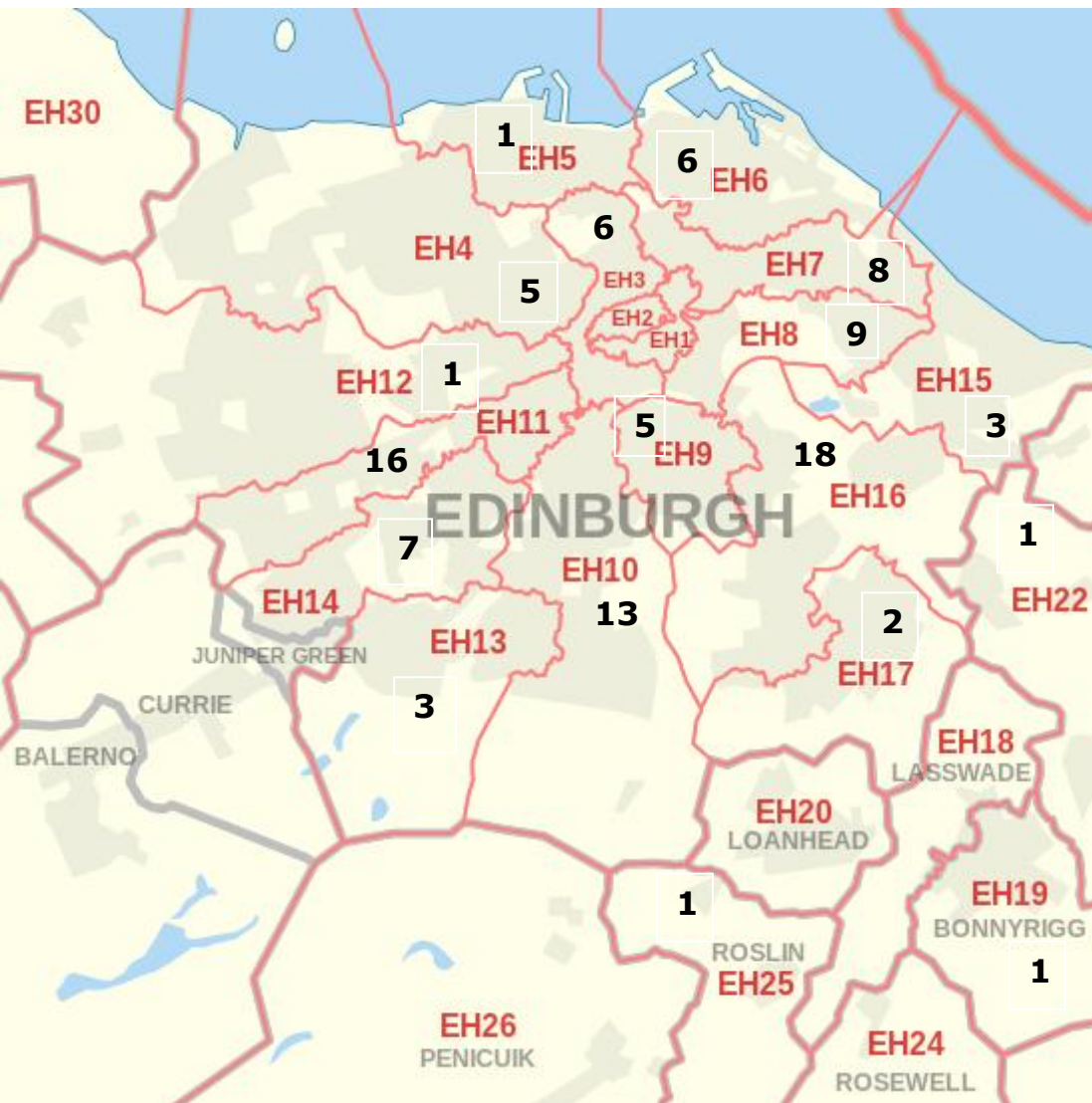


# When contact made with NKS

- Physical health 25%
- Anxiety or depression 20%
- Children 20%
- Employment & education 19%
- Money 14%
- Housing 13%
- Immigration issues 4%

# Map showing Postcode distribution of respondents



# Challenges facing women

- Isolation & social networks
- Language
- Independence
- Culture & Identity
- Access to services and support

# Isolation or loneliness

41 % women reported feeling isolated or lonely when they first came to NKS

*'I used to feel scared. I didn't know anyone at the time. Only people I knew were my in-laws and they were also new to me. I was afraid of not knowing anything about this country and people. I was afraid of not being able to settle in.'*

*'I just lie all the time. I can't sit for long. Sometimes I just lie on the chair and peel potatoes. I have a walking stick. I use that all the time. It takes a while to walk from one room to another. I am always alone at home.'*

*'I was so lonely. I had no friends. Even now I don't have any friends. My husband doesn't like me to make friends. He thinks women gossip and get into trouble the whole family. I don't go to anyone's house and no one comes to my house.'*

*'At first I didn't have any support, my life was in the house cooking and cleaning for my in-laws. I wasn't able to go out. I used to feel so lonely all the time as I had no one to share my problems with.'*

# Language

64% spoke little or no English when they first came to NKS.

