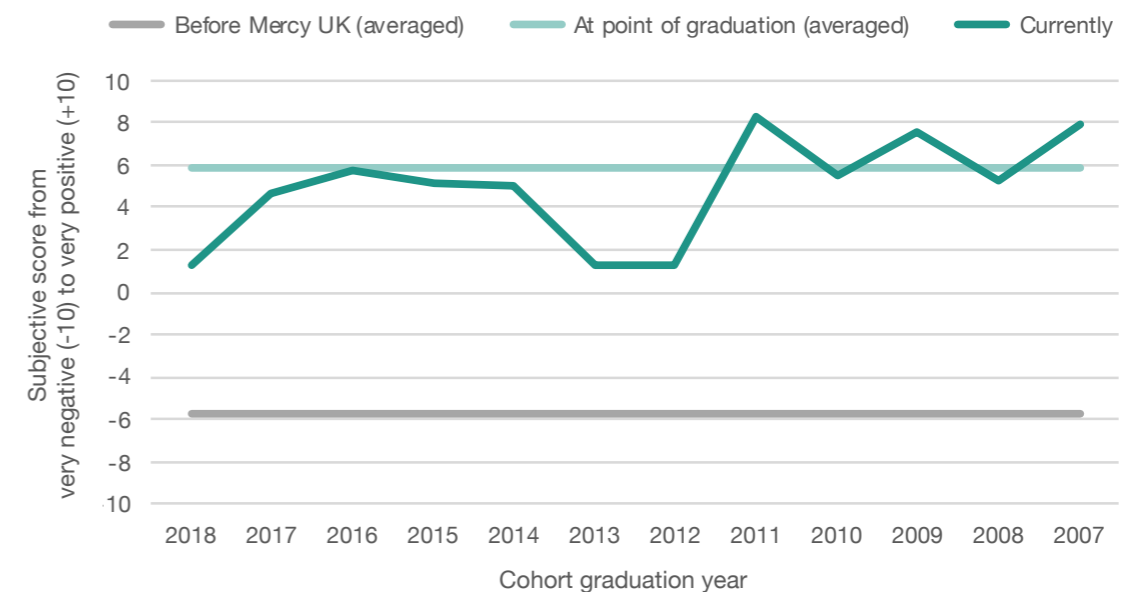
again three years later. In the absence of data that charts the performance of a specific group of women over time, it is impossible to know for certain which of these explanations is true, although qualitative data does support the hypothesis that many women experience some degree of relapse a few years after leaving Mercy UK.

It is possible that the 1st, 5th and 6th years are the most difficult years for graduates once they leave Mercy UK.

Indexed score of all variables for each cohort



Average score of how positive graduates felt towards God, self, and others



Larger improvement in abilities for younger graduates

Finally, respondents who were younger upon admission to Mercy UK tended to see more improvement - and score higher in absolute terms - with regard to their abilities with God, self, and others. This trend suggests two possible explanations: first, it is possible that younger residents merely had more “growing up” to do than older ones, and therefore experienced higher levels of relative improvement. However, this would not explain the higher absolute scores achieved by residents who were admitted at a younger age, and it may also be that younger residents are more willing to change their beliefs and habits than older ones. If so, this finding may have implications for how Mercy UK chooses to direct its resources.

Respondents who were younger upon admission to Mercy UK tended to see more improvement - and score higher in absolute terms - with regard to their abilities with God, self, and others.

Success mapping

To better understand what caused Mercy UK participants to succeed in and after the programme, we conducted follow-up interviews with three respondents who scored highly on our metric measuring improvement in relationships with God, self, and others. Here we analyse the findings from these interviews in three categories: **(1) these respondents’ stories before and after Mercy UK, (2) what caused these women’s success, and (3) what advice they would offer to women considering attending Mercy UK.**

Respondents’ stories

These women’s lives before Mercy UK were, like those of other respondents, very difficult: one respondent, for instance, described how she was ‘very broken and lost’ before attending the programme. Another emphasised that she had accepted that she ‘didn’t get the same life as other people’: since she struggled with an eating disorder, she ‘didn’t get to eat like other people got to eat [and]... didn’t get to live or be happy’.

Interestingly, all three of these successful women also experienced difficult times after Mercy UK, but were able to overcome them. These struggles included dealing with past abuse, relationship difficulties, and adjusting to life outside the support system provided by Mercy UK. As one respondent remembered, ‘coming out of Mercy UK, that’s where the fun begins, because you’re back in society, you’re back in... life pressures, and things can come along and stress you’. ‘I clung so tightly to God’, another recalled, explaining how she told God that she knew he had a plan but couldn’t ‘see [herself] surviving’ the trauma she experienced after Mercy UK. Nonetheless, these three women were marked by their resilience and by the degree to which they had overcome the difficulties they had encountered after Mercy UK. One woman summarised their experience well: ‘I’m more me and more strong than I have ever been, and I’m now in a place of learning to do life with God but not in a battle season, and that’s completely new for me, just... being okay, if there is such a thing’.

All three of these successful women experiences difficult times after Mercy UK, but were able to overcome them.

What caused their success?

