







Embrace

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Embrace is the official newsletter of the BME Health Forum. It aims to reflect the health issues, views and concerns of the BME communities in both boroughs.

It is a quarterly newsletter and published in the following months: **March, June, September and December**. If you would like to contribute to it, please e-mail the Forum at bmehealthforum@westminster-pct.nhs.uk.

Embrace is currently circulated to over 430 organisations, groups and individuals from the statutory, voluntary and community sectors in KCW.

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Deadline for contributions for the next issue of Embrace is Friday, 17th August 07

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BME Health Forum Quarterly Meetings for 2007

Date	Venue	Time
Tuesday, 19 th June	The Stow Centre*	12.30 –3.30
Tuesday, 25 th September	The Stow Centre	12.30 –3.30
Tuesday, 11 th December	Lighthouse**	12.30 –3.30

*The Stow Centre, 258 Harrow Road, London W2 5ES
(Nearset Underground Station is Royal Oak on the Hammersmith and City Line)

**Lighthouse West London, 117 Lancaster Road, London W11 1QT (nearest underground station: Ladbroke Grove, on the Hammersmith & City Line)

Details and agendas for the meeting will be sent out in time.

The BME Health Forum is funded by Kensington & Chelsea and Westminster Primary Care Trusts

Kensington and Chelsea 
Primary Care Trust

Westminster 
Primary Care Trust

LAUNCH OF TUBERCULOSIS (TB) REPORT

The Forum March 07 Quarterly Meeting celebrated the launch of **“Toward the Improvement of Tuberculosis (TB) Control and Participatory Research”** - the Final Report of the Community-based Participatory Research study of TB in migrant African communities in the borough of Westminster, London



Dr Frederick Marais

Dr Frederick Marais, Imperial College London, presented the study and the two main aims: to investigate the structural influences on TB in migrant African communities in the City of Westminster, and to conduct the research in partnership with the study population and other key stakeholders.

Using a Community-based Participatory Research (CBPR) design for the study meant that a Community Advisory Panel was established and Volunteer Community Research Fieldworkers were recruited and trained. Multiple quantitative and qualitative research methods were used.

Based on the key findings of the study a number of recommendations were put forward related to the structural influences on TB, including:

- Increase community engagement in developing TB control interventions and disseminate information
- Provide better information on TB, and improved access to TB information and healthcare

- Clear policy directives and better information on TB & general healthcare eligibility
- Mainstream TB screening as an integrated part of healthcare
- Facilitate better access to free routine TB screening regardless of immigration status – for both established and new entrants. All asylum seekers should be registered as permanent residents for GP registration
- Assess individual ability to obtain healthy food and support in obtaining healthy diet.
- Rapid access to suitable housing
- Funding for research with migrant communities.



Nazek Ramadan. Chaired the meeting

Based on the key findings of the research method used in the study, a number of recommendations were put forward related to the use of Community-based Participatory Research including:

- Community research partners should be engaged, from the outset, in all phases of the study
- Responsibility and accountability should be shared
- Develop comprehensive training programmes
- Use cross-cultural framework for ethical research decision making.

- More resources and investment in the sustained development of trust between institutions & communities

The study calls for

- Relevant statutory and non-statutory sectors to consider recommendations
- The BME Health Forum to investigate and monitor the implementation of recommendations by local authorities and organizations
- The engagement of communities in the development of health interventions towards the reduction of TB

Dr. Marais encouraged everyone to help disseminate the study report widely at both community and sectoral level.



Questions

John Burchill from WPCT: Who do you see being responsible for working on the implementation of the recommendations, is that the TB Action Group?

Dr. Marais: Yes, the TB Action Group should take it forward, but also the City Council and Department of Health. Also, we hope that the BME Health Forum can follow up on the implementation and that Community-Based Organisations (CBOs) can help to lobby. One approach will possibly not be effective, the study findings need to be distributed and recommendations implemented widely to facilitate change-producing action at both sectoral and community level.

John Burchill: has there been much media coverage of your study?

Dr. Marais: We tried, but unfortunately we could not secure any funding for a proper launch of the study.

Amjad: We are members of the TB Study Community Advisory Panel and we will pick up the recommendations. But the issues also relate to the Department of Health because of the contradictions in terms of lack of access for asylum seekers.

Intlak Al Saiegh, Muslim Culture Heritage Centre: While sharing information in Arabic to community groups, I have received questions about how TB is contracted. One Client with TB was told by GP that she might have contracted it while gardening.

The question was deferred to after Jenny Marshall's presentation.

Mohamed Farah, Hodan Somali Community: I see housing as one of the main structural problems leading to TB. On top of that, the community has language problems (many are illiterate even in their own language), lack of access and lack of information. We need to strengthen community organisations and fund them to raise awareness in the community.

Dr. Marais: The study report shows that each community plays a central role. A method that works with one community will perhaps not work in another.

Amjad asked Dr. Marais' colleagues to talk about their experience with the research project.

Phyllis Magombe, Lighthouse West London: one of the main structural problems is the stigma, especially for refused asylum seekers who don't know what help is available and are worried that they will be deported if they mention that they have TB.