*'I restricted myself from going out as I could not communicate with the Scottish people, I was low on self-esteem. I used to feel ignored when I first came, I felt no one gave me importance because I couldn't speak English.'*

*'I couldn't speak English and couldn't go out myself. It was hard in the beginning. Someone always had to accompany me, as I couldn't speak to outsiders.'*

*'my husband used to go [to parents' evenings] every time for all our children. I once needed a reference from the head teacher of my children's school, but he refused to give it as he didn't know I was the mother of my children.'*

*'Like when the nursery arranged a trip... The nursery teacher asked me if I would like to help out, I replied yes. But I thought she was asking if my daughter would be going on the trip. The next day they phoned me up and asked me where I was, I told them I was at home.*

*They said I agreed to go on the trip as a helper and I should have been there. I told them I was sorry and misunderstood what she said. This was very embarrassing for me. I felt really ashamed '*



*'I don't know, but there were never any interpreters. My family didn't want any outsiders. I never went to health visitor or antenatal classes as I couldn't speak English. I missed out on so many services, because I didn't have much confidence to use these services.'*

*'I used to take my sister-in-law with me but there would be situations that I couldn't say in front of her.'*

# Independence

*'Once I leave NKS, I am back in my small world of husband and children. Not that I am not happy. I am very happy in my own world, but one does need friends too'*

*'They wanted me to stay home all day. They did not approve of me coming to NKS. After a long time I had to build my courage to come to NKS, but also feared what everyone is going to say when I go home.'*

*'I could understand English, but couldn't speak. Once I started attending English classes, my confidence increased. I also managed to get a dinner lady's job. I was speaking English by now.'*

# Culture & Identity

- Inter-generational tensions
- Living with extended family
- Religious beliefs and customs
- Arranged marriage
- Racism

*'My husband did understand (that I wanted to go out more) but, being the eldest son, didn't want to go against his mum and dad and do anything that would upset them. He always said because they were his elders, we have to obey them.'*

*'I don't see any bad in Scottish culture, the only difference is we don't allow drinking, clubbing and don't approve of our children staying out late night.'*

*'They think I am a very strict mother - I believe I am bringing them up properly.'*

*'There are advantages and disadvantages. When I was living in an extended family – my daughter was looked after. I was not so worried about her. But I had to do a lot of house work and look after everyone. I didn't have much say in things at home.*

*Now when I am living alone, I have more say in what's happening at home. I can do things as I want to. When I lived with my mother in law, she would expect me to do all the house work before I went out. I had to do things as she expected, but today I have come here to NKS and I have left the house work for later in the afternoon. I couldn't do this when I was in an extended family'*

*'Since I've moved to Edinburgh, I'm finding it difficult to give my children Islamic education. I have huge respect for my religion, that's the way my parents have brought me up, my religion is my identity – my partner feels the same.'*

*'My daughter faced a few problems when she first started covering her head to school, she used to be made fun off, but the school teachers dealt with it and now she is easily accepted.'*

*'She has chosen to cover her head. We have not insisted or forced her to do that. We do worry that when our children are older how they will react to living in two cultures. We would want our children to live according to their religion.'*



*'I wanted (daughter)to have our culture. I couldn't find any other nursery in Edinburgh apart from NKS where the staff speak in Urdu or Punjabi to the children.'*

*'The kids have picked up culture from school and friends at school and want a life like them but it doesn't happen like that. We have a different culture to them.'*

# Complexity

- Huge variety of experiences
- Different generations, countries of origin, educational background, individual personalities.
- The challenges and disadvantages women face are multiple and contingent on individual circumstances in complex ways.

# Finding services & support

Personal contact was the key factor enabling women to access NKS services.

- 36% worried about using public transport or did not understand how to find their way across the city.
- 50% had come with a friend, 20% with a family member
- 17% had been visited at home by a project outreach worker who had accompanied them, or encouraged them to come.

