



Economic Change

Hayaan Somali Mental Health Project 2010 - 2013

Mind in Harrow

Social Impact Report

by

Economic Change CIC

January 2013

Contents

1. Executive Summary	3
2. Summary of Project.....	4
3. Summary of Impact	6
4. The Rationale for the Project	9
5. The Journey for Participants	11
5.1 Volunteers	11
5.2 Service Users.....	15
5.3 Service Providers	21
6. Resourcing and Management.....	25
7. Sustainability Strategy	26
8. Evaluation Methodology.....	28

1. Executive Summary

The Hayaan Somali Mental Health Project was established to alleviate health inequalities experienced by Somali communities in Harrow and Brent.

Mental health is not recognised as an illness within the Somali culture. There is extreme stigma and shame about mental distress, which frequently leads to secrecy, denial and families 'covering up' mental illness and individuals hiding their distress or disturbance until it becomes severe and uncontrollable. Somalis believe that mental illness is spiritual and not treatable through medication, thus there is fear, lack of trust in and perceived lack of credibility of the NHS mental health service. This situation has led to economic and social issues in the community including unemployment, crime, homelessness, and family breakdowns.

The Hayaan project therefore took on the role of helping members of the Somali community to understand mental health, the treatments available, and the support on offer in their local community. To achieve this, the Hayaan project designed an innovative approach to maximise outreach and impact.

The Hayaan project was led and managed by a Coordinator from the local Somali community. The Coordinator recruited volunteers also from the local Somali community, to become cultural advocates and peer educators. The volunteer role attracted individuals who were highly educated, natural leaders and who were passionate about supporting people in their community.

The volunteers organised fortnightly, drop-in workshops in a local community venue to provide information, education and support to individuals suffering from mental health. The volunteers also engaged and invited local service providers to the workshops so they could understand the Somali culture and fears, and the Somali community could learn what the service providers could offer in terms of support and treatment.

Awareness of the workshops spread by word of mouth and outreach by the volunteers, and the workshops successfully attracted the aspirational number of service providers and service users.

The feedback from service users attending the workshops indicates that they have an improved sense of mental well-being, knowledge of mental health and how to access the support services available to support them. Many service users have continued to attend the workshops regularly to learn about their mental health, access support and to also give support to their peers.

The feedback from service providers indicates that they have successfully gained a greater understanding of the Somali culture and beliefs and that the dialogue has helped them to better understand how to support this client group. As a result they have taken steps to share their learning with colleagues to improve working relationships with members of the Somali community across their organisation.

These results certainly indicate that steps have been taken to alleviate health inequalities for the Somali community, as service providers are better able to understand and support members of the Somali community, and members of the Somali community better understand their illness and the support and treatments available to them.

2. Summary of Project

The Hayaan Somali Mental Health Project

Aim of the Project

To alleviate health inequalities experienced by Somali communities in Harrow and Brent.

'Hayaan' is a nomadic Somali word meaning 'Moving to a better place', which is the core aim of the project in relation to enabling participants to reach a better understanding of mental health, overcome cultural stigma and improve access to support services.

Objectives

- To recruit a part-time Hayaan Project Coordinator to offer 1:1 casework advocacy and manage a team of volunteers.
- To recruit and train a team of Somali volunteers as 'Cultural Advocates' and 'Peer Educators'
- To deliver fortnightly information workshops to enable Somalis to engage with health professionals to better understand and access health/social care services.
- To deliver fortnightly peer support workshops for Somalis to tackle cultural stigma and reduce service users isolation.

Target Beneficiaries

- Somali individuals and families
- Health and Social Care Professionals

Programme Content

1. Volunteers as Peer Educators and Cultural Brokers

The volunteers are responsible for:-

- Determining the topic, organising, facilitating and evaluating the workshops;
- Challenging new migrant cultural taboos towards mental illness by sharing personal experiences;
- Identifying, engaging and supporting service users to attend the fortnightly workshops
- Engaging mental health and mainstream service providers to provide information and advice about mainstream services and engage in genuine dialogue with community members, away from the confines of clinics and appointments so they have the time to really listen and increase their understanding of the new migrant/refugee communities' culturally specific needs.

The volunteers were recruited and managed by the Hayaan Project Coordinator. The volunteers receive 4 days training, covering:-

- Information skills, providing an overview of the Western model of mental health so volunteers can signpost service users
- Practical organisational/facilitation skills for volunteers to organise the workshops
- Cultural brokerage - for volunteers to interpret/share the Somali cultural perspective mental health
- Issues around confidentiality, referrals, administrative procedures
- Project monitoring/evaluation so volunteers play an instrumental part in impact assessment

Following the training, the Peer Educators continue to receive support from the Coordinator through 1-1 and group supervision, pre planning sessions and debrief sessions after workshops.

2. Information Workshops

The Information Workshops are held fortnightly at a local community venue between 11-2pm. The culturally appropriate/informal setting enables Somalis to engage in genuine dialogue with health professionals to increase their understanding of and access to Harrow's health/social care services. Similarly, away from the confines of a clinical setting, health professionals increase understanding of the specific cultural/ mental health needs of the Somali community and are empowered to "improve experience for patients, users & carers" (Department of Health (DH) Priority 1).

Topics of workshops have included Culture and mental health, Mental health and the Law, Drugs and Alcohol dependency, Learning disability and mental health, faith and advocacy with mental health, personal budgets, Assertive Outreach support etc.

3. Support Workshops

The Support Workshops are held fortnightly at a local community venue between 11-2pm. Volunteers provide peer support to tackle Somali cultural stigma re mental health, reduce service users isolation, "maintain their independence and empower citizens to shape their own lives". (DHPriority 2). These Support workshops provide the space for the members to reflect and share experience; provide direction for topics for forthcoming sessions and creating a cohesive group.

