

ENFIELD RACIAL EQUALITY COUNCIL



# IMPROVING HEALTH PROJECT (IHP) CONFERENCE REPORT

Conference held on 14th July 2010



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## PREFACE

We are pleased to present this conference report entitled 'EREC Improving Health Project Conference'. This report provides information on the work of EREC's Improving Health Project, a 3 ½ year project funded by the Big Lottery Fund. The aim of the project was to tackle health inequality and inequity by improving the health of Black and Minority Ethnic (BME) communities living in Enfield.

EREC has strategic aims to respond to issues affecting BME communities in Enfield and its activities cover health and a variety of sectors including employment, housing, and social services. The Improving Health Project was developed in light of EREC's concerns about the disparity in health outcomes between the general population and BME communities living in Enfield and the desire to work with the local authority, voluntary and statutory groups to tackle this issue.

The Improving Health Project has made a major contribution to BME health promotion, policy and community development in Enfield. Its work included providing representation at policy making forums to lobby for improvements in service provision, commissioning community groups to deliver innovative interventions / services and assisting groups with bids to seek health funding.

The primary aim of this conference was to deliver a conference and report on ethnic health highlighting project achievements and issues requiring further support. The conference brought together project partners, policy makers at local and national levels, local health service providers, community representatives, and the Afiya Trust (set up specifically with the remit of "Reducing inequalities in health and social care for racialised groups"). The conference raised interesting discussion around outcomes achieved and the suggested future ways of working such as mainstreaming and partnerships. The report concludes with a series of recommendations for action by local statutory and community groups to prevent loss of the project's good work.

## BACKGROUND

### Aim

Tackle health inequality and inequity by improving the health of Black and Minority Ethnic (BME) communities living in Enfield.

### How the aim was delivered:

1. Improved awareness amongst targeted BME communities of living healthy lifestyles, particularly healthy eating, physical activity and smoking cessation.
2. Increasing take up of local services to improve health by targeted BME communities.
3. Development of inclusive local health programmes and services that address key BME health concerns.
4. Development of local community groups to better deliver health outcomes for their communities aligned to local priorities and based on local health need.
5. Increased involvement of BME communities / users with local health forums.

### Why the project was needed:

- Enfield is amongst the worst 25% of wards in England in regard to health, with the most deprived wards having high BME population.
- High death rates from coronary heart disease, stroke and diabetes in Enfield North and Edmonton wards.
- Higher rates of limiting long term illness amongst BME's in Enfield.
- Higher instances of coronary heart disease, diabetes, cancers, mental health, tuberculosis and poor sexual health amongst BMEs.
- Lack of access to appropriate health services for BME's, refugees and asylum seekers.

## WHAT THE PROJECT DELIVERED

### Policy Work

- Key health priorities and concerns and gaps in health services for local BME groups identified.
- Working with local policymakers to ensure that health plans address the needs of BME groups in Enfield, including a review of the local health Race Equality Schemes.

### Health Promotion Work

- Regular e-bulletins and newsletters on BME Health Awareness issues and a web page on the EREC website.
- Partnership working with local BME community groups and Enfield PCT to deliver health promotion workshops / events with targeted communities.

### Community Development Work

- Working with and commissioning BME community groups / representatives to deliver health awareness events/ shows to their communities; in partnership where health concerns impact on more than one community.
- Advice provided to BME groups on funding opportunities and to assist with funding bids to develop health activities / advocacy work to improve health outcomes in Enfield.
- Promoting the involvement of BME users with the planning of local health services.

### Project beneficiaries

- BME communities living in Enfield
- BME community groups
- Local health service planners and providers
- Providers of local health activities which serve BME communities

## PRESENTATIONS

### i) Enfield Racial Equality Council – Chandra Bhatia (Chief Executive)

Chandra welcomed participants to the conference and provided the following presentation about the Enfield Racial Equality Council (EREC):

EREC's motto is **“challenging racism ... promoting racial equality”**.

#### **Mission statement**

Enfield Racial Equality Council's mission is to actively promote and seek to implement a racially just, fair and equitable society which will enhance the quality of life for all who live, work and learn in the London Borough of Enfield.

#### **Strategic Aims**

- To establish EREC as the leading organisation in promoting and delivering community cohesion within the London Borough of Enfield.
- To review, monitor, appraise and respond to issues affecting Black and Ethnic Minorities in Enfield.
- To encourage co-operation among all people in the borough regardless of race, ethnicity, colour, religion, gender, disability, age and sexual orientation, in a multi-racial society.
- To develop a proactive approach in the raising of EREC's public profile and its contribution to Enfield's multi racial community.
- To ensure that EREC, as an employer and service provider, demonstrates excellent equalities practice itself, throughout all of its activities.

#### **EREC's work**

- EREC is an umbrella organisation and the only one in Enfield solely concerned with racial discrimination and equality of opportunity in every aspect of your life.
- Some of EREC's activities cover employment, housing, health and social services, public affairs, education, racial harassment and violent attacks, injustice and racial abuse.
- We work with the local authority, local voluntary and statutory groups to ensure their policies and services are sensitive to the needs of all the community. From time to time, EREC undertakes project work on issues of concern where needs and gaps have been identified.
- EREC is a registered charity run by its members through a Board of Trustees and is funded by the London Borough of Enfield and grants obtained through other funders such as the Big Lottery.

## **Strategic Race and Equalities Forum**

- Established in September 2006 in response to concerns of Black and Minority Ethnic organisations that their issues were not being addressed at strategic level (formerly known as the Strategic Race Forum)
- The aim being to ensure that local communities are able to have an informed voice on the issues they want EREC to take forward on their behalf or take up directly with policymakers
- Regular meetings discuss a wide range of topics, proving popular with both the voluntary and statutory sectors in it's importance in keeping race issues on the agenda
- Recent forums have included a Human Rights Event and the Community Cohesion consultation

## **Membership of EREC**

- If you support the work of EREC, we would welcome you to join us as a member. Membership is **FREE** and is open to individuals who live or work in Enfield and to organisations operating in Enfield, who are committed to furthering the work of the REC.
- Our membership includes the Local Borough Council, MPs, Police, religious groups, political parties, community groups, schools/colleges, BME groups and organisations and individuals dedicated to working against racism.
- For further information about our work and/or a membership form, please speak to a member of staff or call 020 8373 6271 or email [info@enfieldrec.org.uk](mailto:info@enfieldrec.org.uk)

## **ii) Improving Health Project – Beryl De Souza (EREC Vice-Chair & IHP Steering Group Member)**

Beryl spoke about her own work in the field of health and experience of working with the EREC Board, the Improving Health Project and its staff. Beryl is a plastic surgeon by profession and explained that there are very few women in this speciality as the role is so demanding. She is accustomed to working with all communities.

The Improving Health Project has worked along the lines of EREC's mission to deliver outcomes in relation to policy work, community development and empowering individuals. There is a need for continuation of all this work and the expertise developed through the project, for groups to continue getting funding, and for people to keep up their learning of how to cope with illnesses. We need to continue development of the community and utilise available resources within the community for example one such resource in the borough is Capel Manor. A report will be put together and available in autumn summarising all of the projects work.

Beryl De Souza gave a presentation as follows:

**Enfield Racial Equality Council  
Improving Health Project**

3 ½ year project funded by the Big Lottery Fund

**AIM**

**Tackle health inequality and inequity by improving the health of Black and Minority Ethnic (BME) communities living in Enfield**

**WHY?**

- BME communities more likely to live in deprived areas and suffer from poorer health
- BME communities have higher instance of suffering from certain diseases than their White counterparts

**(Coronary Heart Disease, diabetes, cancers, mental health, tuberculosis, and poor sexual health)**

**WHY?**

- Differences attributed to lifestyles, health beliefs, diet and genes, which vary across ethnic groups
- Lack of access to appropriate health services also affects health outcomes for BME communities

**(Language, lack of knowledge about health services)**

**What the project delivers:**

**HEALTH PROMOTION WORK**

- Work with local BME community groups and Enfield NHS to deliver health promotion workshops/events with targeted communities
- Regular e-bulletins and newsletters on BME Health Awareness issues

**What the project delivers:**

**POLICY WORK**

- Mapping report identified key health priorities and concerns, and gaps in health services for local BME groups
- Participate and respond to local health consultations



- Work with local health policymakers to ensure that local health plans address the needs of BME groups in Enfield

### **What the project delivers:**

#### **COMMUNITY DEVELOPMENT WORK**

- Work with and commission BME community groups to deliver health awareness activities / events to their communities
- Provide advice to BME groups on funding opportunities and to assist with funding bids
- Enfield the 6th most populous borough in London.
- Enfield has a larger proportion of both young people and older people as compared to the London average.
- The average number of live births has risen annually since the year 2000.
- The 45 to 64 age group will show the largest increase (3.9%), and the fastest growing areas will be in some eastern parts of the borough.
- The largest growth in terms of absolute numbers is expected to occur in Black and Indian ethnic groups
- Ethnicity – ethnic projections for 2009 estimate that 71% of Enfield’s populations are White (comprising White British, White Irish and White Other).
- Populous Black and Minority Ethnic groups include Black Caribbean (6%), Black African (6%) and Indian (4%).
- The school census of 2009 shows Enfield pupils recording themselves under 88 different ethnic codes, the highest prevalence are English, Turkish, Caribbean, Greek Cypriot and Somali.
- MOSAIC – a socio economic demographic profile – shows the largest group for Enfield include residents whose lives are mostly played out within the confines of a close-knit community, comprising approximately 24% of the population. 23% are residents who have established themselves and their families in comfortable homes in mature suburbs.
- Enfield also has considerably smaller proportion of people living in social housing with high care needs and young transient workers, as compared with London as a whole.
- Mortality – in common with London and national findings, conditions accounting for the largest proportion of deaths are coronary heart disease, stroke, cancers and respiratory disease.
- Enfield mortality rates for cervical and breast cancer are slightly above London averages, and prevalence of diabetes is above London and national levels

- Teenage pregnancy rates are five times higher in some wards than others and CHD mortality rates are twice as high in some wards than others

### **Cardiovascular disease**

- As mentioned, cardiovascular disease is a leading cause of death in Enfield.