Aliya El Agib, Sudanese Community and Info Centre: It was an effective way of doing research as a team. The challenge is that the community

partners are already overburdened and do not have the resources to prioritize these issues. The issue of TB has not had much publicity so it is more difficult to get people involved than in e.g. HIV prevention work.

Abdi Ibrahim, independent Somali community member: Perception of stigma is influenced by the fact that in home countries TB is a killer. People need education. It was a benefit of the study that the researchers were from different communities.

Abdi Ismail, East African Society: The fact that the research is participatory means that there will be more ownership from the community. Abdi then asked if anyone would take responsibility for carrying forward the work to implement the recommendations

Answer from John Burchill: The Director of Public Health who chairs the TB Action group will take it forward. They have invited Dr. Marais to the next meeting.

Copies of this TB Study report can be downloaded free of charge from the following websites:

Imperial College London:

www.imperial.ac.uk/medicine/pcsm/pubs

Greater London Authority:

www.london.gov.uk

TB Alert:

www.tbalert.org/resources/paper_pub.php

The second presentation on the day was given by **Jenny Marshall, Community TB Clinical Nurse Specialist, St. Mary's Hospital**



Jenny Marshall

The presentation aimed to increase our own awareness of TB in order for us to share our knowledge within our communities.

Main points of the presentation:
Recognizing the symptoms of TB: The difference between latent and Active TB

- How TB is spread: from person to person over prolonged periods of contact.
- How TB is diagnosed: Through Tuberculin Skin test, chest x-ray, microbiology.
- TB is treatable and curable: After two weeks of treatment, people are usually unable to spread TB.
- What to do if you have TB symptoms: Visit your local TB clinic or GP.
- People must complete the full course of treatment to be cured.
- ST. Mary's Hospital TB Service or Chelsea and Westminster Hospital (treatment can be free in some hospitals)
- Methods of prevention include screening for early arrival, getting screening if you are in contact with someone with infectious TB, getting vaccinations - though it is not 100% protective. It is important to seek medical advice quickly if you believe you have symptoms of TB as early diagnosis helps to reduce risk of transmission.

Jenny Marshall also talked about common misunderstandings around TB and the importance of being supportive and not causing stigma for those diagnosed with TB.

To get more information on the TB Service at St. Mary's hospital contact 02078866025

To contact the Chelsea and Westminster Hospital TB service call 02082372080 or 02087465862

Questions:

Allison Bennett, Westminster Befriend a Family: Should those who are out working in the community get new vaccinations?

Jenny Marshall: See the handout on vaccinations and BCG.

Alison: But if you have had the BCG as an adult and not as a child, is it as effective?

Jenny: No research has been done in adults with regards to its effectiveness that I am aware of, we have local protocols, DoH and the Nice guidelines which we follow.

The national vaccination programme is targeted for those at risk, which is those living in areas of 40 TB cases per 100,000; what are the average numbers for London?

Jenny Marshall: in most of the UK it is 12/100,000 in some London areas it is as high as 67/100,000.



Phyllis Magombe: There is concern that people are kept in isolation at the hospital for longer than the necessary period, which places stigma on those with the disease.

Jenny Marshall: Hospitals do have to separate TB patients from others due to the infection risk, but do work to ensure that it is not for any longer than necessary. People can be at home and supported there with community isolation and therefore being in their own environment (unless the person lives in a hostel form of accommodation). Isolation in the community means isolation from all new contacts and to refrain from public areas where you may spend significant amount of time i.e. cinema, and places where there maybe people with reduced immune systems i.e. hospitals. It is important for their family and community to support them and if any concerns to check with the GP and/or TB nurse caring for them.

Phyllis: My experience is that new arrivals are not aware of the need to be screened.

Jenny Marshall: New entrants are referred to local TB services at the port of entry only if they have a chest X-ray which is abnormal or complain of TB symptoms. We continue to look at how we can ensure recent arrival (within the last 5 years) screening can be developed and more successful. Part of attending forums like this one and looking at the issues raised by the CAP report.



FUN AND FREE!

Cook and Taste sessions

- Want to learn how to cook cheap and healthy recipes?
- Interested in a range of fun, interactive, weekly cook and taste sessions at a venue near you?

To book a place or to find out more, please contact Jemma Curry on 0208 962 4845 or email Jemma.Curry@kc-pct.nhs.uk

SMOKING BAN

Supporting Westminster to be Smoke-Free in 2007

Elaine Malloy, Public Health Coordinator – Westminster PCT and Westminster City Council.



Elaine Malloy

The aim of this presentation, which was given at the March 07 Quarterly Meeting, was to raise awareness of the campaign in Westminster, which is part of the national campaign.

Main points of the presentation:

- Around 10 million adults smoke cigarettes in the UK, in London 22% smoke.
- Smoking levels are highest among 20-24 year olds.
- Smoking has a strongly harmful effect on the health of the individual (smoking kills 120,000 people prematurely.)
- An estimate of 364,000 patients are admitted to NHS hospitals each year due to diseases caused by smoking.
- Second-hand smoke has a harmful effect on individuals, including babies and children. One is three times as likely to develop lung cancer if exposed to second hand smoke as a child.
- Overall smoking is decreasing in the UK, but more slowly in poorer communities.
- Other types of tobacco, whether smoked or not, are also harmful: cigars, waterpipes (shisha, hookah), chewing tobacco, etc.