To further cater for the needs of the group, there is time set aside for prayer, which plays an important part in many of the members lives. Members who are often quite isolated are also encouraged to socialise during the lunch break, which offers a cultural appropriate menu.

Duration of Project

The Hayaan project began in October 2010 and currently runs through to March 2013, supported by three funding streams.

Funding Source	Period
Volunteer Fund – Government Programme	1 October 2010 – 30 June 2012
Trust for London – Charitable trust*	1 February 2011 – 31 Jan 2013
Social Action Fund – Government Programme	15 March 2012 – 15 March 2013

Strategic Outputs

- No of Volunteers recruited and trained
- No of Service Providers engaged
- No of Individuals/Families supported
- No of information and support workshops delivered

Strategic Outcomes

- Increase professionals' understanding of the complex cultural/mental health needs of the Somali community
- Improve understanding of Western medical treatment and the referral process amongst Somali people
- Improve Somali dialogue/engagement with statutory services
- Improve social capital & resilience of mental health amongst the Somali community

3. Summary of Impact

The evidence shows that the Hayaan project has taken steps towards achieving its aim of alleviating health inequalities experienced by Somali communities in Harrow and Brent.

The project has successfully recruited a team of volunteers who have organised workshops and engaged service providers and members of the community who suffer from mental health. As a result of the intervention the feedback from service users indicates that they have an improved sense of mental well-being, knowledge of mental health and how to access the support services available to support them.

The service providers stated that they have gained a greater understanding of the Somali culture and beliefs, as a result of attending the workshops and speaking openly with the service users. This dialogue has helped them to better understand how to support this client group and they have taken steps to share their learning with colleagues to improve working relationships with members of the Somali community across the organisation.

The measurable outputs and outcomes as defined by the funders are detailed below.

Volunteer Fund and Trust for London Performance Indicators 1st October 2010 – 31st March 2012

	Target	Actual	Difference
Volunteers			
Outputs for Volunteers			
Recruit and empower Somali volunteers as Cultural Brokers & Peer Educators	16	16	0
Information & Support Workshops bringing together Somali mental health service users with health/social care professionals	30	27	-3
Service Users			
Outputs for Service Users			
Service users/family members participate in Information & Support Workshops	80	95	+15
Outcomes for Service Users			
Self-report improved knowledge of health and social care services, improved access to services facilitating a reduction in health inequality (DHPriority 2)	60%	87%	+27
Self-report reduction in isolation/improved in mental well being (DHPriority 1)	75%	85%	+10
Service Providers			
Outputs for Service Providers			
Service Providers attend Information Workshops	45	45	0
Outcomes for Service Providers			
Self-report increased understanding of service user perspective, evaluating increased appreciation/understanding of user perspective (e.g. impact of migration, civil war, values, attitudes towards mental health)(DHPriority 1)	75%	71%	-4

Social Impact Report
Social Action Fund Performance Indicators 30th March 2012 – November 2012

	12 month Targets March 2012 – March 13	9 Months Actual March – Nov 12	Difference
Outputs			
Number of new Volunteers recruited	62	121	+59
Number of First Time Volunteers	50	107	+57
Number trained as peer support volunteers	12	12	0
Total number of hours of volunteer peer support delivered	1480	1886	+406
Number of workshops delivered	20	18	-2
Outcomes			
Outcome 1 Target: Directly support people to volunteer their time for peer support face to face.	93	121	+28
Outcome 2 Target: People will feel supported by their peers.	70	98	+28
Outcome 3 Target: People will feel better able to manage their mental health.	54	106	+52
Outcome 4 Target: As a direct result of their current involvement in the Hayaan Project, more people will be willing and able to continue to support other people in their community.	65	109	+44

Case Studies

‘A lady who has recently become a volunteer was originally a service user on the project. Attending the Hayaan workshops has helped her to understand her own illness and what mental health is and the support services available. As a result she accessed support from the NHS and started treatment and she has also been able to attend a local gym for free to tackle her weight issues. Her friends have noticed the difference and have now come to her for support. She believes in the Hayaan project and now wants to help her friends and other females in the community as a volunteer.’

‘A local Somali man approached one of the volunteers in the park as he knew his role in the community. He asked the volunteer to help a local lady who was very distressed and upset. The volunteer took the lady for a drink and asked what was wrong. It was found that her brother had been put in prison in Nottinghamshire and that he was also suffering from mental health issues. She was distressed that she could not see him. The volunteer arranged a trip and accompanied the lady to visit her brother in prison. The volunteer talked to the brother and explained mental health and they also spoke to the prison staff to explain the Somali culture and beliefs. Their facilitation has helped to reduce the frustration and anger that was building up with the young man in prison and the lady is much happier having seen her brother. The volunteer has put in a request for the young man to be relocated to a new prison closer to London.’

‘Harrow Job Centre have been referring individuals to the Hayaan project and the volunteers have been working with unemployed Somali’s to help them tackle mental health issues and develop confidence and mental well-being in readiness for employment and entering the job market. As a result, the Job Centre Adviser has seen a positive change in the beneficiaries and the service users speak very highly of the project. The volunteers will build a rapport with the service users over the course of a month and accompany them to hospital if appropriate to help them seek treatment for their illness.’

4. The Rational for the Project

The Needs of the Target Community

The London Boroughs of Brent and Harrow have growing populations of new arrival refugees, whose communities are often connected across these borough boundaries (Somali, Afghan, Iranian and Tamil) and totalling well over 60,000. Displaced and traumatised by death, torture, rape & family separation from civil war, it is widely evidenced that a disproportionate number of Somalis experience poor mental health. BME and refugee needs are the priority mental health need in Harrow JSNA 2010.

