

APPENDIX

SANDWELL COUNCIL OF SIKH GURDWARAS



**Health Needs of the
Sikh Community in
Sandwell**

August 2001

Funded by:

SANDWELL HEALTH ACTION ZONE



ACKNOWLEDGEMENT

The organisation would firstly like to thank Sandwell Health Action Zone for providing the funds to complete this research and subsequently forming this report.

A special thanks goes to Saba Rai from the Health Partnership Team for her on going support throughout the project.

We would also like to thank all the other organisations and individuals who have contributed to the research and this final report.

SUMMARY

Following informal discussions at the local Gurdwaras in Sandwell it was identified that the Sikh community require provisions to assist them in accessing health services. Sikhs were finding it difficult to access health services due to a number of factors; the most common were as follows:

- Language barriers
- Indirect/direct racism
- Poor staff attitudes
- Transport difficulties
- Lack of education about services provided throughout Sandwell
- Lack of bi-lingual health information
- Government taking no proactive steps to assist Sikhs in healthy living
- Lack of staff who are culturally and religiously sensitive towards Sikhs

Due to these factors it has been identified that the Sikh community in Sandwell are deprived of health services available.

Poor health has resulted in a negative effect in other aspects of life for the Sikhs, i.e. low self esteem, depression, lack of confidence. This consequently affects areas such as employment, education and social life, for example, Sikhs suffering from such factors are more likely to be unemployed or employed in low paid manual work.

From these discussion groups it was proposed to the health authority that a research be undertaken to specifically identify the health needs of the Sikh community in Sandwell. From a successful bid the Sandwell Health Authority decided to fund a consultation under the Sandwell Community Health Network initiative.

TABLE OF CONTENTS

<u>CONTENTS</u>	<u>PAGE</u>
INTRODUCTION	1
METHODOLOGY	3
ANALYSIS OF DATA	5
YOUTH WORKSHOPS	15
CONCLUSION	21
DISCUSSIONS	23
RECOMMENDATIONS	24
GLOSSARY	29
APPENDIX	
APPENDIX 1 – ENGLISH QUESTIONNAIRE	
APPENDIX 2 – TRANSLATED QUESTIONNAIRE	
APPENDIX 3 – SAMPLE OF DATA COLLATED	

INTRODUCTION

Sikhs as an ethnic minority are of high capacity in the Sandwell borough. Throughout Sandwell Sikhs are arguably the largest ethnic minority group, the 1991 census did not provide Sikhs with a separate identity therefore Sikhs registered under the 'Indian' category so exact figures are difficult to present. However the 2001 census does provide Sikhs with a separate identity and will provide vital information benefiting the Sikhs, unfortunately this information will not be available until 2002.

Sikhs in Sandwell range from toddlers to pensioners and come from a range of backgrounds. Many older Sikhs migrated from India whereas the younger generations were born and raised in Sandwell. Sikhs have continued to play an integral role in Sandwell through contributing positively to the economy for example; many Sikhs have formed successful businesses, which provide employment.

There are now 7 Sikh Gurdwaras in sandwell, 3 in Smethwick, 2 in West Bromwich and 2 in Oldbury. From the total population it was identified within the research that approximately 95% attend the Gurdwara on a regular basis. It has been identified that the elders visit the Gurdwara every day whereas others tend to visit 2-3 times a week, once a week or on special occasions.

Without doubt the Sikh population treat the Gurdwara as more than a place of worship. For the elders it is place for them to socialize and confide personal problems and concerns, youngsters are continually voicing for youth clubs, advice and guidance and other social events. However Gurdwaras are now experiencing problems, as they do not have the facilities or qualified staff to deal with issues such as child care facilities, advocacy services, employment services amongst many more, which all require specific attention.

One of the main concerns for the Sikh community has been around health provisions as it is generally perceived that many Asians pass away due to neglect of healthy living

lifestyles. As mentioned earlier informal discussions with elders and youngsters at the Gurdwaras led to this health needs assessment. These talks highlighted an on going problem not necessarily related to health issues alone. Sikhs, particular the older generation, find it difficult to access mainstream services, this as mentioned in the summary is resulting from a number of factors, i.e. language problems, transport difficulties, lack of Sikh staff (particularly women) who are culturally and religiously sensitive.

Currently there are little or no provisions aimed specifically at the Sikh community in Sandwell, which results in deprivation of services for the Sikhs.

The authorities has no clear or implemented identification or strategy to meet the needs of the Sikh community, therefore it is imperative that the Sikh community give feedback through researches, such as this one to the appropriate bodies.

Therefore the Sandwell Council of Sikh Gurdwaras (SCSG) has now prepared this report in order to substantiate the claim that Sikhs in Sandwell require health provisions.

METHODOLOGY

In order to complete the research 3 stages were identified. The first stage was to collate quantitative data, the second stage was to analyze this data and the third stage was to produce a report from the analysis.

The aim of the first stage was to gain mass data within a small span of time; this was due to lack of time and constraints placed by the funding body. Therefore we designed a questionnaire, as this was the most practical course of action. The questionnaire was designed to provide as much information as possible from the individual regarding health and other social issues. Due to the sensitive subject being researched we felt confidentiality was imperative, therefore respondents would have the option of either filling the questionnaire themselves or gaining assistance from the sessional workers. The questionnaire was devised in both English and Punjabi, sample questionnaires can be viewed in the appendix.

The questionnaire consisted of both open and closed questions. The closed questions allowed efficiency and prevention of redundant data, whereas the open questions allowed the expansion of expression, views and concerns. However, at this point we did not require an in-depth insight to emotions of the respondent, therefore open questions were also somewhat controlled. We were also aware that the questionnaire should not be leading, presumptive or offensive in any way, careful planning was important.

The questionnaire was divided into different topics aiming to deliver precise and relevant information. In addition to health questions other social factors were touched on, this is due to the fact that a number of social factors can also have an effect on health issues, i.e. employment, housing.

The target set for completed questionnaires was 375. The questionnaires were completed through attending each Sikh Gurdwara in Sandwell, Sunday was seen as the most appropriate day as more congregation tend to be present at this time of the week. Each

Gurdwara announced our research on stage at the appropriate peak time, we also advertised prior to the research throughout the Gurdwaras.

The 7 Gurdwaras in Sandwell fall into 3 towns within the borough, the target set for completed questionnaires within each of the towns was as follows, Smethwick 180, West Bromwich 100 and Oldbury 95. The variation of each target was set in accordance with the amount of visitors at each Gurdwara. For example Smethwick Gurdwaras tends to attract more of the population than West Bromwich or Oldbury, this could be due to the fact that throughout the borough more Sikhs are residing in Smethwick than the other towns.

In addition to the 7 research days at the Gurdwaras we also arranged 4 youth workshops for under 16s only. As the questionnaire was complex for youngsters we felt the workshops would be a practical way of gaining information from the younger generation. The workshops were of an open discussion format conducted by the sessional workers and consisted of 15 children per workshop. The workers used the questionnaire as a basis to follow and to generate discussion; feedback was recorded on a flipchart.

It was important that the sessional workers were sensitive to the issues being discussed in order to emanate data from the respondents. Workers were therefore provided with a days briefing on how to conduct the questionnaires, all sessional workers were bi-lingual in English and Punjabi.

In terms of covering ethical issues the questionnaire stated a paragraph assuring the respondents that all information was confidential and each questionnaire will remain anonymous. The assurance of anonymity always encourages people to respond and participate fully.

The questionnaire also had a tear off slip on the last page, which gave the respondents an opportunity to request further information on any aspects discussed in the questions.

