

healthwatch

Tower Hamlets

Do health and social care services work well for
Bangladeshi people
in Tower Hamlets



Healthwatch Tower Hamlets
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Contents

What we learned	3
The positive aspects	4
The challenges.....	4
Our recommendations	6
Background	7
Methodology	7
Living in Tower Hamlets	7
Healthier neighbourhoods	9
Experience with health and social care services	11
Dentists	13
GP Surgeries	13
Digital inclusion in GP surgeries	14
Maternity and children’s health.....	16
Giving birth at home	17
Sexual health	18
Case study - termination of pregnancy	19
Musculoskeletal health and injuries	21
Diabetes	22
Diabetes prevention: young people’s attitudes	23
Older people’s health and social care	25
Case study - care at home for a vulnerable adult	26
Mental health	28
Young People’s mental health and wellbeing	30
Young Bangladeshis planning for the future	36
Youth Clubs	39
Homeless and substance misuse	41



Do health and social care services work well for Bangladeshi residents?

This report features the views of 638 Bangladeshi people in Tower Hamlets who were engaged through:

- general outreach speaking to local people about their experience of health and social care services (337).
- four street based events asking residents how they would shape health and social care services (153).
- Engagement with young people about their views on planning for their future, mental health, and the stressors in their lives (43).
- a digital survey with students in two schools on mental health (105).

What we learned

Walking is the preferred form of exercise among people from a Bangladeshi background, while working out is slightly less popular. For cultural and religious reasons, some Bangladeshi women may be more likely to exercise in women-only groups and classes.

Bangladeshi residents tend to rely on their GPs for many of their health needs; therefore, GPs play a key role in signposting and referring to various other services, such as mental health or diabetes support. For young people, their GP would be likely to be their first port of call if they needed mental health support. (One exception is sexual health services, where self-referral specialist community clinics are preferred, as they are seen as both more discreet and easier to access).

While Bangladeshi residents were, in principle, open to using an app or website for a variety of services (such as online consultations, accessing health records or checking their symptoms), in practice they were less likely to book appointments online than residents of other ethnicities. This could indicate a lack of awareness on their part about the use of online services, rather than any reluctance to use them.

The concept of homebirth is not a familiar one to many Bangladeshi expectant mothers; at least not when it comes to homebirth by choice. For some, the idea of giving birth at home is associated with poor safety, or thought of as something that only patients with no access to hospitals would do. The level of awareness that Bangladeshi women have about homebirth is low, and some say that they received very little information during their antenatal care about it.

Worry about succeeding in the future is the biggest cause of concern among the Bangladeshi young people surveyed, followed by financial worries.

Bangladeshi youths felt more concerned about their mental health and slightly more concerned about money and their future; but less under pressure from family, friends and school.

When asked questions about who put pressure on them to do well academically, compared with their peers of other ethnicities, Bangladeshi youths felt more under pressure from parents, broader family expectations, teachers and keeping up with friends to succeed. Bangladeshi girls were under more pressure than boys in this respect.

The positive aspects

Overall, Bangladeshi residents have a more positive perception of their quality of life than their neighbours of different ethnicities. This includes perception of air quality, community safety, involvement in local decision-making, as well as the quality of health and social care services.

Bangladeshi residents have a somewhat more positive view of both primary and hospital-based healthcare services. GPs are particularly praised for efficiently signposting patients to other relevant services.

Bangladeshi young people experience a fair level of mental wellbeing; similar to their peers of other ethnicities.

The vast majority of Bangladeshi young people received at least some advice on planning their future (usually from their teachers); this helped alleviate stress around the topic.

Bangladeshi expectant mothers generally feel that they receive a good service from both consultant-led and midwife-led maternity units. Parents are happy with the service that GPs provide for children.

Sexual health services are praised for providing a trustworthy, confidential service.

Most patients accessing mental health services had positive experiences with psychotherapists and psychiatrists, whether accessed through hospitals, community mental health teams or other community settings.

There is interest among Bangladeshi residents for a Tower Hamlets public health campaign to encourage walking.

The challenges

According to the 2011 census, of all ethnic groups British Bangladeshis had the highest overall poverty rate in the UK, with 65% of Bangladeshis nationally living in low income households.

For the Bangladeshi population of Tower Hamlets, income inequalities and deprivation influence in multiple complex ways:

- Those we have spoken to as part of our What Would You Do events were more likely to express concerns around the affordability of gyms, exercising facilities and exercising classes.
- The price of food is the most important factor influencing young people's dietary choices; this means that they are more likely to choose unhealthy fast food options over healthier takeaways and ready meals, as they tend to be cheaper.
- Financial worries are a source of stress and worry for young people, impacting on their future plans as well as on their immediate mental well-being.
- Poverty and living pay cheque to pay cheque, combined with rising house prices, mean an increased risk of homelessness.



The language barrier (and in some cases, particularly among the older generation, a generally low level of literacy) can be an obstacle to accessing services for Bangladeshi people in multiple ways:

- Access to online services may be prohibitively difficult for a minority of service users.
- Needing a translator can cause delays in receiving care; this can be an issue for patients needing to be seen in a time-sensitive manner (for instance, we have spoken to a woman who wanted to terminate a pregnancy non-surgically, which is only possible before the 8th week; delays related to finding a translator meant that she risked missing the appropriate time window).
- Service users are less likely to be aware of their rights and to complain (for example, we have been informed of the case of an older patient whose carers were not providing the full extent of services in his care plan or the full number of hours; taking advantage of the fact that he was illiterate and couldn't speak English)

Complaints about GP surgeries centred around poor responsiveness by telephone and lack of punctuality for scheduled appointments. Their level was not higher than in the general population; however, as Bangladeshi people tend to depend more on GPs for accessing a variety of services, the impact could be larger. Bangladeshi older people found it difficult to make appointments with their GP.

The stress that young people experience in relation to planning for their future has repercussions for their mental health. Nearly half of the young people interviewed considered accessing mental health support to help them deal it; a third of respondents followed through. Nonetheless, Bangladeshi young people were less likely to consider using mental

health support services in order to deal with this type of stress.

Bangladeshi girls were more likely than Bangladeshi boys to only receive general advice about career planning; while boys received more specific help around work experience or study programmes they could apply to. Consequently, Bangladeshi girls found the advice that they had received less helpful than Bangladeshi boys did.

Around a third of Bangladeshi young people we spoke to (and nearly half of boys) never spoke to anyone about their mental health. Despite saying that they had overall lower levels of mental wellbeing, and feeling under more pressure to succeed academically, Bangladeshi girls were less likely than boys to access or to think about accessing mental health support services to deal with stress around planning their future. On the other hand, boys were less likely to talk about their mental health and well-being at all, and less likely to access online mental well-being resources.

Bangladeshi young people were less likely to attend youth clubs than young people of other ethnicities and Bangladeshi girls frequented youth clubs less than Bangladeshi boys; one of the reasons was parents' reluctance.

Patients who spoke to their GPs about mental health issues felt less supported than those with only physical health concerns. This is particularly problematic as, for many Bangladeshi people, their GP would be their first port of call if they experienced mental health issues.

Patients dealing with homelessness and/or substance misuse found it hard to access health services such as GPs or mental health support; for a combination of practical and cultural factors.

Patients who suffer from diabetes feel that there is insufficient information to guide them through living with the condition (including diet and other lifestyle changes, treatment, screening and avoiding complications).

Our recommendations

- Consider the impact of income inequalities in any health and wellbeing strategy.
- Improve provision of services to support people out of homelessness and preventing homelessness for those in poverty; with a focus on affordable housing schemes.
- Improve provision of translation services for people in need of non-routine medical care at a relatively short notice.
- Involve the Bangladeshi population in a walking campaign to encourage physical activity. Use Bengali cultural events and media to promote it.
- Consider offering subsidised gym memberships to groups on low incomes, such as students and benefits recipients; install outdoor gyms as a free alternative to gym memberships.
- Offer women-only sessions and classes in leisure centres, gyms and swimming pools.
- Improve provision of social prescribing in GP surgeries; train GP surgery staff in mental health, with an emphasis on young people. Support GPs to signpost and refer young people to services that could support their mental health and wellbeing.
- Improve provision of support groups for people living with diabetes; consider creating or expanding nurse-led or HCA-led diabetes support groups in GP surgeries.
- Conduct further consultation with Bangladeshi residents on the use of online GP services, in order to identify needs and concerns.
- Through midwives and GP surgeries, promote homebirth among eligible pregnant women; emphasise the safety aspects of giving birth at home and reassure women on the professional credentials of homebirth midwives.
- Offer young people specific advice on study programmes, apprenticeships and work experience schemes rather than just general advice; particularly target girls for specific advice. Include more extensive advice on careers that do not necessarily involve university education.
- Increase awareness of mental health resources and services among young people; as well as among vulnerable groups such as people living in poverty or those recovering from substance misuse.
- Promote the activities of youth clubs both among young people themselves and among their parents.



Background

According to the 2011 Census, the Bangladeshi population makes up almost one third (32%) of Tower Hamlets' population. The borough has the largest Bangladeshi population in England, in terms of both numbers and as a proportion of the population.

Bangladeshis in Britain are among the poorest and most deprived communities in the United Kingdom, suffering from high rates of poverty, unemployment and, in the older generations, under education. In Tower Hamlets, the wards with a higher proportion of Bangladeshi residents tend to be among the poorest.



Methodology

In May 2019, we organised a series of engagement events in order to understand local residents' thoughts and expectations around shaping health and social care services in the context of the NHS Long Term Plan, with a particular focus on **prevention, personalisation, and primary care**; as well as on **improving neighbourhoods** as healthier spaces. We engaged with **346 local residents** over the course of four events. **153 of them (44%)** were Bangladeshi.

From March until May 2019, we asked young people in Tower Hamlets about their views on **planning for their future, mental health, and the stressors in their lives**. **147 young people** answered a survey at school on these topics. 43 of them (37%) were Bangladeshi.

In December 2018, we produced a digital survey in two schools, reaching over **130 students to get their perspectives on mental health**. 105 young people (82%) of them were Bangladeshi.

As part of our usual outreach in 2018 and 2019, we have spoken to **337 Bangladeshi people** about their experience with health and social care services.

In total, this report features the views of 638 Bangladeshi people.

Reports on each of these engagement projects can be found on the Healthwatch Tower Hamlets website.

Living in Tower Hamlets

We asked local residents who took part in our 'What Would You Do' events to express the extent to which a series of descriptors of how residents' experience of their local area **should be** matches their personal experience, on a sliding scale (recoded as a 0 to 100 scale).

 = everyone
346 respondents

 = Bangladeshi
153 respondents

Definitely no

Definitely yes



I am supported to make healthy lifestyle choices



I am satisfied with my home and where I live



I can breathe clean air in my neighbourhood



Health and care services work well together



I can access good healthcare services if I need them



I feel safe in my neighbourhood



I can financially support myself and my family



I have a say in how my local community is run



I can access good social care services in my local area



I am treated as an individual; my specific needs are considered

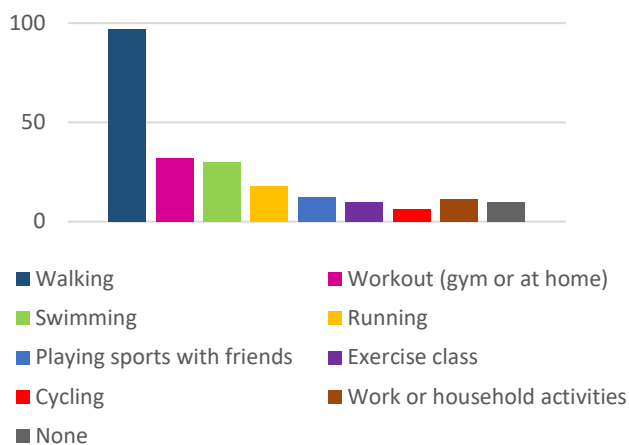
On all accounts, Bangladeshi residents had at least slightly more positive views than average.

Despite the fact that the areas where most Bangladeshis in Tower Hamlets live experience high levels of air pollution, Bangladeshi respondents were more likely to take a positive view of air quality in their local area than others.

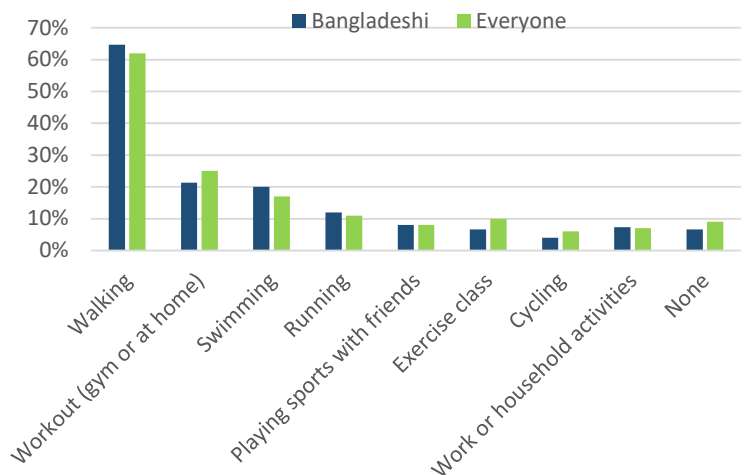
Bangladeshi respondents felt safer in their local communities than average, and they felt more involved in decision-making at a local level. They were also more likely to feel that they can access good health and social care locally, that health and social care services work well together and that their specific needs are considered.

Healthier neighbourhoods

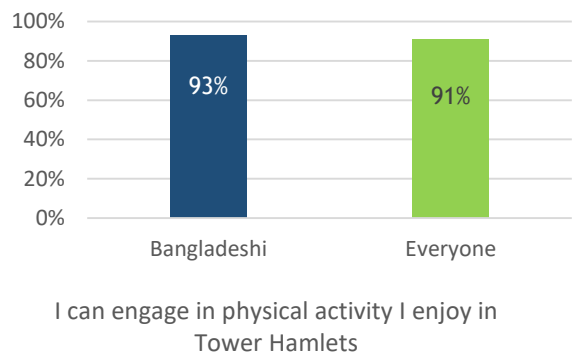
We asked participants at the What Would You Do events to tell us what their preferred way of staying physically active was.



Similarly, to other ethnic groups, Bangladeshi respondents named walking as their preferred form of physical exercise. Differences between Bangladeshi respondents and the general population in terms of physical activity preferences were minimal:



The vast majority of Bangladeshi respondents said that they can engage in physical activity they like in Tower Hamlets.



We also asked participants about obstacles to staying physically active and keeping an overall healthy lifestyle.

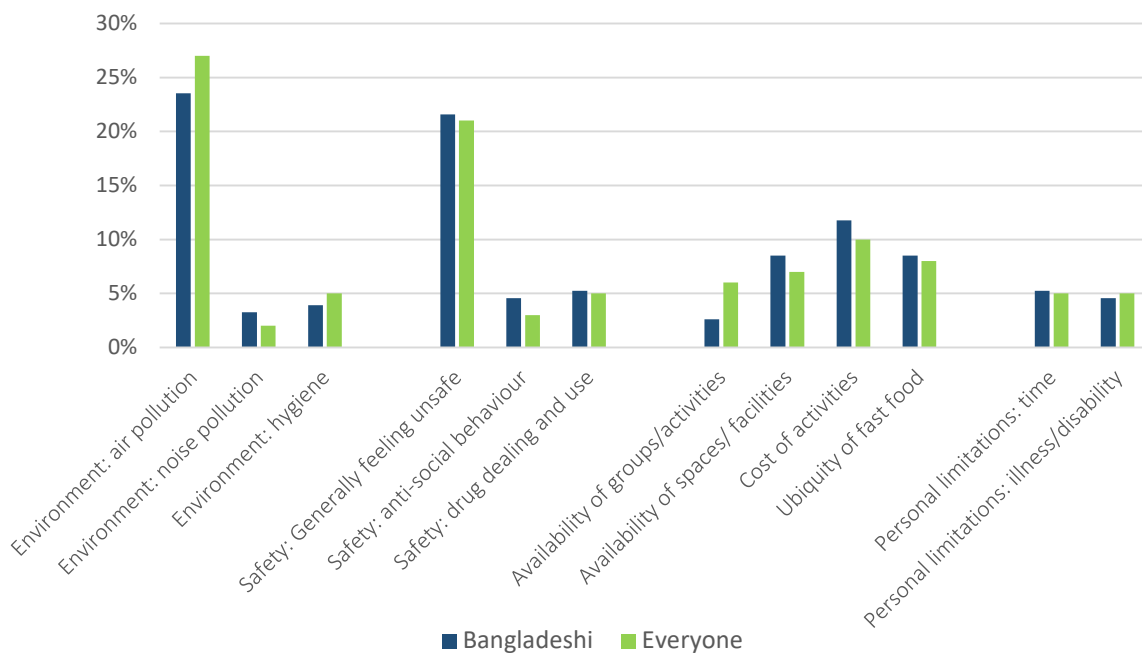
For Bangladeshis, just as for the overall respondent population, air pollution and generally feeling unsafe were the main obstacles.

Differences between Bangladeshi respondents and other respondents were only minor:

Bangladeshi respondents were slightly less likely to find that groups and activities such as exercising classes are not available, but more likely to find them unaffordable.

Bangladeshis were also slightly less concerned about air pollution and more concerned about general safety.

