

The Perthyn Project



Women Side by Side uses peer support to improve the mental health of women facing disadvantage. The project is supported by Mind and Agenda, the alliance for women and girls at risk.

Foreword



It gives me great pleasure to introduce this report. 'Perthyn' ('belonging' in Welsh) is an innovative way of working to support the emotional wellbeing of refugees and asylum seekers. It is amazing how a tiny amount of funding can demonstrate something so powerful!

The journey into this project started in 2017, where the meeting with and talking to those working with refugees and asylum seekers about their mental health sparked thoughts on a new approach. This approach needed to include empathy, narrative and respect at its core as we walked alongside the women and heard their stories of transition to British life and the impact this upheaval had on their emotions. It was important to move away from pathologizing refugee and asylum seekers journeys into something medical and often the assumption that there had to be a mental health problem.

Perthyn was a one year project with the main aim of increasing worker capacity with refugee and asylum seeker wellbeing by training peer-leaders. Nine women in Newport, South Wales, opted to join the project and over a period of a year, learned how to become peer-leaders. During the year, these peer leaders engaged 43 of their fellow refugees or asylum seekers into three groups. The groups included people from all over the world who spoke many different languages. Perthyn was funded by the 'Tampon Tax Fund' via Mind and was conducted in partnership with the

British Red Cross and their extensive programme for women in Newport.

The peer-leaders felt that Perthyn provided a space for 'sanctuary'. They developed a sense of 'belonging' through meeting and talking about things they had never had the language to talk about before, or issues that were taboo in their country. They felt that they grew in their own personal development by taking on this role of peer-leader.

The difference with this project is that it didn't take a group of people and train them over a few days to deliver mental health support to their peers. It didn't have a prescriptive course of eight sessions to teach about the symptoms of mental illness. It didn't teach about tips to improve mental health. It didn't try to fix problems. It actually never mentioned the word 'mental health' in any group session. Instead, it modelled a way of working that showed them how to lead their own peers making the project sustainable. Like most of us, as the groups continue beyond the life of the project, they have adapted to be online during the COVID-19 episode.

Jenny Burns Associate Direct (Wales)
Cyfarwyddr Cyswllt (Cymru)

* I would like to particularly thank Dr Nicole Burchett (Mental Health Foundation) and Theresa Mgdzah Jones (British Red Cross) for making this project so successful.

Executive summary



*'...but came here and making us a peer-leader you know...
welcome, warm, door open, everything it means to us.'*

The Perthyn project ran from January 2019 for a year ('Perthyn' meaning 'Belonging' in Welsh). It was a women's only project and was funded by the 'Tampon Tax Fund' via the mental health charity Mind. This project was a partnership between the Mental Health Foundation (MHF) and the British Red Cross (BRC).

Through BRC's psychosocial approach to supporting refugees and asylum seekers, the Women's programme co-ordinator had identified a need for women to have a space to communicate and share beyond the more formal class settings. The aim was, therefore, to create a space where refugee and asylum-seeking women could talk about 'heart felt' issues, create new friendships, improve their emotional literacy in English, and decrease isolation.

Perthyn was based on a peer-led approach and subsequently, began with the recruitment of peer-leaders. These women were invited to join Perthyn with the transparent aim of supporting them to facilitate the group. In total, 11 women were recruited as peer-leaders. Over time three left the group due to their own personal development and other commitments, leaving a consistent nine.

A modelled training method was used with the peer-leaders to help empower them to develop the skills needed to run the group themselves.

A total of 43 women were involved in the project (including the peer-leaders and the members recruited by them to attend the group) and three groups were set up. During the lifetime of the project these three groups merged into two, which met twice per month.

The nine peer-leaders reported to have found it of benefit. Analysis of a focus group with the peer-leaders resulted in five themes:

- The sanctuary of Perthyn.
- The feeling of belonging.
- Taking on a role.
- Personal development.
- Perthyn in the future.

Introduction



The Perthyn project is an innovative partnership between the BRC and MHF. Its focus was working with refugee and asylum-seeking (RAS) women, who are considered an 'at risk' group', and used a peer support model. The project's aims were to:

- train six peer-leaders to be able to run their own sustainable peer support groups
- develop RAS support networks outside of the more formal English for speakers of other languages (ESOL) classes
- improve the emotional literacy of the RAS in English
- increase the understanding of RAS emotional wellbeing and leading sustainable groups for MHF and BRC.

These groups created the space for discussion of experiences, mental health and wellbeing and enabled mutual support of each other along with signposting to other resources. The partnership of MHF and BRC supports the broader work on participatory, co-produced projects by both organisations. It brought together different skills, experience and opportunities that allowed for the development of a unique project.

The Perthyn project ran in parallel with the BRC 'Amplifying the Voices of Asylum seekers and refugees for Integration and Life skills' (**AVAIL**) project in Newport. The AVAIL project builds on the principles of co-production and participation.



Dorothea Great Depression by fatihsultan

The aim of the project was to use participatory methods to create routes to support integration in four economically, socially, culturally and politically diverse countries along the European migration route. These interventions, designed by refugees, include life skills programmes in Wales and were accompanied by psychosocial support, casework and groupwork. The BRC has piloted a multitude of these interventions in Latvia, Ireland, Italy and the UK over the past few years (see **International Federation of Red Cross and Red Crescent Societies** for media



coverage) and this evaluation supports the broader research conducted by BRC on the impact of participatory practice (report launched in Summer 2020).

MHF provides support in a number of ways including influencing policy, service delivery and being a 'learning partner'.

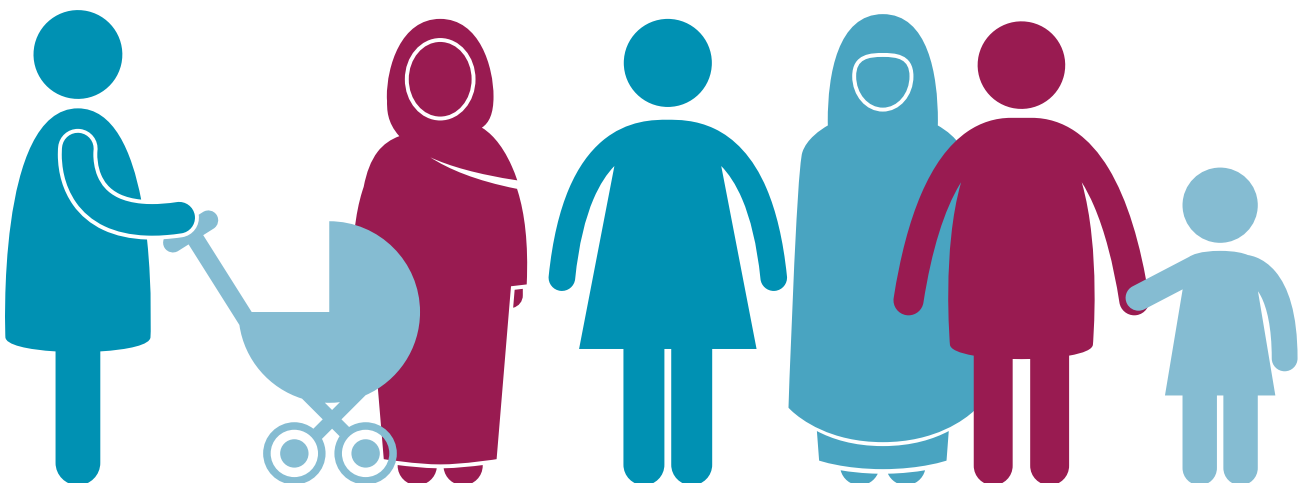
MHF Wales has supported public bodies, such as Public Health Wales, Sport Wales and Gwynedd County Council, to think through their current provision of services through a lens of mental health and wellbeing. Alongside this MHF delivers a number of projects that work across the life span with a public health and preventative focus.