ANALYSIS OF DATA

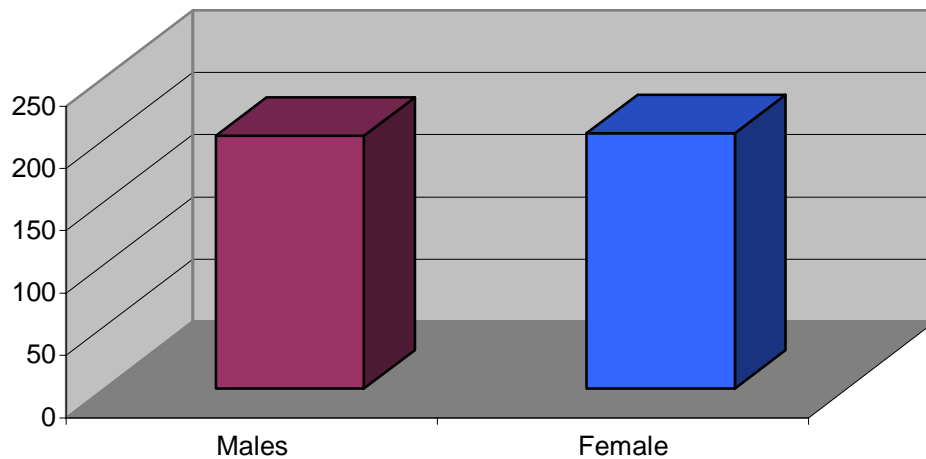
Total amount of respondents for this research including the youth workshops totaled 408. As mentioned the target set was 375, however only 348 completed questionnaires was achieved, this was due to lack of time restraint on the project. Appropriate stands were placed in the key areas of each Gurdwara so that the congregation passing by could complete the forms.

Demographic information

Before providing an in depth analysis of the data emanated from the research, it is important to highlight some background details of the respondents.

After completing all the research the spilt between males and females was fairly even, Fig 1 illustrates this.

Fig1: Split of sexes

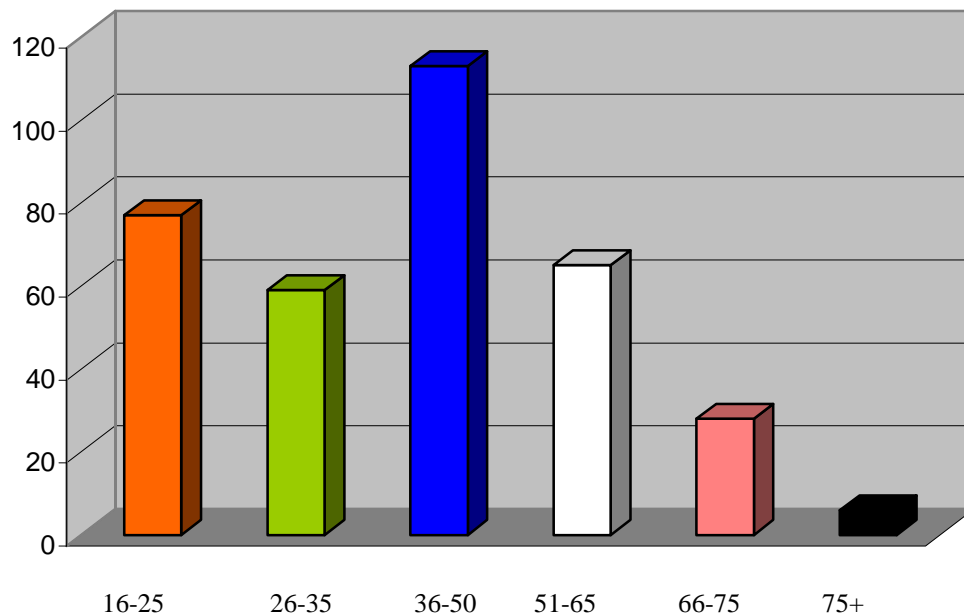


The actual figures including the youth workshops were males 203 and females 205, this converts to 50% males and 50% females. This is not surprising as both Sikh men and women equally visit the Sikh Gurdwaras on a regular basis This even spilt is ideal as we

can evaluate the research on the basis that we have responses of even balance. The final analysis can be accepted as a voice from both men and women.

It is also important to identify the age ranges of the respondents, as this will determine which groups are more concerned about health issues. Fig 2 provides us with this breakdown. It is evident from the graph that a cross section of ages were questioned, again this is ideal, as it will provide us with a wider perspective and more precise analysis.

Fig 2: Age breakdown

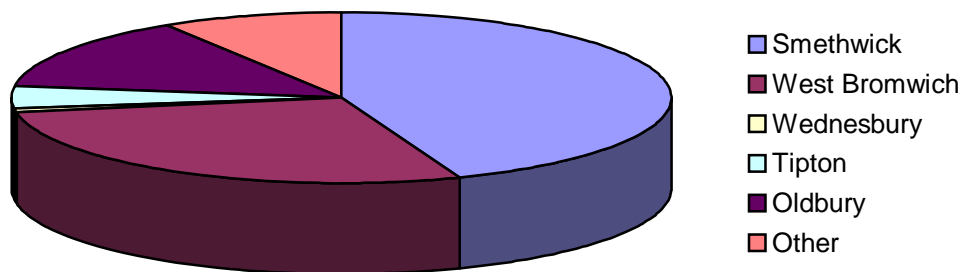


From the total amount of respondents 77 (22%) were from the age group of 16-25, this consisted of 37 males and 40 females. The highest response rate came from the 36-50 age group, they totaled 113 (32%) and consisted of 56 males and 57 females. This high percentage was expected, as it is common for this age group to have more queries about health as they move into middle/old age. 65 (19%) respondents came from the 51-65 age group, which were made up of 23 males and 42 females. followed closely by the 26-35 group who gave a contribution of 59 (17%) response and consisted of 36 males and 23 females. Age group of 66-75 made up 28 (8%) responses, with the respondents being 7 males and 21 females. The least amount of respondents came from 75+, which was 6

(2%) and consisted of 4 males and 2 females. The youth workshops had a fixed amount of 15 per workshop, totaling 60 over 4 workshops.

The questionnaire analysis also identified that the majority of respondents came from the Smethwick area, with the remainder residing in many different area of Sandwell. It is not surprising that Smethwick area received the most respondents, as higher targets were set for this town as it has a high population of Sikhs.

Fig 3: Breakdown of Areas



Looking at the diagram above you can see that from the 348 individual interviewed 154 respondents lived in the Smethwick area, 97 from West Bromwich, 15 from Tipton, 48 from Oldbury and 34 came form other areas within Sandwell. It is important not to be falsified by these figures as it was evident throughout the research that people visiting Gurdwaras in one town may well be residing in another town within the borough. So by placing health services at each of the Gurdwaras it is evident that the Sikh community is willing to travel in order to access various facilities that will cater for their needs and overcome social and economical barriers.

However, it was noted that the majority of people traveling across the borough were from younger age groups; this indicated that the older generation are unable to travel across the borough so services need to be available on a local basis. Local initiatives have already proven to be successful in the past; for example, Sandwell Sikh Community and Youth Forum coordinated a Punjabi elders mobility project that transports the elderly community to their local Gurdwaras. But however when the question was raised about

this local initiative, from the project target groups of 51-65 and 66-75 only 8 people used this service out of the total 87 and 53 were not even aware of this service. This shows lack of awareness of services available and if the community at large were to become aware of these services the demand would be greater.

The majority of people did not live alone and were sharing with children, parents and other relatives and would not have trouble with transporting around the borough. However a total of 41 were living alone, from which 25 were of the older age groups, i.e. 51-65 and 66-75. They most likely consisted of widower's and this group would find difficulties to commute across the borough. Living alone can also add to illnesses such as depression, particularly amongst the elder generation.