### **Smoking**

- Smoking has a significant impact on ill health and death rates from major diseases such as heart disease, cancers, respiratory and circulatory diseases as outlined above. Smoking is prevalent in the Turkish, Turkish Cypriot and Kurdish community and hence helping people from this community to stop smoking is a local target.

### **Sexual Health**

- Enfield has also seen an increase in the diagnoses of sexually transmitted infection especially Chlamydia. In addition the HIV infections rate is rising, reflecting the trend in London.
- Teenage pregnancy rates went up by 18% in 2006 to 55 per 1000 females aged 15 to 17. A national health inequalities target is to reduce the under-18 conception rate by 50% by 2010.
- The challenge will be to continue our efforts in promoting a positive sexual health lifestyle and providing interventions that tackle the impact on Enfield's residents

### **Mental Health**

- There is a widely held belief amongst professionals that there are poor health outcomes for people with mild/moderate mental illness, dementia, young people in transition from Child and Adolescent Mental Health Services and for people from some black and minority ethnic groups. There is also evidence of high demand on GP services from people suffering from lower level mental health conditions.

### **Healthy Lifestyle**

- In addition to factors listed above, it is a priority because:
- Higher than London average binge drinking over 55 (13.9%)
- Teenage conceptions are higher than the London average –
- 55% of all adults living in Enfield are not participating regularly in any moderate intensity sport and physical activity, which is above the London average.
- Alcohol consumption was identified as a significant risk to good health and wellbeing in consultations with the public.

### **Access to Health and Wellbeing Information**

- Local consultations demonstrate a belief that there are poor health outcomes for some black and minority ethnic groups and particularly vulnerable groups, resulting from difficulties in accessing appropriate information about health and wellbeing.

### **Why was the Project needed?**

- Black and Minority Ethnic communities more likely to live in deprived areas and suffer from poorer health
- Black and Minority Ethnic communities have higher instance of suffering from certain diseases than their White counterparts (Coronary heart disease, diabetes, cancers, mental health, tuberculosis, and poor sexual health)

### **Facts about Enfield**

- Enfield is the 6th most populous borough in London
- Enfield has a larger proportion of both young people and older people as compared to the London average
- The average number of live births has risen annually since the year 2000
- The 45 to 64 age group will show the largest increase (3.9%), and the fastest growing areas will be in some eastern parts of the borough
- Enfield Council estimates 62.5% of residents are ethnic minorities and this is increasing (*Enfield Council Ethnicity Baseline for 2007*). These include Black African, Black Caribbean, Bangladeshi, Turkish, Greek Cypriot, Irish, Somali and Kurdish communities.
- Deprivation, infant death, childhood poverty (30% in Enfield), teenage pregnancy and childhood obesity rates are significantly higher than the England average. (*Health Profile 2008 Enfield*)
- Enfield's deprivation is increasing at a rate faster than all but four other authorities in England. The Index of Multiple Deprivation ranking in England puts Enfield at 70th most deprived out of 354 local authority areas. The most deprived wards include Edmonton Green, Upper Edmonton, Ponders End, Lower Edmonton and Turkey Street. (*Enfield Borough Profile Revision 4 August 2008*)

### **Why was the Project needed?**

- Differences attributed to lifestyles, health beliefs, diet and genes, which vary across ethnic groups
- Lack of access to appropriate health services also affects health outcomes for Black and Minority Ethnic communities (Language, lack of knowledge about health services)

**What the project delivered:**

- Policy
- Health Promotion
- Community Development

**What the project delivered:**

**HEALTH PROMOTION WORK**

- Worked with local Black and Minority Ethnic community groups and Enfield NHS to deliver 20 health promotion workshops/events with targeted communities
- Worked with Enfield Caribbean Association, Naree Shakti, Deep Indian 50+ Association and Gargaar Somali Welfare Association
- Caribbean Health Day in June 2008 attended by over 50 people with talks by the British Heart Foundation and Diabetes UK, health checks, information stalls and a healthy Caribbean lunch
- Pranayama, Yoga and Meditation class, October 2008 – January 2009 , attended by 25 - 35 people weekly
- Health Awareness Day in July 2009 held at Community House and attended by over 90 people with talks on Looking After Your Heart and Diabetes, health checks and information stalls
- Reiki Healing Sessions - October 2009 to August 2010, including six people completing a Reiki training course
- Quarterly 'Health Newsletter' on Black and Minority Ethnic health awareness issues including heart disease, stroke, diabetes, cholesterol, Thalassaemia and obesity
- Regular project e-bulletins
- Community Outreach work

**What the project delivered:**

**COMMUNITY DEVELOPMENT WORK**

- Worked with and commissioned Black and Minority Ethnic community groups to deliver health awareness activities / events to their communities
- Provided advice to Black and Minority Ethnic groups on funding opportunities and assisted with funding bids

## What the project delivered:

### POLICY WORK

- Participated and responded to local health consultations including Chase Farm reconfiguration of health services, Joint Strategic Needs Assessment and the Primary Care Strategy
- Worked with local health policymakers to ensure that local health plans addressed the needs of Black and Minority Ethnic groups in Enfield
- Worked with local health bodies to review Race Equality Schemes and more recently the development of Single Equality Schemes and action plans
- Lastly, deliver a conference and project report on Ethnic Health and issues requiring further support

### Questions:

*Suzanne (Turkish Women's Group)*

Asked about mainstreaming and funding? Martin Garnar of London Borough of Enfield (LBE hereafter) advised that the LBE do provide various funding, however currently it is also an awkward situation for the voluntary and community sector in terms of funding. It is very unlikely that more funding will be available due to the financial situation.

*Fiona O'Leary (Enfield Health Authority)*

Fiona explained that she is a dietician by profession and has attended this event with Michelle Gocman who works on health promotion. They both sit on the Healthy Lifestyles Group but have not had representatives attending and are therefore seeking to increase membership and get Heads of Service on Board. They intend to take forward and identify funding to keep people healthy through an approach that will encompass all groups present at the conference. Information will be taken from the conference to next Healthy Lifestyles Group meeting and they see this as a way of taking forward key issues. There is little money but all parties can work together and build on pots of money for individuals in future. They will look at areas touched upon by the project that have made a difference and will undertake a role to ensure that the work is taken forward.

*Martin Garnar (LBE)*

On positive side LBE funds EREC to the tune of £80,000 to cover core costs and do value EREC's contribution. They can help bid for external funding e.g. funding regimes for projects who this could help.

*Beryl De Souza (EREC, IHP Steering Group)*

The IHP project is finishing, the staff are leaving so EREC needs funding immediately. Beryl highlighted the need for money to be put aside for the health work of EREC to continue and be taken forward. She

requested that the projects beneficiaries and partners should write letters to the local community, and lobby about the need for the work to continue.

One delegate suggested that contact be made with Cllr Anwar Chaudhury as he is responsible for the voluntary and community sector in Enfield. Chandra Bhatia advised that she would raise the issue at the next LBE/EREC meeting (this is a regular meeting that EREC holds with Enfield Council). She will get this on the agenda, and stress the need for more assistance from Martin Garnar to obtain funding. Martin Garnar suggested that assistance with applying for any funding regime can be obtained by contacting Sustainable Communities Team at LBE.

*Usha Pandya*

Usha spoke about the need for a local clinic for older people of Asian / BME origin.

*Margharita Barr Hamilton (past Committee Member of Enfield NUT)*

Margharita conveyed congratulations to the project for what it has achieved, but asked what is being done to assist non-BME members of the community and asked who can now pass on the expertise that has been gained? Chandra Bhatia replied that through analysing our project evaluations we can arrive at a model of excellence that other community groups can learn from, for example one way to pass on knowledge is by EREC offering consultancy. Beryl De Souza stated that we had offered a model of good practice through the project and that we want participation to help carry on the work. Also we need to look at other issues e.g. education for all communities.

*Ken Allen – Enfield Caribbean Association*

An area of work that EREC can focus on is community cohesion as this fits in very well with what has been achieved.

*Audrey Akansah-Abakah (Equality & Diversity Manager, NHS)*

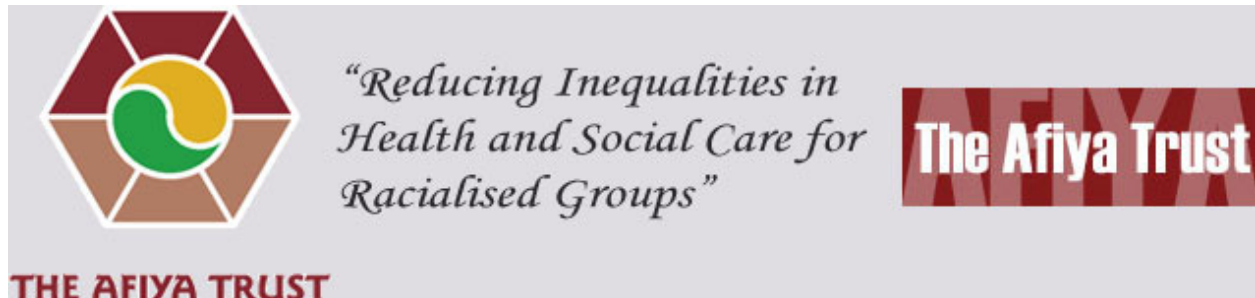
The things shown today will impact on the future of the NHS. The messages should be presented to GPs who may commission on their behalf and EREC should write to GP's to try and make an impact on training that they will have in future. For example, they do not know enough about certain diseases that communities have and will be writing to seek EREC's involvement.