Unfortunately mental health is not recognised as an illness within the Somali culture. There is extreme stigma and shame about mental distress (source: Palmer & Ward 2006 Unheard Voices Commission for Patient & Public Involvement in Health), which frequently leads to secrecy, denial and families 'covering up' mental illness and individuals hiding their distress or disturbance until it becomes severe and un-containable. Somalis believe that mental illness is spiritual and not treatable through medication, thus there is fear, lack of trust in and perceived lack of credibility of the NHS mental health service (source 2009 National Mind Report). The Western medical model of treatment, with its focus on individual privacy/confidentiality is alien to Somalis spiritual and family based approach (source: 2008 Harrow PCT MH Needs Assessment with BME Communities P36).

As a result of these circumstances, it is often at crisis-point that intervention is sought (90% of service users request support only when they reach mental health crisis point (i.e. hospitalisation/police involvement), and there is a need to encourage prevention or early intervention amongst the community. Key stakeholders in Harrow have recognised this need and encouraged local action to take place.

Addressing Local Priorities

The Hayaan Project was designed to meet the following local priorities:-

- Harrow's JSNA Refresh 2009-2013 identified the need "to develop equality of access for BME communities and culturally appropriate services, transition protocols, advocacy, to support the most vulnerable in the community who have mental health needs."
- NHS Harrow Commissioning Strategic Plan 09/10-13/14 outlines the following two priorities;
 - Strategic Priority 4.2 "...Empower residents to prevent and manage long term conditions"...
 - Strategic Priority 4.3 Good mental health and access to services when required..."Mental health also disproportionately affects vulnerable groups...who have suffered displacement and trauma. Addressing this area is essential to reducing health inequalities."
- Harrow's LAA, encouraged participation in regular volunteering, under "Promote citizenship and civic renewal, and facilitated genuine dialogue and cultural understanding between the Somali mental health community and health sector, meeting the priority of "Improving the sense of cohesion in Harrow".

Mind in Harrow also liaised with local Somali partners including; Horn Response, Harrow Association of Somali Voluntary Organisations and the Harrow-Council led voluntary/statutory Somali Task Force. Local mental health organisations -Rethink who runs a rehabilitation home and employment project, Family Action who run a drop in service and Loud & Clear Advocacy Service and Harrow Carers who have a mental health caseworker and are partners in running the Somali Carers Forum.

Social Impact Report

They work closely with each of these organisations and Mind In Harrow designed the Hayaan Project to be unique so it did not duplicate any of the current offering and met the needs of the local community.

Innovative Approach

The design of the project is believed to be innovative and unique in the following ways:-

- To engage Somali volunteers in ‘cultural brokerage’ with their peers & health professionals to achieve better health, wellbeing and to tackle health inequalities (DH Priority1)
- To empower Somali volunteers to provide peer-support to tackle Somali cultural stigma re mental health, empowering citizens to shape their own lives, maintain independence, well being and access to services. (DH Priority2)
- Influence and inform service practitioners about the culturally specific mental health/welfare needs of the Somali community in a setting which is both culturally conducive for Somali service users and non clinical/time-bound for service providers.
- It weaves the Somali community’s intrinsic family based values into the very core of the Hayaan Project through the volunteer peer educators.

Origin of the Project

The design of the Hayaan Project was directly influenced by an earlier project run by Mind in Harrow called the Somali Advocacy Project. This initial project employed a Somali Advocate/interpreter to support Somalis & their families to communicate their mental health needs and explains the Western medical mental health model so they can better access services. The Advocate also explains the Somali user’s specific cultural context to mental health professionals in a client based-setting, to increase their awareness.

The successful outcomes of this project (90% of service users found the Advocate service ‘extremely helpful), encouraged Mind in Harrow to look at ways of extending the outreach of the service, and the most sustainable way of achieving this was through appointing an Advocate Volunteer Coordinator to mobilise volunteers to deliver the service.

Aspirations for the Project

The Hayaan Project has aimed to significantly influence Harrow’s mental health policy and practice by (i) working with service practitioners through the Information Workshops and (ii) jointly working and sharing best practice and learning with the aforementioned Somali Taskforce – of which Mind in Harrow is a founding member.

They intend to disseminate the evaluation and final report to Harrow & London-wide BME communities, Senior Harrow NHS/PCT Commissioners, Harrow Council (Councillors and Officers) and National Mind accordingly and consider with our partners, how this model can be best replicated with other local BME communities (e.g. Afghan and Iranian) facing similar issues.

Mind in Harrow Hayaan Coordinator sat on the DOH’s steering group, which planned to commission national Mind to engage with 10 PCTs to improve mental health advocacy. They intended to use this forum to share best practice and learning.

5. The Journey for Participants

5.1 Volunteers

Starting Point on Journey

Volunteers were recruited through word of mouth primarily from existing Somali networks (e.g. the embryonic Somali Carers Forum). They have comprised of a mix of mental health service users, carers, family members & Somali community/spiritual leaders.

The characteristics of the volunteers include a natural leadership, a responsibility and passion for helping their community, empathy, highly educated, and ready to learn. Volunteers give on average 24hrs a month volunteering on the project.

The volunteers attend a 3 day training programme that covered mental health illnesses and medicines, advocacy, befriending, data protection, signposting/support services available, listening and communication skills, how to care for a service user. They also attended a 1 day training course on evaluation methods and are offered training on safeguarding, which enables the Peer Educators to gain a better understanding of how to meet the needs of vulnerable adults and how to manage safeguarding issues.

Strengths of the Programme

Views of the Volunteers

- **Training Course** - The volunteers rated the quality of their training course as good or excellent. They felt the information and content was relevant, the structure was good and the trainer was excellent.
- **Trainers** – The volunteers have highly valued and rated the trainers who delivered the training, in particular the qualified psychiatrist from the Somali community who has presented talks on mental health at the workshops, for his expertise and cultural understanding.
- **Peer support** – The volunteers meet twice a week to discuss any matters that have arisen and they will confer on the needs of a service user to discuss the best support option or referral route. There is a strong sense of commitment from the volunteers and a need to have a presence in the community.

