

SUMMARY REPORT

Organisation:	SHEWISE
	Charity number: 1179811
Project:	Hounslow Resident Engagement Project
Dates active:	16 th May 2022 – 6 th July 2022
Title:	Perspectives on wellbeing amongst ethnic minority and marginalised communities: What is wellbeing? What helps? What hinders?
Submission:	10 th July 2022

Aims and Intentions

Project Briefing:

1. What do people see as wellbeing?
What contributes to wellbeing and the difficulties that affect wellbeing?
2. Activities, services and support that can improve wellbeing
What is working well and what are the gaps?
3. Barriers in finding or accessing or benefitting from wellbeing services, and how to overcome them
Can volunteers help?

SHEWISE Organisational Aims:

- To gather the views, perspectives and experiences of men and women from ethnic minority backgrounds and marginalised communities. To understand their conceptions of wellbeing, and the way they relate to their health and wellbeing on an individual, interpersonal and wider community level. To explore what they feel helps, and what they struggle with; to understand what hinders.
- To give special attention to the issues people from ethnic minorities may face in particular, including cultural sensitivities, norms and practices often overlooked by mainstream public health services. To be mindful of how different factors may impact levels of engagement and find ways to overcome these (eg. Language barriers)
- To use a mixed research methodology for complimentary quantitative/qualitative data collation and accessibility
- To actively use the findings to inform our practice and service delivery in the future

Methodology Overview

We used three main forms of data collection:

1) An Online Survey

- Link to survey (developed via SurveyPlanet): <https://s.surveyplanet.com/zx7n6hw1>
- 23 questions: 6 demographic questions, 5 open-ended essay questions, 9 closed multiple choice questions, 1 scale question, 1 comments section, 1 prize draw email section. Questions were optional, as was the choice for anonymity (optional email entry at start of survey)
- £100 prize draw incentive was added to the online survey
- Purpose:
 - A time efficient, cost effective, location independent tool to access a wider population. There is the option for complete anonymity (greater ease in sharing sensitive thoughts or experiences without direct confrontation). It can be completed at one's own convenience/availability, in a private space with oneself.
 - Psychoeducation: The questions were formulated to scaffold a comprehension of the topic area, by providing multiple choice options. Some questions, such as the barriers in accessing help, were organised into categories to assist in helping the person decipher which area they most struggle with
- Outcome: 48 respondents

2) Focus Groups

- Advertised weekly for the following dates: Wed 15th June 6.00pm; Friday 17th June 12.00; Tuesday 21st June 11.00am; Friday 24th June 11.00am; Tuesday 28th June 2022 11am; Tuesday 28th June 2022 7.30pm; Friday 1st July 2022 11am; Friday 1st July 2022 7.30pm
- Focus groups that had 1 attendee were given individual interviews using the field paper form survey
- £5 voucher for participation
- Purpose:
 - To gain an in depth understanding of the concept of wellbeing amongst Hounslow Borough residents. To delve into the culturally specific, hard to talk about issues, that can act as barriers to accessing care. To understand what is used to support; what helps. And to understand what gets in the way.
 - Additional benefits to online survey, as the facilitator can prompt, and encourage discussion by way of multiple participants, which can form interesting insights and revelations for all involved
- Outcome: We formed one focus group - 2 participants, 1 facilitator on Friday 1st July, 7.30pm

3) Field Survey/1:1 Interview

- Paper form survey consisting of 7 questions (not including demographics); 5 essay questions, 2 scale questions
- Purpose:
 - i. A short form alternative to the online survey for people to fill out in person
 - ii. A tool to use for SHEWISE staff when completing surveys on behalf of someone with an English language barrier (over the phone or on the ground, in person e.g. on Hounslow high street)
 - iii. To overcome digital barriers (screen and social media access/use), especially amongst older populations
- Outcome: 17 field surveys/1:1 interviews

Sample

We used convenience sampling, purposive sampling and snowball sampling to access residents for participation. We distributed flyers and focus groups details via emails to organisations, colleges, religious faith groups and existing SHEWISE contacts.

Promotion

- A4 Flyer
- Social media posts (ref to Social Media channels to view)
- QR Code
- Website
- Existing SHEWISE email channels
- Emails to organisations, businesses, schools and faith groups
- Whatsapp messages via friends and families

Demographics

Where possible we gathered the demographics of the residents who participated. Demographics have been combined for the three different methodologies (online survey, focus groups and field survey/1:1 interview).

Participation Overview

- Online Survey: 48 respondents
- Focus groups: 1 group, 2 participants
- Field Survey/1:1 Interview: 17 respondents

Total number of people who participated: 67

Demographics Overview (combined engagement activities)

Age

Age Group	Total
0-15 yrs	3
16-29 yrs	22
30-49 yrs	19
50-69 yrs	17
70-89 yrs	5
90+ yrs	0
Prefer not to say	1
Unanswered	0

Sex

Sex	Total
Male	17
Female	49
Other	0
Prefer not to say	1

Ethnicity

Ethnic Group	Total
Arab or Arab British	0
Asian or Asian British - Chinese	0
Asian or Asian British - Bangladeshi	4
Asian or Asian British - Indian	6
Asian or Asian British - Pakistani	22
Other Asian or Asian British	4
Black, African, Caribbean or Black British - African	13
Black, African, Caribbean or Black British - Caribbean	3
Other Black/African/Caribbean Background	0
Mixed/Multiple Ethnic Groups - White and Black Caribbean	1

Mixed/Multiple Ethnic Groups - White and Black African	0
Mixed/Multiple Ethnic Groups - White and Asian	2
Mixed/Multiple Ethnic Groups - Other	2
White - English	0
White - Welsh	0
White - Scottish	0
White - Northern Irish	0
White - Irish	0
White - British	0
White - Gypsy or Irish Traveller	0
White - European	1
White - Other	0
Any Other Ethnic Group	1
Prefer not to say	0
Unanswered	8

Disability

Disability	Total
Yes	27
No	33
Prefer not to say	1
Unanswered	6

Location

Age Group	Total
Bedfont, Feltham or Hanworth	14
Chiswick	3
Hounslow Central	17
Heston or Cranford	6
Isleworth or Brentford	5
Other/Elsewhere	16
Prefer not to say	5
Unanswered	1

Demographic breakdown per engagement activity

Online Survey: 48 Respondents

Age

Question: What is your age group?

Age group	Totals
0 - 15 yrs	2
16 - 29 yrs	19
30 - 49 yrs	14
50 - 69 yrs	9
70 - 89 yrs	3
90+ yrs	0
Prefer not to say	1

Responses 48 Answered 48 Unanswered 0

Sex

Question: What was your sex at birth?

Sex	Total
Male	12
Female	35
Other	0
Prefer not to say	1

Responses 48 Answered 48 Unanswered 0

Ethnicity

Question: What is your race/ethnicity?

Ethnic Group	Total
Arab or Arab British	0
Asian or Asian British - Chinese	0
Asian or Asian British - Bangladeshi	2
Asian or Asian British - Indian	2
Asian or Asian British - Pakistani	16
Other Asian or Asian British	4
Black, African, Caribbean or Black British - African	10
Black, African, Caribbean or Black British - Caribbean	2
Other Black/African/Caribbean Background	0
Mixed/Multiple Ethnic Groups - White and Black Caribbean	1
Mixed/Multiple Ethnic Groups - White and Black African	0
Mixed/Multiple Ethnic Groups - White and Asian	2
Mixed/Multiple Ethnic Groups - Other	1
White - English	0
White - Welsh	0
White - Scottish	0
White - Northern Irish	0

White - Irish	0
White - British	0
White - Gypsy or Irish Traveller	0
White - European	0
White - Other	0
Any Other Ethnic Group	1
Prefer not to say	0

Responses 48 Answered 41 Unanswered 7

Disability

Question: Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Including any issues/problems related to old age)

Disability	Total
Yes, limited a lot	10
Yes, limited a little	10
No	27
Prefer not to say	1
Unanswered	0

Responses 48 Answered 48 Unanswered 0

Question: If you answered yes to the previous question, please select from the following, or comment in the section provided

Type of disability	Total
Not Applicable	24
Vision (e.g. due to blindness or partial sight)	1
Hearing (e.g. due to deafness or partial hearing)	1
Dual Sensory Loss	0
Physical Disability (e.g mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects)	6
Learning or concentrating or remembering	0
Mental Health	5
Stamina or breathing difficulty	2
Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome)	0
Prefer not to say	2
Other/Comments	2

Responses 48 Answered 43 Unanswered 5

Location

Question: Where do you live in Hounslow?

Age Group	Total
Bedfont, Feltham or Hanworth	7
Chiswick	2
Hounslow Central	11
Heston or Cranford	3
Isleworth or Brentford	5

Other/Elsewhere	5
Prefer not to say	15

Responses 48 Answered 48 Unanswered 0

Focus Groups: 2 Participants

Age

Question: What is your age group?

Age group	Totals
16 - 29 yrs	1
50 - 69 yrs	1

Responses 2 Answered 2 Unanswered 0

Sex

Question asked: What was your sex at birth?

Sex	Total
Female	2

Responses 2 Answered 2 Unanswered 0

Ethnicity

Question asked: What is your ethnicity?

Ethnic Group	Total
'British Pakistani'	1
'Indo Caribbean'	1

Responses 2 Answered 2 Unanswered 0

Disability

Question: Do you consider yourself to have a disability/impairment that affects your daily wellbeing?

Disability	Total
Yes	1
No	1

Responses 2 Answered 2 Unanswered 0

Location

Question: Where do you live in Hounslow?

Age Group	Total
Ealing	1
Hounslow Central	1

Responses 2 Answered 2 Unanswered 0

Field Survey/1:1 Interviews:

Age

Question: What is your age group?

Age group	Totals
0 - 15 yrs	1
16 - 29 yrs	2
30 - 49 yrs	5
50 - 69 yrs	7
70 - 89 yrs	2
90+ yrs	0

Responses 17 Answered 17 Unanswered 0

Sex

Question: What was your sex at birth?

Sex	Total
Male	5
Female	12

Responses 17 Answered 17 Unanswered 0

Ethnicity

Question: What is your ethnicity?

Ethnic Group	Total
'African'	1
'British Pakistani' or 'Pakistani'	5
'Bangladeshi'	2
'Indian'	4
'Jamaican'	1
'Nigeria'	1
'Polish'	1
'Somali'	1

Responses 17 Answered 16 Unanswered 1

Disability

Question: Do you consider yourself to have a disability/impairment that affects your daily wellbeing?

Disability	Total
Yes	6
No	5

Responses 17 Answered 11 Unanswered 6

Location

Question: Where do you live in Hounslow?

Age Group	Total
Bedfont, Feltham or Hanworth	7
Chiswick	1
Hounslow Central	5
Heston or Cranford	3
Isleworth or Brentford	0
Other/Elsewhere	0

Responses 17 Answered 16 Unanswered 1

KEY QUESTION 1: WELLBEING

What do people see as wellbeing?

NB: The responses are divided by type of engagement activity (ie Online survey, Focus group or Field survey/1:1 interview)

Online survey results for Key Question 1: Wellbeing

48 Respondents

What does wellbeing mean to you?