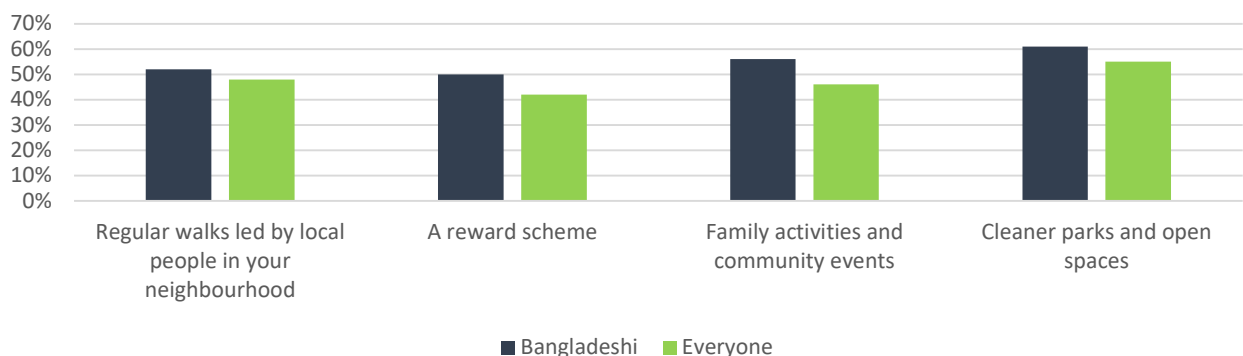
Notably, **four Bangladeshi women** (4% of Bengali women) told us that they would like to have **women-only gym spaces and exercising classes**, for cultural reasons.



We have asked participants about **what incentives or changes to their local area would motivate them to walk more.**

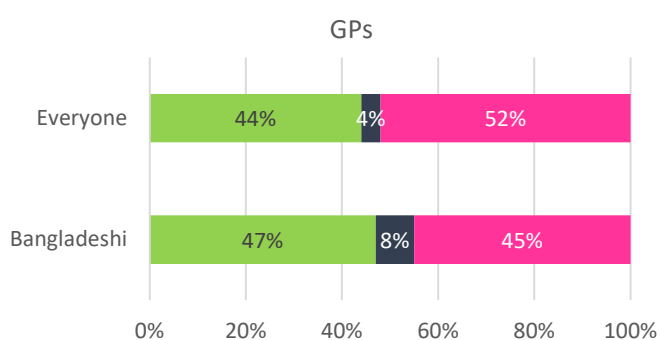
Bangladeshi respondents were slightly more responsive to all suggested incentives than average; having *cleaner parks and open spaces* as well as *family activities and community events* were particularly important to them.

This means that Bangladeshi residents could be a key target group for a walking campaign in Tower Hamlets. Events adjacent to the Baishaki Mela could be used to engage with residents and promote the walking campaign.

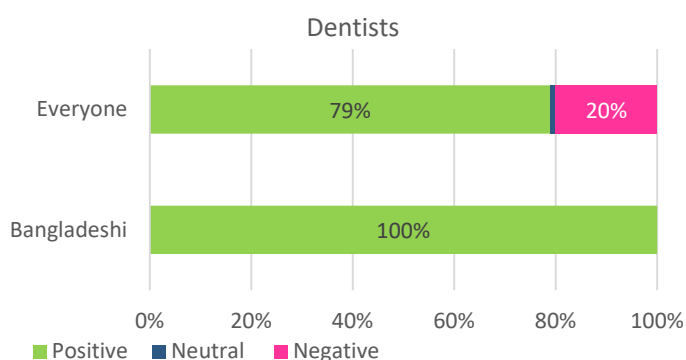


Experience with health and social care services

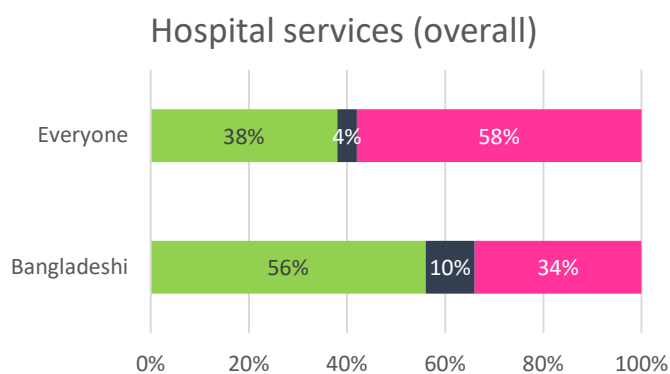
As part of our usual outreach, in 2018 and 2019 we spoke to **337 Bangladeshi people** about health and social care services, identifying a total of **337 issues**. Overall, Bangladeshis had a more positive opinion of most services than other residents.



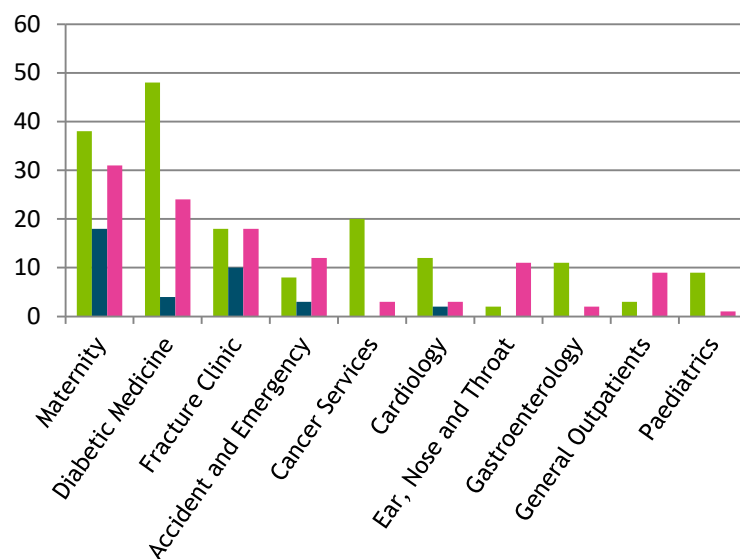
Bangladeshi: 146 comments, 610 issues
Everyone: 1417 comments, 7027 issues



Bangladeshi: 6 comments, 19 issues
Everyone: 247 comments, 969 issues



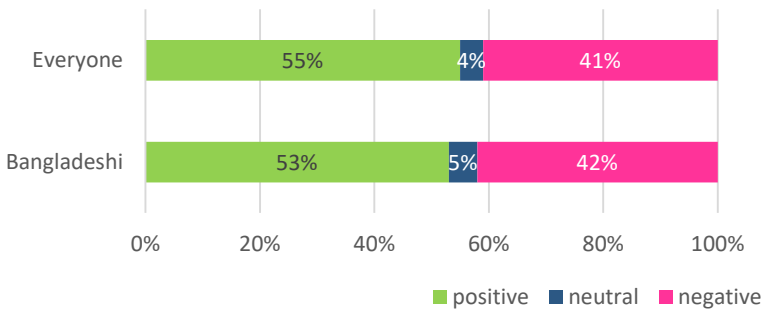
Bangladeshi: 89 comments, 381 issues
Everyone: 2821 comments, 10242 issues



Bangladeshi respondents only

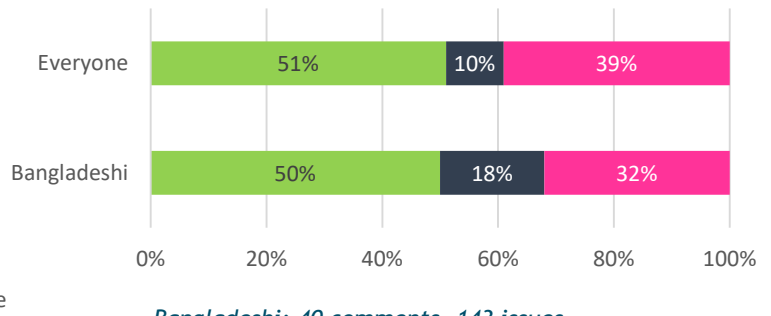
Specialist services and cross-cutting themes

Children's health



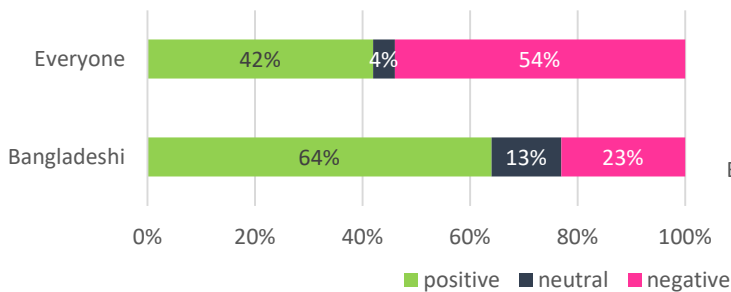
Bangladeshi: 55 comments, 171 issues
Everyone: 279 comments, 978 issues

Maternity



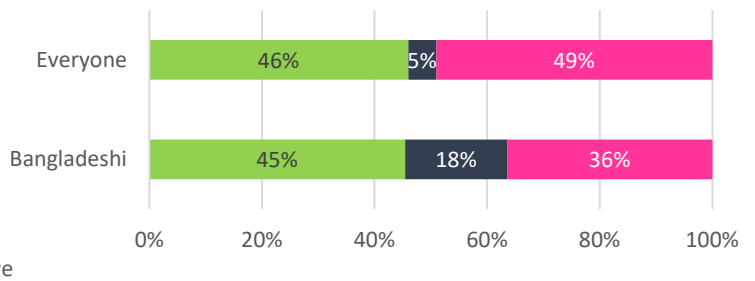
Bangladeshi: 40 comments, 143 issues
Everyone: 437 comments, 1525 issues

Sexual health



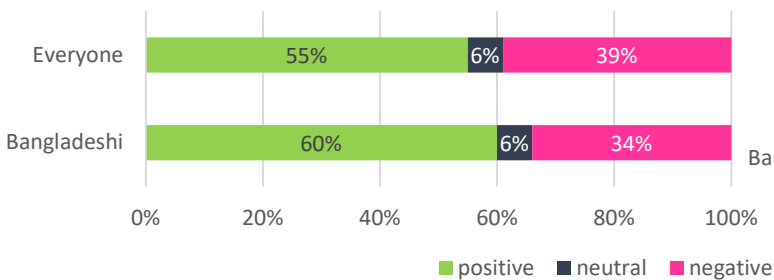
Bangladeshi: 20 comments, 80 issues
Everyone: 254 comments, 951 issues

Musculoskeletal health (including injuries)



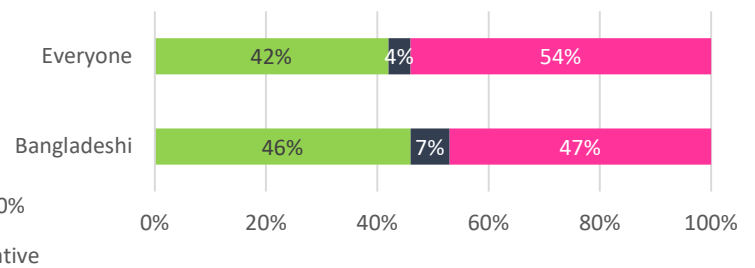
Bangladeshi: 10 comments, 62 issues
Everyone: 262 comments, 977 issues

Diabetes (prevention and treatment)



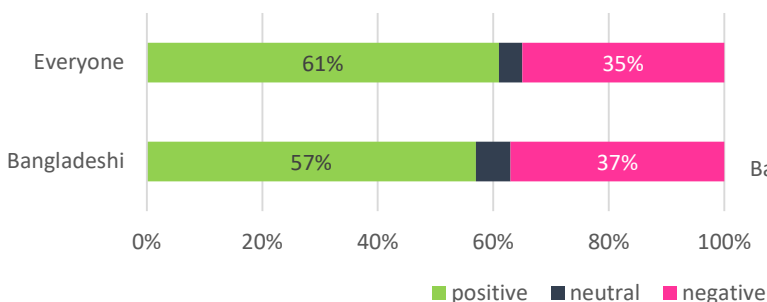
Bangladeshi: 25 comments, 89 issues
Everyone: 69 comments, 240 issues

Older people (healthcare and social care)



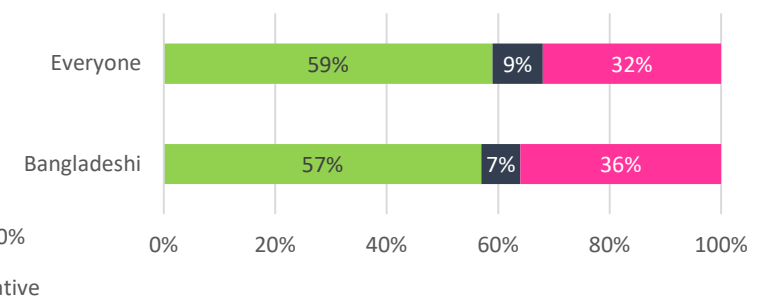
Bangladeshi: 19 comments, 87 issues
Everyone: 114 comments, 459 issues

Mental health



Bangladeshi: 57 comments, 187 issues
Everyone: 165 comments, 1260 issues

Homelessness and substance misuse



Bangladeshi: 33 comments, 158 issues
Everyone: 88 comments, 398 issues

Dentists

We have received six comments from Bangladeshi residents about their experience with dentists in Tower Hamlets; local residents were happy with the quality of services and found dentists generally easy to access.

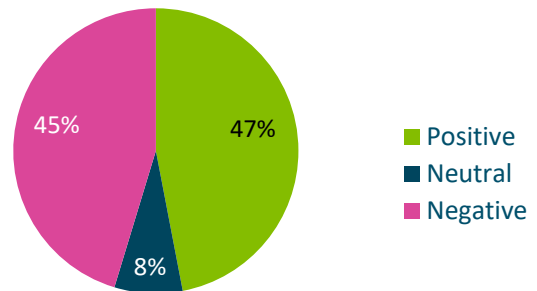
Most feedback came from people who used dental services for **routine check-ups**.

- I got a good service from my dentist. I just went in for a normal check-up, but the dentist gave me a wash and a clean for my teeth. I was not charged, usually for this type of service there is a charge. To get appointments is not difficult.*
- Quite pleasant, nothing to complain about. Appointment was late by a few minutes- it was a routine appointment, those are set by the dentist with one-month notice or less, my mum deals with scheduling them. The doctor was nice.*
- Friendly staff, a good experience.*
- They were very nice, very welcoming.*
- I went to have my regular check-up. The dentist was really nice and didn't charge me £50. So I was happy.*
- Routine check on health, the dentist seemed nice, it was a woman and her assistant, told him to lie down and they started cleaning his teeth, told him to come back in 9 months, they should do more check-ups, short waiting time. Room was comfortable and spacious.*

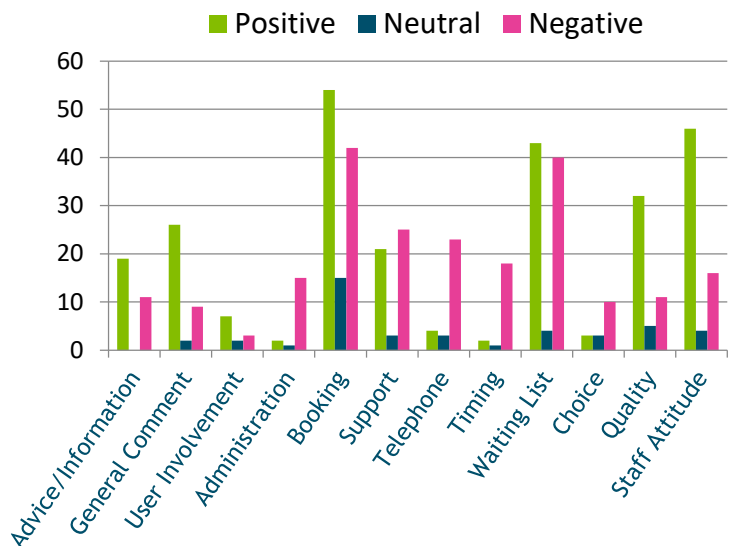


GP Surgeries

Through our usual outreach, we received 146 comments from Bangladeshi service users about GP surgeries in the borough. Based on data from the GP Patients Survey 2019, the percentage of Bangladeshi patients in each surgery varies from as few as 3% to as many as 65%.



Bangladeshi patients are generally happy with the quality of the service, the professional, compassionate attitude of staff members and their communication skills. The ability to signpost to other relevant services as needed receives praise in particular. Experience with booking GP appointments tends to be positive and opinion of the time people have to wait for appointments is mixed. On the other hand, practices are difficult to contact by telephone, and punctuality is poor; this leaves patients feeling unsupported.