Service delivery project examples include working with **housing schemes to engage adults in later life** in peer-led sessions with an aim to combat isolation and loneliness, a **project for new Dads** in partnership with a local football club, where an interest in football is used to find out more about the transition into fatherhood and the **Resilience Project** that spans education,

health and the third sector to build resilience with young people through the support of teachers, parents, families and other staff.

The Perthyn project was funded by the 'Tampon Tax Fund' via the mental health charity Mind, from January 2019 for one year. Mind, in partnership with the McPin Foundation, developed a mixed methods approach for the purposes of reporting to the funders. This information was collected by McPin, MHF and BRC staff throughout the lifetime of the project.

In addition to the required reporting mentioned above, MHF also undertook their own evaluation which is the focus of this report. It briefly introduces the context of the RAS population in the UK before an overview of the setting up and running of a peer-led group. The demographic data, and that collected through a focus groups and questionnaires are presented in the findings section, before reflections of staff on the challenges and successes of the project.



Background



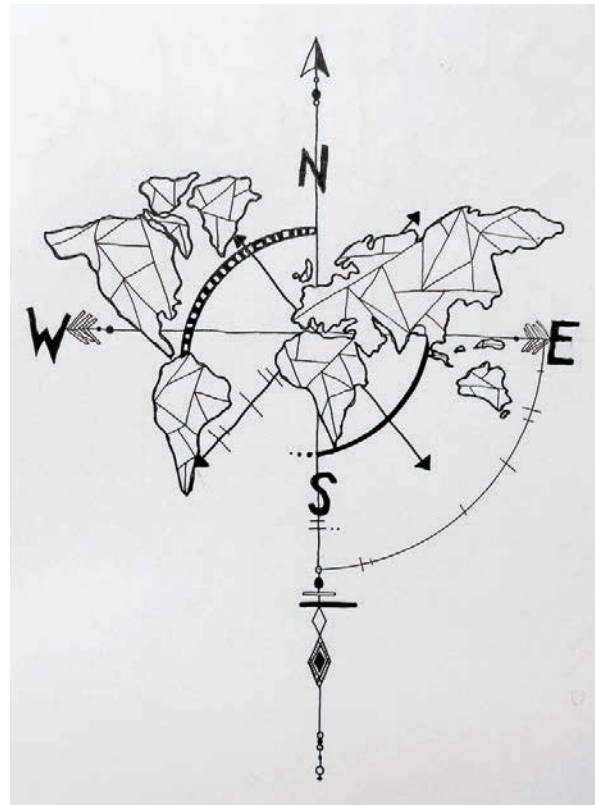
RAS in the United Kingdom

Individuals seeking safety in other countries from war, political unrest and conflict, are called asylum seekers. In order to stay in their chosen country of safety, these individuals are required to start a lengthy application process. In the UK, after being granted Indefinite Leave to Remain (ILR) (which is not a permanent status) the individual becomes a recognised refugee. However, unfortunately, not everyone seeking international protection is granted refugee status in the safe country in which they apply.¹

Government statistics show that in 2018, there were 29,380 applications for asylum in the UK, an 11% increase on the previous year.² According to the United Nations High Commissioner for Refugees (UNHCR) statistics in 2018 the UK had 45,244 individuals pending asylum claims.

The highest number of applications in the UK were from Iraq, Albania, Eritrea, Pakistan and Iran.³ Although these numbers may seem large, the UK does not have more asylum seekers by comparison with other European countries (7% of the total applicants in 2019).

The Home Office, and associated agencies, provide support to asylum seekers in the UK which includes provision of housing, additional help for mothers, free school meals, access to the NHS and an allowance of £37.75 a week.⁴



Amy Greerman

Once an asylum seeker has been granted refugee status, individuals are given one month to apply for monetary and housing support from the government. For many, however, this is not enough time leaving many resorting to homeless shelters or sleeping rough. A report published in 2018 by Crisis UK, a national charity for homeless people, highlighted that migrants are one of the highest groups at risk of homelessness, with 39% of all rough sleepers in London having refugee status.⁵



The Scottish project 'Sanctuary Scotland' conducted an evaluation into mental health issues and found that poor mental health was a major public health issue for female refugees and asylum seekers.⁶ This result is echoed in a collaborative study conducted by the Scottish Refugee Council and the London School of Hygiene and Tropical Medicine that focused on women. These results indicated that mental health among this population was an issue with 57% of their sample of women showing symptoms of PTSD, 20% reporting having suicidal thoughts and 22% had tried to take their own lives.⁷

In addition, stigma cannot be overlooked in contributing to the difficulties faced by asylum seekers and refugees and the impact on mental health. This was the focus of a report by the Mental Health Foundation⁸ that set out ten key recommendations to influence policy with the aim of reducing stigma in Scotland and its negative consequences.

Initiatives that are helping to reduce the stigma for RAS include the world-wide creation of 'Cities of Sanctuary'. These cities hold the vision of providing a safe and welcoming environment to all those seeking refuge in the UK. There are currently 11 cities of sanctuary in Wales and projects are taking place to support RAS across the country. The Welsh Government has also developed an action plan to see Wales become a 'Nation of Sanctuary' for RAS.⁹ The plan covers four main areas for Wales to focus on and links with the aim to ensure equality and fairness across Wales set out in the Well-Being Future Generations (Wales) Act 2015.¹⁰

Mental health and peer support

Evidence of a meta-analysis conducted by Porter and Haslam,¹¹ investigated pre- and post-migration factors associated with mental health. The authors attributed post-migration conditions such as living in institutional accommodation and restricted economic opportunity to worsening mental health outcomes. Additionally, the analysis suggested refugees who were older, female or previously held high socio-economic status were more likely to have worse mental health than their counterparts.

They concluded that the analysis supported the importance of the role played by the contextual factors, both pre- and post-displacement. However, they also recognised the positive impact that humanitarian efforts from organisations, such as the BRC, can have on improving conditions for this population.

