



BENGALI WOMEN'S HEALTH PROJECT

REVIEW DAY

18TH October 2002



বাঙালী মহিলা
স্বাস্থ্য
প্রকল্প

Bengali Women's Health Project

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1.

History

The Bengali Women's Health Project (BWHP) is a voluntary sector led initiative in Camden, which was set up in 1990 as a response to growing concerns about the Bangladeshi community's - and in particular Bangladeshi women's - access to health and social care services.

The overall aims of the project are to:

- facilitate the use of existing services by Bengali women by organising health advisory sessions at community centres run by Bengali speaking female doctors
- provide information and advice that will enable Bengali women to make informed choices about the health issues they face.

The work of the project is co-ordinated by a health promotion specialist based at the Health Promotion Service, Camden PCT with input from local voluntary and statutory services. (Term of Reference in Appendix 1)

2.

Background

2.1 Health issues

Research has shown that the Bangladeshi community suffers from poorer health than any other ethnic group in Britain. While there are complex reasons for this it is clear that factors such as poverty, employment/unemployment, levels of education, poor housing, forms of social support, traditional culture as well as genetic and lifestyle factors all affect the overall health of the community.

2.2 Key facts about the Bangladeshi community

- 80 % live in households with income below the national average
- The mortality rate for coronary heart disease among the South Asian population in the UK is 40% higher than for the general population in Britain(The health of minority ethnic group survey DOH 1999)
- Due to central obesity Bangladeshi women have the highest rate of risk of heart disease of women from all ethnic groups in the UK(The health of minority ethnic group survey DOH 1999)
- Bangladeshis are five times more likely to have diabetes than the general population(The health of minority ethnic group survey DOH 1999)
- There is a low level of literacy among the older generation. 80% of Bangladeshi women living in Camden over 45 years of age speak no English.(Camden Bangladeshi resident Survey 1996)
- The incidence of long-standing illness is higher than for the general population - 45.9% of the Bangladeshi population reporting limiting long term illness(Lesser 1996-London Health Observatory: Health London June 2003)
- 44% of Bangladeshi men smoke. Although very few women smoke, 56% of women over 56 chew tobacco.((BMA News,May25, 2002)

2.3 Cultural and social issues

In addition to prevalence of certain diseases and specific health related behaviour, some of the community's cultural practices provide particular challenges in term of access to health care. For example traditional Muslim religious norms regarding social and gender interaction mean that for many Bengali women discussing their health concerns with male health professionals or being examined by them is extremely problematic.

The concept of 'a healthy lifestyles' poses another set of problems for, while traditional Bangladeshi eating habits and other activities are continually changing as people adapt to their new socio-economic environment, these changes are seldom matched by an awareness of the impact on health. For example dietary change has resulted in an increased consumption of fat and a reduction in the amount of fruit and vegetables eaten, but there is little awareness in the community of the significance of this change for people's health. For many the concept of a 'healthy lifestyle' has little or no real meaning. This makes it more challenging for BWHP to develop targeted health promotion activities to raise awareness about lifestyle factors and certain diseases that affects the Bangladeshi community.

3.

BWHP's achievements since 1990

3.1 Number of users

One index of BWHP's success is evident from the figures: over the past 12 years well over 500 women have used the services provided by BWHP.

3.2 Expansion of services

With the continuing support of the health authority BWHP has also been able to expand its activities. In addition to the Doctors' advisory services and health information sessions, many projects have been developed. These include exercise classes, parenting classes, keep fit classes, massage and aromatherapy sessions as well as the introduction of innovative ways of promoting health i.e. through embroidery and craft project and entertainments. Thus in 1999 BWHP supported a community craft project in creating an embroidered textile panel 'Sewing the Seeds of Health'. The embroidery was a representation of the model plate of food in the 'Balance of Good Health' poster. The collective work involved in producing this panel was a stimulus for raising the awareness and increasing the understanding of issues around healthy eating and healthy lifestyles among the women involved in the project work. The visual stimulation of food groupings helped women who were involved in the project work to be interactive so as to assist their learning and belief in healthy eating. Again in 2000 BWHP took a lead on staging a drama on domestic violence and mental health which aimed at stimulating discussion on a various aspects of mental health among the community members.