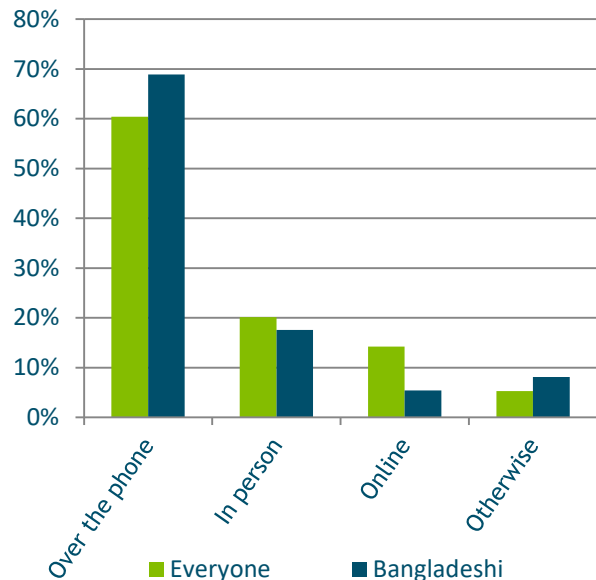
- [My GP] is very caring and honest. He has always supported me in good times and bad times. [Another GP] has been caring for my parents for years. She treats them like her own parents. She's amazing. She always gives her maximum and reads through the notes and takes extra time to give extra support. These two doctors are more like family than GP's.*
- I was under their care as a new mum. They're very efficient with signposting, social prescribing and referrals- they pick up on your needs and send you to exactly where you need to be.*
- Appointments are not easy to come by, but the wait is not excessively long either. My experience booking an appointment was good.*
- It's virtually impossible to get an appointment over the phone- it takes over a month. For emergency appointments I have to sit in the waiting room for hours.*
- I made my appointment by phone. Today it's been good, but it's been really difficult before. Phones lines are so busy! Sometimes, I called at 8 and I was still on hold on 8:45.*
- They are always overbooked, so you have to wait a while in the waiting room.*



Digital inclusion in GP surgeries

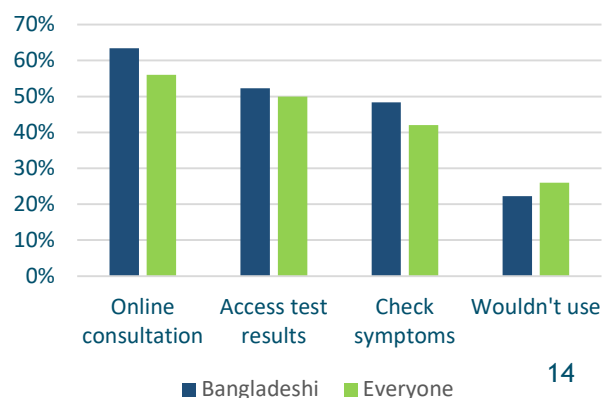
Between October 2018 and January 2019, we carried out a survey on GP appointments. 74 (24%) of the 302 respondents were Bangladeshi.

Bangladeshi patients were less likely to book appointments online.



We asked the local residents who took part in our What Would You Do events to give their opinion of the newly-launched NHS app, which allows you to use certain GP services over the internet, and of a unified, Tower-Hamlets wide website for GP registrations, to be launched this autumn.

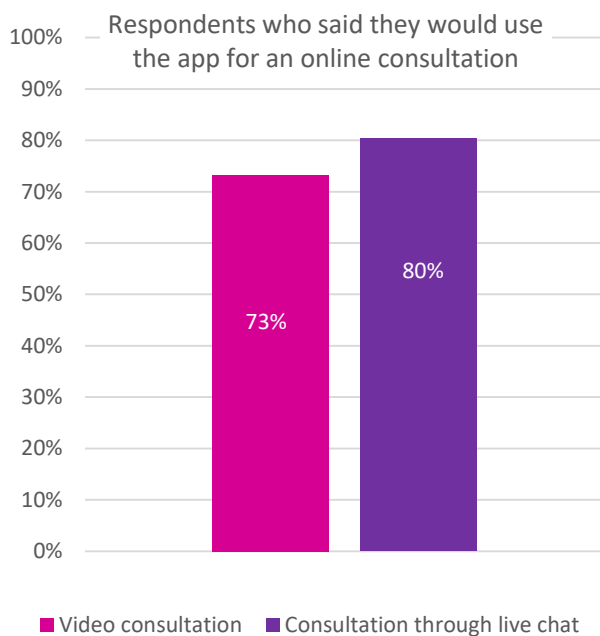
We found that Bangladeshi people were actually more likely to be open to using the NHS app for online consultations, checking test results and accessing records. This could indicate lower levels of awareness of existing online services in GP surgeries, as opposed to any reluctance to use them.



In terms of online consultations, talking to medical professionals via online chat was slightly preferred to video consultations, but most Bangladeshi respondents who said that they would use the app for online consultations were open to both options.

We also asked local residents their opinion on the possibility of registering with a GP online, using a Tower Hamlets-wide single website.

73% of Bangladeshi respondents believed that such a website would be useful.



It is estimated that 30% of Tower Hamlets residents born in Bangladesh cannot speak English well, and 8% cannot speak English at all.

English proficiency can be an obstacle to accessing online healthcare services, such as using a GP app or registering online with a GP.

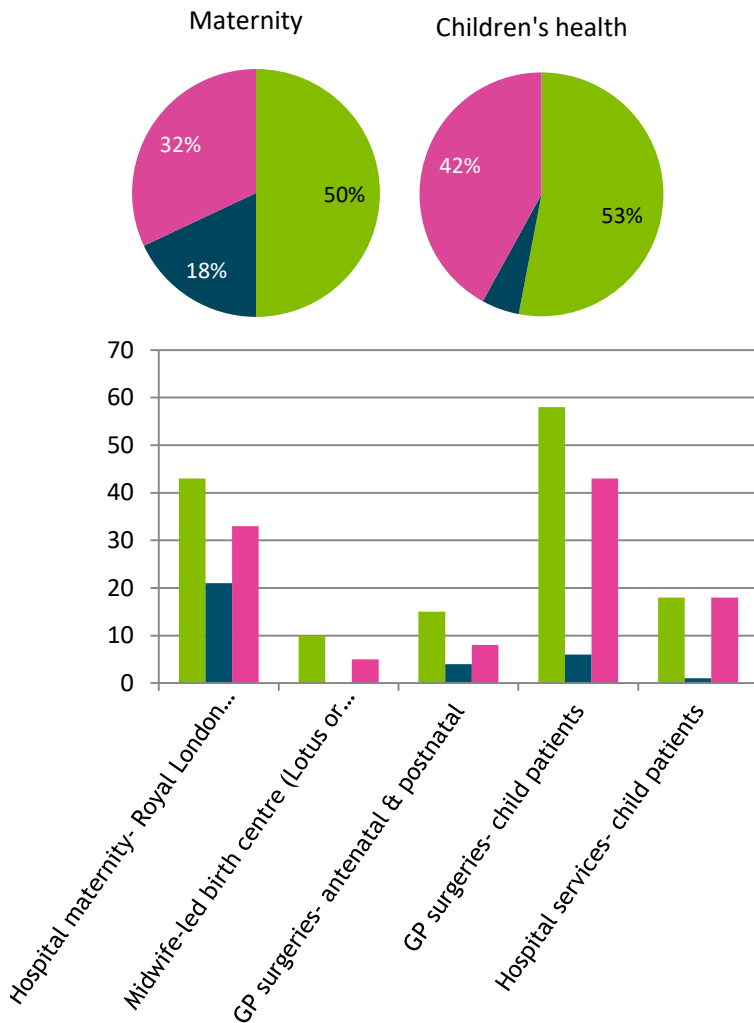
It is, however, unclear to what extent providing a Bengali language version of the app would be helpful to Tower Hamlets Bangladeshis. Some residents speak Sylheti rather than Bengali.

As Standard Bengali is taught at all levels of education in Bangladesh, speakers of Sylheti are only likely to have lower levels of IT literacy and general literacy, which will not be addressed simply by a bilingual app, while speakers of Bengali with good levels of IT literacy and general literacy are likely to also speak at least some English.

Further research is needed in order to understand the needs of the Bengali population in relation to online access to NHS services, including differences between different groups within the Bangladeshi community.

Maternity and children's health

As part of our usual outreach in 2018 and 2019, 40 Bangladeshi people gave feedback on Maternity services, and 55 on children's health. Overall, their views were leaning positive.



My experience booking an appointment with my GP was good. I have made an emergency appointment for this morning because I am pregnant and a bit worried. When I need an emergency appointment they always arrange it for me. Whenever I have called them for an emergency appointment, I have always been able to get one. It is a good surgery, I am happy.

I'm going to give birth at the Royal London, I have a complicated pregnancy and I suffer from lupus. I'm currently under the care of antenatal Gateway midwives and I'm happy with the antenatal care; the midwives are good. I think the Royal London has improved a lot, they're the same midwives I knew from my past pregnancies, but you can tell they're nicer and less stressed, I think they have received a lot of good training.

I went to the RLH to give birth, I had to get induced, but the staff were good. Being induced was really difficult. My water broke 24 hours before and they gave me that time to see if anything happened, so they sent me home. Nothing did so I went back to be induced and give birth. My experience was ok, there were not a lot of doctors around, the ward was really cramped, I had to wait for one patient to leave before I could go in. More staff and more space for expecting mothers is needed.

I've given birth twice at the Barkantine and would recommend it over royal London hospital. Feels more homely, less busy and better service, huge rooms... I'm also a doula and have supported a lot of clients giving birth there.

I'm attending my 6 weeks' appointment in the GP practice with the doctor and the health visitor. The health visitor called me to arrange. I was seen within one week to two weeks. My experience booking the appointment was good. I always make appointments for myself, my kids. It's efficient.

It's easy to book appointments with my GP, and they are good with children; but appointments are too long to wait when you're ill. You have 3 or 4 weeks to wait for an appointment. When you have a baby it can be urgent. The people aren't kind or friendly.

- My seven years old daughter is asthmatic, she started wheezing on Sunday and then struggled at school on Monday, and she couldn't manage. She was admitted to the Royal London as an inpatient. So far everything has been good, the doctors are good and all the staff are nice.*
- I went with my son to ENT clinic 2 at the Royal London. It was packed and very hot. No place to sit and no air con. After 2 hours of waiting we saw the doctor. Doctor was very nice. After the appointment, we were told he needs to be seen in one month. The receptionist was unable to book an appointment for us. She wouldn't go see the doctor to ask what to do, she couldn't overbook. She snapped when I suggested something. She said only the doctor's secretary can over book and that I will be given an appointment by post. When my appointment came via post, it was at the wrong clinic and with the wrong doctor. I was trying for three days to get through. At first I kept getting cut off. Finally got through to the doctor's secretary. She was kind enough to get me an appointment. My son has an ear infection and it became a cause for concern. I don't understand when the paper said appointment in one months' time, I was given an appointment in five months' time! Honestly I can't say how the service could be improved. However, when it comes to children the NHS needs to be extra careful, especially when its children with special needs.*



Giving birth at home

The Maternity Voices Partnership has engaged with mothers on the topic of **homebirth**. They received *seven comments from Bangladeshi women*.

The concept of homebirth is not a familiar one to many Bangladeshi women; at least not when it comes to homebirth *by choice*.

For some, the idea of giving birth at home is associated with poor safety, or thought of as something that only patients with no access to hospitals would do.

The level of awareness that Bangladeshi women have about homebirth is low, and some say that they have not received much information during their antenatal care about it.

Potentially, with better information, particularly around the safety of home births (such as, for example, informing on the fact that home births are assisted by the same midwives that one may otherwise have in a birth centre) Bangladeshi women could become more likely to consider giving birth at home when safe to do so.



Don't know anything about giving birth at home except it is mental and crazy! My sister's baby came unexpectedly at home and everyone was there - my mum, dad and the kids. It was really difficult and stressful. It is really interesting to hear about the homebirth team. I hadn't heard of them before. It is interesting that people actually choose to give birth at home and the bit about actually getting to know your midwife is amazing. My first baby was born at the hospital and it was OK, but I never saw the same person twice and you are on a production line. It was like 'congratulations' now move on to the next area and the next person comes in. It is different in our culture though. I think even if you are not living with your in-laws, it would just be seen as totally crazy as to why you would even do that. Everyone knows (or thinks they know!) that it's safest and more hygienic in hospital.

Even during the antenatal classes I attended at the hospital they did not go into any detail about homebirth, while they gave details about the other options. I feel that attending the antenatal classes has been very helpful.

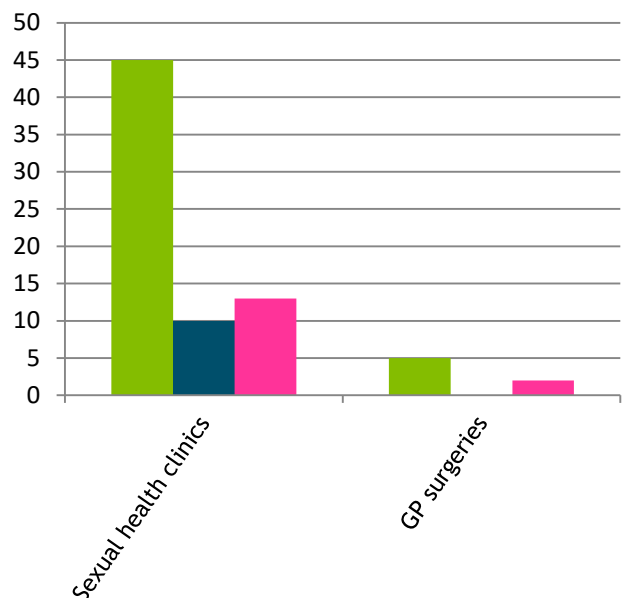
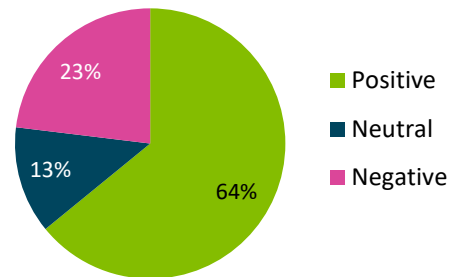
I know very little about giving birth at home. No, I haven't heard about the new Homebirth team. The midwife mentioned the various options of places of birth without going into any details about homebirth in specific.

The midwife at the hospital told me about options available to me when went to see her at my antenatal appointment. I had good experience at the hospital. The labour was smooth without any complication.



Sexual health

As part of our usual outreach in 2018 and 2019, 20 Bangladeshi people gave feedback on sexual health services. Overall, most of them had positive experiences.



I'm having a contraceptive implant fitted today in my arm. I called the Ambrose King Centre and they booked it for me a few days ago. I recently had a baby and don't want another one. I have had an implant fitted after my first baby so I am confident it would work. I discussed my options with my GP the first time so I had all the information I needed. The care aspect is OK and my confidentiality is respected. I have only used this clinic for the implants. It can feel a little lonely in the waiting area, it's not the nicest. One issue I had with Ambrose King Centre was that no one answered the phone for a very long time. I searched for a different number, tried that one and managed to get through.

- *The service here is fantastic, very comfortable. Great at explaining, very helpful, they offer counselling specialists. I heard about this place through friends; they recommended it. The confidentiality is great here. I would not feel comfortable talking with my GP; not the best. I'd rather not talk to another Bengali about this. It's a tight community. You never know who someone might know. I can't really trust ... it's a cultural thing. We don't really talk about sex. I'm in a relationship with another man. I use condoms, my partner does not. It's a tricky situation. My partner gets checked regularly. My parents don't know I get checked regularly. Well they don't know I am a gay man. It's kind of what I was referring to earlier about the issue of the tight community and the culture. It's something we don't talk about. It's a bit backwards.*



Case study - termination of pregnancy

In the UK, for medical and legal reasons, women can only terminate a pregnancy non-surgically before the 9th week. Our Enter and View visits at the Sylvia Pankhurst centre, based in the Mile End Hospital, revealed that some women, especially if they found out that they were pregnant relatively late, worry about not being able to have the option of a non-surgical termination, if delays in appointments mean that they may only be seen after the 9 weeks' mark. The language barrier or poor knowledge about NHS services can contribute to the delay, ultimately resulting in women having less choices. The following case study highlights these issues.

'I feel like I will die'.

Layla¹ approached a Healthwatch Rep carrying out Enter and View at the Sylvia Pankhurst Centre, as she was having difficulty explaining her situation to the nurse. She had requested an interpreter but the interpreter had failed to attend. She was worried that she had passed the 9 weeks' marker for the medical termination which was causing her considerable stress and anxiety.

- *'I came in today to have the tablets for a termination. When the appointment was made I told them that I was nearing the 9 weeks and needed to have the tablets as soon as possible. They told me that everything would be done today and that*

¹ Name changed for confidentiality

I could have the tablets today. But now they are telling me that they can't do anything. '

In Layla's case there was a significant language barrier. She was unaware of the process that they had in place. She didn't know first there would be an initial assessment, followed by a scan, a further consultation followed by the medical termination. The interpreter not attending made the situation worse as the initial assessment could not be completed with an interpreter. Her husband was not permitted to interpret for her. Their systems showed that an interpreter had not been requested.

Layla wanted a termination as she already had 3 children under the age of five and felt that she could not cope with a fourth child at this moment in time. She had previously used contraceptive pills but still became pregnant with her third child. She did not want to continue with that pregnancy either, but as she had passed the 9 weeks' stage and could not have the medical termination she decided to continue with the pregnancy as she did not want the surgical procedure. They were using condoms as a contraceptive measure this time but Layla still became pregnant.

Following an in-depth discussion and seeing how desperate, anxious and worried Layla was, the nurse asked one of the receptionists if she would interpret so that the initial assessment could be completed. As there were no sonographers available to carry out the scan, Layla was told she could not have the scan and would have to come back at a later date. This caused her a huge amount of distress, as she was told 'it would all be done at this appointment'.

Following further discussion, the Matron at the Sylvia Pankhurst Centre managed to arrange a scan for Layla.

