edUKation solution

Does Health Matter: A BAMER Perspective

#SpeakUp

July 2019

1. Introduction and background

Edukation Solutions is an organisation that offers courses to those for whom English is their Second Language and its mission is to reach out to communities through information, advice and guidance to what is available in their local area, in the city of Sheffield, in the region, or for international students guidance on what is available in the UK.

Students are supported through their learning journey to join the various English language courses for settlement, British Citizenship, to find employment or to simply be able to communicate and gain confidence in spoken English in order to settle and lead a successful life in the UK.

However, through the ESOL (English for the Speakers of Other Languages) classes, we found that the BAMER (Black, Asian, Minority Ethnic and Refugee) communities faced many barriers other than language and many ESOL learning hours were missed either to attend their own doctors and hospital appointments or to interpret for friends and family. There was a high level of sickness amongst the adults and therefore they missed a lot of classes.

Also, the students do not speak about the difficult situations that they face here due to being from another culture or country, as many Asylum Seekers or Refugees are suffering due to their circumstances which forced them to seek asylum or come to the UK as a refugee. They often talk about some of these situations with their peers or their tutors. This clearly shows that as well as physical symptoms they also face mental health issues.

The Speak Up Small Grant has enabled us to begin communication with said communities to consult with them and find out what their experiences are of the Health Care Services currently and to find out what barriers or issues they are facing.

This report provides a summary of the discussions and the feedback captured from the focus groups and well-being workshops, which were delivered from April-June 2019.

2. When the project took place

The project was launched in April 2019 with focus groups in April and May 2019 and then the Health and Well-being workshops were delivered in June avoiding Ramadan as many students were Muslims who were fasting and we wanted to engage everyone in the activities therefore being inclusive of their needs.

The refreshments were an integral part to communicate subtle messages about making healthy and unhealthy food choices which were further illustrated in the Health and Well-being Workshops, but most importantly everyone enjoyed the refreshments.

3. Aims of the project

The aim of the project was to engage with BAMER communities and to hear about their experiences of the Health Care Services.

The participants would have their unmet needs heard as they'll get the opportunity to express their concerns that may have been neglected or not communicated. Therefore, the process could lead to empowerment through the discussions as they share and exchange concerns but also it would lead to asking for more information on some of the issues highlighted.

There is scope to begin the process of advocacy to get the links between the stakeholders of the NHS and the community to be actively engaged through better sharing of information and perhaps lead to wider engagement in decision making.

The project evaluation would inform policy makers through Healthwatch Sheffield networks as this learning could be shared with Sheffield Teaching Hospitals Health Trust and other Health Care Providers in Sheffield.

The main focus was to:

- Introduce Healthwatch to the project group, and its focus in consulting with the wider communities in order to inform the commissioners of Health Care Services of their needs.
- Consult with the BAMER community members in order to gather their views and allow them to express positive or negative opinions about the local Health Care Services.
- Enable individuals or carers to voice their concerns about the accessibility of services and put forward suggestions which would hopefully lead to influence when Healthwatch Sheffield communicate the key recommendations to Health Care Providers and commissioners.
- To enable better engagement with new migrant communities from Eastern Europe.

4. What did you do

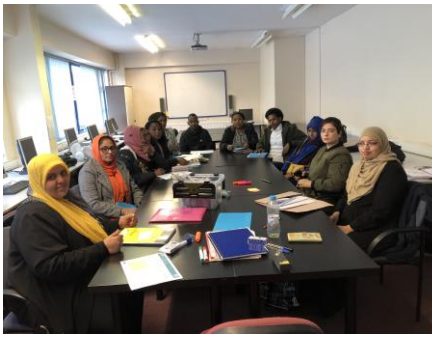
We successfully designed a programme that met the aims and priorities highlighted in the application. The funding was useful in order to address the needs of local people because the Black, Asian, Minority Ethnic and Refugee (BAMER) communities face many barriers and are missing out on health awareness and prevention activities.