A qualitative study by Liamputtong et al.¹², noted that the creation of social networks, enhancement of wellbeing and provision of empowering experiences were benefits of an Australian peer support group for RAS. The creation of social networks was facilitated through the support group, which allowed women to meet other individuals in their own communities in a similar position.

Women who attended this support group reported a deeper connection with other members of the group through the sharing of experiences and as a result, the women expanded their support networks into their communities.



Further to this, the authors found that attending the group enhanced their wellbeing, reduced their social isolation and increased social support. This action of giving and receiving social support increases emotional resilience and can act as a preventative measure of developing mental health problems.¹³

Peer support interventions allow individuals to seek advice and strategies from those with shared experience. Research has shown that there are many benefits of peer-led support and the evidence base continues to grow with the recognition of the benefit this approach can have.¹⁴

An additional element to peer groups is that of peer-leaders, such as those with lived experience taking the role of facilitating a group. With the right support and training, this approach provides an opportunity for peer-leaders to build confidence, acquire new knowledge and develop transferable skills. Research on peer support interventions¹⁵ suggested that after two days of peer-leader training (or self-management training), peer-led groups showed significant longer term mental health improvements from initial assessment, when compared to six months on from this and at 12 months.

One barrier facing RAS from engaging in peer support is the acquisition of the language used in the country of safety and the lack of confidence using it. However, these more informal peer group

settings can provide an opportunity to learn new vocabulary, enabling refugees and asylum seekers to express themselves, alongside creating the opportunity for individuals to talk about their experiences and access support.

Perthyn Partnership

The British Red Cross is the biggest third sector, non-government organisation providing support to refugees. The British Red Cross support refugees and people seeking asylum in the UK to rebuild their lives after fleeing conflict, persecution, migration and danger. They provide individuals and families with food and basics such as toiletries and, importantly, support them to navigate their way through the complex asylum process.¹⁶ The services they offer are in addition to the basic support offered by the Home Office and are arguably essential to the health and wellbeing of this population.¹⁷ The British Red Cross's Refugee Women's programme in Newport was established in 2008.

The MHF is a charity that has a long history and recently celebrated its 70th anniversary. The Foundation takes a public health approach to prevention, finding solutions for individuals, those at risk and society at large, in order to improve everyone's mental wellbeing. It is involved in numerous and varied community and peer programmes that include different RAS populations, and it also undertakes valuable research, public engagement, campaigns and advocacy.

Modelled training sessions



'...for me, I know I have (day) to share everything on me, so I have kept all week and I know (day) I will have mental health what happened to me, I will take it out, so when I go home, I will keep what going on the next week... for me it's one day, it's my day.'

The project was approached with sustainability in mind. As the funding was limited to a year, it was important that the groups were self-sustaining by the end of this. MHF took the lead on forming the content of the group and peer-led groups, this was supported by BRC with the logistics of running a group at their offices in Newport, Gwent in South Wales.

Modelled training with peer-leaders

A modelled training approach was used to help facilitate the sessions. Whatever the content of the session being delivered, experienced MHF staff demonstrated excellent group work facilitation and interpersonal skills, in order for the peer-leaders to develop their learning. MHF staff reinforced this by commenting on how they were facilitating, this included a short de-brief at the end of each session.



Chatting by Ylli Haruni



This approach was adopted to provide the best chance of sustainability for the project as the peer-leaders developed their own skills.

The training included a separate session on each of the following:

- **Session 1: Introducing Perthyn**
MHF staff joined various ESOL classes where the learners were introduced to the project and its aims. The session was then run as per the design of Perthyn, with discussion, followed by the offer of an opportunity to become a peer-leader.
- **Session 2: The Flyer**
The development of advertising and recruitment of Perthyn was facilitated through co-production.
- **Session 3: Planning**
Discussion was facilitated on the logistics of setting up a group.
- **Session 4: Facilitation**
The approach of modelled training was introduced and conversation was supported to explore areas of risk that need consideration when running a group.
- **Session 5: Structure**
The peer-leaders were talked through how to facilitate the content of a Perthyn session, which they had some knowledge of from the initial introduction session.

At the end of each group a short 'recap' was used by MHF staff members to reinforce the aspects of good facilitation that had been noted in the peer-leaders and to raise awareness of the role modelling each co-facilitator (such as, MHF and BRC staff).

This recap highlighted and reinforced some of the techniques used to create a safe space and encourage all members of the group to talk, for example by using eye contact and asking each group member if they understood what has been said and whether they have had similar experiences. The peer-leaders were encouraged to share their own stories in the group as a way of giving 'permission' for others to contribute.

