



A Conversation About 'Wellbeing' BAME Communities - Arabic and Urdu Women

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Healthwatch South Tees

Introduction

There is a Healthwatch in every Local Authority area of England. We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved and share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally. Our sole purpose is to help make care better for people.

In summary - local Healthwatch is here to:

- Help people find out about local health and social care services.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.

Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland have been working together to deliver activities across Healthwatch South Tees, since 1 April 2017.

Background to research

We were asked by the Integrated Care System (ICS - a regional partnership between health and care services) to hold conversations with people across the North East and North Cumbria around the themes of health and wellbeing, gathering views on what matters most for different groups of society. The findings from these consultations have since been fed back to the ICS, so that the intelligence can help shape the way health and care services are delivered across the region, ensuring they are relevant to their local communities.

Aligning with our local priorities and our previous consultation work for the NHS long term plan, the ICS required us to gather the views of Black, Asian and Minority Ethnic (BAME) communities. We were able to speak to twelve women at Nur Fitness. Due to probable language barriers between the group and ourselves, we ensured we had translators there on the day (who the group were familiar with) so that no one would be excluded from the discussion and so everyone could be confident in sharing their views.

Disclaimer Note

The opinions represented in this report are those of the women we interviewed in the organised focus groups and aren't representative of all women from Arabic and Urdu

communities, nor do they represent the opinions of Healthwatch South Tees.

Findings and Discussion

What does 'wellbeing' mean to you?

The women appeared to have good knowledge of the term 'wellbeing', closely relating it to healthy eating and cooking (from scratch, never jars), which they found very important. Some women had been on a healthy eating course and tried to bring this into their families. They recognised that it was harder now that their children were older but tried to compromise with their families by cooking whatever they wanted from takeaway food, so that they knew it was healthier and could include vegetables.

Not feeling lonely and isolated and being able to socialise with people from different backgrounds, away from their husbands and families, was something that all the women valued and were thankful to Nur Fitness for. All the women noted how getting out into the community was difficult as they didn't have extended family to rely on for childcare; some of the women's families still lived in their countries of origin and others explained how relying on the family for childcare would hinder them from being a dutiful daughter-in-law. The Urdu women explained how they would have to justify why they were leaving the house and would sometimes be mocked by their families.

Courses were useful for the women as they could learn new skills and improve their language and were accepted by their families. The women wanted the opportunity to practice what they had learnt at the group, and share and sell products, e.g. healthy food and beauty, so that they could earn and feel rewarded (they had done this in their country of origin, however, couldn't in England due to language barriers).

The women saw the benefit of driving as this would give them the opportunity to get out of the town and into the countryside, to breathe pure air and enjoy walks which they explained would be beneficial for both their physical and mental health.

We held a discussion around solving problems and making healthy choices, asking what needs to be in place for people to make healthy choices and what services can do to help this.

The women understood that exercise was important for wellbeing, however, childcare responsibilities also acted as a barrier to their ability to exercise; the women explained how a day-care or a creche facility would enable them to be more fit and active and suggested that this should be considered by services.

Transport was also a barrier as women found the public transport system very complicated and taxis were very expensive to use regularly. Some women had done their driving theory test through a course at Nur Fitness however hadn't yet tried the practical as it is expensive. One lady could drive but felt nervous to get out onto the busy roads on weekends.

The women commented about the lack of cultural awareness in services and how this has affected their access; they don't like men in their groups and their husbands don't like them to socialise with men, which they feel isn't understood by health professionals, particularly when told to exercise (swimming baths and gym aren't women only) and when given male doctors. This can prevent them from disclosing private information to health professionals. They also suggested that doctors need to be more aware that mental health issues aren't discussed in their culture and wouldn't be presented by an individual to a GP, and so health messages are best spread on the ground through the community and through 'word of mouth'.

Language can also act as barrier for the women; through courses at Nur Fitness the women have been able to learn English, although they stated that they're still not fully confident with their speech. The women felt that they would benefit from attending courses that teach more conversational language, to build their confidence. Translators at medical appointments can also be problematic for the women, who explained that messages can often get lost in translation and that translators sometimes fail to attend appointments on the day. The women noted how language barriers are most commonly faced by the older generation, despite them being in England for many years, as they haven't gotten out of the house and socialised with others outside of their community to develop these conversational skills.

We looked into what people do to help others to keep well.

The mental health awareness course at Nur Fitness had been particularly useful for the Urdu women; they spoke how they could now understand how isolated they had previously been, how this had affected their mental health, and how they could now spot this in other women. Since doing the mental health awareness course, they felt they had a better understanding of all the other types of mental issues (as they had previously only really thought of post-natal depression) and now felt they would be less likely to judge other women as they now knew it was an illness. This signifies a huge cultural shift for the women and they were trying to get others to benefit from this. For them, raising an awareness and an understanding of mental health within their culture was extremely important, especially for the women of their communities, as they explained how they always stay in the home and look after their families before themselves and don't talk to anyone about mental health.

We then explored the concept of ‘community wellbeing’.

The women saw their network at Nur Fitness as their community. They had gained confidence from the skills and knowledge that they had learnt and felt that this had really improved their mental wellbeing. They understood that they had been extremely isolated before and so understood how there would be many more women who were still in the house and not getting out, who they thought would really benefit from attending Nur Fitness. The women said they would try to signpost and encourage women to join the group so that others can gain self-acceptance of their mental state. The participants explained how it was difficult to raise awareness of mental issues with others as this isn't usually discussed in their communities and is instead seen as something just to get on with. The older generation in particular were seen as a barrier for many of the women; the women felt that this generation don't have an understanding of the issues around isolation and mental health.