What differentiated these women from other respondents was how they dealt with difficult life events after Mercy UK. In particular, these women **(1) found the approaches they had learned at Mercy UK helpful, and (2) persisted in applying these approaches in difficult times.**

Mercy UK’s Emphasis on “Going to God”

Unlike other women, who were often frustrated by Mercy UK’s insistence that they take their problems to God instead of seeking human support, these respondents benefited from Mercy UK’s emphasis on “going to God”.

Sometimes, this acceptance came after a period of initial resistance; as one respondent recalled,

When I attempted to even say I was struggling on a day, the staff then told me to go and talk to God about it, and I was thinking “but I’ve managed to speak and say to you I’m struggling, and you’ve just said to go and talk to God”, and it was a really difficult but empowering long-term experience for me because I did... Looking back, I can see that long-term, you know, I can function without the staff at Mercy UK because they didn’t fix me.

Likewise, another respondent observed that ‘what changed it for me was when I went by myself and felt God and who he was for me.... Actually, as much as they can pour into you, it’s your own personal faith’.

Teaching and tools

Successful respondents found several tools they had learned at Mercy UK helpful, including teaching on boundaries and replacing unhealthy beliefs about themselves. One respondent, for example, described how she ‘never really knew a lot about boundaries’ prior to Mercy UK, but ‘learn[ed] to have healthy boundaries’ during her time in the programme. For this respondent, Mercy UK was also crucial to improving her self-image. Rather than believing that she was ‘ugly’ or ‘fat’, she learned to ask ‘what does God say about [me]’:

‘So for “I’m fat or ugly”, it would be, well, “I’m fearfully and wonderfully made”, and so instead of reading that ungodly belief, you would read the godly belief... every day for a month or however long you feel until you feel you don’t believe [it].’

Other residents recalled similar approaches, reading ‘verses of truth about [themselves] from the Bible’ (one remembered whispering them to herself in the bathroom), and many continued to use these tools long after Mercy UK.

Persistence in difficult times

Crucially, these highly successful respondents also persisted in applying what they had learned at Mercy UK in difficult times. One woman, for instance, highlighted that learning ‘to run to God and just hold on’ at Mercy UK helped her cling ‘on tight and trust... him through the worst things resurfacing’ once she had left the Mercy UK house. As another woman summarised, leaving Mercy UK presented a new set of challenges: when ‘you’re living it out’, she observed, ‘that becomes a different kind of hard at some point and it becomes a choice of “I’m going to choose to use the tools that we’ve been given at Mercy UK to change this” or you could just completely... walk away from that’. As these

Crucially, they also persisted in applying what they had learned at Mercy UK in difficult times.

respondents stressed, the fact that they did not ‘walk away’ from what they had learned allowed them to persevere despite the difficult life circumstances they encountered after Mercy UK.

Advice for other residents?

These successful respondents had three primary areas of advice for other residents: (1) to invest in their relationship with God, (2) to make the most of their time at Mercy UK, and (3) to prepare well for their transition from Mercy UK.

Invest in relationship with God

With regard to investing in their relationship with God, respondents underlined the centrality of relationship with God to a healthy sense of identity. As one woman remarked, ‘you need to know who God is for you because it’s all very well having someone tell you who you are, but you need to know who that is’. Other respondents recalled how a strong relationship with God had sustained them during difficult times: ‘I remember... what got me through such a hard and tragic situation was just praising God’, one woman said about a period of family tragedy. In general, these women considered a strong relationship with God to be the ‘foundation’ of their life after Mercy UK, and encouraged other residents to adopt a similar approach.

“You need to know who God is for you because it’s all very well having someone tell you who you are, but you need to know who that is.”

Make the most of the time

Furthermore, these respondents advised future residents to make the most of their time at Mercy UK. In particular, they underscored the importance of being open (‘if God brings stuff up to deal with, don’t try and hide’), of focusing on their own recovery and not on others’ situations, and of perseverance. ‘It’s so painful and hard’, one woman sympathised, ‘but keep fighting because it’s worth it in the end’.

Prepare for transition

Finally, these respondents suggested that future residents may wish to prepare well for their transition from Mercy UK. Mercy UK residents, they underlined, should ‘expect [the transition] to be hard’, but could cope with the difficulty by remembering what God had already accomplished in their lives, ‘get[ting] grounded in a church’ where they would receive support, and maintaining a strong relationship with their accountability partners for at least the first year after leaving the Mercy UK house.

Mercy UK residents, they underline, should “expect [the transition] to be hard”, but could cope by “getting grounded in a church”.

Non-success mapping

In addition to interviews designed to better understand the stories of successful residents, we also conducted five interviews to capture the experience of respondents who had, in some sense, experienced “failure” while at Mercy UK or afterwards. These interviews may be divided into two broad categories: residents who were critical of Mercy UK’s programme (but themselves had middling scores on our metric) (three interviews) and residents who were struggling in their own lives (two interviews). For each of these categories, we **(1) recount women’s stories before, during, and after Mercy UK, and (2) examine what caused their critiques or life difficulties.**

Critique mapping

Respondent stories

As was the case for most participants, these critical respondents had experienced a variety of trauma before attending Mercy UK, including mental health issues, eating disorders, and sexual and spiritual abuse. One had attempted to take her own life. Once they arrived at Mercy UK, their experiences were decidedly mixed: although these women expressed significant critiques (see below), they also were grateful for many aspects of Mercy UK’s programme. Specifically, respondents expressed gratitude that Mercy UK had helped them establish a sense of self-worth, provided a place of refuge away from dangerous situations, and helped them solidify their relationship with God. As one woman noted, ‘the main positive that I took away from it was that Mercy UK helped me basically establish self-worth, self-love that I’d completely lost... that happened through cultivating a really deep and personal relationship with God’.

