

Evaluation of Physiotherapy group for Romanian women

Spring 2018

Team Members

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With supervision from Anne-Grethe Myklebust (RVTS)

Timing

7pm to 9pm on Monday evenings. A session was held on the following dates:

- *Session 1:* 19th March 2018
- *Session 2:* 2nd April 2018
- *Session 3:* 9th April 2018
- *Session 4:* 16th April 2018
- *Session 5:* 23rd April 2018
- *Session 6:* 7th May 2018
- *Session 7:* 14th May 2018

Location

A wide open room located at Akuttovernattingen Gamlebyen, St. Halvards gate.

Aims of the group

- 1) Reduction of primarily musculoskeletal pain through simple body exercises, improving awareness of the body and somatic pain, empowering the participants with strategies to reduce musculoskeletal pain through specific targeted exercises.
- 2) Creating a safe space/ environment for participants to gather and engage in an activity that focuses on somatic and psychosocial health, that enables them to step away from the challenges of their daily lives in Oslo.

Reasons for piloting the programme

Experiences and observations from Helsesenteret for Papirløse Migranter and other Kirkens Bymisjon services strongly indicate that a significant proportion of women who attend the

various services from Romania, most of whom are perceived to be from the Roma minority (but do not necessarily use such terms of self-identification):

- 1) Are affected by significant bodily aches including back pain, neck pain, shoulder pain, leg pain, headaches.
- 2) There appears to be a relationship between challenges of their daily lives and stress, with the experience of somatic pain.
- 3) Many have not had an encounter with a physiotherapist or with a psychologist before.
- 4) There does not exist any other such service for this group of women.

Through this pilot therefore we aimed to learn more about the perceived health, health concerns and health experiences of this group of Romanian women in Oslo, and to learn more about what they do to improve their own health and what influences when, how and why they seek healthcare.

Background research

Informed by: an internal report on the health of destitute migrants in Oslo, which summated data from the Health Centre for Undocumented Migrants' Mobile EU migration project in 2016; discussions with social workers in Kirkens Bymisjon whom have worked with Romanian women over a long period of time; a meeting with a social worker and a Romanian woman who is also a service user, at Bymisjonssenteret. We therefore decided:

- 1) To hold the group at Akuttovernattingen Gamlebyen to enable as many women to come as possible—background research conveyed the challenge of getting to the Health Centre for Undocumented Migrants for many of the women. Akuttovernatting opens at 6pm and there are no other organized activities taking place before the guests go to sleep.
- 2) To focus on pain reduction techniques, relaxation and as such the reduction of psychosocial stress.

Supervision support

Conducted by Anne-Grethe Myklebust on Monday 22nd February 2018, Monday 7th May 2018 and Tuesday 26th June 2018.

Dissemination of information to potential participants

Volunteers at the shelter put up the poster and informed women about the group during the weekend.

Interpreters

Three different interpreters took part in the project, with mostly one interpreter (but on one occasion two) present at each session. Of the three interpreters, two were voluntary and untrained as interpreters, and one was a professional interpreter. All were women and were non-Roma (Romanian and/ or Norwegian).

Equipment

There was a variety of equipment used during the project period. This includes small balls (to play warm up with), blankets/ mats, and music paraphernalia.

Food & drinks

Coffee, tea, biscuits and food were served after the session was over, lasting approximately thirty minutes and enabling a period for debriefing and reflection with the participants.

Attendance

- *Session 1:* 10 female participants
- *Session 2:* 8 female participants
- *Session 3:* 4 female participants
- *Session 4:* 5 female participants
- *Session 5:* 3 female participants
- *Session 6:* 4 female participants
- *Session 7:* 3 female participants

One participant was present for every session, and a few participants were there for at least two to three sessions.

Stated aims from the participants from the sessions

- Aims from the participants varied from session to session and from participant to participant. When asked about their aims for each session, the participants' responses included the aims of:
 - Weight reduction
 - Relaxation
 - Improving sleep
 - Pain reduction, particularly back, neck, shoulder and knee pain.
 - High intensity exercise that they have little chance otherwise to partake in.

