

*Equally Connected** Report 6

Midlothian Active Women

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**Equally Connected* is an action research project using community development approaches, including the creative arts, to learn from Black and minority ethnic (BME) communities about:

- attitudes to, and experiences of, mental health
- what helps maintain well-being
- effective ways of challenging stigma and discrimination

This evidence will be used to improve understanding and help ensure that services and systems of care (such as the Integrated Care Pathway (ICP) for people with depression) are designed to meet the needs of the diverse BME communities within Edinburgh and the Lothians.

Equally Connected is funded and supported by NHS Lothian and NHS Health Scotland and based at Health in Mind in Edinburgh

Midlothian Active Women

1. Introduction

Equally Connected is a project that aims, via action research, to explore attitudes and experiences around mental wellbeing in different Black and Minority Ethnic (BME) communities across the Lothians. During an initial scoping visit to Midlothian, Equally Connected staff were initially told that there were *'no BME people living in this area'* so it would be better to concentrate resources elsewhere. To challenge this notion, two community wellbeing events, co-hosted with Minority Ethnic Carers of Older People (MECOPP) and Men in Mind, were held in Midlothian area. The events were well-attended by BME people living in Midlothian.

At one of the events project staff were approached by some BME women who expressed their worries about not being able to access local services and the lack of culturally sensitive activities in Midlothian compared to Edinburgh. The women were particularly interested in physical exercise. For Equally Connected this specific request, provided an ideal opportunity to engage in action research with BME women in the area, whilst at the same time gathering evidence to negate the assumption that *'there are no BME people in Midlothian'*.

Over the last 18 months work has been done, in three stages, with South Asian women in Midlothian to get an insight into their attitudes towards, and experiences of, mental health issues. This has primarily been done by exploring the connections between physical and mental health and more recently a specific focus on building confidence and promoting wellbeing. Most of the activities have been chosen by the women themselves. For EC the work has been carried out by a member of staff and a volunteer, both from BME backgrounds. This work has been done in collaboration with the Re-generation team of Midlothian Council.¹

This report will chart the progress of the Midlothian Active Women's group and present the Equally Connected research findings.

2. Background

2.1 Access to services.

Previous research² has shown that BME individuals' participation in leisure activities in the Lothians is relatively low and a focus group conducted by MECOPP, and attended by Equally Connected, in November 2009 in Midlothian revealed that accessing local services was an issue for some individuals.³ *'Needs Must'*, a report by MECOPP also concluded that members of the BME populations

¹ In 2011 a small grant was received from Midlothian Council to support this area of work.

² ELREC (2009) *Needs Assessment Headline Report*

³ MECOPP (2010) *Needs Must*

in Midlothian experience great difficulties in terms of accessing services. This is not only true to those struggling with English language, but also for confident English speaking individuals⁴, "*there are no leaflets for ethnic minority groups with contact details so who do we go to? If you don't know, you don't know to ask, it's not as if you see it plastered on a wall or on a poster*".

Compared to areas such as West Lothian where BME populations are slightly larger, and its diversity to a greater extent acknowledged⁵, the relative rural setting of Midlothian may be seen as a difficulty for appropriate service provision. Research on BME individuals living in rural or semi rural settings has highlighted the increased risks of distress among BME individuals due to increased stigma and decreased access to services as well as limited awareness about the local services.⁶ The Mental Health Foundation research also stresses the requirements of equalities legislation to promote race equality as well as highlighting the need for service inclusion and ethnic monitoring, "*Understanding accurately the local population and its needs helps to enhance not only the service for ethnic minorities but for all members of the communities. (...) If services are to engage with BME groups in rural communities and offer culturally sensitive care, services may need to carry out a mapping exercise in order to understand the real discrimination people can experience*".
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As Equally Connected found during their research, ethnic monitoring is rarely seen as a priority by the public sector, especially where BME numbers are perceived to be small. As one service provider in Midlothian said during the initial mapping "*we do gather ethnic data but I don't think anything happens to it as we know who our service users are - in this area it is really white working class from ex-mining areas*". In terms of accessing services and lack of service awareness this kind of attitude, even if unintentional can further the isolation and mental distress that BME individuals in the area may be facing.

Other factors such as language and cultural barriers also may prevent BME individuals from accessing mainstream services.⁸ For example, EC had, after a wellbeing event, referred a woman who felt she could benefit from a specific therapy to an appropriate local service. The EC team had spoken to the service providers beforehand to ensure the woman was eligible to access their services. When the woman arrived at the venue, a worker met with her to complete a

⁴ *ibid*

⁵ For example West Lothian council host an annual Diversity week, including specific events for BME groups and there is a mosque in Livingston.

⁶ See, for example,

http://www.mind.org.uk/help/people_groups_and_communities/rural_issues_in_mental_health#Black And Chakraboti, N. And Garland, J. (2004) *Rural Racism: Contemporary Debates and perspectives*.

⁷ St John, T and Dhillon, K (No year given) *Rural attitudes towards people from BME communities and consequences for mental health*.page3

⁸ <http://www.scvo.org.uk/tfn/news/more-voluntary-sector-services-needed-for-growing-bme%2%80%88communities/>

registration form. When the woman was asked to describe her mental problems she insisted that she did not have a 'mental problem', even when the worker told her she did not need to have a diagnosis as such. The woman was turned down for the therapy as she did not fulfil the criteria for eligibility. When the woman re-approached us, she was frustrated that the worker had said that she must have a mental illness to access services. The use of clinical words such as 'diagnosis' made her even more confused. A third person speaking on behalf of the woman said '*we do not view stress and low mood as mental illness*'. Arguably, due to lack of cultural understanding the person was not given access to the service. Single events like this can have a negative effect on others in the same community who may not come forward due to the negative experience of others.

2.2 Exercise

The positive impact of exercise mental wellbeing has been well-documented⁹, and is available as an intervention for mild to moderate depression in Midlothian. The increased confidence and improved body image and experience of self-determination alone can have a significant impact. Adding to that, physiological mechanisms, such as reduced muscle tension, and biochemical mechanisms, such as increased endorphins, are all factors which affect wellbeing.¹⁰

NHS Lothian has promoted exercise as a treatment for depression and GPs in Midlothian can offer exercise referral via Midlothian Active Choices (MAC). Though the contact person in MAC was keen on partnership working with EC, she could only accept referrals via a GP. EC findings suggest this is already a major impediment for many potential BME service users. Not only would they have to go via their GP and speak of their feelings of low mood, but would the services be cultural sensitive anyway?

