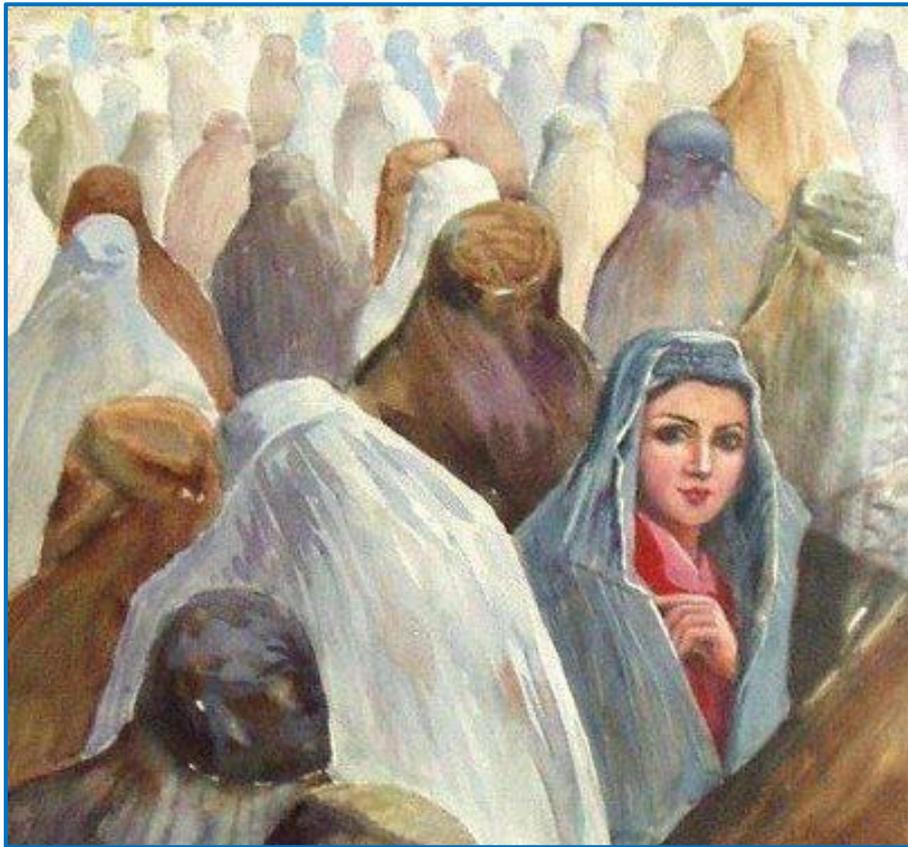


Nedaye Zan Campaign

"Justice for Afghan Women"

A report on the experiences of Afghan women in Harrow accessing local services

March 2017



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Harrow

Nedaye Zan Campaign

"Justice for Afghan Women"

*Research into the experiences of Afghan women in Harrow
accessing local services*

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1. Background to the research

i) Nedaye Zan project

Nedaye Zan, meaning “voices of women” in Dari, is a user-led mental health project for Afghan women in Harrow.

Supporting a population with one of the largest Afghan communities in the UK¹, Mind in Harrow have been working for over 15 years to improve access to local services for local Afghans, recognising the additional barriers the community faces to accessing services.

For 3 years from 2013 to 2016 Nedaye Zan ran fortnightly workshops exclusively for local Afghan women, covering a range of topics including mental health stigma, domestic violence, how to access mental health services and mental health law.

The project also worked with local health and social care professionals to improve understanding of the community’s needs and strengthen trust in local services.

Building on this success, for the next 3 years Nedaye Zan will continue to work collaboratively with the local Afghan community to improve access to effective services.

Funded by Comic Relief, “Justice for Afghan Women” will build the knowledge, skills and confidence of 250 Afghan women, empowering participants to influence local service providers and decision-makers. Through this the project aims to reduce barriers to accessing services for over 1000 Afghan women.

ii) Research aims

The aims of this research are to inform the strategy and focus of the Justice for Afghan Women campaign by:

- ❖ Providing insight into the background and living circumstances of Nedaye Zan service users.
- ❖ Identifying the key service areas where local Afghan women struggle to access appropriate support.
- ❖ Identifying the key barriers experienced by local Afghan women to accessing appropriate support.

¹ According to 2011 census, around 70% of the UK’s Afghan community live in London, with Harrow holding the third largest community.

- ❖ Identifying the strengths and resources of local Afghan women that will benefit the “Justice for Afghan Women” campaign.