# Addressing Inequalities

*‘a social determinants’ approach to health inequalities highlights how it is **the intersection between different domains that is critical** and that success is more likely to come from the cumulative impact of a range of complementary programmes than from any one individual programme.’*

*The Marmot Review ‘Fair Society, Healthy Lives’ Feb 2010*

# NKS Offers

## Learning and educational opportunities

- Informal knowledge-based group sessions
- Skills development
- More formal educational courses and qualifications
- Opportunities for volunteering and work placements

# Support and Advice

- One to one consultations
- Home visits
- Accompanying women to appointments, classes etc
- Creche and after school club
- Outdoor activities and walks

# Outcomes for Women

- Evidence of specific, positive outcomes reported by users of service
- Considerable and significant changes in the lives of women attending

# The NKS Model

- A socially supportive, culturally appropriate, learning community
- Women can find their individual path to improved health, education, employment and wellbeing



# Resources and indicators

# Disadvantage among South Asian women

- UK and Scottish figures show consistently that:

Percentages of unemployment, low income, overcrowded housing etc. ....

are higher than for their white British counterparts

- ...but our research shows they also experience other kinds of disadvantage

# Background to the research

- Public services like the NHS have to plan how best to use their resources.
- Planning tries to direct extra resources to groups of people who are most in need

- Part 1: ways of allocating resources
- Part 2: What kinds of “resources”?
- Part 3: Thinking in a different way

# Part 1: Allocating resources

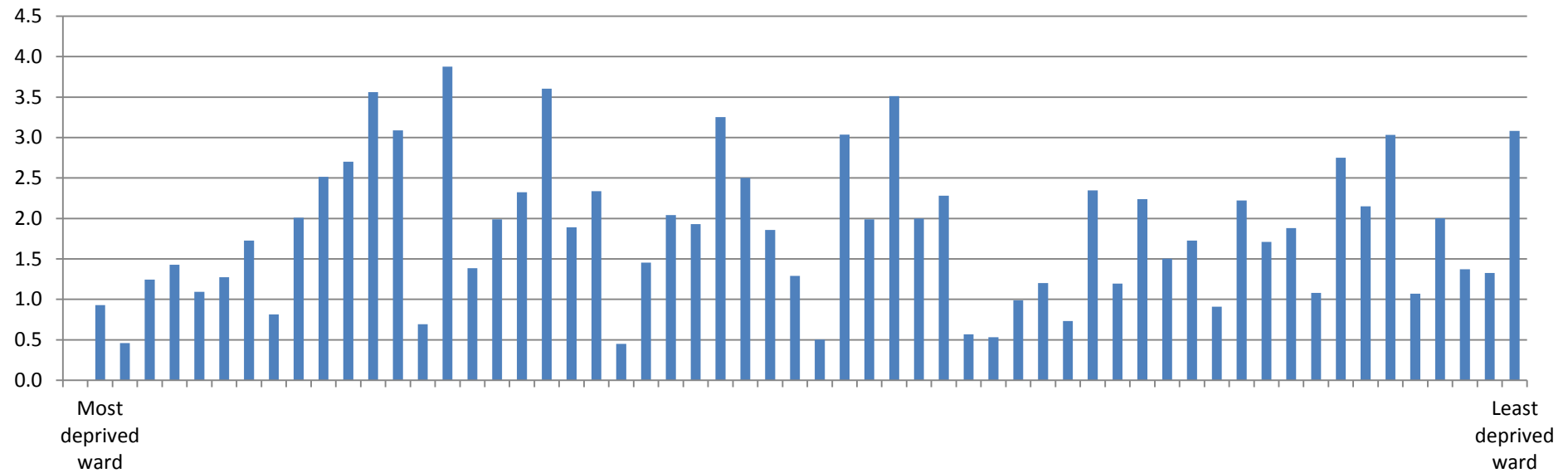
- “Indicators”- what are they about?
- Locating those who will most benefit from resources
- Using existing information

# Scottish Index of Multiple Deprivation (SIMD)

- Identifies *areas* with highest levels of:
  - Low income, unemployment, crime, low education, poor health, poor housing, poor access
  - Public services often use SIMD (etc) to decide what areas (wards, postcodes etc.) will get resources