The marital status of respondents indicated that the majority (227) was married. This could link to the fact that the majority of respondents were in the age groups of 26-35 and 36-50, which is generally seen as the age where a person is settled in family life. Also it is commonly know within the Sikh culture for the community to enter marriage around this age. 72 respondents were single; this figure most likely resulted from the large response from the 16-25 age group where marriage is not too common. Widowed and separated figures was low as this is infrequent within the Sikh community, however it could be due to the culture that certain respondents did not feel comfortable informing that they were separated.

Majority of respondents were employed full time, both males and females. Again this most likely was determined by the fact that the majority of respondents were middle-aged and will be in steady full time employment. This is common, as people at this age will tend to have many responsibilities such as children, mortgage, debts etc.

Gurdwara attendance was also looked at within the questionnaire, as it was important to determine exactly how often the respondents attend the Gurdwara. From determining this we will be more clear whether it is worth while setting up services within the Gurdwaras,

i.e. if there is low attendance it would be a waste of resources to initiate projects whereas if attendance was high projects would be more likely to be successful.

A majority of 124 commented that they attend the Gurdwara everyday, 119 visit at least once a week and 76 respondents stated they visit 2-3 times a week, 20 only visited on special occasions. The best part of the 124 everyday group were from the older age groups and made up 65, they were also mainly females. This links back to employment, as it is most likely that these people attending everyday are those retired residents some of whom are widowers. These age groups demand the most from the Gurdwaras as they need more attention and care.

Health sufferers attending the Gurdwara

The research has already identified the vast amount of people attending the Gurdwara on a regular basis, which allows us to realize the potential of addressing the issues of these people without starting from the initial stage of reaching the public, in other words the crowd is already present. It is now important to identify the needs of these people, and firstly what illnesses are these people actually suffering from.

The research proved that a cross section of people are suffering from a variety of illnesses. From the total amount of participants of the research 65.7% were suffering from at least 1 of the illnesses listed in the questionnaire. Many of these sufferers actually suffered from a number of illnesses. The majority of these sufferers also stated that they attended the Gurdwara on a regular basis.

Table 1 below illustrates the exact numbers suffering and from which illnesses:

Depression	125
CHD/Stroke	85
High/Low blood Pressure	83
Arthritis	67
Eye Problems	63
Asthma	47

Stress	46
None of the above	42
Physical Disabilities	36
Angina	25
Weight Problems	19
Bronchitis	18
Cancer	9
Parkinson	7
Alzheimer	7
Any other	0

The table shows the most common suffering amongst the community is depression. As expected CHD/Stroke were of high numbers as this suffering is fairly common in the general Asian community, particularly with the elder generation.

The illnesses have now been identified, it is now important to identify by which methods are the community addressing their sufferings i.e. GPs, hospitals, clinics etc. Question 12 addressed this query. It not only asked which services are the community are using but also are they actually aware of these facilities.

Table 2 provides us with the data on which facilities the community are accessing.

	Using	Aware of	Not aware of
Doctor	281	22	2
District Nurse	43	130	91
Health Visitor	29	140	97
Diabetes Clinic	23	130	104
Asthma clinic	16	123	122
Anchor	69	180	1
Aquaris	0	60	191

Discharge Planning	1	60	193
Home help	6	88	160
Punjabi Advocate	10	100	143
Meals on Wheels	4	105	146
Social Worker	5	136	115
Dietician	5	124	128
Physiotherapist	8	122	121

The table above provides us with statistical evidence that there is a low uptake of services amongst the Sikh community. Although there are many illnesses the community are not utilizing the facilities for different reasons. For example the survey showed from the respondents 47 suffer from asthma, whereas only 16 of those sufferers are accessing the asthma clinic. Many people are deprived of the services simply because they are not aware of the facilities available to themselves, i.e. 160 people were not aware of home help.

It is evident through this research that many people are finding it difficult to access services available to them for a number of reasons. When surveyed the responses for difficulties fell into a similar categories. The most common factors causing difficulties included:

- Language barriers – many elders are unable to speak English and therefore are somewhat afraid to use the services.
- Poor/racist staff attitudes at respective institutions – insensitive attitudes from staff within institutions was also identified as a major difficulty.
- Long waiting periods – this can sometimes prevent people from using services, particularly the older generation as they physically unable to wait in long queues.
- Lack of transport – if the community have no transport that takes them to the services they will be unable to access the facilities. This is particularly a problem with the elders as they are unable to use public transport due to physical disabilities.

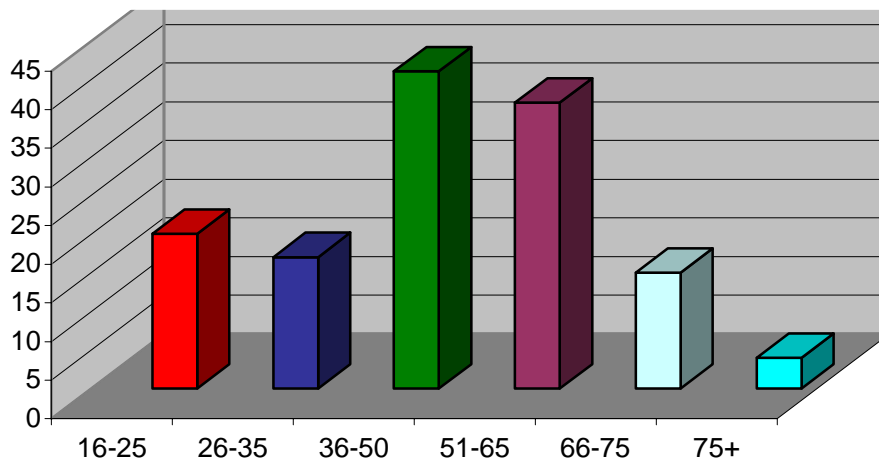
- Certain centres/facilities lack cultural and religious sensitivity – if institutions do not show cultural and religious sensitiveness the Sikh community tend to be put off accessing services.

The organizations needs to work closely with the Gurdwara to increase the knowledge of the services available to them, this way the community will be more aware and will consequently use the services more. At present there is a lack of networking and partnerships between the Gurdwaras and the other voluntary and community organizations.

Facilities requested

Question 16 of the research question was which other services respondents would like to see taking place within the Gurdwara. The services listed encapsulated a number of health projects i.e. day care for the elderly, gym and fitness classes etc. The list also included projects such as advice and counseling in domestic issues. From the analysis it was identified 134 people of the total respondents would like to see all the services mentioned in the questionnaire take place at the Gurdwara. Figure 4 illustrates the age breakdown of the 134 people.

Fig 4: Age breakdown of people requesting all the services listed on the questionnaire



The research showed a further 64 respondents ticked more than 6 options in which activities they would like to see. This provides us with evidence that the community generally would like to see a number of new services within the Gurdwaras.

From the remainder 150 many respondents ticked several options, only a very few expressed that no further services are required within the Gurdwaras.

Depending on the age the services requested varied, generally speaking the younger age groups requested activities such as Gym and Fitness classes, women's only training, youth clubs, library, information points etc. The majority of services requested by the elder groups were health related, i.e. health screening, health education, alternative therapies, day care for elderly. The middle-aged groups opted for services such as training and education, counseling/mediation, advice workers and child care/crèche facilities.

Community Facilities in Sandwell

As Sandwell is classed as a highly deprived area local authorities and other bodies have formed a number of provisions and regenerating initiatives. However, for reasons mentioned earlier Sikhs are not accessing these services and are therefore deprived of opportunities and benefits.

From the numerous voluntary projects based in Sandwell it was important to identify which projects the Sikhs are aware of and which they actually utilize.

