

A Report prepared for
Mind in Harrow - 'Nedaye Zan' Project 2013 - 2016
2nd Year Social Impact Evaluation Report
by Economic Change CIC October 2015



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1. Executive Summary

'Nedaye Zan' means 'Voices of Women'. The project aims to empower Afghan women to have a voice with in the community by increasing their awareness of mental health services and to have a better understanding of mental health, overcome cultural stigma and improve access to support services.

Secondary research has indicated that displacement and trauma of migration, loss of status, family separation and experiences of civil war largely effect refugee communities, whom can experience a higher incidence of poor mental health. Local primary research found that Afghan women in Harrow were suffering particularly from depression, anxiety, stress and social isolation.

The Nedaye Zan project enabled Afghan women to participate in fortnightly peer group sessions to learn about mental health, discuss matters important to them and to seek guidance from guest professionals who attended the sessions to learn more about the Afghan culture and challenges, and to share their knowledge. A part-time co-ordinator was funded by Comic Relief to arrange this support and recruit volunteers, professionals and beneficiaries.

Mind in Harrow also added value to the project through the addition of social, physical and learning activities. These activities were positively received by beneficiaries to help them to achieve greater health and well-being.

Mind in Harrow commissioned Economic Change CIC to produce an evaluation report for the 'Nedaye Zan' project at the end of year 2. The evaluation aims to identify the key features of the project's unique approach and recommend how the project could evolve to have a greater impact marginalised groups of people.

From our findings, the peer-to-peer group sessions with invited professionals is a model that proves to work. Overall the project has overachieved on the expected outcomes for the 137 unique beneficiaries and 15 professionals actively involved.

The beneficiaries we spoke to portrayed how they now had a strong sense of positivity, clarity and confidence in their life as a result of participating on the project. They feel they have gained new knowledge about their rights and mental health, and this has given them confidence to address issues and overcome challenges. This has subsequently improved relationships with their family and friends, and communication with statutory agencies to overcome issues e.g. benefits officer, teachers, GP etc.

From the feedback provided by the professionals, it seems the project has successfully achieved the outcomes it intended, by generating a greater understanding of the Afghan community, culture, attitudes and perceptions, and this has resulted in agencies making changes to improve access to their services.

Overall the demand for the project currently outstrips its current capacity and future sustainability, so the future lies in securing additional funding and/or leveraging the leadership capabilities of the volunteers to continue to run the peer group sessions.

2. Summary of Project

Aim of the Project

'Nedaye Zan' means 'Voices of Women', which is the focus of the project which aims to empower Afghan women to have a voice with in the community by increasing their awareness of mental health services and to have a better understanding of mental health, overcome cultural stigma and improve access to support services.

Activities of the Project

- Establishing a User-led Steering Group meetings
- Peer Advocate engagement and support using volunteers
- Delivery of fortnightly Mental health/anti-stigma workshops, led by peer advocate volunteers.
- To engage NHS/social welfare service professional's workshops

Target Audience

- Afghan women in Harrow
- Health and Social Care professionals

Project Content

1. User-Led Steering Group – consists of Afghan people, services providers and mind staff including an Afghan GP, Health Care Professional, AAL Director, Afghan Professionals Network Vice president, Community Leader.
2. Volunteer Peer Advocate – target to recruit 8 active peer advocates per year and offer a twice a month supervision session. Volunteers were provided with 3 days training and also sent on other training courses in the community.
3. Fortnightly Workshops - These fortnightly workshops have covered a range of topics including mental health stigma, domestic violence, how to access mental health services and mental health law. They are delivered as bi-lingual (provided in Pashto, Dari and English).
4. Partnership work with Professionals - The project developed a range of partnerships with local service providers, Job Centre, GP Surgeries, Afghan Association London, Blavo Solicitors, Counselling Professional, Victoria Climbié Foundation and Harrow council.

Additional Value

During the workshops it was identified that additional services were required. The project co-ordinator therefore took steps to source funding or courses that would help to address needs of the beneficiaries.

5. International Women's Day – This event was organised for all Afghan women living in Harrow. The event aimed to raise awareness about mental health and the work of the Nedaye Zane Project and attracted 100 attendees.

6. ESOL classes – available free and locally to Afghan women to help improve their English language skills.
7. Gym and Yoga Activities – additional funding was sourced by Mind in Harrow to give participants access to women’s only gym and yoga activities.

Funding and Duration of Project

The project is running from May 2013 – April 2016, with a grant of £99,927 from Comic Relief.

Strategic Outcomes and Outputs accountable to Comic Relief Fund

Aim 1- - Increasing awareness of mental health services and to have a better understanding.

Aim 2 – Improving Access to Support Services

Comic Relief Project outcome	Intermediate outcome for your project	Indicator
1 – Greater involvement of people who have mental health problems in decisions that affect their lives	Afghan women living in Harrow have increased involvement in decisions about their mental health and support	Self-reported that they feel more able to make decisions about own mental health/support needs
3 - More inclusive and accessible mental health services and organisations, in particular, for people from black and minority ethnic communities	Afghan women living in Harrow are better able to express the views and needs to mental health/ social welfare services	Felt more confident to self-advocate to mental health/social welfare services Feel more about confident about what mental services to access
	Afghan women living in Harrow have improved experience of accessing mental health services/ social welfare services	Reduced level of self-applied mental health stigma as they feel more able to talk about their mental health with other people.
	NHS/ social welfare service providers commit to improve accessibility of their services for local afghan women	Level of service providers’ increased understanding of Afghan mental health perspective
		Level of service providers’ increased understanding Afghan cultural attitudes to NHS/social welfare services
		Level of commitment by service providers to make their services more accessible/ inclusive

Additional Outcomes

To facilitate the outcomes above, the project also helped to empower women to have a voice and influence changes within existing service provision. A number of other outcomes were therefore identified by Mind in Harrow, as it was felt the project contributed actively towards:

- Supporting and creating a user-led movement and developing a collective voice to influence decision-making processes.
- Empowering marginalised groups to influence and shape services to meet their needs.