The small grant provided useful resources to cover some of the costs for venue hire, refreshments and facilitators to engage the BAMER communities who were currently accessing ESOL classes. The focus groups and well-being workshops were held across the areas of the city where a high proportion of BAMER communities lived or studied to drive up engagement levels.

We worked closely with our ESOL colleagues at SYAC Business and Enterprise Training Centre, as students come to this central venue from different areas of Sheffield to learn the English

language. Moreover,the meetings in the community venues were accessible to women and the young people who lived in the Fir Vale area of Sheffield.

Focus Groups:



Four focus groups were delivered across the city with 74 participants *(see appendix 1 for focus group notes)* who stated that this was their first opportunity to evaluate the Health Care Services. They were fully engaged and enthusiastic in giving their opinions and made some strong suggestions.

We managed to engage 'new communities', primarily Roma/Slovak and the Syrian refugees who attended full-time courses at the Fir Vale Centre as well as settled BAMER students and those who were Asylum Seekers from Africa or Asia. Some of these people have refugee status now.

We used mainly peer to peer interpreters as this was useful to us in delivering the information to mostly Arabic, Swahili, French and Urdu speakers. Here the use of simple English free of Jargon, visuals , artefacts and lots of drawing on the whiteboard were utilised in delivering the focus groups and workshops.

The focus groups had a small group format with open questions which enabled the participants to speak freely and share positive and negative experiences of Health and Care Services. The tutor was present and peers were supporting with interpreting which put all the participants at ease. The inclusive environment was ensured to maintain confidentiality and all were respected.

The facilitators spoke Urdu, Punjabi and had taught ESOL for many years therefore utilising teaching techniques, to aid communication such as simple language with short explanations, pictures and slowing down the pace to aid memory recall.

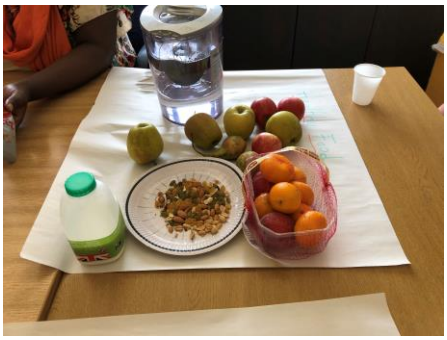
Peer to peer interpreting gave the more confident students an opportunity to practice their mother tongue and English language which were used to relay the information. The students felt appreciated and it raised their self-esteem as well as giving them additional skills for work.

Additional benefits for the ESOL students who participated in the focus groups was that it enabled them to practice their speaking and listening skills as well as work in small groups and take part in team activities. This was time well spent as they were preparing for exams and got to practice their speaking and listening skills.

Despite some of the negative experiences they shared about health, all respondents were fully engaged in the focus groups and were pleased that they had been consulted and were hopeful

that Healthwatch will report their issues to the commissioners and will lead to an improvement in Health Care Services.

Health and Well-Being Workshops:



Unfortunately, the health and well-being workshops were delivered to only some of the groups. One group was cancelled due to tutor illness and another group was doing end of year exams so it wasn't possible to deliver the well-being workshop to them. However, the groups that did engage in the well-being workshops found them interesting and fun because they got to participate in activities.

The health and well-being workshops were useful to begin the introduction of self-care and how to make better choices for healthy lifestyles and to encourage BAMER adults to become active citizens in their own communities. *(See appendix 2 for notes).*

The workshops were delivered to improve the participants understanding of health awareness so they could take positive action for self-help in order to manage or prevent some conditions. Most importantly they helped them to gain confidence to talk about their issues and get support.

The students not only discussed about being active, but they were taken on a short walk along the Sheffield canal to illustrate that you can enjoy walking and it doesn't cost anything. For them to it could be to walk regularly to the shops or to school with the children.

They were given the opportunity to choose between healthy or unhealthy snacks and discussed the portion sizes. Here the small budget for refreshments was well used.

The phase 2 funding enabled us to present information and complete the summary and full report to healthwatch which was the culmination for the research project.

5. Who did you speak to

In total we gathered views of 74 people aged 16-50+ who were all attending ESOL classes either in central or other areas of Sheffield.