Table 3 provides a breakdown:

Organizations*	Know of	Used	Not aware
SSCYF	141	26	148
SCSG	143	26	145
ASRA	173	14	126
HWESG	87	6	208
BWSG	65	4	227
AWBSG	79	11	208

SARP	69	5	227
APNA HOME	56	3	237
KUSHI	38	1	256
AKASH	42	4	248
HUMDARD	38	3	252
SAFS	48	4	245
SAA	36	1	253
SEMUF	32	1	261
BEECHESR	29	2	262
STEP	21	1	270

** - Please refer to glossary (p.29) for full organization/project names.*

You can see from the above table the column displaying the figures of how many people are using the services is very low. It is clearly evident that awareness amongst the community is required and the Gurdwaras being a central place for congregation is an ideal channel for communication and raising awareness.

YOUTH WORKSHOPS

This section of the report will look at the analysis taken from the 4 youth workshops. As these workshops were constructed in an open discussion format there was no hard statistics to evaluate. The data processed from these workshops were recorded on to A1 flipcharts; therefore this section will look at those results and give an analysis in a descriptive manner. The questions asked were similar to those contained in the questionnaire.

Q.1 “What advice do you currently receive around health, where and who from?”

From the workshop responses we noticed many similarities. Many children expressed little or none health advice provided. The small amount of health advice they did receive usually came from the following sources:

- Schools
- GPs
- Health clinics i.e. opticians, dentist

This information was more commonly in the form of descriptive leaflets, which were too complex for children to read and understand. An important point to note is that all this information was only communicated in a passive manner. The information was available if the children want to access it, i.e. if children were passing a display or poster in a clinic they could view the information. There seemed to be no proactive activity of delivering information, i.e. there was no evidence of one to one communication with the children, there was no health seminars providing relevant information, there was no mention of health workers delivering talks to specific groups on specific issues. The children explained that they felt they were not receiving the message of how important health is.

Q.2 “What do you see as the main health issues effecting young Punjabi people?”

This question delivered the most common issues regarding teenagers, i.e.:

- Asthma
- Diabetes
- Bulimia
- Anorexia
- Dietary problems

There were also 2 other major concerns amongst the children. This was the amount of oily products they consume in their daily diets, the main source coming from traditional Indian home cooking. And the lack of emphasis in the community of keeping fit and taking part in physical exercise.

Q.3 “Do you think you receive sufficient information on health? What other type of information would you like to see?”

Generally the response to this was there was not sufficient relevant information. The leaflets available seem to be descriptive and not culturally sensitive. The children expressed their desire to speak to a health person on an individual basis and to take part in health seminars organized partly by themselves; this allows them to have a voice about their concerns.

Q.4 “Do you think Gurdwaras should do more when it comes to health issues, if so what?”

The children heavily emphasized health workshops at the Gurdwaras. More booklets and leaflets geared towards young Punjabi people should be readily available at the Gurdwaras. It was also mentioned that the parents needed some form of health education in order to understand the well being of the children. It seemed that Sikh parents do not

communicate the importance of a good diet and taking part in physical activity to their children.

Q.5 “What is the effect of drink on young people?”

The children provided different answers, however these answers were looking at short time effect only. For example, many children explained that a young person could be sick after drinking or that they cannot concentrate at school. They did not express any long-term effects such as depression, addiction, negative effect on academic work.

Q.6 “What is the effect of drugs on young people?”

The children were more aware of long term problems faced by drug abusers. Many problems were mentioned, including family problems, addiction, depression, turning to crime to feed habit, self infliction i.e. suicide, health problems, loss of weight.

Q.7 “What is the effect of smoking on young people?”

Again the youngsters were quite informed of the long-term consequences of smoking. Main points made were addiction and damage to health.

Q.8 “Why do they do these activities at such a young age?”

This was the key question to the above questions. From the discussions many issues were identified. The children felt peer pressure to be the most significant factor contributing to young people engaging in activities such as alcohol and drug abuse. The children also felt that pressures from home lead to these activities, this could result from the child coming from an insecure background or from a deprived family. Other points included children trying to gain a ‘cool’ image or attempting to gain respect from others through these activities. Children also felt that role models were not setting good examples, these role models were for example footballers, pop stars and film stars.

Q.9 “How can we reduce these activities amongst young people?”

The children expressed how it is important for children consuming alcohol or taking drugs to have access to a person who can listen and address their problems, i.e. a councilor or health worker. The children felt that the Gurdwaras should provide such service as it is regularly used by people of all ages. This allocated person could provide emotional support to the child who seeks help; they could also provide advice and literature on the issue being tackled. The children also suggested health workshops and seminars within the Gurdwara as a means of communicating information and distributing literature. Within these seminars and workshops the children could take part in a discussion group facilitated by the health worker and address problems and concerns.

Q.10 “What services are you aware of in the community offering advice and guidance for Sikhs in Sandwell?”

The children were not too aware of the services provided throughout Sandwell. They felt that the Gurdwaras should communicate these services to the congregation, and more importantly try to provide these services within the Gurdwara itself. As the children were not aware of the services they felt they were missing out on opportunities. In addition to this many of the services were not local to the children so they were not accessible, hence the children stressed the need for these services to be provided within the Gurdwaras.

Q.11 “What methods of information/awareness would you like to see that would have a beneficial impact on health of young people?”

The children made many good suggestions which undoubtedly would have a positive effect on these young people. The suggestions mentioned included health workers at the Gurdwaras, workshops and seminars at the Gurdwaras, more information in schools and libraries, Gurdwara libraries, information on the Internet, role-playing, aerobics, martial arts and fitness classes at the Gurdwaras. Many of these suggestions were linked in with

the Gurdwaras as children wanted to access these services from their own local Gurdwara.

Q.12 “Do you see the health of young people improving?”

The answer to this question was clearly no. The children felt that if trends were not changed the young people of now and the future would delve deeper into drugs and alcohol. The Sikh children and Sikh parents need to be educated about the effects of neglecting health. Parents who have emigrated from India and carry that culture require particular attention to healthy eating and its effect.

The effects of peer pressure and role models also needs to be addressed. Many older children taking part in smoking and drinking pass on a negative effect to younger children, particularly as the young are vulnerable to impressionism and they tend to form idols very quickly.

Analysis of Youth Workshops

It is evident from the research gathered that the youth require more provisions when addressing health issues. The majority of children requested health workers located at the Gurdwaras and classes in fitness, aerobics and martial arts. These type of classes help build confidence and consequently prevent the need for drugs or alcohol. Health workers, fitness classes and other related activities all contribute to a healthier lifestyle.

Educating the parents was also identified as important as it will have a positive effect on their children. The children questioned all stated that they had a poor diet, many of the traditional Indian dishes are high in cholesterol and therefore hazardous to a youngsters health, it seemed that the parents were not considering this factor in their child’s diet.

The children seemed to have no encouragement in taking part in physical activities from their parents or community. It was evident that the children were eager to participate in physical activities but were restricted because of lack of services. The children felt that

the Gurdwara was an appropriate venue to provide a range of physical activities. A Gurdwara providing these facilities would be culturally and religiously sensitive therefore both children and parents would feel safe in this environment. The Gurdwaras are also regularly visited by many people, which makes it an ideal location to host activities and event.

Issues such as crime reduction would also be tackled by providing services for youth i.e. youth club, workers and gym to encourage uptake of activities in a secure and positive environment. By engaging the youth in such activities their time will be used in amore constructive manner rather than engaging in negative activities such as crime.

CONCLUSION

Overall the research identified numerous health problems within the Sikh community. Problems are evident amongst all age groups and both genders.

The respondents were evenly split between the genders and came from a range of ages. The majority of respondents came from the Smethwick area with the remainder spread out over the borough throughout the various towns. Almost two thirds of the respondents were married with a very small amount single, divorced or separated. The majority of respondents both males and females were employed full time.