*Beryl De Souza*

Beryl stated that the Government White Paper says that money will be going to GPs, but communities should be involved.

Beryl closed by thanking the project staff for all their hard work and reminded participants that they will have a momento of the project's achievements as highlighted in the Project Booklet.

iii) **'Inequalities in Health for Black and Minority Ethnic Communities'**  
**– Patrick Vernon (The Afiya Trust)**



Patrick Vernon gave a presentation as follows:

***Our Current Projects:***

\*TRIF; \*Strategic Partnership; \*Mental Health – Work and Recovery; \*Capacity Building; \*Mental Health Advocacy; \*Carers Project; \*Stroke Awareness etc

***Our Current Networks:***

\*Carers Network; \*Mental Health Network; \*Mental Health Advocacy Network; \*Catch-Afiya Network;

***Achieving Race Equality with the Coalition Government***

\*Coalition government; \*Progressive; \*Patient focus; \*Big Society; \*Cutting public sector expenditure;  
\*Local democracy/accountability; \*Choice and the market

***Minority Ethnic Communities in the UK***

*Diversity, difference and shared experiences- racialised communities*

- History of slavery, colonisation and the Empire*
- Rise of multicultural and multi faith Britain*
- Colour bar to snow capping/glass ceiling*
- Future generations*

***Health Inequalities – What Needs to Change***

- Disparity in health outcomes*
- Disparity within health and social care services*
- Disparity in awareness of and influence over health and social care services*
- Racism and health inequalities*

## **Our Vision**

*We believe the government can support the wellbeing of individuals and communities by:*

- Eradicating the continuing existence of racial inequalities and their impact on people's health and wellbeing*
- Making health a matter of social justice*
- Empowering and resourcing local communities to define and effect change*

## **Achieving Health Equality**

*Our framework for action is based on a 7-pronged approach:*

- Address the diversity of identities and experiences within communities while delivering services*
- Develop systems to enable racialised communities to influence policy making at the top level*
- Support community-led social marketing campaigns to challenge inequalities and raise awareness*
- Set mandatory duty for accountability on health equality outcomes*
- Monitor the commissioning process for effectiveness in meeting community needs*
- Ensure service user and carer leadership in evaluation of service*
- Recognise and respect cultural heritage, identity and belief systems of communities*

## **What needs to happen at a local Level?**

- Equality Impact Assessment*
- Challenging decisions by commissioners and providers*
- Use existing democratic structures e.g. Health Scrutiny, NHS boards, Links*
- Engagement with local communities on the impact of cuts and change in policy*
- Explore developing consortium and social enterprises*
- Share experiences with local, regional and national organisations*

Patrick spoke about diversity in communities and the need for commissioning of services to recognise that diversity, as opposed to their tendency of lumping together factors related to faith, age, ethnicity social class, sexuality, race etc. There is a need to have an influence at a higher level about what is needed in Enfield. The local Primary Care Trusts and Department of Health have received clear guidance from the Commission for Racial Equality but have not been delivering on their race equality schemes. The police have done more than health in this respect and yet the NHS is the 4<sup>th</sup> largest employer in the world. In terms of social marketing and health awareness campaigns it is felt that media campaigns do not reflect BME needs. The Government are moving away from targets, but Afiya believe they should do more about the health of the BME communities, for example it is known that travellers have poorer health.

Patrick highlighted the importance of holding local foras to make GP's and health services accountable. Afiya views the voice and life experience of service users and carers as more powerful than any policy document. It is important to make sure that the NHS is patient centred and inclusive of the voice of



service users / carers, ensuring choice in respect of service delivery. It is important that the Government at a local level reflects the culture of democracy and has effective engagement processes in place.

As the Improving Health Project is coming to an end and Afiya would suggest the following:

- Any project coming to an end in the community has to have an Equality Impact Assessment to see where the impact of the cuts will fall.
- It is a known fact that BME staff always get the raw deal because of lack of opportunities.
- There is need for EREC to challenge commissioners about how much evaluation and analysis they are doing. EREC should ask to see their evidence base; ask why is there no funding and raise questions about accountability and democracy.
- Address concerns through Health Scrutiny, bring this to the attention of local Councillors and service users to seek transparency.
- Local communities have a responsibility and should look at how to keep the work going by exploring models such as social enterprises. The White Paper doesn't want to pursue services run by the PCT however it does want Voluntary and Community Services (VCS) to play a key role.
- There are good opportunities for BME's to tender for services however it is hard for small organisations in terms of having the money, resources and time to do this. The way forward is to work together in consortia. This way experiences can be shared and causes pulled together in order to then raise issues at regional level and with Government. Through this process organisations can present clear evidence of issues not being addressed.
- Race Equality is still important and this needs to be continuously conveyed.

## QUESTIONS

*Kate Anolue (EREC IHP Steering Group Member & EREC member)*

Kate explained that she is a midwife and a local Councillor for an impoverished part of Enfield – Upper Edmonton. Kate congratulated the IHP team and outside bodies for the health issues flagged up over the last 3½ years. Enfield County has the highest infant mortality rate, has problems of poor housing and worklessness especially affecting the eastern part of the Borough. It has been said that the funding for this project has come to end and Martin Garnar of LBE has said that he will support us and identify what help we can access. The health problems are still there but every 2 or 3 years there is a lapse in projects like the IHP so there is a dire need for the funding to continue, especially from central funding sources. What is the future for Afiya amidst the cuts, what is your thinking around 3<sup>rd</sup> sector charitable trusts, income based commissioning and fundraising? There are many national organisations in areas of health, housing etc which are all affected.

Patrick Vernon answered by highlighting the need to lobby Government where they have a commitment around race equality. Afiya have invited Government ministers and asked for their thoughts in this regard and found that whilst they are clear about role of GP's and policy areas etc, they are not clear around issues related to BME's. Afiya intend to lobby around this.

Chandra Bhatia said that working towards consortia is hard to achieve but can also be rewarding for organisations. EREC can get together with other groups to carry on exploring ideas to see if they can be taken forward. Many organisations are interested in health but may be used to only working with their own community. By working together EREC may be able to see how to keep the project work going. By using information from the project, various organisations can do this together, and utilise Patrick's guidance.

Patrick Vernon responded that he was happy to have a dialogue about this and also suggested making use of the services of Enfield Voluntary Action for support such as capacity building. Can also look at what other boroughs are doing e.g. Camden. A classic model is that everyone signs as to who will be the lead organisation, there are also other different models and structures that can be followed.

*Rubina Khan (Enfield Saheli)*

Rubina asked whether there are any criteria by which organisations can obtain equality within a consortia in order to get an equal share of the funding?

Patrick replied that this would be through getting clarity at the outset about shares, the relationship and going through legal processes. Can get people to form a VCS or go to the private sector. GP's will tender contracts so there are opportunities for synergies, GP's will not do everything themselves so, for example, the VCS could approach the GP and do outreach work for them.

*Fiona O'Leary (Enfield Health Authority)*

Fiona enquired about resources around diet etc and whether they are available for dieticians and other professionals. She mentioned that she is part of a national network and these would be very useful for work with various sectors of the community such as patients and carers. Patrick replied that these can be obtained from the Afiya Trust's publications department.

## COMMUNITY GROUP TALKS

### **i) Rubina Khan (Enfield Saheli Mental Health Project)**

Rubina gave a presentation about the services of the Mental Health Project as follows:

Our Mental Health Project provides advice and support to Asian women that are suffering with mental health problems and to their children and families. We can help women that are isolated or going through emotional distress. We can arrange for someone to visit or offer an appointment to assist you.

Our Advocacy Service provides practical support enabling individuals who are isolated or with mental health issues or in emotional distress to make informed choices, to represent themselves and to obtain services they may need. We can support clients with issues such as:

- Housing and Welfare

- Health needs
- Making complaints
- Obtaining services
- Support on ward rounds

How we can support you:

We can help you to write letters, make phone calls, attend meetings and find appropriate support organisations. Appointments with our staff are an opportunity to talk about the issues that concern you and get support in prioritising and making practical, informed decisions.

The IHP provided funding to enable six of Enfield Saheli's members to complete a Reiki training course. The trainees subsequently delivered Reiki healing to other members attending the regular Friday drop-ins at Community House over the period October 2009 to August 2010. As the sessions proved very popular Saheli subsequently provided a block of 10 sessions to their clients so they could offer longer time slots with the healer.

## ii) Vijay Rattan (Naree Shakti)

Vijay spoke about her organisation Naree Shakti 'Women's Strength' and the various services it provides as follows:

- Weekly Yoga sessions
- Weekly keep fit classes
- Weekly drop-ins for Asian Women (including carers, older people, and those with disabilities)
- Information and advice sessions
- Domestic Violence Awareness Sessions
- Monthly Elderly Luncheon Club
- Social Events and outings
- Weekly Laughter Club for older people

Vijay described the interventions that Naree Shakti held in partnership, funded by the IHP as follows:

- [Looking After Your Health Seminar - February 2008](#)

The Improving Health Project worked in partnership with Enfield NHS and Naree Shakti to hold this event at Community House, Edmonton. It was well attended by 45 people and comprised of three interactive workshops on Healthy Eating; Foot Health and Diabetes; and Keeping Active.

- [Healthy Asian Recipe Book Launch - March 2009](#)

The launch of the Healthy Eating Asian Recipe book attracted a huge audience of 120 people. The event held to promote healthy eating within the Asian community was hosted by Enfield NHS, Naree Shakti and the Improving Health Project.

