

Walking with the Cloak in Cheetham Hill (2007-2010)

“We are there for our husbands and children.
Who is there for us?”

Not Being Well...

“When I have a lot of problems, one side of my brain is getting dark and there is no plan. There is no plan. I am going crazy. I don’t want to walk out without the cloak. I know lot of people have lost their minds. I don’t want that. I have a lot of support – makes me comfortable. Talking. I am so really glad to regularly meet a lot of people. When I feel locked up – with no hope. I have walked a lot out of the house. Trying to help someone. I can’t understand. Even when I am walking. Sometimes I am crying...The children have got aware and they are happy when they see me happy. They worry a lot about me and you have to hide your feelings from your children (crying).”

Having to fight to get help...

“Went to the door in need of help but the doors are shut. People who are very thick skinned, they will bash at the door. But people who don’t fight for it, go into hibernation, down, down, down and it is very difficult to get back up. Depression, alcoholism, crime and when you seek help and it’s not really there.”

How it feels to plan and do an activity ourselves...

“Tranquil; I loved it; Brilliant; Fresh; Never been like this before, with friends like this; A different thing; Adventurous; Exciting; People waving from the houses; Peaceful; Extraordinary enjoyment; All my depression gone; Inside, the brain, tiredness – gone; Relaxed; Trip without children – our time...”

Background

'Walking with the Cloak in Cheetham Hill' was originally named 'The RAPAR Wellbeing Project'.

The project outline developed in early 2007, after the Cheetham C of E Community Schoolⁱ approached RAPARⁱⁱ to help a family with children at the school: a creative dialogue resulted in the following specification:

Using the community networks and intelligence that radiate from Cheetham School, RAPAR fosters the development of a lead group made up of parents and other local community members like grandparents. During the first six months, continuously supported by RAPAR, this lead group recruits a group of parents to:

- work out exactly what the term 'wellbeing' means to them
- discover a shared resonance about the phrase "Walking without the cloak", which, for all members, captures feeling insecure, uncomfortable and unsatisfied. Conversely, "walking with the cloak" is well being: it is feeling good, satisfied, comfortable and happy in life
- identify what helps them to feel well themselves and what stops that feeling
- agree priority activity areas that could help them to feel well and could be developed
- enable RAPAR to evaluate the work as it progresses by inviting the people to identify what the things are that would tell them that their actions were making a difference: it includes devising baseline self-assessment tool/s

The partnership identified **three deliverable outcomes**

Improved self management – Through becoming able to describe what they need in order to feel better about their lives and then actually planning about, and doing, some things that they have identified as being able to help their well-being.

Increased sense of belonging within the local community - The social isolation arising from language barriers, experiences of racism and poverty may be profound but the local school can be a safe and welcoming social space that can be used to break that down, make new friends, create and develop new activities and resources within the local community and bridge intergenerational boundaries so the older people can also participate.

Improved levels of self-esteem – Purposeful activity is fundamental to the human sense of self-worth and this project will create a number of different ways of experiencing activities that are useful to the self and to others.

The specification was subsequently funded by the Joint Health Unit of Manchester to the value of £1250 per quarter from October 2007 – March 2010.

Profile of the women in the group

The project has involved 50 women and 15 children from the community surrounding Cheetham CofE Community School and up to three researchers from RAPAR. The women are a combination of single, married and widowed mothers from Britain, Pakistan, Somalia, Canada, Iran, Kashmir, Libya and Afghanistan.

Their ages range from 18 to 60.

If married, their husbands are mostly manual workers, however some husbands are unable to work because of illness.

The women are local, coming by bus – or walking - to the group. They live in the housing located around the school that is overwhelmingly terraced with front doors that open directly onto the street.

In addition to their mothering responsibilities for children whose ages range from new born to young adults who are still living at home, several of the women are principle carers for elderly relatives.

They are mostly Muslim.

The languages spoken as mother tongue include English, Urdu, Punjabi, Norwegian and Somali.

