



Evaluation of Refugee Health Policy and Strategy Action Group

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Dr Yvonne Cunningham

Professor Catherine O'Donnell

Institute of Health and Wellbeing

University of Glasgow



University
of Glasgow



Mental Health
Foundation
Scotland

Executive Summary

Asylum-seekers and refugees face particular challenges in relation to their mental health. Recognising this, the Refugee Health Policy and Strategy Action Group is working to engage local refugee populations and support them to increase their role in advocating for improved mental health and wellbeing of refugees and



asylum seekers, locally and nationally.

Volunteers in three local authority areas: Glasgow, North Lanarkshire and North Ayrshire have undertaken training, developed resources, initiated and led three local projects. The **aim of this evaluation is to assess the progress made so far**. It is based on interviews with volunteers and community stakeholders.

Interviewees were enthusiastic about the volunteering programme. They all had a keen

desire to learn, and enjoyed using the volunteering programme as an opportunity to help others and improve life in their communities. They appreciated the chance to “get out of the house” (especially as some of them are not permitted to work) and enjoyed the social aspect of volunteering. They reported having increased confidence and were able to use the skills learned in other ways. They wanted to learn more and in some cases to take on more responsibility, e.g. project management. They felt that their opinions were respected and valued.

We recommend that to help make the volunteering programme sustainable and to expand it to all Scottish local authority areas (1) that a peer-mentoring system be set up, with more experienced volunteers supporting less experienced volunteers; (2) volunteers are offered language support; (3) the Mental Health Foundation builds on its links with other organisations in preparation for expanding the programme.

Introduction

Mental ill health is a major public health challenge in Scotland, with around one in four people estimated to be affected by mental illness in any one year [1].

Mental health is also linked to wider inequalities, with those who experience disadvantage more likely to have poorer mental health. This is particularly relevant to refugees and asylum seekers. While often very resilient and resourceful, trauma and discrimination can affect mental wellbeing, as do experiences of uncertainty, inequality, and social isolation. Research suggests that asylum seekers are five times more likely to have mental health needs than the general population and more than 61% will experience serious mental distress [2]. However, they are less likely to receive support than the general population [3]. The increased vulnerability to mental health problems that refugees and asylum seekers face is linked to pre-migration experiences (such as conflict, trauma and the migration journey) and post-migration conditions (such as separation from family, difficulties with asylum procedures and poor housing) [4], [5].

The Mental Health Foundation acknowledges the specific challenges to the mental health of refugees and asylum



seekers. In its *Health Inequalities Manifesto 2018*, it refers to: 'stigma and discrimination or experiences related to immigration status' as a factor that can lead to mental health inequality [6]. It also mentions the disproportionate levels of poor mental health in Black, Asian and Minority Ethnic communities and the increased likelihood (for black men in particular) of racialised stereotyping of their mental distress and cultural insensitivity within services. It is recognition of these issues that led to the work being evaluated here.

Aims of Strategy Action Group

The **Refugee Health Policy and Strategy Action Group** is the Mental Health Foundation's response to the increasing geographic spread of the refugee population in Scotland and **aims to engage local refugee populations and support them to take a greater role in advocating on issues of mental health and wellbeing both locally and nationally.**

The **primary focus** of the project is **to increase awareness and subsequent engagement of refugees with the wider health and social care policy landscape.**

Through a programme of training, volunteers from refugee backgrounds are enabled to harness their own lived experience and place it in a wider policy context to advocate for informed policies for refugees. Specifically, the focus is influencing how refugee mental health and wellbeing needs are understood and provided for. Evolving from this are opportunities for volunteers to engage with national health and social policy forums as well as refugee-specific groups within statutory agencies. Central to all of this is the need to increase participation of people from refugee backgrounds in mental health and wellbeing work. This also fits with the Scottish Government's *New Scots Strategy* which aims to support the integration and participation of refugees and asylum seekers into Scottish society and everyday life [7].

Volunteers in three local authority areas: Glasgow, North Lanarkshire and North Ayrshire have completed training modules on:

- Understanding Refugee Mental Health and Wellbeing
- Human Rights and the Right to Health in Scotland
- Introduction to Health Policies and Advocacy Services in Scotland
- Communication and Leadership Skills

They have also developed information resources for refugees and asylum-seekers about health and wellbeing. This process aims to enable the volunteers to further their voice in strategic forums. The resources aim to give the wider refugee community the information and tools to enable them to also become active in civic life, facilitate mutual integration in Scotland and address the social isolation of refugees.