● *'We never do this but given the circumstances, the doctor is running late for her surgical list and has agreed to do the scan today after the assessment'.*

Layla was still worried as she was scared that if she is unable to take the tablets today (Friday 15th) she would be only left with the options of a surgical procedure or to continue with the pregnancy. She felt neither options were suitable for her. The nurse explained to her that it would not be legally possible for them to administer the tablets today.

We have followed up on Layla on the 25th February on the phone. The scan showed that she was 7 1/2 weeks pregnant and was able to have the medical termination.

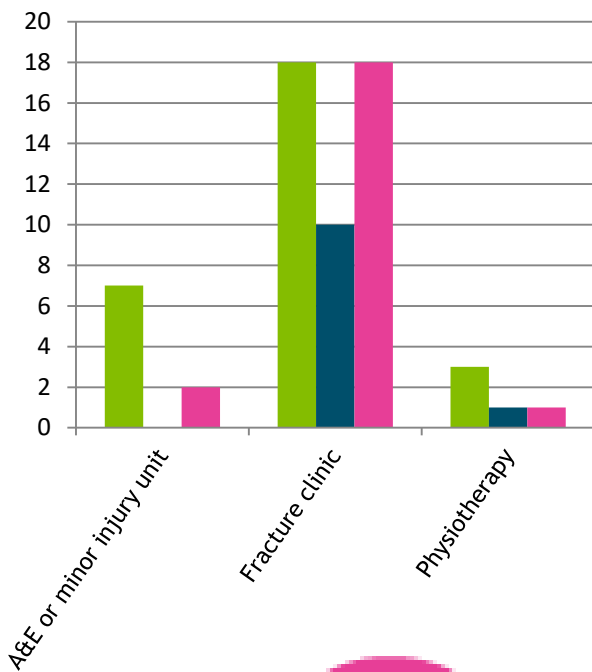
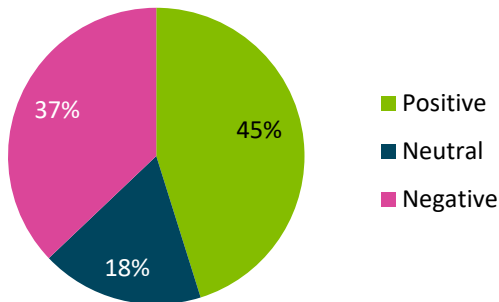
● *'I was very relieved, but the whole situation was very stressful. They arranged an interpreter to be present, they explained everything very well and looked after me very well at the following appointments. They have given me an appointment to attend the Sylvia Pankhurst clinic on the 28th February to discuss contraception options'.*

Layla was very happy that she was eventually able to have her preferred procedure. Following the termination, she has not been feeling very well and said she was suffering from symptoms of 'darkness'. She has arranged an appointment with her GP to talk about this.



Musculoskeletal health and injuries

As part of our usual outreach in 2018 and 2019, 10 Bangladeshi people gave feedback on musculoskeletal issues, such as injuries and fractures. Their experiences were mixed; with the main concerns being around long waits for appointments, compounded by delays and cancellations.



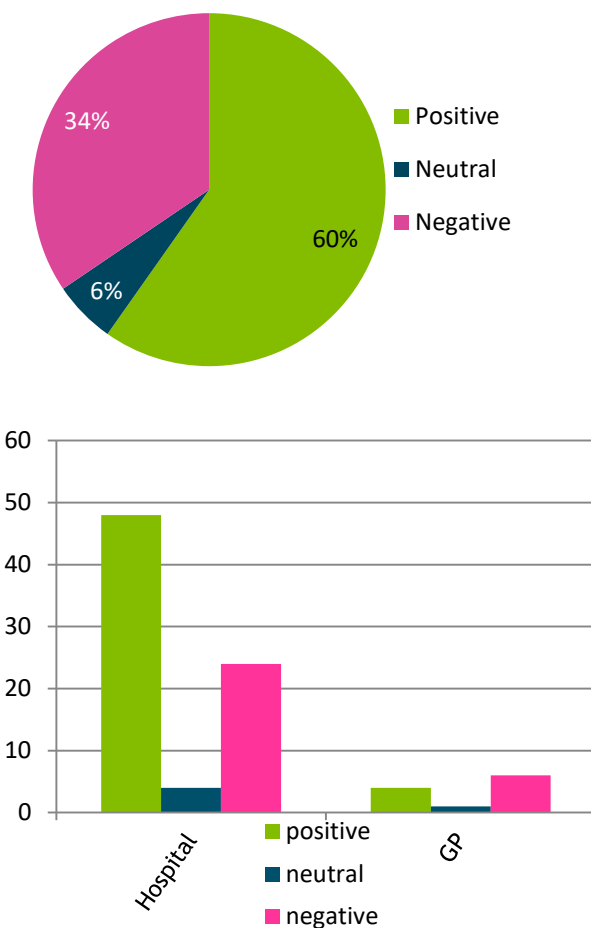
- I came because of a knee injury, doctor seemed pleasant, and appointment was on time. Easy to get to and to navigate inside, the room seemed comfortable, I am satisfied with the service.
- I started physiotherapy this week and I have learned many new exercises. The staff here are friendly. Although I had to wait a very long time to receive physio, I am already pleased with the results of the treatment. To improve, I think it would be great if there was a booklet/diary that was provided to track progress.
- They rearranged my daughter's appointment, but didn't tell me. I only found out when my
- GP sent a letter saying we had missed an appointment. The initial appointment was in April. After ringing many departments and being told I would have to wait a month for a new appointment I received one for October. Once at the appointment we waited over an hour to see the orthopaedic consultant, and my daughter found the environment hard to cope with. The consultant was apologetic for the wait, but I would prefer not to have to wait so long, and this isn't the first time the wait was so long. The consultant was very nice and took the time to explain things well and answer any questions we had.
- My appointments has been chased up many times. My GP sent an urgent referral 6 months ago but the hospital did not receive the request. When I was finally seen, the doctor was really good.
- I came into A&E with a broken ankle, and the junior doctor who saw me bandaged it wrong!



Diabetes

Type 2 diabetes mellitus is one of the most prevalent non-communicable disease in Bangladesh, as well as among Bangladeshi ethnics in Britain. It is estimated that British Bangladeshi and Pakistani ethnics are five or six times more likely to have Type 2 diabetes than the general population. The reasons for this are complex, including genetic factors, cultural factors such as dietary habits and attitudes towards exercise, and social factors such as deprivation.

As part of our usual outreach in 2018 and 2019, 25 Bangladeshi people gave their views on issues around diabetes. Their views on hospital-based consultants were broadly positive; while their views on GP services were leaning negative.



- I have waited at least 30 minutes to see my doctor. I have type 2 diabetes. I receive regular injections and I am also checked on a regularly for different health issues. The appointment letters have information on them about what the appointment will be about. I really like the experience in this hospital as they provide me the care I need. I used a wheelchair from the entrance to help me come upstairs.*
- Staff are very friendly. I come to the Mile End diabetes clinic for several issues. I've been coming here for 10 years and today I have come for an eye screening. Rescheduling and getting in contact is very difficult.*

Many service users expressed concerns around advice and information: while generally happy with the treatment they were receiving and the screenings available to them for the prevention of complication, some felt that more education was needed for people like them around managing their diabetes and making informed choices about their treatment. More information would help patients feel more confident and reassured.

- I have been told that I have diabetes, but I am not on any medication for it at the moment. Six months ago I visited my GP, my cholesterol was a bit high, and he told me that my blood results showed that I have diabetes. About one year ago I was warned by my GP that I was on the base level of getting diabetes. I am an active person and I look after my diet. My dad had diabetes, I was told my genes played a part. The GP said I could reverse my diabetes if I looked after my diet and exercised. I do not smoke or drink. I am at the clinic today for an eye test. I am unsure why I need one, I just received a letter saying I had to come to the clinic for an eye test. I knew it was related to my diabetes as it said so on the letter, but no one explained why it was necessary.*

- *I've been waiting for 5 minutes for my appointment with the consultant. Doctor didn't give much information. I would like it if the Doctor was clear about my treatment. I've had 4 of my appointments cancelled. The appointments should be easier to make.*
- *Since I just got in, it's not been a long wait. I don't know which doctor I am being seen by today, as I am here for an eye screening. The staff were very friendly and treated me well. I have had type 2 diabetes for around 15 years, and ever since then I have been getting treatment. I come to the Mile End Hospital for my eye screening, and another hospital for other treatment. I would prefer the receptionist to have more of an ability to have access to services such as water on hand. Furthermore, allow more 'eat groups' sessions in the borough to evaluate a wider demographic group. For example, the more Bangladeshi people who are gathered together, the more other Asians would attend and developed knowledge.*
- *I was diagnosed last year with diabetes; I came today for an eye screening. I don't come here often but from what I know is that the staffs are really friendly and nice. I am always afraid to come alone because hospitals in general scare me. However, I had to come in today with my husband today because it was an important appointment. I always fear my appointments and treatments but they always make her feel welcomed. I want more nurses so that they can be more supportive and make me feel reassured that everything is going to be fine.*
- *I was diagnosed with diabetes 4 years ago, didn't experience any complications. The appointment letters had a lot information. My hospital doesn't take my care seriously and don't give me any medication or treatment. I think the borough needs to educate individual's more about diabetes.*

A diagnosis of diabetes can intersect with various other issues affecting the patient's life: not just physical complications and co-morbidities, but on a wider scale, also issues such as mental health, substance abuse and income deprivation.

- *I am diabetic and called my GP surgery because I had some concerns. I waited the whole day and the doctor didn't call back. I did not know what to do as the whole day had passed. The worry made me feel depressed and affected my sugar levels. When I try to complain I keep being fobbed off and told to go here and there. Not being able to access my GP affects my benefits. If all services communicated it would be a big help.*
- *I was addicted to crack cocaine and heroin, and wanted to start a detox treatment. A diagnosis of diabetes has gotten in the way. The diet control is hard because of methadone and other medication.*



Diabetes prevention: young people's attitudes

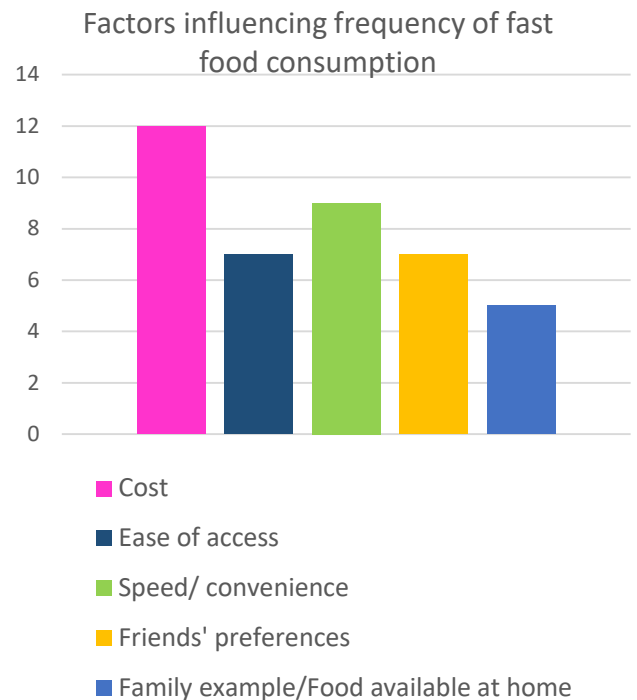
In the summer of 2018, we conducted semi-structured interviews with 28 young people about their diet. 17 of them were Bangladeshi.

Nearly half of the Bangladeshi young people we have spoken too ate fast food at least weekly and around two thirds ate sweets daily. Some of them mentioned having cut down on previously excessive consumption of fast food.

- I eat fast food twice a week, but this habit is not recent as before from age 11 to 16 I ate PFC quite consistently at least around 4 times a week.*
- I don't eat too much sweets and I would say like once or twice a month. It would be like candy and things like chocolate croissants and stuff so mostly pastries. I would eat way more sweet stuff in the past but I saw that I was getting too fat so I had to change my diet.*
- About two years ago, I probably had PFC or fast food almost every day- sometimes even twice a day. It would be mostly after school. Currently, I haven't had any fast food for almost 3 months. I would usually have lunch and also go out after school to have fast food with my friends.*
- The beverage I would drink the most would be like diet coke maybe like 4 times a week and I would drink around 8 cups a day. I think it is enough for me as I don't feel dehydrated or anything like that and I drink only when I need to.*



The price of fast food, compared with the price of healthier options, was the main reason why Bengali young people consumed it regularly. According to the 2011 census, of all ethnic groups British Bangladeshis had the highest overall poverty rate in the UK, with 65% of Bangladeshis nationally living in low income households.



- You want for example to get a salad from Sainsbury for like 2 to 3 pounds which isn't even that filling. This is the main reason why I derailed towards fast food.*
- The problem is not the speed or availability of other options as the price of PFC is just so low that it is really hard for you to choose anything else over it. Nothing beats the amount you get for a pound.*
- Most of the time it would be around my friends, and around school time like after school. Also for example when my mum can't be bothered to cook we will usually resort to fast food. Although I can cook I wouldn't have the ingredients at hand with me so I would go to fast food place where I know I wouldn't have to contribute towards anything other than monetarily.*

Nearly half of the young people we have interviewed believed themselves to be prone to diabetes.

- Most of my family has diabetes and I am hoping my life choices would prevent diabetes as I eat a lot healthier now. I make sure I don't consume too much saturated fats, sugars and try to be on general not as lazy. I also eat much less than I used to.*
- My dad has type 2 diabetes but I think I won't because I have a greater grasp of what I eat whereas my dad was unaware of all the nutritional understanding we have nowadays. I would do things like calorie counting and looking after what I eat.*
- I am not sure but I don't think [I am prone to diabetes] because I exercise regularly and I think really good metabolism. I also am of a healthy weight. In terms of preventing diabetes, I am not sure other than the most common answer like eating less sugar and exercise. I don't have a balanced diet and to be honest I don't really care as I will eat whatever I want and whatever is in front of me. Like I would have rice 3 times a day but I wouldn't mind that.*

There was some level of interest for healthier options, however most young people we were interviewed were broadly resigned to the reality that the cheapest and most accessible takeaways offer primarily or exclusively unhealthy options.

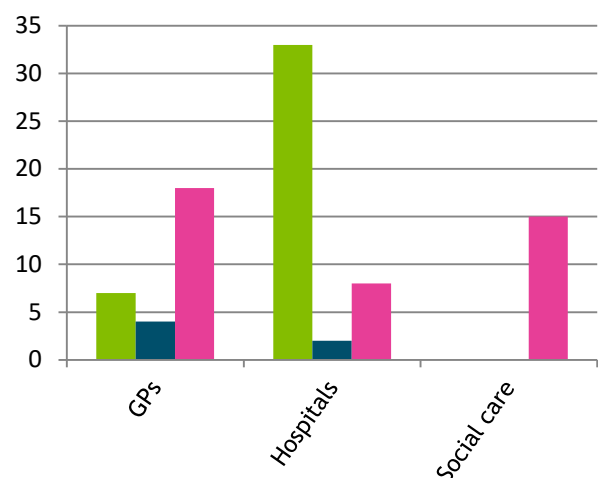
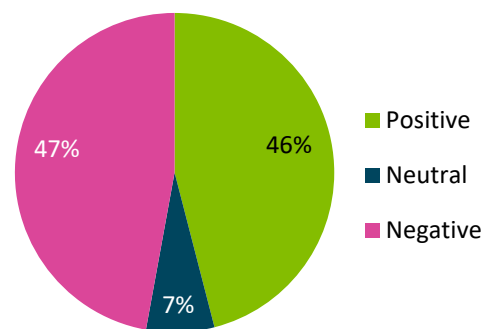
- 100% there is a lack of options and we need to have fast food which are healthier. I would like to see grilled chicken places at lower costs, salad bars and if you were to go in a salad bar nowadays it would cost you 5 or 6 pounds for some leaves and therefore this should be more accessible.*



Older people's health and social care

As part of our usual outreach in 2018 and 2019, 19 Bangladeshi people gave their views on issues around older people's health and social care.

They were satisfied with the care received from hospitals, but somewhat dissatisfied with GPs (particularly because of difficulties getting appointments). They were also very dissatisfied with the provision of social care, including care assessments.



- Appointments at the Royal London were on time and the doctors and nurses were friendly and welcoming, however the waiting time for a scan was very long.*
- I came to the Royal London straight from the GP by ambulance due to low sodium. The nurses are very competent, I'm looked after well, I feel safe. Treatment is explained. I need care fulltime when at home for organising treatment.*

- *It's difficult to get an appointment with my GP. If we are late they say we can't see the doctor. But if they are running late, the GP's, then we can't do anything. I'm not late intentionally, I think they should be lenient if patients are not usually late.*
- *I have had to come in to make an appointment. Even when I come in they say there are no emergency appointments- it's very difficult to get one. I would not come to the doctors if I didn't need to. Dr. [name] is very good. He is willing to speak to me in my own language.*
- *We have had no problems with the hospital staff, it's the GP that has been the problem. The GP has misdiagnosed my mother twice. She came in [to the Royal London Hospital] because she was really, really dehydrated. At the GP we felt like she got brushed off a lot. It took until she collapsed for them to do anything. They don't take things seriously, don't look at the individual. She complained about smell and vomiting and they just gave tablets. Then when you phone or go in again you have to explain everything from the beginning again to a different Dr.*



Case study – care at home for a vulnerable adult

Abdul² is a Bengali resident of Tower Hamlets in his 80's. He suffers from Alzheimer's, chronic back pain and from various age-related physical impairments, which mean he needs daily personal care. He is illiterate and only speaks Sylheti. His daughter, Rehanna, and son in law, Tariq, do not live locally. In January 2008, Tariq has spoken to Healthwatch about his situation.