2.3 The Women

Sewell has argued that "*women from BME groups are the most disadvantaged within two already disadvantaged groups*".¹¹ He said that women are twice as likely to experience depression as men, often due to hormonal factors in the female body. To that, he argued, one should add the women's role within the home, and the way she is perceived outside the home in comparison to a man. Factors such as unemployment, childcare issues, risk of harassment are also factors that can place significant stress on women in particular. With this in mind, EC were keen to assist this group of Midlothian BME women to have their voices heard whilst acquiring an increased awareness of what is available in the local community in terms of physical activities and mental wellbeing.

⁹ See for example Hawkins, J (2005) http://www.dascot.org/depression/treatment/exercise_research.html

¹⁰ *ibid*

¹¹ Sewell, H (2009) *Working with Ethnicity, Race and Culture in Mental Health: A Handbook for Practitioners*, page 105

From speaking to the women it became clear that the times when the women get a chance to leave their homes, meet each other and others, is in the evenings when their children are receiving Arabic lessons at the local community school. The women feel very comfortable with that space and hoped that future work with EC could also be arranged there. Despite our best efforts this was not possible, largely because the school had limited availability and could not offer a women-only space for exercise. Whilst keen to ensure the venue was perceived a 'safe' place we also tried to utilise and signpost women to other local services.

3. Midlothian Active Women 1

3.1 Planning

In collaboration with Midlothian Council, Equally Connected planned to pilot a seven week programme of exercise tasters for the women. Discussions with some of the women provided good background about likely needs and expectations. Some of the potential barriers which had to be overcome were mentioned earlier and EC were aware at the outset that one of the essential requirements, to encourage participation, was the provision of childcare. Hence the potential venue also had to have a crèche room or the like. It is almost impossible to satisfy every individual in terms of preferred days and times for the sessions, but it was important that the session was held after the morning nursery class times and before the older children finish school. Apart from these practical issues, cultural/religious/traditional issues also had to be considered. For example, sessions could not take place on Fridays as many in the group were practising Muslims and would attend Friday prayers at that time. Also the instructor had to be female; therefore it was important to find one that was flexible and multi-talented to deliver the range of sessions. Finding a suitable venue did not prove easy and the entire planning and setting up of the sessions took three months.

The suggested venue and draft programme were discussed with the women at the Arabic group. At first, the women seemed a bit uneasy about the unfamiliar venue, but were otherwise keen to start, having been re-assured sessions would be a women-only. At the same time, a concern was raised about doing exercise to the beat of music, as it was seen by some as inappropriate and against religious interpretations. This proved a significant challenge for the instructor who, whilst very keen to accommodate the women, was also concerned about how she would keep the 'beat in her head' to deliver the exercises in a fun and timely manner. As a compromise, bearing in mind this request had only come from a few women not all, the programme was adapted so that some sessions had music (participants were informed of this in advance so they could choose whether to attend) and some without music.

3.2 Sessions

To maximise results it was essential to meet the expectations of the women, in terms of exercise sessions, and at the same time carry out action research.

Knowing the women's previous comments about '*being fed up being asked questions*' and a general sense of research fatigue, it was a significant challenge to incorporate the Equally Connected research agenda. We decided that the sessions would have a duration of 90 minutes, where 60 minutes would be dedicated to exercise and 30 minutes to participatory discussions around mental wellbeing. Knowing that there was likelihood for group members to either come late if the discussion was before the exercise, or leave early if it happened after, we explained to the group why it was important for them to participate in the entire session. Also realising that it would not be easy to get the group to discuss personal issues comfortably right away, key questions were posted on the door for the women to answer anonymously with a sticker on their way out.

The sessions were due to take place every Thursday afternoon, at Bonnyrigg Leisure Centre starting with exercise tasters and ending with a participatory discussion. As the pilot was successful, EC, in collaboration with Midlothian Council, agreed to extend the sessions until the beginning of the summer holiday making it 10 sessions in total.

The Sessions ran as follows:

Session	Taster	Discussion	Key Question	Attendance
1	Pilates/Yoga introduction	Group introductions and ice-breakers	How fit are you? Vs How happy are you?	13
2	Stretchbands	Happy woman able to take part of the class vs. troubled woman who is not able to participate in such activities.	What would you do if/when serious distress and low mood affects your wellbeing?	10 (including 1 new)
3	Tum, bums and thighs	Chat about health and fitness	Isolation - What reasons may keep you from leaving your house?	17 (including 2 new)
4	Zumba	How did Zumba make you feel - happy, silly, uncomfortable?	N/A	15 (including 5 new)
5	Circuit training	Midway evaluation using a body map: Physical and mental differences you have experienced in taking part of the sessions so far.	What would you like to do next week?	15 (including 2 new)
6	Zumba		True or False on Bonnyrigg Leisure	17 (including 1

			Centre	new)
7	Yoga type training	Farewell to instructor, time to ask for tips about fitness and classes		14
8	Cancelled due to new location			
9	Tai-Chi	Informal chat about new venue	different relaxation techniques - what does/doesn't make you relax?	5 (including 1 new)
10	Stress control	Workshop by local Stress Control facilitator. Group work about 'interesting' activities	Planning for after school holidays	12

(Fig 1)

3.3 Participatory discussions and key questions.

The discussions, using PA methods, gave a good indication of the different issues facing BME women in that area. As mentioned earlier, some of the women had made it clear that they were not interested in participating in any focus groups, or such like, it was essential to find ways to engage and gather information in a more participatory and less formal manner. The information gathered is useful, but it must be borne in mind that the respondents to the different questions and exercises were not necessarily the same, as the make up of the group was fluid. New participants would join every week, usually hearing about the group from friends, and some only showed up for some sessions.

