Bengali Women's Health Project

Annual report 2006-2007

* Introductory message

Since 1990, the Bengali Women's Health Project has been promoting health and well-being for Bangladeshi families in Camden.

The project, which is run by local voluntary organisations, goes from strength to strength each year.

Over the past 12 months we have provided 124 health education sessions, 286 one to one appointments with Bangladeshi women doctors, and 120 exercise sessions.

This report describes some of our achievements. We hope local women, voluntary groups, and staff from other organisations will use the report to understand what we do and the real impacts that our work is having.

One of the strengths of the Bengali Women's Health Project is that it is embedded in local communities. The project was set up by local community groups and helps to overcome some of the cultural and linguistic barriers that Bangladeshi women face when using information and support services.

We would like to thank the community workers, doctors, volunteers, and women attending sessions at Bedford House, Chadswell Healthy Living Centre, Coram Parents Centre, Fitzrovia Neighbourhood Centre, Hopscotch Asian Women's Centre, and Surma Community Centre. We would also like to thank Camden Primary Care Trust for providing funding towards some of our activities.

Over the next year one of our key goals is to expand the number of families benefiting from our services, especially by working jointly with other organisations. We hope you enjoy reading about all we have achieved this year, and we look forward to sharing other achievements with you in future.

Samina Dewan
Chair, Bengali Women's Health Project

For more information visit www.bwhp.org or email info@bwhp.org

1 Background

1.1 Objectives

The Bengali Women's Health Project is a community initiative set up to help overcome the cultural and language barriers that may prevent Bangladeshi women from accessing health services.

The project is a partnership between six local community centres and Camden Primary Care Trust (PCT). The PCT contributes funding towards health promotion sessions. The community centres provide venues, staff, and advertising.

Between April 2006 and March 2007, the Bengali Women's Health Project aimed to:

- increase women's knowledge about six key topic areas,
- help women have more healthy behaviours,
- attract new people to take part in the sessions,
- demonstrate healthy eating through the provision of healthy snacks,
- and encourage women to take part in regular exercise sessions.

This document summarises the background to the project, achievements between April 2006 and March 2007, and learning points for the future.

1.2 Methods

The project co-ordinators worked with an independent evaluator to document success and to highlight any areas that might benefit from development.

The main methods used to collate information for this report were:

- discussions with the project steering group and community workers in meetings and one to one,
- documentary analysis,
- observation of health promotion sessions,
- feedback forms about women's and staff's views completed at the end of workshop sessions,
- informal discussions with participants, including group discussions and case studies,
- attendance logs.

The next section outlines how the project was set up and developed, before describing achievements in 2006-2007.

1.3 Development

Camden has one of the large proportions of Bangladeshi families in the UK. The Bengali Women's Health Project was set up in 1990 as a 'grass roots' initiative in response to research by Bengali community workers which found a lack of Bengali-speaking professionals locally. The researchers recommended the provision of health advice sessions in community centres as a way to increase access to information and support.

Seventeen years later, the gap in access to information and support related to health, social care, and mental health remains. Bangladeshi women may be isolated, feel marginalised, and live in relatively disadvantaged conditions. The Bangladeshi Women's Health Project aims to provide social and learning opportunities to address these needs in a community environment.

The project's focus on women reflects the role of women as key caregivers in Bangladeshi families, and also the specific health and mental health issues which affect women as a result of migration, culture change, and social isolation.

In October 1990, the first health promotion sessions were run in two centres; Hopscotch Asian Women's Centre and Fitzrovia Neighbourhood Centre. Since then four other centres have also begun hosting doctor's sessions and health promotion workshops regularly.

Each centre maintains records of women who regularly attend sessions. More than 500 women are registered.

1.4 Management

In 2004 the project became a registered charity. It is funded jointly by the voluntary sector and statutory services, and works closely with health promotion services to develop bilingual resources.

The project is managed by a Steering Group made up of representatives from each of the six community centres involved in providing activities, female Bangladeshi doctors, and statutory services. The group has a Chair, Secretary, and Treasurer, elected at an annual AGM.

The Steering Group meets six times each year to review progress and consider priorities. Statutory sector representatives are invited in order to promote two-way communication, mutual support, and shared perspectives. In particular, Camden PCT has a senior health promotion worker responsible for liaison with the project team. This helps to ensure that the project is responsive to the priorities of the health economy, and that the PCT receives regular feedback about the needs of Bangladeshi families.

2 Achievements

2.1 Overview

This year, the Bengali Women's Health Project has continued to provide direct and much needed support services to local communities, including:

- running health promotion workshops,
- providing one to one doctor's sessions,
- providing exercise facilities for women,
- supporting Camden Primary Care Trust in research about infant feeding issues in the Bangladeshi community,
- supporting Camden Primary Care Trust's Bangladeshi Peer Support project in setting up an infant feeding drop-in for mothers and pregnant women,
- helping to test a leaflet written in English and Bengali about introducing family foods to babies,
- contributing to the Camden Bangladesh Mela.

This section describes each of these activities.

The next section outlines some of the benefits that women say they receive from participating in the programme.

2.2 Workshops

Over the past year, each of the six participating community centres ran a series of workshops focused on the following topics:

- access to services such as cervical and breast screening,
- smoking cessation, passive smoking, and paan chewing,
- healthy eating, weight management, exercise, and tackling obesity,
- sexual health, teenage pregnancy, and sexually transmitted infections,
- mental health and wellbeing,
- infant feeding, childhood immunisation, and accident prevention in childhood.

This is a change from previous years, when the centres each provided workshops on topics on an ad hoc basis. The six topic areas were decided in line with the priorities for statutory services, government 'Choosing Health' priorities, and needs assessment by community workers.

Each community centre developed a different set of workshops to address these topics, depending on available speakers, resources, and staff. But the aim was for each centre to provide a set of 2-hour sessions on each topic.

Usually, the centres work in partnership with a speaker from another organisation to provide sessions, often from statutory services. Where possible Bengali speakers are used, but often this is not possible and community workers translate as the speakers talk. In addition to the outside speaker, a community worker from the centre attends all sessions. Centres usually ask a female Bangladeshi doctor to attend each session too, to help translate and to provide culturally appropriate health information. Women can also talk to the doctor on a one to one basis (see Section 2.3).

The workshop topics are advertised in advance on centre noticeboards. Community workers also telephone women that they think might be interested and invite women who may be attending other events at the centre.

Each session differs, but in general the speaker is introduced by the community workers, a short presentation is given, and women are asked questions or encouraged to discuss the issues raised. Often women arrive late or sessions do not begin on time to accommodate other activities or responsibilities that women have in their home or community.

Women are able to actively participate or listen and they attend to children throughout the sessions. Some centres provide crèche facilities and others encourage women to keep their children with them while they participate in the workshops. During or at the end of each session women are offered healthy foods such as fruit, nuts, juice, and sandwiches.

The workshops are flexible and aim to encourage women to share their experiences and ask questions. In some centres women sit around tables, and in other centres they sit on chairs in circles. The community workers work hard to ensure there is no pressure to participate and that the environment is comfortable. There is no hierarchy of age or education promoted.

All of the sessions offer a chance for social interaction and communication with others. They are an opportunity for women to temporarily suspend some of their household responsibilities and talk to other women in similar situations. To help encourage this social function, community workers greet visitors as they arrive, get to know each woman attending, and introduce women to one another.