In the communities where they and their families live, they identify the following **health issues**:

Women

diabetes; high blood pressure; high cholesterol; long term asthma; urine leaking; problem pregnancies; depression; lack of sleep; palpitations; anxiety attacks; headaches; insomnia

Children

skin rashes (so many different colours); anaemia; kidney failure; disturbed sleep

Men

alcoholism; heavy smoking; depression; high blood pressure; schizophrenia

and the following **social issues**:

violence against women in the home; poor/inadequate housing; racism; inappropriate policing - especially of their male children; difficulties communicating with services; childcare waiting lists; school waiting lists; bullying at school; impact of sudden deaths and general sense of bereavement and loss.

Approach

Recruitment

A woman who is a parent in the school and also employed there on a part time basis as a community link worker, was approached by senior staff and the research lead for her involvement. She agreed to identify parents who may be interested in participating in a research project about wellbeing and was herself keen to reach out to women who, historically, had little connection with the activities in the school beyond dropping off and collecting their children.

She successfully attracted nine women to an opening session in October 2007 and, thereafter, other women joined on a word of mouth basis. In the early focus groups the attendance fluctuated and so, for the first few sessions, the research team repeatedly explained the purpose of the project. Through contemporaneous translation on the part of bi-lingual parents and a RAPAR researcher, the group established a pattern of simultaneously communicating in both English and Urdu. This bilingual environment has continued throughout the project.

Membership Retention

In the early stages, two women identified that they wanted to continue but, to do so, needed to bring either their adult daughter who they support in their parenting, or their mother in law, to the group. Additionally, a former parent at the school heard about the project and wanted to join.

By the end of the first six months, membership had settled into a core group of between 6 and 10 women who have regularly participated ever since. When larger scale activities have been developed, more women and children have joined in.

After nine months, this core group identified that they would benefit from having an option of placing their pre-school children in the school crèche during the focus groups. This development has been funded out of the original project budget.

Over the first 18 months of the project, the community linkworker regularly phoned around to all the women to ensure that they could come. The group then discussed whether they continued to need that prompt and decided that they really should not need it: they can organise themselves. One of the women from the group then volunteered to take over the contact list and for the future and do any phoning that was needed.

Managing Instability

After the group began and relationships formed, two women who were volunteering with RAPAR on this project were both granted indefinite leave to remain. This transition from asylum seeker to refugee status led one to move away from Manchester with her family and the other to find paid employment. They were replaced by another RAPAR volunteer who, following her transition to refugee status, went on to achieve a full time university place in social work in September 2008. This instability in one section of the RAPAR volunteer base is inevitable because of the personal circumstances of the people involved.

However, by autumn 2008, the group was relatively tightly formed. This factor combined with the consistent involvement from the outset of the author, and the increased capacities and confidence of members of the group themselves, to ensure that the project could continue to develop.

Methodology

This project has used participatory action research techniques (Moran, Mohamed and Lovel, 2006; McLarty and Moran, 2009) to enable the women to create their own language from below (Moran and Butler, 2001) about what 'well being' means to them and what they can do to achieve it.

Establishing qualitative and quantitative baselines

After a few weeks of meeting and exchanging information about themselves and about the project, the group agreed to participate in two brainstorming sessions led by RAPAR researchers, where their thoughts, often single words or phrases, about what helped them to feel well - and what stopped them from feeling well - were recorded on flip charts.

At around this time the Joint Health Unit asked if the women would complete multiple choice individual questionnaires about well-being, based on the Fundamental Human Needs Theory of Manfred Max Neef (see Appendix). The women felt that it would be helpful if the questions were translated into Urdu prior to completion.

The translation of the questionnaire was prepared by a RAPAR researcher and looked over and corrected by the group. At this time, the women were also invited to share how they perceived the meaning of each statement and, in so far as they could, standardise its meaning across the group and through discussion.ⁱⁱⁱ

The women then completed the questionnaires individually. Each completed questionnaire was assigned a number and an index was drawn up of which number correlated with which person's questionnaire. This index has been stored separately from the initially completed questionnaires.

