

**HEALTH ADVOCACY & COUNSELLING SERVICES
FOR TURKISH & KURDISH SPEAKING COMMUNITIES**

**ANNUAL REPORT
1999/2000**

**The Lawson Practice, St Leonards, Nuttall Street, London N1 5LZ
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Board of Directors

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Staff

Algın Saydar	Manager
Yıldız Biray	Former Manager (until March, 2000)
Barış Celiloğlu	Administrator (until Autumn, 2000)
Özlem Alpşen	Bilingual Health Advocate
Ahmet Kocaman	Bilingual Health Advocate
Feriha Öztürk	Bilingual Health Advocate
Nursel Taş	Counsellor
Selma Altun	Mental Health Support Worker
Leyla Metin	Mental Health Outreach Worker and Counsellor
Ufuk Genç	Smoking Cessation Worker
Dilek Bak	Welfare Rights Officer
Melek Özkan	Bilingual Health Advocate (temporary cover)
Sema Bilen	Bilingual Health Advocate (sessional, until autumn, 2000)
Gülçin Caymaz	Bilingual Health Advocate (sessional)
Saniye Elbastı	Bilingual Health Advocate (sessional)
Aysel Özdemir	Bilingual Health Advocate (sessional, until spring, 2000)
Gülden Süral	Bilingual Health Advocate (sessional)

The Service is a company limited by guarantee, number 2910220 and a Registered Charity, No 105794.

The accountants are

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AN INTRODUCTION TO THE SERVICE

Ten years ago, members of the Turkish and Kurdish communities, seeing an unmet need, started the Health Advocacy and Counselling Services for Turkish and Kurdish Speaking Communities. Then it was one of a very few advocacy services, particularly one based in the community. Now it stands as a pioneer in a welcomed increase in such services.

Yet it remains unique. In two ways it provides a model:

It is a good example of **self-help**. London is a truly multi-lingual, multi-cultural city, a vital resource for this country and all its residents. Turkish and Kurdish people are prominent communities in this city and make a key contribution to its economy, gastronomy and culture. Any resource needs an infrastructure to operate effectively. Our organisation is part of that infrastructure -- one our communities have created for themselves.

It is also a good example of **holistic care** the importance of which is increasingly recognised today. An individual needs to be treated as a whole person, not just as having an illness or problem. Otherwise that individual is confronted by a collection of services, often not related with each other, and can fall between gaps. In order to overcome this, our service started with providing an advocacy service which, over the years, has become the core from which to build integrated responses to the health and social care needs of our communities.

Although a bilingual function, the advocacy service is not about interpreting. It is about opening up routes of access to public services by facilitating linguistic and cultural communication as well as a two-way information flow between the service providers and clients; it is about enabling patients and their carers to make informed choices and decisions about the care the patient will receive, and supporting the patients in whatever decisions they make. It is about including the excluded... Advocates can support patients and carers so their viewpoint is heard while also interpreting for them in their consultations with the relevant service providers.

As the Turkish and Kurdish speaking communities had this opportunity to voice their needs and viewpoints, initially regarding their health and care they receive, further needs were identified through the work of the advocates and over the years new projects were developed to address them.

The last year was no exception to this approach and tendency in that several key initiatives, described in the following reports from both the Board of Directors and the project workers themselves, continued to be developed in response to the emerging needs of our communities as identified by the health advocates. Now, together with the **Advocacy Service**, services such as **Counselling, Mental Health Support, Welfare Rights, Smoking Cessation, and Parenting Support** make up our much expanded organisation called "Health Advocacy & Counselling Services for Turkish & Kurdish Speaking Communities". These services as well as staff working for them are managed by a dedicated Manager (unfortunately part/time due to limited funding) and overseen by **The Board of Directors**.

Communities grow and change; new needs will be identified. Our organisation will continue not only to listen, but also to respond to the changing needs of our communities.

FROM THE BOARD OF DIRECTORS

The NHS continues to change, the geographical area to change, our communities too change. And with these, our organisation itself has continued to change and develop. This past year has been particularly fruitful in this regard with the launching of several new initiatives which brought new zest and dynamism to our organisation.

There are now about 60,000 to 70,000 Turkish and Kurdish people living in the north London Boroughs of Hackney, Islington, Haringey, Camden, Enfield and Walthamstow, with a sizeable number in Southwark and Lambeth as well. Our clients are predominantly refugees and asylum seekers and the majority have arrived within the last ten years.