It was identified in the research that 124 respondents visited the Gurdwara everyday, with the remainder visiting either 2-3 times a week, once a week or on special occasions. This provides factual evidence that if projects were to be initiated in the Gurdwaras there would be an audience already in place and demanding the services, therefore the projects and services would succeed.

The research provided statistical evidence that a cross section of people are suffering from a number of illnesses, precisely 65.7% were suffering from at least 1 of the illnesses listed in the questionnaire. From performing a crosstab on illnesses and attendance at the Gurdwara it was identified that many of the people suffering from illnesses actually attend the Gurdwara on a regular basis if not everyday. The most common illness was identified to be depression followed by heart problems i.e. CHD/Stroke.

The research highlighted many institutions and clinics that provide treatment for a variety of illnesses, however from the response it was evident that within the Sikh community there was a low up take of these services. When exploring the issues of why there is a low uptake of services the most common reasons were language barriers, poor/racist staff attitudes, long waiting periods, lack of transport and certain centres/facilities lacked cultural and religiously sensitivity.

The interviewees were questioned whether they would like to see more services provided within the Gurdwaras and which services they require. From the response 134 respondents wished to see all the services listed within the questionnaire, these ranged from health related services to advice and counseling in domestic matters. The community facilities in Sandwell i.e. voluntary/community organizations are also not being fully utilized by the Sikh community and many of the reasons for this were similar to the reasons why they do not access statutory services, i.e. GPs.

The youth workshops addressed many issues specifically related to people under the age of 16. These children realized the potential dangers and negative effects of substances such as drugs, but felt not sufficient awareness was taking place. The children felt the Gurdwara was an ideal location as it promoted good practices and principles, and it was also regularly visited by young people, which reduced problems such as accessing the target group.

Overall this report has identified a number of problems, the key groups suffering are women, youth and elders.

DISCUSSIONS

Following the completion of this research it was imperative to form recommendations on which a number of organizations could take action in order to cater for the needs identified in this report.

Therefore discussions were held with key stakeholders to gain a wide spectrum of opinions from which we could tease out the most appropriate, practical and feasible recommendations. Key stakeholders who assisted in forming the recommendations consisted of:

- Members of the management committees of each Gurdwara in Sandwell,
- Committee members from SCSG
- Sandwell Sikh Community & Youth Forum
- Guru Nanak Community Centre
- Smethwick Youth Centre
- Sandwell health authority
- Sandwell Ethnic Minority Umbrella Forum (SEMUF)
- Agewell

RECOMMENDATIONS

Following input from the key stakeholders the recommendations were categorized into 4 areas, elderly, youth, women and the community as a whole. From this each category formed recommendations for short, medium and long-term periods.

The recommendations were categorized in this way as it was commonly agreed that in order to tackle the problems recognized the strategic plans for the future will vary depending on the age group and specific problems faced by different groups of the community. For example, youth face different problems than that of women, although certain barriers are common amongst the cross section of the community certain groups require specific provisions.

In addition to this it was also important for the Sikh community to set realistic goals, which could be achieved and bring benefit to the community. Therefore targets were identified which covered short, medium and long-term achievements.

These recommendations are aimed predominately towards the Gurdwaras and Sikh community centers; i.e. they should be at the forefront in taking action to meet these recommendations

Elderly

The elderly generation is probably the most troubled age group throughout the Sikh community when addressing health issues. The following recommendations have resulted from this consultation:

- Provide Sikh health workers who are religiously and culturally sensitive to the needs of this age group. They will provide services such as advocacy.
- Transport provisions to escort the elders to services and religious centers.
- Home visiting services to regularly check on the elders and also provide company and a friend figure to prevent isolation and depression.

- Health services available at Gurdwaras where the users are comfortable in appropriate environment.

<u>SHORT TERM</u>	<u>MEDIUM TERM</u>	<u>LONG TERM</u>
<ul style="list-style-type: none"> • Create links with organizations that provide services for elders. • Look at funding to initiate lasting projects • Continue further consultations • Form and facilitate elders group within Gurdwaras and community centers • need to create awareness of local initiatives that can benefit the elders • Invite organizations to the Gurdwaras and community centers and let them inform the elders themselves of their services i.e. Agewell 	<ul style="list-style-type: none"> • Secure funding • Recruit staff sensitive to Sikh culture and religion • Recruit volunteers to assist staff • Provide provisions for elders via networking with other organizations and tapping into their services. • Continue consultations 	<ul style="list-style-type: none"> • Provide range of services and projects within Gurdwaras and community centers. • Gain sustainability and stability in providing on going services for the elder community in Sandwell by securing sufficient funds • Continue consultations

Youth

The questionnaires and the youth workshops identified a number of growing problems, which require a remedy as soon as possible. Identified recommendations relating to the youngsters is as follows:

- More health awareness throughout the Gurdwaras. The Gurdwaras are an ideal location to channel communications as youngsters visit their local religious centre on a regular basis.
- More Sikh workers who can relate to the youngsters by understanding the culture and pressures the young Sikh community face. Youth workers would be able to expand their role and cover other aspects encapsulating health issues.
- More literature informing youngsters of health issues, information needs to be available in suitable locations, i.e. Gurdwaras, schools, youth clubs.

- Youngsters need to be encouraged to take up sports and other physical activities, and informed of the positive effects of exercising regularly.
- Parents need to be educated in how to bring up their children in a healthy manner. This needs to take place throughout the Gurdwaras as the majority of the elder generation cannot speak English and need to be in a familiar environment which is religiously and culturally sensitive
- Specific concentration is required on issues such as alcohol and drug abuse. More seminars and workshops in the Gurdwaras on a regular basis are required.
- Gurdwaras need to establish classes in areas such as keep fit, self-defence, aerobics etc.

<u>SHORT TERM</u>	<u>MEDIUM TERM</u>	<u>LONG TERM</u>
<ul style="list-style-type: none"> • Organize more health workshops aimed specially at the youth. • Form and facilitate youth and parent groups within Gurdwaras and community centers • Tap into mainstream services to organize activities for the youth • Continue consultations • Look at funding to initiate projects • need to create awareness of local initiatives that can benefit the youth • Invite organizations to the Gurdwaras and community centers and let the organizations inform the youth themselves of their services. i.e. youth services 	<ul style="list-style-type: none"> • Secure funding for projects • Recruit staff sensitive to the Sikh youth needs. • Recruit volunteers • Start to provide activities within Gurdwaras, i.e. gymnasiums • Get youth representatives on local initiatives • Continue consultations 	<ul style="list-style-type: none"> • Provide whole range of services for the youth within the Gurdwaras • Gain further funding to ensure ongoing projects • Continue consultations

Women

Women throughout the Sikh community require services and facilities, which are specifically aimed towards their benefit alone. Due to the culture of the community women can miss out on opportunities and be at a disadvantage.

Recommendations' relating to women is as follows:

- Sikh women workers who are sensitive to the women health needs
- Women only health awareness sessions in the Gurdwaras
- Women only classes in self defence, aerobics, keep fit, etc. held within the Gurdwaras
- Post natal and pre natal sessions for women (depression, preparation)
- Mother & toddler sessions for women to increase socializing for Sikh/Punjabi women
- Domestic violence
- Over come the language barriers
- Overcome stereotypical views of women

<u>SHORT TERM</u>	<u>MEDIUM TERM</u>	<u>LONG TERM</u>
<ul style="list-style-type: none"> • Initiate women's groups, with childcare provision • Women only health sessions • Network with mainstream services so that women's group can use services, i.e. women's only swimming • Initiate some form of educational courses within Gurdwaras i.e. post and pre natal courses, midwife course etc. • Continue consultations • Look at funding to initiate projects 	<ul style="list-style-type: none"> • Secure funding for projects • Recruit staff sensitive to the Sikh women needs. • Recruit volunteers • Start to provide activities within Gurdwaras, i.e. women's only class • Get women representatives on local initiatives • Continue consultations 	<ul style="list-style-type: none"> • Provide whole range of services for the women within the Gurdwaras • Gain further funding to ensure ongoing projects • Continue consultations

<ul style="list-style-type: none">• need to create awareness of local initiatives that can benefit women• Invite organizations to the Gurdwaras and community centers and let the organizations inform the women themselves of their services. i.e. women's connect group• Co-opt professional women from the Sikh congregation and utilize their skills		
--	--	--

It is evident from the above recommendations that the Sikh community require immediate and specific attention, this can only be achieved by statutory bodies networking with local Sikh Gurdwaras and not only recognizing but also understanding the health needs of the Sikh community.