Depth data collection

Over the following six sessions, the women were re-presented with their brainstorm flip charts about well being and barriers. They used these to prompt themselves and each other into creating an initial set of deeper level data about the content and the feelings associated with the situations and actions that they identified as promoting or inhibiting wellbeing.

Each session was fully noted and subsequently transcribed.

Validating the focus group data

Discussion produced agreement for Dr Moran to organise the qualitative data generated into a thematic framework, at which point group members translated the data into Punjabi, to enable the less able to read English members to participate in an interim qualitative data validation session.

An Urdu translation of original qualitative data articulating what helps women to feel good was critiqued and corrected by five women who had each taken their own copies of the data to read at home and comment on at the next session

An action research issue: Addressing contemporaneous problems as they arose

Over the course of the research, specific problems relating to individual members have arisen e.g. violence against the woman at home; housing; policing; problems with GP; racist abuse; accessing nursery and school places for children. Some of these have necessitated intervention by RAPAR, outside the group sessions.

Overview of Interventions

The group has met fortnightly over a 20 month period, on 36 separate occasions during term time, and excluding Ramadan periods. These group meetings comprise **two interventions**.

Intervention 1

Two-hour, contemporaneously-noted, focus groups in either the school community room or second staff room that have that:

- established ground rules on confidentiality and mutual respect at an early stage
- constructed, gradually, a high-trust environment where there is no such thing as a 'wrong' question or a 'wrong' disclosure and where the snacks on offer have gradually become more healthy!
- maintained time and space for the women to simply talk with one another and catch up about their everyday issues
- established the legitimacy for women to discuss on an individual basis with RAPAR, outside of the sessions, about issues that require referral to relevant helping agencies
- created deeper background data on health, social and economic status of participants
- through discussion, *consciously* explored the meaning of 'wellbeing' as a concept and it's appropriateness for universal application within this multiple culture population
- co-constructed different ways of conceptualising what 'wellbeing' means for them
- explored what barriers to their 'wellbeing' exist
- identified activities that they believe can enable improvement in their 'wellbeing'
- planned the timetable for, and organised, activities

Intervention 2

On- and off-site group activities of between two hours and all day duration that have been selected and organised by group members and have included:

- walking in the local park
- gardening in the school grounds
- cooking sessions
- yoga
- relaxation classes
- canal boat trip
- visits to museums and art galleries in Greater Manchester
- going out for a meal together
- day trip to Hollingworth Lake
- going on Manchester's Big Wheel
- writing personal reflections about their lives (see appendices)

These interventions have been **evaluated** through RAPAR inviting women to:

- retrospectively explore through collective discussion their thoughts and feelings about what they have done within the project and how that has impacted upon their sense of wellbeing
- write short statements, on an individual level, about their perceptions of different aspects of the intervention

- provide evaluation observations in writing as the school based community link worker
- complete a wellbeing questionnaire, individually, during the first six-months of the project (October 2007 – March 2008) and prior to any interventions beyond early focus groups having taken place
- re-completion of the same questionnaire about well-being in September 2009 by members of the core group who have maintained a constant presence throughout the project

In addition RAPAR researchers have:

- written reflective notes after sessions
- regularly discussed the project development with the key community worker based in the school and with the Headteacher
- prepared and presented update reports to meetings with School and Joint Health Unit representation at which time it has been possible to reflect on the development of the project as a whole

Findings from the Qualitative Data

Constant comparative thematic analysis has enabled the organisation of the qualitative data into four broad categories.

- Material circumstances
- Physical states
- Relationships with self and others
- Wider contextual issues

Within each category women describe and explain what issues impact directly upon their abilities to be - and maintain their own perceptions that they are - 'walking with the cloak'.

Material circumstances

Sufficient money to buy things

Having money, in order to do things with it, can really help women to feel well. They describe a direct connection between being able to spend money on themselves and their actual physical state:

“To buy yourself something – you feel excited and happy – you have more physical energy.”