Written materials are usually offered for women to take away with them, though often these are only available in English.

Box 1: Example of a workshop session

It is a cold and wet day, but 15 older and young Bangladeshi women and five young children come to participate in a two hour session about anxiety and depression. The focus is on when to seek help from professionals, following on from a previous workshop about things women can do to look after themselves when they feel down or alone.

Women arrive in a steady stream and sit on chairs in a circle facing the speaker. As more and more women arrive the small room fills up, and there are a number of pushchairs to fit in too. Some say they have been looking forward to the session all week, because it gives them a chance to socialise while learning new things.

About half of the women are aged younger than 35 and the rest are older than 50. Everyone is equally respected and invited to participate. The younger and older women mingle and talk freely, and there is much laughter and chatting throughout the session.

The session is run by a Bengali speaking professional, supported by a community worker, a doctor, and a volunteer. Even though the facilitator speaks Bengali, the community worker takes a very active role in explaining terms and putting what the speaker says into context so women can fit the ideas into their everyday lives.

The speaker gives a talk, and the women often ask questions and share their stories. As the session goes on the women feel more confident to interrupt and ask questions. The women say they like hearing from an expert and having the chance to share their own ideas. They turn to the doctor for advice and feedback as points come up, and have confidence in what the doctor tells them.

The speaker uses a flipchart to note down key ideas in English and provides a handout and leaflets in English and Bengali. Everyone takes copies, but the older women say they do not read in English, and some say that they do not read Bengali either.

At the end of the session the women start talking about other topics, such as feelings during menopause. Talking continues over lunch, where women help themselves to nuts, fruit, bread, sandwiches, juice, and vegetables sticks. Gradually women wash up their cups and head off, farewelling their friends and saying they will be back again the next week.

Between April 2006 and March 2007 the Bengali Women's Health Project ran a total of 124 workshops.

The PCT hoped the project could provide 108 sessions over the year, and the centres have exceeded this aim. Some sessions were run on related topics rather than the six core themes originally planned.

There have been 1526 contacts with women during these sessions, although about 80-90% of these are the same women attending multiple sessions. It is estimated that about 500 separate women have attended. On average, 9 to 16 women attend each session.

In feedback forms completed at the end of each set of workshops, 94% of women said they had found out about the workshops from the centres; 3% had heard about the workshops from a doctor or community worker from the centre; and 2% had heard about the sessions through family or friends.

Table 1 lists the type of sessions run in each centre. Tables 2-7 overleaf list the exact workshop topics and the number of participants at each workshop.

Table 1: Bengali Women's Health workshops run between April 2006 - March 2007

	Bedford House	Chadswell Centre	Coram Centre	Fitzrovia Centre	Hopscotch Centre	Surma Centre
Access to services	2 sessions	2 sessions	2 sessions	2 sessions		2 sessions
Smoking cessation	3 sessions	3 sessions	2 sessions	3 sessions	4 sessions	3 sessions
Nutrition & weight		5 sessions	8 sessions	3 sessions	3 sessions	3 sessions
Sexual health	4 sessions	7 sessions	4 sessions	3 sessions	3 sessions	3 sessions
Mental health	5 sessions	3 sessions	5 sessions	4 sessions	4 sessions	4 sessions
Child health	4 sessions	3 sessions	4 sessions	2 sessions	5 sessions	3 sessions
Other sessions		7 exercise sessions	4 sessions			
Total weeks	18 weeks	23 weeks	29 weeks	17 weeks	19 weeks	18 weeks
Total contacts	178	256	406	220	176	290
Average women / session	10	11	14	13	9	16

Table 2: Sessions at Bedford House

Name	Date	Women
Mental health		
Mental health awareness	18.5.2006	14
Mental health awareness	25.5.2006	13
Mental health awareness	18.6.2006	14
Mental health awareness	15.6.2006	15
Mental health awareness	22.6.2006	15
Smoking cessation		
Smoking cessation	6.7.2006	6
Smoking cessation	13.7.2006	7
Smoking cessation	20.7.2006	7
Child health		
Breastfeeding	23.11.2006	15
Child safety and protection	30.11.2006	10
Child immunisation	7.12.2006	6
One to one support	14.12.2006	8
Sexual health		
Sexual health	11.1.2007	6
Sexual health	18.1.2007	11
Sexual health	25.1.2007	8
Sexual health	1.2.2007	9
Access to services		
Cervical screening	15.2.2007	6
Cervical screening	22.2.2007	8

Table 3: Sessions at Chadswell Centre

Name	Date	Women
Smoking cessation		
Paan chewing	16.6.2006	13
Smoking	23.6.2006	7
Ramadan	18.9.2006	9
Access to services		
Breast screening	19.9.2006	15
Cervical screen	20.9.2006	21
Healthy eating		
Eating – Ramadan	15.9.2006	11
Healthy eating	9.2.2007	6
Healthy eating	16.2.2007	8
Healthy eating	23.2.2007	7
Diabetes	22.3.2007	14
Sexual health		
Sexual health	3.11.2006	13
Sexual health	10.11.2006	15
Sexual health	17.11.2006	9
Sexual health	19.1.2007	14
Reproduction	2.2.2007	11
Pregnancy	7.2.2007	12
Menopause	14.2.2007	10
Mental health		
Depression	24.11.2006	14
Self help	1.12.2006	10
Services	8.12.2006	12
Child health		
Infant feeding	23.3.2007	11
Immunisation	30.3.2007	7
Accidents	30.3.2007	7

Table 4: Sessions at Coram Centre

Name	Date	Women
Drug awareness		
Drugs	27.4.2006	21
The law	4.5.2006	21
Peer pressure	11.5.2006	20
Kids and drugs	18.5.2006	21
Child health		
Baby talk	25.5.2006	19
Bilingualism	8.6.2006	10
Sign and sing	15.6.2006	12
Glue ear, tv	22.6.2006	16
Sexual health		
Sexual health	28.6.2006	16
Sexual health	6.7.2006	15
Children	13.7.2006	12
HIV / AIDs	20.7.2006	14
Healthy eating		
Energy	16.11.2006	8
Digestion	23.11.2006	12
High fibre food	30.11.2006	15
Good health	07.12.2006	11
Obesity	14.12.2006	11
Healthy cooking	8.3.2007	13
Healthy cooking	15.3.2007	14
Healthy cooking	22.3.2007	11
Smoking cessation		
Stop smoking	25.1.2007	13
Paan chewing	1.2.2007	14
Access to services		
Cervical screen	15.2.2007	12
Breast screen	1.3.2007	15
Mental health		
Mental health	25.1.2007	12
Mental health	1.2.2007	14
Mental health	8.2.2007	15
Mental health	15.2.2007	8
Mental health	22.2.2007	11

Table 5: Sessions at Fitzrovia Centre

Name	Date	Women
Smoking cessation		
Paan chewing	7.6.2006	13
Passive smoking	14.6.2006	7
Smoking cessation	21.6.2206	15
Healthy eating		
Healthy eating	5.7.2006	16
Diabetes awareness	12.7.2006	15
Obesity	19.7.2006	12
Mental health		
Depression and anxiety	1.11.2006	18
Depression – self help	8.11.2006	19
Depression – professional help	15.11.2006	14
Looking after self as parent	22.11.2006	16
Access to services		
Breast screening	29.11.2006	16
Cervical screening	17.1.2007	9
Sexual health		
Sexual health	24.1.2007	9
Sexual health	31.1.2007	10
Sexual health	7.2.2007	8
Child health		
Infant feeding	21.3.2007	13
Immunisation	28.3.2007	10