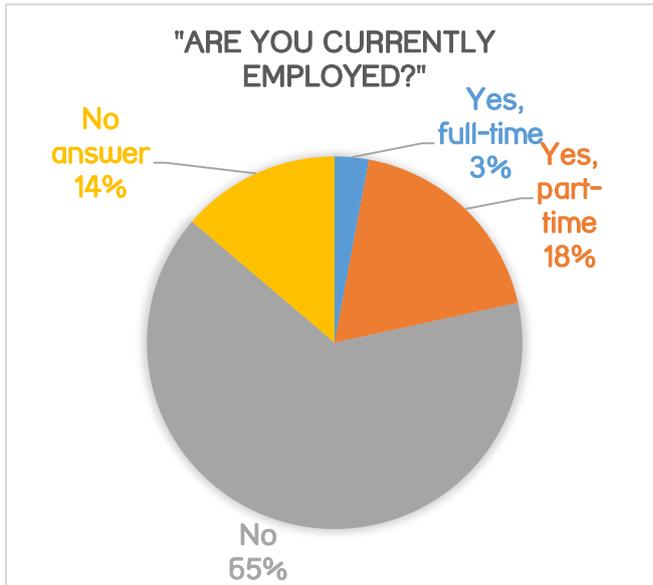
iii) Methodology

The research was comprised of two main elements: data collected from surveys completed by 102 Nedaye Zan service users and narrative evidence collected from in-depth 1-to-1 interviews with 6 Nedaye Zan service users.

Research surveys were made available in English and Dari, and were completed during Nedaye Zan sessions with assistance available for service users with a low level of literacy or other support needs.

In-depth interviews were conducted over a 6-week period during November and December 2016. Interviewees were selected to cover a diverse range of ages, life circumstances, experiences of services and professional backgrounds. 5 of 6 interviews were undertaken with assistance from a community translator.

2. Demographics of survey participants



Survey participants covered all age ranges from 21 to over 65, with the vast majority (97.1%) of working age. Only 2.9% of participants were aged 65+.

A large proportion of respondents (64.7%) indicated that they are unemployed. Only 2.9% reported to be in full-time work.

Over half (55.9%) of participants have children aged under 18 years old.

Figure One: Employment

Over 55.7% of respondents indicated that their mental health was below average, including 18.5% who answered that their mental health was 'very poor'.

Of the 5 women interviewed, all had lived in the UK for between 5 and 15 years. Half of the women had lived previously in another European country between leaving

Afghanistan and settling in the UK.

Interviewees within all age brackets stated that they lived with their immediate family. Those with children of working age stated that the family still lived together.

Interviewees had a range of professional backgrounds and levels of education. Over half of interviewees were university educated in fields including pharmacy, engineering and architectural design. Half of interviewees spoke a second European language other than English.

When asked about how they spend their time, all interviewees aged 30+ (5 of 6) indicated that most

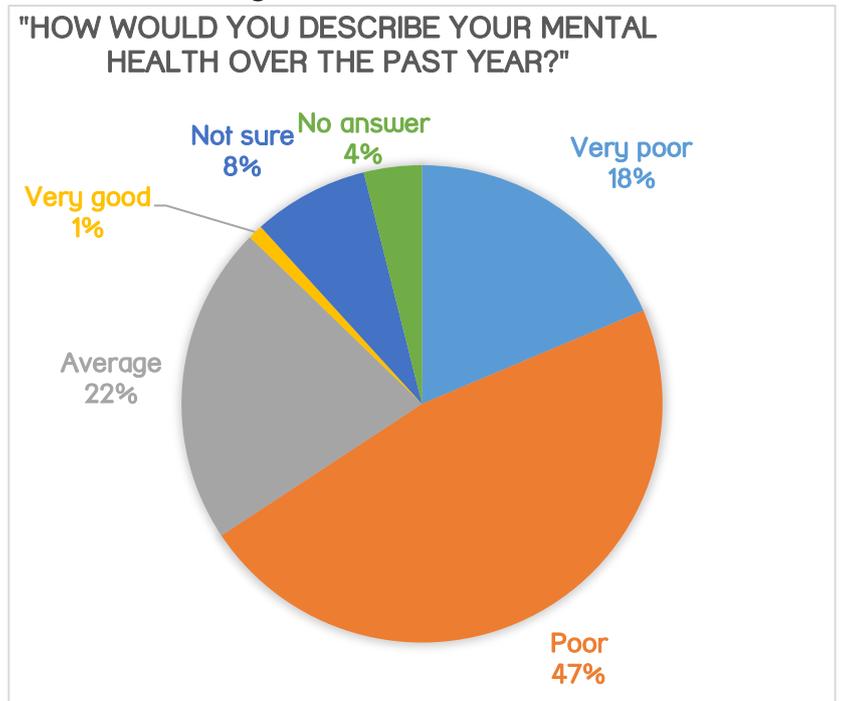


Figure Two: Mental Health

of the week was spent looking after family and household, in combination with activities provided by Nedaye Zan.