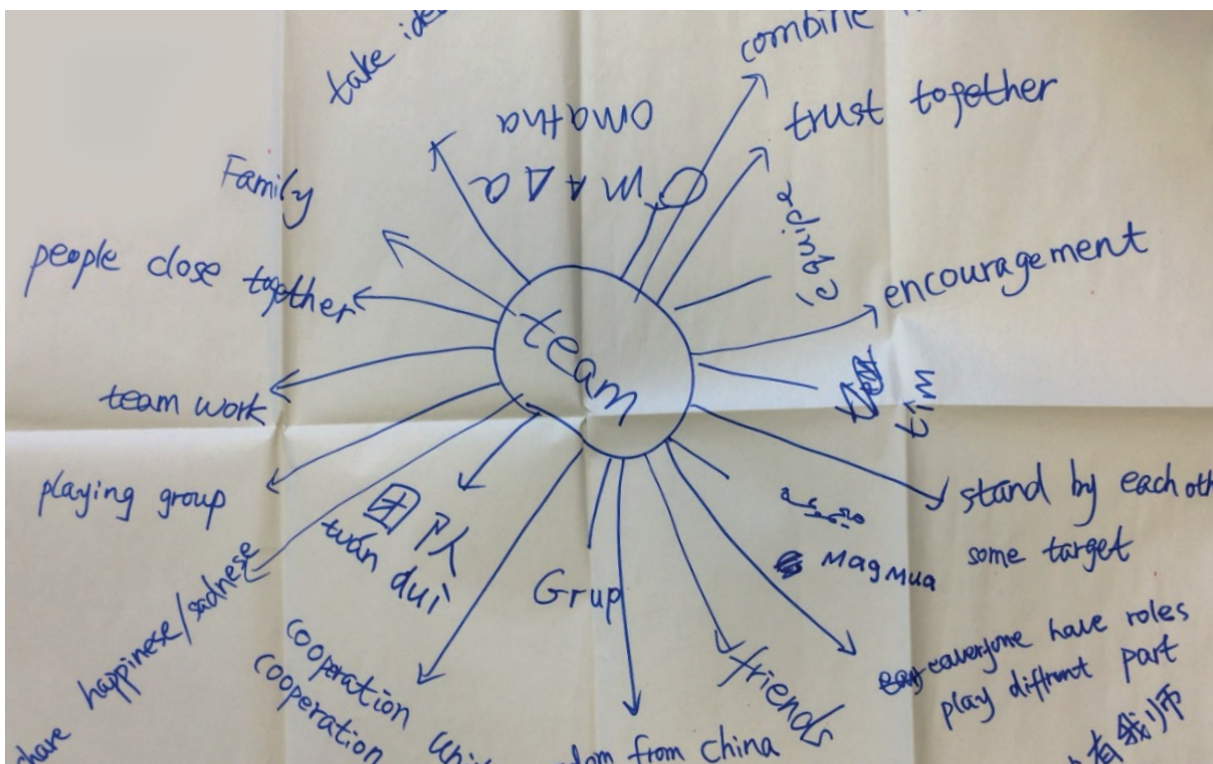
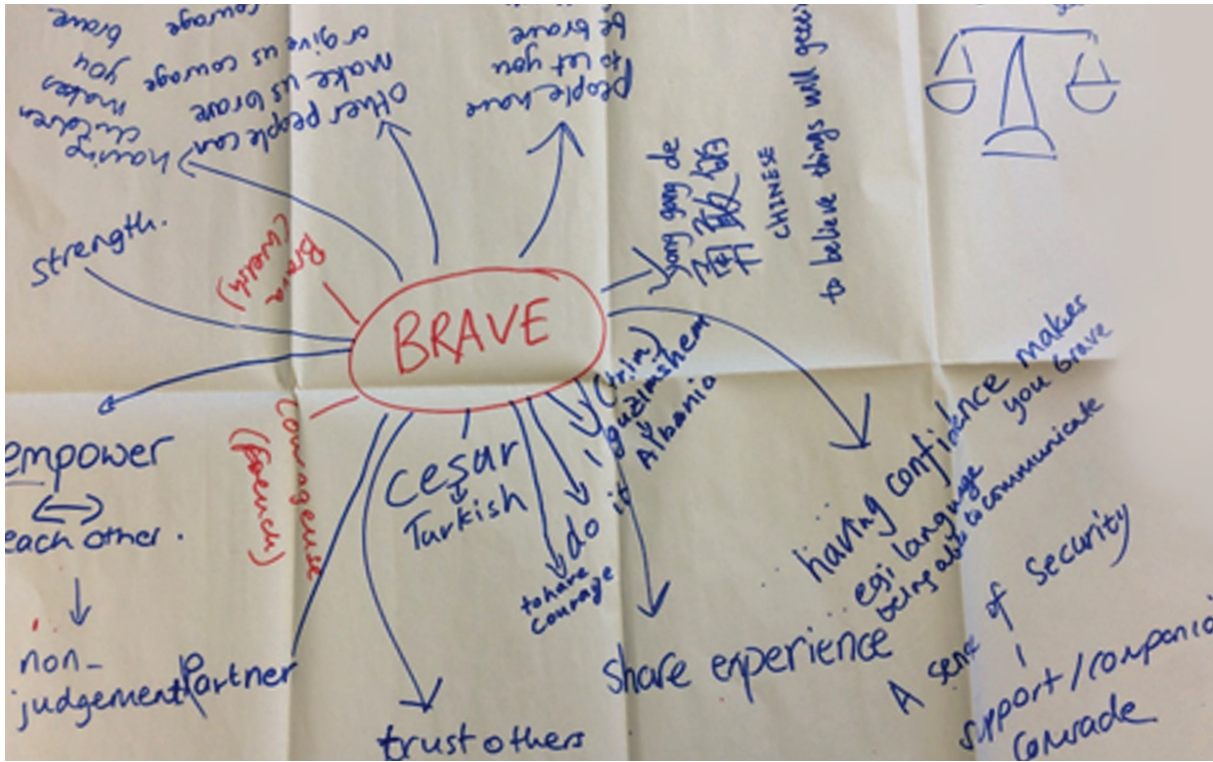
RAS group sessions

After these five peer-leader training sessions the women felt ready to decide a date and recruit RAS women to the first Perthyn meeting at the BRC offices in Newport. The first session revisited the previous content in session one, as it was familiar to the peer-leaders.

This allowed the peer-leaders to begin growing in confidence having had the discussion previously and therefore to help encourage the members of the group to share their thoughts and experiences. Each of the groups ran independently of each other and each chose to run their sessions fortnightly.



Below are examples of some of the content of the sessions co-facilitated with BRC and MHF staff, and then fully facilitated by the peer-leaders.



An example of the use of the word 'handled' during a session



Often at the start of each session the facilitators make sure all the members understand the focus of the session (and many turn to their phones for translation purposes and clarification). The word 'handled', however, sparked a lengthy conversation to clarify its meaning which led to an unexpected and thorough discussion of the word and sharing of very personal experiences related to it.

Through this discussion, it was agreed that the word did not mean to handle something such as a pen, or a handle such as on a door. Instead it encompassed being 'held', 'empathy', 'catching' (as if from a fall) and 'heart-felt support'; a time when the women had felt 'truly listened to' and 'supported by another'.

The women went on to share their own personal and emotive stories of a time they felt 'handled'. This resulted in two of the women in the group sharing their stories of the struggles of being a mother to a child with physical disability or a mental health illness. These two women were able to recognise they were not alone, and support was there for them both inside and outside of the group.

Another lady shared a story of a recent move to the area and the sense of loneliness and isolation she felt. She felt 'handled' when she received the kind gesture of her past tutor who made contact to see how she was settling into the new geographical area. She felt knowing that someone cared, gave her confidence to seek support in the area and this helped her gain the confidence to join Perthyn.





Peer-leader support group

After running the group for a number of weeks, a peer-leader meeting was held. The purpose of this meeting was to create a support network for the peer-leaders and increase the likelihood of sustainability of the group. This was an opportunity to praise the peer-leaders for their achievements thus far and encourage them to share their experiences of running the group. Using this as a platform helped solidify their learning and the support that has developed between them, within their own groups and between each group.

During this session the women suggested future words they may use in their groups. This was unprompted and the peer-leaders were encouraged to communicate with each other about their choice of words to suggest at their next group. There was also facilitated discussion about what they had found challenging followed by problem-solving suggestions to address these challenges. Encouragingly in this session the peer-leaders suggested the co-facilitators (from MHF and BRC) take a step back from facilitating in the coming sessions, to allow them to gain more control.

This indicated their confidence and willingness to continue the groups without additional presence of the stakeholders.



Zwei schwatzende Frauen mit zwei Kindern. Käthe Kollwitz

As a result of this request, a crib sheet (including the peer-leaders' suggested words) was developed and shared with the peer-leaders to support their facilitation of the group and help build their confidence in continuing without staff support as co-facilitators. During this session, an evaluation was also completed for MHF, gathering information on the helpfulness, or otherwise, of the previous peer-leader training. The results from this, and research carried out by MHF, will now be explored.