Throughout the discussion, the women stated that they knew it might be hard for those outside of their culture, to understand.

Recommendations for Consideration

From these discussions, we can suggest the following recommendations to help improve the wellbeing of BAME communities living in Middlesbrough:

- The value of teaching culturally appropriate courses around health messages needs to be recognised; the women at Nur Fitness had particularly benefitted from the courses that had raised awareness around mental health and healthy eating; these had provided them with an understanding of certain health issues in a way that they could relate to. The women explained how sometimes they experienced difficulties encouraging their teenage children to follow healthy eating, and so these courses may also be helpful in schools to help encourage early intervention and prevention of poor health.
- It is important for consultation and engagement to happen on a grassroots level with community groups, like Nur Fitness, as this is an environment where the women feel comfortable to share information and to also listen. Community groups should be targeted and encouraged to work in collaboration with professionals. In this way, professionals can learn about issues that communities like this experience and how services can be improved for their benefit. This could also be a way of successfully raising awareness of health issues with these communities; the women suggested that health messages are best spread on the ground, through ‘word of mouth’, and so it would be beneficial for health professionals to work with the group in developing more culturally-appropriate messages for the community.
- The women wanted health professionals to understand how family responsibilities and language issues can affect access to health and social care in their communities. The women had discussed that although they would often be told to exercise by their GP, this wasn’t always so easy as they had to manage their family responsibilities and also needed to be in women-only environments, which was rarely the case in fitness facilities. With this understanding, health professionals may be able to recognise what solutions can be put in place to assist these women in overcoming these barriers. Similarly, appointed health professionals need to be of the same gender as the patient, as the women explained how failure to do so may prevent them from sharing certain information.
- Translation was also a problem experienced by many members of the community when accessing health and social care services. The women explained how what they said was sometimes lost in translation and how sometimes translators don’t turn up to appointments. This can hinder the women from sharing certain information and can also prevent themselves and their relatives from attending appointments; it is vital that a criteria for appointment needs is implemented, and made note of on medical records, e.g. translators and health professionals must be of the same gender as the patient.

- The women highlighted a dominance of post-natal depression in their community. Many of the women, prior to the Mental Health Course, thought that this was the only form of depression. This could be an area to target in the maternal care of these communities. The women encouraged health and social care services to have more awareness around the cultural barriers that patients from BAME backgrounds face in regards to discussing mental health, especially women as they are the least likely to be able to integrate into society. The women explained how it would be unusual for members of their community to voluntarily present mental health issues to their GP, as these weren't often discussed within their culture. GP appointments maybe the only gateway that women like these would be able to get any support for any underlying mental health conditions and so mental health should be monitored within health checks.

Acknowledgements

We would like to thank Shazia Noor for welcoming us to Nur Fitness so that we could engage with the group, the translators who ensured we collected everyone's views, and to all the women who engaged with us on the day, sharing their insightful knowledge, views and experiences.

Appendix 1: Healthwatch Focus Group Guide

A CONVERSATION ABOUT WELLBEING

INTRODUCTION

We are Healthwatch

We are working with TONIC, a research organisation, that has been asked by the Integrated Care System (a regional partnership between health and care services) to talk with people across the North East and North Cumbria about health and wellbeing.

We want to hear your views about what matters most to you. Your responses will help to shape the way health and care services are delivered across the region.

DATA PROTECTION: This is anonymous and confidential - we won't ask for any identifiable information. No personal data about you will be stored. All quotes used will be anonymised. All data will be destroyed at the end of the research.

DISCUSSION 1: WHAT DOES “WELLBEING” MEAN TO YOU?

i) What does “wellbeing” mean to you?

Notes:

ii) How easy is it for you to make changes or keep healthy?

Notes:

iii) What benefits or rewards are there for you to make these healthy changes? For you, others, and health and care services?

Notes:

Key themes from overall discussion:

Quotes:

DISCUSSION 2: SOLVING PROBLEMS & MAKING HEALTHY CHOICES

i) How do you usually solve problems in your life? What do you use to help you with this?

Notes:

ii) What would you need to have in place to help you make healthy changes to your lifestyle?

Notes:

iii) What could services do to help you achieve this? Prompt: How can health and care services empower people to look after themselves better? (e.g. health or care services, friends, non-medical people, pharmacist etc.)

Notes:

Key themes from overall discussion:

Quotes:

DISCUSSION 3: HELPING OTHERS TO KEEP WELL

Prompts

i) Have you ever asked anyone you know to do something to improve their wellbeing? (For example, asking a parent or partner to give up smoking, take some exercise, or see a doctor?) If yes, How did it go? Would you do it again?

Notes:

ii) What could you do in future to help people who are important to you to keep well?

Notes:

iii) Do you think the health and care system needs people to be better at looking after themselves? Why is this?

Notes:

Key themes from overall discussion:

Quotes:

DISCUSSION 4: COMMUNITY WELLBEING

Prompts

i) What groups / communities do you feel part of? (e.g. The North, a local area, interest group, ethnic/religious group etc.) Why do you feel this?

Notes:

ii) What role could “communities” have in keeping people healthy or promoting “wellbeing”?

Notes:

iii) What community assets (buildings, people, services) could be used to promote good health to the wider population? How could these be used to do this?

Notes:

Key themes from overall discussion:

Quotes:



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