3.3 Raising community awareness

Most recently BWHP has made a substantial contribution to raising community awareness around parenting and mental health - two fairly new concepts for the Bangladeshi community (in the way that they are conceptualised in western culture).

In collaboration with the Health Promotion Service, BWHP has over the last two years, provided a range of programmes designed both to increase understanding of mental health issues and to promote mental health.

These include:

- A series of mental health training courses for health and community workers. In August 2000, a report 'No –more small portion of services please' was produced which highlighted the issues and mental health need of the Bangladeshi community as identified through mental health training of the Bangladeshi workers.
- The development of the Mental Health Peer Education project which provided intensive training for six workers in group training. Three of these workers are now pursuing further careers in mental health.
- The Mental Health Forum which plays a crucial advocacy role facilitating dialogue and partnership work in improving access to services. More than 50 people are on the mailing list.
- BWHP also played a key role in the work of the multi-agency Bangladeshi Mental Health Action Research Project by providing easier access to the community and obtaining the commitment of the workers in Bengali community projects. BWHP has also managed to establish links with the key providers of mental health services and to act on the recommendations as outlined in the final report of the project.

BWHP supported the Positive Parenting Programme run by the Coram Parents Centre.

3.4 Training support workers

In partnership with the key community centres, BWHP has been working to train and employ local women to become BWHP support workers. It is currently working with three women. A number of women who gained substantial experience by being involved with BWHP have successfully moved to paid employment.

3.4 Information Packs

BWHP is currently in the process of developing culturally appropriate and accessible training packs around mental health promotion and healthy eating. These have the potential of being developed on a borough wide scale (particularly among primary care service providers)

3.6 Links

BWHP has developed crucial links with the Voluntary Sector Unit at Camden Council, which is currently assisting it to develop a constitution and to get charitable status.

3.7 Monitoring

Over the summer of 2002 BWHP employed a sessional worker to set up a monitoring system for all its project activities.

3.8 Formalising BWHP's status

BWHP has also developed and clarified its policies around financial management, the roles and responsibilities of the stakeholders, and monitoring guidelines.

4.

BWHP's effectiveness

The effectiveness of BWHP both as a campaigning and a health promotion organisation can be attributed to several key factors

- The dual role of the project worker, who is both a specialist health promotion worker developing strategic links between the health service and the community and a
- The commitment of the front line workers, who, with their grassroots level connections, help the project deliver services at the point where the community is.
- Through their work, members have acquired considerable knowledge of the day to day issues and concerns which are important to the community. This knowledge has informed the project's campaigning role of making services more accessible to Bangladeshi women by taking into account their cultural and linguistic needs, and has increased its effectiveness.
- Because of its closeness to the community the group is able to identify, respond to and then address changing needs.

5.

Key issues which need to be addressed

5.1 Workload

BWHP's success can become a burden on members. BWHP is only one aspect of the health promotion workers job. With a very intense workload on many community developmental issues, health is only a part of the community worker's job and. Since it is not one of the key responsibilities of the community workers jobs, they have to find additional time to give to it. An additional worker is clearly needed but this, too, poses problems of work load since such a worker would need managing, supervising and supporting and time has to be allocated to that.

5.2 Targeting women

The fact that BWHP services are delivered only through women can cause problems. The lack of a family approach can limit the effectiveness of the service. It is difficult for women to initiate changes and try out ideas that they have learned through their participation in project activities when other members of their families have not been involved in these projects, and thus do not understand the purpose of the changes.

5.3 Evaluation

Due to the lack of systematic evaluation of BWHP's work, opportunities to publicise the positive impact of some of the excellent and innovative projects it has initiated and supported have been lost.

5.4 Networking

The lack of effective networking with primary care service providers such as GPs and health centres, as well as other key statutory service providers, policy makers, purchasers etc. means that such providers are unaware of the valuable services that BWHP provides in the community. The lack of these links has also meant that BWHP has not been able to set up partnerships with other organisation to tackle the complex issues around the health needs of the Bangladeshi community. Furthermore there is a danger of losing credibility if our current work programme does not fit within the priorities of the health authorities .

