Department of Health
Communities for Health
A Choosing Health Programme
NHS

Project Part-Financed by the European Union

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Community Health Evaluation in Normanton

Final Report

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Derby City Partnership

UNIVERSITY of DERBY
International Centre for Guidance Studies (iCeGS)

Department of Health
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COMMUNITY HEALTH EVALUATION IN NORMANTON

21st August, 2008

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Executive Summary

The project

The Community Health research project was based in the Normanton Neighbourhood Renewal area of Derby. It involved five key parties; the Derby City Partnership, Derby City Primary Care Trust, the Derby City Council Environmental Health and Trading Standards Department, the Centre for Community Regeneration and the International Centre for Guidance Studies (iCeGS) at the University of Derby. The research activities were led by the iCeGS.

The project had two main objectives. The first was to map health related service provision in the Normanton area and then secondly, to ascertain the reach and impact of that provision. An important sub-component of the evaluation element was to enhance community capacity by recruiting and training a group of community evaluators in research and evaluation techniques, to become competent community evaluators.

The rationale for the project lies in the relatively poor health of people living in the more disadvantaged communities within the city of Derby. Recent evidence confirms that Derby residents generally have poorer health than the England average. Additionally levels of childhood obesity, drug misuse and early deaths from heart disease are worse than national norms. Using this evidence three healthy living themes were selected for further investigation in the Normanton area. These were:

- **Healthy eating**
  projects that aim to improve the diet of families and individuals and reduce the health effects of obesity
- **Physical activity**
  projects that aim to increase the physical activity of people
- **Alcohol**
  projects that aim to reduce the harm associated with excessive alcohol consumption.

Mapping health provision in Normanton

The process of generating initial mapping information involved combining contact lists provided by key partners and other stakeholders of organisations that work within the health and healthy living sectors in Normanton. These were then approached with a questionnaire using e-mail and telephone contacts. Questionnaires were returned with data from 76 services and organisations related to healthy living in the Normanton area. These were used to provide baseline information about the provision relevant services and resources. The data was also geocoded, and Derby City Council used this data to generate maps of the appropriate services.

Community Evaluation

The community evaluation phase focused on the production of qualitative information based on case study organisations in Normanton. Case study organisations were selected to provide an understanding of a range of provision working with groups of people from the Normanton area. Managers of the case studies were interviewed by the iCeGS research team and community facilitators and asked to facilitate access to their service users by the team of community evaluators.

In addition to this activity, local residents were recruited and trained to become a team of community evaluators, supported both by community facilitators and by the iCeGS research team. This team carried out interviews with service users. The data from the community evaluators' interviews, together with interview data from staff and volunteers was used to develop detailed case studies focussing on themes relevant to healthy living. The service user information also provided quantitative data.

It should be noted that data from the case study organisations is illustrative rather than representative. The demographic and ethnic profile of the respondents to the community evaluator interviews, is representative of those who participate in the healthy living provision, but is not necessarily representative of the population of Normanton as defined in other data.

Findings

This was a major community research project with many important findings, some of the most significant are summarised below.

The key findings from the mapping research were that:

- There are 76 services related to healthy living in the Normanton area, these are primarily clustered in specific parts of Normanton
- There are a number of services offering a range of healthy living opportunities related to exercise and diet, however there are fewer organisations offering support related to alcohol use.

From the community evaluation phase the most significant findings were that:

- The use of community evaluators has proven to be an effective way to reach "hard to reach" communities
- Community based healthy living projects and services can have a positive impact on feelings of marginalisation and isolation as well the more direct impacts on promotion of healthy living
- Many organisations delivering healthy living projects are funded through short and medium term funding streams, their sustainability in the longer term and their ability to plan and invest is often compromised
- Leadership skills are critical - the research showed that appropriately skilled leaders of community projects are vital for organisational health of the delivery of services.

Overall the research tends to suggest that there are a number of flourishing health related projects in Normanton and part of their remit is to help users to think more positively about their health. While there appeared to be significant provision for some minority ethnic groups, there may be a lack of provision for Eastern European and other white groups in Normanton.