Essay style/Open ended (in order of submission)

<p><i>Well-being to me means feeling mentally safe and respected where people do not discriminate me and where I have to not experience a poorer customer service than a blonde, blue eyed because of my tan appearance and 5'2 height when out in public places. As our appearances aren't something we can't significantly alter and the way ppl treat us does affect us mentally. It also means dr's taking into consideration my distress, anxiety and concerns during medical appts as the whole Nhs system is delayed and difficult post pandemic. I mention this as the core of well-being for me means good health. If your feeling strong and healthy, within the right bmi, with no pains and keeping diseases controlled and at bay.. you are then able to have more mental space to feel good (to try manage any depression / sadness related to past experiences) and desires to do more also grow (productivity wise). The above are the main 2 things can personally help me feel balanced and zen when sitting alone and contemplating at my current situation. 3rd then would be financial income to feel more secure and stable as it's a solution to many problems as we know.</i></p>
<p><i>Satisfactory</i></p>
<p><i>Happy</i></p>
<p><i>Being happy and content</i></p>
<p><i>It means the amount of happiness I have relative to my struggles</i></p>
<p><i>For me wellbeing means to be independent and can fulfill own basic needs.</i></p>
<p><i>Healthy body, being able to move around easy</i></p>
<p><i>I am an asylum seeker trying to fit in to this country but sometimes the anxiety stops me and make everything blurry for me</i></p>

<p><i>Well being means living a healthy mobile independent happy life and trying to be a kind and compassionate individual helping others who may need care and financial support.</i></p>
<p><i>Peace in life. Mind Body & Soul</i></p>
<p><i>Holistic health</i></p>
<p><i>Happiness and a great support system</i></p>
<p><i>To not have a reasonable standard of care for my wellbeing will cause a decrease in the quality of my life, of my health and of my relationship with other people, therefore it's of high importance to me to maintain my wellbeing either mental or physical.</i></p>
<p><i>Being happy and content.</i></p>
<p><i>Having peace of mind and being able to do the things that are important to me</i></p>
<p><i>Health both mental and physically</i></p>
<p><i>Having the emotional, financial and social resources to be able to function and feel comfortable In what I am doing</i></p>
<p><i>I believe that wellbeing means the feeling of being content. This varies depending on the day for me. For example looking after my wellbeing on a work day means ensuring that I do an activity that day that makes me happy as work can often feel draining. On a weekend my primary goal is to relax and find some form of escapism from the long week I just completed. Wellbeing is ensuring that in scenarios that I know I may not be completely happy in - that I will try to atleast feel comfortable to ensure it is bot detrimental to my mental health.</i></p>
<p><i>Wellbeing is my physical and mental health and how fulfilled I am feeling with my life</i></p>

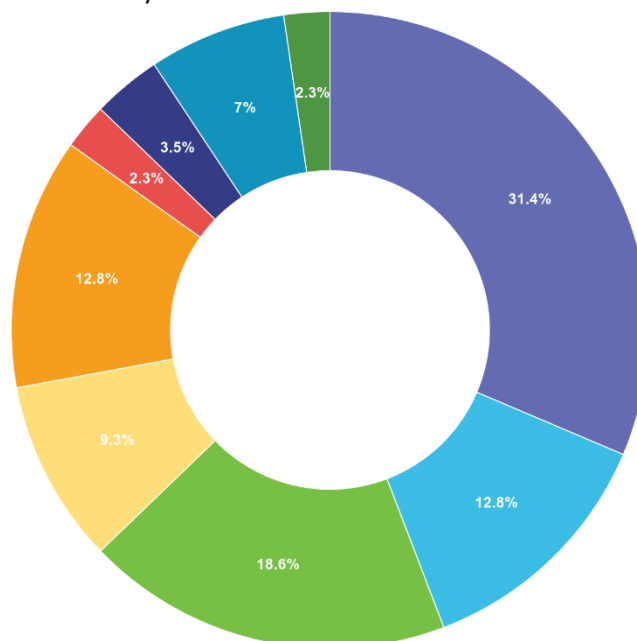
<p><i>Feeling happy and confident in myself Being resilient at work or when facing a challenge Having healthy relationships and communication Good self-esteem</i></p>
<p><i>To be able to have the freedom to move around how you want and not be constrained to any physical or mental factors.</i></p>
<p><i>Independence, purpose of life and satisfaction</i></p>
<p><i>Good health</i></p>
<p><i>Good health</i></p>
<p><i>Physically and emotionally in a good place</i></p>
<p><i>Good health, no health issues</i></p>
<p><i>Well-being to me means no stress and peace in my life. And I can independently life without having to rely on to other people.</i></p>
<p><i>Wellbeing is living your best life possible, physically, emotionally, mentally and spiritually. And when you're well in all these areas, your family and community benefit.</i></p>
<p><i>Feeling overall well in myself: mentally, physically and emotionally</i></p>
<p><i>All of them</i></p>
<p><i>Well being means nurturing ourselves in the balance with how we relate to the outside world; our relationships, environment.</i></p>
<p><i>Wellbeing to me is feeling healthy physically and mentally, content with my life, having no mental stresses and free from burnout.</i></p>

<p><i>Very happy and positive</i></p>
<p><i>It's very important for a balanced life</i></p>
<p><i>The ability to live as you wish, to have positive relationships, good physical health, can carry out a job or any other activity, pursue your interests and deal with everyday stresswell</i></p>
<p><i>Satisfied</i></p>
<p><i>Living in alignment physical, mental, emotional, relational, spiritual.</i></p>
<p><i>Satisfied life with hard work and financial stability</i></p>
<p><i>Feeling healthy, happy and confident in myself and the choices I make and that are available for me. Having independence and a sense of purpose without having to rely on someone else for this</i></p>
<p><i>Wellbeing to me and my physical and mental health both</i></p>
<p><i>Wellbeing to me means my body is healthy in no pain and I'm happy in my relationships and happy at work</i></p>
<p><i>Satisfaction, Happiness and vitality. It is very difficult due to not being able to move around as comfortable as I would like to.</i></p>

What areas of wellbeing are you struggling with?

Multiple Choice: Responses 48 Answered 48 Unanswered 0

	Area of Wellbeing	Total
●	Health (physical/mental)	27
●	Social (relationships with family, friends, partners and/or community)	11
●	Financial/Economic	16
●	Individual (maintaining independence)	8
●	Enjoyment, leisure and activity	11
●	Safety (with others/myself)	2
●	Making a positive contribution in my community/society	3
●	None	6
●	Other: 'Signing up to do too much for others' 'Struggling to be motivated to implement more hobbies and interests into my routine'	2

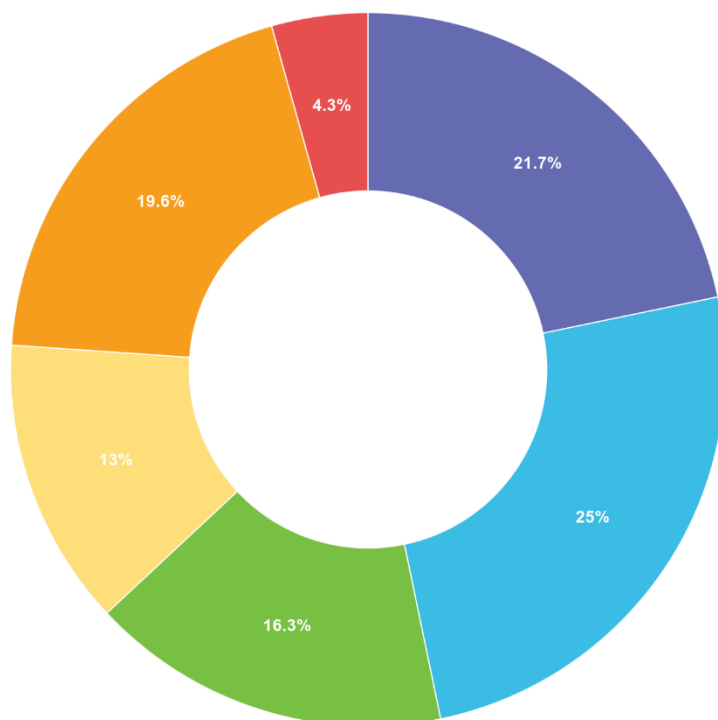


How do you cope with difficult emotions or stressful situations?

Multiple Choice: Responses 48 Answered 47 Unanswered 1

NB: Respondents were allowed to select multiple options

	Coping Strategy	Total
●	Distract myself (e.g. Screen time/Entertainment, Food, Social Media, Substances (drugs/alcohol), Self-harm)	20
●	Relax (e.g. Sleep, Self-care, Pace myself, Do something nice for myself)	23
●	Connect (e.g. Talk to someone, Reach out and seek help, Spend time with myself, Nature)	15
●	Release (e.g. Creative activity, Exercise, Sport, Express myself)	12
●	Push through (e.g. Get on with it, Avoid thinking about it or feeling it, Keep going with minimal adjustment)	18
	Other (please specify):	
●	'The first two options require ppl around you and money which both I lack'	4
	'Not muxh'	
	'Have to work to reduce distractions and rest more.'	



Focus group results for Key Question 1: Wellbeing

1 focus group, 2 participants

What do you see as wellbeing/what does wellbeing mean to you?

- L: *Wellbeing to me is holistic (it includes things like spiritual and financial health, not just physical and mental)*
- Family is where I get my wellbeing from*
- There isn't much sharing of experience within the community – there are lots of diverse groups, and whilst diversity is good, it enclaves; people stop mixing, there's not much integration between groups. Maybe that's down to differences in religion, or language barriers*
- A: *Wellbeing is health and wellness*
- There is a common emphasis on physical wellness. What is physical is considered **visible, curable, fixable**. Mental health and wellbeing isn't the same*
- Wellbeing requires constant maintenance and reviewing; it fluctuates all the time, on the daily. It's not a fixed state of being.*
- We don't always know how to support our wellbeing*
- It is expected that some things are just private and dealt with alone (as is the case with wellbeing)*
- L: *Like menopause*
- The things we feel we need to do to maintain and present across a certain persona*
- You can't tell if someone is suffering, emotionally or mentally*
- We still don't have conversations about what is good mental health*
- Health is taken for granted, it's only when things happen to us that we respond*
- There are many elements to wellbeing; sleep nutrition exercise. All the things that we should be doing. We don't because of time, being busy and stressed*
- A: *We learn to mask things*
- We are told, or feel as though we should be in an optimal state of wellbeing*
- People might not like having conversations that are difficult so those opportunities don't arise*
- If you don't actively, consciously, realise something about your behaviour, you won't think about it or keep it in mind, wellbeing is like that*
- L: *A lot of our issues are down to eating too much processed food*
- We are very sedentary now. My father worked on the railways. That generation spent their lives using their bodies. For us, it's all about being on the computer or on our phones, we're not moving.*

Field Survey/1:1 Interview results for Key Question 1: Wellbeing

17 Respondents

What do you see as wellbeing?

- *Wellbeing of the mind and body (health mind & body)*
- *Less stress and good health*
- *Physical wellbeing*
- *Don't understand - wellbeing*
- *Physical and mental health*
- *Stress free and no hassle*
- *Good health*
- *Peaceful life with good health & no stress*
- *Not suffering from depression anxiety & stress*
- *Happiness, good health, good finances*
- *Seeing my house environment in a peaceful place, including my family, that gives me mental peace/I am at peace*
- *Living a healthy and fulfilling life*
- *I'm not sure what the question means as I don't understand it. Once explained: My health in a good place*
- *I am a single mum so money makes a difference. Health and money (physical issues)*
- *Being healthy and happy with my life*
- *I don't have any idea what that means*
- *Physically and mentally stable and do your best*

On a scale of 1 to 5, how satisfied you are with your life in general (over the past month/three months)?

Scale	Tally
1 - Very dissatisfied	2
2 - Somewhat dissatisfied	1
3 - Neither satisfied or dissatisfied	5
4 - Somewhat satisfied	5
5 - Very satisfied	4
Average	3.47

What brings you joy in your life?