Although these women expressed significant critiques, they also were grateful for many aspects of Mercy UK’s programme.

After Mercy UK, these women were coping relatively well, although one had found herself in relationship difficulties, and another’s mental health issues had recurred. On the other hand, a third had recently begun a new job that catered well for her mental health issues. At least one respondent had consciously decided to distance herself from Mercy UK because her views had ‘changed a lot’ and she no longer considered relationship with Mercy UK a ‘good match’.

Critiques

In their critiques of Mercy UK, these women echoed many of the issues mentioned in preceding sections, including **a perceived lack of respect, not enough consideration of respondents’ individuality, and issues with staff and aftercare.** However, we include specific discussion of three further critiques here because they represent a useful contrast to the success

mapping section above, elucidate points made earlier in this report, and in one case present new ideas on how Mercy UK’s programme could be improved.

“Going to God”

Unlike the respondents in the “success mapping” section above, these women were often frustrated by Mercy UK’s instruction to take their concerns to God. This frustration seemed to emanate from the fact that they expected more tangible support with their difficulties. As one former resident explained:

‘I’ve been told by an ex-support worker that they are trained to tell people... to go to God because they don’t know what to do instead, but that’s not acceptable because you can’t say you help people with mental health challenges and then not help them: that’s really damaging for that person.’

Likewise, another respondent observed that ‘in terms of healing, it certainly helped, but I wouldn’t say it got down to the nooks and crannies of the problem; a lot of it was just “hand it over to God and it will get sorted”’. Moreover, some respondents emphasised that being told to take their concerns to God could be profoundly isolating: ‘we’re not allowed to... talk to any of the staff members, not allowed to really talk to each other about our issues, so who is there to talk to? No one’. Crucially, respondents did not critique this emphasis on going to God because they were sceptical of God’s role in healing; in fact, most of them attributed their recovery primarily to an increased closeness in their relationship with God. Instead, they simply expressed a desire for more human support in addition to Mercy UK’s focus on God. Mercy UK may therefore wish to preserve its emphasis on God’s healing power while also considering how it can better assist residents who are seeking more human support (further discussion in the Recommendations section below).

They simply expressed a desire for more human support in addition to Mercy UK’s focus on God.

Expectations

As discussed earlier in the report, these respondents also felt that Mercy UK could have improved in communicating expectations. Specifically, these women stressed two areas in which they did not feel expectations were clearly communicated: the realities of the Mercy UK programme and the possibility of relapse after Mercy UK. As one woman recalled:

‘When I arrived, I was not [expecting] to have my phone taken away from me, to have no access to television.... It was literally like stepping back in time, and I understand in some ways this is good and very, very useful, and it did help me a lot to refocus and re-align my mind and energy on the task at hand which was getting healed... but then of course it makes you become almost institutionalised.’

This respondent found a lack of independence particularly frustrating because she had also expected more counselling through the Mercy UK programme and was asked to sacrifice her autonomy without receiving the support she anticipated. Similarly, another respondent felt that Mercy UK could have improved at communicating the possibility of relapse after Mercy UK:

‘They didn’t prepare me for having to go back to therapy at any point, and so when I did have to go back to therapy, I had a real sort of complex about it, and I thought, ‘Is this a failure? Am I taking a step backwards? Am I back where I was because I have to ask for help again?’

Others echoed her thoughts: ‘it’s just this sweeping notion that we’re all going to be okay, we’ve got the tools now, we’re fine’, one woman explained, ‘when actually no, that’s not how it works’. In this context, more clearly conveying the possibility of relapse may shield women from feelings of shame and forestall the disappointment with Mercy UK expressed above.

What Is Mercy UK’s remit?

Noting the limitations on aftercare and psychological support described above, these women also suggested a new idea: rather than expanding its ability to provide mental health services, perhaps Mercy UK should more clearly define its remit. One woman, for instance, cited Mercy UK’s self-definition as a “discipleship course”, which she contrasted with the fact that some women on the programme had severe mental health issues, such as dissociative identity disorder. ‘You don’t go to a discipleship course to help with dissociative identity disorder’, she observed. Therefore, Mercy UK needed either more ‘people professionally trained’ to deal with serious mental health conditions, or it needed to limit its remit to women with moderate psychological issues who might benefit from a discipleship course. Another woman agreed:

‘Mercy UK Ministries is better suited to people who are a bit more mentally stable and who are able to be prepared for the six-month routine and the structure and who are actually struggling [with] a few things but are really wanting that healing. I think it’s promoted in the wrong way. It’s promoted for people with life-controlling issues; people with life-controlling issues need more help than that; they’re more desolate; they’re more of a situation where they need one-to-one, hand-holding support. Mercy UK Ministries can’t provide that; they don’t have the support system or the infrastructure or the resources to do that... so I think they need to change their promotion.’

Mercy UK needed either more “people professionally trained” to deal with serious mental health conditions, or it needed to limit its remit.