Views of Support Staff

- **Outreach** - The volunteers have enabled the project to expand beyond what the Coordinator could achieve alone, they are advocates for the project. The Somali community communicates orally, so the volunteers have spread the word about the project through their community hubs, family and friends.
- **Recruitment Process** – The Coordinator had to implement a tailored approach to recruit members of the community as they typically don't volunteer on a formal basis and wouldn't apply through standard volunteer recruitment processes. Therefore they used an application

Social Impact Report

process coupled with a less formal procedure of pre-meets to encourage and support a wide uptake from volunteers. This approach successfully attracted members of the community from different age groups, gender and social and professional backgrounds. The Coordinator reported that the mix of Peer Educators in the group created a healthy dynamic in terms of contributions and shared understanding between members.

- **Training Design** - The training programme was developed in collaboration by the Coordinator and key representatives from the Somali community to ensure it was tailored and culturally appropriate for the audience. Local partnerships were embraced on a small scale by inviting key speakers from local services. The aim was for them to present their services during the training and start a dialogue with the volunteers around how their service could better engage the Somali community. In the development of the Training it was agreed to add an innovative element by making the Training experiential. This was achieved by including a formal presentation at the end. The presentation was particularly useful as it enabled the participants to demonstrate some of the key competencies they had learnt throughout the course.

Challenges**Views of Support Staff**

- **Gender Diversity** - It was a greater challenge recruiting female volunteers due to their different roles within the community and engagement in the programme. This has led to a lesser number of females taking part overall as service users and volunteers.
- **Sustaining Volunteers** – The number of volunteer hours required by a volunteer has proved challenging as they have other commitments. Due to the nature of the role it can be quite time intensive and unpredictable, especially if the volunteer is accompanying a service user to a hospital for example. On average a volunteer can give 24hrs per month to the programme.
- **Volunteer recruitment administration** – The majority of Somali volunteers recruited to the ‘Peer Educator’ role had not volunteered through a formal process before. They faced practical challenges overcoming the standard volunteer recruitment procedures as some struggled to provide 2 references or sufficient documentation to prove identity for CRB checks because of the transient nature of their life. The Hayaan Coordinator has needed to dedicate considerable additional time to give practical assistance to volunteers through this process over a longer period before they are able to start.

Views of Volunteers

- **Costs** – Volunteers felt they were expected to pay costs of supporting beneficiaries including travel and refreshment expenses and this has been a challenge for some of them as they don’t have the spare financial resources.

Social Impact Report**Opportunities for Improvement**

- **Information** – The volunteers should be aware that they can claim for funds to cover volunteer expenses, such as travel, refreshments etc when meeting clients.
- **Gender Diversity** – Prioritising the recruitment of volunteers from both genders would have helped support a wider range of service users.

End Point on Journey

The volunteers are trained with new knowledge and skills that they can utilise within their community for the long term or in their workplace, which is a key legacy for the project. They also have had the opportunity to join other projects as volunteers with Mind in Harrow such as the User Involvement Project (UIP), which has offered internal training and new paid opportunities for the Peer Educators. To date two Peer Educators have attended the UIP training.

Short Term Outcomes

The volunteers feel they have gained the following outcomes from the project:-

- **New skills** – presentation skills, partnership skills, listening skills, emotional literacy and transactional analysis.
- **Understanding of mental health** – different illnesses, advocacy information, and steps for supporting someone suffering from mental health
- **Changed their mind-set about mental health** – It enabled them to understand what mental health is, which has changed their opinion to what they culture traditionally believes.
- **Feel equipped to support their community** –They feel educated with information and techniques for tackling mental health, which has enabled them to get more involved and confidently support members of their community.
- **Partnership development** –The volunteers feel that they developed good skills to develop partnerships with a range of statutory and independent service providers in the community to engage them in the project.

Volunteer Feedback

‘Overall, I though it was a course that provided a lot of useful info, that has changed my mind set on mental health’

‘Excellent content of training, useful and relevant to the audiences needs.’

‘I thought it was great overall, I feel like I’ve learnt a lot and would definitely recommend. It has changed my mindset and I a lot more understanding about mental health.’

‘Very informative training. Learnt a lot of pass onto my community.’

‘Excellent training, very informative, clear and relevant. Good range of techniques learnt and introduced.’

‘This was very useful training and can have a positive impact for the mind service users.’

‘The skills we have learned makes us different, as I can help my own people by talking to friends and family. I feel more confident than before due to training and the possibility to practice.’

‘The project has told me about lots of things in the community e.g. barriers, medication. I found the training useful, and being able to connect with others in the training who were a mix of ages.’

Long Term Outcomes

The Work Star Form was used to measure change in work related domains of the Peer Educator's life. It was found that on average the Peer Educators who participated in the sample interview had shifted by 4 points, showing a significant change in the seven work related domains.

The Seven domains, which are listed, include, Job specific skills, Aspiration and motivation, Job search skills, Stability, Basic skills, Social skills for work and Challenges.

One of the two Peer Educators who were not working felt more work ready as a result of receiving the training and experience of working in a Peer Educator role. More generally three of the four Peer Educators felt their skills had improved making them more confident in a working environment. The Work Star form supported the findings in the Pre and Post Questionnaire. In combination the results supported the outcome toward improving skills towards employability and reduction in poverty.

Overall Conclusion and Recommendations**Achievement against Targets**

The project successfully recruited and trained the target number of volunteers, but unfortunately not all volunteers were sustained, due to the challenges mentioned above.

From the qualitative research with the volunteers, they felt they had actively got involved in their community through understanding the issues and taking on a role where they could help others. They felt they had the necessary skills to fulfil their role of develop partnerships with service providers, organising the workshops and measuring their impact.

Identified Best Practice

The design of the training programme and on-going support structure has provided the volunteers with the knowledge, skills, peer support and confidence to take on their role. The volunteers have developed close working relationships with each other as well as with service users, and they demonstrate great pride in what they have organised and achieved to support service users in their community access support. It is evident that identifying and recruiting volunteers from within the local community embeds a level of empathy, responsibility and ownership that has helped to make the project a success.