'...we never mention we have to hide it and being here you know we discuss with no problem, where I came from we have to hide it you know not to say, but heard in here boundaries you know it's like it's normal you know.'

Findings



'I just came [to the session]... and from that day I moved on... that day is changed me, I came from that house the wall getting thicker and thicker every day.'

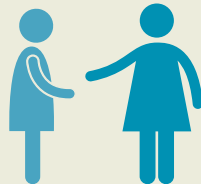
This aim of the project was not to find out whether the RAS women felt better emotionally through their involvement (this data was collected using pre- and post-scores by McPin). Rather, it was to explore the voice of the peer-leaders and project staff to see what could be learned through their experiences of being part of Perthyn.

The demographics of the group are presented below, followed by the peer-leader experiences (collected through a questionnaire) on the training and support given, and the results of a focus group. Finally, staff reflections, challenges and successes are explored, to develop a picture of the Perthyn project as a whole.

DEMOGRAPHICS

43 people

(members and peer-leaders) attended Perthyn from January to December 2019.



Group sizes

varied each week between a minimum of three to a maximum of 11.



Of these women

11 peer-leaders

were recruited however, over the lifetime of the project, this resulted in a consistent nine.



Sessions held

- 12 Perthyn sessions.
- Seven peer-leader group meetings.



Countries represented

- Albania
- Bangladesh
- China
- Eritrea
- Guinea
- Ivory Coast
- Kurdistan (Turkey and Iraq)
- Sudan
- Tanzania.



Perthyn peer-leader experiences

The peer-leaders were invited to attend a focus group and complete a questionnaire on their experiences.

Below are the results from a questionnaire on the training and support they had received to become peer-leaders.

The analysis of the focus group adds more detail to this and resulted in five themes:

- The sanctuary of Perthyn.
- The feeling of belonging.
- Taking on a role.
- Personal development.
- Perthyn in the future.

Questionnaire: Becoming a peer-leader

The questionnaire was completed by seven of the 11 peer-leaders. It focused on the modelled training given by MHF and the subsequent development of skills and confidence to facilitate the group. All women said they had found the five sessions of training of help to them.

Some specifically highlighted developing confidence and skills in organisation, as priorities. Others suggested that developing an understanding of what group facilitation involved, such as role modeling, was of help.

I learned the way how to ask questions during the sessions. To listen to the others and share about ourselves.

To listen more. New words. To help more other understand the words.

How to speak and to share our problems.

The majority of peer-leaders rated themselves as 'fairly confident' in running groups after the training and one rated herself upwards of this towards 'extremely confident'.

Focus group: The role of peer-leader

All peer-leaders of the Perthyn project were invited to a focus group towards the end of the project funding. This was held at the BRC and its aim was to gather the women together to discuss their experiences of becoming a peer-leader on this project. The questions asked focused on; their reasons for, and expectations of, becoming peer-leaders; the difficulties they had in this role; and what had changed for them since their involvement in Perthyn.

Four peer-leaders attended, all gave their consent to use the information they provided, and the conversation lasted approximately 70 minutes (a second meeting inviting the remaining peer-leaders had to be cancelled). A thematic analysis was used to produce the anonymised findings, with each peer-leader being allocated a number. Each of the five themes will now be explored using direct quotes transcribed from the recording of the group.



Theme 1: The sanctuary of Perthyn

The Perthyn group was seen as a safe space by the women. This was in part due to the fact that the group was held at the BRC in Newport; a place the women knew well, were comfortable in and considered with fondness due to the support they received from the organisation.

1 – Because and being an asylum seeker you have limited with everything to come here and to make us peer-leader is more, we came here we start from zero you know feel like sometimes we are no one, but came here and making us a peer-leader you know like I mentioned, welcome, warm, door open, everything it means to us.

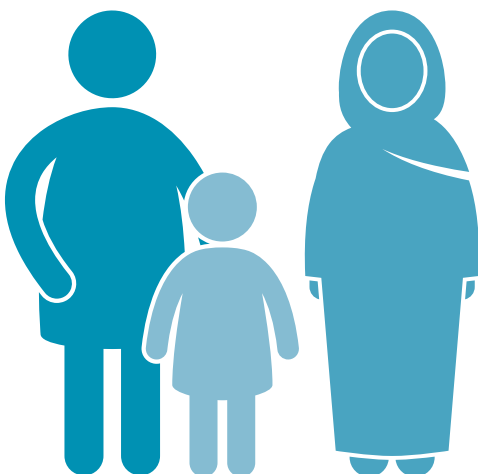
3 – It make me feel I safe and I am confident to say it because I know they will help me, I know the mental health.

The women felt the informality of the group added to the feeling of safety. Although many of them were attending the ESOL classes, they highlighted a distinct distinction between these classes and Perthyn; the former being more formal and structured than the latter. The focus on, and time given, to talk about personal issues in Perthyn was not replicated in the ESOL classes where only during the break did they feel there was space to catch up with each other.

The women recognised the reason for this and suggested that the formality of ESOL classes and the informality of Perthyn, were strengths for each project respectively.

3 – Normally we join English class, we go home we never think about our lives... there still have something mental health, mental problem, mental health happens these days and that time I really think about mental problems, do I have, maybe somebody, somebody close to me or my friend, so I start to think about mental health mental problems.

2 – Because in ESOL class is main points is academic skills so... it's different... but you say opportunity to talk, we have just 10 or 15 minutes for cup of tea time.





However, even given additional time in the ESOL class, the women felt they could take many personal issues to Perthyn that they would not share in these classes:

1 – In social group [Perthyn] you feel more lovely more comfortable because you are not in front giving a session or listen or you know.

4 – You have a think you have the time to feel free to speak.

1 – Exactly you know... which all like to tell you the truth, because I leave everything behind just to spend one hour with you and one hour you, it's lovely and you know we need that.

1 – Because if I go in the ESOL class I cannot start talking about anything its bothers me.

4 – They think you are like weird you speak very... why you speak like that, but in mental class [Perthyn].

3 – Sometimes I enter the ESOL class I just fight with my husband (laughs) and I have bad mood, just different [Perthyn], really different.

The Perthyn group was seen like a 'family', a 'team' and a flexible, easy space to consider their own lives and feelings. This was in no small way aided by the provision of a creche, which they acknowledged provided them with the space to be fully present in the group, rather than having their attention diverted attending to the needs of their children.



Theme 2: The feeling of belonging

With this supportive backdrop, the women were able to explore an area (such as their mental health) that many of them had not openly discussed before:

3 – First time I just somebody come to my life to talk about mental, I never touch this, I think, first of all I think this is sensitive public... but use different way to talk about it, to make really not a sensitive.