The biggest group was the 16-19s at the Fir Vale Centre where 45 students participated in the focus groups, with 29 adult men and women participating at the SYAC centre.

The focus groups and well-being workshops were inclusive of different ethnic groups, identified as the following:

Adult students came from the Congo, Sudan, Chad, Eriteria, Somalia and from Asian countries such as Pakistan and China. The young Fir Vale students were from Africa, East Asian, Syria, and Slovakian Roma backgrounds.

The students were all from diverse backgrounds who were learning English and the groups consisted of students at beginner level to Entry 2. The beginner students needed more time and support to understand the questions and to respond. The Entry 2 students found it a little easier to give feedback and join in discussions without the interruptions of the peer interpreter.

The participants in this research project were all from the most culturally diverse parts of Sheffield and perhaps the most vulnerable due to risks from living in areas of high unemployment and deprivation. They mostly live in deprived areas of the city where services are already stretched and this poses further barriers for health care providers and their benificiaries. (See appendix 3 for data about participants.)

The majority of the students were refugees or asylum seekers, and some had been settled in the UK for between 15 – 50 years.

The students came from S2, S3, S4, S5, S6, S7, S8, S9, S11, S13, S14 areas of Sheffield.

6. Key findings

General experiences of health and healthcare:

The findings from this research project have highlighted key issues and barriers that are affecting the well-being of the BAMER communities. Although they spoke positively about many of the health care services and professionals there are some aspects which need to improve in order to meet everyone's needs and be effective for all recipients.

The participants spoke of their positive and negative experiences of the services they had used either used individually or had been with family as a carer or friend.

The majority of the participants stated that the Health Care Services were good because it was free and didn't have to pay to see the doctor or to get emergency treatment. However, we did go on to explain the UK system of taxes that fund the NHS.

There was an appreciation of medical attention at the point of need and that you could access dentists and opticians if required and this was a benefit of the UK NHS.

Some of the newer migrant students stated that they had to pay an NHS charge of £500 per person which is going to double due to changes brought in recently by the Home Office therefore putting a further barrier in place for large families.

Most people had registered with the GPs and had either visited the GP or A&E for various health conditions.

Respondents had attended their local health centre or GP surgery to see the doctor or nurse for minor ailments or health care issues. Some had attended to get help with managing long-term conditions for which they were either supported at the medical centre or were referred to the hospital.

Previous local research demonstrates that the economic factors force people to live a lifestyle that may not lead to good health as it was stated that people living in the deprived areas of Sheffield consume less nutritous food such as fresh fruit and vegetables due to low income and large families.[1]

Also they can't afford to go to the gym or spend money on indoor sports activities such as swimming, ice skating or other keep fit activities due to low income. Some of the young males, especially Roma, do use the gym to keep fit but did not think about eating healthy food or to look at portion sizes.

When they were asked if they had been referred to other health professionals other than being referred to the hospitals, most participants were not aware that GPs partner with other healthcare professionals to ensure the most appropriate care is provided. Therefore, for them the concept of service delivery was not backed up by a seamless plan for the individual.

Also, they stated that they do not express their viewpoints because of low literacy, language, mental health and other barriers such as fear to complain about their doctor might affect how they are treated in the future. They did not realise they could complain to other organisations if they were not satisfied with the GP, or hospital care.

About the Doctors or GPs

Postive:

Most participants said their GPs were helpful, nice, had good attitude towards the patients and provided an effective service as they were caring and gave them medicine. The other professionals attached to the GP practice were also liked but a few students did speak negatively about the reception staff.

Negative:

Main Issues:

Accessing the GP was the difficulty expressed by all participants. They found it harder because of the language challenges. To get an appointment the person needed to be proficient in the English language and to be determined as phone lines were continuously busy. Determination did lead

[1] 'Sheffield. Where Everyone's Health Matters. Sheffield Director of Public Health Report. 2009

to some success but some stated that if they could not get an appointment for the same day they were forced to go to the Walk-in centre or Accident & Emergency for serious health issues.