“Feels good to treat yourself it also makes you feel lighter – shopping for something that is not necessary.”

And this is complimented by the emotional sense of satisfaction that accompanies buying for your children:

“Happiness comes from buying things for children – if you can’t buy children things....”

The physical act of going shopping, “If you have money”, creates an opportunity to be outside the home and “get some fresh air” but it has to be accompanied by actual buying:

“Window shopping is not good, because it makes you wish you had that thing, and maybe it will be finished once you get the money”.

For the Walking with the Cloak women though, money is often tight. They feel that cannot afford what everyone else can afford or, if they can, the problem becomes:

“Husbands who are tight with money and do not want spending without permission.”

“As a worker, [the husband] is responsible for costs, he gives me housekeeping, but not for me.”

Women know that that, to receive money from a husband for yourself, rather than for your housekeeping, you ‘have to be good first’:

“Nice smell; be a patient wife; be good in bed; be elegant face and hold yourself.”

Women have offered strong descriptions of how a lack of money that they control impacts upon their feelings. They describe a tension – ‘zeni’ or ‘fiker’ in Urdu; ‘fiker’(dhib or mushkilad) also in Somali – that they relate to the brain. Zeni or Fiker creates a lot of pressure. It is:

“[How I feel] when I am angry and start scolding my children and shouting”

Without money, women can feel at risk of losing control completely. They have seen it happen to people around them and they are aware that it could happen to them:

“When I have a lot of problems, one side of my brain is getting dark and there is no plan. There is no plan. I am going crazy. I don’t want to walk out without the cloak.”

“A lot of people have lost their minds. I don’t want that... When I feel locked up – with no hope. I have walked a lot out of the house. I can’t understand. Even when I am walking. Sometimes I am crying.”

Some of the women have developed a distinction between what money can do – “buy fulfilment – having something you want” and happiness which:

“money doesn’t buy... happiness is natural – You feel everything is perfect. Happiness comes in little bundles. Money is a big issue – to do anything.”

When you are living with the cloak you have enough money to provide for your material needs, your food, clothing and shelter. Being worried about what happens from the hand to the mouth, like finding water, becomes a constant financial balancing act that is going on within women’s lives. The pressure to maintain that balance is rarely – if ever - absent:

“All we have to do is budget and have patience.”

Being able to drive

Everybody loves the idea of spending less time at bus stops and the sense of independence and achievement that being able to drive for yourself could bring to “your own hands.” However, cars are expensive:

“You can have a goal: To learn how to drive but to run the car we need money. May have the ability but not had the opportunity.”

Through their exploration all the women came to agree that it is money that makes you independent, not the ability to do this and that. It is money that gives you the ability to do the things that you know can help you to feel, be and stay well.

Preparing food

A significant amount of time is dedicated to preparing and serving food; it is absolutely embedded into the fabric of everyday and sharing food with one another, as we talk, has become a very important part of the group.

Women regard their abilities to feed people well as:

“An achievement, because you have done something good.”

And this is also bound up with the extent to which they feel that they can look after their children well, and correspondingly, reduce their own anxieties:

“My 19 year old daughter is anaemic; she gets reaction from any dairy products (itching and angry) and most of the time she doesn’t like to eat home food, but when she does eat home food well, I feel very happy and less worried.”

Some describe a shift in their levels of concern about whether their men like their food:

“When I cook food and my husband likes it, it used to make me very happy and if he didn’t like the food it used to make me angry. But I don’t care anymore.” (Women laugh)

Making a transition from seeking asylum to having rights as a ‘normal citizen’

One woman, who has now left the group, went through the process of finding out that, after eleven years, she had been granted refugee status. This was, of course, hugely important for her, and celebrated by everyone in the group. Her expectations had been that everything would be fine, that she would be able to “start a normal routine” once her status was secure but, in practice, she was:

“feeling confused – 11 years living without citizenship. Now wherever I go, I have to take my papers: to register for benefits, child tax credits etc.....”