Learning and Recommendations

It is important that volunteers are aware that they can claim for transport and refreshment costs when supporting service users.

A more intensive monitoring and evaluation process for volunteers would be valuable to measure the impact of the programme on their lives.

5.2 Service Users

Starting Point on Journeys

Service Users engage in the project as a result of word of mouth, volunteer outreach and referrals by the service providers. The volunteers have actively knocked on doors, approached people in the street, hospitals, prison and community hubs.

The demographic breakdown of 297 users participating in the programme is as follows:-

GENDER	
Female	21%
Male	76%
Not disclosed	3%

AGE	
20 and under	1%
21 - 35	21%
36 - 50	52%
51 - 65	21%
66 +	1%
Not disclosed	5%

The breakdown shows the following trends.

- Three quarters of the service users were male;
- Over half of the service users were aged between 36-50;
- Over half of the service users were not in employment;
- Over half were accessing some type of benefit

CURRENTLY RECEIVING JOB SEEKERS, INCOME SUPPORT OR INCAPACITY BENEFIT	
Yes	53%
No	41%
Not disclosed	6%

EMPLOYMENT SITUATION	
Employed full time (30 hours or more)	8%
Employed part-time	24%
Unemployed	46%
Full-time student	2%
Retired	3%
Full-time homemaker or carer	11%
Not disclosed	6%

REFUGEE STATUS	
Seeking asylum	10%
Refugee status	39%
British Citizen	25%
Not disclosed	26%

Social Impact Report

ETHNIC ORIGIN SUMMARY	
White	2%
Mixed Parentage	2%
Asian or Asian British	0%
Black or Black British	94%
Chinese or Other Ethnic Origin	0%
Not disclosed	2%

Between March 2011 and Nov 2012, a sample of service users were asked a key number of questions about their experience of tackling mental health in the past year. These users may have been new or repeat visitors to the workshops. On conclusion of the results, it showed that the community was looking for support from public services.

- 69% were regularly (defined as once a month or more) asking for advice about: Access to NHS or Social Care services, housing, welfare benefits, travel concessions, employment or training, advocacy, immigration.
- 60% have regularly talked about their mental health with their family and friends.
- 56% have regularly asked for help with their mental health or for a family member.
- 65% have regularly attended a health or well-being sessions

These results demonstrate that the community is looking for support to tackle mental health and they are taking steps to tackle it. This is particularly relevant amongst the third of respondents who have never sought support or discussed their issues before attending the sessions run by the Hayaan project. 71% of the respondents were attending the sessions for their personal interest, whilst 15% stated it was for a family member.

Strengths of the Programme

Views of the Service Users

The feedback from the participants has been very good, commenting that the workshops were excellent and that they really enjoyed them.

- **Delivery Style** – It was felt the workshops were very well presented. The presenters have been engaging with the audience. The use of volunteers as Somali actors to perform drama about mental health was well received and felt to be innovative.
- **Information** – The participants found the sessions very educational and gained a greater understanding of mental health, the issues facing the community and the support available locally. It was felt that the complex issues were simplified.
- **Access to Services** – The attendance of service providers within in the sessions has helped to build a bridge between service users and the health and social care services, so both parties can

Social Impact Report

better understand each other. The service providers understand the needs of the community, and the service users understand what support is on offer and how it can help.

- **Cultural Alliance** – A Somali psychiatrist provided bilingual lectures, and consultations with service users to provide a second opinion on their illness and cure. He was felt to be a trusted source of information and guidance within the community.

Views of the Support Staff

- **Format** – The information and support workshops initially were seen as separate but the content was combined over the course of the project. It was found that the ideal format of a workshop consisted of an empowerment session led by a coach/volunteer, an expert session to discuss types and cures for mental health, and a consultation session where service users could speak to volunteers or service providers. This format is 3hrs and each week the workshop covers new content.
- **Community Setting** – The workshops provide opportunities to connect over lunch, the location is in an area well known to the community, publicity is by word of mouth as oral communication is preferred, sessions are bi-lingual and led by respected community members.
- **Retention** – The continued drop in format has encouraged service users to attend regularly. It often takes a month for a volunteer to build rapport and trust with a service user and the continued regular workshops have facilitated this. On average 25 service users have attended a workshop.
- **Holistic Offering** – The workshops have started to tackle a wider range of issues facing the service users that trigger or stem from mental health issues, for example smoking, obesity, crime etc. This has led to an increase in the range of service providers attending the workshops and resulted in a wider remit and impact for the project overall.
- **Topics for workshops** – Topics have been shaped by the peer educators, service users, service providers and in response to newer government policy developments, such as a presentation from Harrow Council about personalisation, or new local issues, such as a consultation on proposed changes to mental health day services.

Challenges**Views of the Support Team**

- **Access to Expertise** – The presence of the Somali psychiatrist has been felt to be very valuable in the sessions and the challenges of expansion into other areas would mean he would need to be paid to attend all of the sessions rather than just volunteer.

Opportunities for Improvement

Views of the Support Team

- **Frequency** – The number of sessions could be increased to weekly, rather than fortnightly to meet demand, if financial resources allowed.
- **Gender Diversity** - It is known from previous learning that there is often a traditional cultural segregation between Somali male and female clients accessing the same service. Thus one option is to set up a specific women's group to ensure the needs of Somali women is also being addressed.

Views of the Service Users

- **Statistics** - It was felt that the presentation of research and facts to back up medical recommendations provided by the health sector would have been valuable in the session since the community is sceptical of medicines.
- **Learning into Action** – It was felt that more practical steps to take action could have been included in the session to apply the learning and information provided into reality.
- **Cultural Viewpoint** – There was a comment made in regards to the sessions having a stronger focus on the Somali view point on mental health and using terminology in Somali.