Table 6: Sessions at Hopscotch Centre

Name	Date	Women
Smoking cessation		
Paan chewing	4.2006	20
Paan chewing	18.5.2006	9
Smoking	25.5.2006	11
Passive Smoking	8.6.2006	8
Child health		
Food habits	4.2006	15
Breastfeeding	6.7.2006	8
Infant feeding	13.07.2006	10
Children accident prevention	14.9.2006	7
Childhood immunisation	21.9.2006	5
Sexual health		
Sexual health	27.07.2006	15
Teenage pregnancy	22.2.2007	12
Sexual health	8.3.2007	8
Mental health		
Depression and anxiety	16.11.2006	6
Self help	23.11.2006	9
Depression – professional help	30.11.2006	6
Looking after yourself as aparent	7.12.2006	5
Healthy eating		
Tackling obesity	15.1.2007	10
Diabetes	1.3.2007	6
Heart disease	15.3.2007	6

Table 7: Sessions at Surma Centre

Name	Date	Women
Mental health		
Mental health awareness	17.5.2006	13
Mental health	24.5.2006	14
Mental health	7.6.2006	15
Mental health awareness	14.6.2006	16
Smoking cessation		
Paan chewing	28.6.2006	12
Smoking cessation	5.7.2006	12
Smoking cessation	12.7.2006	8
Child health		
Infant feeding	29.11.2006	16
Immunisation	6.12.2006	22
Accident prevention	13.12.2006	25
Sexual health		
Sexual health	10.1.2007	14
Sexual health	17.1.2007	14
Sexual health	24.1.2007	14
Healthy eating		
Healthy eating	7.2.2007	18
Healthy eating	14.2.2007	18
Healthy eating	21.2.2007	24
Access to services		
Cervical screening	14.3.2007	17
Breast screening	7.3.2007	18

Community workers and doctors at the centres described a number of things that they thought worked well during workshops. The most frequently mentioned, in order of importance, were:

- including practical activities such as singing and group work,
- having time for women to share stories and discuss issues in depth,
- having a Bengali speaking doctor or community worker to translate,
- availability of leaflets, especially translated handouts,
- using 'shock tactics' to describe the facts about smoking, paan, and calories,
- learning new facts, especially about smoking and sexual health,
- using easy to understand language,
- using case studies, stories, and culturally appropriate material,
- building trust to talk about sensitive issues,
- giving out free pedometers to encourage exercise,
- encouraging women to ask questions,
- asking women questions to make the sessions interactive,
- using a video in Bengali,
- referring women to other services,
- having a good size group to aid discussions.

We also found that some things worked less well in the sessions including, in order of frequency:

- not enough time to cover all material,
- many women thought topics did not affect them or that they could not change,
- need more targeting of sessions to ensure the women for whom they are most relevant attend,
- having younger and older women together means sometimes not everyone takes part,
- women often arrived late,
- women were distracted by young children,
- some women did not participate and others dominated the discussion,
- too much background noise such as women talking to each other,
- topics were very broad so may need more details to help behaviour change,
- difficult to translate some words in Bengali,
- women say that education of their husbands is needed,
- need leaflet about paan chewing,
- not enough one to one time,
- and use of jargon such as palpitations.

Section 4 contains some of the workers' suggestions for improving the workshops.

2.3 Doctor's sessions

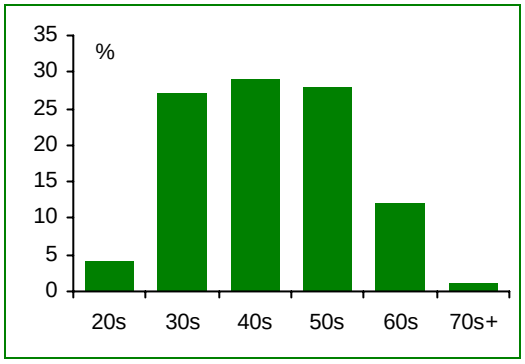
Originally, the project was set up to provide advice sessions with Bengali speaking female doctors. Now, doctors advice sessions are often held informally after the health promotion workshops, although some centres also run separate doctors appointments weekly or monthly.

Women often ask their questions informally, or have their blood pressure measured while chatting to the group. Confidential issues are discussed in private rooms. The doctors act in an advisory capacity. They are not able to prescribe medicine or refer women for specialist care. Instead, they focus on reinforcing advice about healthy living and encouraging women to take their medication or make appointments for further tests.

In the past year, doctors have reported 286 visits from women (94% were women making repeated visits). These numbers are likely to be larger, as not all doctors submitted records. Although doctors will write letters to the women's GP if needed or help arrange for interpreters, over the past year only one woman has been referred back to her GP by the doctor. In all other cases the doctors were able to support the women without referral to other services.

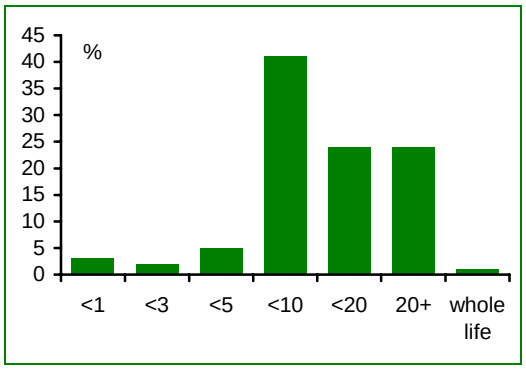
Of the 286 contacts between women and doctors this year, the majority of women were in their 30s, 40s, and 50s (see Figure 1).

Figure 1: Age of women seeing doctors one to one



All but four of the women that doctors saw were born in Bangladesh. Most had been in the UK at least 5 years (see Figure 2).

Figure 2: Number of years women had been living in the UK



The main things that doctors report supporting women with over the past year have been:

- information about healthy eating habits and dietary advice for women with diabetes or heart disease,
- information about lifestyle changes to support arthritis and asthma self care,
- remedies for headaches and backache,
- discussions about support for depression and anxiety, including a listening ear to talk through problems with,
- and explaining how to use medicines or what they are for (see Figure 3).

Some doctors also regularly check women's blood pressure and advise women about workshops they could attend at the centres to learn more about healthy eating and exercise.

The most common condition that doctor's supported women with was raised blood pressure, followed by diabetes, and arthritis or joint pain (see Figure 4).