- *Living life on my own terms - cycling, skiing and hiking*
- *Nature, walking, meeting friends*
- *Good health and good health of family*
- *Children*
- *Playing sports, travelling, working in IT*
- *Watching movies and no studies*
- *Family and financial stability*
- *Family and friends, hobbies, travel, cooking, reading*
- *Nature and travelling*

- *Good health*
- *My family being happy and in a happy place*
- *My job, my extra hobbies*
- *More money so I can manage my life well and not have stress*
- *When I am with my children sharing their life with them. Quality time with my kids*
- *Helping others, peace*
- *My family*
- *Meeting people and listening to music*

KEY QUESTION 2: WHAT HELPS?

Activities, services and support that can improve wellbeing

NB: The responses are divided by type of engagement activity (ie Online survey, Focus group and Field survey/1:1 interview)

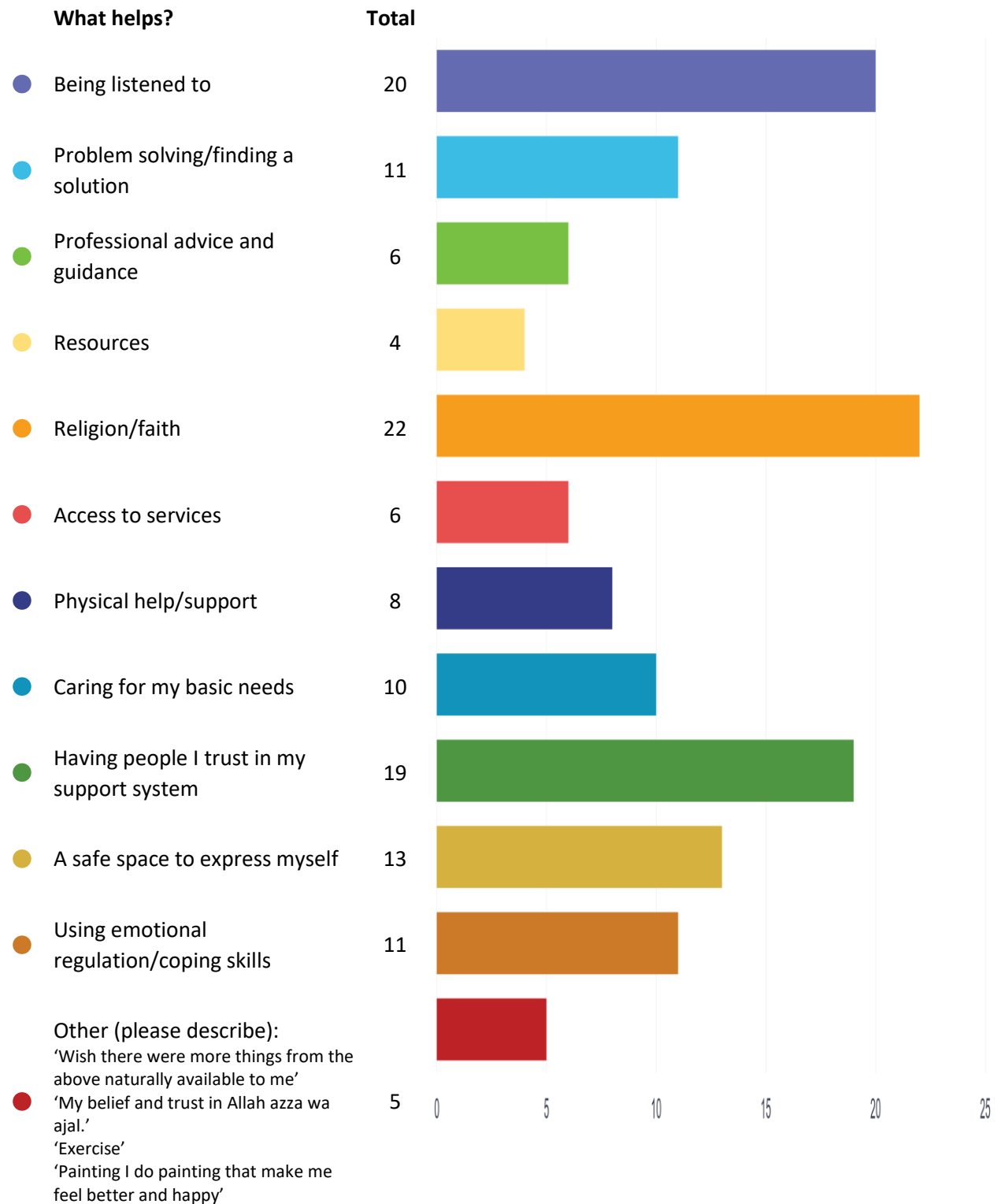
Online survey results for Key Question 2: What helps?

48 Respondents

What helps you feel better and supports your wellbeing most when you are struggling?

Multiple Choice: Responses 48 Answered 47 Unanswered 1

NB: Respondents were allowed to select multiple options



What does good support look like to you?

Essay Style/Open ended (in order of submission)

<i>Where I feel comfortable during the support experience, positive after the appt and start seeing the benefits week after week.</i>
<i>Practical exercises and guidance</i>
<i>Having someone listen to you w ok though judgement</i>
<i>Not being shamed or questioned but understood</i>
<i>A friend or someone who understands without telling them much.</i>
<i>Not sure what good support is - maybe where they can listen</i>
<i>make me improve give me assignments to do better</i>
<i>Affordable, compassionate, non judgemental, flexible well being and Healthcare.</i>
<i>Safe place, Respect Comfortable and secure</i>
<i>Access with no lead time</i>
<i>Understanding and consoling</i>
<i>Listening, understanding my difficulties and providing me with a solution to avoid or eliminate them.</i>
<i>Someone you can talk to openly without being judged. You can have a discussion and have your own opinions without there being an arguments.</i>
<i>Tailored, accessible and appropriate support.</i>

<p><i>Very attentive In listening and helping solve our issues</i></p>
<p><i>Someone that listens, gives advice but does not talk at me, having collaboration to enable me to feel included and in control of my treatment</i></p>
<p><i>Being listened to and understood. I have heard that people often identify with professionals that are representative of their own background and find myself agreeing with this too.</i></p>
<p><i>Someone who listens and helps you find solutions or new perspective</i></p>
<p><i>Someone who listens Validates my experiences Understands my stance Challenges me without attacking who I am</i></p>
<p><i>Being listened and understood.</i></p>
<p><i>The accurate diagnosis and appropriate treatment according to my needs and situation.</i></p>
<p><i>Somewhere that feels safe and confidential</i></p>
<p><i>I'm not sure</i></p>
<p><i>Someone I can talk to when I'm feeling down</i></p>
<p><i>someone who can listen and talk to</i></p>
<p><i>I person who can listen to me and guide me as to what I need to do without judging me.</i></p>
<p><i>Been listened to, not been judged, helping to deal with the problem I have addressed and not create a story that isn't there. Sign posted to those who specialise in the area of concern and not prescribed drugs as the only option.</i></p>

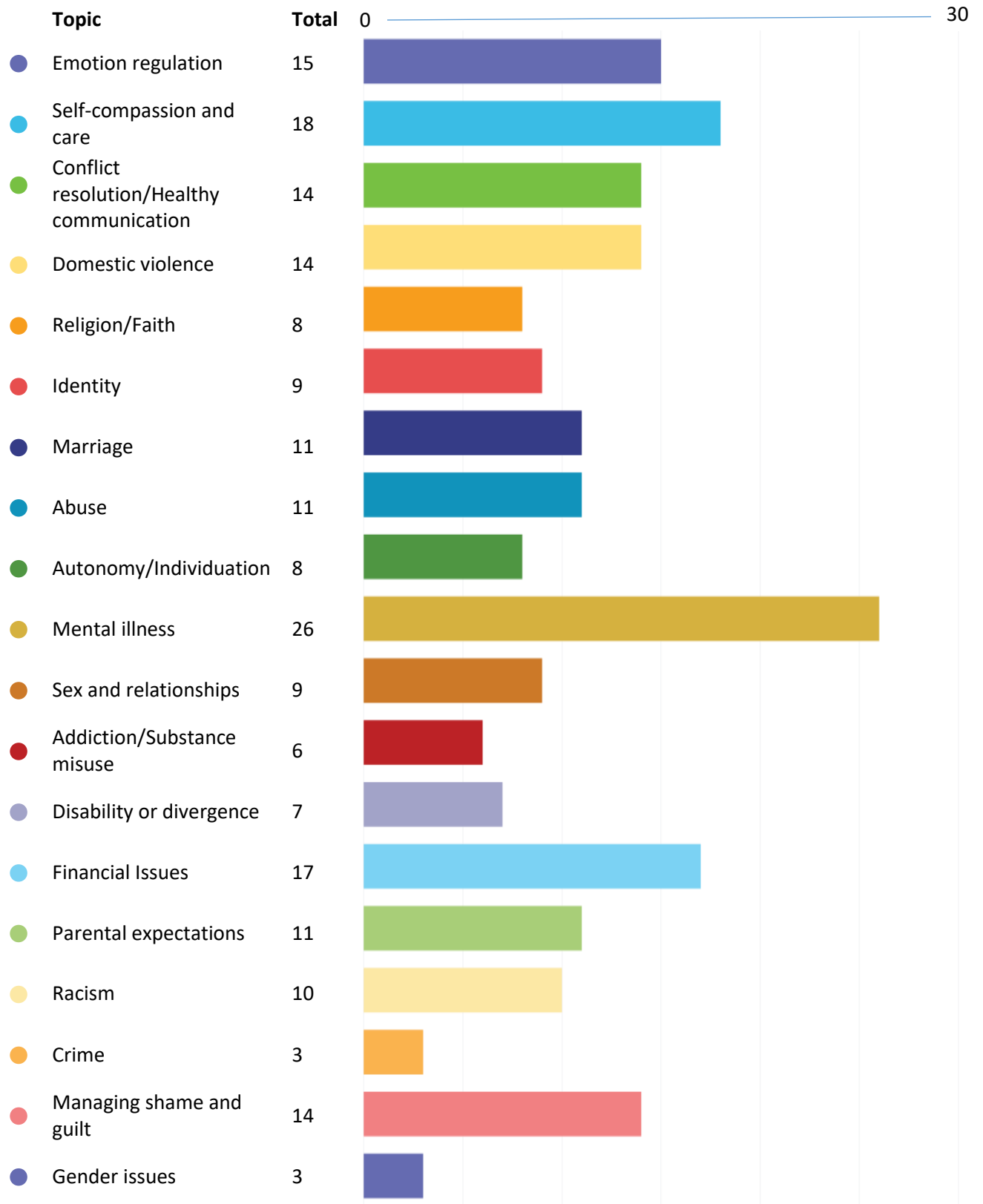
<i>There is no</i>
<i>Good support system of friends and family with trust and safety alongside a therapist.</i>
<i>Have good communication</i>
<i>Being listened to and cared for</i>
<i>Listen and offer help</i>
<i>Answers to questions and solutions</i>
<i>Someone who has the time to listen and understands and is willing to do something to help</i>
<i>Non judgemental Easy to access Cost effective</i>
<i>Empathetic listening and acting upon.</i>
<i>Active listening</i>
<i>Communicating the possibilities and tactics to deal with situations from my perspectives instead of telling me to adjust and endure the abuse</i>
<i>Non judgmental empathetic listening and catering advice based on that only if an individual expresses they need it.</i>
<i>One to one support and some one I can talk to</i>
<i>good listening</i>