Since Mercy UK may not have the resources to hire more medically trained staff capable of dealing with severe psychological conditions, she suggested, perhaps one solution would be to more clearly focus Mercy UK’s programme on the women it that the capacity to support. We give this suggestion further consideration in the Recommendations section below.

Struggling respondents

In addition to analysing the stories of critical respondents, we also interviewed two women whose relationship with God, self, and others had either worsened or failed to improve since they were admitted to Mercy UK. These women’s stories differed markedly: one seemed relatively unaware of the extent to which her relationships with God, self, and others might be struggling, while the other had quite consciously (in her own words) ‘self-destruct[ed]’. We have therefore chosen to discuss their stories separately to capture the differences between them.

Respondents’ stories

The first woman we interviewed recounted how, before Mercy UK, she felt a need to control everything about her circumstances, and was plagued by a feeling of rejection. She also mentioned that this need for control had begun to affect her physical health. While at Mercy UK, she experienced a variety of difficulties (to be discussed below) but also developed a closer relationship with God: as she observed, ‘the sooner I learned that God loved me, the better’. She seemed to misunderstand questions about her life after Mercy UK, and focused her discussion on her experience before and after the Mercy UK programme.

The second respondent we contacted had struggled with drug addiction and anorexia before Mercy UK. As she recalled, ‘I knew I needed something, and really I knew that was Jesus’. Her experience at Mercy UK was primarily positive, especially because she was away from bad influences in her city of origin. She had warm relationships with the staff and her facilitator, whom she described as ‘amazing’ and ‘brilliant’, and admired the fact that ‘they were so connected to God’. After leaving Mercy UK, she remained free from drug addiction and other issues for five years (apart from a brief relapse immediately after she returned home), but eventually returned to drug addiction and a range of other illegal activities. As she observed, ‘for five years I was great, really, really good, started to lead worship and stuff and did dance classes in my church and things like that... and I’ve just gone really downhill’.

What caused this lack of improvement?

For the first respondent described above, it is highly challenging to pinpoint what accounted for her low scores on relationships with God, self, and others because she did not seem to perceive herself as struggling and did not

go into detail on her life after Mercy UK. Although she did highlight some difficulties from her time in the Mercy UK house, including Mercy UK's inability to provide for her dietary needs, Mercy UK's perceived inflexibility in the face of a family emergency, and a related sense of not feeling safe in the house, it is not possible to directly link these feelings to her struggles after Mercy UK since she herself did not make this connection.

The second respondent, by contrast, was very clear about what had accounted for her relapse. She took primary responsibility herself, as she explained in the interview:

'I've just gone really downhill in the past four years, I think, and that's not Mercy UK, that's me and that's my own choices, and leaving church and things like that, so I found it quite difficult... to do the survey because... I sort of thought "it was really good, and it did really, really help", and I don't know what's gone on in between really, but I'm probably in a worse state than I was before I went to Mercy UK in the first place'.

However, although she felt that Mercy UK 'did everything [they] could', she did mention two areas in which she might have appreciated more assistance. First, she thought she could have benefited from more human support and time in the programme. When asked about the barriers to her recovery, she focused on unresolved past trauma:

'I did open up to the facilitator... [but] I think it's actually really getting to the depths of that, and I think that's why maybe a bit more time might be needed just so that you can unravel a bit... because I think by the time I knew I'd got six more weeks left, you sort of pack up everything and go, "Right, I'm ready" and... "Right, that's done now", and it possibly isn't'.

She also expressed a desire for more counselling, mentioning that 'I know it's not all about counselling, and I know it is about God healing, but I do think there's a place for it as well'. Finally, she wondered whether she might have benefited from more aftercare, although she also recognised that this might not have been feasible for Mercy UK to provide: 'I would say a bit more contact afterwards might be helpful', she suggested, 'but you do sort of place us with mentors... and how many girls can you do that for, you know... still be in contact with'. Most of these suggestions are further explored in the **Recommendations** section at the end of this report.

"I know it's not all about counselling, and I know it is about God's healing, but I do think there's a place for it as well".



6 Social Return On Investment

Social Return On Investment

Methodology

Alongside this quantitative and qualitative analysis, Eido attempted to estimate the value of the outcomes discovered in financial terms as compared to the financial costs of the residential home. We used the “Social Return on Investment” (SROI) model of cost-benefit analysis that is able to assess and value social as well as economic benefits in financial terms, therefore blending them together. This follows the methodology outlined in the UK Cabinet Office’s 2012 Guide to Social Return on Investment (Social Value UK, 2012).

Within an SROI analysis, four key factors are weighed to assess any potential difference between the outcomes observed and the additional impact that can be directly attributed to the organisation:

1. The first is known as “deadweight”. This is an estimation of what level of improvement in the project beneficiaries would have happened anyway if they had not taken part in the project.
2. The second is “attribution”. This is an estimation of how much credit the project can claim for the observed outcomes as compared to other positive influences on that beneficiary.
3. The third is “displacement”. This is an assessment of whether any of the positive benefit created by the project will reduce or deprive that benefit from another individual or area of society.
4. The fourth and final factor is known as “drop-off”. This is an estimation of whether the observed outcomes are likely to last into the future, or if they will reduce over time after completing the project.