3.3.1 Fitness vs. Happiness

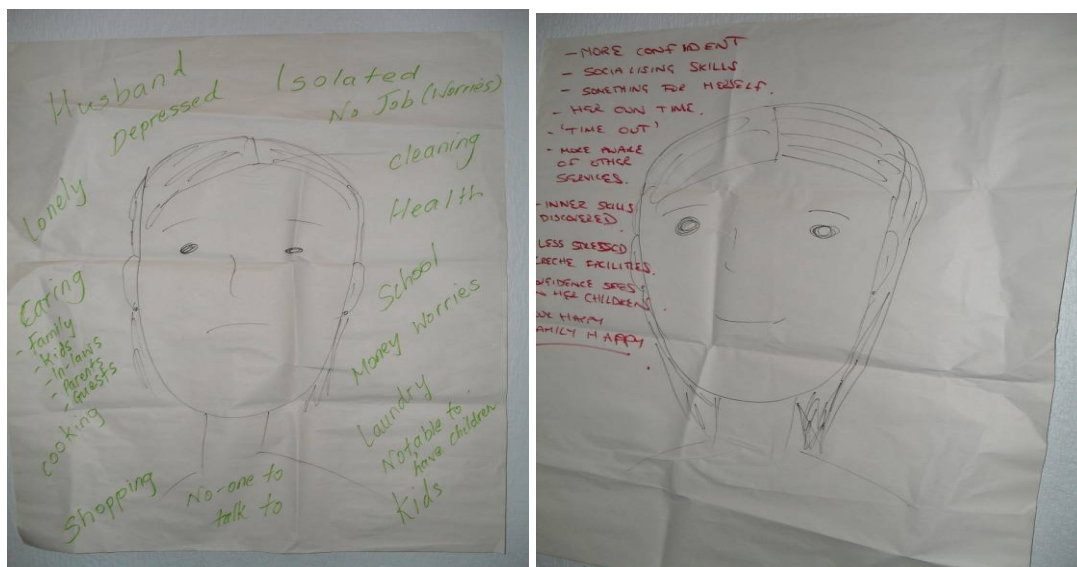
The initial idea was to attempt to capture the fitness of the group participants and comparing to their self-esteem at the beginning of the programme and then ask the same questions at the end of the programme to see if there had been any improvement. This first exercise did not work as imagined, as there was no obvious correlation between fitness levels and self-satisfaction.

Although the purpose of the question was explained thoroughly, all participants said they were as happy as can be about themselves. Though this may well have been true, there was an element of participants looking at others to see how they had answered. Our impression was that the fear of being judged by peers prevented participants from being completely honest. To overcome this

situation in future, we decided to illustrate examples with fictitious characters, who the participants could relate to and from similar backgrounds.

3.3.2 Happy lady vs. Troubled lady

This participatory exercise was an attempt to get to know more about the issues that the women may be dealing with, without compromising their sense of safety. Participants were split into two groups with markers and a flipchart with a drawing: Happy woman for group 1 and Troubled woman for group 2. Group 2 had to discuss and write down different issues that women have to cope with in their daily lives. Group 1 had to discuss and write how weekly sessions of exercise and socialising could have positive benefits for the woman.



This exercise laid the foundations for a good discussion, and the participants were able to find similarities to their own experiences:

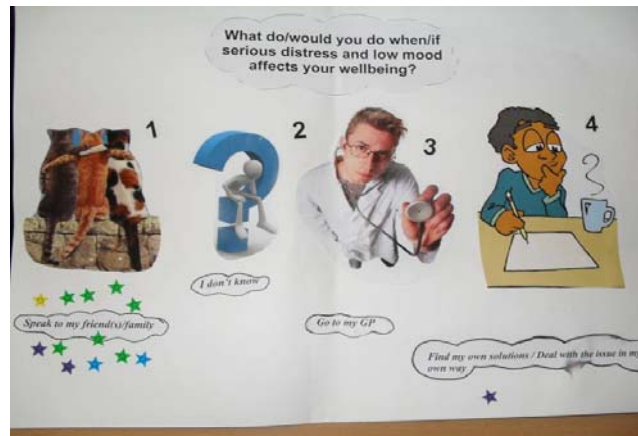
"It makes such a difference to get time to myself away from children and family, it is reflected in the way the children behave as well - so much happier" (Group participant).

"It is easy to be depressed and lonely in this country" (Group participant)

The exercise also highlighted several issues directly linked to mental wellbeing - caring, isolation, confidence, being away from relatives, finances, and lack of access to local services.

3.3.3 What would you do if/when serious distress and low mood affects your wellbeing?

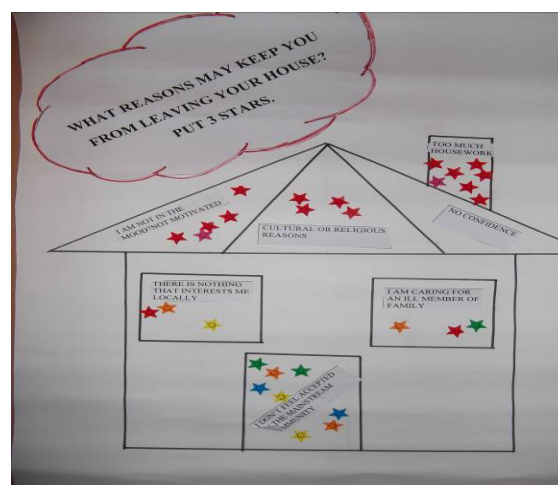
This Poster question is based on one of the main assumptions behind the Integrated Care Pathway (ICP) - that people would consult their GP when experiencing distress and low mood. The women were asked to place stars under 1 - 4 depending on what they would do.



The answers clearly show that the family network is an essential tool for coping for the majority of the participants. Anecdotes and informal discussion underlined the importance of 'the community' as a safety-net, "you need to speak to people that understand the way you live, sometimes a GP cannot understand because it's different culture". But simultaneously there was fear of being stigmatised, a confident participant mentioned that there are times you keep information such as mental illness from others in your community because of fear of gossip. As revealed later in private, the risk of stigma was the reason the one individual chose 'Find my own solutions' as opposed to 'Speak to my friend(s)/family' which the rest of the group chose.