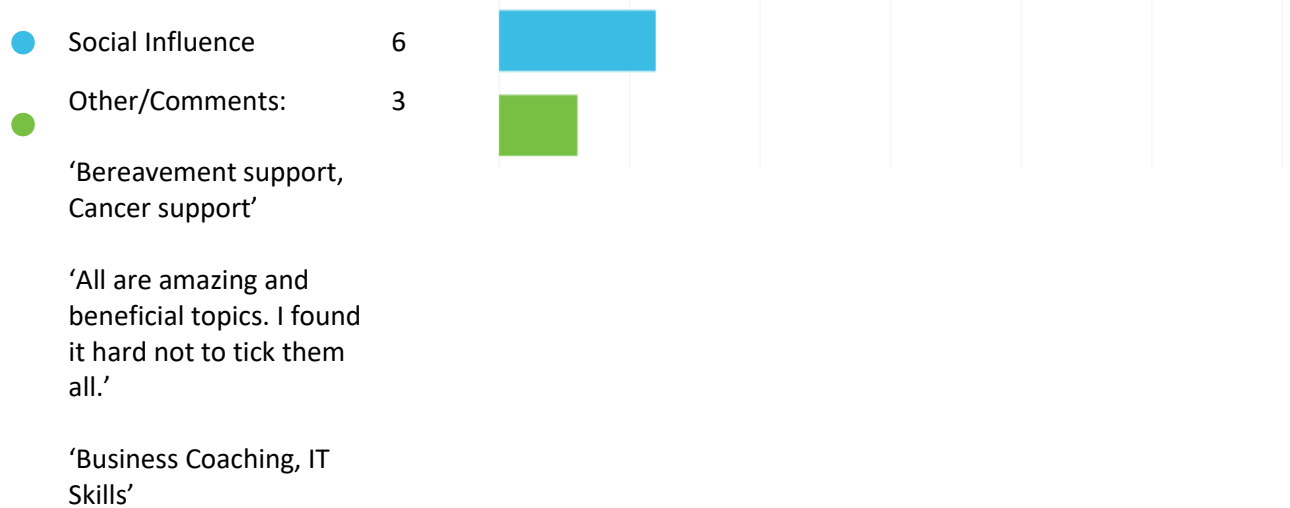
Being listen to and tips on how to manage stress

*Being able to know clearly what services are available and where the services are
and how I can approach them.*

What topics would you like for Shewise (our organisation) to address?

Multiple Choice: Responses 48 Answered 46 Unanswered 2





Could a volunteer support you in any way? If yes, what could they do?

Multiple Choice: Responses 48 Answered 45 Unanswered 3

Volunteer	Total
Yes, I'd like a volunteer	10
No, I don't need a volunteer	35

If yes, what could they help you with?

- 'How to manage my feelings and gather a sense of direction'
- 'I don't know'
- 'I have a lot of life experiences, I don't know what area of expertise I would be suitable for as I'm receiving treatment for 2 rotator cuff shoulder surgeries and typing all these answers in this survey have been incredibly painful and difficult.'
- 'To assess if the problems I feel are normal or if they require a solution or adjustment in thought.'
- 'Help with confidence building, making time for myself. Either 121 sessions or virtual workshops'
- 'Talking to me'

Focus group results for Key Question 2: What helps?

1 focus group, 2 participants

What could help?

L: *A counsellor in every GP. But wait, GP surgeries have thousands of patients, would that be enough?*

Making it more acceptable

Having more conversations, like this one

Talking about bullying and harassment in the workplace

Working with things we don't see: like the prison population

There is no easy answer

More resources are tied to economic costs

Prompt: What helps you personally?

L: *The support of my family. I have been married to my husband for 27 years, he is my best friend, we talk about everything. My mother in law is also a great form of support. We have strong women in our family.*

I'm a flower practitioner, I practice herbalism and homeopathy, ayurvedic and Chinese therapies.

The issues are in our environments. Some of our work environments are toxic: blame and bullying culture – we're not calling out white privilege. Well we say we are, but not in a deeper sense, in the subtleties and differences in how people are responded to.

A: *It's really hard to think of a solution. Structurally there is a lot outside of our direct influence.*

So on an individual level, our social support and family might help.

It's easy to get bogged down feeling like you're a pawn in the system. Perhaps we start with the recognition of the individual in a smaller community

L: *For the individual to be heard and understood, if that's where we can start, then that's where we start from. Conversations like this.*

What topics would you like Shewise to focus on?

A: *More inclusion and connection. There are divisions between generations. How can we increase conversations, involvement, and connectivity between different ages.*

L: *That's a valid point [A]. The voices of older women are not valued by society. We don't get to hear or understand how they have learnt to become resilient. They've lived through a lot of trauma*

Having these types of conversations. We need to normalise it. There is no shame in feeling depressed. Not talking leaves the individual to carry the burden

Psycho education

For our parents, they believed that education was going to be the thing that lifts us out of poverty, their struggles were for our education, to move higher

Tapping into the communities of older women. We need to be hearing about experiences, different to my own

A: *Generationally we have different experiences and difficulties.*

You need somewhere to be a safe place, a place where you can trust

L: *During the pandemic, many people found it hard to find safe spaces within their homes, where they could feel they could talk freely*

A: *Having more community groups*

Activities are especially helpful. It gives us a direct experience of human interaction

Perhaps something for mothers, and for childcare

Something where there is a learning experience of acquiring skills

L: *It involves trust and takes time to be vulnerable and open. We have managed it today in a short period of time between us, but for people who have been afraid and quiet for a long time, learning to trust is slow. Something like this would be too exposing. An activity fortnightly, would still provide a sense of togetherness but demand less. People will learn to build a common bond and to trust.*

A: *Yes, they could choose then, their own level of engagement at their own pace*

Field Survey/1:1 Interview results for Key Question 1: What helps?

17 Respondents

What would help you? (e.g. talking to someone)

- *Organisation - yes talking to family & friends*
- *Yes talking to friends*
- *Treatment, getting the right care and support*
- *No don't talk to anyone - family or friend. Talk behind my back*
- *Maybe if I was having problem I would talk to friends - definitely not family*
- *Yes talking to professor and lecturers, and family and friends*
- *Talking to family and friend. Advice on what I can do. Professional organisation*
- *Yes talking to family & GP*
- *Yes sometimes (helps to talk to someone)*
- *Yes I regularly talk to my GP and family*
- *I don't actually need any help*
- *Having more options to manage my life*
- *Find ways to bring more money into my life*
- *Someone to give some time to my disabled son. Waiting for referral.*
- *Getting a better job and increasing my money*
- *Yes talking to someone*
- *Someone talks nicely talks interestingly*

KEY QUESTION 3: WHAT HINDERS?

Barriers in accessing wellbeing services and how to overcome

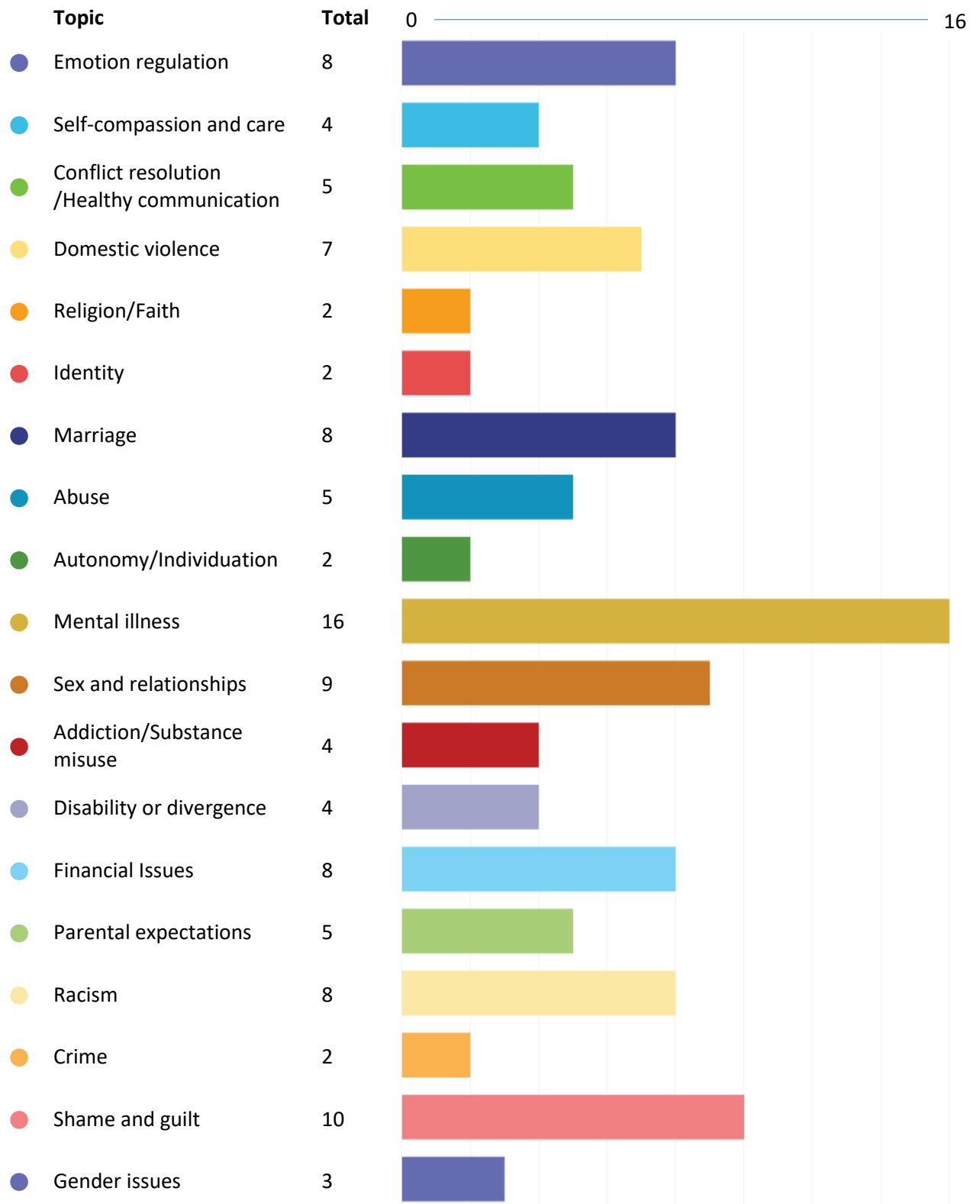
NB: The responses are divided by type of engagement activity (ie Online survey, Focus group and Field survey/1:1 interview)

Online survey results for Key Question 3: What gets in the way?

48 Respondents

What issues do you find most difficult to talk about openly in your community?

Multiple Choice: Responses 48 Answered 44 Unanswered 4





'I'd like to add as a daughter who took care of my beloved mother when she was diagnosed with metastatic breast cancer, it saddens me that the Pakistani and Asian community brush patients needs under the carpet and give them a death sentence. I am blessed to have spent 4 Quality years looking after my Ameer, she returned to her maker and my siblings and I never received any support from any cancer support organizations. Cancer can happen to anyone, I now raise awareness for breast cancer. However, why is cancer a taboo subject in the Asian UK community? I hope mindsets change soon and Asians receive grief and bereavement support.'

'Family Issues'

'Alhamdulillah, nothing in particular actually.'

'Not sure'

'I don;t have difficulty to talk about any issues , I found it difficult about me medical issues'

What would you want to talk about, if there was a safe space to do so freely (without shame, inhibition or judgement)?