Before we introduce our new work and recently developed projects, we should like to assert that we have completed our work at becoming fully computerised and internetted. The Board is also happy to report that we have welcomed some new members who brought a range of useful skills and experience. Finally, the organisation's policies, written some years ago, had become out of date. They have been reviewed and changes in legislation and in services incorporated. We are now in the process of reviewing and updating staff's job descriptions and contracts.

As has been pointed out in the previous section, our advocacy service has been particularly effective in hearing the needs expressed by the communities. For example, advocates were being increasingly called to attend consultations for patients with mental health problems. In surgeries, they could see GPs were too hard pressed to respond in culturally appropriate ways to the needs of such patients. Families, having to care for their sons, daughters or spouses with mental health problems, were equally at a loss as to how to find their way in the maze of, often disjointed, services. So, advocates were quick to hear the voice of the carers who were desperate for support as well. All this information provided the impetus for establishing the **Mental Health Support Team** this past year.

The government regularly notes that many benefits are not taken up. Advocates also reported that patients they saw needed help with gaining access to the housing and benefit systems. In response to this, we have now set up the **Welfare Rights Service**. We hope this new service will help not only relieve poverty, but also improve health of large sections of our communities..

It is not easy to bring up children and parenting is a skill at best of times. It is even more difficult to cope with in a system that is not similar to your own, especially when you have lost all your social support systems which would otherwise provide the social and practical framework in bringing up children. The advocates have also been seeing many mothers in distress, so a **Parenting Project** was set up in response as a pilot. This proved effective, and based on this pilot, a longer term initiative has now been established. We want to thank the Home Office for their support in relation to this project..

Thus we have been able over the past year to identify gaps in services, to respond to needs of our communities and to take action on emerging issues in a very positive way. As in the past, we have been fortunate to attract funding for this work, but, as always, the hard fund raising work continues. We have just brought in an external consultant to advise us on new approaches.

The Board would like to take this opportunity, publicly, to thank all the staff who make the Organisation possible. Their continuing, dedicated work is very much appreciated. And everyone on the Board looks forward to continuing serving our local communities in the future.

THE ADVOCACY SERVICE

There are three full time Turkish speaking advocates, two are female and one male. Ahmet, Feriha and Özlem (presently on leave and covered by Melek) are based at different surgeries for dedicated sessions. As well as the surgeries, we are also providing an advocacy service for some family planning, sexual health and physiotherapy clinics.

While we work with both men and women, it is mostly women and children who use our services - as is usually the case in many health care settings. The aim of our advocacy service is to enable members of our communities to be better informed about and gain full access to health services. To this end, we work towards improving the appropriateness of health services and improving health outcomes by providing information and expertise to health professionals to facilitate effective communication across the cultural and linguistic gap.

We are there to enable and empower patients to make informed choices, to challenge discrimination and to assist health professionals in understanding the needs, aspirations, expectations and wishes of the Kurdish and Turkish speaking communities. Where needed, we refer clients to other appropriate agencies. While interpreting, which is only a small part of what we do, we represent what is being said by either party accurately and professionally. Respecting confidentiality, without doubt, is part of our professionalism.

Our communities do not only have a language barrier but not knowing the British system also stands in their way. We advise clients on the availability of health and social care services, the options available to them as well as their rights and responsibilities regarding these services.

As advocates, we cover 13 surgeries and 4 clinics. This is our face to face work. The average number of clients seen in a month by advocates is around 800, not including the number of clients seen in specialist clinics. Some of this heavy workload is lightened by sessional advocates our organisation employs and, without doubt, they also contribute significantly to our success. Apart from this one-to-one work we undertake, we also conduct follow up work for our clients such as making/chasing hospital appointments or ensuring there will be adequate language support available at the time of the appointment etc. And of course, we are always on the look-out for new needs which can lead to new projects.

What is needed is expanding the advocacy service to reach more clients in need of our services. This means employing more advocates. The requirements of our communities are just coming to the fore and their unmet needs necessitate a structured, sustained response that has to be provided with some urgency. If adequate resources are not allocated now more resources may be needed in the future to put the wrongs right.

We will, as always, work towards developing our high quality advocacy service in quantity as well as quality particularly since these two components are not only interlinked, but also interdependent.