GLOSSARY

SSCYF – Sandwell Sikh Community & Youth Forum

SCSG – Sandwell Council of Sikh Gurdwaras

ASRA – Asian Smethwick

HWESG – Health Worker at Edward Street Gurdwara

BWSG – Benefit Worker at Guru Nanak Gurdwara Smethwick

AWBSG – Advice Worker at Baba Sang Gurdwara

SARP – Smethwick Asian Resource Project

Apna Home – Arna Homecare

Kushi – Kushi Mental Health

SAFS – Sandwell Asian Family Support

SAA – Sandwell Asian Aurat

SEMUF – Sandwell Ethnic Minority Umbrella Forum

BEECHESR – Beeches Road Day Care Centre

Sikh Health Needs Assessment

REF:
LOCATION:

The purpose of this questionnaire is to identify the health needs of the Sikh community and how we can provide a service to meet those needs. This feasibility study has been funded by the Sandwell Community Health Network (HAZ). **All the information given strictly confidential.**

Personal Details

Q.1 Resident:

Smethwick []
West Bromwich []
Wednesbury []
Tipton []
Oldbury []
Other (please state) _____

Q. 2 Sex: Male []
Female []

Q.3 Age: 16-25 []
26-35 []
36-50 []
51-65 []
66-75 []
75+ []

Q.4 Martial Status:

Single []
Married []
Divorced []
Separated []
Widower []

Q.5 Please state employment status?

House wife / husband []
Employed full-time []
Employed part-time []
Self-employed []
Student []
Unemployed []
Retired []

Housing

Q.6 Do you live alone?

Yes [] please go to question 8
No [] please go to question 7

Q.7 Who lives with you?

- Partner []
- Children []
- Parents []
- Grand parents []
- Grand children []
- Other (please state) _____

Q.8 What kind of accommodation do you live in?

- Own Occupier []
- Private Rented []
- Council Rented []
- Residential Nursing Home []
- Sheltered Accommodation []
- Other _____

Health questions

Q.9 a) How would you describe your health at present?

b) Do you care / look after anyone?

- Q.10 a) **Do you smoke?** Yes [] No []
b) **Do you drink alcohol?** Yes [] No []

If yes to any of above

c) Would you like to quit smoking or drinking alcohol if you had the opportunity?

Smoking		Alcohol	
Yes	[]	Yes	[]
No	[]	No	[]
Don't know	[]	Don't know	[]

Q.11 Do you suffer from any of health problems below? Please tick

	Yes	Do you need any more information?
• Arthritis + Rheumatism	[]	[]
• Diabetes	[]	[]
• CHD/ Stroke	[]	[]
• High/ Low blood pressure	[]	[]
• Asthma	[]	[]
• Eye Problems/Glaucoma/Cataracts	[]	[]
• Physical Disabilities (please specify)	[]	[]

- Stress [] []
- Weight problems [] []
- Parkinson [] []
- Angina [] []
- Alzheimer [] []
- Bronchitis [] []
- Cancer [] []
- Depression [] []
- Any other (please specify) _____

Q.12 Which of the following are you currently using or aware of?

	Using	Aware of	Not Aware of
• Doctor	[]	[]	[]
• District nurse visits	[]	[]	[]
• Health visitor	[]	[]	[]
• Diabetic Clinic	[]	[]	[]
• Asthma Clinic	[]	[]	[]
• Anchor	[]	[]	[]
• Aquarius	[]	[]	[]
• Discharge Planning	[]	[]	[]
• Home help	[]	[]	[]
• Punjabi Advocate	[]	[]	[]
• Meals on Wheels	[]	[]	[]
• Social Worker	[]	[]	[]
• Dietician	[]	[]	[]
• Physiotherapist	[]	[]	[]
• Other (please specify) _____			

Q.13 Have you found it difficult to access any Health/Social Services?

- Why / Reasons
- GP [] _____
 - Clinic [] _____
 - Hospital [] _____
 - Dental [] _____
 - Optician [] _____
 - Chiropody [] _____
 - Other _____

Gurdwara

Q. 14 How of often do you attend Gurdwara?

- Every day []
- Once a week []
- 2-3 times a week []

- Sunday
- Special Events (Festivals/Wedding/Akhandpath)
- Other _____

Q.15 Do you know of these current services provided for the Sikh Community?

	Know of	Used	Not Aware
• Sikh Community & Youth Forum	[]	[]	[]
• Council Of Sikh Gurdwaras	[]	[]	[]
• ASRA	[]	[]	[]
• Health Worker at Edward St Gurdwara	[]	[]	[]
• Benefit Worker at G.N.G Smethwick	[]	[]	[]
• Advice Worker at Baba Sang Gurdwara	[]	[]	[]
• Smethwick Asian Resource Project	[]	[]	[]
• Apna Homecare	[]	[]	[]
• Kushi Mental Health	[]	[]	[]
• Akash	[]	[]	[]
• Humdard Project	[]	[]	[]
• Sandwell Asian Family Support	[]	[]	[]
• Sandwell Asian Aurat	[]	[]	[]
• SEMUF	[]	[]	[]
• Beeches Rd day care centre	[]	[]	[]
• Satnam Training & Education Project	[]	[]	[]
• Other (please specify) _____			

Q.16 Apart from religious activity, would you like to see Gurdwara provide other services? if yes please tick.

• Health Screening	[]
• Health Education- Diet/ Exercise, Stress etc	[]
• Gyms + Fitness sessions	[]
• Exercise Classes	[]
• Women only training	[]
• Benefits Advice	[]
• Youth Clubs	[]
• Alternative therapies	[]
• Child care and Crèche facilities	[]
• Library	[]
• Information Point	[]
• Advice Workers (Health/ Housing/ Employment)	[]
• Training and Education Classes	[]
• Day care for Elderly	[]
• Counselling/ Mediation	[]
• Advocacy	[]
• Social Services	[]
• Other, please specify _____	

Q.17 Apart from religious activity, do you access any other services in the Gurdwaras?

	Yes	No
• Advice Worker	[]	[]
• ESOL training	[]	[]
• Punjabi Classes	[]	[]
• Health Promotion Sessions	[]	[]
• Other_____		

Q.18 The Council of Sikh Gurdwaras is currently exploring the development of the following services, do you think there is a need for them in the Sikh community?