The Mental Health Foundation set the following outcomes:

- Refugees living in Scotland are active advocates for mental health and wellbeing both locally and nationally
- Local and national health and civic society agencies are engaged in refugee-led prevention and support approaches to service planning/provision
- Statements and dialogues on mental health and wellbeing are initiated and led by refugees in places and spaces across Scotland

Key to this work is that the **voices of refugees and asylum seekers should be at the centre of the conversation.**



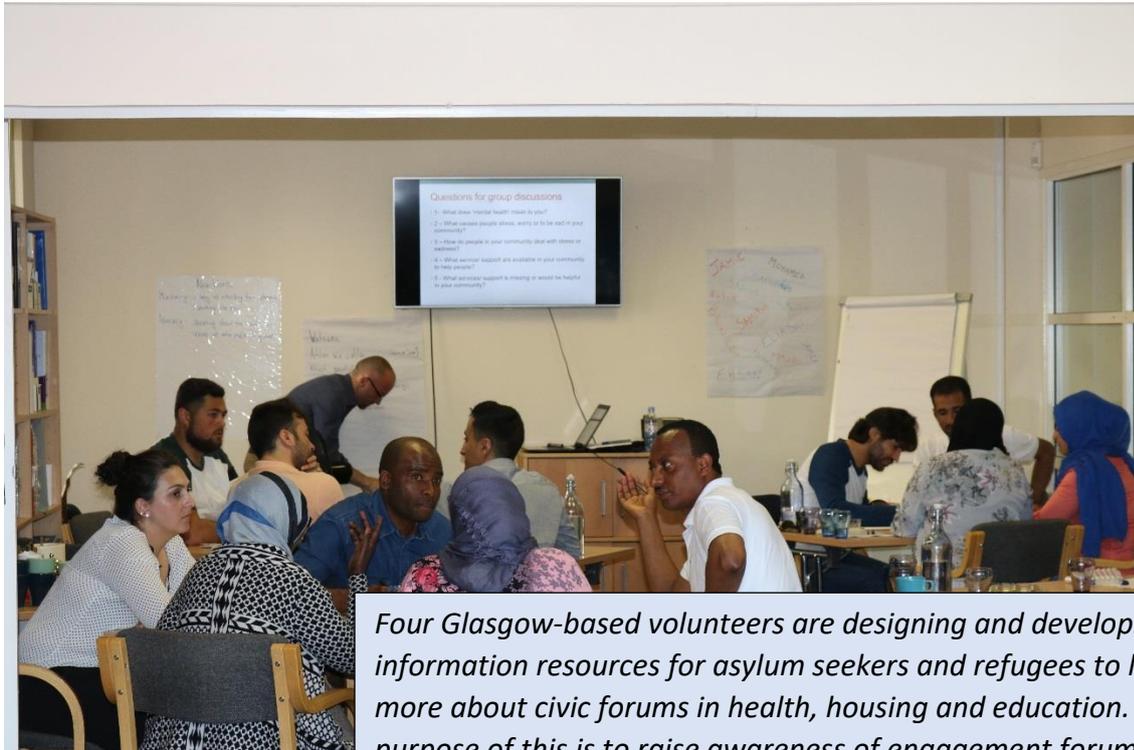
Evaluation of the work so far

This report presents an evaluation of the programme so far. The **aim of this evaluation is to assess the progress made towards achieving the Mental Health Foundation's planned outcomes.** It is based on interviews with volunteers and community stakeholders and a site visit to one of the projects, and was carried out in September 2019.

The programme is currently being delivered by the volunteer team in **three local authority areas: Glasgow, North Lanarkshire and North Ayrshire.** The projects were all initiated and led by refugees and asylum-seekers; the Strategy Action Group hopes that the approaches used can be rolled out across Scotland.

A brief summary of the work being carried out follows.

Glasgow



Four Glasgow-based volunteers are designing and developing information resources for asylum seekers and refugees to learn more about civic forums in health, housing and education. The purpose of this is to raise awareness of engagement forums and to identify/address barriers and opportunities for refugees' involvement in this area.