All interviewees aged 30+ indicated having experienced social isolation and related periods of depression or low mood:

“Before I joined Nedaye Zan I was very isolated at home. I kept thinking about things because I had so much time by myself. Sometimes I was really tired and I would think “what’s the point of being alive?” I was really fed up.” (RKZ)

Several interviewees also acknowledged the positive impact that taking part in Nedaye Zan activities and workshops had on their wellbeing:

“In the two years I’ve been attending the Nedaye Zan classes my mental health has improved a lot. Before, I felt very isolated. I wasn’t going out or meeting any other women. Through Nedaye Zan I got to meet a lot of women and we’re in touch with each other outside of the classes too. I feel better mentally and physically.” (RKZ)

3. Experiences of accessing services

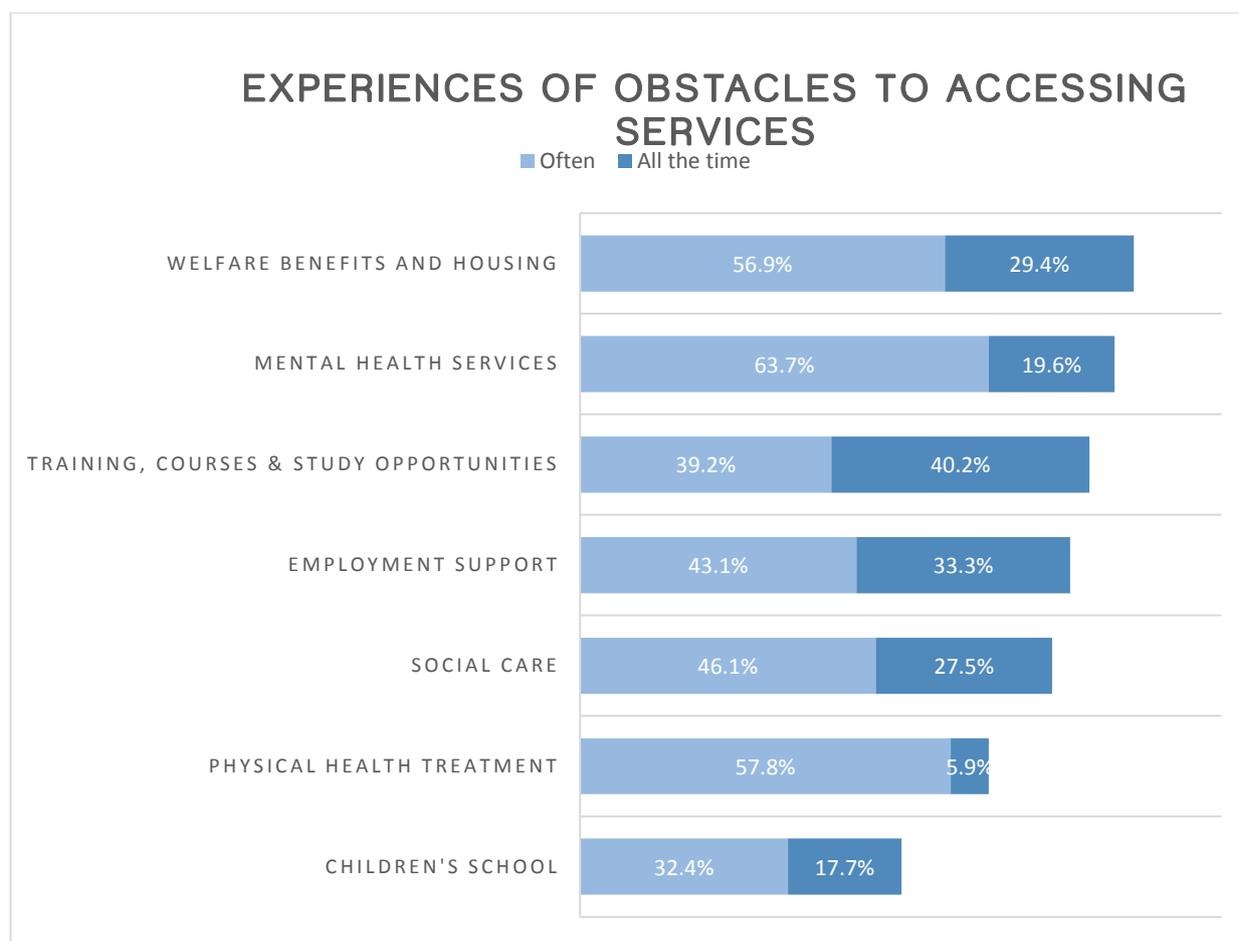


Figure Three: Accessing Services. Participants were asked about the frequency with which they had experienced difficulty accessing various services over the past year. The options given were 'never', 'sometimes', 'often', 'all the time', 'not applicable'.

i) Welfare benefits and housing

86.27% of survey participants said that they had experienced difficulty 'often' or 'all the time' in receiving advice and support related to welfare benefits and housing. This was the highest rate for any service area.

