About Advocacy

The Scottish Independent Advocacy Alliance Magazine *Winter 2015*

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Editorial

The winter edition starts with The Advocacy Project who explain how meaningful participation and social inclusion, both key element of the Human Rights Act, are intrinsic to advocacy practice. We also learn about the Amaan Project which is shaped and designed by asylum seeking and refugee women to empower and inform their communities.

SIAA intern Stefanie talks about her report on the need for advocacy for people with addiction issues.

Dont miss the article by MECOPP sharing the experiences of first generation Chinese and South Asian older people. Sharing opinions and experiences is also at the centre of Patient Opinion who tell us about the power and importance of hearing people’s stories in health and social care. The Scottish Government GIRFEC Team explain the importance of named persons’ in ensuring that Children and Young people are listened to.

We also learn about The Keys to Life, and how it is helping to drive the delivery of Scotland’s learning disability strategy. Finally, we hear about the impact that Independent Advocacy has had on the lives of Carers.

Kiren S. Zubairi

Next issue:
Please contact Kiren.Zubairi@siaa.org.uk if you have content for a future edition.

Thank you:
The SIAA would like to thank all the individuals who have contributed to this magazine.

Printed in Scotland using FSC certified paper and vegetable-based inks. Cover image: **Karen Gordon**

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Scottish
Independent
Advocacy
Alliance

The Scottish Independent Advocacy Alliance
Scottish Charitable Incorporated Organisation
Scottish Charity No. SC033576

SIAA News

AGM and Conference

As this edition of the magazine goes to press we are in the final stages of preparation for our 13th annual Conference and AGM. We look forward to welcoming Jamie Hepburn, Minister for Sport, Health Improvement and Mental Health to deliver the morning's keynote talk and, for the afternoon, Professor Alan Miller, Chair of the Scottish Human Rights Commission. There will be several topics for morning and afternoon workshops as well as the usual opportunities for meeting up with colleagues from across the country.

This year we have invited not only SIAA members but also all NHS and Local Authority Commissioners, at time of writing all places for the conference have now been booked. We are expecting a lively and interesting day. Look out for feedback on the Conference in the next edition of About Advocacy.

Families at Risk Phase 2

Work is continuing on Phase 2 to produce a short animated film highlighting the benefits of advocacy for vulnerable parents facing Child Protection proceedings. Case studies provided by member organisations were developed into a script with help from focus group members and work has now begun on the animation.

Those readers already familiar with A Voice to Trust, the first SIAA film about advocacy, will have seen the work of Media Co-op who have been commissioned to produce this new animated film. It has been fascinating to observe the processes involved. Actors, many who are well known faces, were recruited to provide the voices for the animated characters and we were interested recently to be involved in the recording of the voices for the film.

Keep a look out for news about the launch of the film soon!

Season's Greetings

From all of us at the Scottish Independent Advocacy Alliance we wish you a very happy holiday season and a lovely new year!

Shaben Begum
Director

Independent Advocacy, Participation & Human Rights

Laura Bogucki, Operations Manager, The Advocacy Project

It is not by accident that participation is a recurring and prominent feature in the principles of law pertaining to state intervention in the lives of vulnerable persons. For example: Mental Health (Care and Treatment) Scotland Act 2003; Adult Support and Protection (Scotland) Act 2007; Adults with Incapacity (Scotland) Act 2000

This principle has filtered from human rights law, that cornerstone of respecting and protecting the fundamental rights and freedoms of each and every individual - moreover, with which our national law must comply. The United Nations suggests that the right to participation is relevant to the exercise of all other rights.

Consider the Preamble to the UN Convention on the Rights of Persons with Disabilities which strongly states that:

> ***"Full participation by persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social and economic development of society and the eradication of poverty"***

Participation is therefore, a meaningful, powerful and necessary mechanism for people. Independent advocacy in harnessing human rights, participation and empowerment significantly contributes to the realisation of genuine participation.

The Advocacy Project utilises a human rights based approach to achieve this end. Fundamentally we assist in the facilitation of freedom of expression and self-determination to achieve meaningful participation and social inclusion.