3. Resources and Management

The Comic Relief grant paid for a part-time Coordinator to manage a team of trained Afghan volunteer peer advocates, engage professional agencies, deliver fortnightly peer support workshop sessions, and co-ordinate support for the beneficiaries.

The Coordinator was recruited from the Afghan community on a part time basis, and their role and project was overseen by a manager at Mind in Harrow, supported by senior management.

To support the Co-ordinator, 8 volunteers were recruited each year to assist with organising the fortnightly sessions, provide peer to peer support and act as an advocate and referral point for the services. They were also trained and responsible for gathering the project monitoring data.

The project was very dependent on the skills and time of the Co-ordinator, and the volunteers although very enthusiastic didn't fully realise their expectations of their role in terms of providing peer support and taking a leadership role in organisation and delivery of the fortnightly sessions due to lack of confidence. It was felt that with further training, they would progress into achieving this role after 2-3 years of working on the project.

A User-Led Steering Group was established from the beginning of the project consisting of Afghan people, services providers and Mind staff including an Afghan GP, Health Care Professional, AAL Director, Afghan Professionals Network Vice president, Community Leader. The Steering Group played a role in generating specific ideas for promoting and engaging the community in the project.

In the first 6 months, they faced some challenges in securing regular attendance at the quarterly Steering Group meetings due to timings, childcare and work. Therefore, with the agreement of members, the format was changed to bring together steering group members interested in specific activities e.g. organising International Women's Day. As the programme has progressed the users have now taken on a role to directly influence the development of the project.

To respond to the user's needs, Mind in Harrow was able to leverage in additional resource to pay for complementary activities such as ESOL Courses, International Women's Day, Sport Activities etc. This consisted of:

- 1) Council adult community learning 2 years 2014-15 and 2015-16: 6 x 10 week courses total matched funding £19,000 per annum
- 2) Community learning mental health pilot project 2015-16: 3 x 8 week courses total matched funding £9,000

This budget paid for activities that were highly valued by the beneficiaries, as the learning and interaction from the associated events and courses were felt to play an important part in their overall improvement in health and well-being.

4. The Rational for the Project

The Mind in Harrow Comic Relief Application, highlighted the importance of this cause, based on a number of research sources. The references quoted in the application are detailed below:

The Needs of the Community

- WHO (2006) indicate that displacement and trauma of migration, loss of status, family separation and experiences of civil war results in refugee communities, which can experience a higher incidence of poor mental health.
- (Ullah Q2) reveals Afghan practices include 'shackling' or hiding mentally distressed family members, rendering mentally ill women as "unmarriageable" and that Afghan women's incidence of poor mental health is threefold men's with women facing sexual violence and culturally sanctioned segregation. (Joya M 2008)
- Harrow has a 10,000 strong Afghan community and Mind in Harrow undertook their own focus groups in 2012 with members of their community. The findings revealed 1) many Afghan women are isolated, house bound and lack confidence, knowledge or the voice to access local mental health/social welfare services or to tackle the mental health stigma prevalent in their community. 2) significant cultural denial of mental health problems such as depression, with a correlating low uptake and distrust of local mental health services.
- Harrow JSNA (2010) denotes there is twice as many with a diagnosis of psychosis compared to national prevalence. They advocate this is because "the ethnic diversity of Harrow and its significant refugee population are probably contributing to the apparently higher than expected level of mental health need.
- Afghan Association of London (2011) research with 133 Afghans living in Harrow, identified the need for "space for women to gather, to share feelings, improve their self-confidence, through a peer to peer support group.

Addressing Local Priorities

- One of Harrow Council/NHS's Inter-Agency Task Force 2010 key recommendations was to prioritise refugee-specific mental health projects.
- Afghan Association of London (2011) research with 133 Afghans living in Harrow, identified the need for "space for women to gather, to share feelings, improve their self-confidence, through a peer to peer support group.
- The Mind in Harrow Focus groups, identified the need for:
 - Demonstrate tangible and practical outcomes (e.g. improved knowledge and access to local services)
 - Recognise how the Afghan community understand mental health compared to the West (e.g. spiritual and social/economic causes as opposed to biomedical and clinical causes.
 - Favour female-only staff, speakers and trainers, to protect the project's cultural integrity.

- Value Afghan cultural values of family support and oral communication (as opposed to western cultural emphasis on individuality and the written word.) This will require interpretation services from a member of their community to help bridge the cultural and language barriers that currently exist.
- Support should be provided in Afghan culturally conducive community settings.
- Help women to understand how Western mental health/social welfare support can complement Afghan traditional/spiritual healing so they can access their rights as equal citizens and build confidence to self-advocate.

Developing a Best Practice Model

Mind in Harrow have successfully collaborated with Harrow's Refugee communities on 9 pieces of community-led research and culturally specific projects, to establish an in-depth knowledge of refugee communities.

The model for the Nedaye Zan project was based on the pioneering Somali 'cultural brokerage' project which won national acclaim from the Kings Fund. The basis of this project brings bilingual-Advocates together and explains refugee cultural-norms to mental health/social professionals and Western mental health clinical-norms to refugee community members. The beneficiary outcomes have been significant and professionals have valued the outreach opportunities to learn and understand more about local communities and their needs.

Mind in Harrow develop strong partnerships in the community, and to realise Nedaye Zan they collaborated with the Afghan Association of London and Paiwand Afghan Association to help research and develop the project.