Essay Style/Open ended (in order of submission): Responses 48 Answered 40 Unanswered 8

<i>The way people treat each other and the opportunity restrictions and support for the less fortunate and lonely</i>
<i>Nothing at the moment</i>
<i>Sex education for teen agers and how to deal with in the current situation.</i>
<i>Family prssure</i>
<i>I would like to talk about person mental health and problems.</i>
<i>Mental Health and relationships</i>
<i>relationships and sex</i>

<p><i>Far too many sensitive and controversial subjects to talk about. I hope to write a series of plays about the taboo subjects in the Asian UK community. Sadly, I don't want to discuss them in this survey.</i></p>
<p><i>Awareness on Disabilities, drug abuse and family issues</i></p>
<p><i>Feeling I'll all the time</i></p>
<p><i>Emotions and being overwhelmed at times</i></p>
<p><i>I don't know. I don,'t think there's anything I'd feel the need to say actually.</i></p>
<p><i>Self-image, identity and learning to be less critical of yourself.</i></p>
<p><i>Problem with handling stress</i></p>
<p><i>N/a- I feel able to talk</i></p>
<p><i>Having open discussions about how a 9-5 role is not suited to everyone without feeling like you are ungrateful for the sacrifice your parents made to enshre you have a great future. It often feels like there is an expectation to be successful however, i have often strived to just be content.</i></p>
<p><i>Money management without judgement or advice on relationships within Asian community</i></p>
<p><i>Body image and insecurity around that Feeling like I am not good enough physically for my partner</i></p>
<p><i>I would talk about my own insecurities, fears and failures</i></p>
<p><i>About my past bad experiences. Child hood abduction, shame and guilt , about mental health issues and fears.</i></p>

<i>Sex and financial matters</i>
<i>Marriage, relationships and family</i>
<i>financial matters</i>
<i>Money matters</i>
<i>Relationships and marriage</i>
<i>Expectations of women who work and raise a family.</i>
<i>Nothing to talk about</i>
<i>How we relate to our parents</i>
<i>social influence</i>
<i>Dont havr any such talk</i>
<i>Self identity, expectation from others, need for oneself</i>
<i>Relationships</i>
<i>The potential to contribute in all women</i>
<i>Being a working mom, mom guilt, and societal, cultural expectations.</i>
<i>The emotional abuse I am currently facing at work space.</i>

What do you feel people who aren't from your community miss or struggle to understand?

Essay Style/Open ended (in order of submission): Responses 48 Answered 41 Unanswered 7

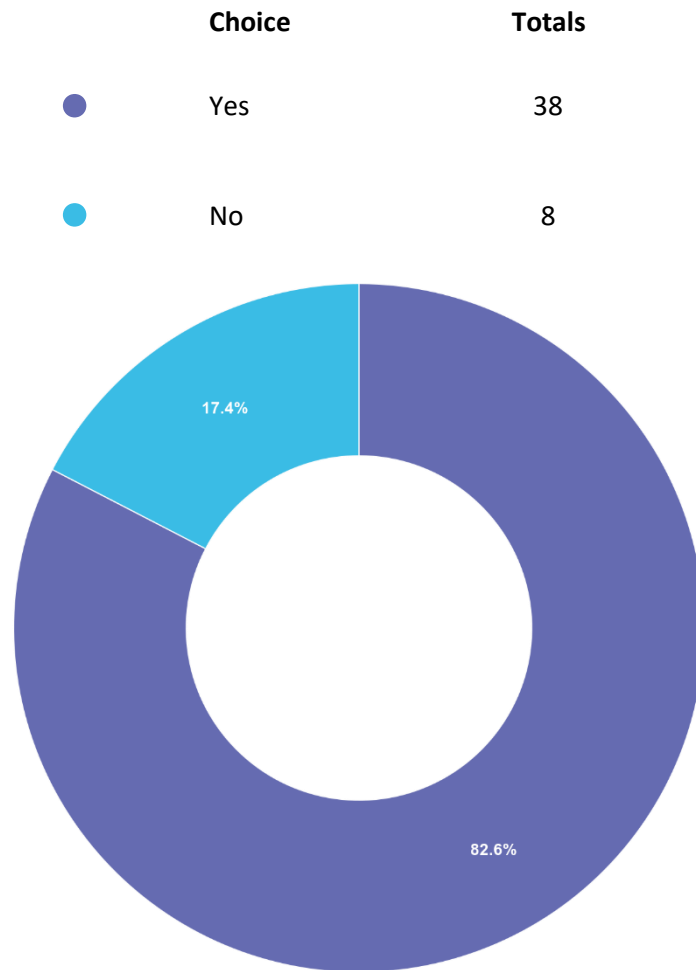
<p><i>Is not that they miss or struggle, they don't want to integrate. They're happy to belittle to make their own selves feel privileged within their own races . The ones that do understand and don't miss things are the ones that don't differentiate or carry bias. The are the welcoming into their social circle ones and the inter-marrying ones . They don't have a problem or neither do they create problems to have a problem .</i></p>
<p><i>There is lack of guidelines for teen agers.</i></p>
<p><i>Pressure from family to get married and have a family by a certain time</i></p>
<p><i>I feel like a lot of people misunderstand stress</i></p>
<p><i>Accepting the norms of society.</i></p>
<p><i>Yes, people don't understand. They make a judgment and have preconceived idea</i></p>
<p><i>relationship matters</i></p>
<p><i>Literacy, as a proud Mancunian, born and educated observing the hijab, I'm still astounded why English people look at me in disbelief when I articulate my thoughts and have a conversation. I'm proud of my Indian/Pakistani heritage, I won't change my dress to appease anyone. I'd like to think I can use my literacy skills to share my knowledge and expand opportunities to support others who struggle with reading and writing.</i></p>
<p><i>Cultural differences & faith</i></p>
<p><i>The whole culture</i></p>
<p><i>That you need to take certain issues seriously however it's seen as a ehh it happens thing if you know what I mean</i></p>

<p><i>One thing that I think needs to be improved is to have more of a connection to those in your community. People need to change the idea that it's a burden to put in more than normal effort to help others - to have a family type connection with those who aren't your immediate family.</i></p>
<p><i>the importance of religion/faith and how it can help regulate emotions</i></p>
<p><i>The culture</i></p>
<p><i>The covert racism and micro aggressions at work.. the struggle/ disadvantage that being brown puts you in compared to Caucasian colleagues</i></p>
<p><i>Not everyone wants the same things. That everyone has individual thoughts and specifications and people shouldn't be treated like a monolith.</i></p>
<p><i>Dynamics in multi generational household and pressure of this financially</i></p>
<p><i>The cultural expectations Managing being Asian but also bring British- the conflicts, sense of belonging etc That being Muslim does not mean I have a restricted life</i></p>
<p><i>I believe maybe people don't understand the importance of culture</i></p>
<p><i>It's cultural and religious taboos which causes to avoid to understand and struggling to understand anything.</i></p>
<p><i>Culture, religion and family commitments</i></p>
<p><i>Our culture and religion</i></p>
<p><i>Yes I think all people don't understand</i></p>
<p><i>What we go through financially</i></p>

<p><i>They don't understand the community pressures.</i></p>
<p><i>The scarf does not identify us as all the same and suffering the same pain. We may wear scarfs and that unites us as muslim women but we are all different, facing different challenges in life.</i></p>
<p><i>There is no</i></p>
<p><i>How parents can be unhealthy themselves</i></p>
<p><i>Talk to your neighbors</i></p>
<p><i>Relationship dynamics</i></p>
<p><i>Culture and religion</i></p>
<p><i>I have a good circle of friends who do understand my thinking or where I am coming from</i></p>
<p><i>Not sure what the question is asking</i></p>
<p><i>Our religious values and practices. Also, that we face the same issues they face.</i></p>
<p><i>South Asian Desi culture mandates on "mom" and the unconscious bias of women's work.</i></p>
<p><i>That a person can be abuse yet pretend to be right and fair.</i></p>
<p><i>They paint the community with one brush and don't try to understand struggles that ethnic women go through</i></p>
<p><i>My diet can be a problem because I'm vegetarian. Other people are non veg</i></p>

Would you access mental health support services if you were struggling with your mental health, or the health of a loved one?

Multiple Choice: Responses 48 Answered 46 Unanswered 2



What professional would you approach if you wanted support with your wellbeing?

Essay Style/Open ended (in order of submission): Responses 48 Answered 42 Unanswered 6

<i>Counselling / mentoring and nutritionist/ dietician.</i>
<i>Psychologist</i>
<i>Doctor or therapist</i>
<i>A therapist</i>

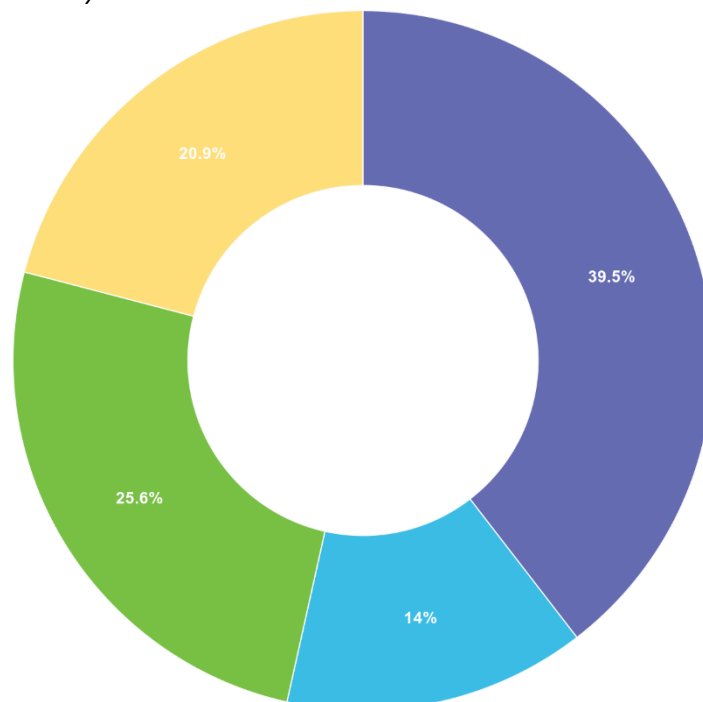
<i>I don't know yet</i>
<i>I wouldn't approach any professionals</i>
<i>therapist</i>
<i>I suppose it would be a dietician, physiotherapist, occupational therapist, dermatologist, and personal trainer.</i>
<i>Counselling</i>
<i>Gp alternative private</i>
<i>Probably my teacher ?</i>
<i>I think if I needed to go to a professional, I would probably just book a therapist</i>
<i>General practitioner</i>
<i>Therapist</i>
<i>Personal trainer Therapist</i>
<i>I am unsure of the title of the profession I would require as I have never researched it as a plausible avenue for myself.</i>
<i>NHS</i>
<i>A therapist or life coach</i>
<i>Mental</i>

<i>Psychiatric, or psychologist.</i>
<i>Probably GP</i>
<i>don't know</i>
<i>GP and family</i>
<i>Not sure</i>
<i>I would just look for information on internet.</i>
<i>Doctor or health and wellbeing therapist.</i>
<i>Psychology</i>
<i>There is no</i>
<i>Therapist</i>
<i>doctor</i>
<i>doctor</i>
<i>Gp doctor</i>
<i>GP or talking therapies</i>
<i>Counselor for low level anxiety/stress Anything else as per need</i>
<i>Support groups,</i>

What stops you from getting help?