We empower people to know their rights and claim them. We provide an opportunity for people to understand the consequences and the impact of their views and to ensure that any interference with their rights is proportionate, necessary and legitimate.

A human rights-based approach is all the more necessary where an individual wants to raise a concern in relation to an agency or institution that they are also reliant upon for care or support – a situation where people often feel especially vulnerable and powerless to take action.

The film about our approach, commissioned by the Scottish Human Rights Commission, NHS Scotland and The Health and Social Care Alliance highlights an example which demonstrates this type of difficulty and how The Advocacy Project through the use of a human rights-based approach aided and empowered this individual.

Let's give this individual's scenario some thought…

You arrive at hospital for an operation, feeling apprehensive as to what lies ahead.

You are told that because you are small and disabled the hospital does not have all the necessary equipment to assist you during your stay. You are told to have a friend bring this to you from home in a taxi.

Would this instill confidence in your care, would this make you feel equal to other patients, would this be good enough?

The Advocacy Project and the individual agreed with her full participation that it was not and, decided to take forward this issue together.

We questioned the lack of provision for this individual and by virtue this group and framed it in light of equality, dignity and respect. We provoked reflection by the NHS that they had not adequately fulfilled their Public Sector Duty under the Equality Act and had potentially breached Article 14 of the Human Rights Act regarding Prohibition on Discrimination.This exemplar initiated a significant change in both practice and process however; we utilize human rights every day in our work not only in the pursuit of injustice as shown in our film. Our Advocacy Workers employ the content and language of human rights to enhance our own and the individual's knowledge and understanding in relation to their circumstances.

The table below shows examples of potential rights at stake and some of the common issues related to them that The Advocacy Project assists with:

Rights	**Issues**
Article 5 – Liberty & Security	Compulsory care & treatment; imposed restrictions; Prisoners' rights
Article 8 – Respect for Home & Family Life	Child Protection; Adult Protection; Balance of Risk; Housing; Self Directed Support
Article 6 – Fair Trial	Benefit medicals; Appeals processes
Article 2 – Right to Life	Care pathways; dignity in death
Article 10 – Freedom of Expression	Person-centered care and treatment; participation
Article 14 – Prohibition on Discrimination	Any practice or policy which seems non-compliant or appears to unfairly single out a particular group

The Advocacy Project empowers its workforce to use a human rights-based approach by including equality and human rights in our induction, workshops and a monthly forum where we discuss an Article of the Human Rights Act and relate this to practice. However, it is also worth remembering that this approach is intrinsic to advocacy practice which is centered on people's active and meaningful participation.

Independent advocacy is undoubtedly one important key to unlock full participation and the protection of rights for people who may encounter unfairness on the basis of disability.

In 1948 the Universal Declaration on Human Rights aspired to be life-affirming and life-preserving:

"recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world"

A fundamental, profound message we would all do well never to forget nor neglect.

“Without advocacy, I wouldn’t have been able to continue”- Research into the impact of independent advocacy on unpaid carers.

Edna Sim, Intern, SIAA

Continuing our series of studies into the impact of independent advocacy, during the summer of 2015 intern, Edna Sim, was recruited to look into the impact of advocacy for carers. With the help of SIAA member organisations, 18 individual carers from across Scotland were identified to be interviewed.

Findings of the study were as follows.

Interviewees were caring for people with a wide range of needs, mental health problems, learning disabilities, physical disabilities and chronic illnesses.

The carers accessed advocacy for very different reasons and all reported different positive impacts of advocacy.

Advocacy offers practical support.

Advocates provided support for carers through large volumes of sometimes complex paperwork, ensured that carers were able to access relevant information and supported them in exploring and understanding different options.

Also advocacy provided support for carers in navigating health and social care systems and ensured that their rights were upheld. Carers reported that, as a result of advocacy, they felt empowered and much more in control of their lives.

> *“She (her advocate) was a huge support especially when I felt quite overwhelmed by the system.”* Hanna

Advocacy enhances carers’ quality of life

Carers reported that they felt an improved sense of well-being and self-esteem. They reported that advocacy helped them to feel increasingly confident to voice their opinions and take control over their lives.