- [Raising Awareness of Abuse in the Asian Community - June 2009](#)

This event held was held at Trinity at Bowes Methodist Church and was organised in partnership with Naree Shakti. Over 90 people attended the event which promoted World Elder Abuse Day with presentations from Enfield Council on Safeguarding Vulnerable Adults and the EKTA project.

## **WORKSHOP DISCUSSION**

Participants broke into facilitated workshop groups to consider six questions relating to key areas of the projects work. Facilitators were asked to prioritise 3 key recommendations as a conclusion to their discussion – where identified these have been highlighted in blue text at the end of each workshop section.

### **Workshop Questions**

#### **Awareness Raising**

1. What are the key current health issues that BME communities face in Enfield?
2. What does good health and well being mean to you?

#### **Policy**

3. How do we continue to empower BME groups to influence policy makers?
4. How do you overcome barriers in accessing health services to ensure equality of health for all?

#### **Health Promotion**

5. How can we continue to promote healthier lifestyles for BME communities through health promotion & awareness raising activities and what mechanisms would you use to achieve this?

#### **Community Development**

6. What are the most effective means of enabling community representatives and healthcare providers to work in partnership to plan inclusive service provision and delivery?

### **~ Workshop 1 ~**

**Facilitators:** Naushad Ali & Sophie Khan

#### **Question 1:**

**WHAT ARE THE CURRENT HEALTH ISSUES THAT BLACK AND MINORITY ETHNIC COMMUNITIES FACE IN ENFIELD?**

## DISCUSSION

### *Health issues:*

- Diabetes and high blood pressure
- Q. What would people who have diabetes respond to, to help them?
- Less eating – correct diet
- Q. How do we engage people to respond and make them aware of prevention?
- Through their religions/place of worship / through fasting

### *Barriers in access to services:*

- Language
- Fear of going out into the community, e.g. new arrivals, refugees
- New members of community – need to have the information of GP's & local services
- Confidence to ask for information, especially older people
- Drop-in services especially for blood pressure checks
- Easy access to services for common illnesses

### *Healthy eating & food education:*

- Give people voluntary jobs to do
- Organisations like EREC can help to encourage healthy food provision, e.g. feedback to caterers
- Chicken – no skin – bake – don't fry
- Prawns high in cholesterol – provide alternative healthy eating programme
- Diet: eat healthy – less fatty foods – less salt

### *Lobby local Government & business:*

- Council giving too many fast food outlet licenses
- Council want to bring in money but negative impact being created as also want to promote health to keep people out of GPs and hospital beds
- If people are encouraged to eat fast foods as that is all that's available then people become ill

### *Cultural food requirements:*

- Q. Are there any special food places for Asian and Black people?  
Examples are:
- Asian Club of Enfield
- Greek Cypriot Clubs: Palmers Green

### *Publicity & awareness raising:*

- Advertise on community TV channels
- Cost of healthy food – too expensive
- Community programme – grow own food and vegetables
- Re-claim waste land and grow food

- Link with Capel Manor College
- Sell in local markets

*Socio-economic issues:*

- Employment is an issue – no money – kids danger to society because they have nothing to do
- Is there a link with too many people with mental health issues and poverty in education?
- Smoking – Mosque / faith groups work to help people ‘stop smoking’ (in Enfield)
- Quran gives message of not smoking or doing things that would damage health
- Lectures from different countries
- Tottenham Hotspur – leaflets and information on smoking cessation
- Celebration events should help to promote positive health interventions
- Focus on people being respected in the community

*Reaching the isolated/ housebound:*

- Too many fast food outlets
- Better places to eat in Southgate, etc
- Advise and encourage about healthy eating
- Media impact: TV, radio
- Accessible services for elderly and ill people
- Lack or limited understanding of people’s cultures and their needs – drugs often given when actually need therapy (talking)
- Teach people how to deal with their own conditions

**Key recommendations**

1. Smoking cessation
  - Referrals to health trainers
  - Working with other organisations
  - Training to community representatives
2. Childhood obesity/diabetes and related illnesses
3. Food awareness – education

~ Workshop 2 ~

**Facilitator:** Audrey Akansah-Abakah

**Question 2:**

**WHAT DOES GOOD HEALTH AND WELL BEING MEAN TO YOU?**

**DISCUSSION**

- Independent
- Able – well mind and body
- Looking after yourself

- Effect of the environment
- Being of good health
- Ability to support your family
- Able to look after yourself and the community
- Tolerance
- Enough food
- Safety
- Roof over head
- Not being abused
- Enough money to live on
- Activities to keep busy
- Not giving up
- Support / socialising / networks
- Cultural elements of well being

### ~ Work shop 3 ~

**Facilitator:** Beryl Little

#### **Question 3:**

**HOW DO WE CONTINUE TO EMPOWER BME GROUPS TO INFLUENCE POLICY- MAKERS?**

#### **DISCUSSION**

##### *Political engagement:*

- Go to key public meetings – online / face to face / telephone
- Identify needs and lobby MPs – e.g. templates, letters, surgeries, local councillors, overcome barriers
- Access issues / timing of meetings
- Groups – surveys - feedback
- Working together
- Get elected – more BME representatives, wider context

##### *Economic:*

- How to get funding
- Direct action and raise money e.g. donations and raffles - resources – finance - people – knowledge - skills /experience – e.g. London Ambulance Service
- Develop skills regarding funding
- Raise awareness get help for funding via EREC/EVA
  - Joining together to bid via consortia
  - Project exit/continuation strategy
  - How to be a self funding organisation – e.g. self services/ use strengths

### *Sociological:*

- Understand cultural issues , social mobility
- Communities/charities - groups and individuals - experience - BME e.g. education - support– women - long term unpaid
- E.g. LAS programme briefs i.e. an NHS for users / commitments
- Use right media /powerful data
- Representations - get voices heard

### *Technological (using technological and informative media)*

- Media – radio, TV
- Use internet – encourage access to groups and clients
- Websites
- Training

### *Environmental:*

- Climate
- Food
- Transport
- Housing
- Safety
- Security

### *Legal:*

- Use the law to enforce

### **Key recommendations**

- 1. Political engagement**
- 2. Education and training**
- 3. Using knowledge and information**

### **~ Workshop 4 ~**

**Facilitator:** Valdev Chaggar

#### **Question 4:**

**HOW DO WE OVERCOME BARRIERS IN ACCESSING HEALTH SERVICES TO ENSURE EQUALITY OF HEALTH FOR ALL?**



## DISCUSSION

- Not knowing what is available
- Language
- Encouragement to use services
- Culture
- Community taboos
- People referred to clinics, who need interpreters – need to understand language service free / available
- Letters sent out in English – need common languages on letters
- Awareness of services
- Barriers to health service for everyone
- Families interpreting but need for proper interpreters
- No awareness about language line from the public
- BSL interpreting
- Public can contact community groups
- Empowering people
- Need for regular check ups
- Promote MOT's, checks for conditions affecting BME's
- Sensitivity of GPs
- Misunderstandings with GP
- Health belief

## ~ Workshop 5 ~

**Facilitator:** Valdev Chaggar

**Question 5:**

**HOW CAN WE CONTINUE TO PROMOTE HEALTHIER LIFESTYLES FOR BLACK AND MINORITY ETHNIC COMMUNITIES THROUGH HEALTH PROMOTION AND AWARENESS RAISING ACTIVITIES AND WHAT MECHANISMS WOULD YOU USE TO ACHIEVE THIS?**

## DISCUSSION

- Building on EREC's work
- Creating new partnerships
- Embracing cultures
- Contact list of delegates and organisations to improve on the networking and telephone no's
- Parents teaching children about healthy eating
- Accessible information – can CAB promote this?
- Can they link into events in the borough?
- One access point
- Enfield Community Network
- Use of intermediaries

- More events in libraries and variation
- Lack of resources for worship
- School to open in evenings
- Access point centrally with telephone/website

### Key recommendations

1. Build on EREC's work and not let it be forgotten - look at working in partnership in creative ways
2. Empowering community GP's and hard to reach groups
3. Nutrition and diet – more work needed on this, FSA cook and eat – over demand

### ~ Workshop 6 ~

**Facilitator:** Audrey Akansah-Abakah

#### Question 6:

**WHAT ARE THE MOST EFFECTIVE MEANS OF ENABLING COMMUNITY REPRESENTATIVES AND HEALTHCARE PROVIDERS TO WORK IN PARTNERSHIP TO PLAN INCLUSIVE SERVICE PROVISION AND DELIVERY?**

#### DISCUSSION

Mechanisms

- Effective
- Enabling
- Representative
- Partnership

#### GP's

- GP's should have awareness classes
  - Conferences
  - Workshops
- Training GPs – outcome
  - Current system
  - Long term
  - Immediate referrals
  - People going to GPs
- **Agencies**
- **Communities**
- **Communication issues – Housing**
  - Verbal
  - Written

- Radio/TV
- Internet
- Service providers in GPs
- Impact effective
- **More update of advice and awareness**
- **Representatives**
  - Ethnicity
  - Age
  - Gender
  - Disability
  - Socio Economic
- **Partnership**
  - Stronger service delivery
  - Community groups
  - Fit for purpose
  - Pulling together resources
  - Research

## RECOMMENDATIONS

1. **EREC working in partnership with healthcare providers and community organisations to plan inclusive service provision for Enfield's Black and Minority Ethnic Communities**
  - EREC needs to work more closely and develop further partnerships with community groups and GP's to ensure BME views on health are represented and culturally appropriate health information and services are planned. Integral to this is EREC's role as an advisor on BME issues and to ensure the expertise built in the IHP can continue to be utilised.
  - EREC's needs further funding to deliver continued involvement with key strategic health / community networks and forums, community / faith groups, the NHS and GP's to build partnerships to ensure issues around equalities and access to services are represented. Representatives should reflect diversity terms of ethnicity, age, gender, disability and socio-economic factors.
  - Community groups should pull together resources to conduct research in order to be better placed to deliver services that are stronger and fit for purpose, for example by forming consortia to bid for funds jointly.
2. **Food awareness education related to nutrition and diet**
  - BME communities themselves should be empowered to create initiatives to educate around the content of salt and fats in foods and healthy food preparation to target and reduce prevalence of diseases such as diabetes, cholesterol and high blood pressure. Health services and BME groups should work in partnership to achieve this.
  - Health service providers should provide health promotion around preparing culturally appropriate healthy food options.
  - Health services should ensure more resources are made available in accessible formats which raise awareness of living healthier lifestyles.