- There is the mistaken impression that shisha smoking is not as harmful as other smoking when in reality the opposite is the case
- The new smoke-free legislation means that smoking is not allowed in any enclosed space.
- Free non-smoking signs are available at www.smokefreeengland.co.uk
- In order to comply, businesses and organisations must have no-smoking signs and must have a policy on how they will implement non-smoking.
- Community organisations should also be aware of their duty to implement the smoke-free policy by July 2007.

Research on smoking in BME communities is not up to date, but on the whole BME groups are smoking less than the overall population. For certain groups, the opposite is the case, e.g. 42% of Bangladeshi males and 47% of Afro-Caribbean males smoke, versus 28% of the male population overall.

For information from the Westminster Stop Smoking Service contact 0800 328 8537 or stopsmokingclinic@westminster-pct-nhs.uk

Questions:

Judith Blakeman, Councillor, RBKC
Two or three years ago we had a big session in the BME health Forum on the dangers of shisha smoking etc, but the NHS didn't listen to our recommendations. This is an example of how the BME Health Forum can help the NHS.

Question: Are the chemicals in tobacco equally harmful if it is not smoked? (e.g. chewing tobacco)

Elaine Malloy: Tobacco contains a number of toxins. The smoke that is

produced when tobacco burns also creates a number of additional toxins which can be harmful to the person who is smoking as well as those around them.



Amjad: What kind of support do you offer to community groups who want to support your awareness raising campaign?

Any tobacco use, smoked or unsmoked (chewed / sniffed etc), is dangerous and can result in a series of premature illnesses.

Elaine: We are very keen to work with community groups and train community champions. We are keen on suggestions from the BME community. For more information, please contact Westminster Stop Smoking Service on 0800 328 8537 or stopsmokingclinic@westminster-pct-nhs.uk

Abdi Ismail: It will be challenging getting the message across to the communities.

Elaine: Yes, it is a massive challenge; we are kicking off the campaign this Friday. We have produced a pack to give out to every business and organisation. We will be doing a lot of outreach.

<p>What are the challenges faced by BME communities in working with young people?</p>	<p>Sexual Health & Wellbeing for BME communities in K&C and Westminster</p> <p><i>keynote speech on</i> Asylum seekers & Sexual Health Dr Jane Anderson</p> <p>Tuesday, 26th June 2007, 10.00am – 1.30pm At Yaa Asentawaa, 1 Chippenham Mews London W9 2AN</p> <p>Underground station: Royal Oak on the Hammersmith & City Line (Harrow Road exit) Buses: 18 and 36</p> <p>If you would like to book free places please contact: Pete Westmore, Westminster PCT, 15 Marylebone Road, London NW1 5JD. Tel: 020 7150 8128, fax: 020 7150 8105 E-mail: pete.westmore@westminster-pct.nhs.uk</p> <p>Presented by The BME Health Forum and the KCW Sexual Health Forum in association with Kensington and Chelsea PCT and Westminster PCT</p>
<p>Lunch and networking opportunities provided</p>	
<p>What can BME men do to improve their access to sexual Health services?</p>	
<p>Workshops, Speakers and Q&A panel</p>	
<p>What can local BME organisations do to improve their communities' access to sexual health services?</p>	

Social Research training opportunity with the BME Health Forum

The BME Health Forum recent report "Minding the gaps – Are BME groups partners or substitutes in health provision?" identified that access to GPs is a major health concern for BME communities in Kensington & Chelsea and Westminster (KCW). As a result, the Forum is currently developing a project to look into the issue of access to GP practices and primary care services in KCW. The project also aims to strengthen the role of BME community groups in the new commissioning structure in general and the forthcoming Joint Strategic Needs Assessment in particular.

To achieve these objectives, we will be recruiting and training 20 volunteer

community researchers from black and minority ethnic backgrounds, including refugees and asylum seekers in KCW. Community researchers can be nominated by community groups or they can nominate themselves. A consultant trainer will train the researchers on social research techniques and prepare them to interview patients and key stakeholders in KCW.

For full details and an application form, please contact Amjad Taha at the BME Health Forum or visit <http://www.westminster-pct.nhs.uk/diversity/bmehealthforum.htm>

Please note that the deadline for receiving application forms is Friday 22nd June 2007. Interviews will take place on Monday, 9th July. The training will take place on 18th and 19th July.

Tender for provision of Project co-ordination and Admin Support for the BME Health Forum

Call for bids

Summary

The BME Health Forum is seeking to contract out some support functions and tasks from a local community group/organisation. The Forum is currently in need of support on a range of functions and tasks relating to its current Access to GPs project as well as the day-to-day business of the Forum. The main purpose of these functions is to coordinate the training, work and activities of BME Health Forum volunteer community researchers and to provide logistic and administrative support to the Forum. This will involve working internally with the BME Health Forum manager, community researchers and steering group and externally with local BME community and voluntary organisations and NHS Trusts.