Recommendations

The report recommends both strategic and pragmatic actions in the following areas:

- Significant support for organisational development and sustainability
- The promotion of the importance of healthy living within Normanton
- A holistic approach to healthy living
- Addressing gaps in service provision
- The need for further research and development
- Developing the three healthy living themes of use of Alcohol, Healthy eating and Physical exercise

Finally, in all actions the report recommends a strong involvement by Normanton residents.

1 Introduction

1.1 Strategic Overview

The rationale for this project was based on the work and findings of several national and local Derby City initiatives since 2000. A number of major reports and strategic plans have provided baseline information for the development of this project are outlined. These include the Action Plan for Urban II European Regional Development Fund (ERDF) – Normanton Community Initiative, Single Regeneration Budget Round Six – SRB6, the Neighbourhood Renewal Strategy, the Derby City Partnership Community Strategy and the Health City Strategy, Primary Care Trust (PCT) and the Public Health Strategy. The Urban II Action Plan, 2002-6, May 2002 by the Derby City Partnership also describes partnership priorities in the Normanton area of Derby. Reference was also made to the Neighbourhood Profiles for the Normanton[1] and Arboretum Wards[2], 2007. The whole project aimed to map and evaluate healthy living related projects in the Normanton area of Derby.

1.2 Background

'*Communities for Health'* is a new approach to engaging and unlocking the energy within communities to change behaviours that have an adverse impact on health and reduce health inequalities.

The strategic aims of Communities for Health are to:-

- engage communities in their own health and develop their capacity to support individual behavioural change for healthier life styles;
- build partnerships between organisations and communities;
- develop innovative practices for community based health improvement;

Funding has been allocated to Derby City Council under this programme to deliver a number of projects, one of which is the Community Health Evaluation in Normanton.

The funding from Communities for Health has been matched with Urban II Regeneration Funding for the Normanton area to create a larger project with a stronger element of community engagement.

The Normanton and Peartree neighbourhood renewal priority area has been selected as the focus for the project work due to the high levels of deprivation and disadvantage within this area, described in 1.3. The Normanton and Peartree area has, in recent years, benefited from investments in external funding that have resulted in high levels of community activity and new initiatives taking place in the area. This project will aim to evaluate some of these initiatives to highlight good practice, related to health, that possibly could be replicated in other areas of the city.

1 Arnold, T., Brett, R, Gill, P, and Howitt, D, 2007 Derby Community Safety Partnership Normanton Neighbourhood Profile September 2007, Derby

2 Brett, R, Howitt, D, and Wynn, A., 2007 Derby Community Safety Partnership Arboretum Neighbourhood Profile September 2007, Derby

1.3 The Normanton area

The area covered by this project is that of the Normanton Neighbourhood Renewal area. This is an area which is located within the Urban II Action Plan area, however the boundaries for both are close to each other (as illustrated in the maps, Appendices 9, 10 and 11). The Urban II Action Plan describes the Normanton area as follows:3

> *'The Normanton area is immediately south west of Derby city centre…… It is bounded by main roads and a railway line, and tapers towards the city centre in the North. The area boundaries were identified as they make a recognised community that does not fall within ward boundaries. The area includes the parts of the city known as Pear Tree, Rosehill and New Normanton. This is Derby's multi-ethnic inner city and it is collectively known as Normanton.*
>
> *There are 27,200 people who live in Normanton and the area contains over 50% of Derby's minority ethnic community. Normanton is the one of Derby's areas for regeneration as agreed by Derby City Partnership. There is a range of social and economic problems including:*
>
> - *high unemployment*
> - *long term unemployment*
> - *the lowest pay in the city*
> - *highest crime rates in the city*
> - *high incidence of drug use and prostitution*
> - *a decaying environment*
> - *a poor public image*
> - *low levels of skills and achievement*
> - *poor health*
> - *poor housing stock.'*

The Urban II action plan identifies a number of issues including (p10) matters relating to Equal Opportunities, a point noted is the fact that the area has 3,500 women from the Asian subcontinent many of whom face particular cultural issues in engaging in general social and economic programmes. One of the five objectives of the action plan is to '*increase the confidence, abilities and life chances of local people*' (p7).

For the purposes of this report 'Normanton' is used to encompass the Normanton and Peartree areas as defined in the Neighbourhood Renewal Strategy. This defined area was chosen for the research project as it was the area recognised by the PCT as the Normanton area and is contained within the Urban II Normanton Community Initiative defined area.