5. Summary of Impact

The Journey of Change for Beneficiaries

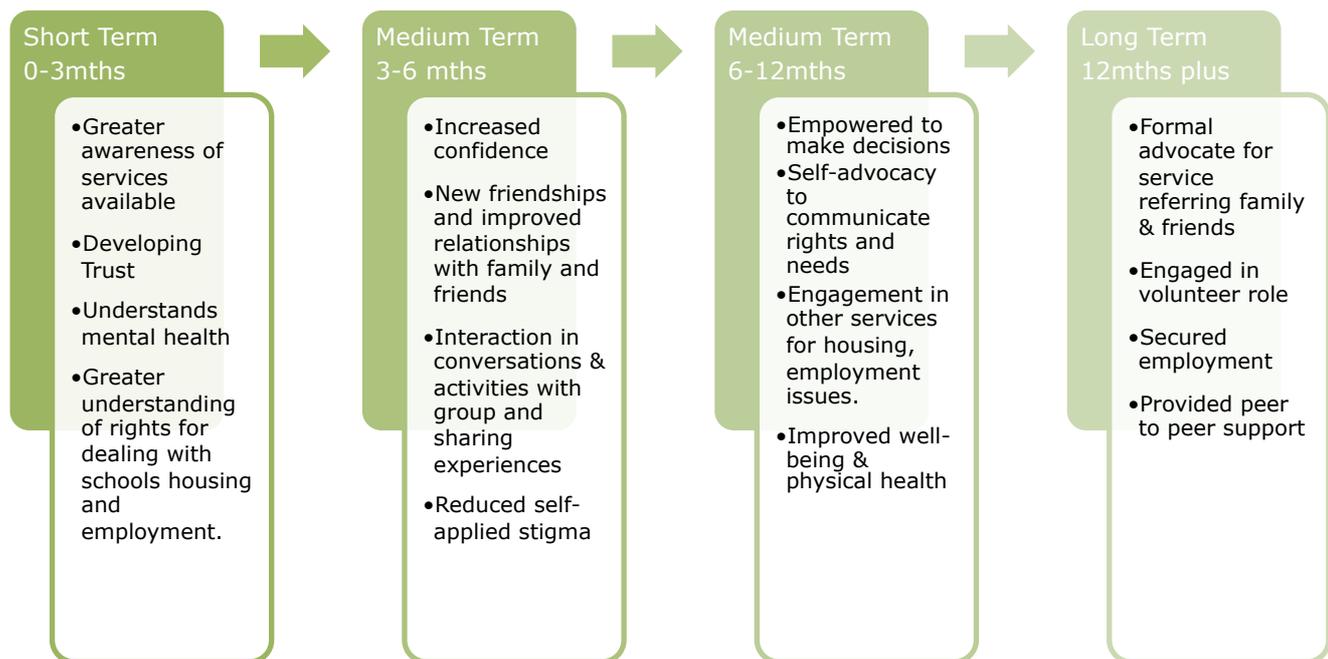
From our consultations with staff, volunteers and beneficiaries there seems to be a typical journey of change for beneficiaries on the Project over an average 12mth period.

Beneficiaries commence the Project suffering from depression, anxiety, stress and social isolation, and as a result of the intervention they gradually gain a greater understanding of mental health and share experiences with their peers. This experience has helped them build healthy relationships with friends and family and participate in new activities that support their mental and physical well-being.

We have summarized the typical journey of change below:-

Journey of Change

Outcomes achieved by participants over a 12mth plus period



Summary Outputs for Year 1 & 2

Indicator	Target p.a.	May 2013-14	May 2014-15	Average	Difference
No of Steering Group Members per year	8	8	8	8	0
No of Peer Advocates per year	8	8	8	8	0
Unique attendees engaged. (152 in total/average 51 a year)	51	65	72	68	+17
Overall attendance at workshops p.a.		166	276	221	N/A
Average attendance at workshops	20	17	20	18	-1
Additional events in the community	0	1	1	1	+3
Attendance at additional events		100	107		N/A
Average no of workshops p.a. (50 in total over 3 years, 16 p.a.)	16	10	14	12	-4
NHS/social welfare service professionals engaged in workshops – (50 in total, estimated one professional per workshop)	16	7	8	7	-8

Notes regarding the difference in targets to actual outputs

Mind in Harrow found their original target number of 50 workshops couldn't be delivered due to the religious festivals that take up 2-3mths of the year. They therefore found it is better to deliver up to 16 workshops a year and an additional cultural event, to accommodate to beneficiary interest. This also meant the target number of professionals engaged in workshops, also reduced in line with opportunities to deliver.

The number of professionals engaged in workshops has been slightly lower than expected, but overall more professionals have engaged in the workshops in different ways. In 2015/16 the following two steps are proposed to improve outcomes against targets for professionals 1) there will be an event for professionals to attend to reach more professionals 2) more than 1 professional will be invited to future sessions.

During the first year, the team was building their beneficiary group, so the average number of attendees was slightly lower, but they have hit the average target this year. They have found that the attendance figures vary per workshop depending on the subject matter and childcare responsibilities.

Additional sessions are planned for 2015/16 to counteract the lower numbers in workshop delivery.

Summary of Outcomes for Year 1 & 2

The team have significantly overachieved so far on all of their target outcomes, for both beneficiaries and professionals. It is evident from the research that both the women and the professionals have positively gained from the Project.

Indicator	Target	2013-14	2014-15	Average	Difference
Self-reported that they feel more able to make decisions about own mental health/support needs	80%	91%	98%	95%	+15%
Felt more confident to self-advocate to mental health/social welfare services	60%	92%	95%	94%	+34%
Feel more about confident about what mental services to access	70%	85%	97%	91%	+21%
Reduced level of self-applied mental health stigma as they feel more able to talk about their mental health with other people.	75%	89%	98%	94%	+19%
Level of service providers' increased understanding of Afghan mental health perspective	85%	100%	100%	100%	+15%
Level of service providers' increased understanding Afghan cultural attitudes to NHS/social welfare services	85%	85%	100%	92.5%	+7.5%
Level of commitment by service providers to make their services more accessible/ inclusive	70%	100%	100%	100%	+30%

Quotes from Beneficiaries

"It's created a hub for bringing people together, as it's often difficult to arrange meeting points and arrange a time to meet up...Its helped to bring together a collective of women with something in common."