> *“I was taking in what they (service professionals) were saying about me and it was eroding my confidence. I was self-doubting and thank god for Lisa (her advocate). If not I would have no idea what would have happened.”* Phoebe

From their interviews it was clear that those ‘soft’ outcomes were highly valued by carers.

Access to advocacy needs to be improved

Most of the carers interviewed expressed regret that they did not access advocacy earlier. Many had been unaware of advocacy, they felt that in some cases their issues would have been resolved and would not have escalated if they had accessed advocacy earlier. In several cases, carers had learned about advocacy from friends and neighbours. These findings suggest a need to increase awareness and provision of independent advocacy for carers.

The final words come from Patricia who took part in the study.

> *“3 or 4 years ago I would just have plodded on but they have given me the confidence to say ‘No, that isn’t good enough. They empowered me to speak up about what I want ... You walk out of that door and you feel well you are a wee bit better equipped than when you came in.”*

The report will be available on the SIAA website: **www.siaa.org.uk**

Research into the implications of the absence of a right to advocacy for adults with addiction issues

Stefanie Murr, Intern, SIAA

During the summer of 2015 Stefanie Murr, was recruited to look into the impact of advocacy for people with addiction issues. From the outset difficulties in identifying individuals who had access to advocacy who had addiction issues quickly became apparent. As a result it was decided that the focus of the study would change.

Current legislation gives a right of access to advocacy for individuals with a mental disorder. This right of access is not however available to adults with addiction issues and often they cannot access advocacy unless an existing criterion can be met. The concern is that many vulnerable individuals are left without the support they need.

The objective of the report was therefore to gauge the implications of the absence of a right of access to advocacy for adults with addiction issues. To achieve this, interviews were conducted with advocates and managers from independent advocacy organisations across Scotland, who work with adults with addiction issues. Findings from these interviews have informed the conclusions and recommendations of the report.

According to the participants, the problems for which individuals with addiction issues seek advocacy support are wide-ranging. However, the interviews revealed that the main areas that advocates provide help with include: accessing and dealing with services, such as GP practices, housing issues, finance and debt.

Key findings and conclusions are:

1/ A number of vulnerable individuals with addiction issues are currently excluded from access to advocacy because Service Level Agreements for the majority of independent advocacy organisations do not include this as an access criterion.

2/ Independent advocacy organisations often attempt to resolve this through identifying other access criteria for example mental illness that the individual may fit into but this fails where capacity limits are reached or individuals do not meet the alternative access criteria.

3/ The absence of an access criterion and inability to meet existing access categories is endangering and isolating adults with addiction issues and subjecting such individuals to prejudice, stigma and labelling.

Recommendations:

1/ Legislation should include a right of access to advocacy for adults with addiction issues to ensure such individuals are not left isolated, endangered and at risk of prejudice or discrimination.

2/ Failing that, commissioners are recommended to include an access criterion for adults with addiction issues in drawing up service level agreements and contracts for advocacy organisations.

3/ Independent advocacy organisations, following the above, should actively advertise the service to adults with addiction issues.

The report will be available on the SIAA website:
www.siaa.org.uk

Photos from the 'Mothers and Daughters, Fathers and Sons' - Memories of childhood

'Mothers and Daughters, Fathers and Sons' - Memories of Childhood

Emma-Jane Harrington, Project Development Officer, MECOPP

'Mothers and Daughters, Fathers and Sons' - Memories of Childhood is an intergenerational oral history project created by MECOPP to celebrate childhood across communities, continents and generations.

This project was created as a way of both celebrating and preserving the personal histories of first generation Chinese and South Asian older people and their UK born family members.