Care workers from the agency Careworld who were supposed to look after him took advantage of the fact that Abdul could not read to falsify records and not perform the full extent of their duties.

- *“The care worker used to come every day- that's what they were supposed to do. But last year, we only had one care worker attached for my father in law. The carer only came three days a week and said on the log book that he was coming every day. They also didn't provide personal care like my father in law needed. We complained to the agency and the care coordinator, and got a different care worker from the same agency. When he was asked to do personal care, they said it wasn't their job. He's a vulnerable adult and care workers can fool him; you know... He's illiterate, he doesn't speak English, he can't check what they are writing on the timesheets and doesn't know where to go for help when care workers are not supportive.”*

This situation did not only arise because of individual workers not doing their jobs; rather, under-resourcing and poor communication between social workers, the care agency and individual workers- all

² All names changed for confidentiality reasons

of these factors contributed to Abdul not receiving the care he needed.

Social workers from the Council assessed Abdul and determined that he needed help with personal care, such as dressing and washing. However, they provided no training or support to carers to perform these duties, nor did they verify that the care needed is actually given.

- *“The social worker didn’t explain [to the carer] what personal care is- the worker just made tea and gave him his medication. Tower Hamlets social workers are not enforcing what [care workers] should be doing; I think they have good relations with the care managers and don’t want to spoil them- that’s why they don’t want to be firm about respecting the care plan. Care agencies make a fortune from their relationship with the Council, and the Council can’t be bothered to do any monitoring or enforcing.”*

Lack of support from carers has consequences for Abdul and his family.

He is becoming more socially isolated, as he is not supported to attend age- and ability-appropriate activities that could otherwise keep him active and involved in his local community.

- *“My father in law has been entirely house-bound for the last few weeks; he can only rarely see friends and family in his own home. His care worker provides no personal care, no shopping- nothing like that. I think he feels lonely and isolated...”*
- *“He used to go to a gardening project in Mile End Hospital- a minicab took him and dropped him off. Now he can’t, he’s been too ill. If a carer took him in a wheelchair, with some assistance he could still do it- but a service like this is just not available. He does go to the day centre- they provide transport and wheelchairs. I think he would like to have a buddy, someone who can talk to him; he doesn’t get many visitors.”*

The burden of care also falls on Abdul’s family. Rehanna, his daughter, had no

choice but to take on the responsibility of practically managing Abdul’s carers, verifying them and ensuring they are providing the care that they are supposed to provide, as well as constantly dealing with the care agency and with the social workers from the council. Instead of freeing up time and energy for unpaid family carers, this type of situations end up creating more work for them.

- *“My wife needs to keep in constant contact with the care worker and the agency- she needs to be her father’s unofficial social worker and hold the care worker to account- it’s like a second part time job for her.”*

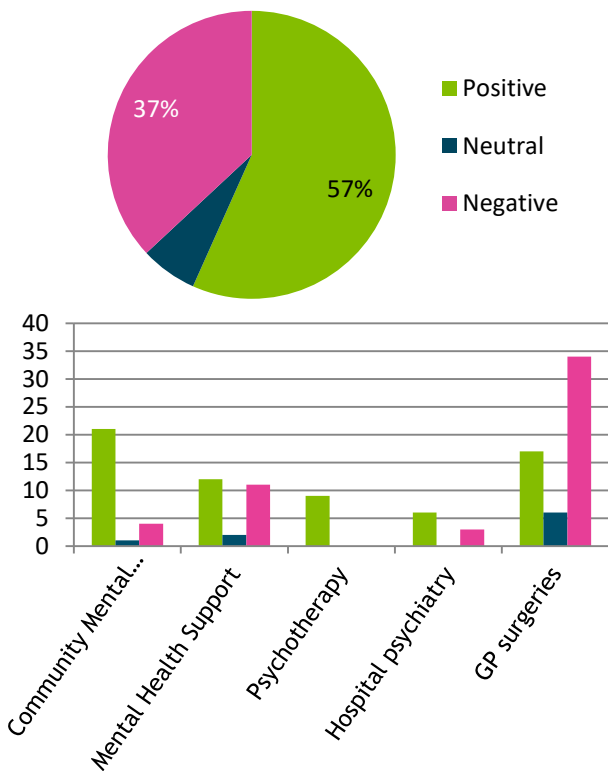
Greater flexibility for patients and their carers in using their care packages could be a solution to this problem; as it would allow them greater control and it would create the framework for a more personalised service.

- *“We would like to have a personal budget- would be better to appoint our own workers for his needs- but the social worker told us that would take a longer time than using the Council-appointed carers.”*

Mental health

As part of our usual outreach in 2018 and 2019, 57 Bangladeshi people gave feedback on mental health services. Most patients had positive experiences with psychotherapists and psychiatrists, whether accessed through hospitals, community mental health teams or other community settings.

On the other hand, feedback on talking to GPs about mental health issues was broadly negative and opinion of community mental health support (including charities and organised support groups) was mixed; as many noticed how these services have been affected by cuts to public funding.



I did therapy for anxiety through IAPT at the Mile End Hospital. We talked through my issues, the therapist was a very calm person who helped me a lot; good quality if service. A lot of talking to help me stop my self-harming thoughts. I learned some useful relaxations techniques and I'm now using them with the children I work with. After a year I stopped therapy and got support to go out more- started photography as a hobby- used arts to manage my mental health.

I've been registered with this GP for two years, and came in for a blood test. It's a good service, but sometimes they're late to see patients. It would be better if they can provide immediate appointments for patients with serious problems. I had mental health issues, but I've never gone to a doctor for treatment. I get really bad headaches sometimes and feel dizzy at the time as well, I've gone to the GP but they said I have nothing to worry about. Due to an immigration problem, I have no right to work. For that reason, I don't have money to pay rent. Currently I'm sharing a sofa at my friend's home.

I have paranoid schizophrenia and had depression; I was prescribed medication for both. Used to hear voices and hallucinations but the medication helps. I see a psychiatrist who monitors my mental health through the GP every 8 weeks. Used to have a social worker but don't need one anymore. I see a peer support worker who has tea with me and talks about the week. Found it difficult to go out without anyone. But the peer support worker gave me confidence to go out on my own. Fairly accessible but depends where you live. Funding for travel would help especially for benefits. Like a card for travelling. I was sectioned in hospital in 2008 and didn't believe I had an illness. I was going in and out of the house and didn't know what I was doing. Psychiatrist came to the house and took me to the hospital for 6 months. Just recovered and got out for Christmas. Recovery involved counselling and medication. Counselling helps. Talking about what you're hearing, about your dreams, about what you can do, what you can't do. Medication makes you like a zombie and hungry. Have to be very careful. A lot of walking and exercise really helps.



● *I'm pregnant and I have a specialist midwife as I am diagnosed with schizophrenia. She's really helpful and gives me the right support. I'm with the perinatal team at Three Colts Lane and they have been very helpful. Helped with benefits advice as well. They explain how things work with my medication and my pregnancy. It's all going well.*

● *I have a support worker from Look Ahead. Very Easy [to access the service, got an appointment in] one week after I was referred. I love how they always check upon me, how I'm dealing with money- I used to have drug problems (cocaine) and I was spending quite a lot. They know when I'm about to take drugs and they help me.*

● *I now avail services at Mind in Bow, Tower hamlets. There were many small community groups earlier but now the services have been reduced. Care services were provided at home but due to reduction in staff and funding, home services have ceased to operate. At Mind, there were 40 staff members earlier and now there are only 15. Yes, I get to decide on how to manage my medical health. If something is suggested to me, I only avail it if I find the service right for me.*



Young People’s mental health and wellbeing

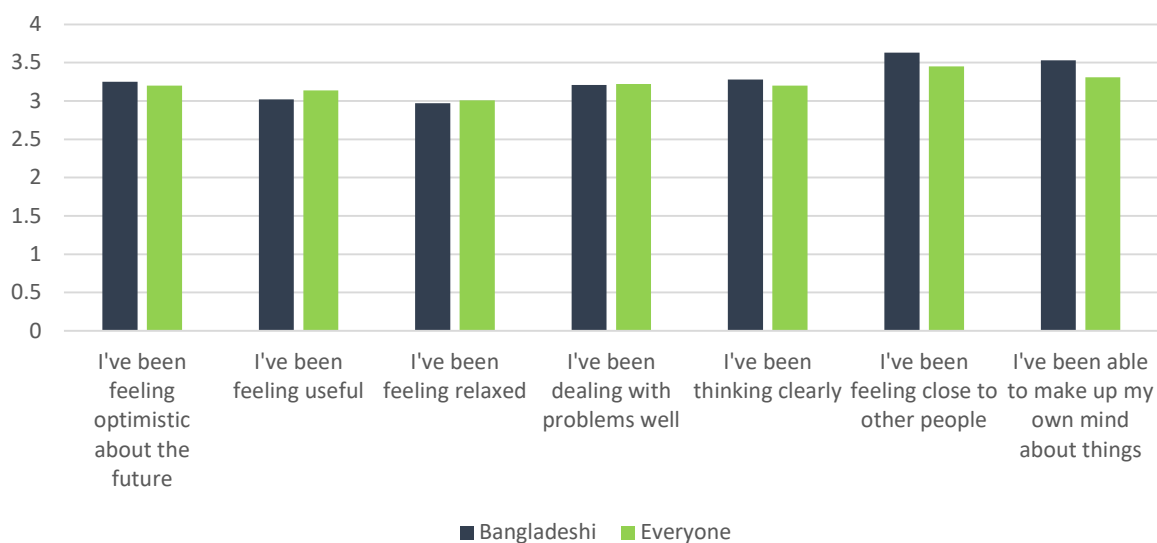
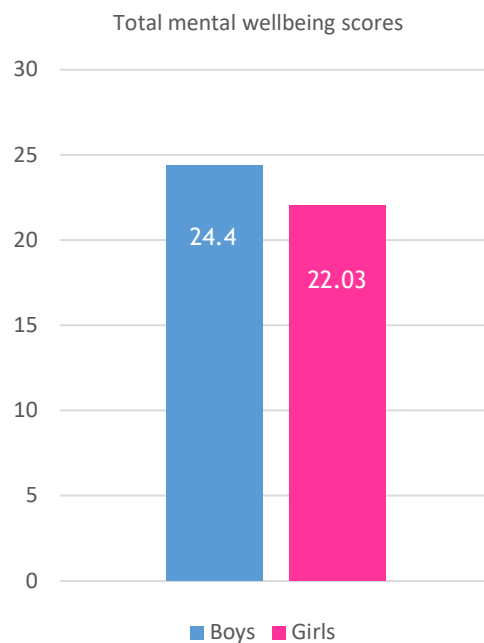
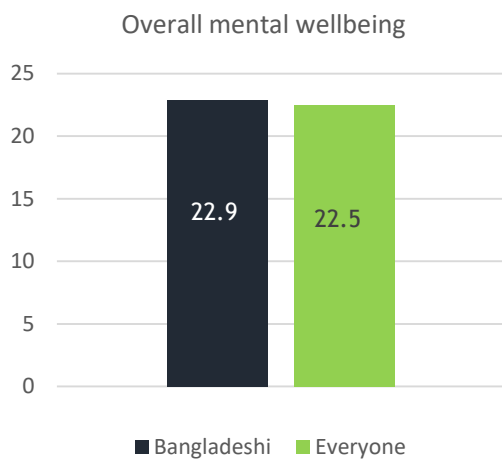
From March until May 2019, we asked young people in Tower Hamlets about their views on **planning for their future, mental health, and the stressors in their lives**. **147 young people** answered a survey at school. 43 of them (37%) were Bangladeshi. Additionally, In December 2018, we produced a digital survey in two schools, reaching over **130 students to get their perspectives on mental health**. 105 young people (82%) of them were Bangladeshi.

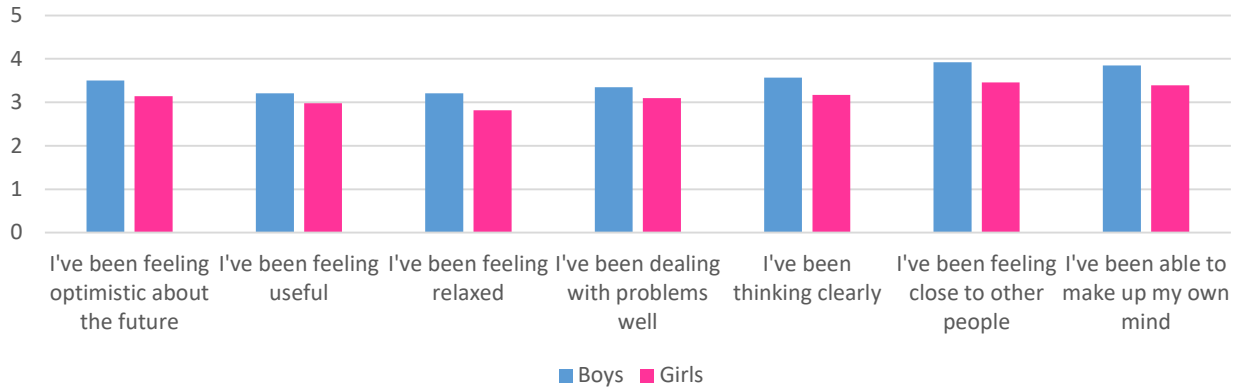
In the digital survey, we measured young people’s mental wellbeing using the short version of the Warwick-Edinburgh scale; which contains seven positively worded items and asks respondents how often they have experienced these. Cumulative scores (between 7 and 35) were calculated.

Overall, young people experienced a *fair level of mental well-being*; the average level of mental well-being reported by Bangladeshi young people was very slightly higher than for all respondents.

Bangladeshi young people were slightly more likely to feel close to other people, able to make up their own mind and optimistic about the future. On the other hand, they were slightly less likely to feel useful and relaxed.

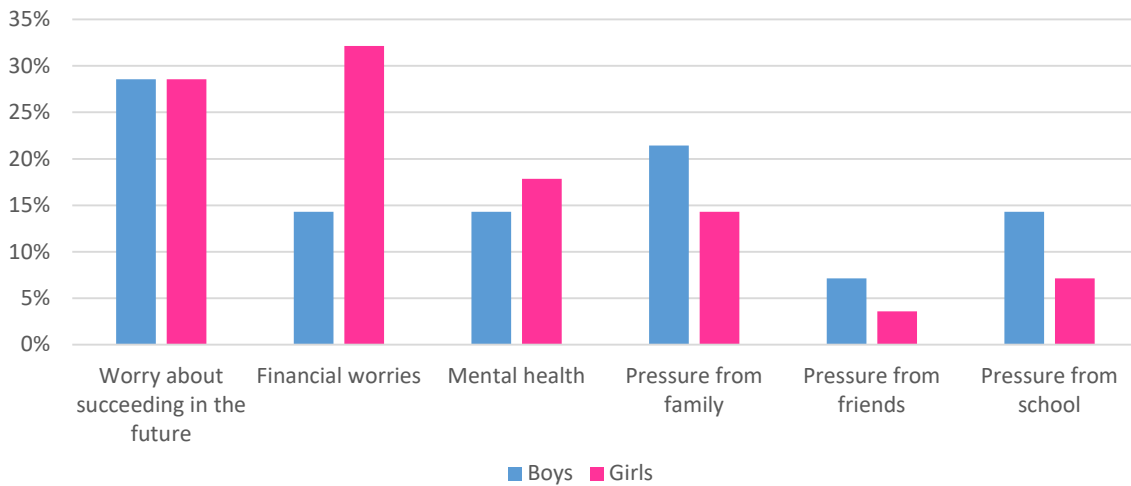
Bangladeshi boys had overall slightly higher levels of mental wellbeing than Bangladeshi girls. (The same was true of all respondents overall)





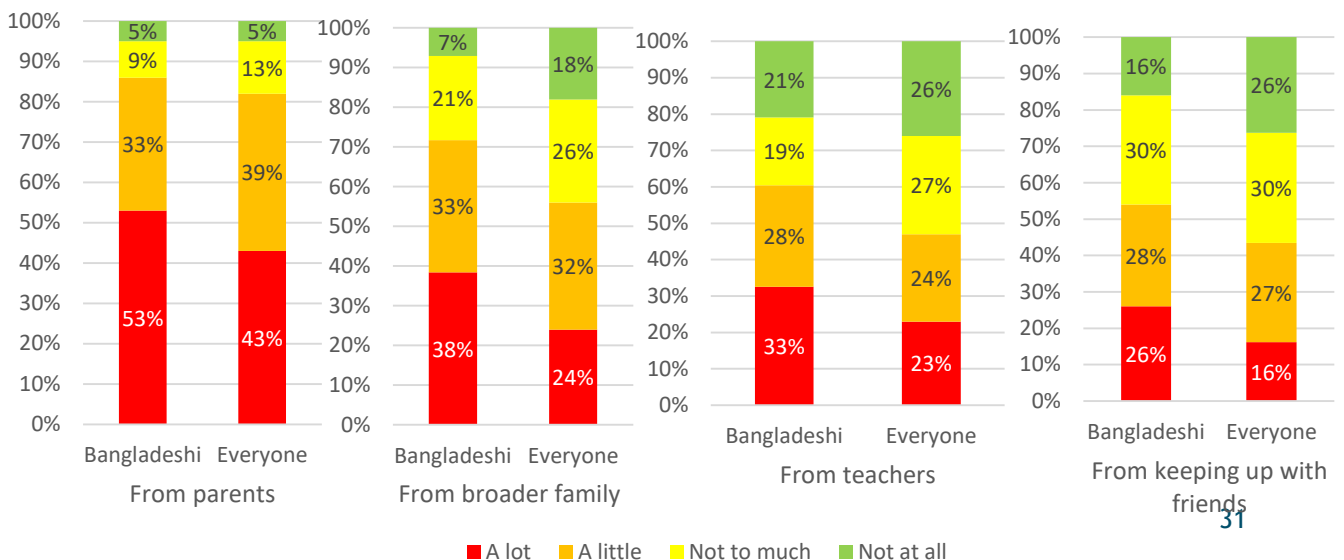
Worry about succeeding in the future was the biggest cause of concern among the Bangladeshi young people surveyed, followed by **financial worries**. (Similar to young people overall).