THE MENTAL HEALTH SUPPORT TEAM

This has been a very busy year for the members of the Mental Health Support Team as well. The high quality counselling support provided by Nursel Taş, our full-time counsellor, continued. We are particularly pleased that our organisation has been able to expand the mental health service in order to meet the high level of demand for help from people with psychological problems. The two new members to our team Leyla Metin and Selma Altun, Mental Health Outreach Worker and Mental Health Support Worker, respectively, have both put energy and enthusiasm into their work from the day started. Their dedicated work has complemented and enriched the ongoing work of our counsellor.

THE COUNSELLING SERVICE

This has been a busy year, with a long waiting list. We have continued to provide a high standard of counselling to meet the diverse needs of the residents of Hackney. We offer individual counselling, using Gestalt and Integrative approaches in seven different GP Surgeries and Health Centres in Hackney. We have also started to run a support group for women.

368 clients were referred to us for counselling from May 1999 to September 2000. Of these 368 clients, 285 (77.4%) are female, 78 (21.1%) are male and 5 (1.3%) are couples.

The proportion reflects the fact that it is still more difficult for men to seek help than for women. The reluctance of men to use counselling remains a barrier for many potential clients.

71.7% of clients were referred because of depression. Most of them had problems related to being refugees as well as practical problems, such as housing, unemployment and welfare rights.

Our referrals have increased so much that we had to close our waiting list temporarily when the numbers reached 82. Of 368 clients referred, 67 (18.4%) are waiting for assessment. This is an enormous workload for our service. Sometimes by the time the clients gain access to the service, the problems have become more acute, requiring immediate attention. Therefore we would like to see the service promoting crisis intervention work.

Also we want to make our service more accessible by expanding the provision of domiciliary sessions for clients who, for health and child-care reasons, cannot travel to the surgery.

We are in the process of carrying out an evaluation of the counselling service. So far, we have 61 questionnaires completed and have evaluated 46 of them. 27 (58.7%) clients found the counselling service "very helpful", 16 (34.7%) "helpful", 1 (2.1%) "little helpful", and 2 (4.3%) "not helpful".

As to the reasons for coming for counselling 34 (73.9%) ticked more than one reason; it is very clear that the majority of the clients have multiple problems. This means that some of them need long term therapy. After counselling 29 (63.1%) defined themselves as "hopeful", 9 (19.5%) as "confident", 2 (4.3%) as "angry", 6 (13.1%) as "depressed". To the question whether they would use the service again 44 (95.7%) clients responded "Yes" and 2 (4.3%) "Undecided", and none of them said "No".

As counsellors, we feel it is essential to be sensitive to our clients and to be aware of the variety of roles we may have to take in relation to them. One of those roles is as a 'container' providing a caring process and a safe place. Another role is as healer, supporting and encouraging. The work our organisation conducts with Turkish speaking people in Hackney truly prevents the pressures people experience from becoming unbearable. This service is fulfilling an extremely important function by providing counselling for members of the Turkish/Kurdish communities. We have had calls from as far away as Essex and Kent, and referrals from Barking and Waltham Cross. This reflects not only the extent of the need but also the respect and high profile that our service has gained over the relatively short period of its existence.

Our goal will be to continue to develop and deliver a service which adopts a holistic approach to meeting the multiple needs of people.

We would like to thank all those who have contributed to our work in this field over the past year. We also wish to thank both East London and City Health Authority and City and Hackney Primary Care Group, for continuing to fund the counselling service. Finally, it is our wish and intention to continue to provide counselling service in the coming years.

Leyla METİN and Nursel TAŞ

THE MENTAL HEALTH SUPPORT SERVICES

“Our main concern is to set up a support network in order to ensure the individual can remain within the community. We believe individuals can be empowered by gaining awareness of their own problems as well as by raising awareness within the community of mental health issues.

We work in the knowledge of how being in exile and being an immigrant can affect our physical and mental health.”

Selma and Leyla

This service has a Mental Health Support Worker and a part-time Mental Health Outreach Worker, offering emotional and practical support to people within Turkish and Kurdish speaking communities with a range of problems and mental health issues.

The main aims are:

- giving the individuals the opportunity to explore their personal issues,
- offering support to them to prevent crisis
- carrying out crisis intervention work.

Mental Health Support Work

My name is Selma Altun and I am the Mental Health Support worker within the team. I work with people age 16-65 with acute mental health problems on an individual basis, in partnership with Local Mental Health Teams, hospitals, GPs, and Social Workers. My work includes crisis intervention, maintaining individuals within the community, preventing hospital admissions, and developing care in the community.