In this way, SROI methodology recognises that the change observed in the survey data is not always the change for which the project or organisation can fully claim credit for because other factors will have come into play and some of the change might have happened anyway. It is important to do this when attempting to apply financial valuations to social outcomes so that valuations are as accurate as possible, and do not overestimate the unique additional value an organisation is bringing or creating.

When putting financial valuations on social outcomes, SROI analyses rely on pre-existing. This research is drawn from accepted financial valuation techniques of social outcomes (Social Value International, 2015).

Outcomes and data modelled

The data used to complete this SROI model was drawn from the primary data collected in the impact evaluation above. One of the first steps of an SROI model is to decide which outcomes are to be modelled and financially valued. For this project, we took the approach of looking through the outcomes above and deciding which were most likely to be able to meet two criteria:

1. Which outcomes, if delivered, have clear relationships with reduced government spending?
2. Which outcomes, if delivered, are likely to be sufficiently well-researched to have financial valuations that can be used for our calculations?

Therefore the following seven outcomes were identified, assessed and modelled using the SROI process:

1. Improved mental health
2. Reduced illegal drug use
3. Reduced excessive alcohol use
4. Reduced self-harm behaviours
5. Reduced eating disorder behaviours
6. Reduced barriers to employment
7. Improved ability to build relationships with others

Importantly, this means not every outcome delivered by Mercy UK, as evidenced in this report, has been valued. **This SROI analysis is therefore likely to be an estimate of the ‘minimum’ value of the outcomes evidenced in this report.** Specifically for Mercy UK, the positive outcomes of beneficiaries’ relationship with God were not included in this analysis. This is not because they were deemed to be “un-valuable” in that they were not worth valuing, but that they were “invaluable” in that they are beyond our ability to financially value them to any degree of accuracy.

Model results and discussion

The outcomes of Mercy UK are likely to save the UK Government money

Of the eight outcomes assessed and modelled, six of them drew clear and direct links to reducing expenditure from the UK government, and therefore could be valued. For all six of these, not only did women enter the residential home exhibiting these “negative” behaviours, but in all six outcomes they reported reducing them after and beyond graduation.

The following table shows the financial value of delivering one of these outcomes, the total accumulated SROI created by Mercy UK per year (based on an average of 15 women graduating each year), and the total value projected over a five-year period.

Outcome	Valuation per individual outcome ¹	Number of outcomes per 15 women per year ²	Annual Value	Five-year values (at net present value)
Improved mental health	£5,765	6	£34,170	£154,279
Reduced illegal drug use	£12,500	3	£39,006	£176,114
Reduced excessive alcohol use	£1,706	4	£7,216	£32,581
Reduced self-harm behaviours	£1,618	6	£10,256	£46,308
Reduced eating disorders	£5,340	5	£25,412	£114,737
Reduced barriers to employment	£18,084	5	£82,449	£451,575
TOTAL			£198,510	£975,594

The table shows that the estimated savings to government in reduced spending is almost £198,510 per year, or, for that same group of graduates over five years, nearly £1,000,000.

¹ For a full breakdown of these valuations, data sources, and the SROI model in full, see Appendix document 1.

² These numbers are calculated by taking the 15 women and using the survey data to first work out how many reported this problem when entering the home, and second how many of these reported a positive increase in this outcome, and third, how many of these would have reported it anyway without Mercy UK.

The outcomes delivered by Mercy UK are unlikely to have happened anyway

One of the strengths of the SROI method is that it requires an estimate of how much of the outcomes might have been reported by the beneficiaries had they not gone through the project – known as “deadweight” (see above). Other parts of this report have talked about whether the women attributed the changes to Mercy UK, but the SROI model is able to take this one step further. By looking at each outcome, we looked at how many women reported an improvement but associated that improvement with something or someone other than Mercy UK. From this analysis, we found that the lowest proportion of one of the observed outcomes that Mercy UK can reasonable claim ‘credit’ for was 92 per cent (reduced eating disorders). In other words, we estimate that in the best alternative scenario, less than 8 per cent of the observed outcomes would have happened anyway.

The most ‘valuable’ outcome may be the ability to connect with others

One outcome which had no clear direct link to financial savings was reducing barriers to connect with others. Interestingly, the assessment and valuation of this outcome suggests it could be regarded as more valuable to the women than the other outcomes for two reasons. First, experiencing barriers to connecting with women was the highest ‘negative’ situation reported: 90 per cent of women said they entered the home with significant barriers to connecting with others in relationship (as compared to 28 per cent who used illegal drugs and 75 per cent who faced significant barriers to employment, for example). This means that it was a real need these women were facing.

Second, the observed improvement in this outcome was one of the highest, with 76 per cent moving from experiencing significant barriers when they entered the home to not reporting significant barriers when completing the survey. Third, we used existing academic research to estimate the value of the role of positive relationships in someone’s life as £42,500 per year.¹ The following table then compares this key valuation of a purely social outcome with the previous valued outcomes:

Outcome	Estimated yearly value	Estimated five-year value (at net present value)
Improved ability to connect with others	£272,409	£1,229,942
Combined six other outcomes	£198,510	£975,593
Total	£470,919	£2,205,536

The table suggests that the estimated value of the ability to connect with others is larger than the six other combined outcomes due to the higher incidence of the need, the higher level of change in the outcome, and the high valuation of the outcome. Although the difference in these two figures is probably overstated – the value of the six previous outcomes was done by actual financial savings/benefits to the government and society, and the ability to connect with others using an approximate valuation method – there may be an important learning for Mercy UK that enabling women to build positive relationships with others is one of the most valuable outcomes from the residential home.