1 – We never mention we have to hide it and being here you know we discuss with no problem were I came from we have to hide it you know not to say but heard in here boundaries you know it's like it's normal you know.

4 – For me, I know I have [day] to share everything on me, so I have kept all week and I know [day] I will have mental health what happened to me, I will take it out, so when I go home, I will keep what going on the next week... for me it's one day, it's my day.

Not only did the space provided in the BRC help facilitate this conversation, but the format of the sessions developed by MHF also supported this. Using a single word to focus on (chosen initially by MHF, then the peer-leaders and then co-produced by each group), allowed the women to explore new areas and share their difficulties with each other to feel less alone.

4 – A lot has changed... because of Perthyn, of course, because when I came the first time... for me I didn't feel first time to say it, but the next time when I saw that every people er say one word and keep looking like deep, deep inside this word, so it's helped me to feel confident to say, to take all that depression, to feel free to take it out.

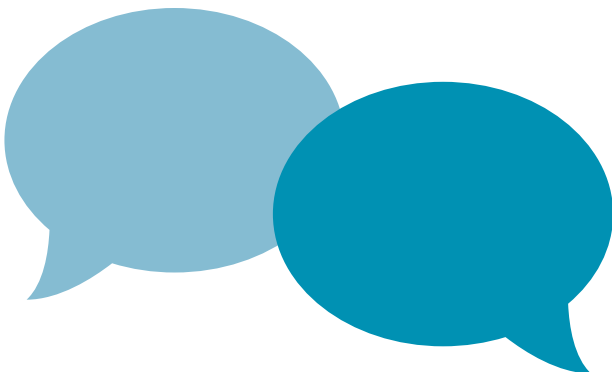
2 – I was very shy, after later everybody was very, very joyful and everybody shared their experience and that make me more confident that I can share my experience... I always hide myself and I just want to listen... and after later step by step I just opened my mind and just share that... so it's very good.

3 – I am very different before, never talk about apart from my negative side, I will [now] speak out, I never care about what the others think.

1 – I share something with you and sort of keep it inside or feeling when I am alone, you know and I share with you, make me feel more comfortable, more welcoming and friendly, when I saw you, my friends, I said 'oh I am not alone, everybody got something' you know and I feel friendly confident, I have no walls to escape.



Peer-leader experiences were an additional layer to creating this space. The women felt a connection with each other due to the lived experience and the shared knowledge of what it was like to seek asylum in a different country.



2 – We are same you know, I know you feel, you know I feel, you know that word last time we [empathy]... but like we are, we all asylum seeker.

3 – Everybody all close... we have all different stories.

1 – For me the project path, its help me because we are all the same, we find our self, it's really good idea... all the women have a problem, so I have a problem, when they share their problem, I share my problem, so it's like women by women.



Theme 3: Taking on a role

During the training the peer-leaders were encouraged to recognise the 'role modelling' that was being done by the MHF facilitators. Each session involved the input of the peer-leaders and evidence of good facilitation was explicitly highlighted to them.

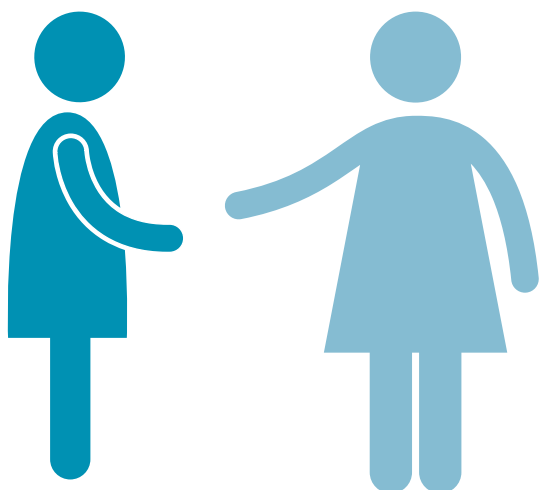
This approach allowed the peer-leaders to develop the knowledge and build the skills for running a co-produced group.

1 – It's free to share because... I have to share because I am a peer-leader, I have to help them... as the peer-leader, peer-leader our role is just to listen.

4 – I think the Perthyn mental health is make me feel, I help one women, I am very happy with it, she's not here, she's in [country], she will come here, one day she felt really upset... I spoke to her for four hours, after that she feel really positive... she said thank you very much for helping me to take everything out [expressing her emotions]... so mental health make me feel that I am responsible for me and for others to help her... so mental health helped me a lot... I help her in many ways I can, as I learn from Perthyn group.

As the women developed their confidence and skills over the months facilitating the group, one explained that attending Perthyn had allowed her to use her skills outside of the comfort of the group itself;

As evidenced in the above quote, it also allowed reflection of the learning that had occurred on taking on the role. This included the challenges it brought that they had to manage over the months of the project (for example, recruiting women to the group and contacting them to encourage them to attend).



All shared the sense of the enormity of the responsibility of co-facilitating, not only with MHF staff but the increased responsibility of running the group with their fellow peer-leaders as MHF staff stepped back from the role.



2 – Want to be peer-leader, leader is big, big responsible I think about it (laughter) for me in my age I haven't been any leader (laughs) so this is quite challenge interested in so, started.

4 – Something like it's [peer-leader role] not like special but when they say it like a peer-leader, puts like a big responsibility on you to make it for other people share.

The women, as well as others, saw this as a responsible position that required skills and commitment. Taking on such a role led to them feeling valued, empowered and proud to be such an important part of the project.

1 – I went home, I never forget, I went home and I told my children [I was a] peer-leader and 'wow' I'm proud of you you know 'how come?

What did you show to them, they give you peer-leader?' you know (laughter) 'you have to work hard to have the title', they said!

There was a sense of pride for the women taking on the role becoming peer-leaders.





Theme 4: Personal development

Development of confidence was a driving force for some of the peer-leaders. The wish to increase their own confidence either played a conscious part in making the decision to become a peer-leader or had occurred as a result of involvement.

2 – At the moment (laughs) I can't say definitely confident but is better, compared than before to be honest, I'm confidence.

1 – ...more confident more to say something to others... I came with here from my house from my room, I never learned about, I just came... and from that day I moved on, I am you know very busy with class, but that day is changed me, I came from that house the wall getting thicker and thicker everyday.

Another aspect highlighted as important by the women, was the development of knowledge. This came on many levels, from the logistics of setting up and running a group, to the content of each session and the conversations around emotional issues and the women's wellbeing. The increase in their command of English was also a factor they enjoyed as a result of attending.

4 – It is helped my English, I learn a lot of big word and every time I written it and I use it, it helped me I really use it a lot.

3 – I know, she's really improved, because she came last, not so many year as me [in the ESOL classes], but she speak better English, she used a lot big words, I want to [be] like her (laughter).

3 – So I start to think about mental health mental problems... that is really interested and really draw me in.