From the beginning the project aimed to:

- increase knowledge of oral history, heritage and its relevance in daily life
- reduce inter-generational conflict as a result of increasing knowledge and understanding of different life experiences
- increase sense of wellbeing and engagement through the therapeutic value of reminiscence based activities
- support a greater sense of connection with other family members as contributors to the project
- increase participants self-confidence as a result of validation of their life experiences
- increase knowledge and awareness of the issues which influence migration through the resources produced by the project
- increase visibility of Minority Ethnic communities

20 people (10 family pairs) from the South Asian and Chinese communities were interviewed and asked to share their memories from childhood. Topics included early memories, home life, education, childhood dreams and, where appropriate, the impact of the migration journey. The interviews were carried out by the project's development officer and a team of volunteers.

Almost all the volunteers were new to reminiscence work so went through training provided by MECOPP and the Living Memory Association before the interviews began. The volunteering aspect of the project not only provided people with new skills but also gave them an opportunity to learn the stories of others.

Victor, who volunteered with the project, said:

"I gained interesting insight on immigrant communities in Edinburgh. The elderly are a wealth of information that is often ignored by research, so it is very interesting to be given the opportunity for them to share, and us to record their stories."

These interviews then formed the basis of a storyboard panel for exhibition. Each storyboard exhibition panel contained both family members' stories, and a mixture of both current and old photographs. Participants were also asked to provide a personal treasured object which was then photographed and turned into a large photo exhibit board.

People's stories were candid and often moving. One participant spoke of leaving Vietnam, where she was born, and travelling on a boat for 7 days and 7 nights with 9 children. In her interview she said:

"those winds hit and waves crashed and my children kept throwing up. The children slept in hammocks and they could rock from side to side as they slept. There was honestly no other choice".

Another participant born in Lahore during the Partition of India and Pakistan spoke of his grandfather who walked on foot from Burma to New Delhi on a journey that took four years. The cup his grandfather drank from during that time is currently on show at the Museum of Edinburgh as part of the exhibition.Many of the younger participants spoke about education and their gratitude for having the education that their parents or grandparents did not have. Some also spoke of how it felt growing up in a different country from their parents and the impact that had on them. One participant said:

"My parents were quite traditional and I can completely understand why. They strongly held onto these traditions from Pakistan because in an alien country the only thing you have is your beliefs and traditions. It was very difficult for me to balance that with my own belief structure and who I was as a person. My traditions were growing up in Scotland or England so it was really difficult to get a balance."

'Mothers and Daughters, Fathers and Sons' - Memories of Childhood tells us first-hand about the demands of daily life, of school and play and the impact of wider political and socio-economic change on families and children.

We learn about the struggles and challenges faced to establish yourself in a new community and are given an insight into the hopes and dreams participants have for the future.

This exhibition will run as part of "Luminate: Scotland's creative ageing festival" until 31st October 2015 and then will continue until January 2016 as part of the Museum of Edinburgh programme.

For further information contact Emma-Jane Harrington on: **emma-jane@mecopp.org.uk**
www.mecopp.org.uk

Getting It Right For Every Child

Scottish Government, Childrens' Rights and Wellbeing

The Children and Young People (Scotland) Act has been hailed as a far-reaching and influential piece of legislation, which will make a real difference to children and families. It has the future of all Scotland's children at its heart and a vision to make Scotland the best place in the world to grow up. Its very scope and ambition is what makes some of its measures controversial.

The Act seeks to put the child – their needs and wellbeing – at the centre of how we deliver services and support to children. It contains several interlinked elements to help deliver services designed to build on strengths and empower children, young people and their families.

This includes stronger and more integrated planning and delivery of services, a shared understanding of what wellbeing means for children, a co-ordinated planning process for children who require specific support, and improved communication between children and their parents and public bodies through a single point of contact, known as the 'Named Person'.

The Named Person role was developed because parents asked for a simpler way to navigate services during the Highland pilot project.

It was backed up by emerging evidence from across children's services where the Getting It Right For Every Child (GIRFEC) approach found benefits from families working with a known and trusted contact.

Informed by parents and experts in child welfare, health and education, and refined over a number of years, the GIRFEC approach – and the Named Person role - is supported by a wide range of children's charities and professionals.

The named person service aims to support parents and families in raising their children and not, as some have suggested, usurp that role. The Scottish Courts have twice rejected petitions, leading the Lord Justice Clerk, Lord Carloway to state that:

> *"it has no affect whatsoever on the legal, moral or social relationships within the family."*

It's designed to build on the strengths of families; to be responsive to their individual needs and unique circumstances.

