Black Women's Health & Family Support: (BWHAFS)
How Do Carers Find Out about Local Services?
July 2015

Background

BWHAFS is a community-embedded organization created by grassroots local women of Somali heritage three decades ago. Its range of services include health advocacy for BAME, African and Somali-speaking women and their families, many of who are lone heads of households and refugees, and supports an average of 2,900 vulnerable service-users yearly.

In the course of providing health advocacy for Somali-speaking women and their families, many of who are lone heads of households, social and economic refugees, BWHAFS noted a growing number of isolated older women, widows and carers who had no first-hand contact with the borough's statutory or Third Sector services established to address their welfare, social and health care needs.

Given the extent of hidden Somali-speaking carers revealed through a BWHAFS 2004 survey it has since been contracted to identify, assess, signpost and support over 500 carers of Somali heritage from amongst the London Borough of Tower Hamlets' most disenfranchised residents with no former experience of accessing caring services in the borough.

In addition, 2014 BWHAFS survey of older women and carers who attend our three days per week lunch club highlights a prevalence of diabetes, hypertension and heart conditions amongst 68% of older women and carers of Somali heritage accessing our lunch club who are registered disabled. 10% are also diagnosed with dementia. While sharing experiences, accessing health talks, complementary therapies, sewing, ESOL and ICT to better access online information and services, it brings together women of Pakistani, Moroccan, Indian, Somali, Sudanese and Eritrean heritage who rarely encounter multicultural groups. The strength of our performance led Tower Hamlets Social Services contracting us to facilitate Mayfield Centre's lunch club for Somali-speaking men during a 2013 transitional period.

Feedback Summary from Previous BWHAFS Surveys

Outreach to hidden and hard-to-reach carers of Somali heritage points towards a lack of familiarity, trust and understanding of mainstream services which should, ideally, be equipped to cater to their needs.

A majority of Somali-speaking older carers face barriers of language, literacy, knowledge about how systems work and confidence to access services and there is no word to describe 'depression' in the Somali language. Socio-cultural stigmas make it dishonorable to ask for help in the face of deteriorating health, welfare or finances.

An absence of people of Somali heritage in end-of-life hospitals might be attributed both to a lack of awareness within this cultural community of facilities available to them as well as cultural barriers which means that some potential service-user do not feel comfortable or easily able to access such services.

A Lack of Community Representation

Statistically, the identify of residents of Somali heritage is also often masked under the heading of 'Black African' as categories which identify individuals of Somali heritage as being 'Carers' are often omitted from surveys on carers' needs.

Unfortunately, the extent of disenfranchisement of carers of Somali heritage from mainstream services also means that the needs of this particularly vulnerable group are likely to be under-represented and poorly understood within statutory and Third Sector services which might otherwise address their unmet needs.

Tower Hamlets' Clinical Commissioning Group Survey Findings:

BWHAFS responded to Healthwatch and the Clinical Commissioning Group's appeal to clarify how women of Somali heritage learn about and access health services by undertaking one-to-one and group surveys with 30 hard-to-reach older female carers of Somali heritage accessing our lunch club, lifelong learning and Care Outreach programmes about their current concerns, patterns for accessing health services, their health and caring needs and priorities.

Table 1: Age groups of women of Somali heritage taking part in BWHAFS' Carers' survey

50 yrs. (5)	51 yrs. (1)	52 yrs. (4)	53 yrs. (3)	55 yrs. (4)	56 yrs. (2)	57 yrs. (1)	58 yrs. (2)	59 yrs. (1)	60 yrs. (1)	63 yrs. (2)	65+ yrs. (4)

A majority of women participating in this survey and accessing BWHAFS services come from the Bethnal Green area but, as indicated below, come from across the borough. A majority learnt about BWHAFS by word-of-mouth and some were passed on leaflets or their children helped them find BWHAFS' website for further details.