### **3. Political and stakeholder engagement**

- EREC needs to continue lobbying by approaching MP's, campaigning, approaching local businesses (to promote healthy food outlets in the local community) attending public meetings, joint conferences, consultations and events. For example these mechanisms should focus on cost effectiveness of being proactive and preventative in approaches to maintaining good health rather than being reactive. EREC should also continue to empower BME community groups to do the same.
- EREC should utilise its regular meetings with the LBE as a mechanism for raising health policy issues, and to this end should consult regularly with its stakeholders to obtain views and feedback, through its Strategic Race and Equalities Forum, e-bulletins and newsletter.
- Research into the socio-economic issues affecting health should be conducted, such as poverty and links to mental and physical ill health, to identify causes and target regeneration funds to ensure the most vulnerable sectors of the community receive more support before the onset of illness. For example counselling and life coaching as a method of prevention for those with early stages of mental ill health. Health services, local authority and BME groups should work in partnership to achieve this.

### **4. Education and training**

- Health services, local authority and BME groups should work in partnership to ensure wider health promotion around conditions which particularly affect the BME communities should be targeted via places of worship, community groups, colleges, local markets, faith groups, through radio and TV media, internet, and websites.
- GPs and health providers should develop regular checkups for conditions affecting BME's to prevent onset of disease.
- All staff providing health services and GP's should undertake an ongoing programme of training in dealing with diverse cultural groups, particularly frontline staff at receptions and those booking appointments.

### **5. Language barriers in accessing healthcare**

- There is a vast need to consider language needs when planning and delivering services to ensure information provided to people is accessible to BME's, new arrivals and refugees. Health service providers should work with intermediaries, community / faith groups, EREC, the Citizens Advice Bureau, ECEN, and libraries to develop new forms of working to overcome this.
- Language line publicity should be targeted towards BME communities to ensure accurate diagnosis / improved communication and move away from the inappropriate use of family members (often children) as interpreters. Health services and the local authority should work in partnership with BME groups to achieve this.
- Letters produced by health services should be sent out in common community languages especially those sent out by GP surgeries, to ensure all sectors of the community know what services are available and are encouraged to use them. BME groups should be commissioned to work in partnership with GPs to assist with this.
- GP's should demonstrate sensitivity in dealings with patients to ensure accurate diagnosis of complaints and to avoid misunderstanding.
- Health services and the local authority should work in partnership with BME community groups to provide more outreach to assist those that are housebound or isolated.

## CONCLUSION

The Improving Health Project (IHP) has proved very popular over its three and a half years and has been well received by both Black and Minority Ethnic (BME) community groups and stakeholders alike. Analysis of the projects work on health promotion and consultations between April 2010 and March 2010 shows that these activities and events were well attended and benefited over 600 people. Further evaluation of the projects work and key events reflects the strength of its partnership work and how successful this has been with the community in Enfield. Our policy work on health has ensured that the views of BME communities are heard and represented when key decisions are made and has further strengthened the strategic role of Enfield Racial Equality Council (EREC) in Enfield.

This conference highlighted the need to continue specialist projects to address inequalities in health for Enfield's BME communities. Through its policy development, community development and health promotion work, the Improving Health Project addressed key factors linked to poorer health of BME's in the Borough, particularly socio-economic, cultural and language issues. The Afiya Trust commended the project and highlighted the need for government at local and national level to do more about the health of BME communities and obvious poorer health amongst certain communities.

Key issues emerged namely around the continued importance of lobbying around race inequality, for impact assessments to be conducted when projects of this nature end, and need for engagement with local and national fora to make GP's and health services more accountable. There is a requirement that the NHS be more patient centred, with effective engagement processes providing choice by fully including the voice of BME service users and carers, via democratic process. Suggestions were made around new ways of working with GP's , in consortia and through social enterprise.

EREC has considered our learning from the conference and achievements in the project and arrived at five key recommendations for implementation primarily by the health services, which would be most effectively fulfilled through partnership work involving BME community groups, EREC and the local authority. EREC feel these are essential steps towards achieving health equality for BME service users and carers and is committed to future partnership work which may seek to deliver this.

If you require further information on the project's work, or would like to discuss ways of implementing the recommendations from this report / continuing the work of the project, please contact:

Chandra Bhatia  
Community House  
311 Fore Street  
Edmonton  
N9 0PZ  
Tel: 0208 373 6271  
Email: [info@enfieldrec.org.uk](mailto:info@enfieldrec.org.uk)

## APPENDIX

### i) Project Booklet

All delegates received a copy a project brochure which presented the following information:

#### **IMPROVING HEALTH PROJECT**

March 2007-August 2010

#### **Enfield Racial Equality Council**

##### **Mission**

Enfield Racial Equality Council's mission is to actively promote and seek to implement a racially just, fair and equitable society which will enhance the quality of life for all who live, work and learn in the London Borough of Enfield.

##### **Improving Health Project**

##### **Aim**

Tackle health inequality and inequity by improving the health of Black and Minority Ethnic (BME) communities living in Enfield.

The work of the project included policy, community development and health promotion. This brochure shows in photographs some of the work undertaken by the project during it's 3 1/2 years.

Thanks go to the Big Lottery Fund and to all the organisations the project worked in partnership with

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Summer Exercise Class p4

Caribbean Health Day p5

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Women's Health Day p6

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### Looking After Your Health Seminar

February 2008

The Improving Health Project worked in partnership with Enfield NHS and Naree Shakti to hold this event at Community House, Edmonton. It was well attended by 45 people and comprised of three interactive workshops on Healthy Eating; Foot Health and Diabetes; and Keeping Active.



### Summer Exercise Class - May to August 2008

Working in partnership with Enfield Caribbean Association this class ran weekly at Trinity at Bowes Church in Palmers Green. A regular group of between 10—15 people attended. Instructor Eileen Alger was inspirational in getting people back into exercise.



### Caribbean Health Day - June 2008

In partnership with Enfield Caribbean Association, this event was held at Edmonton Green Baptist Church. Attended by over 50 people, the programme included talks by the British Heart Foundation and Diabetes UK, health checks, information stalls, a healthy Caribbean lunch and evaluation and prize draw.

The evaluation showed that 94% of the attendees agreed that attending the event would improve their health.



*Evaluation comment: "Good way to highlight health problems that are on the increase in the community and provide tools about how to combat these".*



### Diabetes Awareness Day - June 2008

This event was held in partnership with Enfield Asian Carers Consortium at Trinity at Bowes Methodist Church in Palmers Green and was well attended by over 30 people. The programme included two interactive sessions on 'What is diabetes/the different types of diabetes' and 'Healthy eating and prevention' and was followed with a healthy lunch. The evaluation showed that all attendees considered the event to be good/excellent overall.



### Women's Health Day - July 2008

Working in partnership with Enfield NHS, over 50 women attended the event at Trinity at Bowes Methodist Church. The day comprised of three interactive workshops on Breast, Cervical and Bowel Screening; Mental Health; and Physical Activity. The sessions were followed by a chance for networking, evaluation, prize draw and a healthy lunch. The display and health information was well received and focussed on Teenage Pregnancy & Sexual Health.



## Pranayama, Yoga and Meditation

October 2008 to January 2009

In partnership with Deep Indian 50 Plus Association, the weekly class was well attended by up to 35 people. Classes included relaxation, healthy living and simple Ayurvedic home remedy tips. Evaluation revealed that the participants felt it improved their health and they were eager to attend other classes including Aerobics, Tai Chi and Pilates, highlighting a demand for further exercise classes that are both affordable and accessible to BME communities. In March 2009 class participants were presented with certificates of attendance.



## Looking After Your Mental Health

December 2008

45 people attended the community engagement event hosted in partnership with Enfield NHS and Mind in Enfield and the Improving Health Project. The aim of the day was to promote a healthy lifestyle and the programme included three interactive sessions on 'Looking after Your Mental Health'; Eating for a

Healthy Mind and a chair based yoga session.

The evaluation showed that nearly 90% of attendees considered the event as very good/excellent overall and as a result of the event 84% stated that they would consider changing their diet and 85% would consider participating in more exercise.



### Healthy Asian Recipe Book Launch

March 2009

The launch of the Healthy Eating Asian Recipe book attracted a huge audience of 120 people. The event held to promote healthy eating within the Asian community was hosted by Enfield NHS, Naree Shakti and the Improving Health Project. The Recipe book was produced from a Coronary Heart Disease Workshop for the Asian community held in February 2008 and contained healthier versions of traditional South Asian recipes.

Three interactive sessions were held on 'How to use the recipe book'; Chair based exercise; and Enfield health trainers. The day culminated with a delicious healthy lunch, made using some of the recipes from the booklet. The evaluation showed that nearly 90% of the attendees considered the event to be very good/excellent overall. With 97% of people at the event stating that they would use the booklet to make their meals healthier by using less salt and oil and eating more vegetables.