To have these functions and tasks fulfilled, the Forum will not be recruiting a part time worker as it has done in the past but

instead will be commissioning a local community group/organisation to provide it with these functions and tasks. By doing so, the Forum aims to:

- Establish a good model of drawing on the resources that local community groups and organisation can provide.
- Support and fund local community groups and organisations
- Draw on the expertise and knowledge that local community group and organisations have.
- Encourage service providers, PCTs in particular, to adopt this model and not only rely on consultants and employment agencies, which lack the local expertise.
- Strengthen and promote partnership work with local community groups and organisations

Benefits, responsibilities/commitment and management issues

The successful group/organisation will receive £9000 to be paid in two instalments, one at the beginning of the tender and the second one half-way through the tender. In return, the group/organisation will provide the equivalent of 17.5 hours (two and a half days) of work per week for nine months from July 07 to March 08.

The successful group/organisation might draw on existing staff to provide this work, through one member of staff or through different people for different tasks. Alternatively, they might recruit new staff. If they decide to recruit, they must complete the recruitment process within four weeks of being awarded the contract. In any case, the responsibilities for managing these arrangements will be split between the community group/organisation and the BME Health Forum. While the community group/organisation will be responsible for the recruitment of staff (if required) and for managing their pay, training and personal development issues, the Forum will manage their work programme and day to day tasks.

Community group/organisation criteria

The successful group/organisation will be one that

- Is based in Kensington and Chelsea or Westminster.
- Works with or provide services for BME communities.
- Is familiar with the work of the BME Health Forum and has been involved in one or more of its projects.
- Has the structures, means and resources to deliver the work.

Specific functions and tasks include:

- Co-ordination for specific areas of work, including the Access to GPs project and liaising with the volunteer community researchers and project stakeholders including

BME groups, PCTs and GP practices.

- To carry out quantitative and qualitative research relevant to the BME Health Forum's work including statistical analysis of raw data and writing formal reports.
- To provide administrative support, including minutes taking, for the "Access to GPs" project, the Forum Quarterly Meetings, Steering Group meetings and all other meetings and events.
- To set up and organise public meetings and events.
- To ensure the smooth running of the Forum on a daily basis.
- To keep financial records of any spending.
- To participate in the training volunteer community researchers.
- To assist the BME Health Forum Manager

Main Functions

1. Access to GPs project

To help develop and coordinate the "Access to GPs" project, which aims to improve access to GP practices for people from BME communities in K&C and Westminster. This role will involve liaising with the volunteer community researchers, Project Partner Community Groups, project steering group and other stakeholders, including BME organisations, PCTs and GP practices. To work with the Forum Manager to develop ideas about how to take the project forward. To liaise with the volunteer community researchers and support them in conducting research and set up training sessions for them when needed. To produce recommendations about how to improve access to GPs and help write the project's final report.

2. Project Partner Community Groups

The Forum will be commissioning two BME community groups/organisations, one in each

borough, to deliver some of the project's outputs, i.e. interviews and/or meetings with patients and other stakeholders. The functions for this will include liaising with the two groups and the community researchers to ensure the smooth running of interviews. The functions will also include identifying and co-ordinating support needs to the two groups during the life of the project.

If a group/organisation is successful in this bid, that does not exclude it from being a Project Partner Community group and visa versa.

3. **Volunteer Community Researchers**

The Forum will be training up to 20 volunteer community researchers from BME communities in KCW. Required functions and tasks will include keeping in contact with these researchers and supporting them in carrying out interviews and research for the Project Partner Community Groups and the Forum.

4. **Quarterly Meetings**

To work with the BME Health Forum manager to decide and choose the topics for the Quarterly Meetings and to ensure that these topics address local and national policy developments in health care provision as well as reflecting the priorities of BME communities in K&C and Westminster. Responsibilities also include arranging venues and catering and taking minutes.

5. **Steering Group**

The Forum manager reports to an independent Chair and Steering Group made of members from BME community groups, voluntary organisations, PCTs and local government. The Steering Group meets quarterly and the functions will include arranging the meetings, produce the agenda, take minutes and keep the steering group

updated about the Forum's work.

6. **Embrace**

Embrace is the BME Health Forum newsletter. It is published quarterly and includes information about recent developments in health services, articles from and about BME community groups and news and events relating to the Forum and BME communities. The functions include inviting BME groups and stakeholders to contribute to Embrace, producing (training will be provided) and distributing it to the Forum members.

7. **Outreach Work**

This includes seeking out and involving new BME groups in the work of the Forum and developing partnerships with existing groups and organisations.

8. **Disseminating Information**

To deal with enquiries, provide advice and information and support for colleagues in the BME communities on behalf of the BME Health Forum.

9. **Developments in the NHS**

To keep up to date on national and regional initiatives within the field of equality and diversity practice.

10. **Finances**

To keep track of all the Forum's financial transactions including Quarterly Meetings, Embrace and payments to volunteer community researchers.

11. **Representing the Forum**

To raise the profile of the BME Health Forum and its functions locally and nationally.

Bidding for this tender

Bids for this tender must meet the following requirement:

- How they meet each part of the criteria, providing evidence and examples when relevant
- How they intend to organise the work – are they going to organise it

through existing staff? If so, is it one staff member or more? Or are they going to recruit new staff and if so how many?