Table 2: Residency and location of survey participants:

Survey Participants by Location:

Bethnal Green	9	Bow	5	Poplar	4
Stepney	4	Docklands	3	Whitechapel	2
Bromley By Bow	1	Not known	2		

Language Constraints:

A majority of respondents, all of whom were old women and carers of Somali heritage, did not speak fluent English but stated that limited time available because of caring constraints and fees charged for mainstream ESOL classes made it unlikely that they would attend.

Internet Constraints:

Of 30 respondents, only three felt confident of their digital skills and only two had internet access at home.

Sourcing Health, Welfare and Social Information

When asked how they normally identified health, social or welfare information, 25 respondents out of 30 said that as they live alone, visiting community centres was their main route to sourcing information of whom 15 said they also shared information with friends, 7 with families, 8 sourced information from their GPs and 10 undertook searches on the internet. It is not clear, however, whether women seeking information on the internet did so with support from community workers, friends and families.

Of 30 respondents, 27 older women interviewed were in contact with other statutory services including the Brady Arts Centre, Granby Hall, Wadajir, Ocean Somali Community Association (OSCA), Somali Integration Team, the Bromley-by-Bow Centre, Oxford House and the Legal Centre. Six had learnt of these services from family members, 2 through friends, 1 via a community centre, 2 via their GPs and 2 emergency services while 5 undertook internet searches – with or without assistance from community centres, friends and families – to locate services.

Table 3: Where do women go to find out how to improve their health?

1. WHERE DO YOU GO TO FIND OUT ABOUT WAYS TO IMPROVE YOUR HEALTH? Most mentioned that they go to the GP for personal health problems and the community centres for other health and wellbeing issues.	Word of mouth 1 Social media 1 Leaflets 5 Website 8

When asked how women thought information should be passed onto them, suggestions included:

- Through outreach work;
- Health information app for younger generations;

- Schools, and Somali TV channels and community centres should play a big part in giving information in appropriate languages;
- Regular workshops held in Somali language or, if this is not possible, via an interpreter to help ensure all participants understand;
- Pictures and drawings; and
- Different languages on big screen at GP surgeries; and
- Leaflets in different languages displayed at GP surgeries and elsewhere.

When asked how they would like to receive future information about keeping healthy:

- 14 women said they would prefer to receive information through Health Talks or at Community Centres and 7 said they would like to receive information through outreach workers;
- 14 said they would like to receive information by post which they could then take to community centres for follow up and translations;
- 8 said they would prefer to be informed by emails;
- 5 preferred to receive information from their GPS.

Table 4: How women would like to receive information about keeping healthy

1. HOW WOULD YOU LIKE TO RECEIVE INFORMATION IN FUTURE ABOUT KEEPING HEALTHY OR ABOUT WHERE TO GO FOR HELP? The participants who opted for post said that they would take the information to the community centre where it would be translated to them in Somali and they would understand it better as they would be communicating with a Somali person.	By post 14 Email 8 Website 2 GP 5 Community centre 1 Health talks 13 Outreach workers 7

When asked how often health talks should be held, a majority of respondents suggested they should be delivered with support from by bilingual interpreters, that illustrations should be featured and that they could also be publicised on screens in GP services. In addition:

- 14 women preferred monthly talks, 4 would like to attend weekly, 2 suggested fortnightly talks and 3 preferred quarterly or two monthly talks. 4 had no opinion as to how frequently talks should be conducted.

CASE STUDY: ASHA'S STORY

Asha is of Somali heritage and over 65 years of age. She kindly agreed to share her story with us…

'I came to the UK in 1993 because of the civil war in Somalia. I came to join my son. When I arrived in the UK, I did not know where to get support as this was a new country to me, a new language and new people.

My son is ill. He suffers from mental illness. It came as a shock as all this was not communicated to me whilst I was in Somalia. I immediately started caring for him.

At that time, refugees from Somalia were mostly concerned with their immigration status. There were no Somali organisations where I could go and no one supported me to get the right advice.

My son was hospitalised in a mental institution several times. I became so worried and stressed that I became ill. I struggled for years to care for him without any outside support. I didn't know where to go for help and my English skills were poor.