As a single point of contact, the Named Person addresses a key frustration expressed by parents that it can be difficult to get the right help from the right source at the right time.

It brings clarity and consistency to where families can seek advice or support; it also builds on and formalises what many teachers and health visitors already do, day in, day out.

They consider a child's wellbeing and ask themselves what more they can do to support the child if something is out of balance or if a family asks for help or advice.

They ensure the child and their parents are at the centre of any discussions and draw in support from other professional services if required.

Parents - first and foremost - have the primary role and responsibility for ensuring the wellbeing of their children. GIRFEC and the introduction of the Named Person service doesn't change that. Evidence from areas where the Named Person service is already in place shows that while it may be available to everyone, it is only used by families if and when they need it.

The named person service and indeed, every aspect of the getting it right for every child approach, forms a key part of wider government aspirations and activity to ensure that we are preventing difficulties in people's lives and intervening early when they do arise.

By giving families support they need when they need it, we can help crisis points being reached when the scale and cost of intervention can be significant and long lasting.

When the legislation comes into effect in August 2016, it will not only place a duty on those organisations responsible for making Named Persons available, but also services who may be required to support the Named Person in carrying out their role.

This will help create the culture of multi-agency working which is crucial to making early intervention work.

People who have experienced the support the Named Person role can bring, welcome this partnership approach. As the experience of Highland and other authorities has shown, GIRFEC and the availability of a Named Person has seen real progress made towards improving outcomes for the children and families they serve.

The Scottish Government is now in the final stages of translating law into practice. We continue to work with and alongside a wide range of organisations and groups within public services and the third and independent sectors.

We are all committed to ensuring that getting it right for every child achieves its purpose. A Scotland where every child gets the best start in life - a country that truly is the best place to grow up.

For Further information please visit:
www.gov.scot/girfec

The Children and Young People (Scotland) Act is available on:
www.legislation.gov.uk/asp/2014/8/contents/enacted

The power of people's stories in health and social care

Mike Hamilton, Integration Development Officer, Patient Opinion

Patient Opinion and its sister site, Care Opinion are about people's stories. They give people who use health or social care services a platform for their voice to be heard. In ten years of operating, we have over 126,000 stories of people's experiences of health and social care throughout the UK. But it's not just about people's stories and experiences. Services respond to the stories, showing that they are listening and demonstrating how they are using people's stories to improve their services.

The websites operate simply: People who use services, their family or friends post their stories of recent experiences of health or social care online, anonymously. We ask people three questions: what was good, what could have been better and how did it make you feel? Stories are then moderated by the Patient Opinion team, based on the principles of enabling a safe and constructive conversation about care, that is authentic, based on personal experience and treats staff legally and fairly. The stories are then posted online and the services can respond.

As a public website, everyone can see how providers of health and social care services are listening and developing their services based on people's stories. Together, Patient Opinion and Care Opinion provide a fully integrated feedback platform for health and social care as well as an unprecedented level of openness and transparency.

Patient Opinion is an independent not for-profit social enterprise that was set up by Dr Paul Hodgkin, a GP of 25 years, who felt that the patient voice was missing in making improvements in healthcare services.

Patient Opinion has been operating in Scotland for the past five years and all health boards encourage the use of the website.

Care Opinion is currently being piloted in two areas in Scotland: Fife and Ayrshire and Arran with all Care Inspectorate-registered adult social care services, such as care homes, care at home services and day services for older people.

Over 50% of the stories on Patient and Care Opinion are positive, where people just want to say, "Thank you" and express how much they valued the staff and the quality of care that they, or a relative or friend received. It's just as important for services to know what is working (and to pass on the thanks to their staff), as it is to know what's not working. The remaining stories vary greatly, from some in which people describe what was generally a positive experience that could have been improved by, for example, a shorter wait, better communication, to more seriously critical stories. On Care Opinion, people talk about their day care, care at home service and relatives tell stories of care homes. Patient and Care Opinion is all about services listening and learning from the unique experiences of those who use services.