Figure 3: Things doctors did to support women

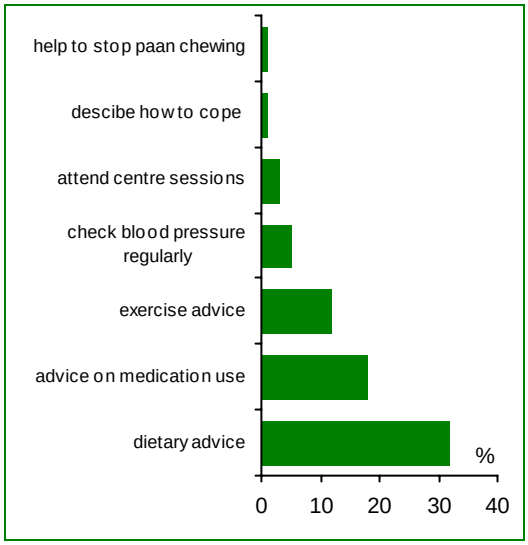
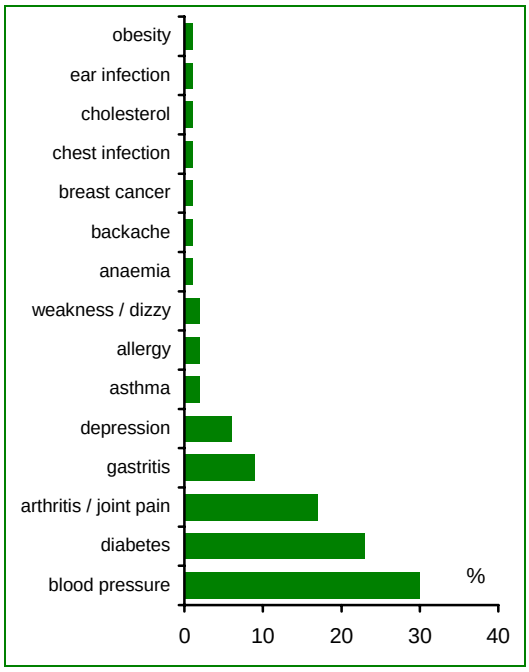


Figure 4: Most common health issues of women visiting doctors



2.4 Exercise sessions

The Bengali Women's Health Project team acknowledge that a lack of exercise among Bangladeshi families in Camden can impact on the physical and mental wellbeing of the community.

The project supports the provision of specialist exercise machines in Chadswell Healthy Living Centre where women can drop in on a weekly basis. In total, 120 exercise sessions have been run at the Chadswell Healthy Living Centre this year (see Table 8).

Table 8: Exercise sessions

Session	Total sessions	Av women per week
Gym and aerobics	36	8-12
Gentle exercise for women over 50 years old	36	10-14
Keep fit for mums with < 4 year olds	36	10-14
Yoga for all women	12	6-8

2.5 Infant feeding

In addition to providing workshops and doctor's sessions in community venues, the project has worked closely with Camden PCT and Sure Start to support local infant feeding initiatives.

Kawser Zannath, a past Secretary of the Project, now works at Camden PCT's Health Promotion Department. Kawser has led a number of initiatives to raise awareness about the benefits of breastfeeding and healthy weaning, drawing on expertise from the Bengali Women's Health Project to support this work.

For instance, the project supported Camden PCT in research about infant feeding issues in the Bangladeshi community, by hosting discussion groups with women. A discussion group was run at each centre, and women talked about their experiences of feeding their babies and some of the barriers or concerns they had. The research found that the Bangladeshi community has a range of difficulties with infant feeding, and that Bangladeshi families may have different issues to others. The main issues appear to be helping mothers maintain breastfeeding and helping them introduce solid foods appropriately.

The research recommended the following to improve breastfeeding and healthy weaning:

Educating professionals

- educating professionals about the needs of Bangladeshi families,
- sessions for Bangladeshi women and professionals to share views,
- working in partnership with Bangladeshi community groups,

Informing women

- setting up antenatal education sessions in community venues,
- providing targeted feeding support at the place women give birth,
- involving family members in education,

Peer support

- training peer supporters from the Bangladeshi community,
- drop in sessions run by peer supporters and professionals,

Printed resources

- developing a leaflet about different stages of feeding,
- adapting and translating leaflets,
- considering a translation service for professionals.

A 60-page document summarising all of the findings is available through Camden PCT. This work is being used by Camden PCT as the basis for a workbook to help promote healthy infant feeding choices. Community workers also promoted Camden PCT's Bangladeshi Peer Support project's infant feeding drop-in for mothers and pregnant women and helped to test a leaflet about introducing family foods.

2.6 Mela

The Bangladesh Mela was first held in Camden in 1992. It has grown from a small community initiative into a significant event for Bangladeshi people in London. Held in Regents Park, it attracts more than 10,000 people from a wide range of communities.

The Bengali Women's Health Project contributes to the Mela each year, hosting a stall with health promotion information and community workers on hand to offer support and signposting to other services.

In addition, the Chair of the Bengali Women's Health Project, Samina Dewan, chairs the Mela committee and has been nominated for an 'Exceptional People in Camden' award for her contribution to arts and culture.

3 Benefits

3.1 Knowledge

This section describes some of the benefits women report from attending workshops and doctors' sessions. Feedback for this section was collected by observing workshops, informal discussions with women and community workers, and feedback forms completed by staff and women.

Monitoring by an independent evaluator suggests that the Bengali Women's Health Project is having significant benefits in terms of increasing knowledge and encouraging behaviour change.

Feedback at group sessions and from informal interviews suggests that the workshops are favourably received by Bangladeshi women, and that women feel they are learning a lot by participating.

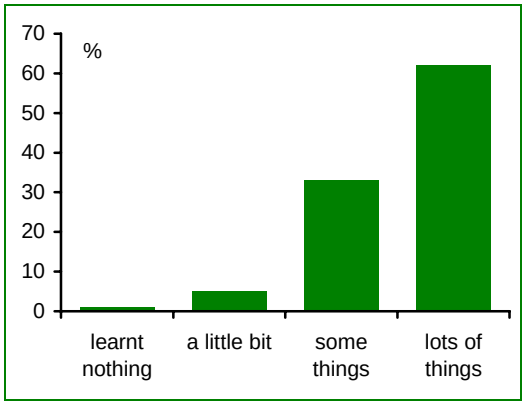
> *"I like coming because I learn new things. Then I try things out on my family."*
> (older woman)

> *"I thought I knew everything (about sexual health) but today I learnt loads. It was embarrassing at first, but in the end it was worth it because I think everyone learnt something new."*
> (young woman)

At the end of each set of workshops about a topic, we asked women to fill in a very simple feedback form to tell us what they had learnt. Community workers also held a group discussion to gain feedback from women at the end of each set of sessions.

We received a total of 488 feedback forms during the year. Of these, most women thought that they had learnt 'lots of things' from the sessions (see Figure 5).

Figure 5: Women's feedback about how much they learnt



The top three topic areas that women said they had learnt most about were sexual health, mental health, and infant feeding.

In every session, either all of the group said they had learnt a lot (76%) or some of the group said they had learnt a lot (24%).

The most common things that women said they had learnt were, in order of frequency:

- self care strategies to look after themselves,
- services available to help,
- how to teach children about health,
- what to eat,
- sexual infections to look out for,
- how to make the home safe,
- difference between stress, anxiety, depression and madness,
- do not ignore invitation for screening,
- practical skills for parents,
- how to give up smoking or paan,
- how many chemicals in one cigarette,
- passive smoking dangers,
- benefits of breastfeeding,
- infant feeding myths,
- practical coping skills,
- how to use a pedometer,
- we can change if we want to,
- when to immunise,
- new types of contraception.

External speakers who helped to facilitate the sessions also provided positive feedback.