The exercises

- Each session started with an introductory exercise. This involved standing in a circle, stating our names, and then repeating the names of everyone in the circle. This was then continued with use of one ball, which one had to throw to another member of the group whilst also repeating their name. This was then continued with two balls on the go at the same time.
- Following the introductory exercise, a warm-up period ensued, which included gradually higher intensity exercises conducted with music, including light dancing.
- The warm-up was proceeded by tailored exercises performed on mats/ blankets focusing on specific muscle groups, including:
 - Leg exercises
 - Core muscle exercises
 - Back, neck and shoulder exercises
 - Pelvic floor exercises—in the final two sessions of the course.
- Cool-down period then ensued, performed on the ground on mats/blankets, finishing up with a prolonged shivasana position.

Reflection points/ areas for improvement

- 1) **Minimising intensity and subsequent pain from Session 1.** The first session was high intensity, partly due also to the participants' enthusiasm and desire for more vigorous exercise. However, a few participants reported increased pain the following day, an unwittingly omitted but expected outcome of high intensity exercise for participants who have not exercised so vigorously for a long period of time. We think that this may be a reason as to why some of the initial participants did not return to subsequent sessions. We also think that this established perceptions of the class as an exercise class rather than a pain reduction/ wellbeing class amongst those staying at the shelter, a reputation that was then quite difficult to challenge when describing and inviting potential participants to the subsequent classes.
- 2) **Reasons for declining attendance.** Following on from the previous point, many participants declined to attend on the basis that they were too tired or felt that they were too old to take part. One woman stated that she didn't want to become any thinner by attending the class, some women had just arrived at the shelter and were busy eating/ digesting their food, and some women cited health problems as the reasons including both somatic and psychosocial (such as sad news received from a family member, joint problems, chronic lifestyle diseases etc.). These are important considerations for future groups.

- 3) **Improving recruitment of elderly participants.** Many of the elderly women who stay at the shelter cited age and/ or co-morbidities as the reason for declining participation. It could be useful to consider in future a specific or tailored class for the elderly participants that attended, who undoubtedly experience similar if not higher levels of bodily pains secondary to begging and working in the city.
- 4) **Tailoring the class to both those with and without reservations at the shelter.** Some participants who attended the class did not have a reservation at Akuttovernattingen Gamlebyen, but were waiting outside the venue for the 9pm lottery. That these women were invited to participate in the class whilst they waited for the lottery, was experienced to be a very positive thing both by the participants and us as the group leaders. This opportunity not only gave these women the opportunity to do something and be indoors whilst they were waiting, but it also maintained the class numbers and contributed significantly to the level of participation. Those who did not obtain a place through the lottery after the session was over however, were therefore left to sleep outside on the streets. It is therefore important to tailor the class to those who both may or may not sleep outside that night, and thus may or may not have access to shower and sanitary facilities, and a bed i.e. lower intensity may be more recommendable.
- 5) **Provision of toiletries.** Several participants requested shower gels after the class having gotten sweaty through the exercises, and were disappointed that this was not provided at the shelter given their need. Whilst we provided the class participants with shower gels, we only did this in the final session and thus it would be important to offer this for future groups.
- 6) **Timing of session.** There were increasingly fewer participants as the course ensued, which appeared to be related to the increasing spring/ summer daylight hours. It was understood from conversations with participants, that owing to the increasing daylight hours, many women were outside for longer and arrived to the shelter later in the evening in order to maximise their time outside and their income-generation. This group might therefore have higher participants in the autumn/ winter months.
- 7) **Language.** Whilst as far as we understood, most of the participant women from Romania spoke Romanian, it often occurred at the women spoke what was perceived to be Romani to each other. Since Romani is an entirely different language from Romanian, these conversations between participants were not understood or translatable by the interpreters. It should therefore be considered in future classes and across services that Romanian is not necessarily the first language of participants from Romania, especially those from the Roma minority, and therefore it is important that their understanding is

checked throughout the class and that it is not assumed that everyone understands everything when the session is conducted in Romanian.

Requests from the participants

- 1) **Massage.** Many participants and non-participating women at the shelter expressed their interest in getting a massage to relax and address their bodily pain. Many thought that the group involved massage, and when we corrected them they declined their participation. This could be understood to reflect the need for a therapy that reduces musculoskeletal pain.
- 2) **Exercise equipment.** Several participants requested exercise equipment such as cycling machines and other gym paraphernalia, with the desire to engage in higher intensity exercise on a regular basis.
- 3) **Toiletries.** Shower gels and toiletries, as aforementioned.