This work

- offers ongoing support to individuals to prevent difficulties from escalating into crisis
- supports people during crises and hospital admissions
- helps in setting up support networks
- aims to improve patients' access to mental health and social services
- helps people regain their self-confidence and self-esteem and to re-validate their skills
- supports people in going back or starting education or employment
- supports people to take part in community life with their full potential
- helps to run self help groups for support, sometimes with careers.

Referrals are taken from

- the Primary Health Care Teams
- the Locality Mental Health Teams

- Social Workers
- Social Care Workers
- individuals, including self-referrals.

Mental Health Outreach Work

I am Leyla Metin, the Mental Health Outreach Worker. I started working with the team on 8th February, 2000.

I primarily conduct outreach work within the Turkish and Kurdish communities in order to raise awareness around mental health issues. I also organise other means of prevention in order to reduce hospital admissions, and establish and facilitate self-help and support groups.

I work with individuals to help them gain awareness of how issues in their lives affect their well being and encourage them to be in control of their lives and make their own choices. A key part of this work includes trying to de-stigmatise mental health within our communities.

Finally, I liaise with GPs and other mental health professionals to ensure that they are aware of particular issues faced by the Turkish and Kurdish population in relation to their perception of mental illness, mental health services, and the ways in which these can manifest themselves.

Selma ALTUN and Leyla METİN

THE WELFARE RIGHTS SERVICE

The work started on the 16th of August, 1999 when I was appointed The Welfare Rights Officer.

All the necessary contacts with the GP surgeries and Health Centres had been completed and the work slots designated before I started to work. It took only a few days to prepare the handouts, notices, publicity materials and other paperwork. I was able to see the first clients on the 20th of August.

In addition to the publicity that had been done before, I had an interview by the local Turkish community paper *Toplum Postasi*. I prepared around thirty letters introducing myself and the work, then arranged for updated information to be sent to agencies such as the Benefit Agency, libraries, Turkish/Kurdish Health Advocates, Counsellors and Mental Health Support Workers, Housing Advice Centres, local hospitals and Mental Health Locality Teams and Hackney Asylum Seekers Service Unit. I regularly receive updated information from the Benefit Agency, Refugee Council, and other such agencies.

I work very closely with doctors, Social Workers from Mental Health Locality Teams, Health Advocates and especially Selma Altun, the Mental Health Support Worker. I accept referrals from professionals as well as self-referrals from individual clients.

I have received various training since I started to work including on One Parent Families and the Asylum Support System, and next month I will be going on a one day Representation at Appeal Tribunals training as this is also part of my job.

Practical Advice Work

I hold surgeries on benefits and housing problems at four GP practices and three health centres around Hackney. I give advice, provide information, represent clients in benefit agency appeal tribunals and assist them in their practical needs such as filling benefits/housing forms, making phone calls, writing/reading letters or making necessary referrals to other agencies. I also give telephone advice from the office in my admin time.

Every case I have dealt with has been registered in a book with a case number since the beginning. For monitoring purposes, data has also been entered into computer on a spreadsheet file in order to see the broader picture of how the work has been progressing. (Note: data kept in computer are impersonal and raw; thus, are not in formats subject to the Data Protection Act.).

Our computer entries now, pleasingly, let us monitor the various aspects of the job, which allows us to take necessary actions in order to provide this valuable service in a most efficient way.

Since August 1999, I have already dealt with 1113 cases. Our gender distribution shows that women are more likely to come to our surgeries to seek advice and help. Our communities seem to be suffering from housing problems and problems regarding sickness benefits, among other welfare rights issues.

Although I have had no means of measuring how helpful or successful our welfare rights service has been, (such as a satisfaction survey or a formal evaluation), I must say that the clients have shown their appreciation for the service; along with similar positive feedback from the health professionals (doctors, health advocates etc.), they almost always express how useful they found the service provided.

We are happy that our welfare rights service is funded for another year. Both the workload and the varied nature of the work over the past year shows that another worker will be needed to cope with the enormous workload and to do justice to the work.

Dilek BAK

THE SMOKING CESSATION SERVICE

The Smoking Cessation Service started in January 2000. East London and City Health Authority supported three organisations to set up smoking cessation services for Turkish speaking people in Hackney. Ourselves, Day-Mer Community Centre and Dental Health Promotion Team of City & Hackney Community Services NHS Trust began working in co-ordination with ELCHA to give help and support to those people in our communities who wanted to give up smoking.