End Point on Journey

Service users who have engaged in the sessions have:-

- Continued to attend the sessions to access on-going support
- Continued to engage with the volunteers for support
- Accessed health and social care support services for treatment and support.

Short Term Outcomes

The following outcomes are based on a representative sample of 267 respondents who attended the workshops and completed a post questionnaire:-

- 87% feel they have learnt about their rights for at least one of: Access to NHS or Social Services, housing, welfare benefits,

Service User Feedback

'Drama is a basic way to bring together. It is important part to this project to bring together the Somali actors, to perform drama about mental health.'

'Excellent presentation on self-improvement.'

'It was giving and contained good information about basic mental health.'

'This workshop was fantastic, I gained a lot of good things.'

'Very well presented – complex issues simplified.'

'Well presented, useful and informative.'

'Would have liked there to be a stronger focus on Somali view point on mental health and terminology in Somali.'

'Yes it was a very interesting workshop, very helpful. Got a lot of information about different mental health organisations.'

Social Impact Report

travel/concessions, employment or training, advocacy, immigration.

- 86% feel they know where to get advice about at least one of: Access to NHS or Social Services, housing, welfare benefits, travel/concessions, employment or training, advocacy, immigration.
- 85% felt they were better able to look after their mental health as a result of the session.
- 84% felt more able to talk about, and support their own or their family's mental health needs as a result of the session.
- 85% felt that other people in the group supported them in the session.
- 86% felt able to participate in discussions and support other people in the group.

Long Term Outcomes

- **Access to Services** – Service users have accessed a wide range of services to tackle their mental health issues from employment support, fitness and medical services to seek treatment.
- **Word of Mouth Reputation** – The reputation of the project amongst service users has led to enquiries from other Somali communities living in other parts of London e.g. Brent and Ealing. The Coordinator has been liaising with these individuals about how to expand and replicate the project into these areas.
- **Service Users Progression** – Some of the service users who have benefited from the services have progressed to become volunteers for the project to help engage others in their community, as they are strong advocates of what the project is trying to achieve.

Overall Conclusion and Recommendations**Achievement against Targets**

The project met its target in regards to the number of service users and service providers attending the workshops. With an average of 3 visits per service user, it demonstrates the demand and attraction of the workshops for this client group. The feedback from the service users was overall very positive and there has been a measurable increase in service users understanding how to access support services and how to look after their mental health needs or those of their family. The impact of the workshops exceeded expected targets.

The number of workshops delivered was slightly below target due to delivery being postponed during Ramadan.

Identified Best Practice

The community based volunteers and workshop style and format has nurtured peer to peer support and learning and as a result the participants have felt able to participate in discussions and support each other.

Social Impact Report

The participation of the Somali psychiatrist has been a key ingredient for service users, as it has provided them with a credible source of expertise from someone who understands their culture and can speak and relay the information in a way that they understand. His input has been invaluable in the project and building trust with the target community and service providers.

Learning and Recommendations

It would be valuable for the volunteers to record and capture the long term outcomes of the project in more detail to determine how many service users have taken steps to access mainstream support services as a result of the Hayaan project and whether the engagement with the service provider has resulted in a successful outcome.

In the future it would be valuable to explore ways to engage a greater number of female service users, through separate workshops or recruitment of female volunteers.

It would be valuable to consider how to capture the messages and lectures of the Somali psychiatrist to enable them to be shared with Somali communities for the long term. His ability to participate in other projects across the UK will be limited so it would be valuable to look at ways of retaining and sharing his knowledge through other mediums such as video for long term distribution.

5.3 Service Providers

Starting Point on Journey

Service Providers were asked about their expectations of the programme and why they chose to attend the workshops. A summary of their responses is detailed below.

- To learn and understand more about the Somali community and culture
- To identify the needs of that community.
- To know how best to support service users from the community
- To learn about the resources provided by the group
- Just to learn more about work against the gangs in the community and the wider picture.

Through a pre-questionnaire with a sample of participants it was found that:-

- 78% claimed to know very little or nothing about the Somali culture.
- 75% knew very little or did not know about the Somali's attitude towards the NHS and other public services.
- 81% knew very little or did not know about Somali perspectives on mental health and well-being

Strengths of the Programme

Views of the Service Providers

Based on the feedback questionnaires and interviews with a sample of services, the service providers felt the following elements were beneficial:-

- **Learning about their experience** – It provided an opportunity to speak to the community, to gather case studies and learn about experiences of the Somali group and gangs.
- **To provide information to the community** - The community had a wide range of questions to ask the service providers and it provided an opportunity to engage and discuss things with them.
- **Developing knowledge** – The speakers were enthusiastic and knowledgeable. The community provided honest feedback and had informed views and good discussions took place between the community and service providers.
- **Developing referral routes** – It helped the service providers understand what the Hayaan project offered and where they can refer and access support for their own clients and provide additional support to the Hayaan service users.

Views of the Support Staff

- **Diversity** – A wide range of service providers have shown interest in getting involved in the programme and engaging with the Somali community. Mental health relates to a wide range of problems so it has been beneficial to attract a diversity of providers to increase our potential impact.

Challenges

Views of Service Providers

- **Staff Changes** – It has been a challenge to retain the knowledge within an organisation or within teams due to staff changes.
- **Outreach** – It would be valuable for the peer educators or coordinator to do regular outreach with us to maintain the partnership and ensure our staff are up to date with what is happening. This is particularly important with staff changes.
- **Time** – It can be a challenge to get the message to all of the staff that need to know about this community. Therefore it would be beneficial for the Coordinator or peer educators to attend our team meetings or training days to educate a larger number of staff.

Views of Staff

- **Staff Changes** – It can be challenging to engage with service providers and mobilise partnerships with changes in staff and restructuring taking place.