6.

Proposals for the next phase

The organisers have made the following proposals for the next phase

- To develop a funding strategy which will enable BWHP to employ an additional worker to further develop projects, outreach work and work with families.
- To develop mechanisms to recognise and resource the knowledge, time, energy, experience and commitment of the community workers involved in BWHP so as to further develop the project without putting additional pressure on them.
- To establish links with key primary care service providers. In particular, to formalise links with the Primary Care Service Providers.
- To recruit to the steering committee key people in health services who can advise BWHP on current health issues.
- To work with the Mental Health and Social Care Trust so as to take action on the basis of the recommendations of the Bangladeshi Mental Health Action Research Project.
- To raise BWHP's profile by organising a large scale health event bringing the community members and service providers together, to demonstrate that the project has something worth offering.
- To explore long term positioning as well as more publicity outlets e.g. a bilingual newsletter.
- To further develop community involvement processes - by recruiting more volunteers, outreach and sessional workers with the provision for appropriate training and support. This would also reduce pressure on community workers to gain access to the community.
- To develop a Family approach in delivering BWHP services.
- To evaluate the project work and publish this evaluation in an annual report.
- To take initiative to carry out extensive evaluation of the work of BWHP and to publish the evaluation in a report.

7.

Review Day, October 18 2002

A very successful review day was held which undertook an overall assessment of BWHP's achievements, identified key issues which needed to be addressed, and made proposals for further developments. This was the first such meeting to be held since March 2000.

7.1 Rationale

It was decided that it would be useful for those people who have been involved in BWHP as organisers, community members and workers from allied projects to have a chance collectively to think about the past and current achievements of BWHP and about its future.

7.2 Aims of the review day

- To highlight the achievement of BWHP in terms of meeting its key objective of promoting the health and well-being of the Bangladeshi women
- To plan future activities for the project in relation to current health policies

The review day was designed as a day for 'reflective evaluation'. Participants were taken on a 'reflective journey' and asked to focus on the following questions: What has been achieved, What were the barriers, Where are we going, How will we get there, What actions should we take? The aim was to use the process of reflecting on the past and present to inform our evaluation of the project and to plan for the future. The day was facilitated by Dr Sue Chirico, of Training for Change Associates, who has extensive experience of training around issues of Cultural Competency and Evaluation. (see list of participants in appendix 2).

8.

Programme for the day

- 10.00am INTRODUCTIONS
- 10.50am PAST ACHIEVEMENTS OF THE PROJECT
- 11.00am SWOT ANALYSIS OF PRESENT SITUATION OF THE PROJECT
- 11.20am COFFEE BREAK
- 11.30am SWOT ANALYSIS contd.
- 11.45am FEEDBACK
- 12noon A VISION FOR THE FUTURE
- 12.30pm LUNCH
- 13.30pm A VISION FOR THE FUTURE contd.
- 14.00pm ACTION PLANNING
- 15.00pm CAPACITY FOR ACTION
- 15.30pm TALKING STICK
- 16.00pm END

9.

What has been achieved ?

The main themes to emerge from the brainstorming first session were:

- That there had been an increase in the confidence, awareness and empowerment of all those who had either been ‘users’ of the project over the past 12 years or had led the project. It was also evident that the combination of focused grass-roots level work and direct input from key front line workers, had enabled BWHP to successfully develop different initiatives and promote the concept of a preventative and self-help approach in maintaining good health among its user group.
- That BWHP had increased and changed participants’ understanding of key areas of health by creating an environment for women where they felt confident in discussing issues affecting their lives; by increasing their knowledge of and ability to access services and by providing them with more time to speak with the experts and assisting them to realise that health means far more than just medicine.
- That BWHP also provided a much needed advocacy service for the community and that this in turn made the jobs of professionals within the health services easier.

In addition, this brainstorming session highlighted the large number of smaller, related initiatives that had sprung from the BWHP such as the exercise classes, mental health promotion programme, parenting classes, massage and aromatherapy sessions as well as the introduction of innovative ways of promoting health (e.g. through embroidery and craft project and entertainments)

10.