As soon as I was employed as the Smoking Cessation Adviser on a part-time basis at 20 hours per week, the promotion of the service started. Several GP surgeries where our organisation was already providing an advocacy service had been written to with regard to the smoking cessation work and asked whether they could provide a space for our sessions. Lower Clapton Health Centre, Barton House and Shoreditch Park Surgery responded positively and soon I started to see clients on certain dates and times in those centres. Our organisation also provides an advocacy service to the Dental Health Promotion Team on smoking cessation in Sommerford Grove Surgery for four hours a week.

I get referrals mainly from Health Advocates. However, GPs and other health professionals, both in the service and in other agencies, could refer their clients. I also actively encourage the smokers waiting in the surgeries' waiting rooms to attend the service.

I visit the other surgeries where the service is not provided to talk to the patients in the waiting areas as they wait for their appointment with the GP. This helps to find new clients for the service and also increases the awareness of the dangers of smoking.

Apart from help and support through counselling I provide one week's free supply of Nicotine Replacement Therapy (NRT) for those who are on social benefits. Four weeks after the quit date I see the client to do a follow up session and to complete the monitoring form.

In monthly meetings with our partners progress is reported and the monitoring forms are forwarded to ELCHA. The three partner organisations and ELCHA also take decisions about the promotion of the services. Every three months the relevant representative from Camden and Islington Health Authority, too, joins the meetings to co-ordinate the smoking cessation services across North London in general.

The contract between ELCHA and our organisation was initially for 6 months. Because of the success of the project, at the end of June 2000 it was extended for another three months. Recently the contract was extended for another 6 months until the end of March 2001. Furthermore, my working hours were increased from 20 hours to 25 hours. The extra 5 hours will be used to increase the availability of the service in places such as community centres.

Ufuk GENÇ

THE PARENTING SUPPORT PROJECT

This is a new initiative which aims, uniquely, to combine parenting skills courses with a culturally appropriate parenting package of education, advocacy, information and advice to Turkish and Kurdish speaking mothers using particular agencies.

Since 1998, our service has been working in partnership with Hackney Parenting Project to develop parenting groups accessible to and culturally appropriate for Turkish and Kurdish parents. Between March 1999 and March 2000, six parenting skill courses were successfully run by the service. A Turkish and Kurdish Parenting Conference we organised in the spring not only listened to the needs and concerns of parents, but also to those of health and social care professionals. The Conference also provided successful contacts with parents and agencies nationally.

A video resource was produced to provide access to the knowledge about issues of being a teenager in Turkish and Kurdish speaking communities in Hackney. It has proven very useful to professionals as well as teachers and others working with young people from these communities in the area. At present, the service is working to produce another video resource on problems and needs of Turkish and Kurdish parents in Hackney.

The work of parenting groups and the video projects showed us that parents in our communities need to be supported and informed about parenting issues, the education system in this country, and services provided for families. There is obviously a need to have a bilingual education advocates to tackle low achievement of Turkish and Kurdish pupils in Hackney schools and to ensure fair assessments for special needs classes. Problems arising from language differences can easily be inappropriately assessed as a 'special need' or, indeed, a 'special need' can be hidden by language problems where bilingual professionals are not available.

As 'Young Mothers' Groups' in Hackney do not provide interpreting services, single young mothers in our communities have had no access to support groups, and due to cultural approaches and stigmas attached to young, single motherhood, they have been extremely isolated.

As parents from newly settled communities, Turkish and Kurdish parents have really big problems about parenthood and authority over children due to the language barriers with the host community. Using children as interpreters causes loss of authority, alongside with confidentiality problems. Moreover, these parents are bringing up children in an unfamiliar culture. The children have two cultures -- at home and outside home. They need special support from parents for resulting identity problems. And parents, in their turn, need to be supported, break their isolation and share experiences.

Funding to continue this work has now been gained from the Home Office, based on the achievements of our very successful pilot. During the first year the new Parenting Worker will carry out outreach work with all primary and secondary schools in Hackney, establish links with LBH Education Department and Social Services' Children and Families Units, prepare and submit a targeted work plan with criteria to assess the outcomes of the project, prepare culturally sensitive parenting packages, and set up and run parenting groups, develop work with schools, run work- shops and seminars, run parenting groups and organise a conference for professionals working on parenting issues to increase their awareness of parenting related problems in our communities.

This work will include being available for outreach work with Turkish and Kurdish families, to help and support them in their contacts with agencies, and making referrals to appropriate services as needed.

Özlem ALPŞEN

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L.B Hackney

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