

Health Matters

Hear Women/GarGar Foundation

WLCCG Program 2014/15

**End of Year Evaluation Report
1st September 2014 – 31st August 2015**

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CONTENTS

Executive Summary	Page 3
Project description	Page 4
Methodology	Page 7
Findings	Page 9
Conclusions and next steps	Page 19

EXECUTIVE SUMMARY

As part of the WLCCG funding program Hear Women (GarGar) Foundation aimed to address the issues of health, and wellbeing of BAME communities (women from the East and North African background) in the boroughs of Westminster and Kensington and Chelsea North. In order to achieve this, the project held the following sessions:

- Talking Health
- Making Health Better
- Meet and Greet.

The sessions enabled the women to obtain information about the health services available to them for example breast screening, mental health and GP awareness (to name a few). The sessions enabled the women to talk to work with health professionals. It enabled the women to have a greater understanding of what is available to them in the health and well-being sector. The sessions were held in the local community which the women felt comfortable in attending. Follow up work from the sessions is currently being conducted. As a result of the project the women want more sessions and Hear Hear women want to expand their reach in order to do this Hear Hear Women will continue to diversify their funding streams.

PROJECT DESCRIPTION

Introduction

Kensington and Westminster and Chelsea boroughs has high densely populated and vibrant Central London boroughs. Both boroughs have high levels on international migration and cultural diversity. Rich and poor live side by side particular the north of the boroughs. Over half of the borough's population were born abroad. Nearly a third (29%) of the populations is from Black, Asian and minority ethnic groups (BAME). The boroughs have the largest Arab populations. Over a quarter of the boroughs resident's state their main language is not English. 1 in 10 state they are not able to speak to English; this is around 2% of the borough's population. French, Arabic, Spanish and Italian are the most common languages other than English.

Social factors

Despite the highest house prices in the country, parts of the borough are still deprived, with the boroughs being the 103th most deprived in the country in 2010 according to the index of multiple deprivation, which is based on a range of economic, social and housing indicators. Pockets of deprivation are particularly focused in the north of the borough.

Mental health is the most common reason for long term illness absence and several of the wards in the deprived parts of the borough fall into the 20% highest in London for incapacity benefit/ESA claimant rates for mental health reasons. As well as this those living on high density social housing are 2-3 times as likely to report bad/very bad health compared to those in areas with low density, depending on age.

The borough does have an increasing older people's population; it is vital that older people are not socially isolated or lonely (which is common).

Around 1 in 5 people in the borough (21%) are physically inactive, doing less than 30 minutes activity per week. Rates of inactivity for BAME groups are typically around one quarter higher than average, and people over 55 are around twice as inactive. Inactivity is one of the major causes of disease such as diabetes, cardiovascular disease, cancer and musculoskeletal problems and the cause of obesity. (JSNA, 2013)

As a result of these key statistics and the local experience of working with BAME communities; Hear Women were successful in obtaining one year funding from September 2014 to August 2015 to work in the both Westminster and Kensington and Chelsea North of the boroughs. To work with the East and North African women to address issues of health, and wellbeing

Outcomes of the project

Outcome 1

Improved understanding between the WLCCG and the targeted community about how well health provision works – leading to increased community confidence that their voice will be heard.

Outcome 2

Increased understanding by individuals from the North & East African community of what health services are available and how to access them.

Outcome 3

Improved understanding of East North & East African community and their families about crucial health issues and improved confidence in seeking help.

Outcome 4

Decreased feelings of isolation and depression amongst project participants.

Outputs of the project

Talking health'. The sessions will have a guest speaker from the health community and cover issues such as diabetes, mental health, dementia, and access to the health service and GPs. The sessions will be conducted in targeted communities' languages (Somali, Arabic, Farsi and Amharic).

Deliverables: 2 hour session every two weeks - total 30 sessions. These will provide health and advice information with an attendance of between 8 to 10 beneficiaries at each session starting from November 2014 - July 2015 (*total reach of at least 50 -100 women*).

'Making health better' A focus group from local women will be established in order to participate and become active members of their local PPG as well as attend PRG events.

Deliverables: A group of 10 women focus groups will be established (5 group at each area) and run on a bi-quarterly basis. They will be assisted to register and participate in their local PPG, starting between November 2014 – June 2015. (*Total 20 women participants.*)

'Meet and Greet' a series of small meetings between professionals from WLCCG and participating community groups will be facilitated so that WLCCG can hear directly from these groups what their concerns are and encourage greater engagement and the more appropriate use of services.