North Lanarkshire



Syrian volunteers in North Lanarkshire are linked with the Village Storytelling Centre to focus on stories about Syrian refugee communities and mental health in North Lanarkshire. The volunteers are currently planning a gathering story café to inspire people living locally to develop and write stories. These will be collated by the volunteers and posters produced which will be displayed in libraries across North Lanarkshire.

North Ayrshire



The volunteers are connected with the Ayrshire Community Trust to design and deliver a gardening project alongside other local people from non-refugee backgrounds. This shared activity has a longer term aim of becoming an enterprise activity where produce can be sold at some of the local markets in Ayrshire.

Five volunteers involved in the above projects were interviewed, along with three community stakeholders who work with the volunteers. The interviews explored the motivations for getting—and staying—involved with the volunteering programme, learning and skills development, the impact of volunteering on individuals and communities, and future sustainability and development of the programme.

In this report, we present their views and opinions on the above topics, putting their voices at the centre of the conversation. We finish by laying out some recommendations for the programme as it develops in other parts of Scotland.

Participant voices

The twelve volunteers taking part in the programme are all refugees or asylum seekers. They come from a range of countries in the Middle East and Africa. They worked with trainers and people from local community stakeholder groups.



Volunteering: why we do it

Twelve volunteers (four women and eight men) became involved with the programme at the beginning, and all twelve are still involved. Interviewees told us about their motivations for getting, and staying, involved in the volunteering programme.

The initial engagement with the programme often arose from being involved with other projects (such as the Interfaith Glasgow Weekend Club) or by an initial visit or community meeting with the organiser.

I did a, in an ESOL class and they said someone here would like to meet you, okay, and Mr Mohamed came in with a very smiling face and he start to speak to us, introduce himself to introduce the project, and ask us about who would like to try the [programme], and I just up my hand, I say to myself I would try, I would like to try, aye. But when I try I get some benefit also.

MHF7

All the volunteers interviewed said that their main motivation was a desire to learn. They are interested in trying new things and like to push themselves to acquire more knowledge and skills.

I love to learn and diversify my skill set. I am very happy and enjoy the opportunity that the Mental Health Foundation has given me.

MHF2

Interviewees also liked volunteering because it gave them an opportunity to help others. One mentioned being encouraged by his family to take part, and some had a particular interest in mental health, sometimes because of personal experience of trauma.

One participant hoped to take what she has learned “back home” in a few years time:

I've been inspired to do this because of what I've seen, there is not the same interest in mental health in other countries, in my country, they say: “that person is mad”, it is a shame to have mental health problem, but here you open up and someone is there to help you. In future when I go back to my country I want to explain mental health to the community and say “it is not a shame”.

MHF4

Participants stayed involved because they learned a lot, enjoyed the experiences they had with the programme, enjoyed helping others and also because they appreciated the social aspect of the volunteer programme.

It's a way of socialising, making friendship, and gaining knowledge, so the most important, as I said, even, look, in terms of socialising, when to do the socialising doing the training socialising, going out in society. I went out and sat down in the park and chatting with other people or even not personally but chatting on the phone, that's the most thing that I like. This can be a way that we do, and if it is, instead of being or isolated from the community, come out and doing these things are very important for me.

MH3

They all know each other, when you go there everyone say hello, "Hello Mike!" "Hello John!" ... They know me, like every time they see me: "Hello Big Man! How are you?" because my name is difficult for them to say, they forget my name so I get 'Big Man' always.

MH6

Learning and skills development

Volunteers spoke about how participating in the programme increased their confidence, particularly when meeting and speaking to people they didn't know and when talking to larger groups:

Yeah, before I did that for the project, I, before I did volunteering, I have confidence, I, but I had more confidence when I get started, it gave me more confidence, don't [be] shy, then speaking, asking. So, about the confidence, I had the confidence before, but when I started with Mr Mohamed I had my confidence it picked up, yes, that's first.

MHF7

The volunteers also enjoyed using the knowledge and skills they had learned from the formal training modules and informally from working on the projects. They discussed how they had made presentations in front of groups and how they could use what they learned about mental health to help people in their community:

I can take someone to a park and speak slowly and go for a coffee, they worry about suicide, spousal abuse, they can get a help. I can take person to activities, swimming, sauna, swimming pool coaches, the park, you can get out of house and enjoy.