## Health and Well-being Drop In

April to November 2009

Weekly drop-ins were held in partnership with Enfield Caribbean Association. Activities included exercise, games, outings, discussion and healthy eating classes.



*Evaluation comment: “Good presentation—liked the health talk and nutritional meal.”*

## Relaxation and Massage Class— May to August 2009

This weekly activity was held in partnership with Gargaar Somali Welfare Association. A regular cohort of Somali women attended the sessions at Community House which aimed to improve their health and wellbeing through gentle exercise and massage. The evaluation of this class revealed a need for more awareness around diet and nutrition for the Somali community.



## Raising Awareness of Abuse in the Asian Community

June 2009

This event held was held at Trinity at Bowes Methodist Church and was organised in partnership with Naree Shakti. Over 90 people attended the event which promoted World Elder Abuse Day with presentations from Enfield Council on Safeguarding Vulnerable Adults and the EKTA project.



*Evaluation comment: "We know all this happens but it is not publicised that much. It helps to acknowledge it happens in every community".*

## Capel Manor Garden Visit—July 2009

The visit to the Capel Manor Gardens, including the Faith gardens was enjoyed by 14 people. The event aimed to engage BME communities with gardening and walking as physical activities in order to improve health and wellbeing. The day included transport from Community House, guided garden tour and talks on allotment gardening and the 'Growing Together in Faith' garden (Hinduism, Islam, Christianity and Judaism).

*Evaluation comment: "Thank you for organising such a lovely trip."*



## Health Awareness Day—July 2009

This event was held at Community House and attended by 90 people. The programme included presentations by the British Heart Foundation and the NHS Enfield Diabetes specialist. Information stalls were held by community organisations and health providers, whilst people benefited from blood pressure checks, and complimentary therapy sessions. They also enjoyed a healthy lunch, food demonstration, chair based yoga and prize draw.



*Evaluation comment - "Well organised, very relevant, enjoyed yoga, talks, advice and networking"*

## Enfield Hearing Health Day—September 2009

This extremely popular event was organised in partnership with the Improving Health Project, Royal National Institute for the Deaf and Enfield Disability Action – The Deaf Project. Held at Community House over 90 people attended the event around hearing loss and deafness. The programme included talks and information on Hearing Aids and Audiology, as well as equipment demonstrations and new technologies and hearing aid troubleshooting. Many people also took advantage of the free hearing checks and tinnitus relaxation sessions. The feedback indicated that this joint partnership event was both informative and needed on a yearly basis for Enfield communities.



### Black History Month Quiz—October 2009

This family event held in the Café at Community House was very well attended by 70 adults and 10 children. The evening included several talks by EREC Board members on their experiences of working in the National Health Service, the black history quiz, awarding of certificates to the winning team, healthy Caribbean food, health displays which included paintings and artefacts of the slave trade. The children were entertained with free colouring activities and face painting.

### Black History Month Quiz—October 2009

This family event held in the Café at Community House was very well attended by 70 adults and 10 children. The evening included several talks by EREC Board members on their experiences of working in the National Health Service, the black history quiz, awarding of certificates to the winning team, healthy Caribbean food, health displays which included paintings and artefacts of the slave trade. The children were entertained with free colouring activities and face painting.



## Keeping Healthy, Keeping Happy—October 2009

This event was organised in partnership with Enfield Asian Carers Consortium. Over 50 participants attended the event held at Trinity at Bowes Methodist Church. The programme included talks on diet and nutrition, Reiki and Salsa dancing.



*Evaluation comment: "Very useful and informative, hope to attend more of such seminars in future."*

## Sanctuary Holistic Healing

October 2009 to January 2010

This free weekly walk in clinic was held in partnership with Totalhealthcare. A total of 52 people benefited from the services which included relaxation, reflective prayer, health promotion and health check sessions.







*Evaluation comment: “Good for beneficiaries, staff involved, the funding and delivery organisations.”*

### Reiki Healing Sessions

October 2009 to August 2010

This was held in partnership with Enfield Saheli Asian Women’s Project. The project provided funding to enable six of Saheli’s members to complete a Reiki training course. The trainees subsequently delivered Reiki healing to other members attending the regular Friday drop-ins at Community House. As the sessions proved very popular Saheli decided to provide a block of 10 sessions to their clients so they could offer longer time slots with the healer.



*Evaluation comment: “Relaxing, comfortable, but time was too short”*

## Complimentary Therapies Workshop

March 2010

In partnership with Deep Indian 50+ Association, 40 people attended the event held at Trinity at Bowes Methodist Church. The popular event gave participants the opportunity to book onto one of the free therapies on offer – Reflexology, Chinese Massage, Indian Head Massage and Thai Foot Massage.



## ii) Biographies of Speakers

### 1. Chandra Bhatia

- Member of Improving Health Project Steering Group.
- Chief Executive of Enfield Racial Equality Council (EREC) for over 20 years with over 25 years experience of working in the voluntary sector.
- BA (Hons.) Public Administration, MA Organisational Development.
- Dedicated to challenging racism, discrimination, harassment and promoting Equal Opportunities. Knowledge and experience of human rights and equalities legislation.
- Experienced in project management, including community development of Black and Ethnic Minority and voluntary sector groups and currently the EREC Improving Health Project.
- Founder member of an Asian Women's Group and subsequently Chair in North East London.
- Knowledge and experience of representing voluntary sector on strategic forums including the Enfield Strategic Partnership Board and managing the EREC Strategic Race and Equalities Forum. Currently a representative on the Enfield Communities Empowerment Network (ECEN) and ECEN representative on the Enfield Compact.

### 2. Beryl De Souza

- Member of Improving Health Project Steering Group.
- A plastic surgeon by profession, resident in Enfield for 13 years.
- Member of the British Medical Association Council which is the medical profession's trade union.
- Keen interest in equality issues and sits on Equal Opportunities Committee for the NHS Employers.
- Sits on the Surgery Committee at the Royal College of Surgeons.
- Joint Honorary Secretary of the Medical Women's Federation, has a keen interest in supporting female doctors.
- Has an interest in health care issues for the local community and also in education and social activities for the local community.

### 3. Patrick Vernon

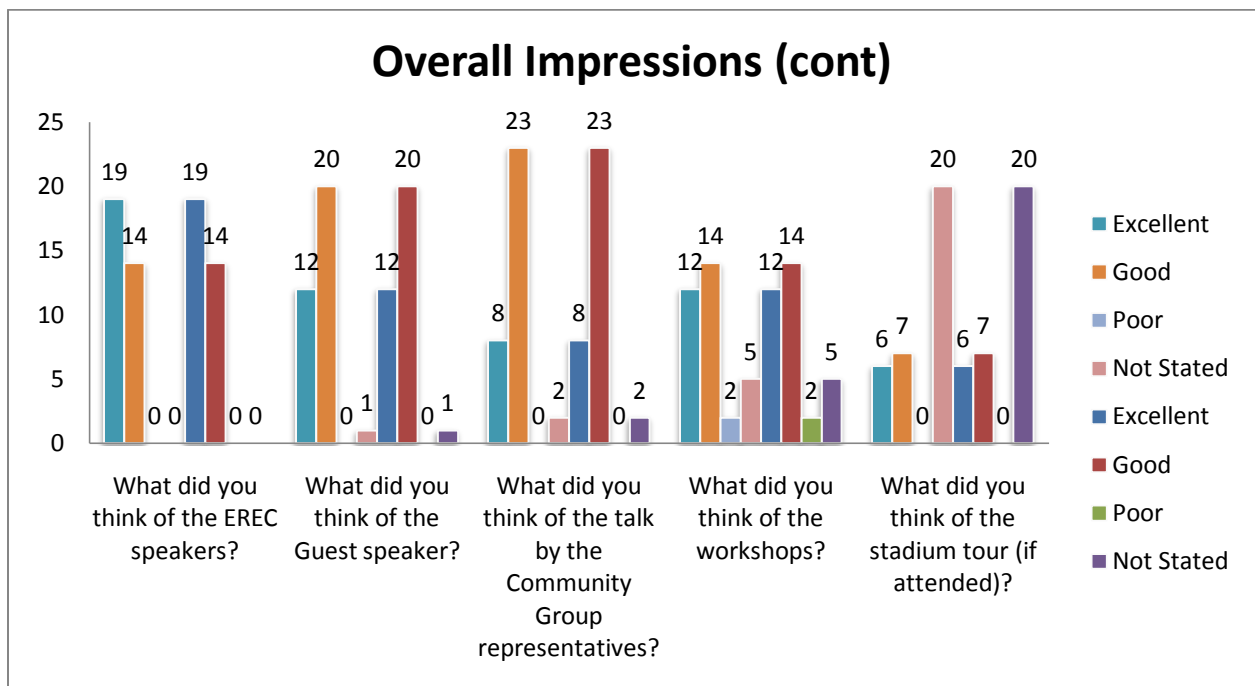
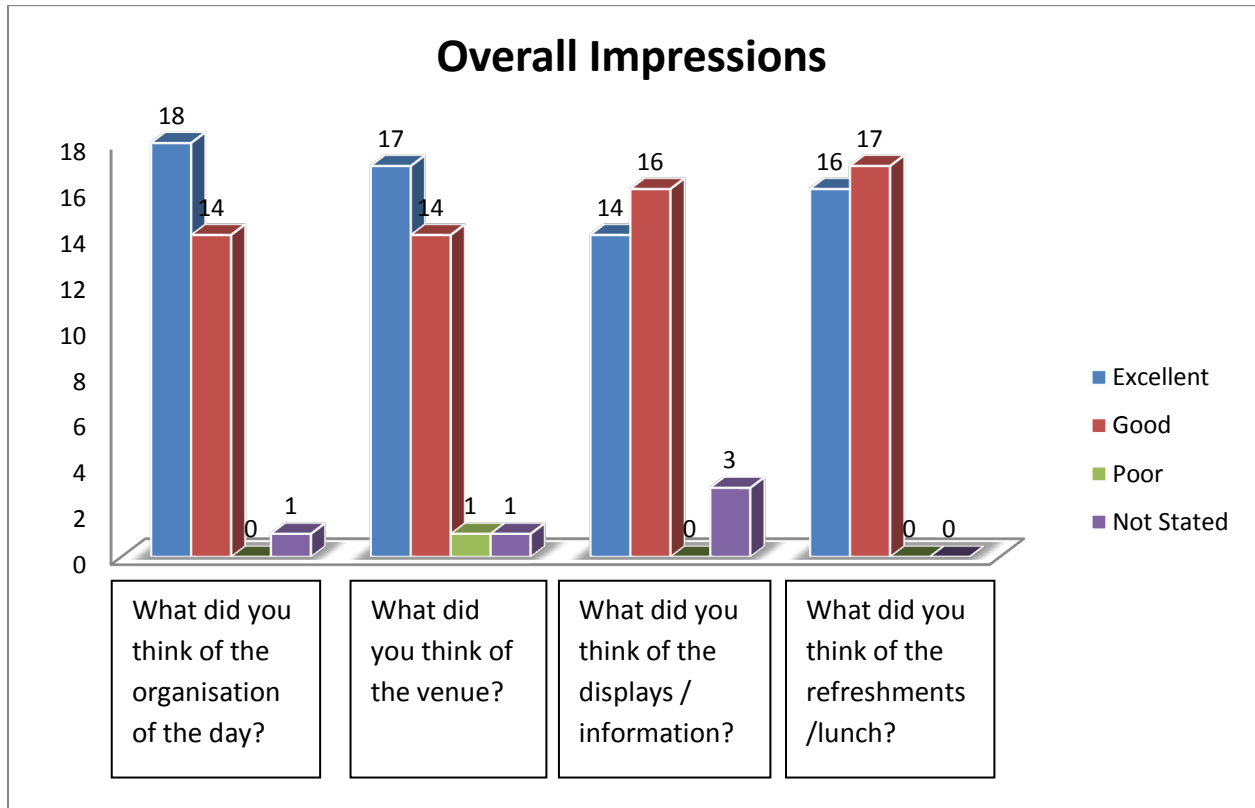
- Chief Executive of the Afiya Trust a leading national charity on BME Health and Social Care.
- Previously employed as senior civil servant at the Department of Health and Local Government Association, Director of the Brent Health Action Zone (Brent Primary Care Trust) and Regional Director for MIND.
- Former Non Executive Director for East London & the City Health Authority, and Independent Chair of Westminster Partnership for Race Equality.
- Currently a Non Executive Director for Camidoc, a GP cooperative Out of Hours Service in North London.
- Elected as a Councillor in the London Borough of Hackney in the Queensbridge Ward in May 2006. A former Chair of the Health in Hackney Scrutiny Commission for the Council.
- Is Play Champion and Chairs the Play Pathfinder Steering Group and Play Strategy Partnership.
- Has launched a campaign for Windrush day as a public holiday to celebrate the achievement of Black People and Minority Ethnic communities in Britain.