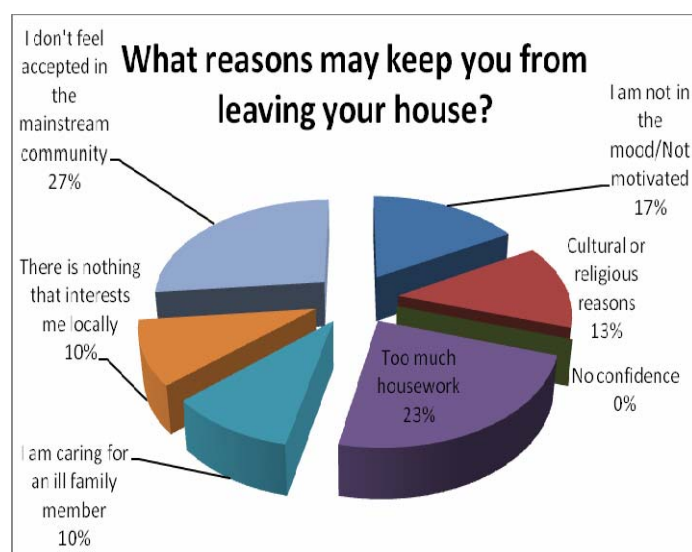
Arguably the ICP assumption fails to recognise that some groups of people or individuals would not consult a GP, but have other means of dealing or attempting to deal with their ordeals.

3.3.4 What reasons may keep you from leaving your house?



From the Happy woman/Troubled woman exercise the key issues seemed to be connected to loneliness and/or isolation and we wanted to follow up on this. In this session, the questions were asked in a way that could be linked to the

limited use of local services by BME people. Participants were encouraged to pick more than one answer to highlight the complexities around that particular issue but they chose to only pick one answer each.



(Fig 2)

The results give a good indication of the kind of barriers many women have to overcome before they can participate in leisure activities, engage in local events or access services. To that, many added language barriers and lack of cultural sensitivity -*"it is very boring here, I stay inside alone because if I leave the house I don't know what to do or where to go"*

Interestingly, the lack of a sense of belonging had a significant impact, clearly enhancing feelings of loneliness or exclusion and arguably this could be linked to a fear of racism or discrimination, as mentioned by many in private. Comments such as *"people don't understand Asians"*, or *"When I start speaking, they stop listening because my English is not good, it can make you feel bad"* gives an insight to individuals who have had negative experiences, and this has an impact on future behaviour/actions. Caring and too much housework, it could be argued, are reasons exacerbated by culture and tradition. Thus illustrating some of the barriers, often hidden, which exist within their homes. Though no-one put a star on 'no confidence', it could be suggested that all the other factors can impact on self-esteem in one way or another.

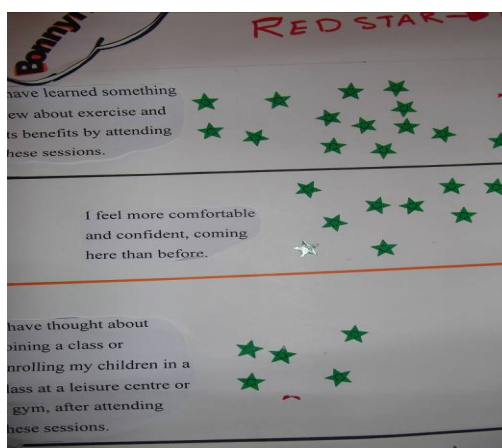
3.3.5 True or False

A few weeks into the programme, the Midlothian Leisure department informed us they would be withdrawing the free-let they had initially agreed to. The reasons given were that the group, made up of BME women, was not open to others, and they wanted to be inclusive. To cover costs, it was suggested we could perhaps charge the women or they could take part in the existing activities instead. This decision led to great disappointment, and perhaps highlighted the leisure department's lack of understanding of the barriers faced

by the women and the need for a culturally sensitive approach, especially as the women had never used local leisure services before. One of our main reasons for using a local leisure centre was in the hope that the women would become familiar and confident enough to use the services themselves, or feel comfortable in sending their children there, and give them a sense of belonging in the local community.

At that stage the group was only just becoming comfortable in using the venue and coming together as a group, and we felt that it was inappropriate and much too early to introduce fees, also being aware this could exclude some members. This issue was raised with several officers within the council including the Equalities Officer and Mental Health Planning Officer. Both were keen that the issue be raised at a council-level, rather than try to resolve as a one-off. We are unaware if the issue was resolved at a council level or not. In the short-term EC and the Re-generation team agreed to pay the venue costs.

In this context we chose to explore how comfortable the participants were using the venue and had this changed from their initial reservations.



Green stars represented 'True' and red stars represented 'False'. This chart was a wonderful way for the participants to visualise their progress too. Please note that the those who said they had been to the leisure centre prior to the sessions were all in association with children's birthday parties or leasing of the main hall for a one-off cultural event, not for exercise.

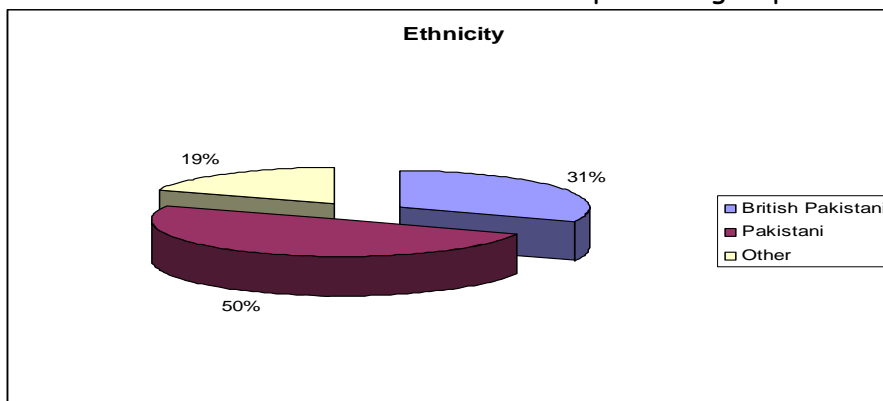
Statement	True	False	Don't know
I have learned something new about exercise and its benefits by attending these session	17	0	0
I feel more comfortable and confident coming here than before	9	0	8
I have thought about joining a class or enrolling my children in a class at a leisure centre or gym, after attending these sessions	5	1	11

I am curious to know what classes Bonnyrigg Leisure Centre offers	6	0	11
I want to get fit but the facilities at Bonnyrigg Leisure Centre are not suitable for my needs	2	3	12
I never used Bonnyrigg Leisure Centre before participating in the women's only sessions	7	1	9
I am not yet confident to join one of the classes here at the leisure centre	2	4	11
I have been here before but only very few times - once or twice	4	3	10

(Fig. 3)