The second barrier was that some GPs practices triaged the health issue and this caused additional obstacles as some participants didn't get an appointment for 2-3 days and in one case for 5-12 days. Once there, the appointments ran over from 30 minutes to one hour, and they felt that the appointment sytem is not working.

The third barrier was that some GPs have introduced an on-line appointment booking system and people with limited English again find it difficult due to lack of digital skills to interact with this.

Other issues:

When a repeat prescription was ordered it took 2-3 days to get the medication. The service was helpful but in some cases not effective.

In one of the groups a women broke down over the death of her child, as she felt that the child's condition was not deemed serious by the GP. She expressed her grief, saying 'I hate my GP because my baby died as the GP didn't treat my baby and take its condition seriously.' Some other group members felt that some GPs do not examine children thoroughly.

One person stated that they had to change their doctor and now she has a female doctor and that she finds it easier to explain her problems to her and she can speak her language.

No participasnts knew how to make a complaint about the doctors (GP) or indeed other health professionals.

At the hospitals

Positive:

All participants were very positive about the Sheffield hospitals and stated that the hospitals were clean compared to hospitals of some of the less developed countries. However, a few people stated that hospitals in Europe, such as Italy and the Netherlands, were cleaner and the layout was better.

The nurses and other health professionals were supportive to the patients and families especially in the A&E department and on hospital wards. Participants felt that on some wards the nurses checked patients every hour and were friendly, caring and enquired if you needed something.

Most participants stated that the doctors were professional and effective. Most doctors paid attention and did listen to patients but they had seen that doctors are tired because they see too many people and there are not enough doctors.

There are good services available such as surgery and operations, scans, blood test or X-rays.

Those who attend regular clinics at the Northern General Hospital commented that the appointment reminder system was good practice and the treatment was good as the nurses listened. The Hallamshire Hospital was praised as well.

Negative:

Most people mentioned that there were not enough hospital beds and they had to wait.

Some people found that hospital staff weren't caring. One person stated that their elderly father was not cared for properly by the doctors or the nurses and the family were left to supervise during toilet and feeding times.

Most ESOL students found it difficult to find the departments or clinics because the hospitals are too big and they could not easily move around and understand the signage.

The treatments in the UK are free for those on benefits but most participants who came from abroad had to pay for all hospital treatments unless they had insurance or company plan in their countries.

All people spoke negatively about the parking facilities as they were expensive for those on low incomes and especially if they visited a family member who was in for long term care. Also, they felt that staff should not have to pay for parking and better facilities should be available for staff. The refreshments and selection of Halal food was also a concern as most people took food from home for their sick relatives because the selection was poor and it was expensive. Therefore, most carers had to take food from home for the patients as hospital food was not much variety and the quality was not good.

Language and communication difficulties

Most respondents who spoke ESOL had communication difficulties and had expressed the difficulty they faced when using the phone to make appointments or to explain their health condition to the receptionists.

The face-to-face communication was helpful through the use of body language. Some respondents stated that few GPs used language line for interpreters which was useful but some interpreters did not interpret correctly. For example some speak a different type of Punjabi as Pakistani Punjabi to Indian Punjabi has some different pronunciation and words. Also, in some languages such as Arabic the dialect could make it a problem.

The majority of respondents had to get assistance from family or friends to interpret for them. Most of the young students interpreted for their parents or family when attending GP or hospital appointments but this caused them to miss college or school and this affected their attendance.

Lack of cultural understanding and stereotypes

All respondents stated that although the doctors were good and behaved professionally they didn't have time to build a relationship as appointments were short and the doctors mostly looked at the health condition and prescribed medication.

Most students saw different GPs on visits and didn't know their GPs name which was an impersonal experience.

Some people who had lived in England for many years noticed that the family doctor doesn't exist now and doctors don't have time to chat with you to get to know about you or your background. The cultural and social factors does affect the patient doctor relationship and therefore some Roma students expressed they did not trust their doctor because they did not listen to them and appointments were rushed and they did not have enough time to make them understand the issues. Most respondents stated that GPs did not give advice or suggest other preventative solutions.