3 UrbanII Action Plan 2002-6 p4-5, May 2002, Derby City Partnership.

1.4 Policy context

1.4.1 *Health*

The Government White paper, 2004 'Choosing Health'[4] examined the current inequalities in health. A significant finding of the paper was that 20% more of people in higher socio-economic groups consider themselves to be in good health, compared to the lowest socio-economic groups. The paper advocated the need to improve the health of marginalised groups, and highlighted the importance of motivation, opportunity and support to do so. It stated the need to support informed choice, personalise support for people to make healthy choices, and increase partnership working.

The local area agreement (LAA) is a three-year agreement between a local area and central government. The LAA sets out how local priorities will be met by applying local solutions. It also contributes to national priorities set out by the government.

The LAA allows services to be delivered by bringing together partners from the public, private and voluntary sectors. The LAA pools the funding for each partner into a single pot. This avoids duplicating effort and wasting money.

Introduced in 2004, Derby was one of the first 21 pilot LAA's and it was used to deliver health outcomes agreed for 2005 to 2008 through the fourth core block , 'healthier communities and older people', coordinated by Derby City Partnership. Each block was formed of outcomes that agencies and stakeholders were responsibility for achieving to deliver priorities in Derby's Community Strategy referred to below.

From 2008 LAAs have been revamped to place more emphasis on area based service delivery, give more freedom in spending decisions and have fewer central targets and reporting systems. New LAAs should be more focused on the priorities that will make your area a better place to be. New LAAs include provisions laid out in the Local Government and Public Involvement in Health Act 2007.

The policies in 'Choosing Health' also drive Derby's Primary Care Trust (PCT) 10 Year Strategy and the Healthy City Strategy. These strategies aim to improve health services and address inequalities by focusing on the most deprived communities. The Healthy City Strategy explains that factors such as poverty, crime, poor housing conditions, lack of investment in care services and crime in these areas often lead to poor health[5]. This situation is reflected in the Public Health Profile for Derby 2008:

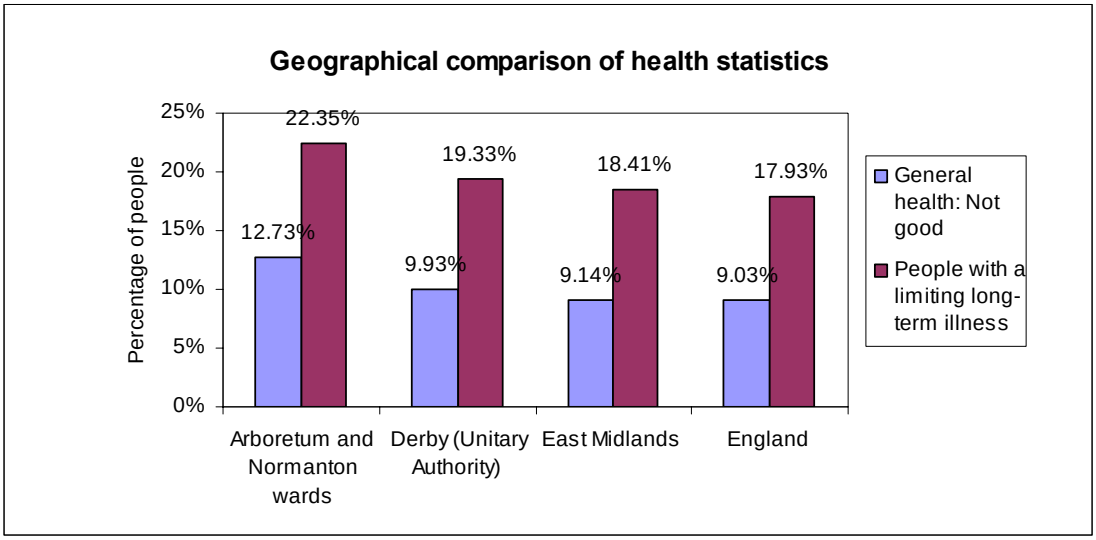
4 National Department of Health (2004). *Choosing Health: Making Healthy Choices Easier*. Cm 6374. London: The Stationery Office.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550

5 Derby City Partnership (2007). *Healthy City Strategy: 2007-2009*.

'The health of people in Derby is generally worse than the England average. Levels of deprivation, obesity in children, teenage pregnancy, drug misuse and early deaths from heart disease and stroke appear worse in Derby than the England average.'[6]

The Normanton boundary used in this study is the Normanton and Peartree neighbourhood renewal area, a priority area in the Neighbourhood Renewal Strategy[7]. It encompasses some of Normanton, Arboretum and a very small part of Abbey wards. The average of Census statistics from the first of these two wards give an indication of the area's profile. For instance, life expectancy in Arboretum and Normanton wards are significantly lower than the England average of 78.5 years in 2000-04.[8] The graph below shows the percentages of people who describe their health as 'not good', and those with a limiting long-term illness.