The annual costs compared to the value of the outcomes

Finally, although the SROI model brought out a number of positive things for Mercy UK in terms of attempting to value the outcomes evidenced – the total estimated value created per year in the model is over £470,000 – the costs of delivering this model are also high.

The full annual costs of the residential home have been calculated by Mercy UK as £578,000. When compared to the annual value of the seven outcomes in the model, this suggests that in the first year, for each £1 invested, at least 81p is returned. When extended over a five-year period, this ratio does increase for £1: £3.82. Therefore this does suggest there is at least three-fold positive return on investment.

There are a few explanatory points to frame this finding. First, one of the outcomes of the residential home – a graduate's relationship with God – was not valued in the SROI method because of the lack of existing valuation research around spiritual outcomes to draw on. However based on the analysis in the report above, this outcome was clearly one highly valued subjectively by the graduates and is a key success criteria for Mercy UK. Therefore the SROI modelling applied here has a major limitation in being unable to account and value this outcome alongside the others. Any value of this outcome for the graduates is over and above the total valuation estimated here.

Second, SROI is understood to be a process that can underestimate the true value of outcomes and has a foundational requirement not to 'over-claim' what cannot be shown clearly. SROI valuation is based on the ability to quantify outcomes in financial terms which often biases it towards valuations that are 'easier' to count – e.g. reductions in direct government spending on mental health care. However many outcomes, like poor mental health, have other consequences on society that will cost the government and others real money yet are unable to be estimated. This is certainly the situation here,

Over a five-year period, for every £1 invested, at least £3.82 is returned.

where six of the seven outcomes were estimated using mostly direct societal spending. Therefore this SROI analysis is likely to be a minimum estimate of the true value of interventions.

Third, part of the reason that the overall annual value was lower than annual costs is that not all the women entered the home with all the "needs" associated with the outcomes, and not all received every single outcome.

For example, although reducing illegal drug use and addiction can bring a value of nearly £13,000 to society, only 28 per cent of the graduates entered the home with reported regular illegal drug use. Similarly, although reducing eating disorder behaviours was valued at nearly £5,500 per person and 73 per cent of women reported those behaviours when they entered the home, only 61 per cent said this had been reduced at the point of completing the survey.

This means that should Mercy UK wish to improve the basic calculation of costs to outcome valuation, they could do this by focussing support on those who have these particular 'needs' to begin with, and using the results of this wider research to find ways to increase the level of outcome they are able to deliver for the women they support.

Conclusion

This SROI analysis has made it clear that Mercy UK's residential home is delivering outcomes that are highly valuable to society and government and that the positive outcomes for these women are very unlikely to have happened had they not been in the residential home. The total estimated five-year value of a yearly graduating group of 15 women in the home is over £2,200,000.

The home does require significant funding to generate this value – £578,000 per year in total costs. The estimated value of the first year of a graduating group of 15 women is £470,000, or 81p of value per £1 invested. However given the evidence for the sustainability of the outcomes, over a five-year period this converts into an estimated three-fold return on investment (£3.82 for each £1 invested).

The total estimate five-year value of a yearly graduating group of 15 women in the home is over £2,200,000

Furthermore, there is reason to see this as an underestimate of the true value of the programme because it did not take into account one of the most important outcomes of the residential home – building women's relationship with God. Additionally, Mercy UK can look to improve the value of the home as

they continually improve the quality of the programme because currently not all women in the home either enter with a need for or experience some of the most valuable outcomes.

If Mercy UK applies this model to the full 150 women who have graduated from the home, we can estimate that the total historical value to society is over £22 million.

For every £589,000 invested to support the women in Mercy UK's residential home, Mercy UK can claim unique and sole credit for supporting six women to significantly recover their mental health; three to reduce illegal drug use; four to reduce excess drinking; six to reduce self-harm behaviours; five to reduce eating disorder behaviours; five to find secure employment; and six to regain their ability to connect and build relationships with others.

Each year, Mercy UK's residential home produces an estimated £2,200,000 worth of positive outcomes for the women graduating.

For every £100 invested in Mercy UK's residential home, Mercy UK are able to create an estimated £380 worth of positive outcomes for the women supported.

It we apply this model to the full 150 women who have graduated from the home, we can estimate that the total historical value to society is £22 million.



7 Recommendations

Recommendations

The vast majority of women we heard from in this research were overwhelmingly positive about their time at Mercy UK. We heard about the profound and tangible change it had brought about in their lives, and the gratitude they had for their time at Mercy UK and for the Mercy UK staff. Results such as the percentage of women with a history of drug use who felt confident in a positive relationship with God rising from 0 per cent to 90 per cent can hardly be overstated; likewise, the SROI analysis shows the very real effects Mercy UK's work is having on society as a whole.