"I was depressed and stressed, and isolated at home, and I didn't know how to handle it. When I visited my GP he told me to read a book! Through these meetings I have been able to discuss and share my feelings to get support and I've learnt it's not something to be ashamed of."

"I worried about what people would think, but within this group and I am comfortable talking to others and getting advice. For example, as I was very stressed that my Father was unwell, but I've shared this with people and made new friendships and now feel better. I've even found a relative in the group."

"Before this project I would be depressed at home. These sessions have allowed me to escape from it and be able to talk through the problems. I have learnt about children's rights and it has helped me to better engage with schools and teachers."

6. Journey of Participants - Peer Volunteers

Starting Point

Volunteers were recruited via the Job Centre, GP and Harrow Council and through advertising on the Mind in Harrow website. As the Project progressed, they were recruited from the beneficiary group directly and through two big social events.

The volunteers could actively get involved in:

- Arranging external sessions to raise awareness in the community
- Facilitating or leading group sessions
- Offering one to one support to members of the group
- Supporting administration of the Project in the office
- Session set up and event management
- Undertaking outreach with professionals in the community

The women were motivated to volunteer for this Project as they felt:

- They shared the language and same cultural values with the beneficiaries.
- They resonated with the women participating in the Project
- They were keen to learn and share their experiences with others.
- It was a women's only Project which created excitement.
- They were socially isolated and wanted to get involved
- It would contribute to their CV and overall work experience.

The volunteers received 3 days training on

- 1) Western models of mental health
- 2) Providing cultural brokerage for their peers through interpreting, advocacy and peer support
- 3) Workshop evaluation

Strengths of the Project

Views of Volunteers

- **Greater understanding of mental health** – learning about mental health issues has been valuable as they feel able to understand the challenges people are facing and pass on information to other people.
- **Demand exceeds capacity** – The volunteers have raised the interest of people in the community and attracted more beneficiaries than the Project can accommodate, so there is currently a waiting list to attend.

View of Staff

- **In-Kind resource** – the volunteers have supported the setup of meetings and refreshments, and generally making others feel welcome.
- **Outreach with local residents** – the volunteers have run social events externally to raise awareness of the Project and attract new beneficiaries.

- **Engagement strategies** – The volunteers supported the coordinator to tailor the Project and it's marketing to appeal to different generations, especially the older generation.
- **Increase in confidence and language skills** – The women have positively developed their confidence and English speaking skills, and 5 of have progressed to secure employments.

Challenges of the Project

Views of Staff

- **Volunteers not confident to adopt a supporter or leadership role** – the volunteers have very much taken a supporter role rather than leadership role in helping to deliver the service. They have felt uncomfortable taking on the role of undertaking one to one sessions.
- **Language barrier** – the volunteers weren't able to engage in outreach work with professionals due to the language barriers. This was one of the reasons for introducing the ESOL training.

Views of Volunteers

- **Confidence of volunteers** - The volunteers didn't feel confident enough to take on a leadership role and felt they would benefit from increased training and understanding of mental health.

Opportunities for Improvement

- **Increased frequency of training** – The volunteers felt they would benefit from increased quantity and frequency of training in mental health and support advocacy to build their confidence to support individuals on a one to one basis. E.g. how to build trust, rapport and be a connector. There would ideally be a training course one day a month.
- **Increased capacity of project** – The volunteers would like to develop the size and scale of the project.

End Point on Journey

Overall 8 volunteers were recruited each year.

In the short term, the volunteers achieved:

- Confidence to become an Advocate for the service – They felt confident to discuss and share their experience to encourage other Afghan women to join the support group
- Certificate in Volunteering – secured when completed training course.
- Work Experience – It has enabled the volunteers to gain professional work experience to build up their UK work

VOLUNTEER FEEDBACK

"I have learnt a lot as a volunteer which I can pass on to other people as a 'connecting point'."

"We would have liked more frequent training to show us how to build trust and rapport with the group and become a connector."

"We would love to develop the size and scale of the project and help others to overcome depression and be happy."

"One of the highlights of the Project has been the annual events called International Womens' Day, which was about bringing together members of the community for social and learning activities."

"The combination of physical and emotional activities has helped the beneficiaries to overcome depression."

"It has been easy to volunteer for this project due to shared language and cultural values as the beneficiaries."

experience and CV.

Over the long term, the experience has enabled some of the volunteers to:

- Secure Employment – Their role as a volunteer has boosted their confidence and some have successfully secured employment opportunities.

Overall Conclusion and Recommendations

Achievement against Targets

The main target for volunteers was related to the number of volunteers, and this was achieved in both years.

Identified Best Practice

Recruiting volunteers from the community and within the beneficiary group, has helped to build a strong pool of advocates and champions for the Project, as they share empathy and responsibility with the participants. The volunteers showed they were keen to learn, help and support as necessary, but they didn't always feel equipped or confident to deliver peer to peer support and guidance. It was very clear that they wanted to continue to grow the Project, so harnessing the energy and enthusiasm of these volunteers is key to the future sustainability of the Project.

Learning and Recommendations

The capacity of the volunteers to progress into a role where they can lead the groups and provide peer to peer support has taken longer to develop than originally expected. This was partly a result of recruiting volunteers from the beneficiary group, who are already on a journey of personal development and need time to develop their confidence and personal well-being. From the feedback, the volunteers felt they would have benefited from more regular training and support to help them accomplish the objectives of progressing into a peer-leadership role.

7. Beneficiaries

Starting Point on Journey

The initial cohort of beneficiaries came via referral partners, particularly the Job Centre, GP Surgeries and Afghan Association London.

These individuals then started to recommend family and friends to the groups. This peer referral has been particularly useful for reaching the older age group of women. Women have joined and have stayed with the group for over 1.5 years.