Figure 1: Geographical comparison of health statistics



Source: Census 2001

The census figures show that nearly three percent more people in the area of this study describe their health as 'not good' (12.73%), than in Derby and the rest of the country. There are also 3.02% more people who have a limiting long-term illness than in Derby, and this difference increases when compared to the averages for the East Midlands and England.

The Public Health Strategy for Derby 2004-10 put forward 22 objectives for action within the cross cutting themes, related to the aims of the above strategies, of tackling health inequalities and ensuring equality of access to services[9]. The following three objectives were chosen as the focus for this project:

6 Association of Public Health Observatories (2008). *Health Profile for Derby 2008*.
http://www.apho.org.uk/resource/view.aspx?QN=HP_RESULTS&GEOGRAPHY=FK

7 *Derby's Neighbourhood Renewal Strategy*. http://derbycitypartnership.co.uk/pdf/dcp/nrs_strategy.pdf

8 Association of Public Health Observatories (2008). *Health Profile for Derby 2008*. http://www.apho.org.uk/resource/view.aspx?QN=HP_RESULTS&GEOGRAPHY=FK
http://www.communityhealthprofiles.info/profiles/hp2006/lo_res/00FK-HP2006.pdf

9 Derby City Partnership (2004). *Improving Our Health In Derby A Public Health Strategy For Derby* 2004 – 2010, www.derby.gov.uk

- **Healthy eating:** to improve the diet of families and individuals and reduce the health effects of obesity

- **Physical activity:** to increase the physical activity of people

- **Alcohol:** to reduce the harm associated with excessive alcohol consumption.

Within this report the three themes noted above are described as 'healthy living'. There are many projects and organisations in the Normanton and Peartree area which fulfil these objectives, one such is b-Active, a marketing campaign and group of activities[10]. It aims to encourage Derby residents to take more physical activity with others in the community, such as on walking programmes and at family fun days. A newsletter and website also provide health information and details of these events. The Derby Primary Care Trust (PCT) supports this approach,

> '*The Health Derby strategy sets out a challenging vision of reducing by a half the level of premature mortality in the city in the next 10 years.*
> *We know from our analysis that health in our more deprived neighbourhoods is not improving at the same rate as the city as a whole.*
> *Failing to narrow the inequalities will lead to a failure to achieve the overall vision. Tackling the big public health problems, such as smoking and obesity is key to achieving a reduction in premature mortality form the big killers like heart disease and cancer.*
>
> *We also know that social and community interventions can have a powerful impact on health and health inequalities. Understanding the depth and breadth of community networks and initiatives in Normanton, and ensuring that as wider population as possible are able to tap into them, will be vital part of health improvement in the area*'[11].

Within these project aims, Derby City Council has been allocated funding from the 'Communities for Health' programme. The 'Choosing Health' White paper[12] launched this programme as an approach to *'unlock… the energy that lies within communities to tackle health inequalities'* [13] by aiming to do the following:

- engage communities in their own health and develop their capacity to support individual behavioural change for healthier life styles;
- build partnerships between organisations and communities;
- and develop innovative practices for community-based health improvement.

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10 Derby City Council (2007). b-Active update. http://www.derby.gov.uk/LeisureCulture/Sports/b-active/?qsNavSetting=max.