The issues for Asylum Seekers and Refugees are more around adjusting to life in the UK and they expressed that the health professionals did not want to know what circumstances led them to seek asylum or become a Refugee.

Mental Health Needs

When asked if they suffer from other issues, the young people found it difficult to disclose their mental health issues unless they can trust the person. They did have some issues but they could not tell me infront of others.

However, although mental health was something the adult participants didn't want to speak about in the focus groups, maybe because of the lack of privacy and confidentiality, there were clear indicators that some situations were leading to stress. These may be the difficulty in getting benefits from the Job Centre Plus, living in some areas, not having friends or family to support them, as well as racism. Quite a few students spoke indirectly about mental health when expressing their negative experiences.

A small minority had gone to see the GPs for stress and anxiety, they felt that not much was done about this. When asked if they were referred to any mental support services such as Mind or other support organisations, we found that none of the participants were aware of these organisations.

It was apparent that settling in the UK for refugees and asylum seekers was stressful because of the differences in culture and language. The financial aspects of not being able to work and support their families for Asylum Seekers and new Refugees was causing sleeplessness and depression.

Also, unemployment was a major stress factor, as skilled professional adults weren't able to find work and were therefore claiming benefits such as Job Seekers Allowance, Universal Credit and other benefits; this was causing tremendous stress.

One student had been referred to mental health services and he stated that he was prescribed tablets by the mental health professionals and not therapy. He had to wait a long period between reviews and therefore he felt not much improvement was made and his problems were not managed acceptably, and no long term plan was in place for him.

Other Health concerns

A small minority were aware of Dementia, Diabetes and other preventable health conditions such as obesity, but most the participants or carers did not know how to get support for these conditions and the advice was not consistent between the doctors or health professionals.

A few participants had been to the GPs for health checks but the majority were not offered the opportunity for an annual health check. A few had been to GPs for arthiritis or rheumatism, heart conditions and elderly issues such as incontinence and diabetes.

A small minority of participants stated that the GP practice nurse supported them with long term conditions such as diabetes and they had regular health checks, However, advice about diet and how to maintain a balanced sugar level was patchy.

They were not referred to other support organisations such as Age Concern and if Social Services or Occupational Health did get in touch it did not lead to much support. There was no proactive initiative by services to help make the elderly more comfortable in their own home. One family was offered a bath stool after the second assessment visit but no home care was suggested even though the lady had incontinence.

Maternity support was praised and pregnant women who accessed pregnancy care here spoke positively as the nurses helped them to look after their new baby and taught them how to feed the baby. The support at the medical practice was effective as well.

Some people attended the GPs for minor ailments such as colds and flu, high fever, aches and pains, chest or other infections, skin issue, sore throats and persistent headaches and migraines. Most took children to the GP for high temperatures, colds and rashes, but they felt that although the GP did a quick check up, no follow up or advice was given.

Opticians

Mostly, there was positive feedback about the opticians where the walk- in service was good, but one person stated that the six month check up was not good and they had to change to a better optician.

Dentists

Those that had accessed the dentists stated they were good but for emergency dental care most went to the hospital because they could not join a dentist.

Most participants stated that dentists rush treatments and check-ups for NHS patients and treat them differently. They don't give advice on dental health.

7. Future recommendations

It is hoped that the recommendations will contribute to the development of better information sharing and support the wider aims of Healthwatch Sheffield.

Therefore, the following are recommendations encompassing the suggestions made by the participants.