What were the barriers?

The participants identification of the barriers that existed, and still exist, for the project brought out many important themes.

10.1 Communication

A very high proportion of Bangladeshi women have little or no spoken English, which seriously restricts their access to services and ability to interact with health professionals (even in cases where interpreters are provided). In addition many women of the older generation are not literate in Bengali. The project thus faces the challenge of providing health information in ways which enable women in this position to make sense of this information.

10.2 Contact

There are still many individuals in the community who fall into 'hard-to-reach' categories. The project is very aware of the importance of developing strategies which will enable them to gain access to these individuals and motivate and involve them in community activities. The project has already tried to tackle this issue through intensive outreach work, the use of informal networks (e.g. word of mouth) and taking facilities to new users but more needs to be done.

10.3 Cultural appropriateness

Another major issue that emerged concerns cultural appropriateness and how Eurocentric or Western ideas on issues such as 'lifestyle factors' may not be appropriate for other cultures. The BWHP saw itself as being able to integrate both sides of the picture. For example participants spoke about the community adapting to parenting skills to make them appropriate to their own cultural beliefs and practices.

11.

SWOT Analysis

The main themes that emerged from the SWOT analysis are in Table below :

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<p>BWHP is a long standing project which is gaining respect. It had achieved a greater understanding not only of the needs but also of the cultural and social sensitivities of the community, It was able to make contact with hard-to-reach groups and adapt to the changing needs of the community. It worked effectively because of the commitment of the community, the health workers and supportive team work .Its success in raising the communities awareness of health issues resulted from the ability to provide quick and spontaneous access to health information at the level where the community is.</p>	<p>Problems of communication particularly with local statutory organisations have led to problems with the provision of appropriate services for women.</p> <p>There is a lack of involvement by the male members of the community in health promotion activities which in term limits the effectiveness of BWHP services on its women users group.</p> <p>There is a lack of proper evaluation that would enable the achievements of the project to be presented and thus ensure its sustainability.</p>	<ul style="list-style-type: none"> - To gain further access to mainstream services. - To increase ways of integrating into the wider community. - To work with new initiatives like Neighbourhood Renewal Strategy, Sure Start etc. - To develop closer relationships with Primary Care Service providers and to engage with them in developing appropriate service provision for the community. - To develop, in partnership with other service providers, both in voluntary and statutory sectors, coherent and comprehensive health promotion programmes which would have the maximum impact on the community. 	<p>The insecurity of current and future funding threatens the continuation of the project.</p> <p>Keeping up with constant changes in the Health Authority structure.</p> <p>Stereotyping of the BWHP activities.</p> <p>Some resistance to BWHP's activities came from within the family and community itself, which emphasises the need for the project to become more inclusive and gain increased recognition.</p>

12.

Where are we going?

Participants discussed what they saw as the 'Vision' for the project.

The following statements gained majority agreement:

- The Vision is for: A community that is more empowered, has more choices, is more knowledgeable, and is taking control of its health.
- A project which includes all aspects of health not just medical health.
- A project that is inclusive - not just for women
- A project that has the capacity to convince service providers of the need to change so as to become more responsive to the community's needs.

These statements could well become the future overall aims of the BWHP.

13.

Capacity for action

When there was a discussion the group's capacity for action, the focus was on the need to 'shout' about the project's achievements and resources, in other words to promote and publicise the activities of BWHP. The current emphasis in the National Health & Social Care agenda is on the importance of increasing public involvement in decision-making and creating a patient-centred NHS. The kind of work BWHP does and its direct access to the Bangladeshi community means it is able to make a significant contribution to initiatives in this area. BWHP needs to make the relevant organisations aware of its unique position. The group recognised that the knowledge and skills of the project workers could be used in this context.

