

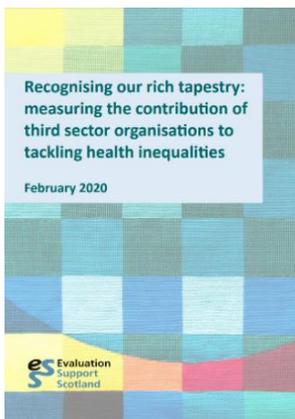
## Saheliya case study

This is one of a series of case studies showing the kind of **evidence** organisations collect to **prove** their contribution to tackling health inequalities.

Saheliya have used "[Recognising our rich tapestry: measuring the contribution of third sector organisations to tackling health inequalities](#)" to **explain** and **prove** how their service contributes to tackling health inequalities.

Health inequalities are the unfair differences in people's health which lead to differences in life expectancy between the most and least disadvantaged people in Scotland.

### Introduction



Evaluation Support Scotland (ESS) developed **Recognising our rich tapestry** in collaboration with third sector organisations, sector intermediaries and commissioners. This work was funded by

Public Health Scotland. The resource intends to help:

- third sector organisations explain to funders and partners how their work contributes to impacting on inequalities
- funders and commissioners better understand better the third sector's contribution

**Section 1** of this case study includes a logic model which **explains** how Saheliya's work links to tackling health inequalities.

**Section 2** sets out evidence to **prove** the outcomes for women.

### About Saheliya

**Saheliya** is a specialist mental health organisation supporting Black, Asian and Minority Ethnic (BAME) women (12+) in Edinburgh, Glasgow, and other parts of Scotland. Saheliya supports women who have mental health problems due to their experience of gendered abuse<sup>1</sup> **and** who are unable to access mainstream services due to a range of barriers (such as lack of English language skills, literacy in any language, confidence, knowledge).

Saheliya's work in 14 first languages includes:

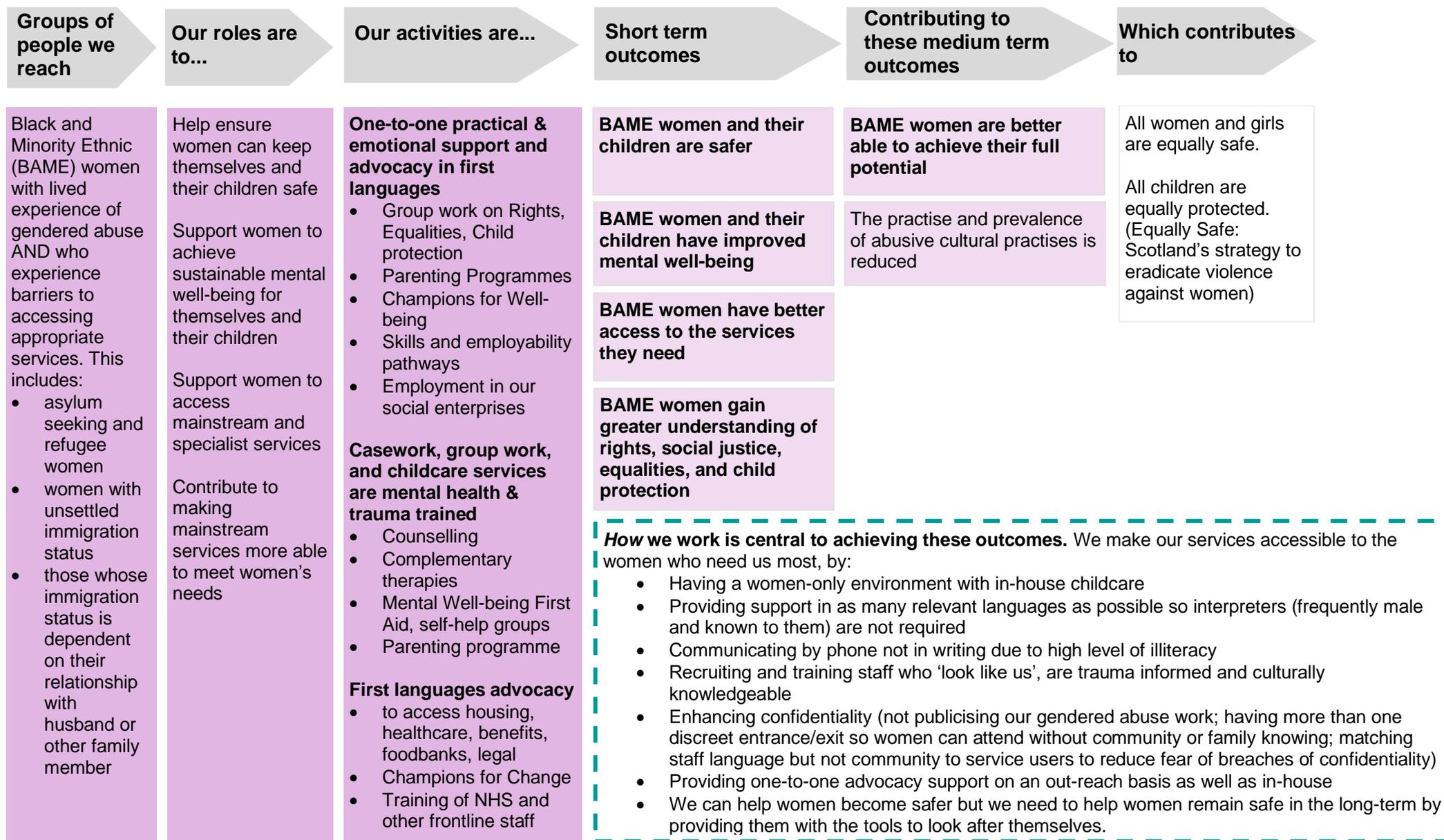
- Individually targeted support (practical, emotional and therapeutic support)
- Advocacy to access mainstream services
- Supporting volunteering, accredited training pathways, and employment
- Champions programmes, which enable ex-servicer users to become role models for other women
- Training health visitors, social workers, and other key professionals to provide more inclusive services

<sup>1</sup> Gendered abuse includes domestic abuse, sexual exploitation, trafficking, torture and other organised violence, and abusive cultural

practices such as female genital mutilation (FGM), forced and early marriage

## SECTION 1 – Explaining the links to health inequalities

This **logic model** for Saheliya’s support service **explains** who Saheliya reaches, the roles of the service, activities and outcomes the service achieves for women in the short term, and how these outcomes contribute to strategic priorities.



## SECTION 2 - Proving the links to health inequalities

### Who we try to reach

Each year we support 1,100+ vulnerable BAME women from more than 50 countries, all of whom have low incomes, are destitute, or at risk of abuse, harm, or homelessness.

### How we know we reach them

52% of service users come to Saheliya through word-of-mouth, 48% are referred by other agencies. This includes health visitors, social work, GPs, Mears Group, the Red Cross, women's aids, and rape crisis, as well as by other a range of other voluntary sector organisations. These referral routes help us reach women who need our support.

We carry out Intake and Risk Assessments with all women referred to us to identify support needs. This is often where we hear about the barriers women face to accessing mainstream services.

## Outcome 1: BAME women and their children are safer



We know we have achieved this outcome because we gather **verbal feedback** from women telling us they feel safer. We hear women say:

I feel safe now

I will do everything I can to keep my daughters safe

This is the first time I feel safe at home



Workers collect information at initial intake assessment, throughout and at end of support and record in **case notes**. This includes safety indicators to understand how at-risk women and children are.

Some women progress quickly; others are with us for years. If women return to abusive situations, we still need to support them – many go back several times before leaving a partner completely; some are able to renegotiate their relationships.