Several interviewees explained the **impact of stress related to benefits issues** on their mental health:

"I was really depressed for 2 or 3 months when they cut the [housing] benefit. They did help me in the end but for that time I wasn't financially stable and the landlord was telling us to pay the rent." (WQ)

"When I came my youngest daughter was 5. I was having a lot of problems with the Job Centre, and sometimes I would cry in front of my children. One day we were in the car and my daughter saw the Job Centre sign. She covered my eyes and said "don't look over there- you'll be really upset." (RH)

Inconsistent communication between service and client was felt to be a main obstacle to accessing a good service:

“The biggest problem is that they don’t tell us what the problem is- why they’ve cut the benefit. So after 3 months they restarted the benefit without telling us why it was cut or why they’ve started it again.” (WQ)

The **complex nature of the welfare benefits system** and the frequent change in regulations were also flagged as a barrier:

“I don’t understand the benefits system. I rely on my son. It would be easier if there was somebody who could explain the system to me. If I knew the language and was aware of everything I would have done everything myself.” (AR)

It was also the issues of housing and welfare support that were identified as having the **most significant impact** on new Afghan migrant families feeling settled in Harrow:

“It was the financial support that really started to change things for us- to allow us to start to feel settled. We were struggling with the rent and we didn’t know that we could ask for help. When our housing was fixed, and our school we could start living our own individual lives.” (MQ)

ii) Mental health services

83.3% of survey participants reported having had difficulty accessing mental health services 'often' or 'all the time' over the past year.

Language barriers and difficult relationships with service providers were identified as key obstacles to accessing effective treatment (see 4(i), 4(iv) below).

A **lack of understanding of mental health conditions** within the Afghan community and a **prevalence of negative attitudes** towards those suffering from a mental health condition were identified as a key barrier to accessing timely support:

"Because it's [perceived as] something bad to have mental health issues, [women] don't mention it and they don't want to talk about it with other women. I think it's the prevalent view in the community that it's a bad thing to have mental health issues." (MQ)

"People in our community don't see the symptoms of a mental health issue- they think it's normal and that everyone is facing it because of the problems they have." (MQ)

Interviewees also explained how **lack of awareness of mental health services** and how to access them had prevented receiving support earlier:

"I had a lot of chest pain, other pains. I would go to the GP about that. But I didn't know I could talk to the GP about how I was feeling." (RKZ)

"I had a lot of depression and stress. If I had known earlier I would have accessed help then. It has helped a lot since I've known about the support available." (WQ)

In some instances, **mental health stigma** was identified as a barrier to individuals taking up the support on offer:

"I know a family who came to Mind. They were having mental health issues, but when the woman of the family saw that someone she knew worked here she left. She didn't want that person to know that she was accessing mental health services. People want to keep it to themselves." (MQ)

iii) Education and training

79.4% of survey participants reported experiencing difficulty in accessing training, courses or other study opportunities 'often' or 'all the time'. This included the highest proportion (40.2%) of participants who reported experiencing difficulty 'all the time'.

Learning English was identified by 5 of 6 interviewees as their priority educational need. While there was a clear desire to attend regular English classes, difficulty finding consistent and accessible tuition, and a lack of opportunities to progress to advanced levels were identified as significant obstacles:

"I really want to learn English- I attend most of the free classes I hear about. I've been to Harrow College for classes there too but they told me I couldn't join because I already did a course there in 2011." (RKZ)

The **expense** of training, including course costs, travel and childcare were also identified as a key barrier:

"Because a lot of families are not financially stable that is a really big obstacle in terms of attending English classes." (WQ)

Several interviewees identified the difficulty of finding language classes and training opportunities that are compatible with their **responsibilities as a parent or carer**:

"Because of my husband [it's difficult to go out for English classes]. A few months ago he had a seizure. I can't leave him by himself. Whereas last year I attended all of the English classes, which helped a lot. But now I don't want to leave him alone. It's very difficult." (AR)

"[To begin with] there was nobody to look after the children, so I couldn't go anywhere." (SR)

It was also recognised that difficulties in accessing services in another area can have a domino effect. Without adequate support in other areas, **pursuing education is put on hold** in order to resolve other issues:

"I have done level one English. But then we had a lot of problems with housing that we had to sort out and I couldn't manage to attend the classes as well. That's what made me stop attending. I had to sort out the housing problems first- I had no other option." (WQ)

iv) Employment support

76.5% of survey participants reported experiencing obstacles to accessing employment support 'often' or 'all the time'.

Interviewees expressed **little knowledge of available employment support services**. For those looking for work, family and friends were valued as the most useful support.

One interviewee expressed significant frustration with the lack of support received from Job Centre+ to **find relevant job opportunities** and training:

“In the Job Centre, nobody has asked me even once “can we help you finding a job within your own career?” That is really upsetting. I didn't want to work straight away in a hospital because I knew I had language barriers, but even just finding a training that would help me to get to that stage, they didn't do anything to help me with that.” (RH)

v) NHS health services

63.7% of survey participants reported experiencing difficulty in accessing appropriate health treatment 'often' or 'all the time'.

Difficult communication with services, difficulty arranging appointments and delays in treatment were all identified by interviewees as obstacles.