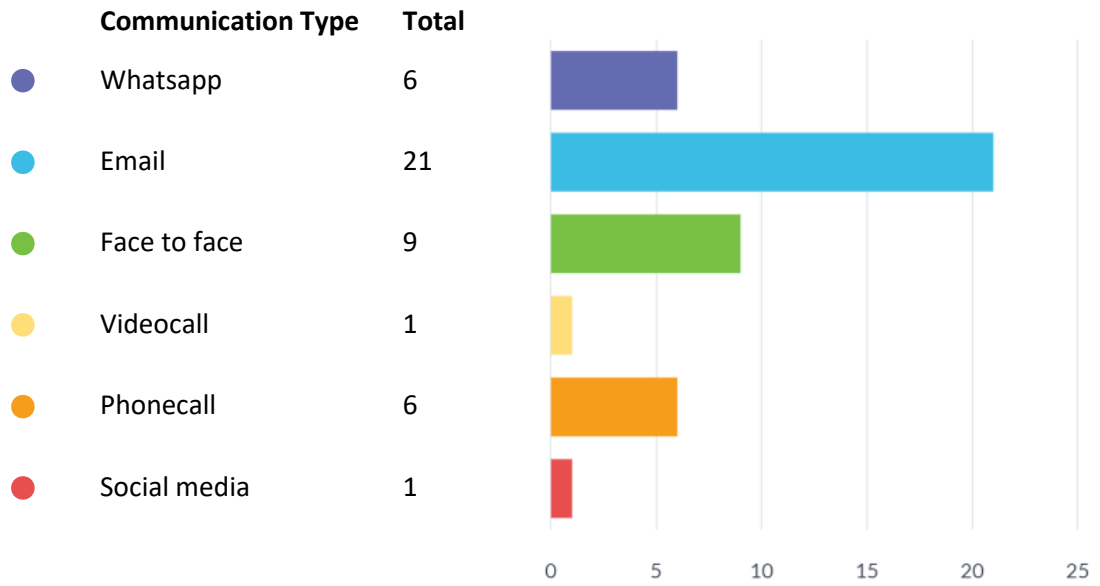
Multiple Choice: Responses 48 Answered 43 Unanswered 5

Choice	Total
<ul style="list-style-type: none"> Barriers in myself (e.g. Not enough time for myself; I don't know if I'm right/valid – maybe it's not that bad; I feel too ashamed; I should be patient and/or have faith, it will work itself out) 	17
<ul style="list-style-type: none"> Barriers in my community (e.g. I'm scared about the consequences; I shouldn't tell people outside my family what's going on; I will be judged) 	6
<ul style="list-style-type: none"> Barriers with services (e.g. I don't know what services I can access; I don't know where information about me will go; I don't have good English; I'm unsure if I can trust professionals or services, I struggle to access resources/help) 	11
<p>Other (please explain):</p> <p><i>'Nothing stops me from getting the support I need. If I need mental support I'll pay for it and not suffer in silence.'</i></p> <p><i>'I think it depends how severe it is, if it's something I can deal with by getting support through my religion and those around me, then I wouldn't call mental health services.'</i></p> <p><i>'I feel valid in my feelings however, i don't know if they are severe enough to justify using public services and inam not in a financial situation where I can afford private care.'</i></p> <p><i>'I don't trust public services with my problems. Heard too may bad stories about been judged and fear of the consequences.'</i></p> <p><i>'Services, are either not good quality or too expensive'</i></p> <p><i>'Nonthing stops'</i></p> <p><i>'I seeked help.'</i></p> <p><i>'I can talk to proffesional about my mental health issues but I can't speak to people in my community'</i></p>	9



What form of communication do you prefer?

Multiple Choice: Responses 48 Answered 44 Unanswered 4



Focus group results for Key Question 3: What gets in the way?

1 focus group, 2 participants

What stops you from living fully, thriving, and experiencing vitality? What gets in the way?

L: *Stress. Working full time. Having type 2 diabetes*

Trying to balance everybody's needs

As a mother you end up neglecting yourself

I can't do what others do, when I comfort eat, that has noticeable knock on effects because of my diabetes. I end up feeling extraordinarily tired

I've heard many women talk about having low energy levels. [Women use their energy looking after the needs of their parents and families, the people around them](#)

[There's so much that needs to be done, and only so many hours in the day; women feel frazzled](#)

A: *[Women are self-sacrificial in our community](#)*

The structures around us impact us. We live in a capitalist society, we are taught and told to compete. We take part in the rat race. It's a bind, because if you don't participate, it's your standard of living that gets affected, that drops. You're left to your own devices

For example, maternity leave is one year, but motherhood is lifelong, what supports mothers after?

Education around wellbeing is limited (in schools and society). We hold great expectations on ourselves and others as to how we should/need be. And then we feel we have to meet them. [I need to meet this standard](#)

Which means we're then always moving.

We have a lack of access and lack of time (strong discrepancies in services access in affluent areas compared to areas with higher populations of working class – the disparity in need and severity is clear). Your access to services is determined by these structural issues (class, finance, race etc)

L: *Yes, we live in a patriarchal, racist, class driven society. People get treated differently depending on how they look, how they appear, what they do and don't have. People are measured by these things*

GPs are gatekeepers to services

If you can even get access to your GP nowadays

If you have social capital, you don't have to go at the back of the queue (you have options to get access)

I worked as a mental health nurse, and in my service we have had people kill themselves waiting for services

A: *I agree, there are so many problems with GPs.*

I work as a Speech and Language therapist and I've seen large discrepancies in affluent areas, where the rates of referrals are quicker, and slower in disadvantaged areas. Where there are high levels of poverty there are also variations in life experiences of trauma, stress, accessibility, and all these things impact on your wellbeing. Your social status is everything; it's your social wellbeing.

L: I've noticed now they're starting to introduce trauma informed care in mental health services, but I've yet to see it in practice. People who are refugees and asylum seekers, the homeless, they're invisible, we don't even see them

If that trauma isn't addressed it will lead to physical and mental breakdowns.

*In Guyana, my dad worked as an accountant. When he came here, he was expected to work on the rails. *It does something to people to not reach their potential, or to have their potential decided.**

A: It's not possible to standardise the quality of healthcare a person receives. There are strong biases amongst professionals and in the way people are received/responded to.

*Many people won't have knowledge or access to services. *There is an expectation for immigrants to assimilate**

What barriers are faced within your communities? What is shamed, tabooed or hard to talk about that can act as barriers to wellbeing?

L: For me, its mental health and the stigma around it.

Health is brought down to an individual level, to the responsibility of the individual instead of the structures around the individual

It makes you wonder: why do so many people of colour have a psychiatric diagnosis

It would be beneficial to have more preventative services before things escalate. Like having psychologists in primary care

GPs don't have the knowledge or the skillset to respond to mental health or illness. They are also frightened by it: they're generalists, not psychiatrists

We still use a biomedical model, there isn't a wider conception of health and the impact of relationships.

We don't have enough therapists and psychologists, beds for children in crisis; there is an issue of resource. Things that should be funded to prevent people developing more severe issues

The individual is to blame

What stops you, in your personal lives, from getting help?

L: I've worked in the NHS now for 8/9 years. I don't like the conception health and how its defined. Mental illness is something to do with the brain. I'm a complementary therapist, I use homeopathy.

While I acknowledge the value of medicine, medication has very powerful side effects. The relational element of health is overlooked: how we relate to people, being part of a community or a family. Loneliness impacts mental wellbeing and shortens lives

I try to use my own herbal and flower remedies. It's a last resort for me to go to my GP. I feel that once you go to a GP, you'll get a prescription. They find things that are wrong with you. And then you have to follow what's said, you can't go against medical advice otherwise you'll be an irresponsible person.

The NHS is the National Sicknes Service, not the National Health Service. We go to it when we are sick. We do not access it for preventative care or health promotion.

Facilitator: I hear that you're saying there's a fear in accessing services because of the potential for discovery and escalation. Of being told what's wrong with you, and feeling required to respond to it well. I wonder whether the capacity to hold it, to know it, is not considered; what might this person need to support them to know/hold this? You are expected to deal with it in the right way, whether that's in your capability or not.

A: For me, there is a lack of trust in services. There is a pathway for everything, I know this from working in the system. And we are taught as professionals to go down specific pathways in our responses.

I wonder, how well they can help me

I seek support in religion, in my family and my friends

L: We are very fortunate to have the NHS. The NHS is too successful, it's become too big; we're expecting the NHS to be there when something goes wrong, and it can't meet our expectations

People are living longer but it doesn't mean they're healthy

A: Or have a good quality of life

L: It's too huge to meet everybody's needs

Facilitator: [A], did you have anything you wanted to say in response to the question before, about the barriers within your community, the things that are tabooed or difficult to talk about?

A: Everything. Finance, race, colourism within the community, mental health, marriage, anything to do with our personal lives. I mean there's talk, but it's more like gossip. It's not in an open, curious way. It's a belief that if you ignore the problem, and don't talk about it, the problem won't be there.

L: We're not openly expressing our thoughts and emotions. When we hide, or feel that we need to hide, that increases our burden, the burden the individual carries. It comes back to the competitive capitalist society we're in.

Field Survey/1:1 Interview results for Key Question 1: What gets in the way?

17 Respondents

What difficulties do you face currently?

- *Just everyday workload, not much*
- *Some mobility issues - stress with family*
- *Mobility issues not able to move around or go outside*
- *Living with family & husband, husband too controlling*
- *None*
- *Studies and online learning, don't enjoy it*
- *No money - lack of finance*
- *Walking - mobility*
- *Problems with family, husband and children*
- *Ill health (cancer)*
- *I have health issues which really affect me. Flue and infection. I have pain in my left leg.*
- *Having to manage my elderly mother*
- *Financial difficulties are more, which bothers me*
- *My health - I have constant pain in my body. Sugar. Suffer from high blood pressure. I have a disable son. Domestic abuse*
- *Financial difficulties which effects my mental health wellbeing*
- *I struggle with communication - can't speak or write English*
- *No difficulties as such*

Does anything stop you from doing the things that can help you? What gets in the way of seeking help?

- 'No' – 5 respondents
- 'Yes' – 11 respondents:
 - *Yes my health stops from living well*
 - *Yes family and friends*
 - *Time don't have time to sort things out*
 - *I'm scared, family might not approve*
 - *Sometimes just get fed up with travel to hospitals*
 - *My pain stops me from doing housework and going for walks*
 - *Inability to socialise*
 - *Lack of time and support in other areas*
 - *My pain stops me from doing activities. I am on high dose pain killers.*
 - *I am unable to go out of the home due to looking after mum*
 - *Some degree, have to stop my activities. Can't use public transport*
- Unanswered: 1 respondent

On a scale of 1-10, how accessible do you find services?

Scale	1 Not accessible at all	2	3	4	5	6	7	8	9	10 Very accessible	Average
Tally	1	1	5	1	2	3	1 (7.5)	2	1	0	4.85

Additional Comments across all 3 Engagement Activities

Online Survey

If you have any further comments or suggestions, please note them here:

I'd like to know if the team will be collaborating with other councils, such as, Waltham Forest? When and how will the results of this survey be shared?

Shewise is a great organisation, it has the potential to be the leading organisation in UK

I would love to volunteer with this organisation.

Provide more legal help for women going through divorce

There is no

A friendly person

Add Empathy as a key word for helping today's definition of wellness.

Focus Group

Do you have any comments/questions?