Bangladeshi youths felt more concerned about their mental health and slightly more concerned about money and their future; but less under pressure from family, friends and school



More specifically, in terms of the **pressure to succeed academically**, young people felt that *most of it came from parents*; with more than half of all Bangladeshi young people saying that *they feel under a lot of pressure from their parents to succeed academically*.

Bangladeshi youths felt more under pressure from parents, broader family expectations, teachers and keeping up with friends to succeed academically.

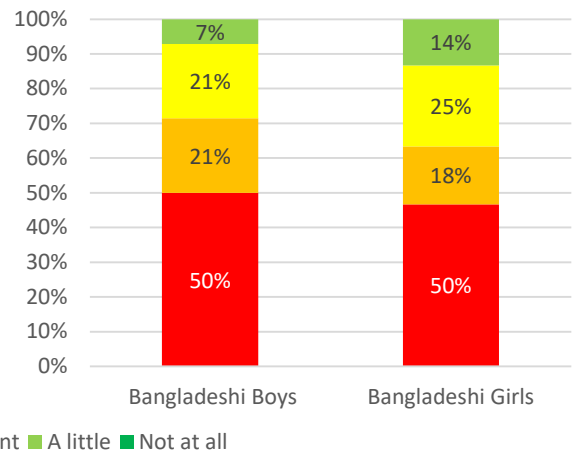
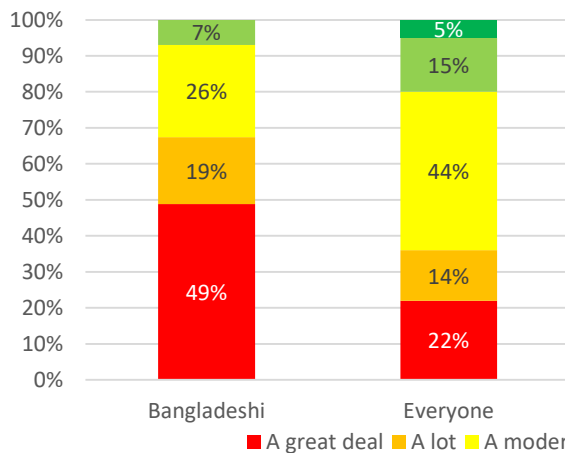


Bangladeshi girls were under more pressure to succeed academically from their parents, their teachers and from keeping up with friends than Bangladeshi boys.

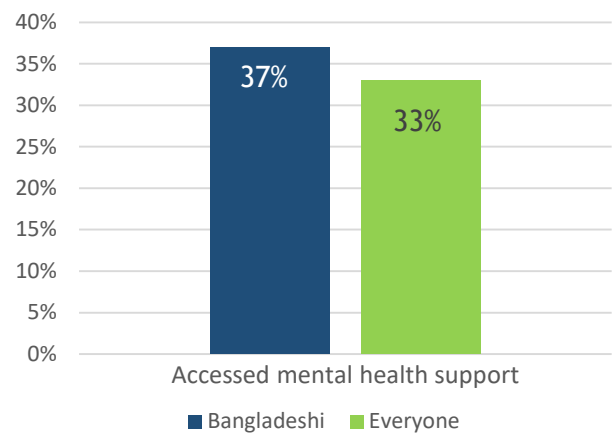
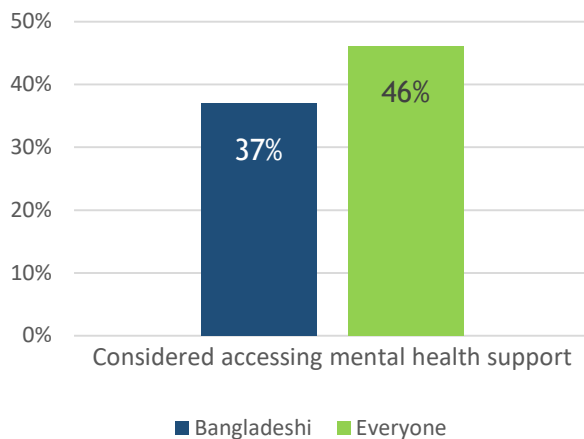
According to the survey we have carried out in the spring of 2019, **the stress that young people experience in relation to planning for their future has repercussions for their mental health.**

Nearly half of the young people interviewed considered accessing mental health support to help them deal with stress around future planning; a third of respondents followed through.

For Bangladeshi students, the impact planning for their future has on their mental health is greater; both for boys and for girls.



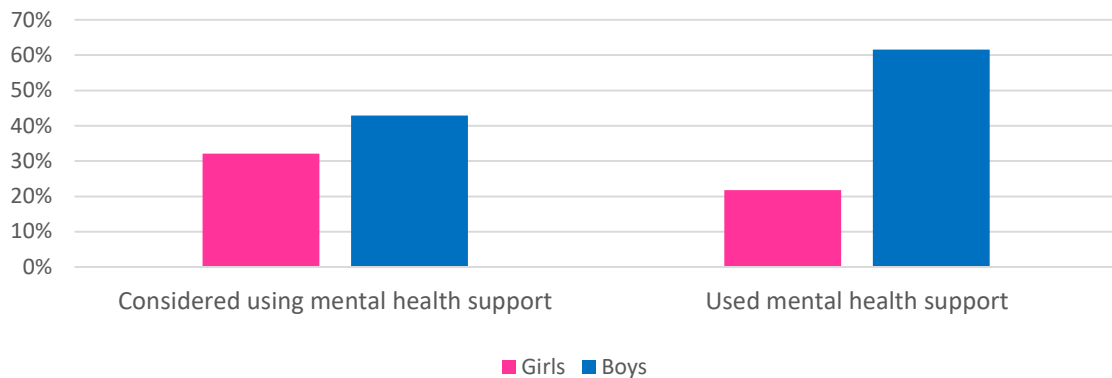
Nonetheless, Bangladeshi young people were less likely to consider using mental health support services in order to deal with this type of stress (but not less likely to actually access mental health support).



This could indicate, for a certain subset of Bangladeshi young people, reluctance to access mental health support because of stigma or lack of awareness.

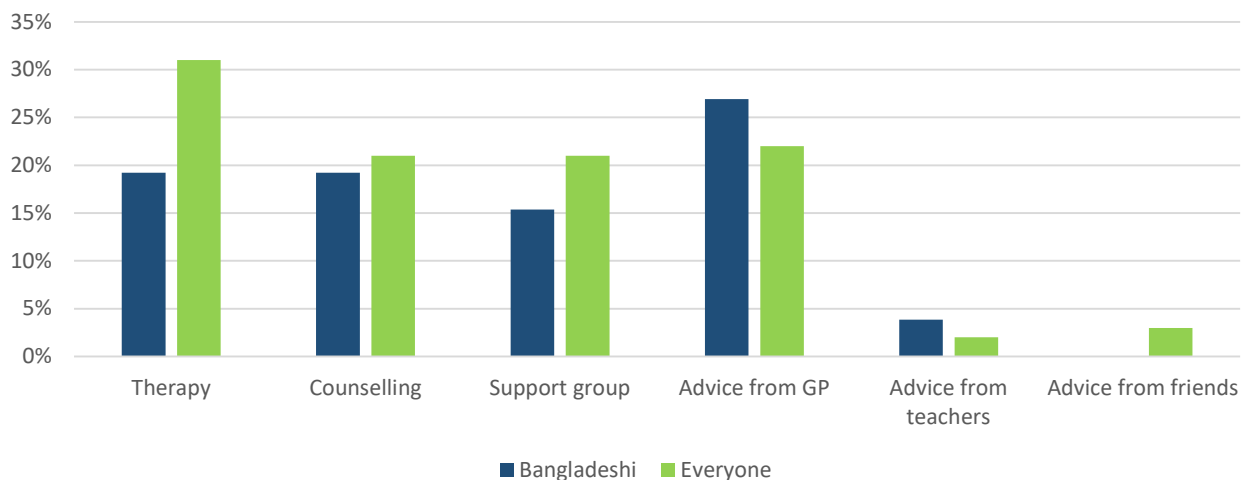
Despite saying that they had overall lower levels of mental wellbeing, and feeling under more pressure to succeed academically, **Bangladeshi girls were less likely than Bangladeshi boys to access or to think about accessing mental health support services to deal with stress around**

planning their future. This could indicate that stigma or lack of awareness around mental health services is particularly affecting girls.

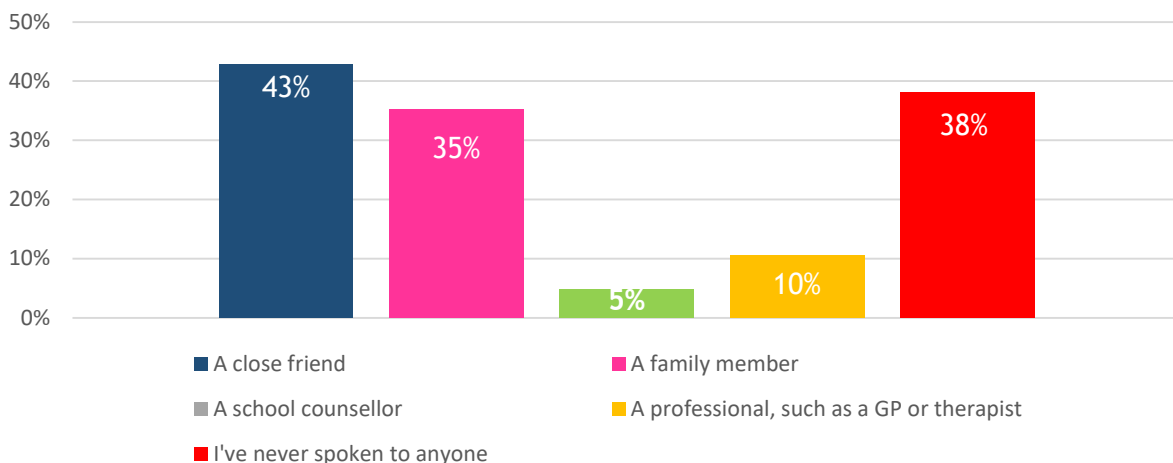


In terms of the type of mental health support accessed to deal with stress around planning for their future, **advice from GPs** was most often sought by Bangladeshi young people. They were less likely to use counselling, therapy or support groups.

This may indicate that GPs could potentially play a crucial role in raising awareness of a variety of mental health support options among Bangladeshi youth, through referrals and social prescribing.

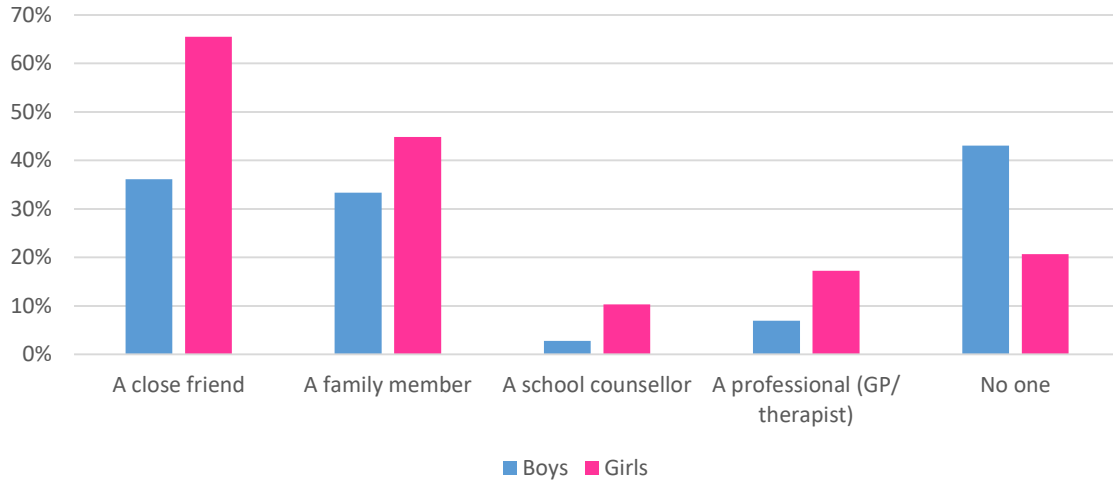


According to the survey carried out in December 2018, Bangladeshi young people were most likely to talk to **close friends** about their mental health and well-being. Over a third have never spoken to anyone about it.

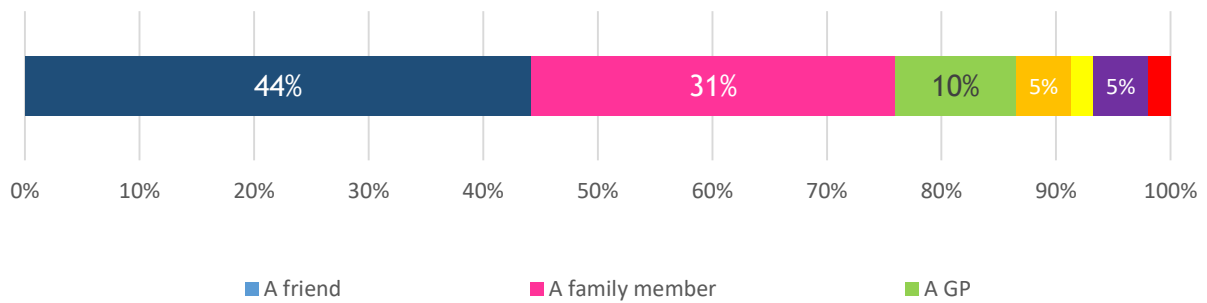


The same survey finds that Bangladeshi girls were more likely to talk about their feelings than Bangladeshi boys. They were more likely to talk to family and friends; and, unlike what the survey carried out in

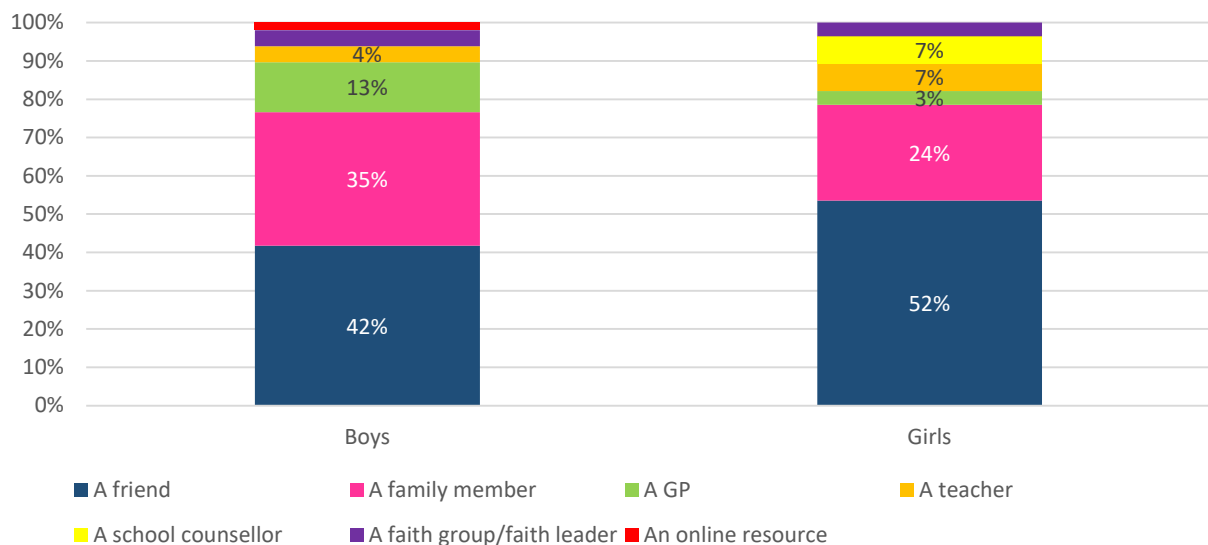
the spring of 2019 showed, they were also more likely to talk to professionals. Nearly half of the Bangladeshi boys who responded never talked about their mental wellbeing to anyone.