	Need	No need	Require more information
Buddy system (For people in hospital/ nursing home)	[]	[]	[]
Day care at Gurdwaras	[]	[]	[]
Domestic violence and family / Mediation service at the Gurdwaras	[]	[]	[]
Health screening and promotion In Gurdwaras	[]	[]	[]
Wide range of education and Training Courses for Gurdwaras users	[]	[]	[]
Advocacy / Support Services in Gurdwaras	[]	[]	[]

Thank you for taking time to complete the Questionnaire:

If you require additional information on any of the issues discussed
Please give your details. **This will be strictly confidential!!!!**

SIKH HEALTH NEEDS ASSESSMENT

Name: _____

Address: _____

Telephone No: _____

INFORMATION REQUEST

ਸਿੱਖਾਂ ਦੀ ਸਿਹਤ ਸਬੰਧੀ ਲੋੜਾਂ ਵਾਰੇ ਪੜਚੋਲ

ਇਸ ਸਵਾਲਨਾਮੇ ਦਾ ਮਕਸਦ ਸਿੱਖ ਭਾਈਚਾਰੇ ਦੀਆਂ ਸਿਹਤ ਸਬੰਧੀ ਲੋੜਾਂ ਬਾਰੇ ਜਾਣਕਾਰੀ ਪਰਾਪਤ ਕਰਨਾ ਹੈ ਤਾਂ ਕਿ ਸਿਹਤ ਸਬੰਧਤ ਮਹਿਕਮਾਂ ਤੁਹਾਡੀਆਂ ਲੋੜਾਂ ਮੁਤਾਬਕ ਸੈਵਾਂਵਾ ਪਰਦਾਨ ਕਰ ਸਕੇ । ਇਸ ਸਾਰੀ ਪੜਚੋਲ ਦਾ ਖਰਚਾ ਸਿਹਤ ਸਬੰਧਤ ਮਹਿਕਮਾਂ ਕਰ ਰਿਹਾ ਹੈ । ਇਸ ਸਵਾਲਨਾਮੇ ਵਿਚ ਦਿੱਤੀ ਸਾਰੀ ਜਾਣਕਾਰੀ ਗੁਪਤ ਰਖੀ ਜਾਵੇਗੀ ।

ਨਿੱਜੀ ਜਾਣਕਾਰੀ

੧ ਰਹਾਇਸ਼

ਸਮੈਦਿਕ { }
ਵਿਸਟ ਬਰੱਮਵਿਚ { }
ਵਿਡਨਿਸਵਰੀ { }
ਟਿਪਟਨ { }
ਓਲਡਵਰੀ { }
ਜਾਂ ਹੋਰ _____

ਮਰਦ { }
ਔਰਤ { }

੩ ਉਮਰ

੧੬-੨੫ { }
੨੬-੩੫ { }
੩੬-੫੦ { }
੫੧-੬੫ { }
੬੬-੭੫ { }
੭੫+ { }

੪ ਵਿਆਹ ਸੰਬੰਧੀ ਜਾਣਕਾਰੀ

ਇੱਕਲਾ { }
ਸਾਦੀ-ਸੁਦਾ { }
ਤਲਾਕ { }
ਹਸਬੈਡ ਤੋਂ ਵਖ ਰਹਿਣਾ { }
ਹਸਬੈਡ / ਘਰਵਾਲੀ ਦੀ ਮੌਤ ਹੋ ਜਾਣਾ { }

ਘਰ ਦਾ ਕੰਮ	{ }
ਫੁਲ ਟਾਇਮ ਕੰਮ	{ }
ਫਾਰਟ ਟਾਇਮ ਕੰਮ	{ }
ਵਿਦਿਆਰਥੀ	{ }
ਬੇ-ਰੋਜ਼ਗਾਰ	{ }
ਰਿਟਾਇਰਡ	{ }

ਘਰ ਵਾਰੇ ਜਾਣਕਾਰੀ

੬ ਕੀ ਤੁਸੀਂ ਇਕੱਲੇ ਰਹਿੰਦੇ ਹੋ ?

ਜੇ ਹਾਂ ਤਾਂ ਪ੍ਰਸ਼ਨ ਨੰਬਰ ੮ ਕਰੋ	{ }
ਜੇ ਨਾਂ ਤਾਂ ਪ੍ਰਸ਼ਨ ਨੰਬਰ ੭ ਕਰੋ	{ }

੭ ਤੁਹਾਡੇ ਨਾਲ ਕੌਣ ਰਹਿੰਦਾ ਹੈ ?

ਸਾਥੀ	{ }
ਬੱਚੇ	{ }
ਮਾਪੇ	{ }
ਗਰਾਂਡ ਪੇਰੈਂਟ	{ }
ਗਰਾਂਡ ਬੱਚੇ	{ }
ਜਾਂ ਹੋਰ _____	

੮ ਤੁਸੀਂ ਕਿਸ ਤਰਾਂ ਦੇ ਘਰ ਵਿਚ ਰਹਿੰਦੇ ਹੋ ?

ਤੁਹਾਡਾ ਆਪਣਾ ਘਰ	{ }
ਕਿਰਾਏ ਤੇ	{ }
ਕਾਊਂਸਲ ਦਾ ਘਰ	{ }
ਨਰਸਿੰਗ ਹੋਮ	{ }
ਨਾ ਘਰ ਦਾ ਘਾਟ ਦਾ	{ }
ਜਾਂ ਹੋਰ _____	

ਸਿਹਤ ਵਾਰੇ

੯ (ੳ) ਤੁਸੀਂ ਇਸ ਟਾਇਮ ਆਪਣੀ ਸਿਹਤ ਵਾਰੇ ਕਿਵੇਂ ਦੱਸ ਸਕਦੇ ਹੋ ?

(ਅ) ਤੁਸੀ ਕਿਸੇ ਦੀ ਦੇਖ ਭਾਲ ਕਰਦੇ ਹੋ ?

੧੦ (ੳ) ਕੀ ਤੁਸੀ ਸਿਗਰਟ ਪੀਦੇ ਹੋ ? { }

(ਅ) ਕੀ ਤੁਸੀ ਸ਼ਰਾਬ ਪੀਦੇ ਹੋ ? { }

ਜੇ ਪੀਦੇ ਹੋ ਤਾਂ ?

ਜੌੜਾਂ ਦਾ ਦਰਦ + ਗਠੀਆ	{ }	{ }
ਸ਼ਕਰ ਦਾ ਰੋਗ	{ }	{ }
ਅਧਰੰਗ	{ }	{ }
ਹਾਈ ਜਾਂ ਲੋ ਬਲਡ ਪਰੈਸ਼ਰ	{ }	{ }
ਦਮਾਂ	{ }	{ }
ਅੱਖਾਂ ਦੀ ਕਮਜ਼ੋਰੀ ਮੋਤੀਆ ਬਿੰਦ / ਮੋਤੀਆ ਉਤਰਨਾ	{ }	{ }
ਅੰਗ-ਹੀਣਤਾ	{ }	{ }
ਦਿਮਾਗ ਤੇ ਦਬਾਓ	{ }	{ }
ਸਰੀਰ ਤੇ ਭਾਰ ਦੀ ਮੁਸ਼ਕਲ	{ }	{ }
ਦਿਲ ਦਾ ਰੋਗ	{ }	{ }
ਫੇਫੜੇ ਦੀ ਸੋਜ	{ }	{ }
ਜਹਿਰਬਾਦ	{ }	{ }
ਡਿਪਰੈਸ਼ਨ	{ }	{ }
ਜਾਂ ਹੋਰ ਰੋਗ		

ਡਾਕਟਰ	{ }	{ }	{ }
ਨਰਸ	{ }	{ }	{ }
ਹਿਲਥ ਵੀਸੀਟਰ	{ }	{ }	{ }
ਸ਼ੁਗਰ ਕਲੀਨਕ	{ }	{ }	{ }
ਆਸਮਾਂ ਕਲੀਨਕ	{ }	{ }	{ }
ਸਹਾਰਾ	{ }	{ }	{ }
ਤਫਤੀਸ਼	{ }	{ }	{ }
ਪੱਟੀ ਕਰਨੀ	{ }	{ }	{ }
ਘਰ ਵਿਚ ਮਦਦ	{ }	{ }	{ }
ਪੰਜਾਬੀ ਐਡਵੋਕੇਟ	{ }	{ }	{ }
ਘਰ ਡਿਨਰ	{ }	{ }	{ }
ਵਿਸ਼ੇਸ ਸਲਾਹਕਾਰ	{ }	{ }	{ }
ਖੁਰਾਕ	{ }	{ }	{ }