Deliverables: 7 sessions each 2 hour ran on a bi-monthly basis. 6-10 attendees to attend each Meet and Greet. Starting from January 2015 - July 2015. (*Total 35-50 participants*).

METHODOLOGY

In order to gather the views and perceptions of the women of this project qualitative methods such as questionnaires, case studies, and focus group discussions will be used.

Outcome	Activity	Methodology
Improved understanding between the WLCCG and the targeted community about how well health provision works – leading to increased community confidence that their voice will be heard.	Meet and Greet Sessions Talking health sessions Making Health Better	Questionnaires /Evaluation forms will be used to measure the increased in self-confidence. Evaluation forms after each of the sessions to determine how useful the session was. The case studies will give a more in-depth information about the impact the project has made on an individual.
Increased understanding by individuals from the North & East African community of what health services are available and how to access them.	Meet and Greet Sessions Talking Health Sessions Making Health Better	Evaluation forms to measure increased understanding and knowledge. Case studies to get more in-depth learning from the women.
Improved understanding of East North & East African community and their families about crucial health issues and improved confidence in seeking help.	Meet and Greet Sessions Talking Health Sessions Making Health Better	Evaluation forms before and after the project to measure whether they have an increased self-confidence, self-esteem and knowledge about crucial health services and seeking help.
Decreased feelings of isolation and depression amongst project participants.	Meet and Greet Sessions Talking Health Sessions	Evaluation forms before and after the project to measure social isolation and whether the project has made a difference

	Making Health Better	to the women attending. Case studies to get detailed information from women.
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Considerations

It is important to take into consideration that the women participating in the project are bilingual and English is not their first language. Therefore Hear Women had to ensure the methods designed were adapted to meet the needs of these women. For example the evaluation forms had to be designed in simple way with closed questions as opposed to open ended. Volunteers ranged from different backgrounds to help some of the participants with their evaluation forms and focus group discussions. Hear Women decided to capture feedback from some from the workshops by asking participants questions during the sessions. This was more interactive and also enabled women to express themselves in their own language if they needed to.

FINDINGS

During the course of the year the following sessions have been provided:

- Talking Health
- Making Better Health
- Meet and Greet

the session took place at the Al Mannar Cultural Centre, Paddington Arat community center and the Stow Youth Center This building is familiar and accessible to the women.

Activity	No of session	Total number of participants
Talking Health	30	390
Making Health Better	8	63
Meet and Greet	7	59

Talking Health

- To increase understanding by individuals from the North & East African community of what health services are available and how to access them.
- Provided thirty 2-hour sessions in total, run every two weeks.



Date	Subject	No of participants attending
14 th October 2014	Changes to NHS,	11
21 st October 2014	Access to GP (Health Watch).	12
23 rd October 2014	Nutrition	9
28 th October 2014	Mental Health	11
2 nd November 2014	Breast Cancer	15
4 th November 2014	Health Checks	16
11 th November 2014	Stop Smoking	11
18 th November 2014	Community Health Check	7
25 th November 2014	Diabetes Screening	13
2 nd December 2014	Breast Screening	13
9 th December 2014	Helping people to live a better life	9
16 th December 2014	Mental health and Smoking	12
12 th January 2015	Age Concern	6
19 th January 2015	Health Watch	15
10 th February 2015	Access to GP's	12
24 th February 2015	FGM	10
3 rd March 2015	Dementia (03.03.15)	7
10 th March 2015	Eye Diabetes	13
12 th March 2015	Gynaecology	10
21 st April 2015	Family Health and well Being	6
28 th April 2015	Breast Cancer	6
11 th May 2015	IT and health	18
18 th May 2015	Heart Health	12
25 th May 2015	Health check	7
15 th June 2015	Healthy eating during Ramdhan	27
4 th August 2015	Oral Health	10
11 th August 2015	Sexual and reproductive health	12
18 th August 2015	Health check	6
25 th August 2015	Healthy Children	14
1 st September 2015	Health Closing Event	60

Making Health Better

The Aim of the focus group was to report back the needs of the participants and how participant are finding the project. As well as to tell us what health topic project participants was most useful and how we could improve our services. Provided eight focus group meetings. (3 in 2014 and 5 in 2015).



Meet and Greet

The Aim of the meet and greet was to invite health professionals for the WLCCG and others to meet the participants and get community feedback regarding different health topics and how to improve the local health services as well as which service is available locally. This will then lead to more community confidence in health providers and that there opinion important to improve the services and make it user friendly

7 sessions were delivered in total and ran for 2-hours bi-monthly.