Further, she was anxious and struggling to believe that this was a permanent change in her life, something that could not be taken away from her, and whether all her future conduct and that of her child would be monitored and, ultimately, determine whether she would actually be allowed to stay

“I am worrying about doing something wrong and that they would take my citizenship away again, or if your child does something wrong. The lawyer has explained, but it sounds a bit strange.”

Experiencing good weather

As has been well-documented elsewhere, the weather can exercise a profound influence over how anybody feels. For Walking with the Cloak women, it is bound up with having the freedom to be outside of the confines of the house:

“[You] can go out with children for a walk, sit outside the house, take some fresh air, may stay out till late, feel better with yourself. [When it is] cold and rainy – don’t feel like going out, feel depressed.”

However it is also valued for the extent to which it eases domestic tasks:

“Prefer sunshine, can get washing done. Trying to dry in the house adds to the damp.”

The women feel that their cultural backgrounds determine their need for sun:

“Appreciate warmth. As a Pakistan person I need sunshine.”

Further, the lack of sunshine creates health issues, prompting concern about the potential for the lack of Vitamin D. Conversely, they know that it helps with conditions like arthritis.

Physical states

Weight

Everybody appreciates that being a healthy weight is good for you. However, there is also recognition of the fact that “losing weight may not be a good thing [if it happens] because of tensions,”

Good sleep

The women really value the benefits they can experience when they sleep well: “Then you wake up, no tired, feeling good.”

Sleep is a recuperative act, and being able to sleep without interruption is indicative of having some real peace and solitude in the home itself:

“If my day is very bad I can have a good sleep – shut the door. Being able to be alone and quiet without being bothered by the husband”

Pregnancy

Women’s descriptions of how they feel when they are pregnant, reveals a complex range of emotional states that are in a constant interplay with their awareness of their physicality:

“Sometimes it is amazing, especially at night time. I worry about no movement and then I am trying to figure out which part of the baby is the lump over here and which part is over there.”

While pregnancy limits their abilities to do as they please, “you can’t do what you want”, it also prompts a feeling that the world is always changing. Some of them have sought out their mothers’ views about becoming mothers, looking to them to help them understand how it would be. The emotions in pregnancy can include fear and anxiety about whether the baby will be alright and then, when they see them for the first time, a complete sense of joy when the babies are OK.

Exercising

Doing exercise offers a completely different way, that feels good, of relating to your body, that is other than “just eating and sitting”.

The women identify that exercising makes you feel lighter, more energetic, happier, and relieved in the mind. It is also good because when you do it you know that you are doing something that is good for health, “Good for blood circulation and it keeps your joint fit and supple”. When they exercise women have described:

“A sense of body bubbling – doing something good for myself”.

Travelling

Several of the women are very interested in becoming able to travel. The reasons for this desire are multiple:

“[Having] a great opportunity to get some rest and [take] a break from everything.”

“Seeing what our creator has created, the breathtaking beauty”.

“Meeting different people from different cultures, is good because you get to learn a lot”.

Women want to travel while they are young, “to go to Saudi Arabia for pilgrimage soon because it is difficult when you get older”.

However, as with all the other things that they know would make them feel good “first we need time and money”.

Relationships with self and others

Within this category, the findings radiate out from issues relating to self-esteem, through relationships with family members, and into the wider community.

Self-esteem

Accepting the self and accepting praise from others should be one way of enhancing the feeling of walking with the cloak. Women have identified that this can be undermined by negative self-esteem:

“I am fat. I don’t believe the praise. I know how I am.”

“Beauty is in the eye of the beholder – why don’t we feel it? Because I always think negatively about myself.”

which can be bound up with mistrust of others:

“I feel people are lying. From childhood everyone has said my eyes are beautiful but no I don't believe it.”