"The participants were delightful. They were willing to take part and to share their opinions and ideas. They were receptive to new ideas and encouraged each other and us … The translator was particularly supportive. She not only translated, but also helped us by explaining what we were teaching in a way that was relevant to the group." (workshop facilitator)

"I learnt a lot myself from coming to the session. It was good to get feedback from the women about what their main worries were and how services should change to help them more." (workshop facilitator)

"I think I got as much out of coming as the women did." (workshop facilitator)

3.2 Behaviour change

Perhaps even more importantly, the women say they are changing some of their attitudes and behaviours as a result of attending sessions. In particular, women have spoken about changing their eating habits, attending screening tests, and trying to exercise more.

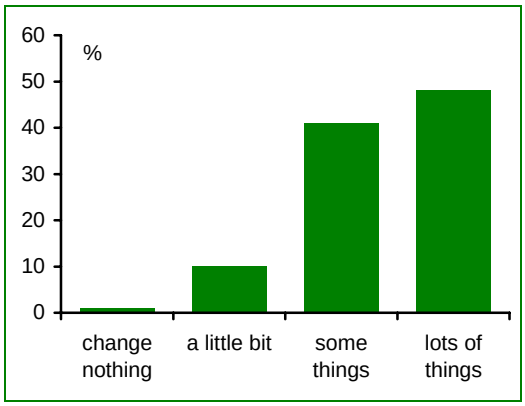
"I did not know how much fat was in food or the right foods to eat. The talk opened my eyes. I am trying out one or two new recipes now to see if my family likes it."
(young woman)

"After attending our screening session one woman checked her breast and found a lump. She went to the doctor and had it checked out. She said she never would have checked or known what to do if she had not attended the session. She came back and thanked us." (community worker)

"I am a diabetic. I come to exercise every week now. I like coming and it makes me feel better. I come because I learnt it at the talks."
(older woman)

Of the 488 feedback forms from women completed at the end of workshops, the majority said that they would make some changes to their lives following the sessions (see Figure 6).

Figure 6: Women's feedback about how much they will change



At the end of most sets of workshops either all of the group said they would change a lot of things (30%) or some of the group said they would change a lot of things (57%).

The top three topic areas where women said they felt they would make the most changes were healthy eating, breast and cervical screening, and self help for mental health issues such as depression and anxiety.

The most common things that women said they would change were, in order of frequency:

- pass on information to daughters, in laws, and other family members,
- changing eating habits or the foods eaten,
- do not ignore screening appointment letters,
- using the services that are available to help,
- more aware of what to look for in terms of sexual infections,
- do more walking, especially using pedometer,
- thinking about ways to educate men, for example about the dangers of smoking,
- reduce or stop paan chewing,
- asking for help to attend appointments,
- first aid skills for children's accidents,
- trying new methods of contraception,
- practical steps to change parenting,
- practical things to do when feeling low,
- stop people smoking inside the home,
- talk to someone instead of keeping things to self,
- attending more sessions at the centres,
- checking breasts.

It is usually difficult to demonstrate measurable impacts from health promotion programmes, because often people do not make changes immediately or it takes some time for the impacts to show results. This makes it even more remarkable that feedback from women suggests that some are changing their attitudes and behaviours as a direct result of attending workshops.

> *"I have been coming to the workshops for four years now. Change takes time, but I am getting there. I found out from the workshops that I had cholesterol problems and depression so I went to [the project doctor] for advice. I got help to fix my problems… I got so much out of coming to the sessions that now I help out to give back to the community. I had serious problems but now I'm healthy and well and I'm not taking any medicines."* (woman speaking with support of an interpreter)

"I was unwell for two years before I started coming. I felt so alone. I was taking 12 different medicines for my blood, heart, and being anxious. At first my husband would not let me out of the house, but [the community worker] encouraged me to exercise and come to workshops. Now I exercise every day. I am not taking any medicines at all, and I am more assertive with my husband so I am allowed out more. I think this is a success story because I was depressed and sick. Now I feel well. All of this success is because of the workshops and [the community worker] who encouraged me. Now I tell everyone to come to the workshops and I encourage other women to be healthy and make changes in their lives." (woman speaking with support of an interpreter)

There are many examples of women making positive changes after attending workshops. For instance, one woman attended a session on breast screening. She learn how to undertake a breast self examination and checked her breasts when at home. She discovered a lump and went to her doctor. She had a biopsy. She returned to thank the centre staff for running the sessions and making her aware of what to look for.

Women also say they have changed the way they cook or tried new ideas for healthy eating. However, women are not the only ones that need to alter their behaviours and expectations, and this remains an ongoing challenge for the programme.

"I changed the way I cook, by using less oil and trying new ingredients. At first my family resisted the change, but instead of giving up I stuck with it. Now they like the style of cooking and they won't eat the unhealthy cooking at other homes. My family eats only food cooked in a healthy way, and I learnt how to do that at the centre." (young woman)

"I was very keen to know about what kind of rice is good for people with diabetes and what I can do to change how I cook. But it is not just me. My husband won't like changes to the food, so he has to know why we have to change." (older woman)

Depression and isolation are significant issues for women in Camden's Bangladeshi community, and the project is helping to tackle this. The project helps not only by providing information about mental health topics, but also by giving a regular forum for women to socialise with others. The social function may be as important as the topic based content.

> *"Coming gives me something to do and something to look forward to each week. Otherwise I would just stay at home all day, and I would be lonely. I'm thinking of being a volunteer now, so that I can keep going out of the house and sharing what I learnt."* (young woman)

Interviews with community workers and doctors provide more evidence that the programme is having an impact. Staff say that they see women using the things they have learned in their day to day lives, and they know messages are being passed on as more people attend the sessions or come to them for individualised support.

> *"I have a feeling that there is an impact. It is difficult to measure, but we see it in our day to day work, like when people come in and ask for help. Men are hearing the message as well as women. Just the other day a man came in and asked for more information on a topic we ran a workshop on. He said his mother told him to come in and ask."* (community worker)

Box 2 provides a case study example of some of the impacts of sessions on one topic.

Another key area where the programme is making an impact is in one to one consultations with doctors. The Bengali doctors help to remind women to take their medication as prescribed by their GP. This has led to improved clinical outcomes for a number of women, especially those with diabetes and high blood pressure.

> *"The one to one sessions [with doctors] were successful as the women felt at ease with a doctor conversing with them in their own language. Hypertensive patients were given a chart to tick for confirmation of compliance to medication and this worked very well."* (project doctor)

> *"I found out that many women are not taking their medications regularly. They only take it if they feel unwell, but the pills need to be taken every day to work. We [project doctors] can go behind the scenes and see what is happening. GPs are rushed and women might not understand what they say. We have time to look at what is happening and whether women really take their medicine. I know of at least five women who have better health now, just because they have been encouraged to take their medicine every day."* (project doctor)

"The workshops and doctors' sessions are important because they serve a preventive function. When people go to their GP, they go because they have a problem that they want the GP to solve. We [project doctors] do that too, but even better we talk to women who don't have a problem yet, or who don't know they have a problem. GPs don't have time to do preventive work or to help people who don't know what their problem is. We [project doctors] are making a difference because we are focussing on prevention."
(project doctor)

Everyone in the programme acknowledges that change can be a slow and gradual process. Not every woman who attends workshops or visits a doctor will change her behaviour, and continual reminders and reinforcement is needed.