Date	Subject	No of Participants
15 th May 2014	Access to GP and feedback from participants	10
15 th May	Patient Participation Group	10
13 th May 2014 and 18 th August 2014	Psychological Wellbeing – A & E closers at Hammersmith and Central Middlesex.	12
14 th October 2015	Primary Care Mental Health	10
6 th November 2014	Understand transport difficulties patients may be having in accessing health appointments, specifically those outside of a hospital setting.	6
28 th January 2015	Urology & Gynecology Service Model Development	15 participants = 15 surveys
18 th March 2015	Redesign User Event	5
12 May 2015	Community translating services with (Sue) WLCCG	5 participants



Outcomes for the Project

1. Improved understanding between the WLCCG and the targeted community about how well health provision works – leading to increased community confidence that their voice will be heard.

Through the number of sessions provided by Hear women/GarGar Foundation we found that 82% of the total participants felt by attending the health sessions we provided they had a clear understanding about who is WLCCG and how the health provision works in the local area, how, when, and which services to access, which health organizations to go to and what to ask, they learned about their rights and understand that their input matters. Hear Women /GarGar Foundation have increased its membership in result of our Health Talk workshops and we currently have 186 registered memberships (this list is growing)

However, Not all the women attended all the workshops that were held.

The women that attended the sessions are from East North and East African backgrounds many of whom don't even know about the health services that are available to them let alone how to access them. Hear hosted a number of workshops over the year of the project like healthy eating, Breast screening, how to access GP services, health screenings, who are health watch, , dementia, diabetes, oral hygiene, sexual health, and many more. Also we organised seven workshops with WLCCG staff and members of the community where WLCCG staff were informing the participant and educating them different topics for example "how can complain if they are unhappy about a health service they are receiving or have received. They also informed the women about the changes that is taking place about the NHS and how , which local GPs are opening on the weekend and how that could assist them if they had an emergency situation

WLCCG sessions were an important sessions as this enabled the participants to address issues about the difference they could make. Feedback from this sessions highlighted that a result of the women attending this sessions 72% of the total 86 participants felt they had a better understanding how they can make a difference in health services in their local area and stated their confidence has increased. The remaining 28% felt it would not make any difference to them and they will need time. This could be the lack of understanding by some women as English is not their first language and as they stated in the meetings by making many complaints there was no outcomes, and this resulted in a lack of trust and the participants felt that their opinion will not matter or change anything.

We interviewed one of the women who felt that her voice was heard and

increased her confidence by attending the workshops.

“I have been to a number of the sessions here. I do access my GP for services so I have some understanding of how the system works. I did not know about the changes in the health care system. The workshops have been really useful as now I know where I can find out the right information. Before coming to the workshop I didn't even know that I could give my opinions about how I felt. I would say that now I feel my voice will be heard and that I do feel more confident. If you had asked me last year I would not have had clue.”

2. Increased understanding by individuals from the North & East African community of what health services are available and how to access them.

74% of our women felt they had an increased understanding of what health services are available and how to access them. We asked the women before the sessions on their understanding and after and every woman attending the session had some increased level of understanding and confidence. In order to ensure the women had an increased level of understanding we had a number of health and well-being sessions on a regular basis. The workshops facilitators/professionals delivering the sessions handed out extra information after the sessions so this enabled the women to get more information from the professionals. For example Breast screening, accessing GP's, healthy Eating. We have women who have contacted Hear Women to get further information on the workshops that we hosted. For example the diabetes workshops, many of the older women asked for more information. We felt the professionals delivering the workshops were very understanding to the needs of the women attending. Given the language barriers of the women, however, Hear Women volunteers were acting as translators

After six month of this project Hear Women intend to further interview the participants to establish how many women have correctly accessed the services. (many of the project beneficiaries have become Hear Women members , so it's easy for us to follow up the changes the project had on them).

“Case Study Sana quote: “I was one month pregnant when I and my three children were moved to Earls Court. I did not know any GP in the area and I did not know where to go and could not speak good English language. Hear Women helped me to register with GP that is near to my new home and explained to me what I need to expect from the GP. I would like to thank Hear Women for their support.”

If the workshops were not available the women would not know what services that is available to both in their local area and in general. Women would not

have understood their rights and also would not have been able to have inputs on WLLCCG surveys

If the workshops were not available the women would not know what services that is available to them. We asked one of our elderly women who attended our diabetes sessions how she felt it has increased her understanding.

“ I have diabetes, I go doctors with my daughter she translates for me but I never actually understood the different types of diabetes there was. So before I came to the workshop I had little understanding of it. After the workshop I understood a lot more and how I can make the changes in my life. I told my daughter that she should come to one of the workshops so she also understands.”