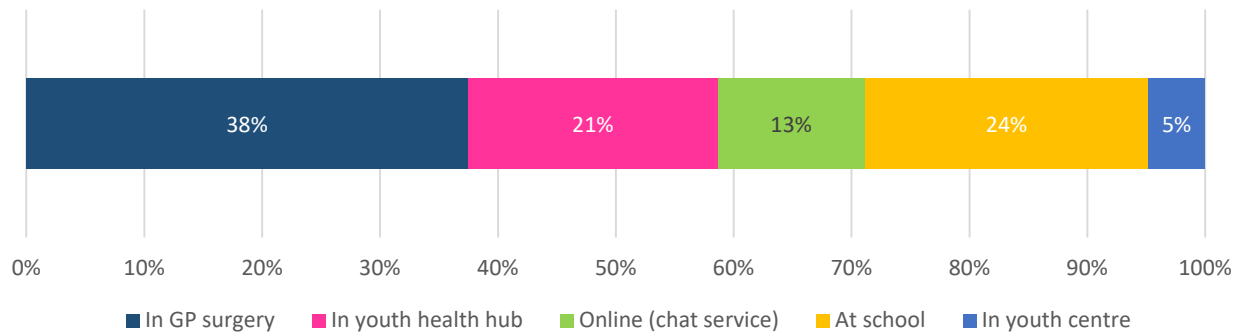
Bangladeshi young people believed that friends and family members are the best people to turn to if you need advice or support on your mental health.



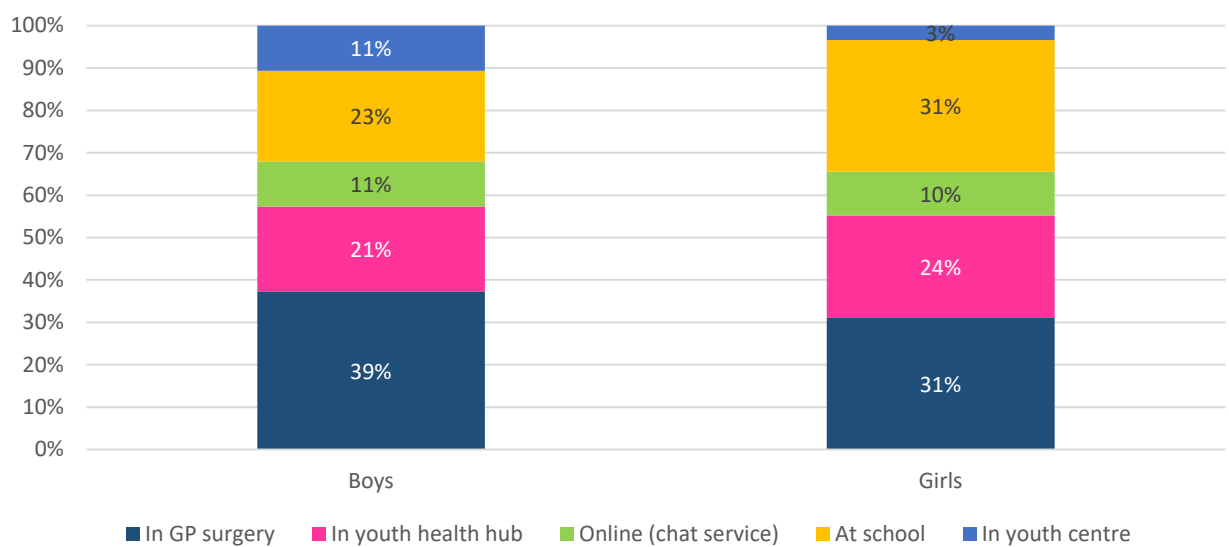
Girls were more likely to say that they would turn to friends for mental health support, while boys relied on family members and GPs more



In the same survey, young Bangladeshi people of both genders said that they would prefer accessing mental health support services in GP surgeries.



Boys were more open to accessing mental health support services in youth centres, while girls were more likely to consider accessing them in school.

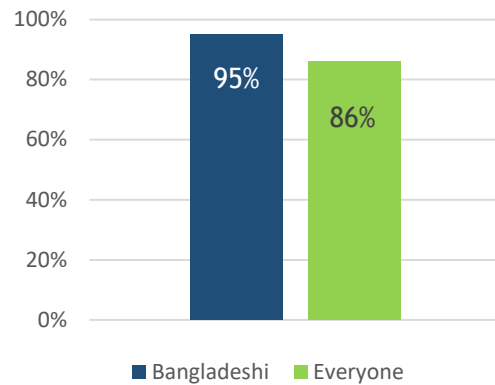


Young Bangladeshis planning for the future

According to the survey we carried out in the spring of 2019, worrying about planning their future is the number one cause of stress among young people in Tower Hamlets, including Bangladeshi young people. Half of the Bangladeshi young people who answered the survey said that they felt stress around this issue affected their mental health.

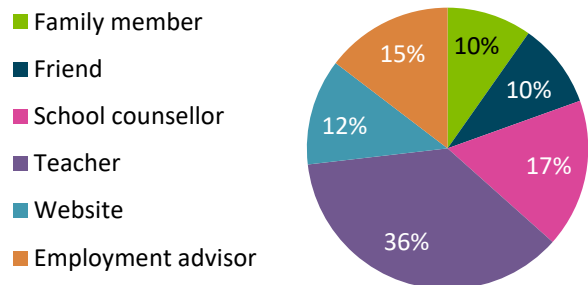


95% of the young Bangladeshis we have spoken to said that they had received at least some advice on planning for the future in the past few years; Bangladeshi youths were more likely to have received advice.

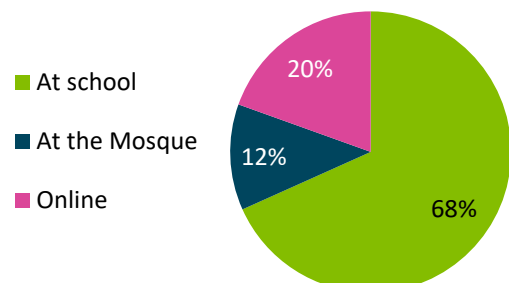


Most of them received this type of advice from **teachers, at school**. Differences from pupils of other ethnicities were minimal

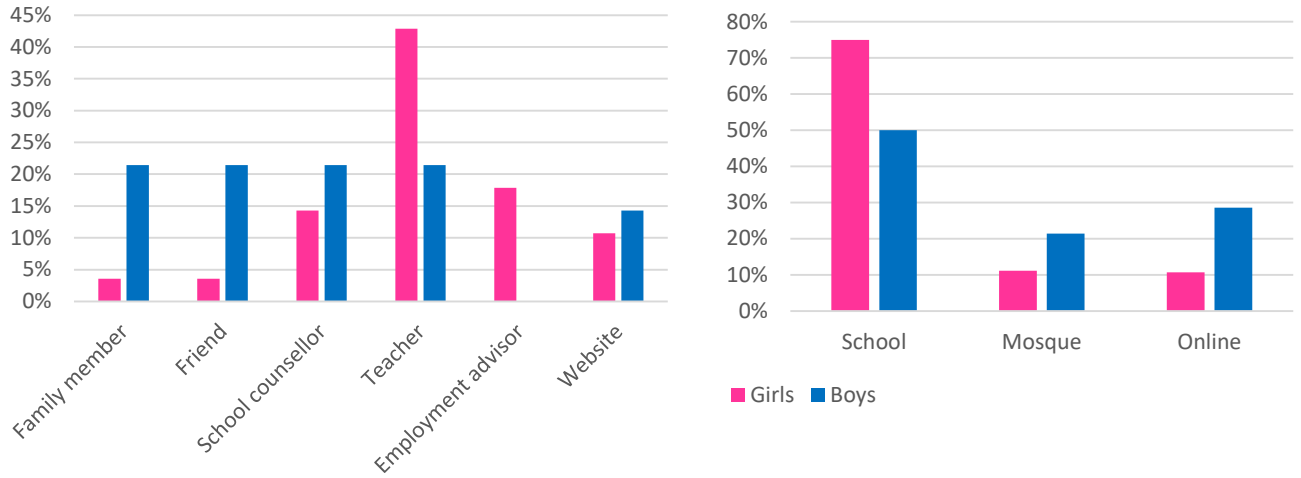
From whom did you receive advice?



Where did you receive advice?

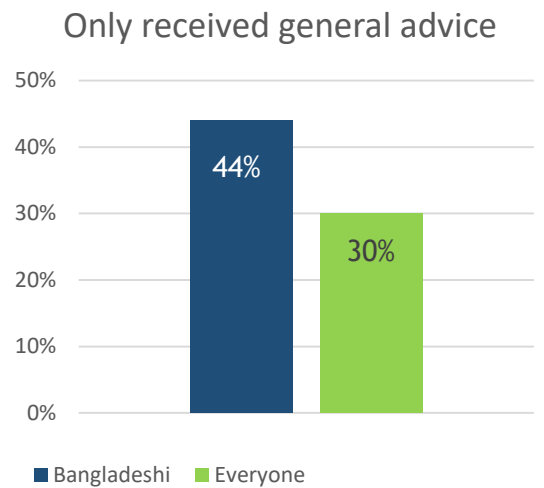
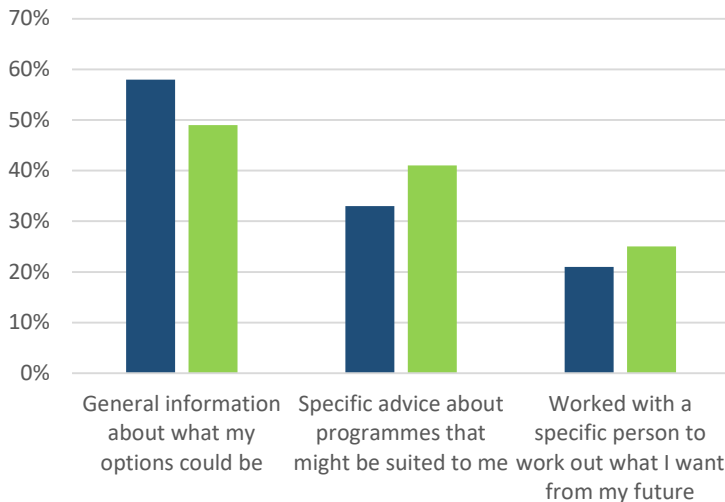


Bangladeshi girls depended on teachers and school-based activities more for career and future planning advice, while boys received advice from a wider variety of sources.

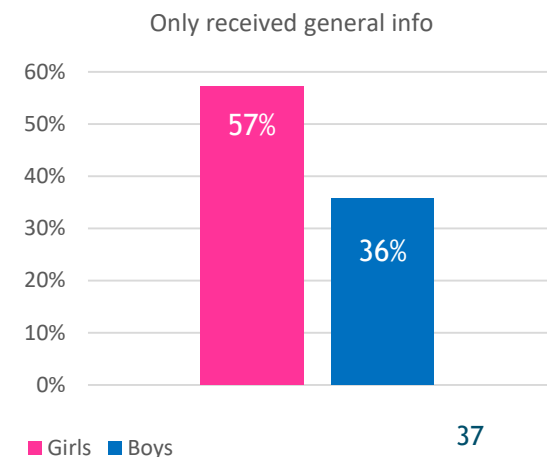
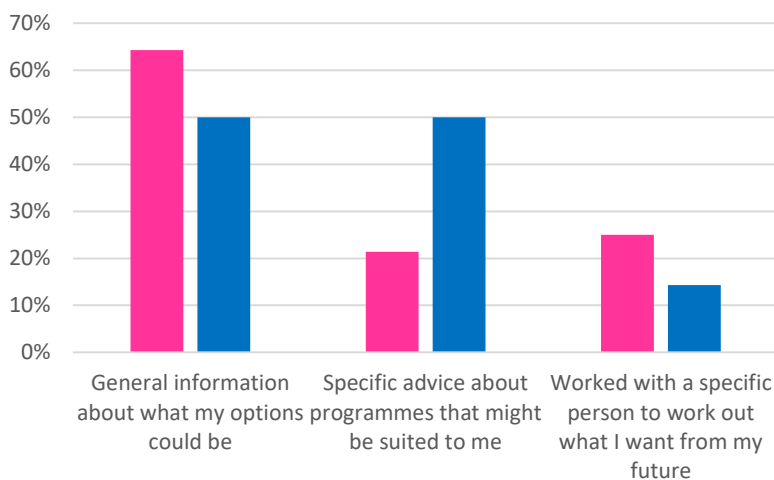


More than half of Bangladeshi students received **general advice on what their options may be**. 44% received *only general advice*.

Bangladeshi students were more likely to receive general advice on career and future planning, but less likely to receive specific advice.

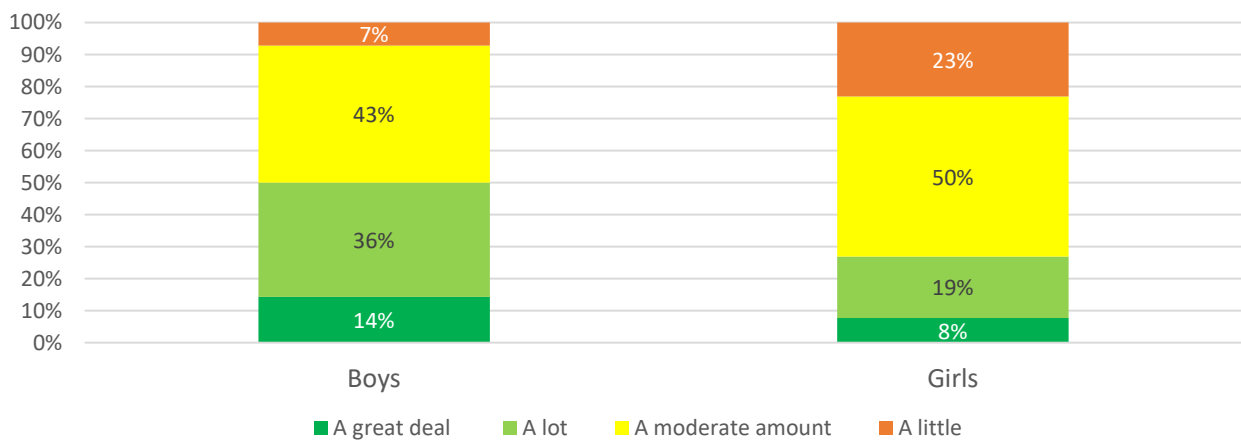


Bangladeshi girls were more likely to receive general advice, and Bangladeshi boys to receive specific advice on programmes they could apply to. Over half of Bangladeshi girls who answered our survey only received general advice.

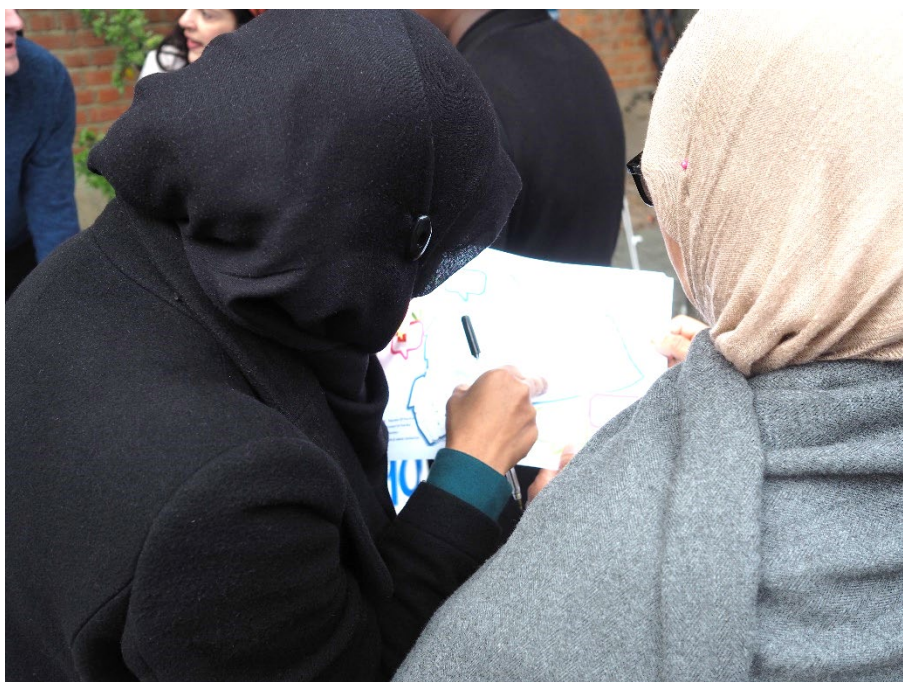
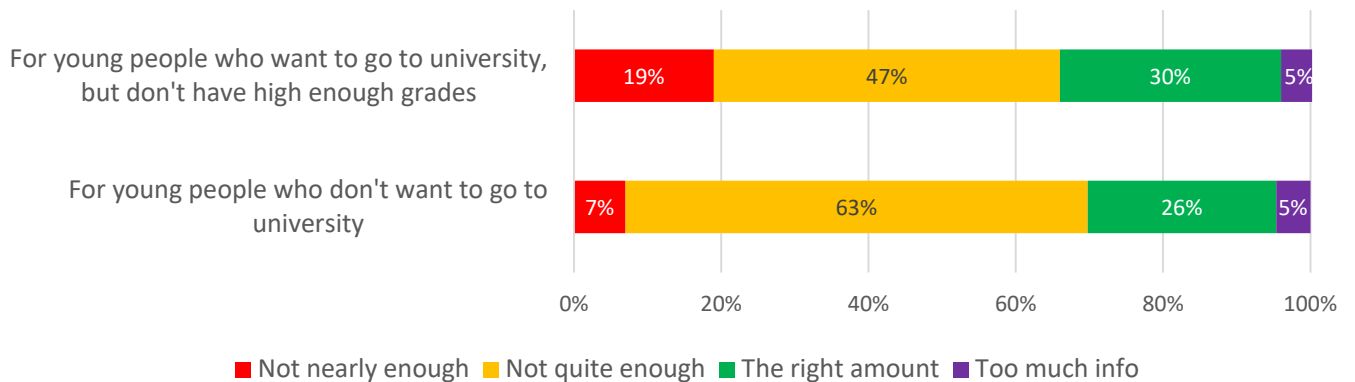


Consequently, Bangladeshi girls found the advice that they had received less helpful than Bangladeshi boys did.