With the GP, I have to have an appointment every 3 months. It's very difficult to get an appointment- I have to phone about 10 times! They say "you're not the only one". My son is the one who speaks to them. He has to explain, it's urgent she really needs it. Last time it took us 6 months to get an appointment." (AR)

Several interviewees also expressed feeling that they were **not taken seriously** when explaining their symptoms to a medical professional.

"I have asthma and the damp in the houses makes it difficult to breathe. When I told my doctors they didn't take me seriously- they told me to open the window for fresh air." (RH)

One interviewee also felt that her **treatment had been delayed** as a result of not being taken seriously:

"The GP should understand themselves that they have to care about their patients. The GP referred me to a specialist for my back problems. When the specialist saw me he was shocked and said "you should have come to me sooner- why didn't they refer you earlier? Like a year ago." (WQ)

vi) Social care

73.6% of survey participants reported having experienced difficulties in accessing appropriate social care 'often' or 'all the time'.

The main obstacles highlighted during interviews were **language barriers, lack of awareness of local services, financial pressures and a lack of understanding of benefits entitlement for carers:**

"At the beginning I didn't know where to go. I didn't know any English so it was difficult to get support. My son helped me a lot. His friends helped him by recommending places to go...

Even if a carer comes, my husband doesn't speak English so it's difficult for him because he doesn't know how to communicate his problems.

It would be really helpful if someone can come help looking after my husband because I have back problems too. But I don't want the money to stop if we get some help. It's difficult for me going up and down the stairs all the time." (AR)

vii) Communicating with children's school

50.3% of survey participants reported having experienced difficulties communicating with their children's school 'often' or 'all the time'.

This was the area where the **least amount of difficulty was reported**, with 25.5% of respondents reporting having never experienced any obstacles.

While several interviewees also reported having had few obstacles in communicating with their children's school, in many cases this was largely thanks to **children acting as interpreters** or information 'gatekeepers' between the school and their parents:

"I never really had a problem communicating with the school. Because my children were quite old when they started, if they had a problem they would prefer to work it out without troubling me because they knew I was having problems. It was easier for me, but sometimes there were things going on and they didn't want to tell me." (RH)

4. Common barriers to accessing services

Difficulty finding out what services are available to me	78.43%
Lack of written information available in an appropriate language	73.53%
Difficulty understanding the process for accessing a service	70.59%
Difficulty knowing who to contact	70.59%
Difficulty arranging childcare	63.73%
Lack of an appropriate interpreter	61.76%
Services lacking understanding of important cultural differences	60.78%
No answer	1.96%

Figure Four: Barriers to Access. Participants were asked to identify from the list above the obstacles they had encountered to accessing services over the past year. Most participants indicated experiencing more than one obstacle.

i) Language and communication

Obstacles related to language and communication were identified by all interviewees and covered a broad range of issues, indicating the language barrier to be the most pervasive obstacle to accessing effective services.

61.76% of survey participants had experienced obstacles to accessing a service because there was no interpreter available.

Among the 5 interviewees in need of language support, none indicated using a **third party interpreter** or telephone interpreting service regularly for appointments or as part of a service.

Language obstacles were acknowledged by several interviewees as making it **difficult to receive an effective service:**

“I’ve been to the GP alone but there was really bad communication between us- he didn’t understand me at all. “ (WQ)

In particular, without access to an interpreter or Farsi-speaking professional, **mental health treatment through talking therapies and counselling services was felt to be ineffective:**

“I asked if I could be referred to a Farsi speaker so they could understand my issues better, but they referred me to an English speaker. I went to the counselling sessions but it didn’t make much difference because I couldn’t explain everything. There was no interpreter... It was a waste of time because we couldn’t understand each other. This went on for a year.” (RH)

Finding that public services rarely have interpreting facilities readily available, most interviewees said that **they rely on a family member** (usually their children)

to act as interpreter for important appointments. This raised significant concerns about **confidentiality** and the **impact on children**:

“Privacy has been a really big issue. For example, our issues with housing- I didn’t want my children to know about them, but they had to be there to translate for me. Now I feel sad for my children because they had to face these things. I feel like I haven’t treated them well because of that- it was my problem but they had to face it with me.” (RH)

“It’s my son who communicates with the school. At parents’ evening my older son comes with me. It’s difficult for my son [to act as interpreter], it interferes with his life. But he doesn’t really have any other option- his dad is ill and his mum doesn’t know English, so he doesn’t have any other option basically.” (AR)

73.53% of survey participants had experienced obstacles due to a lack of written information in an appropriate language.