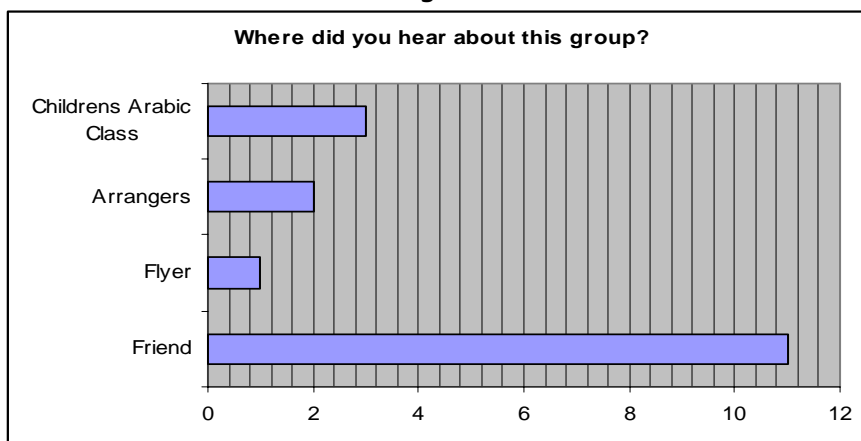
3.4 Monitoring and Evaluation

Monitoring information (age, ethnicity, contact details) was collected as trust was built up but we did not manage to collect the details of all participants, especially those who attended very irregularly. From staff observation, the chart below is an accurate reflection of the makeup of the group.

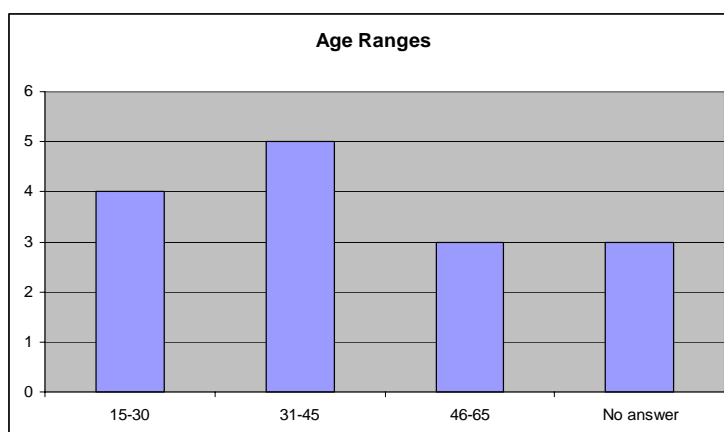


(Fig 4)

Others included women identifying as Muslim and Egyptian. It is not surprising that the majority described themselves as Pakistani or British Pakistani as information about the group had largely spread by word of mouth (figure 5). There are, of course, other ethnicities in Midlothian as we have had interest from African and Indian women who could not participate due to the timing. Also there are several Chinese and Bangladeshi restaurants in Midlothian.



(Fig 5)



(Fig 6.)

As for age, it was surprising and interesting when some younger participants started taking part, the majority of them being British born. Arguably this identifies a need for young women to be able to do physical activities under acceptable conditions to them and their families.

In terms of evaluation, EC held a midway evaluation session - a body map was used and split in half - a physical and mental side. The participants were split into two teams and asked to put down positive physical and mental changes they had experienced since joining the sessions. The comments from the body map are listed below:

Physical	Mental
Less tension (in different parts of the body)	Meet some new and some old friends
Increased flexibility	More comfortable that it is women only
More energy	Feel happier and interested
More stamina	Reduces exam stress
Nicer complexion (skin)	Better home environment (as mothers we are happier and calmer)
Know how to use all muscle groups	Something to look forward to
Strong	Feel fresh, feel good
Better resting	No worries about children
Weight loss	Housework is done quicker (in order to participate in sessions)
Feel fresher	Less stress
	Less depression
	Enjoyment
	More energy
	More confidence

(Fig 7)

Although EC is primarily interested in the comments under mental wellbeing, the physical ones are interesting too, showing the links between physical and mental wellbeing. The comments also show an increase in confidence and knowledge. Also it is positive feedback in terms of how much positivity, activities as these, can bring to the lives of not just the women involved but to their entire families.

On the same occasion the more practical factors were also evaluated. A sliding scale evaluation chart with happy faces and sad faces was used to evaluate childcare, instructor, tasters, venue, time and refreshments. The participants were asked to place a dot on the sliding scale to give an indication of how satisfactory the facilities were to them. Again, the feedback was mostly positive. Only two individuals were not entirely happy with the times.

3.5 New opportunities

As the first block of sessions ended, the women expressed interest in expanding the content of the new sessions to include wellbeing activities. Now the women were open to try new activities, and we were moving to another venue (the original one being unable to offer the same time slot), it seemed sensible to use the extra three sessions before the school holiday to pilot activities that were thought to promote relaxation and control stress. With this in mind we arranged tasters of tai-chi, stress control and other relaxation techniques.

Given the letting difficulties discussed above, the Re-generation team secured a free venue in Newbattle, but this quickly proved to be unsuitable as nobody showed up. EC staff also found the location difficult to reach by public transport and the local environment was very different to what participants were used to. The compromise reached was to use Loanhead leisure centre. The women were already comfortable using the previous leisure centre, and transport to Loanhead was easier. Luckily they also had a crèche and playground making. Moving to this venue also gave other women, living locally, the opportunity to come along to sessions, but, despite efforts by the women to organise lifts, it sadly meant a few original participants were unable to attend.

3.5.1 Sessions

The women were very open to trying the new tasters. Tai-Chi was initially welcomed with an open mind and everyone participated but as the session moved on, and the pace did not pick up, and the movements became monotonous and participants began to lose interest in the activity. Confused glances were exchanged, and some responded by shrugging shoulders. In an attempt to speed up the pace a little the facilitator was prompted, but this did not help. The women also began to ask polite questions such as *'will we do it faster now?' or 'is there another way to do it'*, indicating their unfamiliarity with the activity. During the refreshment time the participants openly shared their opinions of

the session. It was deemed '*boring*' and '*not making sense*'. When the potential benefits were explained, they were not shy to express their disagreement.

The next session about stress control and relaxation also started out well. It was delivered by a member of the Clinical Psychology department at a local hospital. Again this was an attempt to introduce local service providers and improve awareness of local Stress Control classes. The workshop part introduced the Cognitive Behaviour Therapy (CBT) cycle and applied it to an imaginary person (learning from past experience) - this worked well. The participants contributed to the discussion about what factors may add stress to the life of the imaginary person. Language barriers, traditional and cultural expectations, household work, living far away from family, unemployment, discrimination, physical health problems, and loneliness were mentioned.