But there are many clear examples of where women have made significant changes to their attitudes and behaviours as a result of attending workshops, and these successes need to be celebrated and promoted.

Box 2: Case study of impacts of sexual health workshops

The project has been pioneering speaking to women about sometimes difficult and sensitive topics, such as breast and cervical screening and sexual health. This was not without difficulties.

> *"The sexual health sessions were difficult for some, because older ladies said that they should not discuss this. It clashes with religious beliefs. It is hard for people to talk about these things and it is also hard to say things in public when we have a closed and close community. We do not want everyone to know our business."* (community worker)

One centre invited women to come to sessions, but did not tell them that the talk would be about sexual health.

> *"The ladies were invited to come to these sessions, however they were under the impression that they were coming to the doctor's one to one session. They were not initially informed of the topic as we believed that they would not attend such sessions. Twenty women came to the first session. Although the session was delivered in a very culturally sensitive manner, the ladies were embarrassed and did not engage much. But they took in the information and took away leaflets. At the next session 12 ladies came – so even though the topic was sensitive, they still came for follow up sessions."* (community worker)

This suggests that even the most difficult sessions were positively received by some. Many younger women particularly said they enjoyed talking about sexual health. They thanked centre staff for taking this brave step.

> *"The sexual health topics were interesting and funny too. I talked about it with my husband after. It looks at relationship building like that I should keep making an effort for my husband. It is not all doom and gloom. It is fun and interesting, and something we would never normally talk about."* (young woman)

> *"I went to the sexual health session and then me and my husband got tested. We found out that he has something. We would not have gone for the test if I did not go to that session."* (young woman)

The project is helping to break down barriers and bringing sensitive issues out into the open. In the past, sexual health issues may have been seen as 'mother's problems' but now older and younger women, mothers and daughters, say they feel happier to discuss issues and support one another. One woman went as far as to suggest that the programme helped to save her life.

> *"I was suffering for 10 years. I was embarrassed and I thought I was being punished. It would be too embarrassing to say what was wrong to the GP. But I went to the workshop and heard my symptoms. I heard that there was a cure. I talked to [the project doctor] and she contacted my GP so he could write a prescription. She explained the problem to the GP so I would not be embarrassed or scared. I told my daughter so she could go with me. Now I am cleared up. It has changed my whole life. The centre saved my life."* (older woman)

3.3 Other outcomes

Upskilling

One of the unexpected outcomes of the project is that the community workers who help translate and take part in the sessions also learn a lot. These community workers can then pass on that knowledge in their day to day work with Bangladeshi families. In the sessions observed by an independent evaluator, the community workers and doctors took part fully in the discussions, helping to ask women questions, involve them in discussions, and make the talks relevant to the Bangladeshi way of life.

> *"There is always a lot of discussion, laughter, and sharing ideas. The community workers and doctors get involved. We talk about our own lives and families and we learn a lot about nutrition, smoking or diseases. It gives us more skills to talk to the women who come in to the centre on other days, or if we visit families at home. We learn a lot and we pass it on, even to women who do not come to the sessions."*
> (community worker)

In some cases external organisations that facilitate sessions have asked community workers to continue working with them. For example, an organisation that raises awareness about drug use was impressed by the community workers at one centre and offered to train them and other Bangladeshi women and community workers as sessional drug advisors. Up to eight Bangladeshi women were invited to attend the accredited course, which provides high quality training and the prospect of increased employability.

Women who attend the sessions also say that one of the key things they take away from the workshops is knowledge to share with other family members and friends. Some say they are motivated to gain more training following workshops.

> *"I learn a lot from coming. Not all the topics are for me, but I learn so I can tell my daughter and my daughter-in-laws. I learnt some things about feeding the baby that I told my daughter-in-law. Now I am thinking of doing a course to learn more so I help my family and community."*
> (older woman)

Cost effectiveness

Camden PCT provided £16,292 to support the project in the year ending March 2007. The funding equates to £11 for every contact with a woman or £131 for each workshop run, with all resource costs included.

The individual examples of reducing use of depression medication, maintaining blood pressure, early identification of breast lumps, and identifying sexually transmitted infections outlined above demonstrate that the programme is helping to make real impacts, for a small amount of money per person.

One of the key success factors is that the programme has been running for a long time. Women and their families come to accept the programme and the messages it provides, because they have ample time to adjust and build on the lessons learned. Building trust and relationships is important to the success of the project, and over the next few years we will be looking to gain more established long term funding to ensure sustainability.

3.4 New participants

Between 5 and 25 women have attended each workshop session, but often it is the same group of women attending all sessions. This is positive because it means there is a group committed to attending sessions who are learning a lot and are able to act as ambassadors for the rest of the community. However, it also means that new people aren't always taking part in workshops. On average, one woman who has not attended workshops before may attend each new set of sessions.

Attracting new women to the sessions will be a priority for the Bengali Women's Health Project over the next year. To facilitate this the project will:

- develop colourful promotional materials to promote the sessions to women,
- advertise the sessions to health professionals, Sure Start groups, and other organisations so they can pass on details to the women they are working with,
- hold a community event to attract a broader range of participants, and use this event as a way to signpost to workshops and other services.

Table 9 summarises the extent to which we met our objectives this year.

Table 9: Extent to which the project has achieved its objectives in 2006-2007

Aim	Progress
Increase women's knowledge about six key topic areas	Feedback forms completed by participants and by staff at the end of each set of sessions suggests that women are learning new information. Most of the groups say they have "learnt a lot" at the end of each set of sessions. Women have also spoken in detail about what they have learnt and how this has impacted on their day to day lives.
Help women have more healthy behaviours	Feedback forms completed by participants and by staff at the end of each set of sessions suggests that some women may be changing their attitudes and behaviours after attending sessions. In particular, women have said that they are trying to change the way they cook food for themselves and their families. They also find the sessions on breast screening of practical use. In follow up interviews, women say that they would like some practical support to help them change behaviours. They have asked for more sessions to be run on some topics, including practical sessions to help them learn to cook more healthily; exercise sessions such as walking groups; and group visits for breast screening.
Attract new people to take part in the sessions	Although between 5 and 25 women have attended each workshop session, often the same women attend sessions repeatedly. This means that a small group of women are learning a lot, but new people aren't always taking part in sessions. On average one woman who has not attended sessions before may attend each new set of sessions. But even so, the project provides excellent value for money, at a cost of £11 per workshop contact. The project plans a promotional strategy to attract more women over the next year.
Demonstrate healthy eating through the provision of healthy snacks	Every centre provides healthy food at the beginning or end of sessions. Women often comment about the food, and ask for more information about it. In follow up interviews women say that they have tasted food that they had never experienced before at the sessions. Some say they have started making sandwiches for themselves and their children for lunch.
Encourage women to take part in regular exercise sessions	One centre is running exercise sessions which are particularly valued by older women. Other centres have also had requests to provide walking groups or other practical sessions. Women say they are aware of the benefits of exercise and want more practical support to exercise regularly.

4 Thinking about the future

4.1 Identifying needs

Our independent evaluation of services this year suggests the need to continue the Bengali Women's Health Project. One to one interviews and discussion sessions found that most women who attended project workshops had poor use of mainstream health and social services. The main reported reasons for this are summarised below.