That said, there were a number of issues we heard about from the participants which they felt could help Mercy UK improve. These can be summarised as follows:

1. Issues around independence and individuality for the residents in the Mercy UK home (including rules and co-dependence)
2. Issues around staff relationships (including discipline as well as the approach to women not in immediate crisis)
3. Issues around the balance between prayer and human support

Additionally, given the particular progress Mercy UK has seen with younger women and those with a history of self harm, we would recommend the team spend some time considering whether these approaches can be applied more broadly to serve the other women.

It should be made clear that our recommendations are drawn from a holistic treatment of the feedback we received from the women we spoke to, and so represents a professional study of the voices of the Mercy UK women involved in the research.

Independence and individuality

It was clear from our conversations with both Mercy UK staff and residents that a great deal of care and discernment has gone into establishing healthy, practical, and biblical boundaries for those living and working in the Mercy UK home. However, a significant minority of Mercy UK residents raised queries around certain issues and expectations in the home, which could be built on to better facilitate success in the future.

Rules

Whilst a centre working with vulnerable women will necessarily and appropriately have firm boundaries and procedures in place to protect both clients and staff, some women told us that certain rules seemed overly stringent - especially around physical contact and emotional connection between Mercy UK residents. Situations as we have noted above, such as staff reactions to residents' sharing clothing or platonic physical touch, seem to have incurred unnecessary confusion amongst the residents.

Situations such as staff reactions to residents' sharing clothing seem to have incurred unnecessary confusion amongst the residents.

Our recommendation would therefore be that Mercy UK make a special effort to ensure that the residents of Mercy UK are fully on board with all house rules upon arrival in the home, and especially the reasons behind them, before expectations or sanctions are placed on the women involved.

Autonomy

On the whole, we heard from the women involved that Mercy UK had brought about a remarkable transformation in their relationships. However, some respondents told us that they felt that there was not enough space for independence and individuality within the Mercy UK programme. In particular, some women told us that they would have appreciated more scope for flexibility and agency within the schedule for personal prayer and devotion, both for the sake of their practice of their own faith, often for the first time in their lives, and to ensure the best possible outcome and habits for the future after Mercy UK.

Some women told us that they would have appreciated more scope for flexibility and agency within the schedule for personal prayer and devotion.

In an organisation like Mercy UK, there is naturally a challenging balance between having regular, equal patterns of care and being able to craft a bespoke plan for each residents' needs. The residents' expectations around spiritual and personal care are being carefully managed on a daily basis. Even with this care, though, the women who reported struggling on leaving Mercy UK, most often also reported a disjunct between the care they received in the home and the care afterwards (see below).

We would therefore recommend that Mercy UK take extra care to ask each woman at the start of her journey with Mercy UK how she believes she most hears from God, and to continue to work with her to facilitate that throughout her stay, where possible. Additionally, it seems it would be helpful if the Mercy UK staff could manage the residents' expectations early in their stay as to what

care can be provided for them after graduation, as well as, where possible and practical, adapting this for individual needs. A popular suggestion was more rigorous and consistent contact from the home, either via email or text (e.g. a WhatsApp group), with weekly Bible study or devotional suggestions to encourage and support the women in their normal lives.

Staff relationships

The vast majority of the women we spoke to (at least 85 per cent) had nothing but praise for the Mercy UK staff and their care for the residents, as individuals and as groups. However, a sizeable minority of around 15 per cent had reported difficulties with staff – either individuals or as a group – which had an impact on their recovery whilst at the home. It is to be expected that residents dealing with significant trauma and/or mental health difficulties which might lead them to Mercy UK will naturally feel hindered in straightforward adult relationships, and as we have seen, the Mercy UK staff have been widely praised for their care and attention for the women in the home. That said, we heard of some areas of staff relationships where Mercy UK could improve even more.

15% of residents reported difficulties with staff - either as individuals or as a group - which had an impact on their recovery.

Communication

A number of women told us that, despite the staff's best efforts, they had felt 'unseen' by Mercy UK staff at different points during their stay. Others highlighted difficulties around discipline and rules, which they felt were too heavily enforced at times, causing further complications and hurts for the residents involved.

Again, a recommendation would be for Mercy UK staff to ensure full communication at all times – for instance, bringing another staff member into the conversation who might have a stronger relationship with a resident to help mediate through any difficulties, as well as ensuring the residents are credited as adults with having full understanding of means, motivations, and reasoning of the Mercy UK team,

Residents not in immediate crisis

Along with discipline, another issue for a small number of women was resentment or hurt around their care when another woman was in more 'obvious' crisis. Again, complex emotions and expectations residents may

have towards staff are to be expected in the case of Mercy UK, and may not be an accurate reflection of the staff team's intentions or processes. That said, even one woman's hurt needs to be taken seriously, especially that which seems to point to either a practical staffing or more serious safeguarding issue. We heard from one woman that another health care professional she had been working with outside Mercy UK had suggested that the manner in which Mercy UK had switched care staff working with individual women was unsafe, and from some others of the difficulties they had faced when Mercy UK staff had to focus on other residents in more obvious, immediate crisis.

Assuming all suitable and necessary protocols are in place and being followed, we would recommend, where possible, more joined-up communication between the staff and the residents as a group. We heard from the women we spoke to how they would have appreciated reassurance themselves when another resident was in crisis, which often represented a significant trigger for the broader cohort. Additional individual therapy or group work would likely be helpful here, as well as one-to-one reassurance from staff to residents around their role and validity, after any such episode.