The co-ordinator secured media coverage with Harrow Community Radio and BBC Farsi, and hosted two International Women's Day events, which attracted many of their beneficiaries with family and friends.

Enquiries about the project have come from not only Harrow but across Europe and many other friends of attendees want to attend the sessions who live outside of Harrow.

The majority of enquiries were eligible for the Project and only 5 were turned away.

The women who joined the group were all experiencing depression, stress, anxiety and social isolation. This was caused by multiple issues including:

- Being a full time carer
- Spending the majority of time at home
- Not being speaking English
- Not knowing anyone else in the community and finding it difficult to trust others
- Being unemployed and struggling to secure work
- Not knowing where to go for support
- Not getting adequate guidance or support from GP's
- Experiencing challenges with school, housing and health and not knowing their rights and how to resolve.
- Lack of affordability and access to childcare
- Lack of specialist Afghan support groups

Based on the pre-questionnaire data gathered from attendees, on average:

- 37% of attendees had never felt able to speak to anyone about their mental health.
- 17% of attendees had never accessed public health services when needed.
- 20% of attendees had never sought help for their health and well-being.
- 50% of attendees had voiced their concerns over their treatment from services.

These statistics indicate, that although the majority have tried to access help from public health or other health and well-being services before, on average 50% of them were concerned about how they were treated. It shows that these

women have tried to seek support, but it has not always been successful or resulted in a long term beneficial outcome.

The demographic data gathered from the pre-questionnaire data from attendees at the workshops (please note this is not based on unique attendee data), showed the following profile of participants. The majority of participants are unemployed, claiming benefit and aged between 21-50.

Economic Status

Employed part-time	7%
Employed full-time (30 hours or more per week)	1%
Full-time homemaker or carer	2%
Full-time student	10%
Retired	1%
Unemployed	79%

On average 85% are claiming a benefit, either Job Seekers Allowance, Income Support or Incapacity Benefit.

Age of Participants

20 and under	1.25%
21-35	34.80%
36-50	39.74%
51-65	20.65%
66+	3.55%

Citizenship Status

British citizen	69%
European citizen	17%
Seeking asylum	10%
Other	4%

The women were motivated to participate in the Project to:

- Meet women from the same language and culture
- To make new friends
- Overcome their loneliness and depression
- To find out about their rights and overcome challenges in life, e.g. with benefits, schools, etc.

The women participated in:

- **Fortnightly workshops** – hosting peer to peer discussions and guest professionals, including a physiotherapist, GP, dietician, solicitor, housing benefits advisor, wellbeing, counsellor, self-advocacy support.

- **Activities** – Additional funding was sourced to run women only, ESOL classes, yoga, gym sessions.
- **Annual Events** – International women's day events were organised for the Afghan community to hold a social party for interaction and engagement.
- **Partner Support Services** – A network of referral partnerships was set up with professionals in the community, and some of the beneficiaries benefited from free counselling services, dietary advice, GP guidance etc.

Strengths of the Project

Views of Beneficiaries

- **The role of the co-ordinator** – Having a native language speaking and friendly co-ordinator has enabled the women to build a strong rapport with her and it has created a relaxed, enjoyable and friendly atmosphere with other beneficiaries and professionals attending the group.
- **Mental and physical development** – The opportunity to undertake activities e.g. learning English, yoga, gym and IT has been important to the attendees, as it has helped them increase overall health and well-being.
- **A safe space for peer support** – After attending a few sessions and getting to know the group, the women felt comfortable to open up to the group and share their own problems and experiences to gain support from their peers.
- **Afghan social collective** – The women feel comfortable and understood as they share language and culture with others in the room, which helped both young and old to get involved and benefit and build new friendships.
- **Understanding Expert advisers** – The most beneficial advisers were felt to be the GP, physiotherapist, mental health advocate and child policy/schooling expert who attended. The co-ordinator translated the advice sessions which made them accessible and understood to beneficiaries.
- **Regular meeting time** – The sessions have provided a set time and place for bringing local women together, and it has been something they all look forward too.

Views of Staff

- **Increased interaction of attendees** – In the initial workshops, the format was very much lecture based, where attendees listened to professionals, but during the first year of delivery, the workshops become more participant focussed as Afghan women voluntarily shared their personal experiences with the group.
- **Peer Referral** – Many of the workshop attendees have publicised the workshops to family and friends.
- **Recognition in community** – The project co-ordinator was offered the opportunity to become the voice of the Afghan community in Harrow Council, offered by a Councillor and a candidate of Harrow parliamentary elections.
- **Bi-lingual delivery** – The workshops have provided the ladies with a safe space to talk about their own experience of mental ill health in their mother tongue. Realising that other women are experiencing the same kinds of problems has reduced the stigma of mental health.

- **Assertiveness** – The women have become confident and knowledgeable on their rights and therefore more assertive about what they need and want from professionals.

Challenges of Project

View of Staff

- **Age Diversity** - It was particularly difficult to reach older women (60 -74 years) because of the fact that a large proportion of this age group have physical health problems and the traditional community perception is that once you reach this age, you should stay at home. It was also suspected that mental health was not an acknowledged health problem amongst this age group and many women would therefore not see this service as relevant to them. There are large differences in generational understandings and acceptance of mental health.
- **Building trust** – It has taken up to 6-7mths to build the trust with the beneficiaries and encourage them to participate and share their feelings. It is a long term transition to build new friendships and connect with the group.
- **Language barriers** – To fully support the beneficiaries to integrate and engage with mainstream support services, it has been essential to improve their English language skills, which we had to attract additional funding for.

Opportunities for Improvement

- **Accommodating for different paces** - Different English trainers to accommodate for slow and fast learners
- **Increased range and frequency of activities** to get involved with e.g. swimming, tailoring and IT.
- **Childcare support** would have been useful as currently women have brought their children along to the session.
- **Parenting classes** – there is a particular issue arising with children, so there is a need to improve the understanding and relationships between the parents, social services and schools. This type of service may engage both husbands and wives, to achieve maximum impact.