However, ways of overcoming that mistrust can include recognising that life actually is very hard most of the time and that, by living it, each woman is surviving which is an achievement in itself. Therefore, every time someone does value you, accept that it is valid:

“Feeling myself – surviving whatever. To be able to be myself, to feel appreciated.”

Relationships with children

When women can play an active part in the development and education of their children it directly connects back to their feelings of self worth as a parent:

“If the children are behaving well, then as a parent it makes you feel happy, proud, you usually get a feeling of success and that you are not a failure.”

“We teach our children well and it makes it possible for me to be a good mother – you can teach your kids from an early stage”.

For some, severe illnesses in the children are a constant source of anxiety and concern:

“Six year old son is very bright, confident and learns very quickly, I am told this by teachers and it makes me very happy but because of his kidney problems and weak immune system, he gets ill and degenerates quickly, and this worries me a lot.”

For women with grown children, seeing them being able to negotiate their ways through life as adults is a source of feeling good, as is when those children begin to make their own economic contributions to the family:

“I feel proud of my son when he puts some money on the table for the family”.

Conversely, situations that reveal a lack of interaction and communication between mother and child cause distress:

“Our children don't listen to us. We ask ourselves, what am I doing wrong? My confidence goes out the windows and [I] usually get really depressed.”

Relationships with husbands

Husbands have emerged as one of the most complex relationships that women are constantly managing. While the quality of these relationships can exercise significant influence over their sense of self-worth as woman and mother, that quality is not static and women's attitudes towards their men have changed over time. This is partly as a result of women understanding that it can be 'a lot harder for females than it is for men' because of the contradiction whereby women are supposedly so much more sensitive than men that they cannot deal with problems and yet, at the same time, within these relationships, the women actually do everything:

“If I won't wash or iron for him for a day he looks like an orphan.”

Further, being an 'ideal wife' can become highly counterproductive:

“Women put themselves forward so the more ability they show, the more laid back the men gets. They are not really worried about you, but about themselves.”

Women identify an hypocrisy that can exist between the public and private faces that their men display:

“My husband used to do it in front of other people. How it appeared to outside but he would never pick up a plate.”

“He will be the mechanic for next door neighbour but I am the mechanic for us.”

But, for younger women, the domestic division of labour may be changing:

“I am a bit different. He is a younger man, he helps, takes the bin out etc.....

Women want to become more assertive in their relationships with their husbands and feel that one way to do that is by becoming more conscious about the contributions that they actually make within the home. Women need to set the standards in an environment where, historically, no limit is set for the partner so that, “if the husband’s mood is not good everybody is so stressed and it is not OK”. However, this can be a high risk strategy:

“I use it – doing everything – as power. Not all women use their power – [even though] they are more or less in control – because of fear of consequences. Not every wife can stand up to a husband. Men, some of them, will never apologise. [You] can end up sacrificing everything.”

Women are highly conscious of the extent to which their relationships with their husbands offer models for their children. A basic dimension of this modelling is the extent to which their husbands actually share the economic decisions with them:

“If husband and wife trust each other with money, it’s good for the children and it teaches them how to share and they get to learn the trusting behaviour from parents”.

The women really enjoy witnessing their husbands and their children being happy together, this will always engender a feeling of walking with the cloak:

“Son is always happy when daddy is coming – daddy is coming back and meeting me in the bed”

Relationships within the extended family

For women who live very far away, on different continents even, from their parents, this separation can be a source of distress; they feel sad, left out from home and missing the connection.

On the other hand, women are living very public lives when the extended family is intimately involved in what happens at home. For some, members of that extended family exert considerable inertia over any changes that the women may be trying to make inside of their

relationships with their children or their husbands, to the extent that they feel that they 'cannot break control of the man':

"Put pressure on husband to discipline wife. They wind him up and he gets cross."

"Sons devoting time to wife and child and then mothers feel neglected because he is spending less time with mother – his traditional duty."