# Edinburgh wards: % of pop that is S Asian

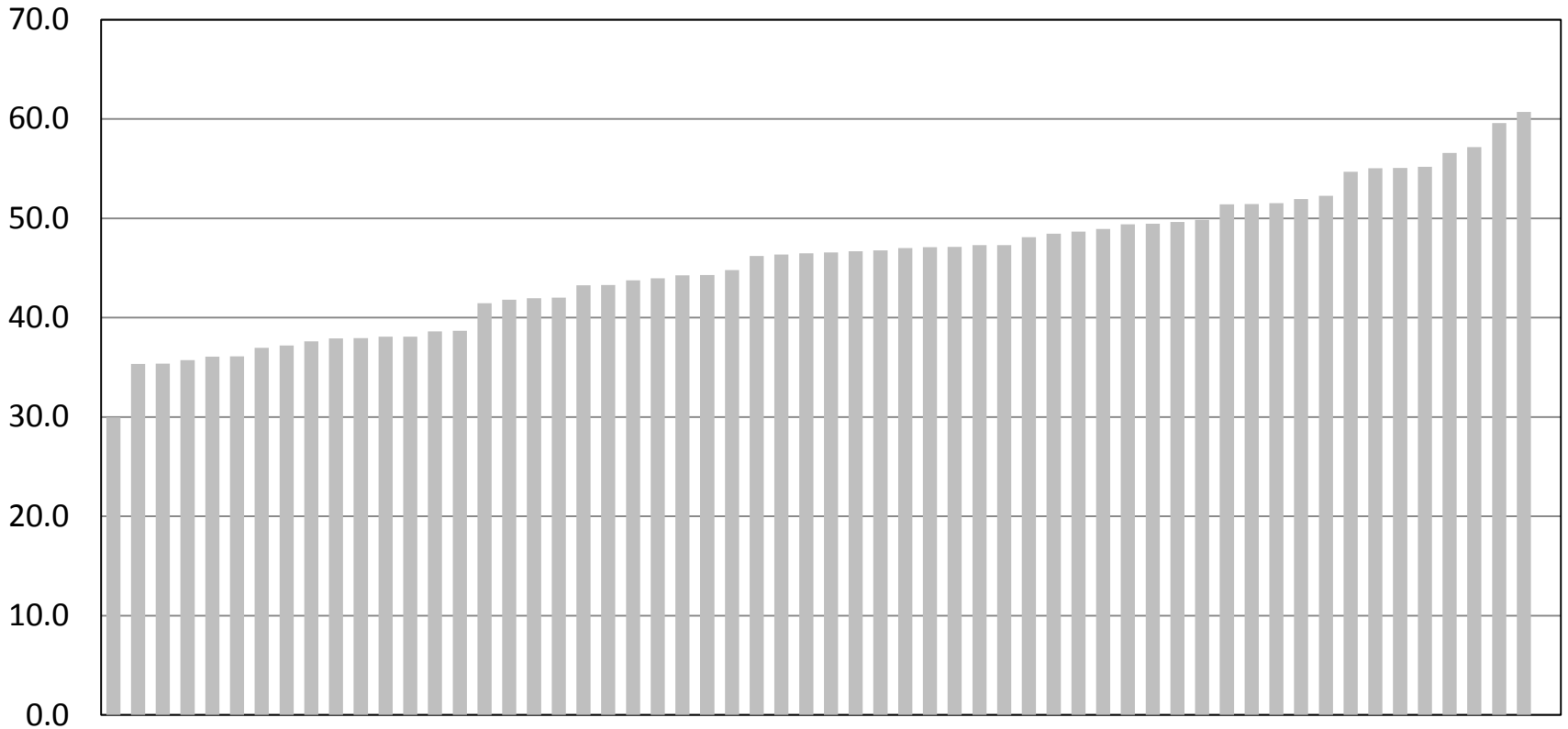
Source: 2001 Census





# % of women age 60+ with limiting long-term illness

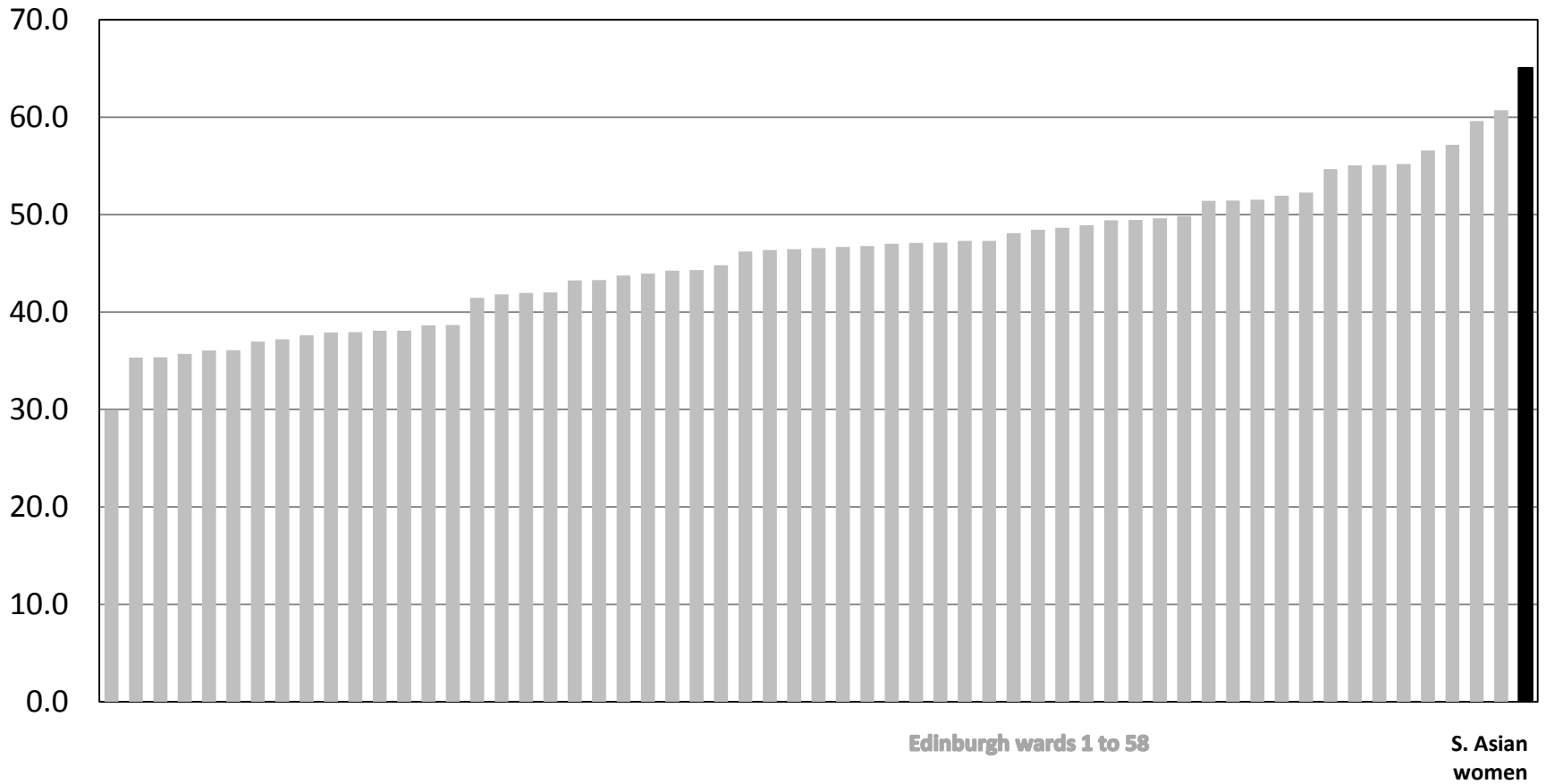
Edinburgh wards 1-58 and South Asian women in Edinburgh



Edinburgh wards 1 to 58

# % of women age 60+ with limiting long-term illness

Edinburgh wards 1-58 and South Asian women in Edinburgh



# Conclusion:

- Area-based indicators are no use for identifying disadvantage among South Asian women in Edinburgh

- some research based on English figures claims that targeting areas of deprivation will automatically reach ethnic minorities –
- because ethnic minorities, in English cities, live disproportionately in areas of deprivation
- NOT TRUE in Scotland

# Part 2: Kinds of resources

- Phrase “Resource allocation” is a trap
- Hides an assumption: that “Resources” are homogeneous
- So main problem is seen as getting these resources to the people most in need

# BUT ...

- You need to provide the right kind of service or resource to each person or group
- That recognises their circumstances and underlying difficulties
- This is the way to an efficient use of resources

- Skills
  - Knowledge
  - Language
  - Confidence
- 
- ... will enable women to access and use services

# Part 3: thinking in a different way

- The greatest potential “health resource” is:
- ... the intelligence and resourcefulness of the women themselves

The key is to unlock these from limitations of unfamiliarity, language and feelings of insecurity



# Resource allocation: top-down

Conventionally, thought of as “how do we get services to those most in need?”

(“We” = health service planners/managers)

# “Bottom-up” resource allocation

- How do we help South Asian women get to the services they need?
- This is a more effective and less wasteful way of thinking

# Allocate resources that help unlock potential for S Asian women to :

- Take care of their own health and their families' health
- To understand and be able to use Scottish health services
- And feel confident and secure in doing so

Of course:

Services must also be flexible enough to adapt to the specific needs of S Asian women in terms of language, cultural sensitivity