Opportunities for Improvement

Views of the Service Providers

- **Format** – It was felt that the power point presentation wasn't required, as it distracted from the speakers and the discussion. The discussion could have been better facilitated with more structure and focus to get clear outcomes.
- **Additional Resources** - Providing a copy of the presentation, handouts and an agenda prior to the questions.
- **Setting the Tone** – It was felt that there was a need to set the tone and facilitate a structured discussion for finding solutions

Service Provider Feedback

'The session was very interesting with people from a wide range of questions related to the community.'

'I found the joint discussion with regards to our service provision, culture and the Somali community very useful.'

'Hearing what the project offers its users and identifying where the local mental health services can link in and learn from your community.'

'I have referred my clients to the Hayaan project to help them get support from their peers to increase their confidence and mental well-being ready for employment.'
Harrow Job Centre

'As a result of the workshop I invited the Coordinator to sit on our BME advisory panel for the Recovery College Management Panel, to help us address the needs of the Somali community.'

'As a result of learning, I now deliver briefing sessions to our peer trainers to educate them about the Somali culture.' Carol Harrison-Read, Senior Manager and Faith Lead, CNWL NHS Foundation Trust.

'As a result of attending the open day and workshops I now understand how the Somali community perceive mental health. As a result I have encouraged all of our departmental team leaders to attend the sessions.' Alison Devlin, Diversity Lead, CNWL NHS Foundation Trust.

Social Impact Report

and ideas to the problems discussed, to ensure a blame culture didn't arise amongst participants.

- **Outreach** – It was suggested that the peer educators could undertake greater outreach into the service providers to educate community teams as due to numbers/turnover of staff not all staff could attend the workshops.
- **Formal Engagement** – It was suggested that where appropriate service providers could be invited on a regular basis to workshops to engage and provide support to service users, rather than on an informal basis to create a more structured way of working.

End Point on Journey

The workshops attracted a large number of service providers including senior members of the CNWL NHS Foundation Trust, which provides the main mental health services in the Borough, Equality Centre and the Employment Support Coordinator from the Improved Access to Psychological Therapies (IAPT) Service.

Short Term Outcomes

A sample of attendees completed feedback questionnaires, which provided the following results:-

- 81% agreed they had learnt a lot about the Somali culture.
- 67% agreed they had learnt more about Somali attitudes to NHS and other public services.
- 67% agreed they had learnt more about Somali perspectives on mental health and well-being.

Long Term Outcomes

As a result of the Service Providers participating in the sessions, they have taken the following actions:-

- Referred suitable individuals to the Hayaan project
- Engaged the volunteers to provide additional support to their beneficiaries where cultural understanding and translation is of benefit.
- Provide regular briefings to peer trainers to share the knowledge and learning with staff
- Informed other departments and team leaders to encourage them to attend
- Invited the Coordinator to participate on advisory panels to influence and input into the delivery of mainstream services
- Adapted their working practices and approach when working with the Somali community to make it more culturally sensitive.

Overall Conclusion and Recommendations**Achievement against Targets**

The total number of service providers participating in the project met the expected targets. It attracted service providers from a wide range of professional disciplines due to the widening agenda that influences and stems from mental health issues.

From the feedback, it was evident that service providers learnt more about the Somali culture and to a lesser degree about their perspectives on mental health and attitudes towards the NHS. This slightly affected the impact statistics as based on an overall average it brought the result slightly under the expected target. As a result of the workshops, it is evident that service providers have taken steps to improving their working practices with the Somali community, which demonstrates that the aspirational long-term outcomes are being achieved.

Identified Best Practice

The approach of bringing together service providers and service users within a community setting to discuss matters and understand each other better has been felt to be an ideal approach for breaking down barriers. It has enabled a mutual environment for learning and understanding for both parties with a view to increasing access for service users to mainstream services.

It has enabled service providers to get a better sense of the community's needs and cultural background with a view to adapting their approach to better meet the needs of service users.

Learning and Recommendations

It would be valuable for volunteers to sustain relationships with service providers and to monitor the longer term outcomes of the project on service providers to find out the tangible changes that have taken place, e.g. training sessions being undertaken with colleagues or an increase in referrals and successful outcomes with service users.

Ensuring a structured format and setting a suitable tone with organised facilitation is essential when bringing together both of these parties, especially if frustration has previously run high amongst certain service users.

6. Resourcing and Management

The Volunteer Coordinator was recruited from the Somali community on a part time basis. His role was to provide one to one advocacy support to a small number of service users, monitor financial expenditure and to recruit and manage volunteers.

The Volunteer Coordinator's role was to explain the project, identify and secure commitment from appropriate health personnel and introduce them to the volunteers. The Coordinator was involved in a shadowing programme for approximately 4 – 6 weeks with another Volunteer Manager within the Organisation for on the job training. The sessions, which lasted an hour, supported the Coordinator to develop an understanding around structures and the process of managing volunteers.

In addition the Coordinator attended 3 Attend Training sessions in London, which have addressed the topics 'project management', 'change management' and 'equalities and volunteering'.

The Volunteer's role was to organise the Information and Support Workshops, build a relationship with health personnel and execute the role of Peer Educator and Cultural Advocate. They were also trained and responsible for gathering the project monitoring data. The project is very dependent on volunteers and their time and it is estimated that an average of 24hrs a month is required. Finding volunteers who can offer this amount of time has been one of the challenges on the project. Despite these challenges they did find a sufficient number of volunteers who could provide the time required.

An Advisory Steering Group was established; of representative project volunteers, Somali community leaders, the Hayaan Volunteer Coordinator, the Senior Service Manager and a trustee. In the first 6 months, they faced some challenges in securing regular attendance at the quarterly Steering Group meetings. Therefore, with the agreement of members, the format was changed to a Stakeholders Event and invited a wider range of organisations to join the meeting, which was much more successful in engaging 20 interested parties to plan jointly the future development of the project, including the Council's senior lead for refugee outreach.