- The group's/organisation's constitution or equivalent document and the most recent financial accounts

Bids that fail to meet those requirements will not be considered.

Interested groups/organisation can apply by submitting a bid by e-mail, post or in person to:

Amjad Taha
BME Health Forum Manager
c/o Westminster PCT, 15 Marylebone Road, London NW1 5JD
Tel: 020 7150 8128, fax: 020 7150 8105
E-mail: bmehealthforum@westminster-pct.nhs.uk

Deadline for receiving bids is **Friday, 29th June 07.**

For more information and/or if you want to have a chat about this, please contact Amjad.

Westminster PCT Involving People

In this issue of Embrace we would like to outline some of the ways people can get involved in the business of the PCT. If you want to join us in shaping health services in Westminster we would love to hear from you and there are many ways that we can work together.

We are interested in what you think about health services in Westminster. You can tell us what you think by writing to us at our address at the bottom of this article or call PALS free on 0800 587 8818. If people want to write in a language other than English that's fine – we'll get the letter translated and reply in the same language. Similarly, anyone can speak to PALS on the phone via an interpreter. This can be done by phoning PALS and saying the name of the language you wish to speak – PALS will then arrange for an interpreter to join the conversation for a three way telephone conference call. This can usually be arranged within a minute, while the caller is still on the line. This service and the telephone call is of course free to the caller. All PCT sites and services have supplies of comments cards which you can complete and send to us with your comments, suggestions, praise or complaints about the service. These cards should be on display where you access the service and are also available from PALS.

If you would like to be sent information about opportunities to work with us, you can join our mailing list. You will receive invitations to public events and meetings, a copy of our newsletter and other information. You can choose to receive this information by post or email (or both!) and can unsubscribe at any time. Obviously you are under no obligation to take part in any of the activities offered. If you would like to join us you can do so by writing to us at our address at the bottom of this article or call PALS free on 0800 587 8818.

We currently have people helping us in a variety of different ways. Involvement can be as simple and quick as filling out a survey or could mean making a commitment to attend regular meetings for a year or more. Sometimes we need people to attend meetings to help us to make decisions by giving their perspective on issues as a lay person (ie someone who does not work in the health sector) or a patient. Other meetings might consist solely of lay people or patients coming together to suggest to the PCT how things might be improved or what the best course of action is. We will also increasingly be making use of technology, particularly email, and we expect to be setting up one or more email forums in the near future.


The Patient & Public Involvement Forum is a group of local volunteers who are interested about local health care services, including the way they are organised and delivered. They are totally independent from the NHS and act as a “critical friend” to Westminster PCT. To find out more contact Gayle Muers on 020 535 0497 or email her at gmuers@vawcvs.org.

Some of the opportunities to get involved in the PCT's work can be quite demanding, requiring some level of commitment or skills. Training, support and in some cases payment, is available. We hope that getting involved can be rewarding, by feeling that you are making a difference but also perhaps helping in your personal development.

Involving people in the decisions we take is not just a “tick box” exercise. Not only is it a legal requirement that we involve

people meaningfully but we also recognise that the health services provided in Westminster can only be effective if the people who use them play a part in shaping them. We want to do our job properly and we want to provide the best services we can in Westminster.

Obviously we cannot do all the things that people suggest – we have limited money and other resources, and sometimes people will have opposing views or ideas. There are also some things that we cannot change or do differently, as they are already set by the Department of Health or Government. What we can and will do is explain why we can't act on suggestions when that is the case to reassure people that we have listened and not ignored them. We should also make it clear what limits there are to influence particular decisions and what has already been decided.

Kensington and Chelsea 
 Primary Care Trust

Strengthening your voice in the community

- **Interested in giving your opinion about services that affect your community?**
- **Need the skills to speak out to support your community?**
- **Frustrated by not knowing how to contact services in Kensington and Chelsea and who to speak to?**

This practical and interesting course will assist you to help your community to become more actively involved in local services. A great opportunity to gain the skills required to positively engage with services and organisations in Kensington and Chelsea.

Entry requirements: You must

- *Be a resident of Kensington & Chelsea*
- *Be over 18 years of age*
- *Have a good level of English language skills (written and verbal)*
- *Be able to commit to volunteering some of your time*
- *Have a keen interest in raising your community voice!*

If you are interested in taking part in this new exciting course please contact Jemma Curry, Team Officer, Community Partnerships and Health Improvement Team, Kensington and Chelsea Primary Care Trust. **Tel: 020 8962 4845** or **email: Jemma.Curry@kc-pct.nhs.uk**

An application has been made to Open College Network for course accreditation

Moroccan Garden Official Opening

We are pleased to announce the official opening of the Moroccan garden on Wednesday 27th June 2007 from 11.30 - 1pm, light refreshments will be served and all are welcome!

If you would like to attend, please call us on 020 8969 2292. We hope you will be able to join us.

Al-Hasaniya Moroccan Women's Centre

BY THE END OF 2007, TRAFFICKING AND BONDED LABOUR COULD BECOME LEGAL IN THE UK

FIGHT THE RETURN TO SLAVERY

'I couldn't stand the shouting and the hitting. After 6 months, I ran away'.