End Point on Journey

Outputs

Overall the project estimated it would support 152 attendees. At the end of year 2, it had engaged 137 unique attendees, and based on the demand for the service, it is expected the project will overachieve on this target. Progressing into year 2, the support groups have gathered momentum and achieved the average attendee level expected of 20 attendees per workshops. Overall the number of workshops delivered was lower than expected, but this reduction in delivery was influenced by the demand and availability of the participants to attend.

The summary of number of attendees engaging is detailed below:

Indicator	Target p.a.	May 2013-14	May 2014-15	Average	Difference
Unique attendees engaged. (152 in total/average 51 a year)	51	65	72	68	17
Overall attendance at workshops p.a.		166	276	221	N/A
Average attendance at workshops	20	17	20	18	-1
Additional events in the community	0	1	1	1	3
Attendance at additional events		100	107		N/A
Average no of workshops p.a. (50 in total over 3 years, 16 p.a.)	16	10	14	12	-4

Outcomes

A feedback form was distributed at the end of each workshop to attendees, and the analysis shows the expected outcomes have significantly overachieved:

Workshop attendees on average stated:

- 95% Self-reported they feel more able to make decisions about own mental health and support needs.
- 94% Felt confident to self-advocate to mental health/social welfare services
- 91% Felt more confident about what mental services to access
- 94% Had a reduced level of self-applied mental health stigma as they feel more able to talk about their mental health with other people.

We also analysed data from the pre-questionnaire forms, as this was distributed to all attendees at each event, so if attendees joined in year 1, by year 2 some of the question data from the pre-questionnaires should indicate an overall improvement in some of the baseline questions.

It can be seen from the data that on average there is a positive increase:

- 6% increase in the number of people who feel able to talk about their mental health to others 2-3 times a year.
- 20% increase in the number of attendees accessing public health services they need 2-3 times a year.

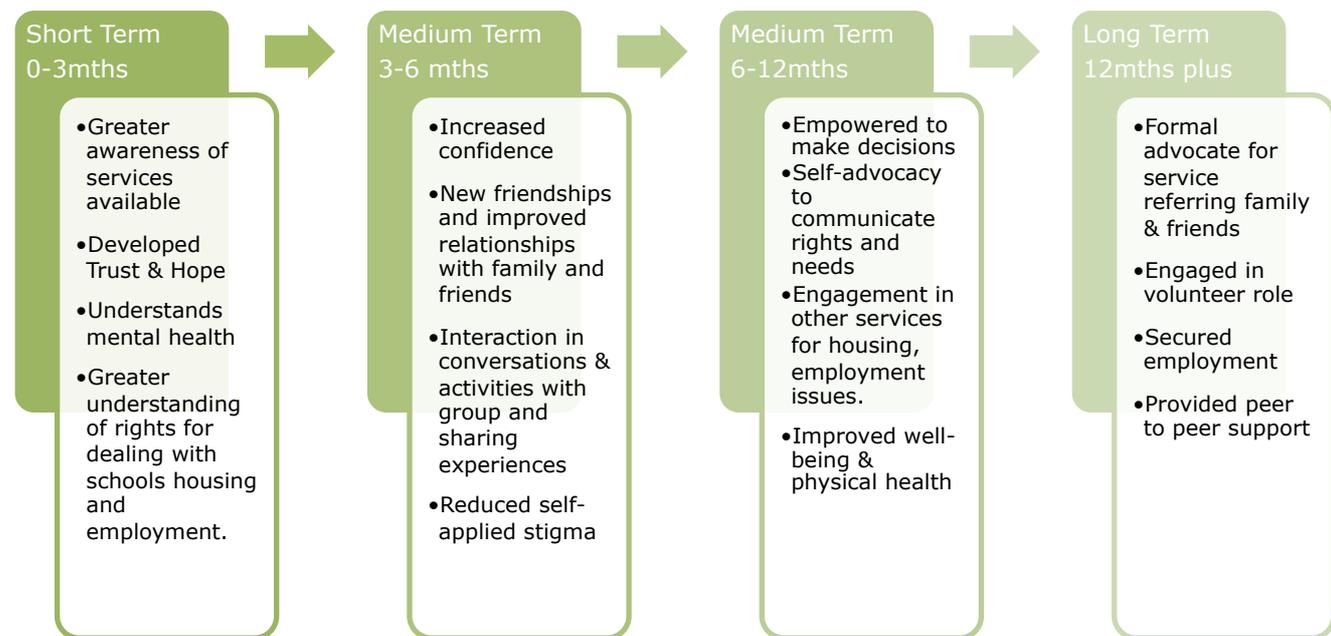
The Recovery Outcomes star was used on a sample of 8 beneficiaries, to ask them to self-report on their change over the course of a year. During the first assessment the average score for all areas was 6 and in the final assessment the average score was 9 across all areas (with the exception of addictive behavior), demonstrating an average increase of 30%. The summary can be found below:

Managing Mental Health	Physical Health and Self care	Living skills	Social networks	Work
36%	29%	29%	39%	28%
Relationships	Addictive behaviour	Responsibilities	Identity and self-esteem	Trust and Hope
30%	0%	40%	44%	40%

On average, the greatest improvements were found to be in Responsibilities, Identity and self-esteem and Trust and Hope.

From the above analysis and qualitative research, we have developed the following journey of change for the participants:

Outcomes achieved by participants over a 12mth plus period



Beneficiary Feedback

"I have had very positive feedback from my husband and I am feeling much more positive with my family and children. They are always very supportive that I attend the sessions as they see how my attitude has changed."

"The co-ordinator and volunteers have been essential for helping to translate the messages from the professionals, and providing one to one peer support. They have made the sessions relaxed and enjoyable."

"It has provided opportunities to engage in learning to improve knowledge of mental health and English language as well as engage in physical activities such as yoga and the gym has been really helped to support the transition of people both mentally and physically. The yoga has helped me to improve my back problems."