A critical aspect of the websites is the opportunity for not only people to tell their stories, but also for services to respond to these stories. In Scotland, over the past five years since Patient Opinion has operated, over 4,000 stories have been told and 91% of these have received at least one response. Communication online is quite different from formal 'feedback' and complaints language.

Patient Opinion
Every voice matters

Online, responders to stories are encouraged to be helpful, encouraging and personal. Not just because that's what people want to hear, but as services seek to find their authentic voice, authors and the general public reading the stories will pass their judgement.

We know that online doesn't suit everybody – there are still people who can't or don't know how to go online. We also know that the nature of social care is such that people accessing these services are vulnerable. We are currently exploring ways in which more people can access Patient Opinion and Care Opinion, so that their voice can be heard. And there is certainly a role for advocates and volunteers to support people to tell their story on the websites.

Like advocacy organisations, we are committed to giving people a voice and enabling them to connect with health and care services. Amazingly simple but powerful things can happen when connections are made. Here's a blog from "Dazzle" about her experience of using the websites.

"And for me, that was also a big reason why I decided to use Patient Opinion, to give credit where credit's due to doctors who are supporting you. It's important to thank them when they do something right.

PO gave me the gift of allowing me to have my voice heard.

It enabled me to express that I consider myself a full and active partner in the self-managemnet of my condition (quite rightly so!) It allowed me to show health services that if they listen to people they can make services better and more person centred, It also allowed me to thank my wonderful GP Dr Susan Gemmill.."

We strongly encourage you to share your own health or social care experience, good or bad and tell others about it. If you are an advocacy organisation, we can work together: we can let you know about stories that people in your area are sharing and help you give people another way of enabling their voices to be heard.

Care Opinion
Every voice matters

For more information contact:
mike.hamilton@patient opinion.org.uk
www.patientopinion.org.uk
www.careopinion.org.uk

To see how the websites operate visit:
www.youtube.com/watch?v=Tifl8UiWa0w

The Keys To Life

Chris Creegan, Chief Executive, SCLD

Chris Creegan, Chief Executive, SCLD

Chris Creegan, Chief Executive of SCLD, tells us how the Implementation Framework for The Keys to Life, published in June, is helping to drive the delivery of Scotland's learning disability strategy.

Earlier this year, Mark Macdonald MSP hosted a parliamentary reception, 'Fairer Scotland', which celebrated the talent of people with learning disabilities in Scotland.

The event was organised in conjunction with the Scottish Government and Jamie Hepburn, Minister for Sport, Health Improvement and Mental Health gave the key note address.

Mr Hepburn announced the publication of a refreshed delivery approach for The Keys to Life. This included a new outcome based implementation framework and a set of priorities for 2015-17 drawing on the strategy's 52 recommendations.

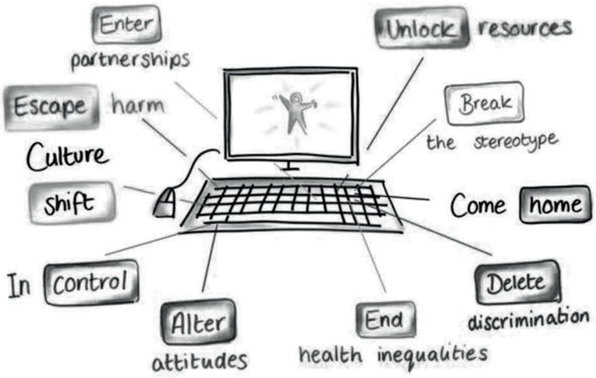
'The Keys to Life' is a ten year strategy and was launched in 2013. A lot has been achieved since then, including the creation of the Scottish Learning Disabilities Observatory (SLDO), the development of over 100 Changing Places facilities across Scotland, and the funding of a wide variety of health, friendship and hate crime initiatives.

However, a lot still has to be done to address the barriers faced by people with learning disabilities and meet the strategy's principal objective of a better life for all.