L: *What will happen with this project, where will this go, what will become of it?*

Field Survey/1:1 Interview

Comments:

Circled *very accessible* to service accessibility scale question

Comments: *GP good*

Circled *not accessible at all* to service accessibility scale question

Comments:

I don't know where to look for them

Time delay - Hospital says to go to GP, GP says to go to hospital

I do have difficulties especially during covid

Can't use dial a transport accessibly. GP asks me to complete 10 page document and then charges me for it. Taxi is £50

OVERALL SUMMARY

Consistent themes and insights

Key learning points

Main recommendations based on responses

Overall Summary

A Comment on The Data:

In order to gain clear insights of the patterns within the data, a thorough statistical analysis using a data analysis software (such as SPSS) would be required. This would draw statistically probable correlations and relationships from the data, factoring in extraneous variables and their level of influence. For example, if we are to filter responses by gender, we must also ensure we have a sample size representative enough of the population to draw conclusions that are also considered representative. We also have to factor in the influence of multiple factors at one time. For example, we may believe there to be a correlation between sex/gender and barriers to wellbeing, but other factors – things such as age, location, ethnicity etc – might be more significant causal variables than sex/gender itself.

We do not have scope within the limits of the present research to undertake this quantitative data analysis, and understand factors within the sample (such as ethnic background) which may contribute to the responses, however we can comment on the data as a whole. We have commented on the themes and key points.

Demographics

67 participants, aged between 0-89 years, 17 males and 49 females, predominantly from Asian and Black ethnic backgrounds. Almost half of respondents (of those who answered; 60 respondents) considered themselves to have an impairment or disability (27 out of 60, 45%). Of the respondents who identified themselves as living in the areas listed within Hounslow, the highest proportion of people lived in Central Hounslow (38%) followed by Bedfont, Feltham or Hanworth (31%).

KEY QUESTION 1: WELLBEING

What is wellbeing?

Key words and themes:

Good health; Happiness and contentment; Independence; Peace; Support system; No stress; Holistic; Healthy relationships; Communication; Confidence; Freedom; Purpose of life; No discrimination; Basic needs are met; Mobility; Care; Doing things that are important; Having resources to function and feel comfortable; Physical and mental/emotional health; Feeling fulfilled; Satisfaction; Well overall; Living your best life; Relationships and environment; Balance; Living in alignment; Financial stability; No pain; Vitality Mind and body; Not suffering; Healthy; Happy; Stable;

Comments on what wellbeing means:

It means the amount of happiness I have relative to my struggles

To be able to have the freedom to move around how you want and not be constrained to any physical or mental factors.

Wellbeing is living your best life possible, physically, emotionally, mentally and spiritually. And when you're well in all these areas, your family and community benefit.

Well being means nurturing ourselves in the balance with how we relate to the outside world; our relationships, environment.

Feeling healthy, happy and confident in myself and the choices I make and that are available for me. Having independence and a sense of purpose without having to rely on someone else for this

Peace in life. Mind Body & Soul

Well being means living a healthy mobile independent happy life and trying to be a kind and compassionate individual helping others who may need care and financial support.

Wellbeing is holistic (its not just physical and mental)

Wellbeing is health and wellness

There is a common emphasis on physical wellness. What is physical is considered visible, curable, fixable

Wellbeing requires constant maintenance and reviewing; it fluctuates all the time, on the daily. It's not a fixed state of being.

We don't always know how to support our wellbeing

We learn to mask things; We are told, or feel as though we should be in an optimal state of wellbeing

People might not like having conversations that are difficult

We are very sedentary now. My father worked on the railways. That generation spent their lives using their bodies. For us, it's all about being on the computer or on our phones, we're not moving.

Respondents most commonly identified **Health (physical and mental)**, as the area of wellbeing they were most struggling with. This was followed by **Financial/economic wellbeing**. And in joint third, **Social** (relationships with family, friends, partners and/or community) and **Enjoyment, leisure and activity**. The least common elements were **Safety** and **Making a positive contribution in my community/society**.

The three most common coping mechanisms were **Relaxation** (e.g. Sleep, Self-care, Pace myself, Do something nice for myself), **Distraction** (e.g. Screen time/Entertainment, Food, Social Media, Substances (drugs/alcohol), Self-harm) and **Pushing through** (e.g. Get on with it, Avoid thinking about it or feeling it, Keep going with minimal adjustment). The least selected option was **Release** (e.g. Creative activity, Exercise, Sport, Express myself)

Participants said the thing that brought them joy were nature; people; good health; travelling; hobbies; stability; family; music; helping others; peace; children; reading; cooking

KEY QUESTION 2: WHAT HELPS?

What helps?

Religion/faith was the number one factor identified as helping people feel better and supporting wellbeing during times of struggle. This was closely followed by **Being listened to**, and **Having**

people I trust in my support system. The least commonly rated option was **Resources, Professional advice and guidance, and Access to services.**

22% of people said that they would like a **volunteer**. When asked, 'what could they help you with?' six people commented:

How to manage my feelings and gather a sense of direction'

I don't know

I have a lot of life experiences, I don't know what area of expertise I would be suitable for as I'm receiving treatment for 2 rotator cuff shoulder surgeries and typing all these answers in this survey have been incredibly painful and difficult.

To assess if the problems I feel are normal or if they require a solution or adjustment in thought.

Help with confidence building, making time for myself. Either 121 sessions or virtual workshops

Talking to me

Comments on what helps:

Talking about bullying and harassment in the workplace

Working with things we don't see: like the prison population

A counsellor in every GP. But wait, GP surgeries have thousands of patients, would that be enough?

Exercise

It's easy to get bogged down feeling like you're a pawn in the system. Perhaps we start with the recognition of the individual in a smaller community

On an individual level, our social support and family might help.

For the individual to be heard and understood, if that's where we can start, then that's where we start from. Conversations like this.

There is no easy answer

It would be beneficial to have more preventative services before things escalate. Like having psychologists in primary care

My belief and trust in Allah azza wa ajal

Painting I do painting that make me feel better and happy

What does good support look like?

Key words and themes:

Supportive; Positive; Beneficial; Observable; Not shamed or questioned; Practical; Listening; Understanding; Flexible; Affordable; Non-judgemental; Compassionate; Safe; Respect; Secure; Access; Solution; Talk openly; Tailored; Appropriate treatment; Attentive; Collaboration; Inclusive; Control; New perspectives; Validation; Accurate diagnosis;

Confidential; Guidance without judgement; Signpost; Trust; Good communication; Answer questions; Empathetic; Active; Comfortable;

Comments on what good support looks like:

Being able to know clearly what services are available and where the services are and how I can approach them.

Access with no lead time

Someone you can talk to openly without being judged. You can have a discussion and have your own opinions without there being an arguments.

Tailored, accessible and appropriate support.

Someone that listens, gives advice but does not talk at me, having collaboration to enable me to feel included and in control of my treatment

Somewhere that feels safe and confidential

Been listened to, not been judged, helping to deal with the problem I have addressed and not create a story that isn't there. Sign posted to those who specialise in the area of concern and not prescribed drugs as the only option.

Empathetic listening and acting upon.

Have good communication

What topics would you like SHEWISE (our organisation address)?

The top 3 topics voted by 46 respondents via the online survey was **Mental illness** (26 votes, 57%), **Self-compassion and care** (18 votes, 39%) and **Financial issues** (17 votes, 37%)

Comments about topics for SHEWISE include:

Bereavement support & Cancer support;

All are amazing and beneficial topics. I found it hard not to tick them all;

Business Coaching, IT Skills

More inclusion and connection. There are divisions between generations. How can we increase conversations, involvement, and connectivity between different ages?

Having these types of conversations. We need to normalise it. There is no shame in feeling depressed. Not talking leaves the individual to carry the burden

Psycho education

Having more community groups

It involves trust and takes time to be vulnerable and open. For people who have been afraid and quiet for a long time, learning to trust is slow.

Activities are especially helpful. It gives us a direct experience of human interaction

Perhaps something for mothers, and for childcare

Generationally we have different experiences and difficulties: Tapping into the communities of older women. We need to be hearing about experiences, different to my own

Additional themes about what helps participants in their personal lives:

- Holistic care: Using alternative therapies/remedies outside the medical model of health
- Talking: To people within support systems such as family and friends, staff in education institutions, other professionals such as GPs
- Money: Stability of resource and access
- Support system: Non-judgmental listening
- Having conversations: Talking about what matters so there's less pretence or masking; normalising and minimising the shame around mental health and wellbeing
- Leadership: Having 'strong women' in the family
- Safety to freely express oneself
- Problem solving and emotional regulation skills

KEY QUESTION 3: WHAT GETS IN THE WAY?

What's hard to talk about?

On the online survey, **Mental illness** received the highest response to the question, 'What issues do you find most difficult to talk about openly in your community'. This was followed by **Shame and guilt** and then, **Sex and relationships**.

Comments on what's hard to talk about:

Everything. Finance, race, colourism within the community, mental health, marriage, anything to do with our personal lives. I mean there's talk, but it's more like gossip. It's not in an open, curious way. It's a belief that if you ignore the problem, and don't talk about it, the problem won't be there.

Mental health and the stigma around it.

Health is brought down to an individual level, to the responsibility of the individual instead of the structures around the individual

What would you want to talk about if there was a safe space to do so freely, without shame, inhibition or judgement?

Key words and themes:

Mental health; Relationships; Money matters; Relationships with parents; Emotions; Abuse; Women issues; Structural factors that impact wellbeing (race, class, gender); Blame; Lack of prevention

Comments on what participants would like to talk about if they felt safe:

Self-image, identity and learning to be less critical of yourself.

The way people treat each other and the opportunity restrictions and support for the less fortunate and lonely

Having open discussions about how a 9-5 role is not suited to everyone without feeling like you are ungrateful for the sacrifice your parents made to ensure you have a great future. It often feels like there is an expectation to be successful however, I have often strived to just be content.

Money management without judgement or advice on relationships within Asian community

Being a working mom, mom guilt, and societal, cultural expectations.

What do people outside of the community miss or struggle to understand?

Key words and themes:

Privilege; Bias; Marriage; Expectations around age; Judgement; Literacy; Cultural differences; Religion; Racism; Disadvantage; Culture; Relationship dynamics

Comments on what participants would like to talk about if they felt safe and free:

Not everyone wants the same things. That everyone has individual thoughts and specifications and people shouldn't be treated like a monolith.

Pressure from family to get married and have a family by a certain time

Dynamics in multi-generational household and pressure of this financially

The cultural expectations. Managing being Asian but also bring British- the conflicts, sense of belonging etc That being Muslim does not mean I have a restricted life

Our religious values and practices. Also, that we face the same issues they face.

How parents can be unhealthy themselves

Would you access mental health services if you were struggling?

On the online survey, 82.6% said yes and 17.4% said no.

Participants most commonly listed **Therapist, GP, Counsellor, Doctor or Unsure** when asked what professional they would approach if they needed support with their wellbeing.

39.5% of participants said **Barriers in self** stop them from getting help. Things like: Not enough time for myself; I don't know if I'm right/valid – maybe it's not that bad; I feel too ashamed; I should be patient and/or have faith, it will work itself out).

People rated **email** as their preferred form of communication, followed by **face to face**. The lowest forms of communication preferred by participants were videocall and social media.

Comments about barriers:

I think it depends how severe it is, if it's something I can deal with by getting support through my religion and those around me, then I wouldn't call mental health services.

I feel valid in my feelings however, I don't know if they are severe enough to justify using public services and I am not in a financial situation where I can afford private care.

I don't trust public services with my problems. Heard too many bad stories about being judged and fear of the consequences.

Services, are either not good quality or too expensive

I can talk to professional about my mental health issues but I can't speak to people in my community

What gets in the way?

Comments about issues that get in the way of wellbeing on a structural level:

The structures around us impact us. We live in a capitalist society, we are taught and told to compete. We take part in the rat race. It's a bind, because if you don't participate, it's your standard of living that gets affected, that drops. You're left to your own devices

Education around wellbeing is limited (in schools and society). We hold great expectations on ourselves and others as to how we should/need be. And then we feel we have to meet them. I need to meet this standard

People get treated differently depending on how they look, how they appear, what they do and don't have. People are measured by these things

If you have social capital, you don't have to go at the back of the queue (you have options to get access)

There's so much that needs to be done, and only so many hours in the day; women feel frazzled trying to balance everybody's needs

The NHS is the National Sicknes Service, not the National Health Service. We go to it when we are sick. We do not access it for preventative care or health promotion.