Although the suggestion at the onset of Perthyn, was to have the different groups separated along cultural and language lines, the women unanimously declined this. Instead they recognised more value in meeting women from a variety of backgrounds and experiences. This made for a richer discussion at each session as the word chosen created a catalyst for expressing different values and experiences.

2 – Also do you know, also we receive knowledge about different culture do you remember last time, it's very interesting it's like... if not join that course, that class I would never ever heard of that, yes so make our knowledge is big and open our eyes.

Theme 5: Perthyn in the future

All the peer-leaders were aware of the overall plan of the project; input from MHF and BRC would eventually be withdrawn. Taking this approach, the women recognised the need to 'own' the group and indeed over the months they did, to varying degrees, do this.

This is shown in the groups exploring different areas of interest (such as, each group choosing its own words to discuss) and suggesting taking the group in different directions (such as, taking the group outside of BRC and taking a walk in the park). The caveat to this was childcare; those with children appreciated the time to concentrate on themselves that the creche provision afforded them.



Although this was a challenge, the women were obviously looking to the longer term future of Perthyn as they discussed the additional free time they would have as their children grew up.

One peer-leader suggested that a 'drop-in' open and flexible space within the BRC, was essential to support refugee and asylum-seeking women's wellbeing in the Newport area. The following extract summarises the peer-leader's view on the Perthyn project:

- 4 – I think it is a beautiful project.
- 1 – I can say it's a very human project.
- 3 – That is very good word.
- 2 – That is good word.
- 3 – Emotion, with a lot emotion.
- 1 – We found ourselves, how we say is belonging to us... thank you for being here.
- 2 – Thank you for your guide.

Above we have clearly heard the voice of the peer-leaders. To complete this picture the next section of the findings we include the experiences of staff involved as well as some of the challenges and successes of the Perthyn project.

Project staff reflections



As well as the peer-leaders and participants of the Perthyn project, staff involved give a good insight into the project as a whole. Below are some staff experiences and views on the project, which also helped to inform the narrative below detailing the challenges and successes of Perthyn.

The inspiration for the project

The project was developed from a year-long investigation into how to support the wellbeing of the RAS population. This research focused on how to support the emotional wellbeing of RAS through the transition to a different geographical location and submersion into a different culture, often without the luxury of choice. The investigation highlighted the need for a different approach: rather than ask 'how can we help you with your

mental health?' the focus was on the development of language (emotional literacy) that enabled the RAS population to express their emotional wellbeing. This in turn would assist them in accessing support.

It became very clear that the women needed someone to talk to. Some were experiencing emotional and mental health issues which they were not comfortable to discuss with their husbands, let alone new friends...



Molly Crabapple



Many were becoming reliant on anti-depressants prescribed by their doctors, but I wanted them to know that medication isn't the only option, that talking to others in similar situations could also help.

Taking into account the needs and knowledge of this population it was recognised the structure of the project would need to be clear and simple to overcome language difficulties. Many of the women were highly skilled and able, and these qualities needed to be accessed. Therefore, the design:

...needed to be simple enough for the peer-leaders to be able to use it, build emotional literacy and allow non-threatening discussion around something external to RAS.

The book 'Lost in Translation', a compendium of untranslatable words from across the world, provided the final inspiration for the design of the sessions.¹⁸ The structure of the sessions created the discussion that would achieve the aims set out at the onset of the project and which one staff member commented on:

Its power is in its simplicity.

It lives up to its name. The women know that they belong together and they recognise the power of talking.

...I was not familiar with the use of the word and how it would work, then I realised the power of that one word and what it could unleash... Refreshments and a box tissues would be a welcome addition.

The impact on staff as well as Perthyn members

The understanding of this population was also enhanced for some staff members. The discussion prompted by each session's focal point, took unexpected turns which gave insight into the, at times traumatic, transition to living in the UK.

The Perthyn project has opened my eyes to what a remarkably resilient community this is.

Hearing about the different attitudes and approaches to addressing mental health issues in different cultures was as fascinating as it was informative.

The 'flow' of conversation that occurred when all participants within the group were involved, was a standout moment for staff members.

Just watching the conversation develop, layer upon layer as the word was delved into, revealed so much more than I expected.

It gave them somewhere to go where they could just let their hair down, one lady said to me, I didn't talk much, but I listened and just to sit and listen to the others was enough and made me realise I'm not alone.

When they just laughed, you know when they had a really good laugh about something together. Watching them connect over shared problems, watching that laughter break down barriers and enabling them to forge new friendships.



And others developed their learning of the peer-led approach and recognised some of its benefits.

...having seen what I've seen I feel very encouraged by the peer-led approach... I believe that the groups would've looked very different without a peer-led approach, and it's my gut feeling that the conversations wouldn't of been so rich and emotive if it weren't for the peer-leader being brave enough to be the first to share their stories and give their own interpretations regarding the weekly themes.

...the group quickly realised previously unknown connections amongst themselves, and were able to openly empathise, and reassure one another that things will get better.

Bringing together of women from different cultural backgrounds, from all the classes (ESOL) and it was a leveler a great leveler as well. I was so pleased to hear that some of the women had forged friendships in these groups.

Also when somebody cried and another reached out to put their arm around them; this is what I've been working towards bringing women together encouraging them to support each other and this was such a good example of that, which pulled at my heart strings.

There was also a wider impact that was unforeseen at the start of the project:

...this initial opening up enabled a few to pluck up the courage to come to me separately and request individual support... [this] then led to my referring them to agencies such as counselling services... contacting GPs on their behalf and in a couple of cases, attending GP appointments with them.

One aspect that arose for the staff was an unexpected privilege felt when working with the RAS women.

...it's been an absolute privilege to hear the women's stories and witness the growth of such strong, empathic and supportive peer-leaders and social networks.

...it shone a light on what a safe space Perthyn has become for these women.

Seeing the women grow in confidence and understand what it meant to them to be a peer-leader, was such a humbling experience.

The commitment from the peer-leaders has been incredible and I think that they all underestimate the value of what they bring to the sessions.

In summary, one staff member commented:

It's just a fantastic project that enabled the women to gel, it enabled the women to talk about things that they would not normally talk about and it gave them people to share their sadness and their happiness with.



Challenges of peer-led groups

Setting up a group that will eventually take the lead and run itself does not come without difficulties. Groups are traditionally run with an 'expert' at the fore controlling and facilitating its members, however, peer-led groups are different and need to be approached in a very different manner from the outset.

Setting up the group the MHF and BRC facilitators were mindful that the key message of peer-led groups was impressed on the women attending. This was done throughout the peer-leader recruitment stage and once the groups had started. MHF and BRC facilitators repeated the simple format at each co-facilitated session and encouraged the peer-leaders to take the lead at certain points, for example take the role of welcoming the women or scribe the discussion (these responsibilities were added to as the weeks progressed). At the end of each session there was a short debrief with the peer-leaders, giving them positive feedback on their facilitation and suggestions for building on their skills.