7. Sustainability Strategy

The future of the Hayaan Project has four possibilities.

Community Led	Replication	Mainstream	Expansion
<ul style="list-style-type: none"> • If Mind in Harrow fails to secure continued funding, the legacy of the project will depend on the volunteers continuing to share their knowledge and skills within the community. 	<ul style="list-style-type: none"> • The core components and approach of the Hayaan project could be replicated to other communities and projects. 	<ul style="list-style-type: none"> • A emphasis has been placed on engaging with the mainstream health and social care services and it is hoped that this unique approach will be recognised and funded by mainstream providers. 	<ul style="list-style-type: none"> • The innovative approach of the Hayaan project has attracted interest from other communities in London and the expansion of the project has already begun into Brent and Ealing. The project will also be promoted amongst the national Mind network.

If funding is not secured to continue the project post March 2013, its legacy could remain with the trained volunteers to carry on their roles informally within the community. The aspiration however is to attract funding from the mainstream providers to continue the service in Harrow and Brent.

The successful reputation of the service has attracted interest of Somali community leaders from other locations and the project has started to expand into new areas as a result. The opportunity to replicate the model with the Somali community could take place on a national scale.

The other key outcome is that the core components of the model could be replicated for other communities. The evaluation has identified the core components to be:-

- i) The project is facilitated by a coordinator who is a respected member of the beneficiary community, bilingual and has an appropriate cultural understanding and background to build trust with service users.
- ii) Recruitment of volunteers from the same community to undertake outreach and peer support to target beneficiaries.
- iii) Delivery of drop-in workshops within a community space, which provides a place for service users to find out more about mental health in a safe environment amongst their peers.

Social Impact Report

- iv) Facilitating understanding and relationships between potential service users and service providers within a trusted, community-based, non-clinical setting.
- v) Having an expert trainer involved with an appropriate cultural understanding and background who can build rapport and trust with service users.

Mind in Harrow has already successfully secured funding from Comic Relief to run a similar project with these core components for Afghan women in Harrow called 'Nedaye Zan'.

Mind in Harrow plans to disseminate the project learning to influence policy and practice and facilitate project replication through:-

- a) Attendance at support workshops by 2 senior personnel from CNWL NHS Foundation Trust, the main provider of NHS mental health services covering 6 different London boroughs, and 2 senior personnel from Harrow Council Adult Social Care
- b) A final report made available across 180 Local Mind Associations in England and new arrival/refugee community organisations in North West London

8. Evaluation Methodology

Economic Change CIC was commissioned by Mind in Harrow in January 2013 to undertake an independent evaluation of the Hayaan Mental Health Project delivered over the last two years.

Economic Change has an established track record in undertaking social impact research and evaluation studies. We have worked with educational, private, public and third sector organisations to conduct market research, evaluate, design and inform the development of community and economic development programmes.

The process of evaluation took on five stages.

Stage 1: Inception

Stage 2: Framework Development

Stage 3: Data Analysis

Stage 4: Primary Survey Work

Stage 5: Final Report

A focus has been placed on assessing the peer support element of the project, compiling and summarising available quantitative and qualitative evaluation data captured through a variety of evaluation methods by the delivery team over the last two years.

To complement this data set, Economic Change carried out a focus group and a series of interviews with the Coordinator and a sample of volunteers, service user, and service providers.

The following evaluation methods were carried out by the Mind in Harrow delivery team:

- Pre and post qualitative/quantitative questionnaires were given to service users, service providers and peer educators to complete on a voluntary basis. There was not a 100% completion rate, the main reason being the challenges of filling in surveys with people from the Somali community owing to cultural and language differences.

The questionnaires were given to all participants whether it was their first visit or a repeat visit. Based on this approach, the Mind in Harrow team used the following methodology to analyse the feedback:

- Results from each set of workshop surveys are input into a spreadsheet tool, which aggregate the cumulative results from the project to date.
- Results are presented as % against a five point scale.
- If participants scored the workshop on the 'Yes, very good' or 'Quite a lot' end the scale range, they counted these results as the project outcomes achieved and multiply the combined % by the total unique individual participants recorded on attendance registers for these workshop sessions.
- They then calculated the total unique individual participants by adding the number of new participants to each workshop to the existing group of 20 participants who attend regularly.

NB. Ideally these pre and post questionnaire would have been completed just once by services users during their time on the programme to provide more accurate baseline and progression statistics. The challenge with this however is that service users have no set time frame on the

Social Impact Report

project and it could vary from one week or two months for them to build trust and gain benefit from the project.

It would also have been useful to include questions in the baseline questionnaire to back up the documented challenges that face the community. E.g. had they tried to access mainstream support previously, and what had been their experience?

- Interviews were undertaken with a sample of volunteers/service users/health professionals respectively.
- Statistical data will capture volunteer & service user status (sex/marital/employment/age/relationship to service user)
- Volunteers were asked to fill in a Pre and Post 'Work Star Form'. The Work Star Form is an outcome tool created by Triangle Consulting as a method to measure change. This tool maps the client's journey to recovery by plotting their progress on a 10-step ladder within a star structure. The Seven domains, which are listed, include, Job specific skills, Aspiration and motivation, Job search skills, Stability, Basic skills, Social skills for work and Challenges.

NB. This approach was discontinued by Mind in Harrow as it proved difficult to get consistent results over 2 years.

In the future, we propose that the volunteers also track the longer term outcomes of service users and service providers through an additional question in the questionnaires and/or through on-going informal conversation with them. e.g. for service users - whether they had taken steps to access services and whether this has resulted in a successful outcome. For service providers – whether they have shared their learning with colleagues or seen an increase in referrals from the community. Capturing this detail would have provided greater evidence to demonstrate the impact of the project over the contract time period.

Project Evaluation Lead: Mrs Heather Black, Managing Director, Economic Change CIC

Website: www.economicchange.co.uk