Language and education

Many Bengali women aged over 40 are not confident speaking or writing in English. Few professionals speak Bengali and it may be inappropriate to use friends or family as interpreters due to confidentiality, embarrassment, and accuracy.

Older Bengali women may not read or write well in any language. This may make it more difficult to find information about health services or to understand any written information they are given.

Cultural and religious beliefs

Bengali women, especially those born outside the UK, may not be used to travelling alone to appointments. They may also have particular beliefs about health and modesty based on religion and experience of life in Bangladesh.

Furthermore, some Bangladeshi people believe that poor health and other misfortunes are 'fate' and should be suffered in silence which makes them unlikely to seek support from mainstream services.

Lifestyle factors

Bengali women take on a great deal of social and caring responsibilities for their extended family, and this impacts on their time and ability to access services. Mainstream services may assume more autonomy and mobility than is available to Bengali women. Furthermore, women may avoid using services because advice about exercise and cooking is not carefully tailored to family expectations, including attitudes about the way women should dress and behave.

Attitudes towards services

Women also reported that they were not necessarily aware that they should seek support for certain issues, or that support was available to them.

Women do not feel that mainstream services can provide health promotion messages in a way that builds on their prior knowledge and skills, and adhere to cultural and religious requirements. They said they prefer services provided by and for their community.

There seems no question that Bengali women have special circumstances that necessitate new approaches to health promotion. By providing services in community centres, the project fulfils both a health and social function. Participants are able to relax, share experiences, eat and drink, and care for small children, at the same time as receiving health advice.

4.2 Development areas

The project has worked hard to provide a range of workshops and to continually evaluate how to improve services. Some of the learning points are described in this section.

Raising awareness about sessions

There has been steady attendance at the sessions, with both women who regularly participate in centre activities and those who have never participated before. About 80-90% of the participants to date are not 'new attendees' and most women hear about the sessions directly from the centres. At present, the workshops are raising awareness among an average of 9-16 women per session, but these tend to be mainly women who 'usually' visit the centres anyway.

> *"We have computer courses and after school clubs so we talk to women who attend those who we think the workshops will be most relevant to."* (community worker)

Initially the sessions mainly attracted women who did not speak English well.

> *"Sessions are good for women who are not confident speaking in English. They can learn new things and discuss things that they cannot talk about with their (English speaking) GPs."* (older woman, speaking with the support of an interpreter)

But as the project has progressed, more and more Bangladeshi women who are confident speaking English are attending. Women who speak English fluently say they find the sessions worthwhile.

> *"We are all coming together and learning and supporting each other. Some of the workshops are in Bengali and some are in English. They are not just for women who only speak Bengali because it makes us all feel confident and we can learn and spread the learning to others who don't come too."* (young woman)

"I did not think the sessions were for me because I was born here [UK]. But then I went along with my aunts and I started taking part. I liked it so much that I started helping out too. I was depressed and sick before but going to the sessions helped. I'm now doing more training so I can work in the community helping Bangladeshi and other women. I've changed my whole life and education because I came to the sessions." (young woman)

One of the learning points of the wide appeal of the project is that the project will now consider additional promotion, outside of the centres, including advertising in partnership with other services. Some centres already target women to participate, by telephoning families who they think may be interested or inviting women who attend other activities. However, wider promotion and word of mouth referrals will be a target for the coming year.

Partnership working

The project is based on successful partnership working with other organisations, including Camden PCT's Health Promotion Department and NHS providers (breast screening, mental health and so on). The project draws on these services to provide speakers for workshops, but the benefits go both ways because the project team act as a liaison service for other service providers in the statutory and voluntary sector.

"I think that we get a lot out of the project too, because we can change our approaches and learn what women really need." (external worker)

One of the learning points is that these partnerships could be further exploited to promote project sessions and ensure that services are available to the widest range of Bengali women possible. Furthermore, the project is in a unique position to be able to advise other services about what they could do to make their services more accessible.

Involving men

Feedback from community workers and women suggests that it may be worthwhile to consider how to involve men in selected sessions. The centres acknowledge that men have a key role in family decision-making in the Bangladeshi community so it is important to raise awareness and acceptance among men so they can support women with behaviour change. Some centres plan to trial ways to involve men, including a session on sexual health.

Both centre workers and the women who attend sessions say they are now very aware of health messages, but they feel that the project should educate men too. Women and community workers were particularly keen to target men for education about smoking and healthy eating, but some also suggested that there was a need to help men understand about sensitive topics such as screening too.

> *"We need to reach men as well. Husbands and sons need to know that it is important for their wives and mothers to get screened for cancer, so they let them go out, help them make appointments, and provide transport. There is only so much women can do on their own."* (doctor)

The project is making some inroads into increasing awareness among men. For instance, some women have involved men in discussions by describing the sessions when they go home. Others have asked their sons, husbands, or fathers to help translate handouts or leaflets they are given at the sessions, thereby helping to raise men's awareness.

Another unexpected outcome has been that some women say they feel more confident and assertive at home, after participating in workshops. This has had an impact on their family life.

> *"It has affected my husband too, even though men do not come. I tell my husband what I learnt so he is more educated. I also started to relate to my husband in a different way. Instead of being down and out, I was more outspoken. Then my husband became less angry with me all the time and everything has improved. I learnt to say my thoughts from learning at the centre."* (young woman)

From our ongoing work, the Bengali Women's Health Project believes that there is a real need to expand services to target men and extended families. We hope that Camden PCT may fund some joint sessions for men and women or some workshops targeting men in future. In the meanwhile, the project aims to host a family event, centred around smoking cessation. This will encourage men and children to participate, as well as women.

Content

In 2003, the Bengali Women's Health Project was positively evaluated by a team from the University of London. The researchers wrote:

> "Poor health is a key consequence of every other poor socio-economic indicator – poverty, minority ethnicity, poor housing, low educational outcomes. It is also a key factor in reproducing inequality from generation to generation: the children of the poor and those with low levels of health and well-being, tend themselves to grow up poorly educated and in poor health… Interventions, in any aspect of people's lives, which break this inter-generational cycle, can have a cumulative effect on all aspects of their life-chances, creating a 'virtuous circle', or spiral, which enables individuals to rise above the low expectations for wellbeing and success which they have previously held."

The content of the project sessions continues to address these aims.

Overall, feedback from women attending sessions and centre staff suggests that women have enjoyed and benefited from the topics covered in 2006-2007.

> *"The sessions were very successful as they involved women so they were not talked at, but asked for their input from personal experience." (community worker)*

But there is always room for further development. Community workers and doctors completed feedback forms at the end of each set of workshops outlining potential areas for improvement. The main changes suggested were:

- follow up sessions are needed, particularly on topics such as sexual health, mental health, and infant feeding,
- there is a need to educate men too, such as through a family health day,
- sessions should be more interactive, asking questions and using role play,
- more videos, such as on accident prevention, showing the mobile breast screening unit, and showing someone who has suffered from paan chewing,
- more leaflets are needed in Bengali, especially about paan chewing,
- more activity based sessions are needed rather than just listening to a talk,
- need to set up visits to the mobile breast screening unit because women do not have transport and will not go alone. Group bookings with an interpreter would work well,
- older and younger women have different attitudes, so thought is needed as to how to target the older group,
- more sessions on cooking skills with recipes using Bangladeshi foods,
- culturally appropriate exercise sessions are needed,
- more one to one advice should be available,
- more signposting to helpful services is needed,
- pictures could be used to show how bad the effects of paan can be,
- provide homework to feed back to the group in the following session.