ਤੁਹਾਡਾ ਫੋਮਲੀ ਡਾਕਟਰ { } _____
 ਕਲੀਨਿਕ { } _____
 ਹਸਪਤਾਲ { } _____
 ਦੰਦਾਂ ਦਾ ਡਾਕਟਰ { } _____
 ਅੱਖਾਂ ਦਾ ਡਾਕਟਰ { } _____
 ਪੈਰਾਂ ਦਾ ਡਾਕਟਰ { } _____
 ਜਾਂ ਹੋਰ _____

ਹਰ ਇਕ ਦਿਨ { }
 ਇਕ ਵਾਰ ਹਫਤੇ ਵਿਚ { }
 ਦੋ ਜਾਂ ਤਿੰਨ ਵਾਰ ਹਫਤੇ ਚ { }
 ਅੋਤਵਾਰ { }
 ਖਾਸ ਪ੍ਰੋਗਰਾਮ ਤੇ, ਵਿਆਹ ਜਾਂ ਦਿਨ ਦਿਹਾਰ ਤੇ ਜਾਂ ਅੰਖਡਪਾਠ ਤੇ { }
 ਜਾਂ ਹੋਰ _____

ਸਿੱਖ ਕਮਿਨਟੀ ਅਤੇ ਯੂਥ ਫਾਰਮ { } { } { }
 ਸਿੱਖਾਂ ਦੀ ਕੌਸਲ ਸੰਸਥਾ { } { } { }
 ਆਸਰਾ { } { } { }
 ਸਿਹਤ ਦੇ ਵਰਕਰ ਐਡਵਰਡ ਸਟਰੀਟ { } { } { }
 ਬੈਨਫਿਟ ਵਰਕਰ ਸਮੈਦਿਕ ਗੁਰਦੁਆਰਾ { } { } { }
 ਸਲਾਹਕਾਰ ਵਰਕਰ ਬਾਬਾ ਸੰਗ { } { } { }
 ਸਮੈਦਿਕ ਦੇ ਏਸ਼ੀਅਨ ਪ੍ਰੋਜੈਕਟ { } { } { }
 ਆਪਣਾ ਹੋਮਕੇਅਰ { } { } { }
 ਖੁਸ਼ੀ ਮੈਟਲ ਹੈਲਥ { } { } { }
 ਅਕਾਸ਼ { } { } { }
 ਹੁਮਦਰਦ ਪ੍ਰੋਜੈਕਟ { } { } { }
 ਸੈਡਵਿਲ ਏਸ਼ੀਅਨ ਫੈਮਲੀ ਸਪੋਰਟ { } { } { }
 ਸੈਡਵਿਲ ਏਸ਼ੀਅਨ ਔਰਤ { } { } { }
 ਸੇਮੁਫ { } { } { }
 ਬੀਚਸ ਰੋਡ ਤੇ ਡੇ ਕੈਅਰ ਸੈਟਰ { } { } { }
 ਸਤਨਾਮ ਟਰੇਨਿੰਗ ਤੇ ਐਜੂਕੇਸ਼ਨ ਪ੍ਰੋਜੈਕਟ { } { } { }
 ਜਾਂ ਹੋਰ _____

ਹੈਲਥ ਸਕਰੀਨਿੰਗ { }
 ਹੈਲਥ ਐਜੂਕੇਸ਼ਨ/ਭੋਜਨ/ਐਕਸਰਸਾਰਿਜ/ਸਟਰੇਸ { }
 ਜਿਮਨਾਸਟਿਕ { }
 ਕਸਰਤ ਕਲਾਸਾ { }
 ਔਰਤਾਂ ਦੀ ਟਰੇਨਿੰਗ ਕਲਾਸਾ { }

ਲਾਭਦਾਇਕ ਉਪਦੇਸ਼	{ }
ਯੂਥ ਕਲੱਬ	{ }
ਇਕ ਤੋਂ ਬਾਦ ਇਕ ਥੇਰਪੀਜ ਵਾਰੇ	{ }
ਬਚਿਆ ਦੀ ਨਰਸਰੀ	{ }
ਲਾਇਬਰੇਰੀ	{ }
ਜਾਣਕਾਰੀ ਪੁਆੈਟ	{ }
ਅਡਵਾਇਸ ਵਰਕਰ/ਸਿਹਤ/ਘਰ/ਕੰਮ	{ }
ਠਰੇਨਿਗ ਤੇ ਪੜਾਈ ਕਲਾਸਾ	{ }
ਸਿਆਣਿਆਂ ਲਈ ਨਰਸਿਗ ਹੋਮ	{ }
ਕਾਉਂਸਲਿੰਗ/ਗਲਬਾਤ	{ }
ਵਕਾਲਤ	{ }
ਸ਼ੋਸ਼ਲ ਸਰਵਿਸ	{ }
ਜਾਂ ਹੋਰ _____	

ਸਲਾਹਕਾਰ	{ }	{ }
ਈਸੋਲ ਟਰੇਨਿੰਗ	{ }	{ }
ਪੰਜਾਬੀ ਕਲਾਸਾ	{ }	{ }
ਸਿਹਤ ਸਬੰਧੀ ਕਲਾਸਾ	{ }	{ }
ਜਾਂ ਹੋਰ _____		

ਬਡੀ ਸਿਸਟਮ	{ }	{ }	{ }
ਹਸਪਤਾਲ ਤੇ ਨਰਸਿਗ ਹੋਮ ਲੋਕਾਂ ਲਈ	{ }	{ }	{ }
ਗੁਰਦੁਆਰਿਆ ਵਿਚ ਡੇ ਸੈਟਰ	{ }	{ }	{ }
ਘਰੇਲੂ ਪ੍ਰੀਵਾਰਾ ਦੀ ਗੁਰਦੁਆਰਿਆ'ਚ ਸੁਲਾਹ-ਸਫਾਈ	{ }	{ }	{ }
ਸਿਹਤ ਸਕਰੀਨਿੰਗ ਅਤੇ ਪਰਮੋਸ਼ਨ ਗੁਰਦੁਆਰਿਆਂ ਵਿਚ	{ }	{ }	{ }
ਪੜਾਈ ਵਾਰੇ ਟਰੇਨਿੰਗ ਕੋਰਸ ਗੁਰਦੁਆਰਿਆਂ ਵਿਚ	{ }	{ }	{ }
ਵਕਾਲਤ / ਗੁਰਦੁਆਰਿਆਂ ਵਿਚ ਖੇਡ ਸਰਵਿਸ	{ }	{ }	{ }

ਨਾਮ _____

ਅਡਰੈਸ _____

ਟੈਲੀਫ਼ੋਨ ਨੰਬਰ _____

ਕਿਰਪਾ ਕਰਕੇ ਜਾਣਕਾਰੀ ਦਿਓ

ਇਸ ਪ੍ਰਸ਼ਨਾਲੀ ਕਰਨ ਲਈ ਤੁਹਾਡਾ ਬਹੁਤ 2 ਧੰਨਵਾਦ

ਇਸ ਵਾਰੇ ਤੁਹਾਨੂੰ ਹੋਰ ਜਾਣਕਾਰੀ ਚਾਹੀਦੀ ਹੋਵੇ ਤਓ ਆਪਣੇ ਨਾਂ, ਅਡਰੈਸ ਦਿਓ । ਇਹ ਸਾਰੀ ਜਾਣਕਾਰੀ ਗੁਪਤ ਰੱਖੀ ਜਾਵੇਗੀ ।