All of the women are aware of situations where extensive violence has been meted out to women in families by members of their extended family, and they consider that the message that is coming from the Mosque about physical violence towards children makes it difficult for them to challenge that behaviour:

"Mosque hits the children. 18 years old are given power to hit children."

Relationships with friends

When women make friends, and they can sometimes do things with their friends rather than their husbands, different kinds of opportunities open up for them that disrupt their isolation and make them feel well in themselves. Simple things like shopping with someone who wants to shop, rather than a husband who is there under duress, can be very enjoyable and makes it possible to share the emotional side of life:

"I am alone at home so I am going with her (friend) outside in company – to be with someone else. Talking with each other, sharing problems – letting the stress out by talking about the problems. You can get good ideas and you get to know if you did good or bad."

Relationships with people around you

The positive impact of sharing activities with people who you like – and who like you – broadens out into the wider issue of being able to do things that actually help others, whoever they are. The women describe their helping actions as making them "feel good: because they need it and [you] get busy in [your] mind."

This desire to help and the good feelings it inspires is "A human feeling, talked about by the prophet" and is very bound up with womens' cultural frameworks:

"When you help others you feel satisfied and happy inside. My father also helped everybody in Pakistan even during the night time. When he passed away, people praised him on the newspaper. You learn it from your family".

"If you help, God gives it back to you in another way."

However, when women have found themselves in need of help themselves they have had to fight hard to get what they needed because 'the doors are shut [to us]'. They understand that it needs "people who are very thick skinned, they will bash at the door" and that, if you:

"don't fight for it, [you] go into hibernation, down, down, down and it is very difficult to get back up".

In their communities, the consequences for wellbeing when you need, but do not find, real help, are serious:

“Depression, alcoholism, crime and when you seek help and it’s not really there.”

Wider contextual issues

All the women feel that we are living in very complicated times, post 9/11. This affects them emotionally and specifically because of the family and cultural links that they have. Some of them avoid the news and for others:

“[You] get so used to hearing bad news – but we don’t feel it in the West because we are not there and you think “What can I do about it?”

As mothers, the women feel more engaged with what is happening that they did before they had children of their own,

“When you are young is one thing – when you are older and with your own kids – take it in more.”

“As I am getting older, it’s changing – what is life all about? Things happening – affects my environment and my children.”

Evaluation

There follows a set of representative samples of women’s feelings about the activities that they had planned and done. They are overwhelmingly positive.

Cooking fish:

“Scared if people would like it or not”.

“Tasty.”

“Eat with the fingers, the real knife and fork, the prophet says.”

“We have enjoyed our time learning, cooking and eating fish. Enjoying people’s company and basic joining in.”

Exercise classes: “Unfit”. “Fat”. “Aching”.

“First day a bit hard and then I started doing it regularly with my son”.

“Learned how to do it here so now doing it at home, it’s so relaxing.”

“Increased confidence because normally at home, don’t want to take off scarf- even at home. Now take scarf off and do it”.

“Could really feel the muscles aching”

Canal trip: “Tranquil”. “Fresh”. “A different thing”. “Exciting”.

“People waving from their houses, never been like this – with friends like this. “

“Extraordinary enjoyment, all my depression gone, inside the brain – tiredness – gone, relaxed.”

“A dream come true, nice and quiet, a very quiet place.

“Normally there is the noise of the cars but here no worries. Like meditation. So happy. I like the pace”.

Attitudes towards the Summer holidays and there being no group:

“Feel sad”. “No plans”. “Stuck at home, can’t go out. “

“Sending son to Pakistan and Dubai, stays with family.”

“Children are helping me decorate the house.”

“Going to Dublin for a holiday, days out with the children.”

“Decorating and housework and day out.”

“Cooking and cleaning for husband...that makes five children to look after...no break, the word does not exist for myself, come here to get a break.”

Attitudes about the group as a whole

Generally, the women are very positive about the group, explaining that participation enables them to express themselves, to get support and to learn from other experience and that, in turn, this makes them feel that they are not alone and helps them to relax. They have discovered the value of talking. Several of them have remarked that they rarely have the opportunity to talk as openly as they do in these sessions. Outside, they don’t have anyone to talk to, anyone who understands.