However, even given this approach and the reiteration of the peer-led facilitation, this style of group set up requires a lot of coaxing and support. Communicating through a second language also took more time than working through the medium of English. MHF and BRC staff co-facilitated more sessions than anticipated when in leading up to Perthyn being run without their presence. Applying for additional money to employ a project manager was a consideration for future iterations of

the project. Keeping the format simple, clear and adding an aide memoire in the form of a crib sheet, proved helpful but not a panacea. Aside from the expectations of attending a group (that an 'expert' will be taking the lead), the confidence and skills of the peer-leaders has to be taken into consideration. Some leaders clearly showed more confidence and had more experience than others. It then became a focus of the MHF and BRC staff to encourage the contributions from those quieter peer-leaders who would acquiesce to their stronger and more outspoken peers.

Recruitment was also a challenge and an element of the peer-led approach that, again, would be supported by MHF and BRC and not fully controlled by them. Therefore, the peer-leaders, on development of their flyer advertising 'Perthyn', were encouraged to recruit within their more formal ESOL classes as well as through their own networks. In the first instance this was supported by MHF and BRC staff, however in addition to this the peer-leaders introduced a number of women not engaged with the BRC to the group.

Each group, although using the same format, had different successes in relation to the numbers recruited and attending. This became evident as one group grew, another stayed the same and the third struggled to recruit more than a few women. This latter group, due to the day and time, had competition from other activities that many RAS women were likely to attend. Therefore, it was suggested that this group, which had one consistent peer-leader, merge with another Perthyn group to provide all the



women attending with support, including the peer-leader. This was suggested to the groups and agreed by them, which resulted in Perthyn running on two separate days on a fortnightly basis.

Many of the women who became peer-leaders had busy lives and were engaged in other classes and had other commitments. This interrupted their ability to attend the group from time to time and created logistical difficulties as BRC staff were seen as the contact point due to their being held responsible for booking the creche and room. Therefore, one particular staff member was often seen as the 'go to' contact point, rather than the peer-leaders liaising with each other. As this became apparent the peer-leaders were encouraged to contact each other during the review session held for them and it was explained the need for them to take joint responsibility for logistics of holding this group at the BRC offices.

The findings concentrate on the peer-leader's experiences of Perthyn. Consideration was given to how best to capture the experiences of those participating in the group (ideally co-produced by the peer-leaders). As mentioned, the project was funded for only 12 months and the concentration of effort during this time was placed in supporting the peer-leaders. Capturing the thoughts and feelings of the members of the group would require more time, planning and support due to the complexities of generating this kind of information. Those attending did not always have the language acquisition held by the peer-leaders and therefore more creative ways of expressing their

view of the group would be considered. However, due to the project coming to an end, there was limited time to support this endeavour.

Although the session format and structure seem to be simplistic and achievable, it should be accompanied by a note of warning. It is important that there is recognition of the skills needed to make this approach a success. The process of creating sustainability is incredibly nuanced, aside from the ability to 'hold' a group as it develops and delivering in a modelled training manner. Two of the MHF staff had clinical backgrounds in mental health, which no doubt contributed to the safety created and the outward confidence in using a co-produced approach.

Successes of Perthyn

Although there were difficulties with recruitment to the Perthyn groups, there were successes in this area also. The peer-leaders attended ESOL classes and spoke about the project with the aim of building the membership of the group. This aim was achieved, however, an additional important success, was the recruitment of women who were not engaged with the BRC or ESOL classes. These women were invited to join Perthyn by the peer-leaders through their more informal networks.

These women are hard to recruit due to their levels of English language and confidence in engaging with others. Perthyn, due to its peer-led approach was seen as a stepping stone and a safe place to begin both development of English and support networks.



The number of peer-leaders recruited was over and above what was predicted in the original bid application (although some peer-leaders had to cease coming to the group, due to moving or additional commitments). This was in part been due to the enjoyment of the group as well as the additional support afforded by sessions with the peer-leaders only. There was much communication over the months between the peer-leaders within and outside of each separate group, which was encouraged and supported by the peer-leader meetings.

Another success, although double-edged, was when the peer-leaders developed in confidence to such an extent they naturally moved on from the group. In one instance a peer-leader did indeed use Perthyn as a springboard and went on to take up volunteering opportunities within the BRC. This was considered a huge success, although it resulted in one less peer-leader for the project. Related to this was the fact that some group members (peer-leaders and group members alike) stated that they had grown in confidence discussing difficult issues and had offered support to members of their family and friends. They reported using their skills in listening, questioning and empathy to encourage those in need to share their story and access support if needed.

The space within the groups created by the women, made it a privilege to be part of. The peer-leaders, as well as the participants, developed a safe space where emotions were accepted and informal support offered. This resulted in the discussions had in the group to be at a 'heart felt' level (as one participant

put it). Although it was expected that stories of transitioning to another country would integrate into many of the discussions, it was actually the day-to-day living that was at the forefront. That is not to say that these experiences were not shared, rather the women chose to share 'solutions focused' conversations, rather than 'problem based'. This was influenced by the choice of focal point during each session, therefore the peer-leaders were encouraged to choose positive or neutral content.

This helped to reiterate that Perthyn was a support group, as opposed to a therapy session, so that all peer-leaders were able to maintain their boundaries and confidence in not being expected to go beyond their skills. (Safeguarding issues were discussed in the modelled training).

The group ran for 12 sessions in addition to the peer-leader meetings in which the modelled training took place. At the start, as mentioned, this was supported by BRC and MHF staff, however, as the project progressed and the need for staff to be there became less necessary, there was an opportunity to introduce other support.

Both the BRC and MHF provide opportunities for students and volunteers to gain experience in a third sector organisation. This, with support and consent from those involved, provided the bridge to lessening, but not completely withdrawing, support from paid staff. Although all formal support has ceased due to the ending of the funding for the project, it is hoped Perthyn will continue to run supported logistically by the BRC.

Concluding comments



'...for me... its help me because we are all the same... all the women have a problem... when they share their problem, I share my problem, so it's like women by women.'

The power of peers meeting together with life experiences in common has been demonstrated many times. However, this project report has evidenced how a RAS peer-led support project can train up peers and guide them, through the principles of modelled training, to lead groups themselves.

This report shows through empathic, co-produced and collaborative methods, how to recruit peers from different cultural backgrounds and with different languages, to safely and sensitively lead groups that open up 'heart level' discussions.

Also, this project has demonstrated how the partnership working of two large organisations can work in tandem to co-produce an effective model of working to boost the resilience of a vulnerable population so that mental health issues could be reduced.

Report by Dr Nicole Burchett, with thanks for the contributions of Jenny Burns, Theresa Mgadzah-Jones, Sophie Congdon, Amy Newton and Darren Madden.



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