Divia was treated very badly by the employers who brought her to the UK: She was made to sleep on a stone-cold floor; She was fed so little that her eyesight started to fail; She was shouted at and beaten on a regular basis.

At present, the Government protects workers like Divia. If she is abused she can go to the police; if she runs away she can find a new job as a domestic worker; she can remain in the UK legally and be protected by UK law.

However, in a dramatic U-turn, the government proposes to take away ALL RIGHTS of domestic workers.

Soon, if workers like Divia choose to flee their abusive employer, they will become ILLEGAL. They will be forced UNDERGROUND and exposed to further ABUSE and EXPLOITATION.

It will be the worker, not the employer, who will be labelled a criminal

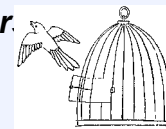


KALAYAAN: Justice for domestic worker.

Join the campaign! Fight the proposals!

Contact Kalayaan: 020 7243 2942

www.kalayaan.org.uk



To receive regular updates on the campaign email update@kalayaan.org.uk

Kalayaan is a charity (Charity no. 1103847) and we need to fundraise for all our work. To donate go to www.kalayaan.org.uk and click 'donate'.

Leaflet produced with the generous assistance of the T&G with money raised by the T&G Annual Women's Conference 2006. © Photos by Karen Robinson, Panos Pictures in association with Anti-Slavery international, Amnesty International, Eaves, St Paul's Institute and UNICEF UK.

Access to healthy food in SW1

A Moveable Feast (AMF), South Westminster's Healthy Living Centre, has recently carried out a food access needs assessment in South Westminster (SW1).

The study aimed to explore local people's current perceptions of access to healthy food and to outline opportunities for developing culturally appropriate food access projects.

A community questionnaire was carried out, alongside focus groups and stakeholder consultations. 490 residents completed the survey (16% response rate).

This study found that when examining food access in its most literal sense- people's ability to buy food locally- the majority of residents do not perceive food access to be a problem. However, once food access is examined in its broader sense, encompassing issues such as affordability, cultural appropriateness, choice and life skills, this study shows that there is evidence of inequality for SW1 residents.

The recommendations represent a range of initiatives that focus on the themes of affordability, awareness, acceptability, motivation and skills to be delivered by AMF in partnership with other local statutory and voluntary organisations:

- Working with local retailers to improve availability and affordability of healthy food
- Challenge negative stereotypes associated with healthy eating via community champions
- Work with local BME communities to develop a social enterprise which improves availability and affordability of cultural, healthy food
- Improve residents' skills to enable change towards a healthier lifestyle

For more information about this study or A Moveable Feast please contact Louise Beckingsale.

Tel: 020 7222 0303 or email:

Louise.Beckingsale@abbeycommunity.org

Change your street...

...by coming along to your next area forum! Don't miss your chance to influence council decisions and get answers to your questions by talking directly with councillors and council officers. Area forums are informal and interactive events, with a focus on discussion and debate. Your councillors, council officers and service providers come to each forum to talk to you and hear your opinions on your neighbourhood and local services.

"Going Smoke Free" will be the focus of workshops at the two area forums for the north of the borough on Monday 25th June, at the Millennium Centre and Wednesday 27th June at St. John's Wood Synagogue Hall. Only one week before the smoking ban comes into effect this is our chance to find out how you will be affected and get answers to your questions from the experts in the council. Whether a resident or from a business, everyone will be affected by the new laws – make sure you know where you stand.

There will also be workshops focusing on a wide range of local issues. We need to get your views on topics such as improving parking facilities and developing housing within Westminster. All workshops are designed to stimulate practical ideas and solutions to your local problems.

To find out when your next forum is or join our mailing list, please call the Area Forums team on the telephone hotline 020 7641 3916, email areaforums@westminster.gov.uk or visit the website at www.westminster.gov.uk/areaforums

There is no need to pre-register, just come along on the night and see how you can shape the future of your neighbourhood! The meetings will start at 6.30pm when food and light refreshments will be served and ends at 8.30pm with a drinks reception to round the evening off.

We hope to see you there!
The Areas Forum Team
Westminster City Council

6.30pm Monday 25 th June Amadeus Centre 50 Shirland Road W9 2JA	6.30pm Wednesday 27 th June St John's Wood Synagogue Hall 37/41 Grove End Road NW8 9NG
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Care of asylum detainees with severe mental health problems

I am a member of the Medical Justice Network. This is a new organisation which is committed to supporting asylum seekers who are or who have been in detention and who have suffered torture or rape and those who suffer severe physical and/mental health problems. Our objective is to get medical and legal help to the detained person and get them out of detention as quickly as we can, as well as ensuring their continued access to the medical and legal help they may need. Medical Justice believes that the effects of detention are 'toxic' and the cause of physical and mental illness. Victims of torture and rape who are placed in detention often suffer severe flashbacks and may become psychotic.

On April 20th 2007, I was a member of a team made up of an ex-detainee, mental health nurse, and two psychiatrists which met senior civil servants from the 'Border and Immigration Agency'. The civil service team included Brian Pollett, Head of Detention Services and Chair of the Clinical Governance Committee that monitors medical care in detention centres. Also in attendance was a senior policy member of the Mental Health Act Commission.