Afterwards two different relaxation techniques were tried out: Deep Progressive Muscle Relaxation and Passive Group Relaxation. Unfortunately, these techniques were not well-received by the group. Feedback included '*it was too quiet!*', '*it made me feel more stressed*', '*I did not understand most of the things she said*'. EC staff and a volunteer present at the session also found it lengthy and wordy, containing some difficult words especially for people with English as a second or even third language.

During a casual conversation with a young British-born woman of Pakistani origin, some of these issues were explored further - she said growing up in Scotland she enjoyed relaxing '*as in the western perception of relaxing*', sitting down in a quiet room closing her eyes, whereas family members of older generations would perceive it as idleness. When she explained she was relaxing she would be advised to keep busy instead and that would help her cope with stress.

These two sessions brought lots of learning in terms of the widespread, but nevertheless ethnocentric, perception of how to relax or cope with stress. This has implications for the providers of mental health services and also raises questions about the accessibility and usefulness of particular interventions.

Recognising the time it had taken to establish trust, overcome barriers and the growing willingness of the women to explore a wider mental health agenda, we were keen to continue sessions after the summer and a planning session was held. The group was split into three teams: Yellow, Green and Red and each team was given coloured cards - half the cards had a suggested activity and the rest of the cards were blank. The teams were then asked to fill in the blanks with their own suggestions of preferred activities. The team results were as follows:

Yellow Team:

EC Suggestions	Group Suggestions
Swimming	Exercise Machines (gym)

Healthy Eating	Confidence Building
1 st Aid	Expressing yourself better (assertiveness)
Yoga	Beauty tips, how to make yourself look and feel good.
Massage	Zumba

Green Team:

EC Suggestions	Group Suggestions
Coping with stress	Self defence/personal safety
Wellbeing in traditions and religion	Physiotherapy
Time management	Jogging, running
Confidence building	Cycling
1 st Aid	Fitness suite/gym

Red Team:

EC suggestions	Group Suggestions
Aerobics	Swimming
Relaxation	Beauty therapy
Aromatherapy	Massage
Self Defence	Exercise machines (gym)
Walking + other outdoor activities	1 st Aid

After discussion, it was agreed that after the summer holidays the programme would be based on these suggestions. When it came to the practicalities, the participants still preferred Bonnyrigg, though Loanhead was also deemed to be okay for many. The days did not matter so much but the preference was to keep the same times. It was also decided that the new sessions would not begin until after Ramadan at the end of September. Some women were upset about the break saying they would be alone, stuck in their homes, with nowhere to go and no-one to speak to.

4. Midlothian Active Women 2

The group sessions re-started in October 2010 after the summer holidays, Ramadan and Eid festivities. The new six week programme included: self defence, Gym induction, Reflexology workshop and tasters, Swimming, Aquarobics and a story-telling Community Conversation including henna art. When compared to the first programme, the women were more interested in exploring new and unknown wellbeing activities. The new programme is more directed towards debate/conversation, confidence and capacity building. Over the summer we had kept in touch by phone and the new programme was sent out by e-mail and by post to the women in the beginning of October 2010.

4.1 Sessions

For the first session six women showed up, all very excited about the opportunity to be together again, many simply wishing to 'catch up' and share experiences, as one said *"I have missed you sooo much this summer!"*.

Session 2 was attended by seven women, and included a workshop about personal safety and self-defence. This session showed how much more comfortable the women now were to speak out, helping each other to overcome language barriers. Many of the women openly expressed their fears and experiences from situations where they felt unsafe. Feedback from this session was very positive and some mentioned the need for a confidence-building session in the future.

Much planning went into the next session - gym induction - as it was an expensive activity but had been a very popular choice. However, poor weather and dark nights meant the turnout on the day was very low. Those who did the induction enjoyed it and were happy that they now felt equipped to join their local gym.

Unfortunately, due to bad weather session 4 (reflexology provided the local Sure Start project).

Aquarobics and swimming was also something that had been eagerly awaited and it had been a challenge to find a suitable venue, without a viewing gallery, and the session had to be held at night. Sadly, no-one turned up, one woman attempted to show up, but came at a wrong time. EC staff phoned the women for feedback and all said it was too dark and too cold for many of the ladies to feel motivated to engage in activities. Due to the continuing extreme weather conditions the last session had to be cancelled as well.

4.2 Learning

When comparing the two programmes, it is clear that there is much learning for future planning and group work in this area with BME women. Despite choosing the activities themselves, the low attendance in the second programme, aside from the extreme weather, was largely due to concerns expressed about the about the cold, wet, and dark months of autumn/winter.

Even though Loanhead is only a few miles from Bonnyrigg, and initially accepted as a venue, it was not deemed to be accessible for those who could not drive

Interestingly, despite some initial reservations, the leisure staff at Bonnyrigg expressed their admiration for the project and were keen to explore further opportunities to work together with EC and the women.

5. Midlothian Active Women 3

Having learned what worked well and what had not worked so well in terms of the women's group, in November 2010 Equally Connected was successful in securing a small grant from Midlothian Council Small Projects Regeneration Fund

to continue work with the Midlothian Active Women. The aims were to "increase confidence, develop existing skills and create new ones to build capacity and reduce isolation". The long-term hope was that the group would then be able to apply for funding in their own right.

After consulting with some of the women who took part in the original sessions, and bearing in mind it was still winter, it was agreed that instead of having a programme of six weekly sessions it would be preferable to have two full day workshop-type activities, with the same aims.

In addition to those who had originally been involved, EC staff had also been contacted by several other Midlothian BME women about the continuation of the group. Midlothian Active Choices (the exercise referral scheme) had also referred several BME women to EC as the women were very isolated and their support worker felt this would lessen their isolation and improve their wellbeing.

It was agreed that one full day would take place outdoors to give 'tasters' of using local outdoor space, an introduction to the rich natural environment and encouragement to use the local surroundings more. The event was scheduled to take place at Dalkeith Country Park, a place that many of the women had not used before, despite living very close by.