Prayer and human support

Lastly, and related to the above categories, a number of women noted concerns around the balance between prayer and expectations of interpersonal support. Again, it should be emphasised that the majority of women who took part in the research spoke highly and with gratitude of how Mercy UK had helped them towards fulfilling and life-giving prayer and personal lives. Some though, told us about how they had questioned some aspects of Mercy UK's care, and how this could be improved.

Expectations around prayer

Whilst the majority of residents reported Mercy UK's approach to prayer being insightful and transformative, for some residents, it caused some difficulties. In particular, the expectation that any situation could and should be resolved in prayer first, be it a mental or physical health difficulty, personal conflict, or practical problem, at times proved either frustrating or significantly alienating for some residents. This manifested itself as anywhere on the spectrum of irritation at feeling "fobbed off", to significant spiritual doubts and difficulties around unanswered prayer, especially for healing.

Accordingly, we would recommend that Mercy UK staff take special care to ensure that their laudable faith practice and personal boundaries do not result in Mercy UK residents feeling short-changed, confused, or hurt by being turned towards prayer. In particular, whilst Mercy UK is a centre

focusing on the spiritual, emotional, and physical healing of the individual, our research shows that women would likely benefit from added teaching on how to handle unanswered prayer and to avoid conflating complete and visible healing with God's love, sovereignty, and care.

Human support

The other side to this coin was the approach to human support in Mercy UK. Again, we heard repeatedly of the encouraging and practical changes Mercy UK had helped the women bring out in their lives and relationships.

Of those who felt otherwise, however, we heard that the emphasis on prayerful response to life's difficulties could come at the expense of a habit of practical and genuine friendships. We also heard a number of times about the loss of contact some women felt they had with their families and friends at home, as well as conflicting teaching on how to navigate romantic relationships after Mercy UK.

The emphasis on prayerful response to life's difficulties could come at the expense of a habit of practical and genuine friendships.

Accordingly, we would recommend a more holistic and practical approach to at least some teaching on friendships and relationships, as well as time spent on helping each resident address what appropriate expectations of others and of their prayer life. Where feasible and appropriate, and with individual women's permission, it would also be wise to involve her family more obviously in her case; this is particularly necessary as the women approach graduation, but to be coherent and have integrity, it likely needs to be the case from the beginning, where possible. Last, and again where appropriate, we heard of a need for more robust and practical teaching around relationships with men, both friendships and romantically. It was felt that more teaching on healthy mixed-sex friendships as well as marriages would be helpful, especially if taught by male staff, where appropriate, to allow the women a chance to practice healthy friendships with men within the home itself.

Define Mercy UK's Remit and Capabilities

As discussed in the Failure Mapping section, some women suggested that Mercy UK might benefit from limiting its support to the issues it is best equipped to address. We think there is some merit in this suggestion, particularly with regard to mental health concerns. Mercy UK may therefore wish to consider whether (a) there are certain mental health issues it is well positioned to address and (b) whether there are other, more severe mental health concerns that may lie beyond Mercy UK's remit. Concentrating Mercy UK's efforts on the issues in which it is best prepared to intervene should increase Mercy UK's effectiveness, ensure residents receive the support they need, and help forestall the disappointment expressed by some respondents by setting clear expectations for the kind of assistance Mercy UK is prepared to provide.



8 Conclusions

Conclusions

This report is built on an in-depth analysis of a thorough data collection process. We heard from 79 women, with a range of backgrounds, experiences, and outcomes, about their time at Mercy UK, and followed up with 10 women in more detail. They told us about the remarkable work Mercy UK has done in their lives, and the dramatic progress the residents made, and have continued to make, since their stay in the Mercy UK house, particularly those with experience of abuse and/or self harm. We heard about how, for many women, their relationship with faith was completely transformed, some coming to see God as loving and kind for the first time in their lives. We heard what an effect this had on how the women related to themselves, with most reporting a significant improvement in their self-esteem and self-compassion, and these effects continuing to increase, albeit at a slower pace, since graduation. Lastly, we heard about how their time at Mercy UK had completely altered many women's ability to relate to others, particularly in identifying and asserting healthy boundaries, and, on the whole, of the positive knock-on effect this had on the rest of their lives. This positive effect was by no means limited to their own lives; the support Mercy UK gives each woman and the women's response to it means that the estimated financial value to government and society in areas like reduced spending on healthcare, policing, and employment issues is almost £470,919 per fifteen graduates or for that same group of graduates over five years after graduation, is £2,205,536.

They told us about the remarkable work that Mercy UK has done in their lives, and the dramatic progress the residents made since their stay in the Mercy UK house.

Across the board, we heard that Mercy UK has had a profound and positive difference on women's lives. However, there was a significant minority of women who raised some concerns around certain practices and approaches at the Mercy UK home, particularly around the communication of rules and discipline. Others who offered constructive criticism on how the staff could improve Mercy UK's work in the future, especially in their approach to relationships outside the home and with regard to how the staff prepare and support the women in their transition back to their usual lives after Mercy UK.

To conclude, our research leads us to believe that Mercy UK is making a remarkable contribution to individual women's lives as well as wider society. If the team is able to incorporate some small but meaningful adaptations, this effect would be enhanced even further, allowing Mercy UK to remain a truly transformational place and ministry.



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