Gender considerations

- 1) **Mixed-sessions?** A couple of participants declined attendance if their husbands could attend. This issue was therefore broached in subsequent sessions, where overall, most participants stated a preference for the session to be held for women only, also raising concerns that some women may not attend if there are male participants present, particularly those women who are single or without their partners in the city. Some male attendees to the shelter had also asked early on in the programme if they could also partake—it is unclear whether they wished to participate in an exercise class in physiotherapy for pain reduction.
- 2) **Presence of male group leaders.** Before starting the group we assessed if having a male group leader could be problematic, however feedback from the sampled women was that there would be no problem with this so long as the male group leader in question was not from the Roma community. During the programme, although during the first session there was a mention of a woman not attending due to the presence of a male physiotherapist and the absence of her husband in the session, it was very clear through the subsequent sessions that presence of a male physiotherapist was not a prohibitive factor at all, and that Khelifa was a very popular group leader and positive presence and vital asset to the sessions. It was agreed with the women that if they need to be corrected

in their bodily postures during exercises, that this should be done by a female group leader only.

- 3) **Sport in Romania.** Some of the participants stated that in Romania they can engage in sport at home but are not allowed to exercise at a public fitness centre or public exercise space. In addition, they are not allowed to wear trousers or a t-shirt in front of men outside their family and therefore this adds another prohibitive factor.

Impacts

The main impacts of the class that the participants reported included impacts on pain, impacts on sleep, and general enjoyment of the session.

1) **Impacts on sleep,** feedback was generally positive towards this and included:

- One participant said that yes, it has helped her sleep, she knows that she will sleep well tonight—the participants all agreed that they feel it helps them sleep. She also said that it gives her more energy the next day and that although she felt stiff after the first session (she has been coming to every session) it has benefitted her since;
- One of the participants whose second session it was today (she came last week too), said that she came back as it really helped her last time with sleep,
- One participant says that she thinks it would be good to do it more often, or every evening even as the impact on sleep are positive.

2) **Impacts on pain,** apart from the first session, impacts on reduction of pain pre-and post-session were generally positive. It was difficult to measure long-term impacts on the reduction of pain however, especially since most of the women did not come every week.

- One participant said that the pain in her legs that she had before the session was alleviated by the end of the session, and another women who had backache before the session also described that this pain was alleviated.
- One participant said that she felt it was good for opening her muscles, and that the pain that she entered the session with has now alleviated. She used to do sport at school but hasn't done any since then.

We did not measure pain objectively during the sessions, and thus would recommend that this is performed in any future courses.

**it was very important in this regard to encourage the participants through the session, to not push themselves beyond their limits, and to rest on a blanket on the ground whenever they felt that they need to during the session.*

3) Enjoyment

- An overwhelming number of participants related how much they enjoyed the group, that it was a very positive and welcome experience and that they want the group to continue. This was also observed in their enjoyment and engagement throughout the session, their desire to learn and try new exercises, to try and complete the exercises, and to ask questions about and related to the exercises. Staff at Akuttovernattingen also reported that they had received positive feedback from some of the participants, and that they had observed the participants to be happy and positive after the sessions.
- The group also enabled many participants to raise life experiences, stories, stresses and challenges both during the exercises and during the post-session discussions. For many participants, it was clear that this was a safe and comfortable space for them to discuss personal matters, and an important space for them to feel safe, build confidence and bodily awareness and esteem.

Topics that evolved from the post-session discussions

- 1) **Pain.** Musculoskeletal pain, including neck, back and shoulder pain, that many participants related to begging and sitting the whole day. Some participants mentioned that their pain improved when they returned home to Romania, that it improves with having a bed to sleep on for the night.
- 2) **Challenges of a lack of places to sleep.**
 - Came up in every session debrief. The participants describe the continuous difficulties they face in securing a place to sleep, having to sleep outside where they do not obtain a place at the shelter and the concomitant risk of being fined by the police if they are caught. They also raise the challenges and perceived disadvantages of being a woman without a partner at the new shelter: that if there are two women (friends or family members for example) who come to the shelter together and one gets a reservation but the other one not, if the woman that gets the reservation refuses it because she doesn't want her friend/ family member to sleep outside alone, she cannot make another reservation for 5-days, but her friend who didn't get the reservation can try for the lottery again the following day.
 - Stress related to the lottery. The participants mentioned that there is a lot of stress related to the tombola at the shelter and the risk of not obtaining a place to sleep. They relate a story of a man who didn't get a place and had a panic attack. They experience stress when their 5-day reservation comes to an end— they must remember to clear up their bed or else they could be banned for 5 days – they mention the case of someone who was banned for five days because they didn't know about this rule. There are many rules that they must remember to adhere—which again can conjure up significant stress.