MHF4

All the volunteers interviewed had ambitions to do more training (with the Mental Health Foundation or other organisations at college or university), for example:

I was interested in community development, I still want to get a qualification in that, to contribute.

MHF3

Some expressed an interest in taking on more responsibility in their volunteering role, for example moving on to project management

I would like to continue being involved and continue personal development. I cannot work because of my situation so volunteering is very important for me. I would like training in project management and administration and would like to manage my own projects in future. That is what I'd like.

MHF2



Impact of volunteering on individuals and communities

Individuals enjoyed volunteering as a way of getting out of the house and keeping busy. This was especially important for asylum-seekers who because of their situation are not allowed to take up paid work.

I don't think I'll stop that, better than doing nothing for some time and getting bored. I'll get the benefit and I'll give some benefit.

MHF7

I do not want to be idle ... I cannot work because of my situation so volunteering is very important to me. I like to get to meet people and have conversations with them, it makes me feel happy.

MHF2

They also enjoyed the opportunity to use what they have learned to help others at an individual level:

It helps me, myself and it helps the community and my friends. If someone feels homesick, I can meet them to go for a walk, and meet a friend and go for a coffee to talk for the mental health, it is healthy and happy.

MHF4

Yeah, I've learned a lot of things, the human rights, how I can my rights, and like I understand if I want to go to GP, I have personal like, personal things in my body I choose like male or female. My mum, last two months, she was sore, and we went to the GP we told them, like we want a female [doctor] we don't want a male, they said "Okay, no worries" but because of the training from the Mental Health Foundation I knew that we could ask for that. I wouldn't have had the idea to ask the question

MHF6

As well as helping at an individual level, volunteers also appreciated being able to change things in the community:

When people from different areas settle here, you share, you raise concerns, you interact with each other, that's when you come up with different ideas and the community develops concerns, because it is not by government alone, it's a result of the people concerned.

MHF2

One of the most important impacts on volunteers themselves was that they felt valued and respected by their peers and the people from the community stakeholder groups that they worked with:

After just one week or two weeks, I felt three or four classes, I was very comfortable, very nice people, geniuses. Some of the volunteers, they are professionals, very high. I find them respectful, they respect us, they listen to us, and they try to share us some food, some drinking tea or coffee, smiling all the time to the people, and that is why you're feeling comfortable coming in excited for the next day, because they listen to you and they try to help you, to make decisions

MHF7

I think the feeling that you're being listened to, and that you have an equal stake, and I think that's important yeah, there's a sense of, that you are valued by the organisation.

MHF8

Future sustainability and development of the programme

Interviewees had some ideas about what would be required to make the Volunteer Programme sustainable, and to facilitate its expansion across Scotland. One of the key strengths of the programme, the development of links to other organisations, was recognised and discussed:

Yes. A learning that I was very pleased about was the appetite that community groups in different localities had, organisations and local authorities, the council, had in engaging with us, that was, that was pleasing ... Cause sometimes when you're the 'new kid on the block' you could be seen as, but the fact they've seen us as a partner in complementing some of the work in certain areas and bringing expertise on mental health, that was good.

MHF1

Interviewees emphasised that in expanding the programme, the voice of volunteers should continue to be valued. Having their voice heard and respected, and being able to identify themselves as individuals with concerns, skills and talents was valued by those interviewed.

Yes, see the community, when you find some of them, they are very friendly, very respectful and they speak about different things, we'll get the benefit to learn something about your life, or something, when listening something happened to your life, touching some things you're going to do it, and you can ask them because they listen to you and respect you.

MHF7

Indeed, several interviewees emphasised that understanding the diversity of the refugee and asylum-seeker community — and the diversity of the group of volunteers themselves — is crucial to supporting the community and ensuring that volunteers continue to come from a range of individual situations and backgrounds.

The community is made up of so many different people from so many different backgrounds, so when they come together the community develops ... You have to try to work with different sets of people, they all have so many different backgrounds.

MHF2

It depends on the fact that, when you know people, we are from different backgrounds, we are from different nationalities, and everybody has their own concerns, and everybody has their own, the kind of experience we want to have within the community that would be very beneficial, opportunity to develop people, initially there is opportunity for people to develop themselves, to be willing to give their support as well, because when you support people based on what they want to do, their concern.