"The professionals have taught us a lot...the physiotherapist taught us tools to release stress and how to relax, the solicitor taught us who to call if we faced prejudice or harassment, and we also learnt about policies affecting our children at school."

Overall Conclusion and Recommendation

Achievements against targets

The number of beneficiaries participating on the project has met expectations by the 2nd year and there is now a waiting list. The feedback has demonstrated that attendees are experiencing positive benefits, and the project has overachieved on its target outcomes.

Beneficiaries started the project suffering from depression, anxiety, stress and social isolation. From our research, it was apparent that the support service gave them a greater understanding of mental health and it enabled them to share experiences with their peers. This in turn helped them to build healthy relationships with new friends and family and participate in new activities that supported their mental and physical well-being.

Identified Best Practice

The peer-to-peer support group approach with engaged professionals is a model that proves to work. Mind in Harrow have also added value to the project through the addition of social, physical and learning activities. This has been positively received by beneficiaries and helped them to achieve overall well-being.

The interviewed beneficiaries all portrayed they had a strong sense of positivity, clarity and confidence in their life as a result of participating on the project. They all spoke a similar message about the journey they had come on since joining.... They felt they had gained new knowledge about their rights and their mental health, and this gave them confidence to address issues and overcome challenges. This had subsequently improved relationships with their husbands and their family, and they had actively undertaken discussions with officials to overcome issues e.g. benefits officer, teachers, GP etc.

Learning and Recommendations

The journey of change has taken longer than anticipated. The coordinator stressed the length of time it took to build trust with the candidates to encourage them to open up to the group, which could take up to 6 mths in some cases. A significant amount of one to one time was required by the coordinator with beneficiaries, which was not originally anticipated. It was hoped that the volunteers would deliver more of the one to one peer support provision, but they haven't had sufficient confidence to carry out this role.

The importance of helping the women overcome language barriers was found to be vital in helping them access and communicate effectively with statutory agencies. The translation services were essential, but an ESOL language course was also introduced to help the beneficiaries learn English, to achieve a more sustainable outcome.

The need to address childcare provision was also flagged by both staff and beneficiaries, as this proved to be a barrier for some beneficiaries who couldn't always attend or participate in the groups.

8. Professionals

Starting Point

The coordinator hosted a launch event for the Project at Harrow College. 300 professionals from the Mind in Harrow Database were invited to the event, and 100 attendees came on the night. The launch event explained the aim of the project, the reasons behind it and the expected outcomes.

Following the evening, professionals could choose to get involved by:

- Speaking at a fortnightly meeting
- Acting as a referral partner
- Offering free one to one services
- Providing a follow-on support service
- Learning more about the needs of the Afghan community.
- Providing marketing material or including their details in the support directory list.

For the 15 professionals presenting and engaging in the workshops, at the start of the Project they rated their experience as below. It is apparent that the professionals who got involved knew just a little about the culture, attitudes and perspectives of the community:

Existing knowledge of the Afghan culture:

Quite a bit	14.29%
A little	61.90%
Not sure	23.81%

Knowledge of Afghan attitudes to NHS and other public services:

Quite a bit	14.29%
A little	47.62%
Not sure	23.81%
Not at all	14.29%

Knowledge about Afghan perspectives on mental health and well-being:

A lot	8%
Quite a bit	14%
A little	63%
Not at all	14%

The professionals communicated the following motivations for getting involved:

- It has enabled us to deliver our workshops to a target group of women
- We able to offer a support service, to these women.
- It was an area that we felt there was a particular need for support.

- We wanted to reach out to minority ethnic groups that perhaps find it a bit more difficult to access mental health services.

Strengths of the Project

Views of staff

- **Referral channel** – The professionals actively helped to raise awareness of the Project and refer beneficiaries over.
- **Influencing services** – The beneficiaries have been able to share their experiences with professionals attending the meeting to influence change or greater understanding of the community.
- **Directory of support contacts** – An up to date list of professional contracts was produced every month and circulated to beneficiaries.

Views of professionals

- **Access to new communities** – It had provided the service providers with access to new communities that were not significant users of their service already.
- **Positive leadership** – The professionals felt the project was well-run and that the co-ordinator provided a good structure and had successfully engaged the beneficiaries to attend the groups.
- **Valued Contribution** – The professionals felt their input was valued by the beneficiaries and the co-ordinator and that follow on services were promoted to them as appropriate to help them seek further support.

Challenges of the Project

Views of staff

- **Monitoring changes** – It has been difficult to monitor whether the professionals have made any changes to their services or experienced an increase in beneficiaries from the Afghan community.

End Point of Journey

Overall 100 professional agencies were engaged with the service at the start of the project, and 15 professionals engaged in delivery of workshops. Other professionals acted as points of referral and additional support services. The number of professionals engaged in workshops has been lower than the expected target, but it was felt that the professionals were selected to participate in workshops based on the specific issues and needs of the target community.

PROFESSIONAL FEEDBACK

"I made premises available for these ladies to meet once a year socially in my organisation because they need larger space for everyone to meet together socially."

"It's encouraged us to do more outreach work, so we are working to try and identify groups that perhaps do struggle for various reasons to access mental health services or even be aware of them."

"It has been great to see how the Nedaye Zan project has been able to really engage with the Afghan community and break down barriers for the women to access support. These groups are so valuable, they are one of the ways that we do reach those harder to reach groups and there is so much value in having that group in place."