The meeting was arranged because of the persistent reports of inadequate mental health care for asylum seekers in detention and the severe mental illness and misery caused to those who suffer deterioration of their mental health through detention. These reports suggest that those suffering from 'post-traumatic stress disorder' (PTSD), depression, psychosis, self-harm and those who attempt suicide, frequently receive primary and secondary care that does not meet the basic standards usually offered in the NHS. We also hear reports that the statutory requirements of the Mental Health Act are not complied with. We highlighted the failure of the 'Border and Immigration Agency' to carry out health assessments prior to detention and to screen out people with severe mental health problems.

The background to our meeting was the report produced by Her Majesty's Inspector of Prisons (HMIP) Ann Owers, on Yarl's Wood Immigration and Removal Centre in Bedford. Our demand was that the 'Border and Immigration Agency' should implement Ann Owers' recommendations on mental health issues and that the Border and Immigration Agency should implement its own rules on the care of people with mental health problems. Our main objectives were to seek assurances that people with mental health problems, should not be detained in the first place, that those currently in detention should be released, and that there should be appropriate clinical governance of mental health care for any detainees who the Home Office refuses to release immediately. We argued that despite official guidance which says "the mentally ill should only be detained in very exceptional circumstances", nevertheless, there are dozens of detainees with serious mental health problems and on 'suicide watch' across the detention estate. We strongly expressed the view that if there is a diagnosis of depression with ideas of self-harm, or suicidal ideas or psychotic illness, these people should not be detained. We also sought assurances that the quality of clinical care offered to detainees with mental health problems, who are admitted to hospital, should be reviewed in light of the repeated reports of inappropriate and inadequate assessment and care. We asked for evidence to demonstrate that the mental health care of detainees is adequately monitored and supervised. We also sought assurances that restraints (e.g. handcuffs) would not be used for the transfer of patients with mental health problems when they were transported to hospital.

Part of our discussion centred on the care of detainees who have severe mental health problems where a decision has been made for the person to be detained under the provisions of the Mental Health Act. We argued that once a decision is made to detain under this section, the detainee should be transferred to hospital immediately and then benefit from the

statutory right to community aftercare as required under Section 117 of the Act. What happens in practice is that people may remain in the detention centre, may never be transferred to hospital and may not receive adequate and appropriate mental health care. In the absence of aftercare the person might be released and become destitute.

Lastly, we discussed the recommendation that the clinical staff should be trained and regularly supervised in relation to diagnosing PTSD and the effects of rape and torture on the detainee's mental health. We explained to the civil servants that there is a serious problem with the assessment and treatment of people with these conditions in detention and that this is often compounded by the continuing failure to exclude from detention centres people with a history of having been tortured, despite rules that they should not

be detained. The 'Border and Immigration Agency' was apparently unaware that the failure to diagnose and treat PTSD can lead to 'traumatogenic psychosis' and long term disability. We proposed the development of contracts between 'Border and Immigration Agency' and NHS hospitals so that expert diagnosis and treatment of detainees with PTSD was available. NICE (National Institute of Clinical Excellence) guidelines specifically recommend the screening of asylum seekers and refugees for PTSD, because detention centres are inherently unsuitable environments to treat PTSD.

I will provide a further note on this work as our campaign work develops.

Malcolm Alexander
Medical Justice Steering Committee
May 14th 2007

'You & Your Medicines' Health Sessions

The prescribing teams of Westminster and Kensington and Chelsea PCTs will be supporting 'You & Your Medicines' Health Sessions within community groups from the 11th of June 2007.

The health sessions aim to increase awareness on how to:

- increase your understanding of your medicines
- be involved in decisions about your treatment
- know who to ask about your medicines &
- know what questions to ask about your medicines.

At the session, a community leader will give a presentation to their community group. These will be delivered in different languages according to the requirements of the group, with an opportunity for group members to ask questions after the presentation.

Community groups who have expressed interest in taking part are currently organising dates for their sessions. If you are a member of the public interested in attending a session contact your community group to find out if one is being held near you or contact us and we may be able to arrange for you to attend.

If you are a community group leader and wish to find out further information about the sessions, please contact Erica Chibale on 0207 150 8133.

Dementia Advocacy Network

020 7297 9384 dan@wassr.org

Free training

Older people, memory loss & dementia awareness for BME workers

Wednesday 27th June 2007

10 am – 4pm at WASSR, 55 Dean St. London W1D 6AF

What significance does the term 'dementia' have for people from Ethnic Minority Communities? This one day workshop aims to share & explore other cultures perceptions of older people who may be experiencing memory loss, confusion and perhaps dementia and also to explore what is meant by the term 'dementia'.

This workshop is for volunteers and paid staff from Ethnic Minority community organisations and groups who would like to broaden their knowledge of older people & dementia and explore different cultural perspectives on older people experiencing memory loss and confusion.

Facilitators for the day will be Gona Saed & Sally Wells

Lunch will be provided

For more information, please contact

Westminster Advocacy Service for Senior Residents

020 7439 3131 info@wassr.org

Registered Charity No. 1038400

Slavery and the Natural World: Plants and People

A unique perspective on the slave trade using natural history collections

Slavery and plants event

From medicine to poison, enslaved people were empowered by their knowledge of the natural world. Join us to discover the fascinating uses of plants in everyday life.