SCLD worked closely with the Scottish Government to consult people with learning disabilities. The framework was developed in order to refocus efforts and to support key stakeholders to contribute directly to specific priority areas.

The framework has four strategic outcomes for individuals with learning disabilities, their families and carers, which relate to the United Nations Convention on the Rights of People with Disabilities. They are: a healthy life, choice and control, independence and active citizenship.

As the intermediary organisation for the learning disability sector, SCLD will continue to work with Scottish Government as a strategic partner in the delivery of The Keys to Life, alongside the SLDO. Working with service providers and health and social care professionals to put the strategy into practice and people with learning disabilities and carers themselves are all central to the framework.

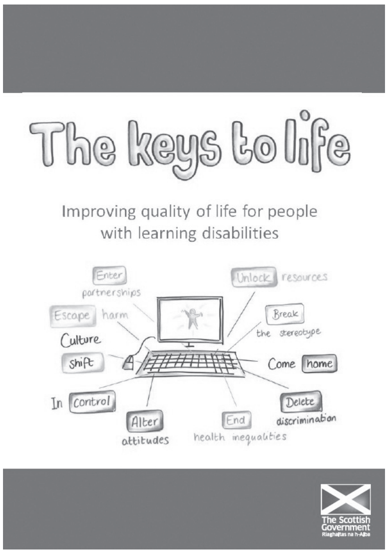


Delivery partners such as integrated joint boards, health boards, local authorities and third sector organisations who work with people with learning disabilities will also have a key role in planning and commissioning services that achieve positive outcomes for people with learning disabilities, and the framework will support them to do this.

It is important that voices across the health and social care sector share their experiences and have the opportunity to access helpful resources and information. The Keys to Life strategy has its own website (keystolife.info) which is used to share updates on the implementation of the strategy.

If you are contributing towards improving the lives of people with learning disabilities in Scotland, I'd encourage you to share your stories and experiences on the site. Transformative change will depend on engaged stake-holders and partners sharing good practice.

Individuals and communities have diverse experiences and different needs that require a knowledgeable, skilled and motivated workforce. By working together and learning from our experiences, we can make sure that the next two years of The Keys to Life strategy delivery see real progress.



The keys to life

Improving quality of life for people with learning disabilities

The Scottish Government
Riaghaltas na h-Alba

To download the implemenenation framework and to access further information about the four strategic outcome visit:

www.keystolife.info

The cover image of Amaan Wellbeing Resource conveys a message of strength, empowerment and positivity – a refreshing outlook on subject typified with negative connotations. Image courtesy of Karen Gordon

Amaan – “I talked about what was on my mind, and my heart was relieved”

Kiren S. Zubairi, Development Officer, SIAA

The Amaan Project was a three year project that was led by the Mental Health Foundation in partnership with the Scottish Refugee Council and Freedom from Torture. The project constituted three strands; a programme of arts-based “Community Conversations”, awareness-raising training to public services and co-authoring a peer-led self-help resource booklet.

The “Community Conversations” were fora in which participants could discuss mental health, mental wellbeing and mental health self-support in a safe environment. They were facilitated by trained women with asylum seeking and community development backgrounds.

Awareness-raising training was delivered to 300 professionals in public services. The aim of the training was to develop an understanding, amongst professionals in public services, of the mental health needs of refugee and asylum seeking women and to determine the sources of support that are available.

The Amaan wellbeing resource is designed for asylum seeking and refugee women through a partnership between the Mental Health Foundation and the program participants.

The resource forms a source of direct support to help increase capacity to cope with difficult experiences; understand how to access support structures and also maintain mental wellbeing. The resource discusses a range of issues such as the asylum process, stigma and discrimination, different types of mental health conditions, the wellbeing of children and young people, where people can get help and also techniques for self-help.

One of the main features of the Amaan Wellbeing Resource and the project itself is that it tries to address the concept of mental wellbeing in a language and manner that is culturally sensitive to asylum seeking and refugee women.

The next phase of the project will be called “Sawti” – Our Voice and will aim to provide long-lasting solutions by empowering women to gain better access to support themselves.

Further information is available at:
http://www.mentalhealth.org.uk/