### iii) Attendance list

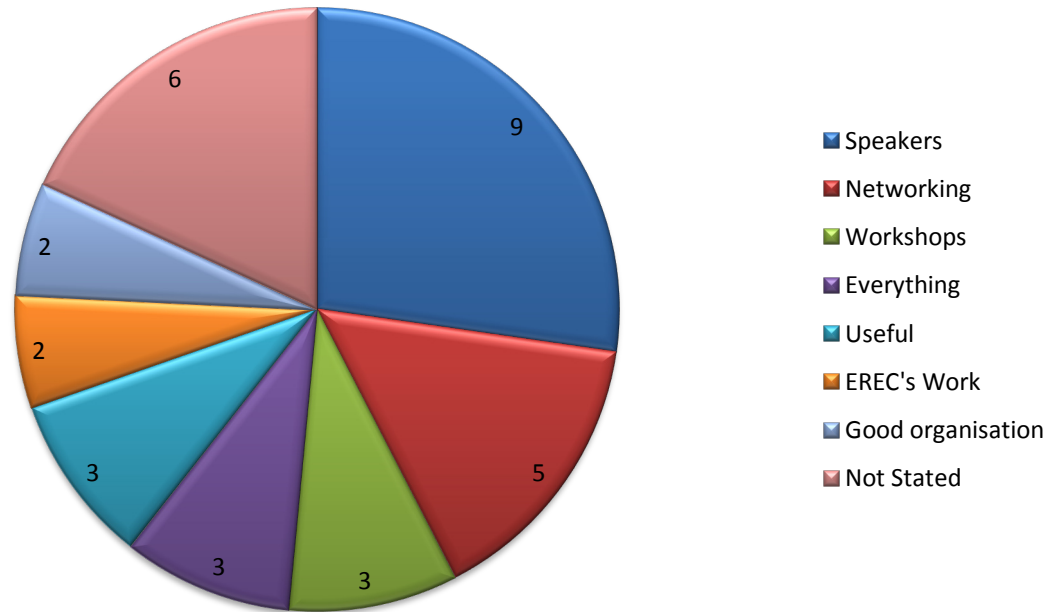
Surname	First name	Organisation
Ahmed	Rizwana	
Ahmet	Suzanne	
Albasini	Edna	EREC member
Alger	Eileen	Keep Fit Instructor
Allen	Ken	Enfield Caribbean Association
Anolue	Cllr Kate	LBE & IHP Steering Group Member
Barr-Hamilton	Margarita	EREC Member
Bell	Sam	IHP Steering Group Member
Bernard Jones	Sharon	
Billo	Samad	EREC Member
Chaggar	Valdev	IHP – Job share Co-ordinator
Degirmencioglu	Hulya	Turkish Women’s Philanthropic Society
De Souza	Beryl	IHP Steering Group Member
Dini	Mohamed	Gargaar Somali Welfare Association
Das-Gupta	Babs	EREC member
Garnar	Martin	LBE
Gocman	Michelle	Enfield Primary Care Trust
Gulamhusein	Farida	Over 50’s Forum
Gulamhusein	Yousuff	EREC – Trustee
Hingorani	Mala	
Howson	Catherine	
Islam	Nazma	LBE- Sustainable Communities Team
Jarvis	Juliet	
Juneja	Harbans	
Karim	Balkis	
Karice	K	Enfield Caribbean Association
Khan	Anwar	Community Aid
Khan	Rubina	Enfield Saheli
Khan	Sophie	IHP – Job share Co-ordinator
Little	Beryl	Capel Manor College
Molla	Khalid	Enfield Bangladesh Welfare Association
Molla	Munira	Helping Hands Enterprise
Molla	Serajul Islam	Enfield Bangladesh Welfare Association
Monaghan	Mary	Enfield Citizen Advice Bureau
Morrison	Clive	
Osaji	Evelyn	
O’Leary	Fiona	Dietician
Pandya	Usha	Sangam Ladies Club
Patel	Shruti	Naree Shakti
Rahman	Shamima	Enfield Children’s and Young Person’s Services
Rapley	Thalema	
Rattan	Vijay	Naree Shakti
Rehan	Anne	

Parekh	Saroj	EREC Member
Sadegh-Zadegh	Rasheed	EREC –Vice Chair
Seal	Matthew	
Shah	Hasu	Enfield Saheli
Shah	Madhu	Naree Shakti
Sofuglu	Ada	
Solomon	Alexandra	Work Experience
Solomon	Soula	EREC Staff
Smith	Mike	Home Support Network, EDA
Sunner	Rajinder	
Thakrar	Julie	LBE
Quansah- Abakah	Audrey	NHS Enfield
Vasudeva	Om	SOITA
Yogarajah	Indrani	IHP – Administrator

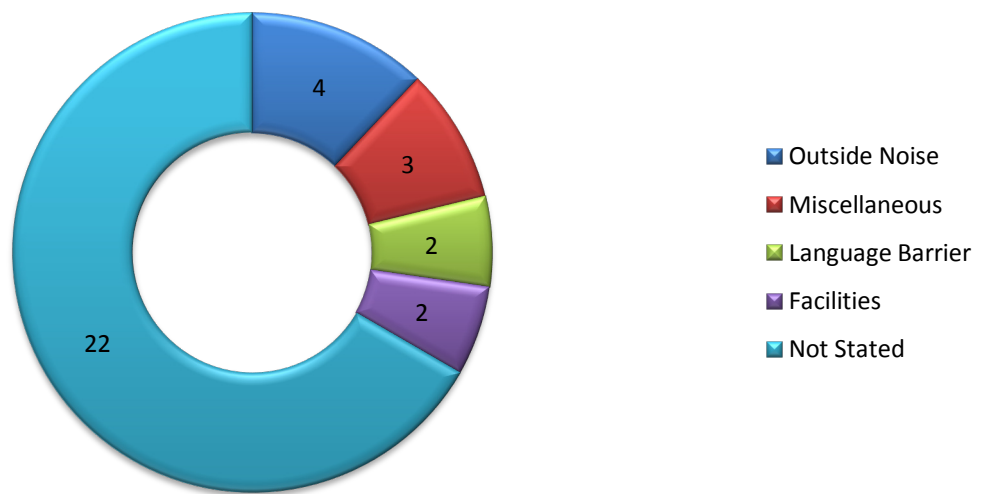
iv) Evaluation Information for delegates at conference