MHF2

Interviewees also discussed barriers to the future sustainability and expansion of the programme. They mentioned the financial difficulties faced by asylum-seekers who received a payment of just £35 per week; this made it hard for them to travel to meetings and events unless transport was provided. Interviewees also spoke about it being difficult to continue to be motivated when they were not able to achieve their aims, for example some volunteers organised a Story Café but nobody attended. One of the the community stakeholders said:

You need to support people to see that they have the capacity to lead these things as well, you need a bit more confidence. Peoples' confidence, for example it took a blow when nobody showed up to the Story Café, it completely knocks you especially if you're someone who's isolated, and you really focus on it, you really care about it.

MHF8



One volunteer spoke about the difficulty he experienced in encouraging people from the community to become engaged with wider issues after a disappointing experience:

For example, if people raise concerns that they are denied opportunity to register in college, if these concerns are not dealt with, if a solution is not provided for them it becomes very difficult for them to get the peoples' view. If concerns raised aren't dealt with it puts people off the raising concerns ... There's a way for everybody to survive to try, part of the

solution, when the people with concerns are not being taken care of, there is no, when peoples' concerns are not being taken care of so you provide solutions to their concerns, that is, it works better to fulfil the main goal of the project

MHF2

A lack of English language skills was also reported by interviewees (volunteers and community stakeholders) as a barrier to volunteers making the most of the programme and making the most of the training they received:

Interesting, but I wouldn't be confident of doing it [public speaking] yet, I think, all people not just me, when I sit alone I speak in my mind English: I see how I'm speaking English very good [laughs], but when I speak with some people I'm going to be like everything is revealed as everything wrong you know?

MHF6

I guess the thing that's most prominent in my mind is the language skills, because even when there is an interpreter there, and the interpreters were good as far as I can sense, there's still very much a, a barrier there. So I was always conscious, when I was working with the group, you know presenting from the front, waiting for it to be interpreted, the next part. The questions that I get back, the kind of comments and observations that I got back, those that spoke English just so often seemed so much more insightful than those I got from those who were participating through an interpreter.

MHF5

Discussion and Recommendations

The Mental Health Foundation's key aim is that the voices of refugees and asylum seekers should be at the 'centre of the conversation'. The approach used by Refugee Health Policy and Strategy Action Group, where a diverse range of individual local projects are initiated in community meetings and volunteers work



in partnership with local organisations while being supported by the Mental Health Foundation, facilitates this. The evaluation interviews and the Mental Health Foundation's internal evaluation findings showed that volunteers feel that their voices are heard and valued, increasing their confidence and willingness to sustain longer term involvement in these projects.

Volunteers reported advocating for mental health and wellbeing in their communities, and some reported visits to national conferences and the Scottish parliament where they presented and advocated for their work with the Mental Health Foundation.

The projects in Glasgow, North Lanarkshire, North Ayrshire were initiated and led by refugees and asylum-seekers and the approaches used could be rolled out across all of Scotland. In order to promote the sustainability of this work, we make the following recommendations.

Recommendations

We recommend that a **peer-mentoring system be set up**, with more experienced volunteers giving support, encouragement and practical advice to less

experienced volunteers. They could also attend initial community meetings to explain the programme and answer questions which could potentially help with the recruitment of new volunteers.

The Mental Health Foundation has links to many government bodies and third sector organisations, the usefulness of these networks was noted by interviewees. In order to expand its volunteering programme across all 32 Scottish local authority areas, we recommend that **the Mental Health Foundation prioritises strengthening existing links to organisations across Scotland**. Existing contacts could recommend other groups that would be interested in working with asylum seekers and refugees.

Language skills play a crucial role in supporting the confidence of volunteers and especially how they are able to make use of the training. We recommend that the Mental Health Foundation **supports a focus on language skills** for those volunteering for the programme.

We recommend that the Mental Health Foundation build on the good work they have done in internal and external evaluations to resource the **co-production of an evaluation framework for evaluating the project** along with refugee and asylum-seeker volunteer participants. This framework could include aims and objectives, planned outcomes and impacts and plans for individual and group reflection by volunteers and stakeholders.