"As the workshop progressed there was less fear and more comfort around discussing the issue. The workshop was driven by the subjects brought up by the participants and in this particular session it was really around the women." p was driven by the subjects brought up by the participants and in this particular session it was really around the

Outcomes

Achievements against outcomes were as follows:

Outcome	Target	Feedback based on professional's workshop feedback forms.
Level of service providers' increased understanding of Afghan mental health perspective	85%	100% agreed they had learnt more about the Afghan culture, with 56% strongly agreeing to this statement. 100% agreed they had learnt more about Afghan perspectives on mental health and well-being, with 49% strongly agreeing to this statement.
Level of service providers' increased understanding of Afghan cultural attitudes to NHS/social welfare services	85%	100% agreed they had learnt more about the more about Afghan attitudes to NHS and other public services, with 57% strongly agreeing to this statement.
Level of commitment by service providers to make their services more accessible/inclusive	70%	100% said they would agree to making their services more accessible to this Afghan community, with 40% strongly agreeing.

The professionals proposed they would take the following steps to make their services more accessible:

- To share knowledge with colleagues about the barriers, cultural needs and the service available.
- Make services more accessible to address language barriers, for example adapting marketing material and including translators.
- Commit to more outreach work to increase cultural knowledge.
- Make their referral processes easier

Based on the interviews with a random sample of professionals we found they had experienced a direct benefit and taken action to change their approach or service:

- **A greater understanding of the culture**– The professionals have learnt more about the issues impacting Afghan women, the barriers to engagement and what their needs are. They also appreciate that these women do want to have the tools and skills to improve their quality of life.
- **Increased their resources** - They have taken active steps to make sure their facilities and resources are available to initiatives such as this, as they can see the benefits.

- **Introduced cultural sensitive marketing material** – Professionals have started using more of Pesto and Dari (Afghani languages) within their marketing material.
- **Appreciated the need for more outreach work** – Through having a great understanding of the culture and barriers, they have realised they need to do more outreach work to engage with groups where unknown barriers might exist to general engagement.
- **Increase engagement of the community**– There was a mixed response from the agencies we interviewed, some had seen an increase in the number of Afghan women accessing their services, whilst others had not, but this is obviously dependent on a need for that specific service.
- **Seen the benefits of the support provided** – The professionals we interviewed, felt that their service had had a positive impact on the beneficiary group, and they could see the outcomes directly through the conversations and overall attitude.

Overall Conclusion and Recommendations

Achievements against Targets

The total number of professionals engaged in workshops didn't achieve the expected targets, but the wider number of professionals engaged in supporting the project through other ways does add a contribution to this target.

In 2015/16 the following two steps are proposed to improve outcomes against targets for professionals 1) there will be an event for professionals to attend to reach more professionals 2) more than 1 professional will be invited to future sessions.

From the feedback provided by professionals participating in workshops, it seems that the project has successfully achieved the outcomes it hoped for in regards to generating a greater understanding of the Afghan community, culture, attitudes and perceptions as well as stimulate a greater commitment to making their service more accessible.

Identified Best Practice

The range of professionals who participated in workshops, were purposely approached to meet the needs of the beneficiaries. The development of the Project and additional activities has very much been user-led, and the Mind in Harrow team have been responsive in accessing and mobilizing services to meet the group. It has helped the professionals to realise that their service isn't as accessible as it could be, and that they need adapt their approach to marketing and engagement.

Learning and Recommendations

It would have been useful to track all of the professionals involved in the project, and to set up a follow-up process with them to effectively track outputs and outcomes more widely.

9. Sustainability Strategy

The Mind in Harrow team believe that for project to continue it must have the following core components to make it a success.

- Peer to Peer group sessions with guest professionals
- Volunteers who can provide peer leadership and support
- An annual event to celebrate the culture and community through a social party.
- Translators and an ESOL course, to help overcome language barriers.
- Additional social, learning and physical activities to achieve overall health and well-being
- Addressing childcare issues, parenting needs and education matters in more detail.

This would require the overall cost of the project to increase, so it would need a greater amount of core funding, or additional funding to complement the core service related to group sessions.

In order to achieve this post Comic Relief funding, there are currently three options being explored.

- **Community Led and Mainstreamed** – Peer Led via Harrow Communities Click and mainstreamed in other Mind in Harrow projects
- **Continuation** - To secure funding for a slightly larger amount to continue the Project as it is currently but slightly adapted to accommodate for the additional elements mentioned above.
- **Evolution** – To secure funding to capacity build the volunteers to have a wider impact campaigning influential approach, to help change the mind-set of a wider group of professionals.

10. Monitoring and Evaluation Methodology

Mind in Harrow commissioned Economic Change CIC to produce an enhanced evidence-base for the project through conducting an evaluation process and producing an impact measurement report, to verify outcome data collected in relation to our intended aims. The findings in the report will assist to evolve and develop the project and to hopefully provide a business case for sustaining it beyond 2016.

The evaluation aims to identify the key features of the project's unique approach and recommend how the project could develop and evolve to have a greater impact marginalised groups of people.

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 Projects.

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

Mind in Harrow has adopted the following approach to monitoring:

- Pre-questionnaire completed by 343 attendees
- Post evaluation forms were completed by 333 attendees
- 15 professionals completed pre and post questionnaires following the workshop
- Qualitative interviews with 4 beneficiaries involved in the Project
- The Recovery star completed with 8 beneficiaries on the Project
- Collation of data on database to record and collate outcomes.

For the purposes of the evaluation, Economic Change has undertaken:

- A focus groups with 12 beneficiaries
- A focus group with 7 volunteers
- Interviews with 3 staff members.
- Interviews with 4 professionals (based on individuals available)

Limitations of monitoring data

The majority of monitoring data gathered by Mind in Harrow was collected per attendee per workshop, rather than tracking the journey travelled per unique attendee on the overall Project. It has therefore been difficult to accurately evaluate the demographics and pre-questionnaire baseline data for unique beneficiaries at the start of the Project and at intervals during their participation

to determine the actual journey travelled per participant. The recovery star provides some indication of progress but the sample size is quite small.

We would recommend for future Projects, that demographic and baseline information is taken per unique beneficiary signed up to the Project and that progress on the Project is checked at 3, 6, 9, 12 mth intervals to measure change per individual as a result of their engagement.