The second day was to be a full day of workshops for the women, with crèche and play facilities for children. The workshops were to include ideas suggested by the women at previous sessions including, confidence building, assertiveness training and relaxation. Due to the women's work and family commitments during the week it was decided to hold both events over two weekends in May.

The Dalkeith Country Park event was promoted via phone calls and word of mouth. Places for the guided walk were limited so women were asked to call and confirm their interest. Promotion for the second day was done via flyers, phone calls and word of mouth as with the first event. There was a real interest in attending both events, and the women were looking forward to gaining new experiences.

5.1 Dalkeith Country Park

On a fairly dull spring day, over 25 women, including teenagers and a few children, attended. We had agreed a central meeting place and then shared cars to get to the park. The plan of the day was to have a guided walk through the woods, a picnic lunch and then do some team building exercises.

5.1a Guided walk:

The guided walk was long, but kept all ages interested. The women were intrigued by the information they learned about different plants which could be used for various medicinal and culinary purposes. Some herbs were collected for

making tea; some branches were taken home as medicinal remedies for lowering blood pressure and other things were picked for use in cooking.



The guide also managed to give some historical background about the local area and how people used to live - she encouraged the women to share their stories about how their families used to live in their country of origin.

5.1b Picnic

For lunch, the women had all brought home-made food and shared it with each other, exchanging their opinions about the day so far, while the children enjoyed the adventure park. This time also gave some of them the opportunity to reflect upon the previous sessions and what the future might bring. Some of the comments included:

- *'I have missed to have something to do. It is important to get out, because every day you are inside - never see other people or enjoy things for myself'*
- *'As you can see some of the women now have jobs, some of the them have really surprised the rest of us as we never thought they had the confidence to get out there and be part of the society. I am sure the weekly sessions we used to do has led to this - people really got their confidence levels raised!'*

5.1c Team Building

When EC first started engaging working with this group, they often seemed very detached from one another. As the sessions developed the group began to gel and strong relationships were built up. We were keen to encourage this capacity building and a team-building exercise was included in the day.



The women were all taken into the forest with blindfolds on and asked to stand in a snake-like-line and hold on to each other's shoulders. The guide then made sounds in front of the 'lead' person to direct them and the others had to follow, making them trust the blindfolded person in front. Each woman got a chance to try being the 'lead' person. This exercise was a big step for many of the women, as they were quite uncomfortable and hesitant to begin with. But they soon started to enjoy the exercise and there was much laughter. The experience was the subject of much amazement and discussion for the remainder of the day. The younger ones also had their own trust exercise in pairs.

The day finished with participants being told to collect firewood to make a fire to boil water to make tea with the herbs they had picked earlier. This exercise also became the subject of a lot of debate as many of the women re-called cooking on firewood when living in, or visiting, their home countries. There were widely differing viewpoints and a lot of sharing and demonstrating.

5.1d Evaluation

The guide/facilitator did a quick evaluation as the women were sitting around the fire. They were asked 'what did you like most' and 'what did you not like'. A lot of the women said the day was not at all what they had expected; they had learnt a lot and experienced many new things. The younger ones said they had also thoroughly enjoyed their day with the fire-making being the highlight of the day. On the other hand, some felt the guided walk, although interesting, had been a bit too long, and some felt that there had not been enough time to fully enjoy the scenery as we had to rush slightly to keep to the programme.

5.2 Workshop Day

On this day, a crèche was booked as at least six women were expected to come with young children. Flyers had been distributed after Friday prayers and also phone calls and word of mouth had been used to promote the event.

The event was due to take place at Loanhead Community Learning Centre. The venue was chosen as it was unknown to many of the women, even though it was local. The centre offers a diverse range of activities for families, women, and children and was thus a good local place to introduce the women to.

The programme for the day included: confidence building workshop, storytelling workshop, lunch, Zumba, relaxation and complimentary therapies. EC staff were planning to organise catering but the women themselves suggested that it would be nicer, since it would be the last event with EC, to each bring a dish to share.

Unfortunately not a single woman showed up for this event. On the morning of the event one woman cancelled due to a family bereavement, meaning herself and her mother would not be able to make it. Midlothian being a place where most people of South Asian origin know each other it is likely that this bereavement affected more families as we had experienced a similar situation in the past. It would have been considered inappropriate to be 'enjoying oneself' whilst others were grieving. It was also a grey and very wet day which may have impacted on numbers. For these reasons the event had to be cancelled.

6 EC research findings

In addition to the regular group work and weekend sessions, we have detailed below some findings from our action research in Midlothian under the themes of location and isolation. We would suggest that these themes are of relevance when planning any future work with BME communities in Midlothian.

6.1 Living in a semi-rural location

During regular group sessions there was much reference to not feeling part of the local community. While men may work locally or in the city, the situation seemed to be different for women where there is greater risk of isolation as many remained in the home doing domestic chores, and/or looking after other family members, and rarely participating in local public activities.

In group sessions, often using an imaginary person to raise issues, problems such as the lack of places to go locally for socialising, 'depression', 'housework', and 'domestic relations' were raised. Also traditions and religious reasons were also thought to prevent some women from engaging in local activities. For example, in the city there are various options for women-only activities and several cultural sensitive services, whereas there are very limited, if any options in the Lothians. Many women said they had to travel to Edinburgh for services, especially for one-off events such as the Mela during the summer, or to join in activities at the Central Mosque, but for others this was not always possible due to cost or mobility difficulties. For the sake of their children some women do gather at a local school to provide religious instruction and language classes in their mother tongue. For many, this is the only chance to meet up and socialise.

These views, and the absence of a sense of belonging in the local community, were also expressed in other interviews, *"I was really stressed. To me, in my perception of the UK was, you come and you meet people, just the same way you used to back home. But when I came here and I could not even see, for the first six or seven months I did not even make contact with a dark, coloured skin, so that really made me feel like, "oh, gosh, where are these people? Are they only found in London?" Because the only faces I could see were white, white faces. And that really got me stressed out a bit...contacted one of the minority and ethnic groups in Edinburgh and made an appointment for me to go and talk to those people... It was a big help to me. And that was how I started seeing people of my own colour, which was quite a relief to me, because it was like, say for six months you are coming to a country.I could see somebody, like the same person as me. That was a relief to me, I would say. So I made friends and I'm still making friends."* (BME woman living in Midlothian)

The same woman describes her first experience of voluntary work *"I had a very bad experience one time. There was this thing in the church and people were being asked.., "Who is free to help?" And then I raised up my hand. I heard a very funny comment from another lady who was just seated behind me, saying, "What can a black person do?" So I was really shocked, and the guy at the front said, "What would you like to do?" and I said, since this is a party and serving out plates and serving food and just cleaning the tables and all that. I said, "OK, fine." And he asked me for my name and he wrote it down. And then this lady, she was still talking to another, she is an old lady, and she was talking to a lot of friends, saying, "I don't trust something that a dark person does. And I just turned and I looked at her and she just get quiet. But I did not gain courage to turn and ask her why she said that or anything"* (BME woman living in Midlothian).