The group also agreed to prioritise the following

- Evaluating the work of the project and disseminating the findings widely
- Finding out about how we fit into the national agenda in areas such as the Race Equality Scheme Action Plan, the NHS Plan and the HimPs
- Creating links with commissioners and strategic thinkers locally so that we can explore funding opportunities
- Expanding project activities to all members of the community
- Creating a Training Course for health professionals about Bangladeshi Culture and selecting workers to train others
- Developing capacity building within the community by organising tailor made training programme, i.e. 'Outreach in the community' for project volunteers
- Producing a bilingual newsletter to disseminate key health issues to wider community members on regular basis
- Continuing to be advocates for our community

APPENDIX

I. BWHP's Term of Reference

- *Aims*

The Bengali Women's Health Project (BWHP) aims to ensure that Bengali women are able to exercise their right to health and social care services which are accessible, accepted and appropriate to meet their needs.

The BWHP seeks to promote the health and well-being of Bengali women living or working in the borough of Camden.

- *Objectives*

1. To organise health sessions for Bangladeshi women, facilitated by Bengali women doctors at community centres in Camden.
2. To work with users to enable and empower them to exercise their right to services
3. To provide information and advice which will enable women to make informed choices about their health and health care to suit their lives.
4. To work with the Camden PCT, Camden Council and to ensure that the needs of Bengali women are addressed by those responsible for planning and purchasing health and social care services
5. To work with service providers to ensure that services are accessible, acceptable and appropriate to the needs of Bengali women
6. To work with any other appropriate body or organisation to further the aims of the BWHP

- *Membership*

Membership is open to:

1. All Bengali women living and or working in the borough of Camden
2. Organisations catering to meet the needs of the Bengali community and or working to promote women's health
3. Other relevant organisations (as defined by the BWHP) who can further the aims and objectives of the BWHP.

The project is accountable to its membership and will be managed by a steering committee.

I. Steering Committee

The steering Committee will be drawn from the membership of the project and will include:

1. Representation from each of the community centres where doctor's sessions are held.
2. Public Health
3. Camden Primary Care Trust.
4. Camden Social Services Department.
5. Any other organisation/agency who furthers the aims and objectives of BWHP (by invitation only)

Statutory sector representatives will attend in an advisory capacity and will not be accorded voting.

The steering committee will meet at least six times a year.

- ***The role of the Steering Committee is :***

1. To recommend priorities for the work programme of the BWHP.
2. To review the work annually.
3. To consult on the work and information exchange.

II. The Advisory Group

1. The Advisory Group will consist of no more than 4 members.
2. The Advisory Group will be elected by BWHP Steering Committee for a two year period with the option of re-election for a further year.
3. A place will be reserved for the Health Promotion Service to, enable them to fulfil their employment responsibilities.

- ***The role of the Advisory Group is:***
 1. To plan the agendas for the BWHP.
 2. To help plan and ensure implementation of the work programme agreed by the BWHP Steering Committee.
 3. To receive reports from the BWHP worker relating to the agreed work programme.
 4. To provide guidance, support and advice to the worker.
 5. To provide a point of reference for BWHP to raise management issues if and when they arise.
 6. The BWHP and advisory group reserve the right to establish sub groups as and when appropriate to develop work on specific identified issues of concern. The establishment of any such groups would be in line with the BWHP annual programme of work.

II. BWHP term of Reference

- *List of Participants at the Review Day*
 1. Rina Khan – Kings Cross Homelessness Project
 2. Tasneem Khan – Coram Parents Centre
 3. Rezina Khaleque – Bedford House Community Centre
 4. Razna Miah – KCB Chadswell Healthy Living Centre
 5. Razia Choudhury – Camden Carer Centre
 6. Kawser Zannath – BWHP & Health Promotion Service – Camden PCT
 7. Sofina Razzaque – KCB Chadswell Healthy Living Centre
 8. Hena Rahman – Crowndale Health Centre
 9. Nadira Hussain – Hopscotch Asian Women Centre
 10. Dr Maksuda Kadir – BWHP doctor
 11. Sandra van der Feen – Camden Women’s Health Forum
 12. Samanta Hedges – Camden Fitness Project
 13. Nasima Choudhury – Community member
 14. Rummi Huda – Community member
 15. Ruchia Begum – Community member
 16. Rukban Rouf – Community member
 17. Shamsia Begum – Community member