This was seen as playing a significant role in **slowing down the process** for resolving issues related to housing and welfare benefits:

“I think the biggest obstacles are language and paperwork- because you have to take it away to someone who will explain it to you and then go again. It makes it very time consuming.” (MQ)

Lack of fluency in English was also identified by several interviewees to have a significant **impact on self-confidence**:

“When I’m speaking I feel shy and think “oh no, this is wrong!” I feel shyer speaking to important people, like teachers.” (SR)

“It’s difficult for us women. We feel like we are fools, like we are not educated, whereas [the men] have been educated back home. So it’s difficult to get our point-of-view across. We have a lot of ideas but we can’t share them because we don’t know the language.” (RH)

All interviewees expressed a **desire to develop their skills** in English, in particular out of a **wish for autonomy and independence**:

“If there were more ESOL classes that would be better because then we can communicate more with services ourselves.” (RKZ)

Yet despite a strong wish to become proficient in English, the obstacles to accessing consistent and high quality English tuition were felt by most interviewees to have prevented them from becoming fluent (see pages 4-5).

ii) Awareness of available services and how to access them

78.43% of survey participants indicated having difficulty finding out what services are available.

Lack of awareness of the services available was identified by several interviewees as a significant problem particularly for Afghan families who had **newly arrived** in London.

“I’ve seen it with every family- that when you first arrive here you don’t know what support you can access and what you’re entitled to.” (MQ)”

“I felt like a blind person, not knowing where to go. It’s so important to have some guidance to work out where to start.” (RH)

The negative impact of **social isolation** on Afghan women’s connections with local services was expressed by several interviewees:

“Before I joined Nedaye Zan I was very isolated at home. I kept thinking about things because I had so much time by myself. Sometimes I was really tired and I would think “what’s the point of being alive?”... I didn’t know anyone to ask for help.” (RKZ)

70.59% indicated having difficulty understanding the process for accessing a service, or not knowing who to contact.

“The biggest thing is not knowing who to speak to. Back home in Afghanistan, I would have had someone to guide me- to tell me where to go. But here I didn’t have that.” (RH)

Interviewees identified this as an obstacle in their communication with Job Centre + and Harrow Council in particular:

“It was really difficult to get to speak to the right person [at the council]. There was a lot of miscommunication.” (WQ)

Difficulties navigating complex systems for obtaining welfare benefits and resolving housing issues were also felt to be more difficult to resolve due to a **general lack of awareness of entitlement**:

“Most of the women don’t know their rights, or what they’re entitled to. If they know about it they know when they’re being treated wrong and they can do something about it.” (MQ)

Several interviewees highlighted **lack of knowledge of patient entitlement and complaint procedures** as a significant barrier to accessing adequate health treatment:

“I was scared about making a complaint at the dentist that it would affect my treatment- that’s why I kept quiet. My husband experienced the same issue- he had a filling and it fell out in 3 days... Nobody has ever explained to me the complaints system. I wouldn’t know how to make a complaint about NHS treatment.” (RKZ)

iii) Childcare and other caring responsibilities

63.7% of survey participants had found difficulty arranging childcare to be an obstacle to accessing services.

Difficulty arranging childcare was felt to be a significant barrier to accessing services, in particular opportunities for training and education. In particular interviewees identified this as a **barrier to becoming proficient in English**, and through that to becoming confident in communicating with service providers.

“There are a lot of times when I have missed something important because of caring for my children.

For example, I used to attend evening classes. There was one day when I had an exam but there was nobody to take care of the children so I had to miss it. I left the course after that. I was really upset not to finish the course. I didn’t continue English lessons for a while after that.” (SR)

iv) Accommodating cultural differences

60.8% “services lacking understanding of important cultural differences.”

“I have tried several times to access ESOL classes, but I was in a mixed class and felt very uncomfortable to attend it.”

“courses that are ladies only”

v) Other issues

Relationships with service providers

Interviewees indicated the **impact of previous negative experiences** of poor service on their relationship with service providers:

“My experience at the Job Centre made me scared of all services, because I thought they would all be the same- that nobody would help me. I felt physically old.” (RH)

Traditional attitudes of respect for professionals were also identified as a barrier to open communication between professional and patient:

“Many think if they go to a service and there’s a professional sitting there that they must be right because they know about the subject and they’ve studied it” (MQ)

“My GP would change my medication every time I said it didn’t work. He never offered me an alternative to medication, so after a while I just lied to my doctor and told him I was better... I wasn’t forced to take medication, but I didn’t want to have a disagreement with the doctor out of respect.” (RH)

Several interviewees also identified **anxiety and low self-confidence** as an obstacle to getting the support they needed:

“My self-confidence was very low so I didn’t feel brave enough to go in anywhere and ask for help.” (RH)

vi) Summary of key obstacles

- **Language barriers** were identified as the most pervasive obstacles to accessing services. Barriers included inconsistent provision of a third party interpreter, difficulty accessing English classes, lack of written information in Dari or Pashto and low self-confidence in speaking English.
- **Lack of knowledge of local services and how to access them** was identified as a key secondary obstacle, in addition to little awareness of rights and entitlement as a service user.
- **Poor relationships with services** due to previous negative experiences, a feeling of not being understood or respected and little opportunity to build a rapport with a named contact were identified as a key obstacle.
- Interviewees identified a lack of service provision that is **compatible with responsibilities as a parent and/or carer**, particularly in relation to education and training opportunities.