The project is building these suggestions into the work programme for 2007-2008.

In addition to the suggestions for improvement offered by community workers, women themselves requested additional information about healthy lifestyles and cooking. They would also like more focus on practical steps they can take to change behaviours. For example, women are positive about the possibility of taking part in cooking courses, supervised walks, and visits to screening and health centres.

"Women want to know how to cook healthy food. They don't just want a talk. They want to know practical steps for how to do things like losing weight. Women know they need to be more healthy but they want real practical activities to help them." (community worker)

"The women were keen to use the pedometer provided and that encouraged them to start regular walking sessions." (community worker)

The community workers found that information about breast screening was well received by older women, but the women wanted support to attend sessions. It has been suggested that centres could ask the mobile screening unit to block book appointments for a group of women who have received invitation letters. The community workers could then attend the unit with the group of women, acting as an interpreter if needed.

The project is taking this forward. In the coming year, the centres will provide more practical sessions such as cooking workshops. The project also hopes to organise group walks and visits to the mobile breast screening unit that is currently in Camden.

There remains a need for more organised exercise provision. Women say they find organised sessions helpful, and would like to take part in yoga and swimming groups. However, although it was common for women to say they wanted exercise classes, exercise machines, and swimming, most of the centres are not able to provide exercise rooms. The centres have limited space and this space is usually used by other groups as well.

The project will need to consider ways to meet the requests women have made. Again partnership work may be needed, with community workers accompanying women on visits to exercise facilities or swimming at other venues.

Furthermore, women and workers both expressed a need for ongoing follow up work.

> *"Sometimes we feel like we are just brushing over topics rather than doing them in depth. We need to spend more time on breastfeeding and weaning. Just one or two sessions is not enough for the mums. They need longer to take in all the information."*
> (community worker)

Expanding services

Most of the project sessions take place in the south Camden area. According to the most recent census, a significant number of Bangladeshi families live in the northern part of Camden too. If further funding was available, the project may be able to expand to offer some sessions or one-off events in community locations in the north of the borough. The two main limiting factors here are a lack of funding to support this expansion and a lack of staff capacity to organise additional partnerships.

Resources

This year, the team identified an ongoing need for resources in Bengali. A potential development would be for the project workers to help translate the handouts or leaflets provided by workshop speakers. Ideally these could be published in partnership with other organisations and made widely available. As a first step, speakers could provide materials in advance to community workers and key points could be translated into one page handouts.

The team could consider making use of materials prepared by the NHS and local authority in Tower Hamlets, which has a range of Bengali leaflets available.

There is also a need for more videos or posters on some topics. The project does not have the financial resources to create these, but would be in an ideal position to help suggest material and provide translations and case studies in partnership with larger organisations.

Capacity

Another learning point is that all partners need to appreciate the time and commitment needed to continue sessions of this nature. It is important that the centres are given enough time to set up sessions. This year the project received confirmation of funding from Camden PCT in May 2006, which meant that most sessions could not start until June 2006. Over summer and autumn many centres did not run sessions, due to school holidays, Ramadan, and other activities such as the Bangladesh Mela.

In 2006-2007 there was a real focus on monitoring and evaluation. Community workers kept records of the women attending and their feedback about sessions. They also recorded their own insights about areas for development. This means that much detailed information is now available to help develop the project further.

However, some of workers at the centres have noted that it is time consuming to complete feedback forms and keep full records about the courses. Administration time may not have been fully accounted for in the proposal and some centres do not have full staff capacity. In planning future work, the centres will need to allow enough staff time and budget to account for project administration and evaluation.

Community workers said that having set topics for sessions was an improvement this year.

> *"Having a set of sessions on certain topics has been good, rather than different topics each week like we did in the past. Before, organisers had to think of different topics each week and the centres were all doing different things. Having 'blocks' of topics cuts down on some work and means we can provide more detail for the women on each topic."*
> (community worker)

But despite this, it continues to take a great deal of time to organise and support the sessions.

> *"There is a lot of work to do to ring women every week and remind them to come."*
> (community worker)

> *"Having to translate all the content when a speaker is talking is a challenge. It takes longer and means two facilitators are needed – one for the content, one for the translation. It is good when we can get people who speak Bengali to facilitate the sessions, like on mental health."* (community worker)

4.3 Future plans

Building on the lessons learned this year, the project has a plan for extending services between April 2007 and March 2008. In the coming year the project aims to:

- increase women's knowledge about three key topic areas,
- encourage women to have more healthy behaviours,
- and attract new people to take part in the sessions.

In 2007 the project will provide more focussed and practical support about three key topic areas:

- staying healthy (10 sessions on healthy eating and exercise),
- child and maternal health (5 sessions including breastfeeding),
- smoking cessation (1 major family event).

In addition, the programme will provide at least 20 weeks of exercise sessions. These topic areas are all significant priorities for Camden PCT, and fit in with Choosing Health, creating smokefree environments, and Our Health, Our Care, Our Say plans to offer more services close to home. Bangladeshi women also identified staying healthy by eating healthily and exercising as a key priority for future practical sessions. The 2007 work programme therefore combines community needs with PCT organisational priorities.

The project aims to attract a minimum of 250 women to health promotion sessions, practical activities, and exercise classes, and a minimum of 50 families to a major health promotion event.

The project will expand the focus in two important ways. First, it will emphasise making links with other service providers and professionals, both by promoting the sessions to health centres, Children's Centres, health visitors and others working with parents; and by inviting a wide range of service providers to attend or present at the sessions. Inviting other service providers to attend sessions, even if they are not facilitating them, will help raise awareness of the Bengali Women's Health Project and the services it provides. The long term aim is to increase interagency referrals and to ensure that the Bengali Women's Health Project is an integrated part of service provision in Camden.

The second major change is that the project will focus on providing practical demonstrations and support to women, rather than solely raising awareness of health promotion messages. Building on the awareness raising undertaken in previous years, there is now a need to provide practical sessions such as courses which help Bengali women adapt healthy cooking ideas in culturally appropriate ways and group visits to breast screening appointments. As outlined earlier in the report, this need for a more practical focus has been identified by local women participating in the sessions and by the centre facilitators. It is also supported by Camden PCT.

4.4 Summary

In summary, the Bengali Women's Health Project has had another successful year. 124 sessions have been run with 1526 contacts with women. In addition, doctors report providing 286 supportive appointments and exercise sessions remain popular.

The project has plans to continue delivering a structured programme in 2007-2008, which builds on the learning points and evaluation this year. There is evidence that the project is making a real difference to women's lives, by increasing confidence, enhancing knowledge, and helping women change to more healthy cooking and exercise behaviours.

Over the past seventeen years the project has continued to grow from strength to strength. This is a result of the commitment and dedication of the community workers guiding the project, the motivation and enthusiasm of local women, and the partnerships and collaboration with Camden PCT. The Bengali Women's Health Project looks forward to building on these links for many years to come.