GPs:

- The GP practices need to remove barriers around accessing or making appointments - this will reduce pressure on Walk-in centres and A&E where most people experienced long waiting times, from 3-6 hours in order to be seen by the doctors or other health professionals at A&E.
- More flexibility in accessing GPs for minor ailments, or to have more evening appointments or refer to out of hours GP services so young students do not miss college or school.
- Provide a walk-in service at the GPs, which participants said was much better because it offered flexibility.
- GPs should use professional interpreters as stated in the guidance booklet produced by Migration Yorkshire ' Professional interpreters are necessary in health settings to ensure equality of access, a useful and effective service and reduce stress of not being understood.'[2] They also state that it is never acceptable to use children as interpreters because they may miss out information and not have the full command or vocabulary to interpret fully.
- The use of professional interpreters, being flexible and making referrals for support builds trust with the patients and reduces the stress of not being understood.
- The GPs to take child health more seriously and to make this a priority because they are the most vulnerable and consequences of loss cannot be rectified. Better monitoring and advice for parents about Meningitis, Sepsis and other serious ailments would assure and advise parents how to tackle them.

Mental Health:

- Trust has to be built between the GP or health professionals such as Counsellors for low to medium mental health concerns before they become high risk situations as various forms of depression, anxiety and the stress of not being able to adjust to life in the UK was adding to their mental health.

[2] Introduction to Migration. Guidance for staff in public services. Booklet by Migration Yorkshire.

- Culturally it is difficult for men especially to talk about their mental health as it could be a sign of weakness but once a relationship of trust is there disclosure and support would be sourced.
- There must be a focus on understanding the risk situations leading to mental health and to source support rather than rely on medication which only suppresses the mental state.

Language and Cultural Awareness:

- Other than use the interpreting services, health professionals could use communication techniques such as simple language and less jargon as well as speaking slowly and being patient when people are trying to explain their issues. This would enable better undestanding.
- Cultural awareness training for health professionals would enable them to understand the culture, background or difficult circumstances that BAMER communities have faced and to build a better rapport with new patients.
- To disseminate the health and well-being information in face-to face activities, in simple language and translated materials (if costs allow) and visuals.

Prevention: Health and Well-being:

- Wider awareness of, and resources for, preventative health for new migrants from Refugee, Asylum Seekers and Eastern European communities and resources. This would improve health and wellbeing through sustainable inititatives; previous research has demonstrated that 'That migrants are often missed out by public health messages and therefore having less impact for new or tranisitory communities.'[3]
- Better Promotion of health and well-being as some young people avidly smoke in the Roma community and signs of obesity amongst the young and adults could be due to not having a healthy nutritious diet.
- More emphasis on healthy eating and strategies to be more involved in sourcing fresh ingredients and preparing healthier meals could be taught in schools so that influence begins earlier as some of the young men are more active and use the gym weekly but the young and adult women do not, mainly due to affordability.
- Resources to be targeted to improve health and well-being through sustainable initiatives and consider better planning and collaboration by community groups to increase physical activities that adults and young women could participate in.

Other Health Conditions:

- Improve care and support for the elderly and offer support on how to live with conditions such as Diabetes, Dementia and related conditions such as Parkinson's and Alzheimer.

[3] Introduction to Migration. Guidance for staff in public services. Booklet by Migration Yorkshire.

- Health Care Providers to refer to other partners or support networks to develop the awareness of coping with loneliness, Dementia, Diabetes which are key issues faced by the elderly from BAMER community.

Dentists:

- More awareness raising about on Dental Hygiene would be extremely useful as some people had a dentist and most did not attend for the regular check-ups. They suggested that more dentists for NHS patients need to be available.

References

Sheffield. Where Everyone's Health Matters.
Sheffield Director of Public Health Report 2009
Introduction to Migration. Guidance for staff in public services. Booklet by Migration Yorkshire.

About Healthwatch Sheffield

Healthwatch Sheffield is the city's local consumer watchdog for health and social care services. The organisation exists to help adults, children and young people to influence and improve the way health and social care services are designed and run in the city. Healthwatch Sheffield is completely independent from the NHS and Sheffield City Council.

About the #SpeakUp grants

In 2018/19 Healthwatch Sheffield ran a small grants programme called 'Speak Up'. Sheffield-based voluntary and community sector organisations were invited to apply for a small grant of up to £1,000 to run consultation and engagement activities. Organisations were asked to relate their projects to one of the aims and priorities in the 2018 – 2020 Healthwatch Sheffield 'Together for Good' Strategy.