How much did the advice that you received help you plan your future?



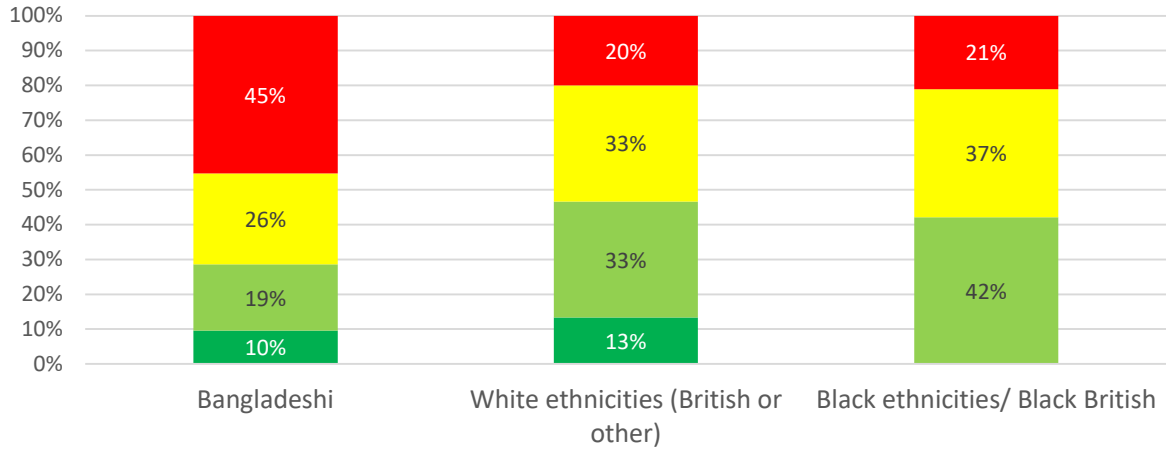
A majority of Bangladeshi students felt that there was no sufficient information available for people who were interested in options other than pursuing university education; as well as for those who wanted to go to university, but did not have good enough grades:



Youth Clubs

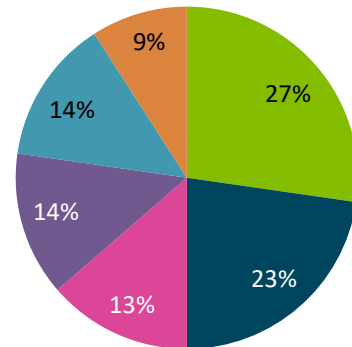
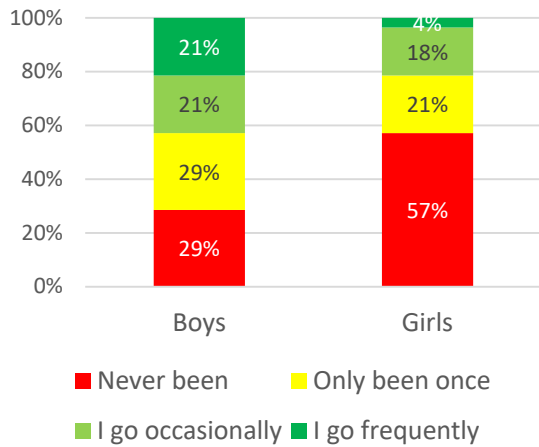
As part of the survey we have carried out in the spring of 2019, we asked young people about their experience using youth clubs.

Bangladeshi young people were less likely to attend youth clubs than young people of other ethnicities.



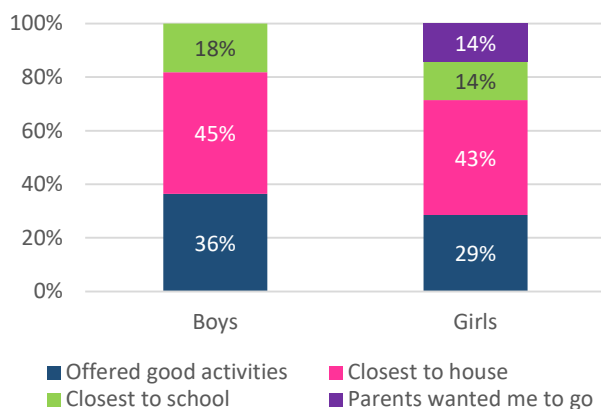
Bangladeshi girls went to youth clubs and centres less than boys did; more than half of them had never been to one.

Poplar Spotlight was the youth club that young Bangladeshis were the most likely to frequent, followed by the Osmani Youth Centre.



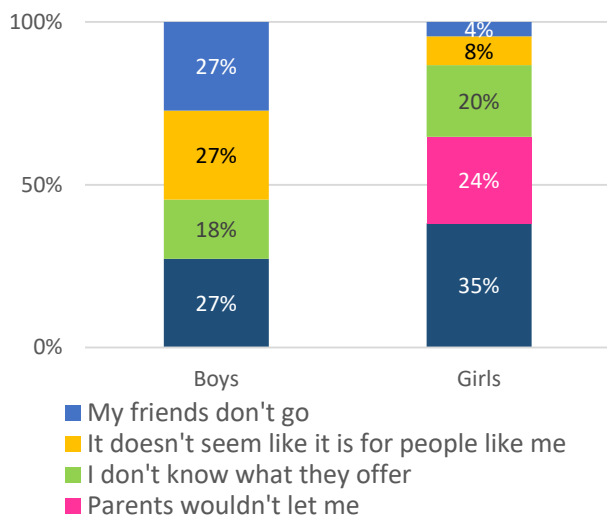
Proximity to home was the most important factor in choosing a youth club; being named by nearly half the young Bangladeshis who frequented youth clubs as the reason for choosing a particular one. Parents' opinion influenced, in some cases, the decision of daughters, but not that of sons.

Why did you choose this particular youth club?



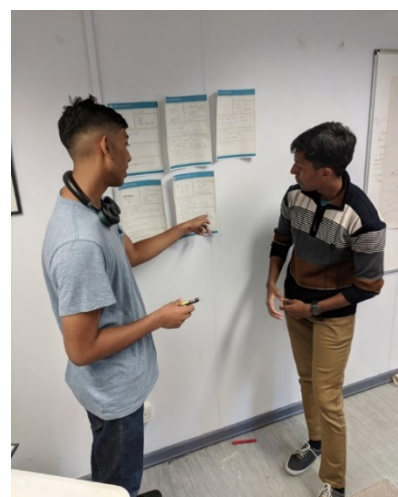
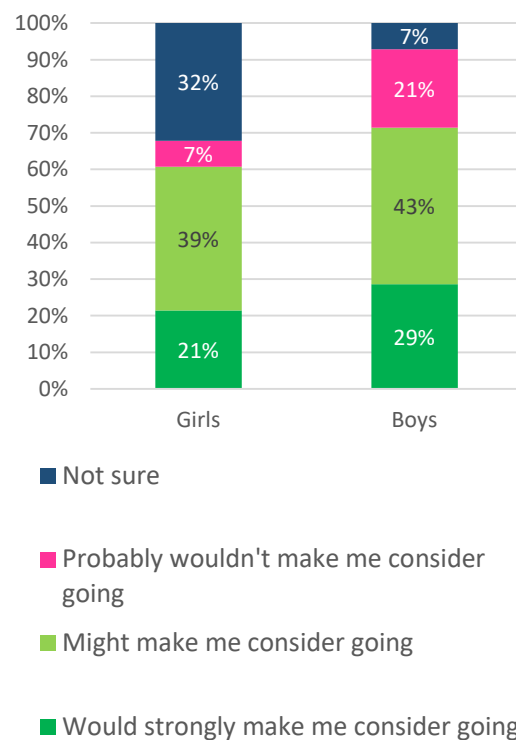
Among those who did not go to youth clubs, girls were more likely than boys to be generally disinterested. Some Bangladeshi parents were also reluctant to allow their daughters to attend youth clubs; which was not the case with their sons. On the other hand, boys were more influenced by their peers.

Reasons for NOT attending youth clubs



A majority of Bangladeshi young people of both genders say that they would be more likely to visit youth centres if they had more information; boys even more so than girls. In the case of girls, it may be the case that information on youth clubs should be designed to target **parents and whole families as well as the service users themselves**, since parents influence girls' decision to a higher extent than boys'.

Would having more information about activities impact your decision to go to a youth centre?



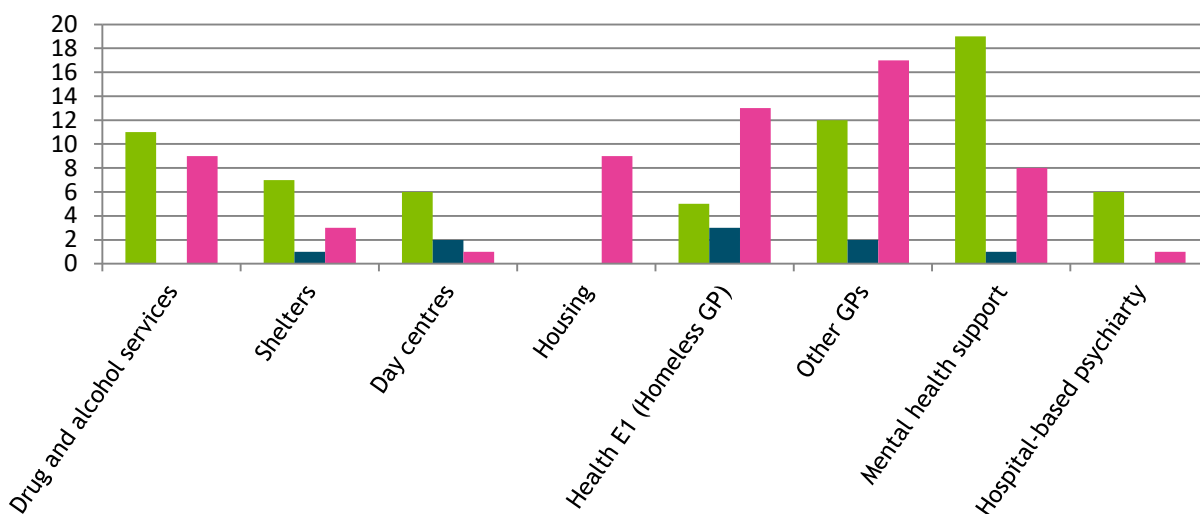
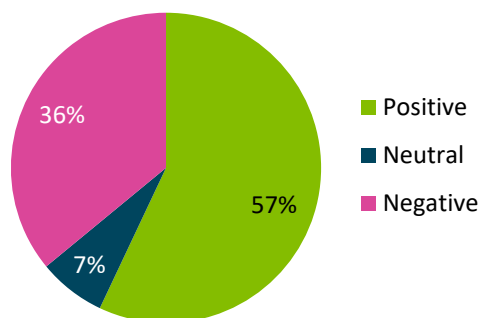
Homeless and substance misuse

Government statistics show that homelessness among ethnic minorities has been increasing nationally. In 2018, 16% of homeless households in London were Asian. Tower Hamlets has the 12th highest average monthly rents in London, and one of the highest levels of poverty in the UK, with 44% of households in the borough experiencing income poverty.

Over 2000 adult residents in Tower Hamlets are in specialist drug and alcohol treatment, among the highest numbers in London. 21% of them are Bangladeshi- only slightly lower than the percentage of Bangladeshis in the borough. Substance misusers are one of the groups most vulnerable to homelessness. The average life expectancy for a rough sleeper is 47 years for men and 42 for women.

In 2019, we have conducted multiple Enter and View visits to locations including the RESET drug and alcohol treatment centre, homeless shelters and charities supporting the homeless or patients in recovery from substance misuse. We have spoken to a total of 33 Bangladeshi service users; some were homeless, some were undergoing treatment for substance misuse and some were in both situations.

They felt well supported by homeless centres and day centres. When they were able to access mental health services, which was not always the case, they had good experiences with mental health professionals. On the other hand, they had poorer experiences with both regular GPs and the Health E1 specialist homeless GP, and views on drug and alcohol services were mixed. Respondents felt particularly poorly supported to access stable housing arrangements; poverty and lack of job stability were the main factors causing their homelessness.



- *I am with a service that helps people with mental health problems get employed. Teaches you how to talk to your manager. There's a lot of help out there and we should feel lucky.*
- *Where I live is called Tabbard Court (Poplar). It's known to be good supported accommodation. Beautiful flats, lots of support, no violence. But it took three months after I was referred to get it.*
- *I'm homeless since my mum passed and my siblings kicked me out of her house. I've been couch surfing with friends. The people at the Providence Row day centre here have been really helpful, giving good advice on benefits especially. My main problem is finding a place to sleep, moving around sofas is really tough. I've been doing training on décor staging. It's an 8-week training, and I'm 2 weeks in.*
- *Recommended by GP [to go to RESET for my drug addiction]. Didn't know there was help out here but GP recommended it. Diagnosed with diabetes type II 4 years ago. Eats less biscuits, less sugar, less eating. Used to eat like mad. I have paranoid schizophrenia and had depression. My psychiatrist monitors my mental health through the GP every 8 weeks.*
- *Known one of the guys doing counselling at RESET for years. He asked for him and was able to see him. This makes things more comfortable. Planning to go to rehab to detox and get off methadone. Would like to go to group therapy and one on ones. Four years on methadone. Taking the right medication now and has one on one sessions with a counsellor every day. Wants to get work and so doesn't want to be on methadone because there are too many appointments. 7 months ago mother died. She was a major source of support.*
- *When I was young there wasn't enough guidance. Good education but not about that drug. Crack and cocaine was common and it was a cool thing to do. When you go through these things you meet evil people who will do evil things. The dealers will text you every day. You can experience a lot of things on the street. RESET should offer something to do in the evening because it's hard in the evening. If you're on your own you'll think of using. People don't know what the drug is. But when you take it and become dependent then you know what it is. Now I just want to stay well and don't want the pain. It affects your family, wives, and kids. It's really expensive you can't afford it every day and those days are really hard. Tower Hamlets has reduced [crime]. Used to drink a lot - 3 cans twice a week. It would influence me to use drugs. It makes sense to fix this first. Winter is hard to see anyone. But coming here you meet and see people, it's good. You don't want to go home. If you're looking to give up this place is really good. People can't give up because of loneliness and boredom.*
- *I have anxiety and depression so my GP gave me medicine, but they had a lot of side effects. When I told my doctor about these side effects he did not listen or change my medication. My support worker fought with him to give me new medication, but he still did not listen. On top of that, my doctor only saw me for five minutes at a time.*
- *I registered with this GP year ago, here for an appointment for a back problem. It's a very good service, they understand my needs, but the queue is always too long. I was living in Limehouse in a private rental. I've been homeless for 4 months and living with friends. I became homeless due to job loss. It is difficult to register with homeless services like it is difficult to register with a GP, due to no proof of address.*

- *I have had two GPs at Mile End. The first was a man and he did not respect me. He lied and told me I would get a flat with my own kitchen but now I share a kitchen and I have a small room. I get very anxious about cooking in a shared kitchen. I love to cook but the people I live with scare me. They now tell me I will have to wait six months for my own kitchen. I want to cook but I am scared to because at my old hostel women would steal my food. Right now I am not seeing anyone for my anxiety and depression, I am just taking medication. But I now have a woman doctor. She listens to me more. My support worker comes with me to my medical appointments so that my doctor is understanding of my needs.*

Some patients reported difficulty accessing medical services; both for practical and cultural reasons

- *I became homeless due to job loss. I applied to 4 hostels, but haven't gotten in yet, I might be able to get in this winter. I'm not getting any other benefits or government services. It is difficult to register with homeless services like it is difficult to register with a GP, due to no proof of address.*
- *I used to work for the mental health services, but I haven't really accessed it because even when I was depressed about what was going on in my life I stayed to myself about it. I think it would help to be able to access mental health services*

but I only have one hundred pounds to spend after I have payed rent that has to last me a month. I have to get fifteen points from the questions asked on the Pit assessment to be able to access mental health services. They ask questions like: can you walk? Can you go to a meeting on your own? The last time I took the assessment I got twelve points. I do have trouble getting around a bit since I'm on crutches. Even if I'm given a map it's hard for me to find where I need to go.

- *My husband kicked me out of our house and had an affair. His daughter would threaten me all the time when I did live in his home. He knew that I had a mental illness but would always tell me not to go to the hospital because it was the wrong thing to do. My mental illness was always a burden in my husband's eyes. I have anxiety and depression. Sometimes I hear voices in my room. I go to the GP for regularly and one of the staff from the hostel comes with me and translates to the doctor for me.*
- *People don't have access to the phone or computers so they need to know about drug and alcohol detox services. Homeless people should be approached. They're stuck they don't know what to do. They're hungry, they're on drugs. It's hard. Leaflets and signboards at doctor surgeries and hostels. It would be good to have telephones at this centre.*