- Saturday 4 August 2007, 14.00–16.00, *Marine Invertebrates*
- Thursday 11 October 2007, 14.00–16.00, *Marine Invertebrates*
- Thursday 29 November 2007 18.00–21.00, Darwin Centre, entrance on Queen's Gate

Slavery and people event

Re-examine almost forgotten natural history records, which begin to recover the experiences of enslaved and indigenous people and their influence on science.

- Saturday 21 August 2007, 14.00–16.00, *Marine Invertebrates*
- Saturday 8 December 2007, 14.00–16.00, *Marine Invertebrates*
- Thursday 31 January 2008, 18.00–21.00, Darwin Centre, entrance on Queen's Gate

All events are free, but booking is essential. Please call 020 7942 5555

Monday to Friday 10.00–13.00, from July 2007.

What can the Natural History Museum contribute to the dialogue about slavery? In fact, the extensive library, collections and scientific research provide the perfect starting point to examine how enslaved people contributed to our knowledge of the natural world, and how the trade affected the plants and animals of Africa and the Americas.

But this project also poses many questions. What aspects of the story are the public interested in? How should the information be presented? What else would the Museum need to know before planning the events? To help answer these and many other questions, the project team consulted a wide range of people, from the members of the public to historians and other specialist professionals. The team also used local community contacts and partnered with Rendezvous of Victory to involve interested people with an African heritage.

The feedback so far has been illuminating and encouraging. There were suggestions for new areas to research and also guidance for approaching and presenting them such as resistance, legacies, setting the context and avoiding Eurocentric interpretations. Participants advised the Museum team to ‘embrace controversy!’ and ‘involve us more’. Returning to the Museum’s collections, the team were armed with a wish list of interests and suggestions that made it easy to discover large amounts of relevant material.

This collaborative experience gave the project team insight, knowledge and confidence to embrace this subject. The next steps for the programme include continuing to work with stakeholders, running pilots to get valuable input from

everyone involved, and also exploring opportunities to use the project to support teachers and pupils. Histories of how plants were transferred across continents have shed new light on diet and nutrition upon ships and plantations. The slave trade contributed to the movement of many plants around the globe. Maize and peanuts for example, originally American, were taken to Africa where they became a staple crop, and then transported to the Caribbean by slave traders.

Of course, how plants were used also changed. Enslaved Africans used the plants they found in Jamaica in both their own traditions, and learned from indigenous people – for medicines, poisons, foods, shelter, personal adornment and entertainment. The team felt that this evidence shows not only the beginnings of some of today’s Caribbean cultures but also indicated an often overlooked form of resistance – survival. We invite you to come along and tell us what this evidence suggests for you.

The contributions the enslaved made to modern scientific knowledge was often unrecognised. One exception is that of a plant (*Quassia amara*) was named after the man Kwasi Mukamba, (a freed slave who reported its medicinal uses).

Museum records cannot give us the true voice of the enslaved people but they give us strands of evidence that we can piece together to rediscover some lesser known African people of the time. Sometimes what is missing in a narrative is almost as telling as what is there.

See for yourself the connections between slavery and the natural world. And most importantly, tell us what you think.

Natural History Museum, Cromwell Road, London SW7 5BD. Tel 020 7942 5000 www.nhm.ac.uk

BME Health Forum

c/o Westminster PCT, 15 Marylebone Road,
London NW1 5JD Tel: 020 7150 8128, Fax: 020 7150 8105
bmehealthforum@westminster-pct.nhs.uk

Quarterly Meeting – 19th June 2007

Have your say on the plans to create the UK's first Academic Health Science Centre

St Mary's Hospital Trust, Hammersmith Hospitals Trust and Imperial College London are planning to merge to become the UK's first Academic Health Sciences Centre. Professor Stephen Smith, Principal of the Faculty of Medicine at Imperial College London, will be speaking on the planned merger and answering your questions. To view the consultation document and for more information, please visit <http://www.ahsc.org.uk/>

Also included: Yohannes Fassil, Equality & Diversity Development Manager at the Royal Brompton and Harefield NHS Trust will be seeking your views on the Trust's Equality Impact Assessment and Gender Equality Scheme

Date and time: Tuesday, 19th June 2007, 12.30 - 3.30pm (Lunch: 12.30-1.00pm)

Venue: The Stow Centre, 258 Harrow Road, London W2 5ES (nearest Underground Station is Royal Oak on the Hammersmith and City Line)

Programme

12.30pm	Lunch
1.15pm	Apologies, minutes of previous meeting and Matters Arising
1.20pm	BME Health Forum updates: - Access to GPs project
1.30pm	First Session: Academic Health Science Centre Presented by Professor Stephen Smith, Principal of the Faculty of Medicine at Imperial College London
1.55pm	Question & Answer
2.30pm	Coffee break
2.45pm	Second Session: Royal Brompton and Harefield NHS Trust's Equality Impact Assessment and Gender Equality Scheme Presented by Yohannes Fassil, Equality & Diversity Development Manager
3.00pm	Question & Answer
3.15pm	Short information points from members
3.30pm	Close

All welcome