- 3) **Health concerns.** The sessions also raised conversations relating to the health problems that participants have, both acute and chronic. Many women described the health problems that they experience when they are in Oslo, such as hair loss, poor sleep, increased stress, poor diet, which for many improves when they are home in Romania. Discussions also cropped up related to the menopause, menstruation, stress, pain, nutrition (what an optimal diet is, which foods to get and which to avoid), exercise and weight loss. Many women found that after having children it was difficult to lose weight. The effect of sun exposure on skin also came up—and it emerged that most of the women do not use sunscreen when outside in the sun, despite high exposure during the spring/summer months in Norway.
- 4) **Familial concerns.** Many participants carry a great deal of worry and concern for their families at home, who in many cases are experiencing health and social problems that the participants carry a heavy burden of anxiety over and motivation to make what money they can in Norway. Separation from children and loved ones is experienced as especially difficult.

Other points that came up

- 1) **Constant need to look after one's possessions.** Observed that many women had their phones and cash tucked into their pockets, that they arrived with all their possessions and were constantly in a state of having to keep one eye on their possessions.
- 2) **Feelings of security and respect at Akuttovernattingen.** Some participants mentioned that they felt very secure and that they are respected by the staff at Akuttovernattingen, and that they feel themselves again after having a shower there. One woman mentioned the transformation that she experiences after coming to the shelter, having a shower and 'feeling human' again. Some mentioned that they value the rule that lights must be turned off by 10pm, as it means that they are able to get a decent night's sleep.
- 3) **Exclusion and discrimination.** This frequently came up in discussions, and appeared to be a felt and lived experience of all of the participants both in Oslo and in Romania, and also appeared to contribute to increased stress and reduced psychosocial wellbeing. To what extent this also affects the somatic experience of pain requires further research, but it would be valuable to place more emphasis on empowerment in future courses, as a counteraction to the daily experience of discrimination and exclusion.

Consideration of whether this programme should continue

We are agreed as a team that to continue this programme would be a very positive, important and valuable service to this group of women. Feedback from the women has been overall very positive, and it has emerged that the group has been a safe and positive experience that has been fun, uplifting, and for some women has subjectively led to short-term reduction of musculoskeletal and improved sleep in the aftermath of each session. The group also enabled the participants to discuss their daily challenges living in Oslo, their stresses and concerns related to their life situation and that of their families in Romania. It also enabled discussion around health concerns, and the initiation of themes including muscle strengthening and stretching exercises, how to reduce pain during their day's begging and generating income outside, optimal foods and nutrition, to name but a few.

Should this programme continue, is it important that the programme continues to be offered at an accessible place, in a spacious room, at a convenient time of day for potential participants. The programme should be approached with a long-term vision in which it is understood that to obtain the trust of this group and deeper understanding of their experiences of and needs surrounding (psycho-/) somatic pain may require several courses to build up, and that the programme should thus be adapted over time where trust, knowledge of and experience with this group (and a more defined identification of needs) is established.

Having the same interpreter each week may also be valuable in providing continuity and building trust, however this was not explicitly reported by the participants as problematic.

We would continue to recommend that the course be based on the reduction of somatic (mainly musculoskeletal) pain, creating a positive psychosocial experience with a focus on creating a fun and enjoyable experience, improving awareness of the body and teaching musculoskeletal pain reduction strategies through exercise. Opportunities for introducing health-related education and teaching should also be sought throughout the course and based upon themes that emerge from each session. We would recommend that this teaching occurs in interludes interspersed in the sessions, and that it is mainly orally and pictorially based so as not to exclude those participants that are not literate.

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