Where there are high levels of poverty there are also variations in life experiences of trauma, stress, accessibility, and all these things impact on your wellbeing. Your social status is everything; it's your social wellbeing.

I've worked in the NHS now for 8/9 years. I don't like the conception of how we define health. Of mental illness being something to do with the brain. I'm a complementary therapist, I use homeopathy.

There are strong biases amongst professionals and in the way people are received/responded to.

Comments about what else gets in the way:

There is a lack of trust in services. I wonder, how well they can help me

People are living longer but it doesn't mean they're healthy

My pain stops me from doing activities. I am on high dose pain killers.

Yes family and friends

A SUMMARY OF THE DATA

Good health, independence, freedom, resource and fulfilment/happiness/peace were common themes in the conceptions of wellbeing

Health (physical and mental) was the number one element of wellbeing people identified as most struggling with. This theme seemed prevalent throughout the research, with participants' also rating mental illness as both, the most difficult topic to talk about openly in their community, *and* the highest desired topic to be addressed by our organisation, SHEWISE.

Religion was the highest rated factor in 'what helps with difficult emotions or stressful situations', followed by being listened to, and having people to trust in your support system.

Wellbeing falls behind other things that get prioritised; financial stability (demands of a job and resource for meeting basic needs/provisions), expectations (gender expectations particularly, including competing demands on women within and outside home and work environments), needing to keep moving (fulfilling the demands of time and responsibilities and coping through distraction or relaxation where possible, rather than connection or release/expression)

Relationships with the healthcare system was variable; 82.6% said they would access mental health support services if they were struggling with their mental health, but when asked to list a professional they'd approach and rate how willing they would be to approach them, the average was 6.47 (on a scale of 1-10). This suggests a discrepancy between what people think they would do, and what they would actually feel willing to do. There were comments about poor relationships with GPs. Some people weren't sure what could help them or where/how they could access help, including who they would go to.

Accessibility was a recurrent theme in the research process. Structural factors outside of direct individual control such as race, social status and class, financial means, location of residence, service provision variability were also commonly highlighted with the message being; wellbeing is not an individual responsibility, it is a collective, holistic & dynamic social responsibility.

Specific concerns were also raised – the need for bereavement and cancer support in Asian communities, sex education, transport prices, waiting list times, discrimination by healthcare professionals, women specific issues.

Out of three identifiable barrier categories (barriers within self, barriers with services and barriers within the community), barriers within self (such as: Not enough time for myself; I don't know if I'm right/valid – maybe it's not that bad; I feel too ashamed; I should be patient and/or have faith, it will work itself out) was rated the highest. We need to consider how we relate to ourselves and the people and services around us.

PROVISIONAL RECOMMENDATIONS (TO BE REVIEWED AND CONFIRMED)

- To tackle relational dynamics that impact levels of willingness to engage with and access support services
- To consider training around healthy communication and conflict resolution in healthcare settings, between patient and professional, for both patient and professional, and beyond these levels, to a human relationship based on connection, trust, active listening, reliability and respect
- To branch out in our approach to what wellbeing means and includes – beyond the physical and mental, into the social, financial, spiritual and cultural elements of wellbeing also
- To consider the cultural differences in what people are most interested in when it comes to taking care of their wellbeing – topics like shame and guilt, marriage or family relationships/dynamics

- To make space for religion and faith, making positive contributions to people's sense of reliance: to tap into what helps, and encourage it
- To consider people's current coping mechanisms when thinking about behavioural change and long term habit formation. To consider the nature of threatening experiences people have lived through, and in what ways they may live in survival mode. To increase education and the active practice of self-care, the doing part specifically, not only just talking about it when there's time or availability. To encourage wellbeing to be the priority, over expectations and productivity and the need to do
- To continue to tackle professional and structural bias, discrimination and racism
- To tap into intercultural differences in more depth. For this report to be the basis or further questions, and further investigations
- To consider generational and life stage differences in the issues faced by people from ethnic minority backgrounds
- To have regular conversations about these issues within the community; to create safe spaces to enable people to speak, or witness an open, non-judgemental environment to be who they are or need to be in the moment, with the intention of creating micro shifts in approaches to wellness and wellbeing
- To return to the humanness of our need to relate, to feel and to be

SHEWISE: OVERALL REFLECTIONS

This project has expanded our conceptions of wellbeing. Wellbeing has often been conceived as dichotomous in practice, with physical health taking priority and mental health recently receiving more press. In reality, when we begin to delve deeper into the bigger questions of what brings purpose, fulfilment, satisfaction, growth, happiness, contentment, vitality and meaning to us as living, breathing human beings, a more complex, textured image appears. We realise we must factor in the elements that create divisions in wellbeing – things like class, race, trauma, social status, levels of access, discrimination, culture, belief systems, social and political stability – that sit outside of individual responsibility alone, because these things might not only *influence* wellbeing, but be active *determinants* of wellbeing. These wider societal structures and responses, have the power to enable or disable, encourage or discourage, support or hinder. If wellbeing is truly to flourish as a **holistic** concept, with a holistic approach and a holistic response, we must zoom out of the physical and mental sphere of the individual, and of individual responsibility, to include community and society as a whole. That's how we thrive together.

To be able to have the freedom to move around how you want and not be constrained to any physical or mental factors.

– Participant in Hounslow Resident Engagement Project, in response to:
What does wellbeing mean to you?

In the focus group we ran, one participant talked about the relational element of health that's missed. Outside of numbers and labels, diagnosis and treatment, there is a thread that links everything: a living interaction, a breathing heart-beating **relationship**. We have two worlds, our inner world, and the outside world, and these worlds engage through moment-to-moment interactions. How we relate to ourselves (our internal critic, negative self-talk or self-defeating thoughts, levels of self-worth), to others (levels of trust, shame or fear of judgement, personal freedom) and the world (forms of expression, engagement, action and activity) must be factored in if

we are to effectively tackle what gets in the way of managing wellbeing. And if we go a step further, we can begin to talk about what forms the nature of this relationship; we can delve into human experiences. Things like trauma, neglect, survival, rejection, abandonment, abuse, shame, guilt and conflict. And we can work on creating experiences of healthier interactions, rather than exerting our efforts solely on political, economic or social issues that can feel overwhelming, elusive and out of direct reach or control. Equally, we can step away from blaming or singling individuals out as wholly responsible for their outcomes.

When we think about healthy relationships, we can hone in on a core element of relating: **communication**. Throughout this research project, in our 1:1 interviews and interactions, the data from the online survey and focus group, numerous key elements appeared to fall under this umbrella theme. Being listened to was a major factor in what was considered to be good support/care, and this was also the case when participants were asked about what helps. Communication also involves things like trust, collaboration, respect, mutual exchange and reciprocation, non-judgemental listening, active participation and integrity. These elements can be influenced but aren't dictated by the structures around and outside of the individual, and so, they have the potential to be accessible to us all from the smallest interactions, to the biggest, most significant exchanges.

Considering the relationships a person has with themselves, another and the world, can also help us to capture the gaps in public services that don't readily factor in things like religion or spirituality, cultural sensitivities (norms, expectations and personal/social freedoms/restrictions), coping mechanisms (avoidance, release, distraction, force, self-care, connect, creative expression). In our research for example, participants were more likely to distract themselves and push through difficult or stressful situations than do things to find a form of connection or a healthy release. While there can be momentary relief, or achievement from distracting, ignoring or carrying on irrespective of personal capacities, these short term coping responses can heighten the negations to wellbeing (e.g. screen time and chocolate after a stressful day). Likewise, participants who completed the online survey chose Religion/faith as the number one factor in helping them feel better and supporting their wellbeing during times of struggle. Rates of access to services, resources and professional advice or guidance were among the lowest choices. This is particularly interesting, because we can't yet tell whether religion acts as a compensatory response to poor access to outside support services, or that the presence of religion preferentially negates the need for outside support. Whichever way the relationship might go, religion is a core factor amongst the populations who participated in this research, and factors like this must be incorporated into wider public services if they are to address wellbeing inclusively.

When we hide, or feel that we need to hide, that increases our burden, the burden the individual carries.

– Participant in Hounslow Resident Engagement Project

Whilst undertaking this research we were also very mindful of the language that was being used. When using translation, we sometimes found that there were no direct translations for words in the English language, and some words required multiple translated words to garner a theme or form a concept accessible to the recipient. As can be seen in the field surveys/1:1 interview responses, conceptions of wellbeing were limited or associated with certain words. For example non-native English speakers used words like Health, or Stress, or Satisfaction to describe wellbeing. Our approach to this research was to try to use language to tap into the things people feel and experience acutely but might not have the words to readily describe in themselves. We found that

part of this was determined by the social conversations that are had within different cultures – if things aren't talked about, do people have words they can readily access for them? We wonder, whether then, instead of a pressure to bridge gaps in understanding through language alone (in definitions and explanations that might allude to fail to fully encapsulate), we can encourage the **experiential** elements of interaction, engagement and communication instead. As spoken by a participant in the focus group: *There is an expectation for immigrants to assimilate.* We wonder whether there can be less direct, less pressuring ways to engage communities where words alone don't need to be the primary form of communication. That perhaps, **action** can be. In SHEWISE for example, we are looking into the use of theatre plays and creative arts to express the essence of textured and sensitive experiences, and to encourage an interaction with, rather than a disassociation or overwhelm of, our relationship to our experiences.

This was also something we discovered during our focus group, when we asked, what helps, or can help:

*Activities are especially helpful. It gives us a direct experience of human interaction.
Something where there is a learning experience of acquiring skills*

It involves trust and takes time to be vulnerable and open. We have managed it today in a short period of time between us, but for people who have been afraid and quiet for a long time, learning to trust is slow. Something like this would be too exposing. An activity fortnightly, would still provide a sense of togetherness but demand less. People will learn to build a common bond and to trust.

The issue of **accessibility** was also a prevalent theme throughout our research. One participant stated that 'GPs are gatekeepers to services' and reflecting on this now, we wonder how *isolating* the first step to getting help can be if the relationship we have with our GP is limited or strained. Unlike in early life where there are a multitude of professionals interacting with us (education systems, healthcare visitors, activity groups), as we grow older our lives separate from access to such provisions. We're left to the resources of the work environment (if we can/do work) and our own autonomy to reach out for support, unless we have support systems that can advocate on behalf of us or encourage us. GPs are the gateways to specialist care, in the absence of private care. Participants mentioned mistrust, poor communication and a theme of critical questioning/dismissiveness when it came to interactions with healthcare professionals; a lack of validation or being seen. As above, relationships seem pivotal to our ability to access; information, care, support, guidance, specialist intervention, appropriate or suitable treatment etc. And this access is further affected by personal and professional bias, burnout, healthcare pressures, social standing etc.

It is not possible to standardise the quality of healthcare a person receives

– Participant in Hounslow Resident Engagement Project

If we are to prevent the escalation of issues, we need to address them in their infancy. By understanding interpersonal barriers that create shame or guilt, that prioritise social expectations over honesty, vulnerability and authenticity, we can learn to create safe spaces to create a new form of reference. One where communication and relationship building; a deep sense of connection and grounding, is at the heart of healthcare, and wellbeing generally. We can see that our actions on an individual level do matter, and take small accumulative actions to shift the way we approach what matters most to us.