5. Strengths and resources of Harrow's Afghan community

Interviewees identified key strengths within the Afghan community in general, and within Nedaye Zan participants in particular.

These included a **strong sense of community among Afghans in Harrow**:

“Afghan people in Harrow are really well connected to each other- it's a close community...They really help each other out. If there was someone new to the area they'd do anything to help them, because they've seen the struggles themselves.” (MQ)

Through this, **word-of-mouth** was recognised as a powerful tool means to spread the word about new services and opportunities. Several interviewees said that it was through personal recommendation from others in the community that they found out about Nedaye Zan's workshops:

“I have invited a lot of women to Nedaye Zan.” (SR)

Several interviewees acknowledged Nedaye Zan's success in creating a **supportive atmosphere and strong group dynamic**, so that women feel they can speak openly about sensitive issues such as mental health:

“I think it's the prevalent view in the community that it's a bad thing to have mental health issues... Whereas now, attending Nedaye Zan workshops, talking about mental health issues and saying it's not something bad- it's something common that everyone is experiencing- [women] feel more free to talk about it, like it's not something negative. They're more open now and they talk about it.” (MQ)

Interviewees also recognised a **sense of solidarity** among Afghan women that will strengthen the Nedaye Zan campaign:

“Afghan women here are very close to each other so if they come together they will be very strong and can help each other out.” (MQ)

Interviewees also expressed that, through their strong connections within the community, Nedaye Zan members felt **able and motivated to generate positive change**:

“I think Afghan women here would react very positively if I became an ambassador for the community. I would be able to influence people...We have to use our experience to make other people aware of what's going on.” (RKZ)

6. Priorities for the “Justice for Afghan Women” campaign

i) Priority activities

In response to the needs of the community and obstacles to accessing services highlighted during the course of this research, activities of the Justice for Afghan Women campaign will focus in the following areas:

a) Tackling social isolation

- The project will provide regular and accessible opportunities for Afghan women to come together in a supportive and relaxed environment
- Nedaye Zan project coordinator and campaigners will work together on outreach activities to include isolated women within the Afghan community in the project's activities.

b) Increasing skills, knowledge and confidence of Nedaye Zan participants

Over the next 3 years Nedaye Zan will provide:

- Regular and accessible English classes for all Nedaye Zan participants
- ESOL workshops focused on topics related to accessing services, eg. communicating with your GP, how to make a benefits enquiry.
- Opportunities for welfare benefits training will be made available for Nedaye Zan participants.
- Nedaye Zan members will be given regular updates on changes to welfare benefits and local service provision.

c) Improving communication with service providers

The campaign will work to strengthen relationships between local services and the Afghan community through:

- Inviting local service providers to attend Nedaye Zan workshops, where they can inform participants of their service, learn about the experiences of the Afghan community and explore together practical ways to make services more accessible.
- Project campaigners and co-ordinator providing presentations and information sessions for local services to improve understand of the Afghan community and their service needs.
- Nedaye Zan project coordinator developing a written resource for local services about the Afghan community.

ii) Campaigning priorities

Nedaye Zan campaigners and project co-ordinator will focus their campaign in the following areas:

- Campaigning for recognition of Dari as a community language so that local services, including Harrow Council, local educational institutions and health services offer Dari translations for leaflets and communications.
- Working with local colleges and educational institutions to improve the provision of English language classes. The campaign will advocate for consistent, affordable and accessible English classes for local Afghan women.

7. Conclusion

i) Going forward

Having identified the priorities for the Justice for Afghan Women campaign over the next 3 years, Nedaye Zan and Mind in Harrow are looking forward to working collaboratively with local service providers across Harrow to improve the experience of Afghan women when accessing public services.

For the campaign to achieve its objectives, we are committed equally to building the capacity of local Afghan women and to supporting local services to explore ways within their capacity to achieve these objectives.

ii) Monitoring success

Over the next 3 years, activities connected to the Justice for Afghan Women campaign such as ESOL classes and Nedaye Zan information workshops will be subject to consistent evaluation.

Towards the end of the 3 year period, additional research will be carried out to evaluate the campaign's impact. This will include review interviews with participants in this initial research, a survey of campaign participants and consultation with service providers.

8. Acknowledgements

We would like to thank all of the Nedaye Zan service users who gave their time to participate in this research.

Rahima, 53

Rahima lives in Harrow with her husband and four children. She is an engineering graduate with a Master's degree in electrical engineering from Kabul University.

Rahima has lived in the UK since 2007.

In the two years I've been attending Nedaye Zan my mental health has improved a lot.

Before, I felt very isolated.

Through Nedaye Zan I got to meet a lot of women and we're in touch with each other outside of the classes too.

I feel better mentally and physically.