6.2 Isolation

Isolation was a key factor raised by many people we worked with and is a key factor in depression, but it was of particular concern to those living outside the city.

As detailed above, the Midlothian Active Women's group was not just about exercise, the sessions also acted as way of addressing, and speaking about, isolation within the community. Interestingly, Midlothian Active Choices, an exercise referral service accessible via your GP, also referred 6 BME women to our group as they found that isolation was the major factor affecting their wellbeing. Language barriers and caring responsibilities for family members also limit the women's abilities to leave the home, in turn increasing their isolation.

Interviewees in Midlothian often referred to the loneliness *"obviously she feels isolated. She needs to be more where there's a BME community or things that*

are happening for the BME people (BME woman living in Midlothian). Many times the women said it was a relief to join the sessions as it gave them a reason to socialise with other women, this is also evidenced by some women who came to sessions even when they couldn't exercise due to illness, but they came just to watch and have a chat or laugh with their peers. Where this might be expected with some older or married women, we also witnessed an increased interest from teenagers and young unmarried women.

The sessions EC ran, in collaboration with Midlothian Council, were aimed at decreasing isolation and at the same time increase awareness of local services and possibilities. By helping the women use local premises such as the leisure centres and country parks, this has given some women more confidence to use them independently. Also the first intercultural Wellbeing Mela in Midlothian, in March 2011, came about largely in response to the women being dissatisfied that such events only take place in Edinburgh. At the time of writing, a second event is being planned for this winter and we are hopeful that Midlothian Council will manage to continue to support the women's group.

6.3 Evaluation

Several Midlothian women also participated in the wider Equally Connected evaluation to assess any learning about mental health or changes in behaviour. These findings are also of relevance:

- All respondents were generally very positive of the classes they had attended with EC. One used the words *"fun, energy and friendly"* to describe the classes and another said the *"classes were excellent, really enjoyed the taster sessions, looked forward to coming each week"*. Some went on to say they enjoyed aspects such as *"the friendly atmosphere"* and *"zumba and self-defence classes"*.
- All of the women who responded said they would recommend the classes to a friend for reasons such as *"good for health"* and *"great atmosphere...a laugh...tried to get fit as well"*. They all said they *"met lots of people that were in the community that hardly ever go out"* and *"enjoyed company"*.
- In terms of learning all said they learnt something, comments included *"that exercise is a necessity not just for the body but mind also"*; *exercise...don't do much of that on my own...meeting other people"*; *spending time with others is good"*; *"how to exercise properly"*. Only one woman said she wasn't more aware of sources of support and/or ways of maintaining wellbeing. The others felt they were more aware but also made some constructive suggestions: *"could do with more information on community activities, college, evening classes and other events"*; *"wish more was for BME community in Midlothian and not having to go to Edinburgh for info/support"*.
- Only one woman said she didn't do anything different in her daily life after attending the exercise, she felt was already active and the classes

added to usual activities. The others felt they made changes such as *"going for long walks"* and *"exercised at home"*. Suggestions for improvement: the classes should also perhaps be held in the evenings and more activities such as swimming & yoga and *"more time to get to know each other"*.

- All those who responded suggested they have made some changes in the way they think about wellbeing and behave as a result of the classes. Comments suggest they are more aware of the links between emotional health, physical health and good nutrition - *"tried to eat more healthy & exercise more"*; *"feel very fit and motivated to do more"*, *"feel more motivation and more info gained"*; *"more confident"*; *"feel more happy"*. One respondent expressed that it has helped others in the community too (by word of mouth): *"classes have helped 3 or 4 ladies to be more involved in being fit"*.

7. Concluding Remarks

After 18 months of work in Midlothian we would suggest there have been signs of improved confidence, both at an individual level and as a group. However, there is still a need for support to enable the group to become a constituted body. In particular, a need for team-building - to recognise the strengths and contributions of each individual. There is also a need to reach out to other BME women to encourage them to get involved in local activities as a means of reducing the isolation they experience. As a public body, Midlothian Council has a legal duty to promote good race relations - the example of blatant racism mentioned earlier also points to an ongoing need for anti-racist work to be done with local communities in rural areas.

The partnership with Midlothian Council has brought about much learning for all parties. Despite difficulties along the way, we have all managed to keep the project going and supported the women through the various stages. The success of the sessions and the regular attendance seems to have had a significant impact on different agencies - including the council. The needs of a group that was until then largely 'invisible' can no longer be ignored. The women continue to meet informally while waiting for their children to finish Arabic lessons but now some of them also take part in community consultations and other activities representing the group. By participating at the sessions in the leisure centres, and by engaging with external facilitators from organisations, the group have become seen and heard in the 'public picture'. There is of course still a long way to go for some agencies to be inclusive and accessible.

Most importantly, the group members themselves have developed from being mainly individual and quiet participants, to a group with increased confidence, awareness and openness. The sessions were not solely utilised for exercise, but functioned as a forum and an opportunity for respite - women came along even if they felt unwell. Similarly, the EC worker observed a growing confidence in the

volunteer, from being a shy, quiet young woman who was a bit reluctant to participate to someone who will initiate conversations with participants and now volunteers to lead group sessions. She is also now considering a future career in community work.

A growing interest from Edinburgh based organisations, to work in Midlothian has also given the women hope and confidence - and even a sense of relief, but, in this time of increasing cuts, this needs to be followed up to ensure it actually happens. A few of the women are keen to set up a registered organisation for BME women in Midlothian but again this will require appropriate support during the early stages. In terms of sustainability this would seem like a positive way forward, though it must be recognised that not all the participants have the confidence to fully commit at the moment. For an area where there was little acknowledgement even of the presence of BME inhabitants, the situation has improved - even if it is just a little.

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