The women are also enjoying the opportunity to create reflections of themselves (See Appnedices) and to make some time to think about things that they would not normally think about.

“I enjoy coming to this meeting which happens regularly. We always learn something new, everyone is so nice. Sometimes we go on outings which I enjoy. We are forgiven if we do something wrong. I do enjoy coming to this meeting. There might be something which people hate about me but everyone in this group likes me a lot. I would like to thank everyone for liking me.”

“I have enjoyed coming to this group because we get together and talk about inner feelings and to build confidence. We get the opportunity to talk about what effects us in our environment and people around us. While coming to this group you get the opportunity to act and to do something for yourself.”

“Since this group began I have learned a lot. I get a break from worry and stresses. We can tell each other our feelings and take time for ourselves. I feel relief – peace. I look forward to the next session and wait in anticipation.”

“Coming here, I feel that I am able to express myself, I get support and learn from other people’s experience, this make me feel that am not alone”.

“Feel really better. Sometimes I feel awful because I fell I have a special need. But I feel am getting better, confident”

“It’s very welcoming when we get support from people”.

“Coming to this group I learn more English after 23 years in this country because from coming to this group I want to learn. For 23 years I go everywhere, now I feel that I need the knowledge of the English. It feels like I want to learn since coming to this class. My interest has been awakened – awakened /sudden realisation-

JAAGNA – Punjabi
FAXAD Somali

Comparing pre and post intervention Questionnaire Scores

Comparing their initial responses to the items in the questionnaire with the responses women made after almost two years did not reveal any significant changes in any individuals' responses. Overall they remained static: those who were fairly positive about themselves initially remain so and similarly, those who were negative are still indicating similar levels of negativity.

Given the extent and depth of qualitative data that describes the core members feeling better through their involvement with the group, it is not unreasonable to suggest that *the lack of change that is indicated in individual questionnaire responses over the same time frame may be more a reflection of the tool's in/ability to enable these women to communicate about what is happening to them.*

It may be that, for a group like the Cheetham Hill women, the development of tools about well-being need to find ways of:

- contextualise the feelings that they are trying to capture
- contextualise the changes in those feelings that they are trying measure
- Situating actions (Wright Mills (1940) that relate directly to people's lives: this is when the women have been able to self-express about feeling and being well.

ⁱ The population attached to this school of approximately 520 children aged between 3-11 years, includes 98% of parents for whom English is not the first language, 45% of families where children are in receipt of free school meals, 21 different language groups (excluding dialects) and 20 different nationalities.

ⁱⁱ RAPAR is a human rights organisation, founded in 2001. It has developed a participatory research programme working with the most disadvantaged groups in the UK. It is based in the City Centre of Manchester. www.rapar.org.uk

ⁱⁱⁱ With the exception of questions A01 and A05, which one out of the 7 women did not understand, all questions were understood and the meanings of them were shared.

References

McClarty L and Moran RA (2009) Engaging all young people in meaningful learning. Equality and Human Rights Commission. ISBN 978 1 84206 161 9
http://www.equalityhumanrights.com/uploaded_files/engaging_all_young_people_in_meaningful_learning_after_16_a_qualitative_study.pdf

Moran RA, Mohamed Z and Lovel H (2006) Breaking the silence: participatory research processes about health with Somali refugee people seeking asylum. In Moran and Temple (eds) *Doing Research with Refugees*, Bristol: The Policy Press.

Temple B and Moran RA (eds.) (2006) *Doing Research with Refugees*, Bristol: Policy Press.

Wright Mills C (1940) Situated Actions and Vocabularies of Motive. *American Sociological Review*. Vol. 5, No. 6 (Dec., 1940), pp. 904-913 Published by: [American Sociological Association](http://www.jstor.org/stable/2084524) Article Stable URL:<http://www.jstor.org/stable/2084524>