Experiences accessing services

I had a lot of chest pain, other pains. I would go to the GP about that. But I **didn't know I could talk to the GP about how I was feeling.**

Because of the **language barrier and trust issues** I didn't speak to anyone.

Education & Training

I really want to learn English. I **attend most of the free classes I hear about.** I've been to Harrow College for classes there too but they **told me I couldn't join because I already did a course there in 2011.**

It's difficult to progress from one level to another. I do want to but I haven't had the opportunity.

Key needs

The main support I would need to become an advocate for Afghan women is with the **language.**

If Nedaye Zan could have more facilities that would improve a lot of the **problems that women are facing, especially stress, anxiety and [low] self-confidence.**

And there'd be more interaction among the women. Also the women can share their own experience, for example a facility for sewing.

Rona, 48

Rona is an Afghan refugee living in Harrow with her children and husband. She came to the UK from Denmark 5 years ago.

Rona is a qualified pharmacist but has been unable to find work in the UK due to language barriers and difficulties navigating the job market.

Rona has suffered from depression and physical health problems while in the UK and feels it has been very difficult to get adequate support.

Rona is a volunteer for Nedaye Zan and is keen to campaign to improve local services for refugee women.

Mental health services

I had a lot of mental health issues. I went to my GP to ask for therapy or to talk to someone.

I asked if I could be referred to a Farsi speaker so they could understand my issues better, but they referred me to an English speaker.

I went to the counselling sessions but it didn't make much difference because I couldn't explain everything. There was no interpreter.

Welfare benefits

I was having a lot of problems with the Job Centre, and sometimes I would cry in front of my children.

One day we were in the car and my daughter saw the Job Centre sign. She covered my eyes and said "don't look over there- you'll be really upset".

It would have made a big difference if I had understood the system at the time.

My experience at the Job Centre made me scared of all services, because I thought they would all be the same- that nobody would help me. It made me feel physically old.

Understanding the system

It would be very helpful to have some **training about who to talk to when we have a problem**, about understanding the different systems.

At the moment we don't know where to go.

Language

It's difficult for us women. We feel like we are fools, like we are not educated, whereas [the men] have been educated back home. So it's difficult to get our point-of-view across.

We have a lot of ideas but we can't share them because we don't know the language.

Maryam, 24

Maryam left Afghanistan with her family as a small child, when they moved to Russia and then Holland, before settling in the UK.

Maryam speaks Farsi, English and Dutch and is a graduate of Architecture. She lives in Harrow with her parents and older siblings.

Education

The school should have known that coming from another country my English wasn't very good.

They should have given me extra support, like after school. Especially at that age with GCSEs coming up. They did give me a subject called Additional English but that wasn't enough for me.

I needed more support but they didn't pay that much attention.

Housing

It was the financial support that really started to change things for us- to allow us to start to feel settled. We were struggling with the rent and we didn't know that we could ask for help.

When our housing was fixed, and our school we could start having our own individual lives.

Language

Because parents lack language they can't work, so the children basically have to work to support the family. It's common among the Afghan community, especially as a single-parent family, the children will help a lot.

The parents' **experiences affects the children a lot**, because you live in the house [with them] and you're connected to them, and you care about your parents a lot, seeing them upset or if they're worried about something.

Asefa, 48

Asefa came to England from Kabul in 2010. She lives in Harrow with her husband and their 3 sons.

Asefa is the primary carer for her disabled husband and spends most of her time caring for him.

The family's main source of income is from their 2 grown-up sons, who work several jobs each. Asefa also receives Carer's Allowance.

Asefa also suffers from chronic back pain.

Asefa is still struggling to find the right support for herself and her husband.

Experience of Nedaye Zan

Before I knew these women, I did have my family but everyone was busy with their own life.

I was stressed at home and didn't have anyone [to talk to]. I was mostly at home, feeling depressed.

Things are a lot better now. The women who come to Nedaye Zan are my personal friends now.

This year my husband had a seizure and fell in the house when I wasn't there. Now I don't want to leave him alone.

It would be really helpful if someone could come look after my husband for a while because I really want to learn English and I need some time for myself. I've stopped going to my ESOL classes [because of the recent accident].

But I worry that if we had a carer for my husband our benefits will be stopped. It would be difficult for us to be financially stable [without carer's allowance].

I've never asked for help and I wouldn't know where to ask. My son doesn't know either.

This is the biggest problem, not knowing where to find help.

I never go anywhere on my own [to get help] because I don't know who to talk to and how.

I don't understand the benefits system. I rely on my son.

It would be easier if there was somebody who could explain the system to me. If I knew the language and was aware of everything I would have done everything myself.

It's really difficult having to take someone with you to translate all the time. I really want to learn English and do everything myself.

It's difficult for my son [always having to translate], it interferes with his life. But he doesn't really have any other option- his dad is ill and his mum doesn't know English.

It's very difficult organising an appointment [with the GP] because we can only go when my son is free.