My son became suicidal. He attempted to kill himself several times. At that stage he did not have a permanent address in the UK and was not receiving any state benefits. On one occasion he became violent and pushed me. I fell and broke my arm.

In 2007, he was hospitalised once more. This time Social Services appointed a social worker for him. The social worker supported him in getting welfare benefits and my son and I were referred to organisations for help.

I am an elderly person and I still care for my son but I also need to take care of myself. Because of language barriers, I could not go anywhere to access support.

A friend of mine told me about Black Women's Health & Family Support (BWHAFS) and the work they do for carers. Since then I have been attending the centre for general enquiries and support with my son's needs. I visit BWHAFS three times a week to socialise with other carers. I take part in their advice sessions, book my son's GP appointments and have joined the Lunch Club and sewing classes. Since attending my health has improved and I feel much happier within myself.

I also attend BWHAFS' monthly health talks in Somali which are easier for me to understand. Most GPs do not have enough time to explain about health issues so the talks have been useful to me. I am now aware of the different types of mental illness.

BWHAFS has been supportive towards my caring role for my son and also my own needs. I have a sense of belonging and feel part of the community. My physical health has improved a lot since I started taking part in BWHAFS' exercise sessions and attending swimming classes.'

CONCLUSION

While this survey faced timetable constraints, particularly as it was largely conducted during the month of Ramadan, it did offer observations on the needs, technological and language constraints of particularly vulnerable older women and carers from hard-to-reach communities who predominantly favoured the delivery of face-to-face information through community centre talks, GP services, though GPs were sometimes seen to be too busy to give extensive explanations to clients.

While some respondents are supported by family members to undertake research and examine emails relating to health issues by internet, a majority would nonetheless wish to follow up on such notifications through visits to grassroots community centres where personal networks and accessible services where they may undertake ESOL or fitness classes, join lunch clubs, carers meetings and make use of IT drop-in services to follow up on posted or emailed information.

Given substantial cuts to mainstream funding of small community centres and lunch clubs in the London Borough of Tower Hamlets, the CCG may wish to consider working in closer partnership with relevant organisations and initiatives to help support the delivery of health information and activities to help some of the borough's most disadvantaged residents maintain good health.

As illustrated by the case study provided, a lack of confidence and information about pursuing services which can preventatively help residents address health, welfare and social situations before reaching crisis point which often results in belated and costly statutory interventions, partnership funding and support between statutory health services and voluntary sector groups located across the borough to benefit older women with limited mobility offer cost-effective services both financially and in terms of helping residents develop better social networks and resilience in the face of growing levels of poverty so as to help promote good physical and mental health for a majority of borough residents.

Recommendations:

- Given that women are traditionally the primary health and caring providers in families, that they be targeted for the dissemination of key health messages;

- That important health messages be promoted by the CCG and Healthwatch through a range of approaches including partnership supporting grassroots services outreaching and engaging with hard-to-reach women and carers including those from particularly disenfranchised communities such as those of Somali heritage who prioritize oral traditions of communication and have limited reading, digital and English language skills, who can benefit from health awareness activities and health talks which can be provided through statutory/voluntary sector team efforts;

- That health messages also be promoted through TV channels and touch screens at GP services in appropriate community languages so as to reach disenfranchised women and families through a range of approaches;

- That the CCG and Healthwatch continue to work in partnership with small organisations to undertake further research into the changing needs of the borough's most vulnerable women and carers so as to support them in maintaining good health and preventatively manage their own and wider family members' chronic health issues to ensure residents are healthier, happier and more resilient as a result of early health and community interventions.