We have also achieved **awards** for the way we work, including:

- Commendations for our 'True Honour' work, innovation in counselling work and our social enterprise impact

## Outcome 2: BAME women and children have improved mental well-being



Women's mental health often deteriorates once their awareness about their situation increases.

However, through our individual and group work we help to sustain and improve mental wellbeing. We gather **verbal feedback** like these from women:

I get on better with my children now

I have stopped using anti-depressants/tranquillisers/pain killers

I know what to do if I start to feel bad

I know how to support my family's and friends' mental well-being

Saheliya changed my life completely from being alone to having friends

It kind of gave me peace inside me that I was not alone



We also **observe** women smiling, establishing eye contact, speaking to their children, making friends with other service users, initiating conversations, and sometimes speaking English with professionals in other agencies.

Other examples of worker observations include:

- She doesn't shake anymore
- She talks to her children
- She went to pray with other women
- She brought food to share

### Outcome 3: BAME women have better access to the services they need



Workers collect information at initial intake assessment, throughout and at end of support and **record in case notes**. This includes information about women's access to services – this could include housing, benefits, legal representation, GP registration, healthcare services or specialist services. The initial assessments show that women do not have access to the support they need. Through our advocacy and individual support we help change this.



We gather **verbal feedback** from women like:

I can now get health care

I even had a case worker helping filling forms and making calls on my behalf

Saheliya saved my life

All of the women we support experience change related to their safety, improved mental wellbeing and better access to services.

### Outcome 4: BAME women gain greater understanding of rights, social justice, equalities, and child protection



From day one we start contributing to this outcome for women. However, our Champions programmes, where women role models share information with others, also make a substantial contribution to this outcome. Our main source of evidence is **verbal feedback** from women:

I will let my daughter choose her own husband

I tell my sisters in Somalia that FGM is harmful and not part of our religion

I have told my sons they are not allowed to hit their sisters or their wives

I have a better relationship with my children now

We typically hear this from most of those who participate in our Champions programmes.

## Outcome 5: BAME women are better able to achieve their full potential



Workers collect information about women's progression into learning, training and employment at initial intake assessment, throughout and at end of support and record this in **case notes**.



**Verbal feedback** from women who are champions for Saheliya

I volunteered for the organisation undertaking numerous projects. I became a champion campaigning to end FGM and other abuses faced by all women and girls. I am now a staff member of Saheliya. From my employment I have received a sense of fulfilment - (Fathumo)

Saheliya played a big part in my journey through the courses offered. My confidence, self-esteem, self-worth and values were rebuilt, and I have taken back control of my life. I am now a Human Rights Activist, Volunteer with many reputable organisations. I am stronger and more comfortable with myself and my sexuality - (Ruth)



Many former service users continue their involvement with Saheliya as volunteers, staff members or board members. Our **stats** show that more than 50% of our 57 paid staff are ex-service users.



We see our Champions communicate their views to policy makers and service providers. Some of Saheliya's volunteers were involved in informing strengthened legislation on FGM and FGM protection orders by working with the Scottish Parliament Human Rights and Equalities Committee.

The second champion programme was champion of change, it consisted of campaigning to stop FGM and any type of gender violence. Saheliya provided opportunities to go to parliament to campaign and set up different conferences/meetings that I was part of - (Laila)

## Strategic priority

By supporting BAME women experiencing gendered abuse we are contributing to tackling health inequalities. In particular, our work contributes to priorities set out in [“Equally Safe: Scotland’s strategy to eradicate violence against women”](#) such as:

- **All women and girls are equally safe**
- **All children are equally protected**

We also contribute to the Public Health Priority:

- **A Scotland where we live in vibrant, healthy and safe places and communities**

If you want to explain and prove your contribution to tackling health inequalities please read [“Recognising our rich tapestry: measuring the contribution of third sector organisations to tackling health inequalities”](#) and follow the steps set out in the resource.

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**You can download ESS resources free from our website.**

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