Other examples:

- With the case of Nadia and her daughter which Hear Women helped her to register with local GP as well .
- With case of Halima who never did Breast screening and because of the Breast cancer workshops she did her first ever a breast screening
- With Case Saoud who stopped smoking shisha after she come to Hear women stop smoking sessions.
- With case Najwa who started dieting and cooking healthy for her family after the diabetes workshop organized by Hear Women.

Hear women has increased the project participants understanding of Health issues by 80% according to the project participant survey

3. Improved understanding of East North & East African community and their families about crucial health issues and improved confidence in seeking help.

East North and East Africa women and their families reside mainly in the London Borough Kensington and Chelsea and Westminster. Nearly a third (29%) of the population is from **Black, Asian and minority ethnic (BAME) groups**, up from 21% in 2001. Kensington and Chelsea has a smaller Black population and much smaller Asian population than the London average, but the 9th largest proportion nationally from ‘Mixed’ groups and 2nd highest from the ‘Arab’ group, after Westminster. (JSNA report 2013/2014). Common health issues affecting this community are diabetes, obesity, mental health, and smoking. The families that we are working with at Hear Women approach when to talk to ‘others’ about their health is different then the traditional ways and methods, traditionally in those communities health issues are often seen as a stigma and private matter for example mental health and depression many women are frightened to approach anyone or even talk among

themselves or to their families the issue. Breast screening and regular health checks are not common in this community , Female Genital Mutilation (FGM) is another issue that targeted community does not welcome to speak about and many more

Through the Hear Women Health sessions that has been delivered we have been able to get the message across about the importance of these health issues and where the families can get help as well as increasing those women's confidence so they will not be afraid to talk about it . However, we did this by one to one bases as well as group meetings among the women and the project coordinator, and that is where the idea Active women, Active community come about

Furthermore It has helped that the sessions were hosted by Hear women as the women are comfortable with our staff and volunteers and also our staff spoke the same languages of the women, which made it easy to understand and it was organized in culturally appropriated settings. Therefore 84% of the women attending the sessions felt they had an improved understanding. Before the sessions only 27% stated they and their families understood their health rights. A further 67% of women shared the information with their family and even friends. Example (Hear women has increased its membership since the project started because women referring to other women to go the health sessions. Also organizations such as Health Watch has registered many women who has attended our health talk sessions

“I attended a number of the sessions, like the health talks, breast screening, healthy talks but I found the subject of mental health workshops very useful to me. I had a little understanding of it but where I come from we don't talk about this. My husband would not know anything, my children are small and my extended family, Well I can't even approach them. I was able to gain information about who to contact if I needed help. I got the contact number as well. I also liked that I could ask questions’.

Some project beneficiaries has already put down their names and contact numbers with mental health professional. These beneficiaries would have been contacted by now. This would not have happened if Hear Hear women did not provide the mental health sessions, women where encouraged to come forward and ask for help. However when women where asked if they:

- 1.If wanted to do the therapy sessions in group they responded settings (NO)
2. When asked if they wanted to be referred by their GP they also answered (No)

4. Decreased feelings of isolation and depression amongst project participants.

When the women started the project 45% felt they were feeling isolated and depressed. 28% felt they felt somewhat isolated and depressed and the 27% said they were okay. After the project had finished 22% of the women felt they still felt isolated (this is due to some of the women only attending some of the workshops) the rest of the 78% felt they were no longer had the feeling of isolation and depression. This was due to some of the following factors that the women had shared with us:

Quotation for project participants

- *By coming to the sessions I get to meet new women.*
- *I was always indoors, as I had nowhere to go but now I have somewhere to come to.*
- *I like the Zumba classes before the Health talk sessions it really uplifts my motivation*
- *I didn't even know this type of service existed.*
- *Being part of the focus group increase my self confidence*
- *I have children I don't get to go out much I began to feel depressed these workshops have helped me and I can come with my children*
- *I know where to get help from now.*
- *I joined Hear Women because of this health sessions and they are friendly*
- *I only use to go to my GP he never told me there was services available like this, at least now I have the information and I also get to meet other women from different backgrounds.*
- *I learned from the health sessions that my health does matter*

At this point many project participants have formed their own social network called Active Women , Active Community where they meet monthly with Hear women staff discuss different health information and what sort of health projects they would like Hear Women to do on their behalf. Again will follow up to see the long term effects of the project on the women

5. Any other unexpected outcomes

The number of women that attended the sessions was overwhelming as word of mouth and referrals from women to women were our biggest marketing tool

The relationship and between the participants and the professionals turned out positive the women were engaging involved