Appendix

Survey of Access Needs of Women of Somali Heritage in Tower Hamlets with Respect to Community and Statutory Health Services and Information

AGES: 50 – 60 24	**61+** 6
LOCATION: Bethnal Green 9	Bow 5
Poplar 4	
Stepney 4	Docklands 3
Whitechapel 2	
Bromley By Bow 1	Not known 2
2. HOW DID YOU COME TO LEARN ABOUT BWHAFS? • 2 people (one is 63 years old and the other 65 years old) said that they learnt about BWHAFS through word of mouth and that their children help them to search on the website. One 55 year old learnt through word of mouth and through leaflets	Word of mouth 2 Social media 0 Leaflets 2 Website 2
3. DO YOU READ AND SPEAK ENGLISH FLUENTLY? **If not, have you attended ESOL classes?** The participants say that there is a barrier for them to attend ESOL classes as they have to pay to attend classes if they are in employment. Others said they could not continue with the classes due to their caring roles.	Yes 1 No 1 Yes 7 No 5
4. What is the easiest way for you to learn about health, social or welfare information? Community centres are the best as most people attend sessions there. Most of the participants live alone, so they find the community centres as places to socialise and share their concerns and also learn about what is happening in their community.	Friends 15 Family 7 Internet search 10 GP 8 Community centre 25 Emergency services 0

5. ARE YOU IN CONTACT WITH OTHER STATUTORY OR COMMUNITY GROUPS? If yes, please name them: Brady Centre, Granby Hall, OSCAR, Praxis, Wadajir, Integration Somali Community, Mandara, Bromley By Bow, Oxford House, Legal Centre How did you learn about these services?	Yes 27 No 3 Friends 2 Family member 6 Internet search 5 Community centre 1 Emergency Services 2 GP 2
6. WHERE DO YOU GO TO FIND OUT ABOUT WAYS TO IMPROVE YOUR HEALTH? Most of them mentioned that they go to the GP for personal health problems and the community centres for other health and wellbeing issues.	Word of mouth 1 Social media 1 Leaflets 5 Website 8
7. HOW WOULD YOU LIKE TO RECEIVE INFORMATION IN FUTURE ABOUT KEEPING HEALTHY OR ABOUT WHERE TO GO FOR HELP? The participants who opted for post said that they would take the information to the community centre where it would be translated to them in Somali and they would understand it better as they would be communicating with a Somali person.	By post 14 Email 8 Website 2 GP 5 Community centre 16 Health talks 13 Outreach workers 7

- **IF YOU THINK INFORMATION SHOULD BE AVAILABLE THROUIGH HEALTH TALKS AT COMMUNITY CENTRES, WHERE DO YOU THINK TALKS SHOULD BE HELD AND HOW OFTEN?**

All participants preferred to have health talks at community centres. They also pointed out that the facilitator should be Somali speaker as it would be easier for them to understand. 14 preferred once a month, 4 people weekly, 2 people fortnightly. 2 people 3 months and 1person 2 months. 4 people didn't mind as to how often they were conducted.

- **IF INFORMATION IS PUBLICISED AT GP SURGERIES OR COMMUNITY CENTRES, WHERE DO YOU THINK IT SHOULD BE POSTED?**

At GP it should be placed at reception or on big screen TVs. The GP is not convenient as no one has time to explain in detail. We only go to GP when we are ill. At the community centre, it should be displayed on walls and also a support worker should be there to translate the information.

- **SHOULD IT INCLUDE PICTURES OR DRAWINGS RATHER THAN WRITTEN INFORMATION?**

Yes definitely as pictures and drawings are easy to interpret especially if one does not understand English.

• **DO YOU KNOW HOW TO USE THE INTERNET?**	Yes 19 No 11
If no, are you interested in learning more?	Yes 3 27
• **DO YOU HAVE ACCESS TO THE INTERNET AT HOME?**	No Yes 23 No 7
Some of the participants who answered 'yes', said that their children help them with accessing the internet.	

8. HAVE YOU ANY THOUGHTS ON HOW YOU THINK HEALTH INFORMATION SHOULD BE PUBLICIZED IN FUTURE?

- Community centres should play a big part in giving information because of language barriers.
- Regular workshops in Somali Language. If not, to have an interpreter
- Through Somali TV channel
- Through schools
- Pictures and drawings
- Health information app for younger generation
- Different languages on big screen at GP surgeries. Leaflets also in different languages
- Outreach work

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