The programme was designed to enable local organisations and community groups to gather views and experiences of health and social care services from Sheffield residents, especially from those who do not traditionally have a voice. The aim is to ensure that health and social care decision makers in the city hear from a diverse range of people about their experiences of services.

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Appendix 1 – Facilitator session plan notes

Does Health Matter!

A project funded by Healthwatch Sheffield to consult with BME communities in Sheffield to find out what their experiences of the Health Care Service Providers is and how further improvements could be made. (Healthwatch is the independent consumer watchdog for health and social care services in the city.)

The purpose for this consultation is to bring voice and influence to the providers of health and social care.

GPs services and Medical Practices

What are some of your good or positive experiences of the doctors, GPs and other health professionals at the medical practices?

What are some of your bad or negative experiences of the doctors, GPs and other health professionals at the medical practices?

How could we improve on some of the issues that you are facing?

Please make suggestions.

Hospitals and other Medical Services

What are some of your good or positive experiences at the hospitals, wards and A&E and how do the other health professionals deal with you?

What are some of your bad or negative experiences at the hospitals, wards and A&E and how do the doctors or other health professionals' deal with you?

How could we improve on some of the issues that you are facing?

Please make suggestions.

Please tell me about the other health professionals such as dentists and opticians.

Thank you to all the students and tutors who have participated in this project. Your support and feedback will be communicated to Healthwatch Sheffield.

Sughra Begum

Appendix 2

How to improve your Health and Wellbeing?

An Active You

1. Go for regular 20 minute walks
2. Take the stairs in stead of the lift and this burns up to 150 calories
3. Stand and stretch or do your work standing up
4. Clean vigorously and burn around 200 calories
5. Play with your children or pets
6. Exercise whilst watching TV
7. Raise money for charitable causes by doing a sponsored walk
8. Go dancing
9. Get a routine to motivate yourself

Being active does not mean that you have to go to the gym, wear Lycra and take up jogging. There are various ways to stay motivated and they do not cost much money.

As exercising helps in releasing natural chemicals for improving your mood and making you happier, so it contributes to creating your active lifestyle as well as helping for your mental health.

Here are typical ones among exercise and mental health effects:

- Reducing tension, mental fatigue and stress
- Boosting natural energy
- Improving quality of sleep
- Focusing on motivation & life
- Reducing less anger and frustration
- Increasing appetite
- Having better social life
- Having more fun
- Being enjoyable
- Feeling more capable and competent

- Giving you your sense of control over your life
- Escaping for a while from life pressures
- Being shared

As you get older your brain gets a little hazy if you don't use it. Although conditions like Alzheimer's (can develop over many years and memory problems increase as well confusion and difficulty in making decisions) or Dementia (problems with memory loss, language and thinking speed) can't be cured you can slow down the cognitive decline and improve the functions of the brain.

Being physically active can help you lead a healthier and happier life. So lower risk of

- Heart disease
- Strokes
- Type 2 diabetes
- Joints pain and issues

Therefore, Exercise can release chemicals that make you happy which can boost your self- confidence and raise your self-esteem as well as reducing stress and depression.

Food and Nutrition

Your diet and the nutrition you get from the food you eat affect your physical body and therefore affect your state of mind.

A balanced diet – 5 a day

Control portion size and count the calories

Decide what is healthy or unhealthy

Look at alternatives to cooking with lots of oil, fast food or having ready cooked meals

Appendix 3 - Group data

Adult sample

Group	No. of Participants	Age	Ethnicity	Postcode
Group 1	10	23-53	Pakistani, Somalian, Eritrean, Chad, Congolese	S2, S3, S9, S11, S14
Group 2	8	27-39	Pakistani, Chinese, Yemeni, Sudanese, Italian(African)	S2, S3, S4, S5, S6, S7, S9
Group 3	10	17-52	Sudanese and Congolese	S3, S4, S5, S8, S9,S13, S 14

Young Full-time Group

Group	No. of Participants	Age	ethnicity	postcode
1	45	16-19	Syrian, African, Roma Slovak,	S3, S4, S5