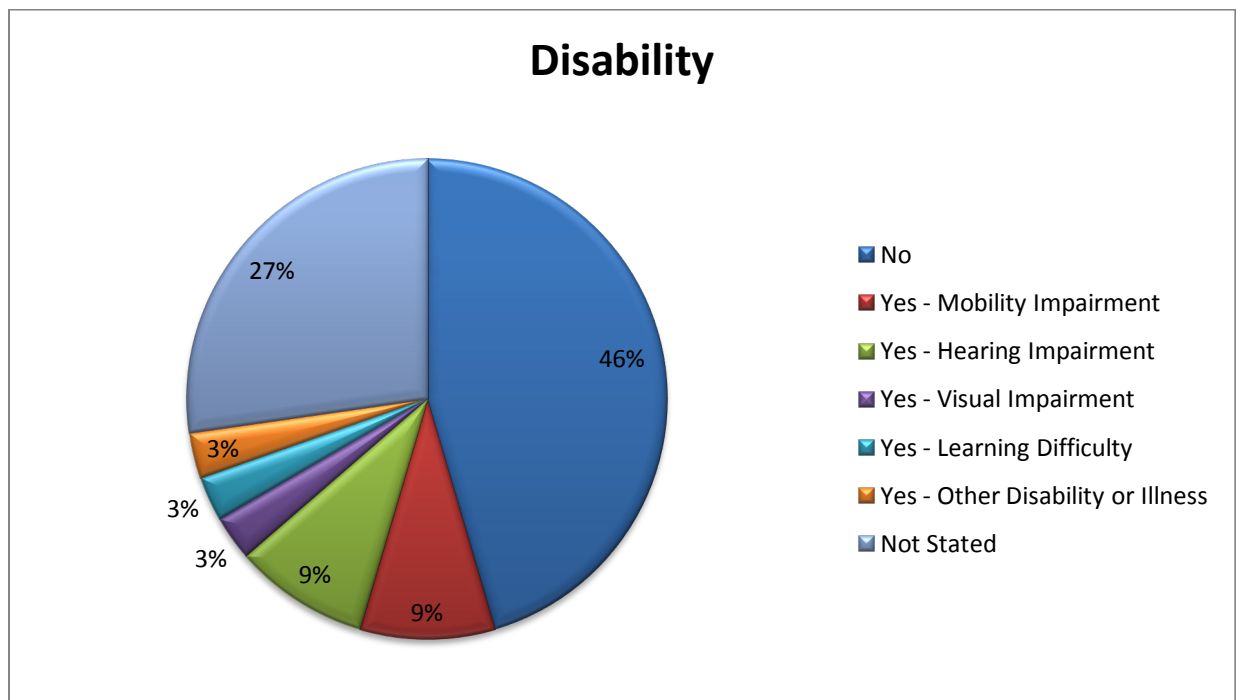
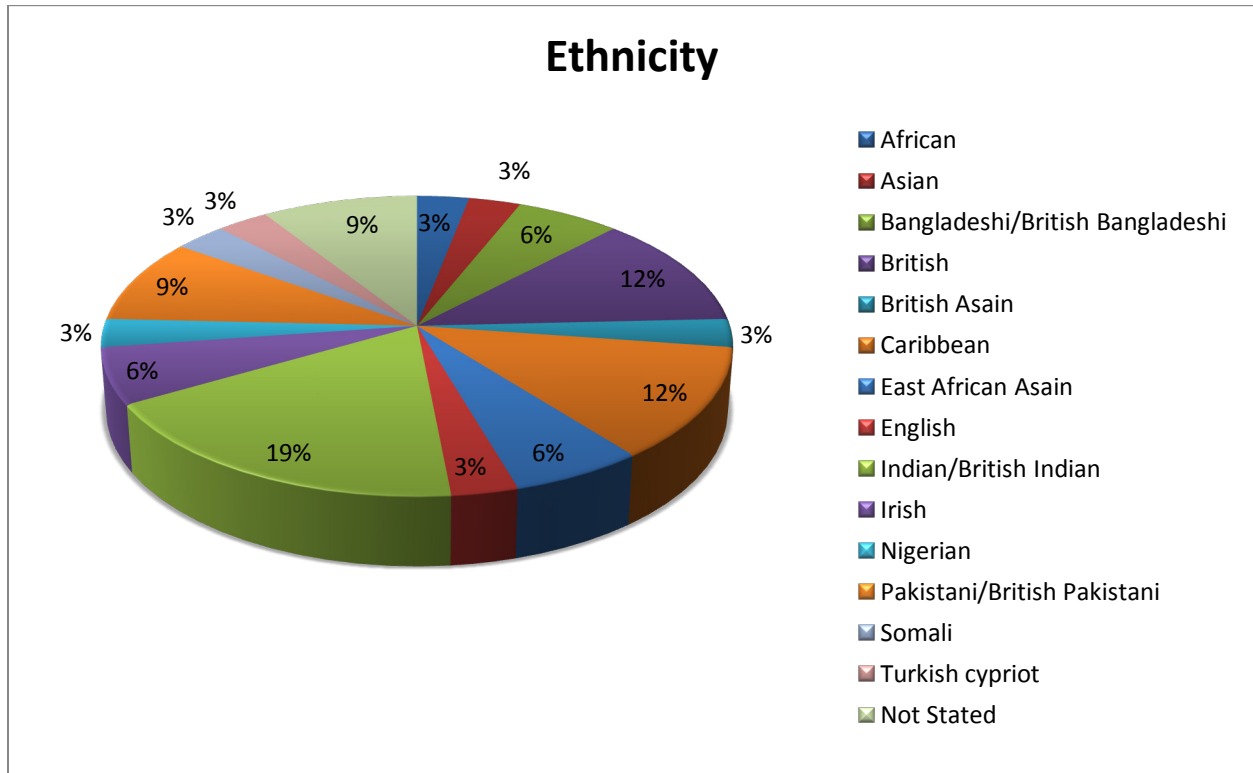
## What did you like most about the conference?



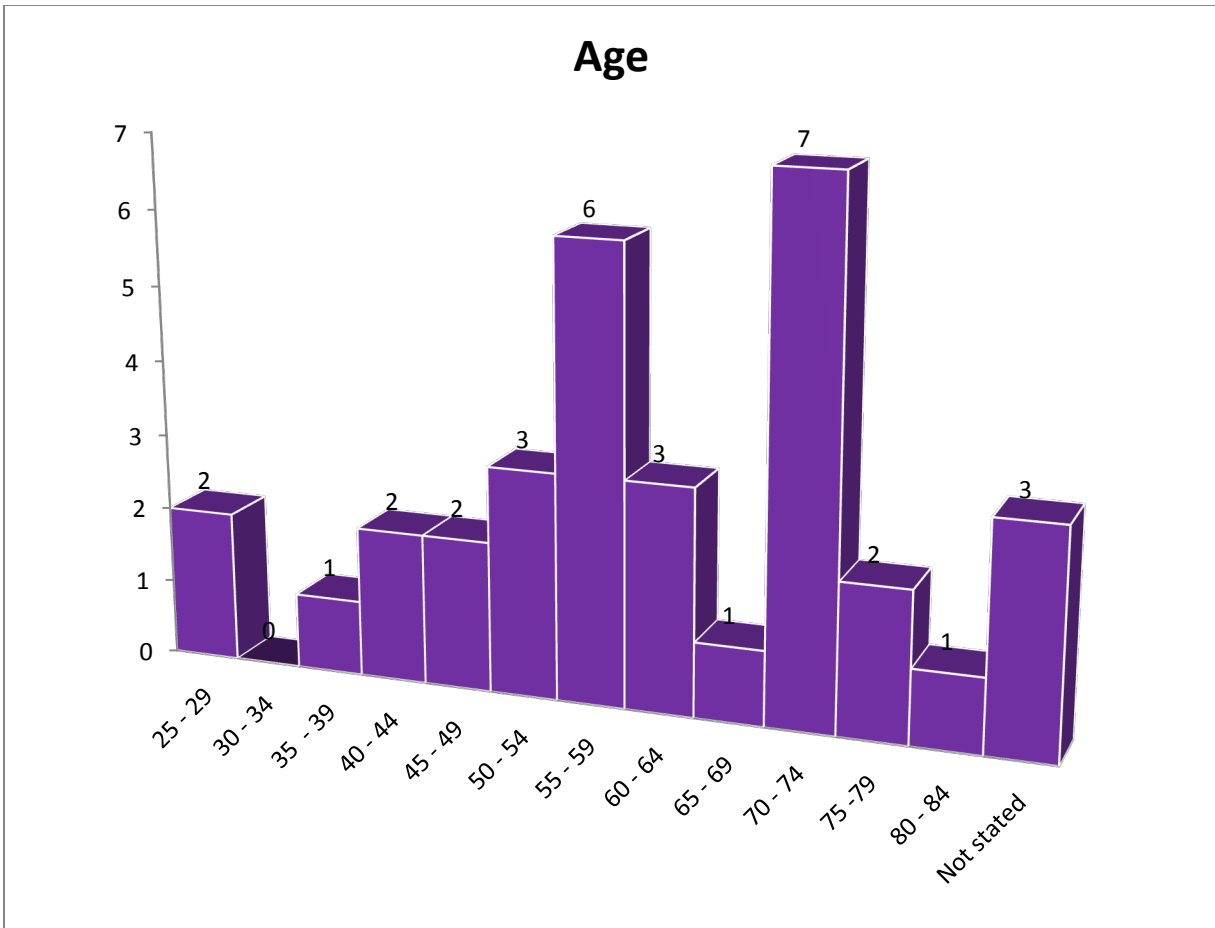
## What did you like least about the conference?



v) **Monitoring Information for delegates at conference**







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