REFERENCES

- [1] WILSON, M., KELLOCK, C., ADAMS, D. & LANDSBERG, J. 2015. The Scottish Health Survey; Topic Report | Mental Health and Wellbeing. *A Official Statistics Publication for Scotland*. Edinburgh.
- [2] EATON, V., WARD, C., WOMACK, J. & TAYLOR, A. 2011. Mental Health and Wellbeing in Leeds: An Assessment of Need in the Adult Population.
- [3] ASPINALL, P. & WATTERS, C. 2010. Refugees and asylum seekers: A review from an equality and human rights perspective. *Equality and Human Rights Commission Research report 52*.
- [4] STEEL, Z., CHEY, T., SILOVE, D., MARNANE, C., BRYANT, R. & VAN OMMEREN, M. 2009. Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis. *JAMA*, 302, 537–549.
- [5] PORTER, M. & HASLAM, N. 2005. Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *JAMA*, 294, 602–612.
- [6] MENTAL HEALTH FOUNDATION. 2018. Health Inequalities Manifesto. London, Glasgow, Cardiff.
- [7] SCOTTISH GOVERNMENT. 2018. New Scots Refugee Integration Strategy 2018-2022. St Andrew's House, Edinburgh, EH1 3DG.

Appendix A

Evaluation of Refugee Health Policy and Strategy Action Group

Interview Topic Guide

Role and motivation for involvement

- Can you describe what your role is in the project?
- What prompted you to get involved with the project at the beginning?
- Can you tell me about the activities that you are involved in?
- What made you stay involved with the project?

Learning and Skill Development

- Do you think you have learned anything from being involved in this project?
- After receiving public speaking training, have you been able to use this? Have you presented at conferences? Events? Within the asylum seekers and refugee communities?

Impact

- Has anything changed for you because of your involvement in this project? If yes what?
 - Difference to you personally?
 - any difference to your community?
- Have you learned anything from the project that is useful for you in other areas of your life?
- What was the highlight of being involved in this project for you?

Future involvement/Development of project

- Would you like to be continue being involved in this kind of project in future?
- Would you like to be more involved? Would you like to be less involved?
- Is there anything about the project that you think could be changed/improved?
- What additional training would you like to have in future?
- Do you think the project is sustainable in the future?
- What are the barriers to the project being sustainable? What are the facilitators to the project being sustainable?
- Is there anything you would like to add?

Appendix B

Refugee Health Policy and Strategy Action Group

More information can be found at <https://www.mentalhealth.org.uk/refugee-health-policy-and-strategy-action-group>

Appendix C

Description of projects in Glasgow, North Ayrshire and North Lanarkshire local authority areas

The three local projects currently being delivered by the volunteers are:

Glasgow City Council area

Four Glasgow-based volunteers have designed and developed information resources for asylum seekers and refugees to learn more about civic forums in health, housing and education. The purpose of this is to raise awareness of engagement forums and to identify and address barriers and opportunities for refugees' involvement in this area. The resources include:

1. A literature review about civic forums –volunteers were supported to undertake a literature review about civic forums, including their purpose and the benefit in being involved in such spaces. This research has also helped volunteers connect with organisations in health, housing and education across Glasgow and to engage them with the project.
2. Volunteers have taken part in participatory film-making to produce a short film to explain about civic forums, and the barriers and opportunities to involvement of asylum seekers and refugees. This video is intended for a wide audience and will be available online.
3. Digital Civic Forum Map – volunteers are being supported to work with a graphic designer to locate areas of civic forums across Glasgow and to map these in a digital format. The volunteers are working on ways to make it accessible for asylum seekers and refugees in particular – for example, they are exploring ways of translating information on the map into the most spoken languages in refugee communities.

North Lanarkshire Council area

Syrian volunteers in North Lanarkshire are linked with the Village Storytelling Centre to focus on stories about Syrian refugee communities and mental health in North Lanarkshire. The volunteers have developed their own stories and worked

with a graphic designer to put them in poster format. It is planned to display these posters in libraries and other public spaces in North Lanarkshire.

North Ayrshire Council area

Volunteers have connected with the Ayrshire Community Trust to design and deliver a gardening project alongside other local people from non-refugee backgrounds. This shared activity has a longer term aim of becoming an enterprise activity where produce can be sold at some of the local markets in Ayrshire. Activities currently underway include:

- Photo-diary of the project for use at an exhibition
- Four workshop sessions on cultivating fruit and vegetables
- Equality and diversity training for local non-refugee participants in North Ayrshire
- Delivery of enterprise training