- *'Very nice to come and talk, very friendly. I enjoyed it very*

- much'. Nick Driscoll Admiral Nurse – Dementia Workshop*
- *'The meeting was well represented with women from different age groups, cultural backgrounds and where they lived'. Kalwant Sahota – Changes in NHS -*
 - *'Your group was very lively and full of really useful feedback about their GP Practice experiences'. Olivia Danso Health Watch CWL – Accessing GP Workshop –*
 - *'We felt that the workshop went well with a great turn out. The women had great questions and we hope that they were answered to satisfaction' .Ali Keen Psychological Wellbeing Practitioner Mental Health Workshop -*

CONCLUSION AND NEXT STEPS

The health sessions has proved to be very successful for the local community. Not only have Hear Women provided health sessions that are relevant to the local community but also the session have enabled the health professionals to get to establish the needs of the community. The targets for the project exceeded the original anticipated forecast. For example it was predicted that the talking health session would reach up to a 100 women but in fact the project attracted 390 women. Making Health Better was projected at attracting 20 women and it attracted 63 women. The meet and Greet sessions was projected at attracting 50 women but attracted 59.

Some of the participants attended a variety of sessions but this clearly demonstrates the need for these sessions to take place. Key factors contributing to this was:

- (a) The sessions took place in the community settings therefore the women attended the sessions as they were comfortable in the own environment.
- (b) . Hear Hear Women were able to reach out to the local community and encourage them to attend the session. This was a key benefit, without a community organisation the professionals would not have had the number of women attending. Hear Hear Women have the expertise and trust in the local community.
- (c) Word of mouth also contributed to the increase in numbers, women came to the sessions and then encouraged their family members and friends to attend.
- (d) It is important to note that there was end of the project event which had 60 participants attending this was also added to the total figure.

It is key not note that the women felt comfortable with the health professionals and began to form a relationship with them. This was a positive outcome as this would not have been achieved otherwise. Many of the women have stated that they will follow up on some of the information that they have received in the sessions. . The sessions

attracted women of all different ages and backgrounds which was encouraging to note. Many of the women have never attended sessions, it helped that Hear Hear women had translators to support women whose first language was not English. By attending the sessions the women also formed networks and friendships. The focus groups enabled the women to let Hear Hear Women know how they are feeling about the sessions and what improvements needed to be made for future sessions,. This gave them more confidence and a sense of belonging as they felt they were able to make a difference and 'shape' the sessions.. By consulting the women about what health topics they wanted it gave Hear Hear Women the opportunity to host further sessions on Breast Cancer, Mental health, GPs which was provided.

Key benefits:

- Having the health professionals come out to the community. The women felt comfortable in their own environment/ If the sessions were had provided else where the women may not have attended.
- Having introduced exercises classes and promoting the importance of family health motivated the women, who then wanting to learn more about other health and well-being related topics
- Having variety of sessions gave the scope to attract from many different ages and backgrounds. Women would also opt in and out of the sessions. There was enough topics to interest all the women,
- Having the health talk session after exercises classes also helped to promote the sessions as the women were already at one session.
- Consulting the women about the sessions input gave them senses of confidence and belonging that their voice is being heard and listened to.
- Asking the women what health topic they wanted enabled Hear Hear Women to organize workshops; for example Breast Cancer ,Mental health, GPs sessions.

Key themes / recommendations for WLCCG

1. Health rights information and all other topics need to have leaflets that written in different languages such as (Arabic, Somali, Ethiopian , etc) so that community is able to easily understand
2. Readily information available about of complain procedures and how one can complain.
3. More Breast cancer and screening information for the community where English is not their first language so they understand the process.
4. More targeted information about mental health and depression as well as the self-referral system.
5. More information on GP's weekend availability information and tips on what to ask the GP's
6. More targeted sexual health information in a culturally appropriate way for women especially those who are sexually active.
7. More feedback and opinion meetings between the WLCCG, other health providers and the local community.

Without the sessions provided by Hear Hear Women the local women would not have been able to find out about the services that are on offer. Now that the Health Matters project has taken place the women are more aware of the health issues that can affect them and their families. They have a better understanding about key health services they can contact. They are able to communicate better with their GP surgeries. However, there is a great need for this project to continue, as continued dialogue needs to take place between health and the local community in for local communities to engage. The local community also needs to be made aware of the services that are on offer. Sessions provided by Hear Hear Women reach out to women and families of BME backgrounds but there is still the wider community that the Health Matters project did not cover. This would be the next step for Hear Hear Women (subject to funding) to expand the reach of the work currently conducted. The project is a great example of how local community

organisations can work in partnership with external providers to provide effective delivery in the heart of the local community.