11 Mike Sandys June 2008 Primary Care Trust.

12 Department of Health, 2004 Making healthy choices easier http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550

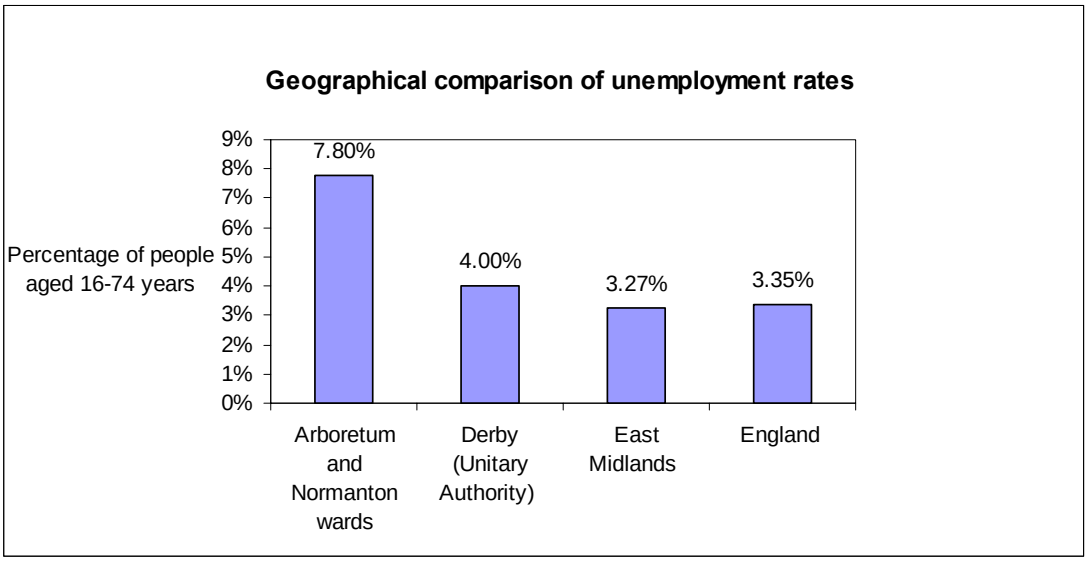
13 Gateshead Council (2007). Communities for Health: Report to Cabinet 17 April 2007. http://online.gateshead.gov.uk/docushare/dsweb/Get/Document-18097/Item+16+-+Communities+for+Health+report.doc.doc (p. 1).

The funding covers a number of projects, one of which is this Community Health Evaluation in Normanton.

1.4.2 *Regeneration*

Social and economic problems in Normanton and Peartree that regeneration strategies highlight include: high levels of long-term unemployment, low pay, high crime rates, and low levels of skills and achievement[14].

Figure 2: Geographical comparison of unemployment rates



Source: Census 2001

As an example, the graph above shows that the percentage of people who are unemployed[15] (7.8%) is almost double the percentage in Derby (4%), and greater again than the regional and England averages (3.27% and 3.35% respectively).

In response to these issues, the Neighbourhood Renewal Strategy sets out a *'framework for improving job prospects, educational attainment, community safety and health in Derby's most deprived neighbourhoods"*[16]. The Normanton area was chosen as one of the priority neighbourhoods for which targets for these issues are to be brought closer to the national average. Objectives in the Community Initiative Programme, which has given funding for this project, help deliver this strategy.

Attention has also been drawn to the lack of resident involvement in or control of local activities, due to the lack of support to do so, and to the fragmented community[17]. The Neighbourhood Renewal Strategy and the Urban II

14 Government Office for the East Midlands (2000). *Urban Community Initiative 2000-2006*. www.gos.gov.uk/497296/docs/347293/347297/urban.

15 The Census category used is 'economically active: unemployed'.

16 Derby City Partnership (2002). *Neighbourhood Renewal Strategy*. http://www.derbycitypartnership.co.uk/pdf/dcp/nrs_strategy.pdf (p. 8).

17 Derby City Partnership (2000). *Summary of the submission by Derby City Partnership to the Single Regeneration Challenge Fund*: June 2000.

Community Initiative Programme aim to address this, as seen from the latter programme's priority, '*Building Capacity for Active and Inclusive Participation*'[18].

Leading the Local Area Agreement and the Urban II Community Initiative Programme is Derby City Partnership's 2020 vision for Derby, which is that:

> *'People of all ages and from all walks of life will feel they belong to Derby and that Derby offers them everything they need - for work, education, housing, leisure and a safe, healthy lifestyle.'*[19]

Results from a survey with local residents and organisations gave 2006-2009 priorities. Those that have contributed to shaping this project are to:

- '*develop health promotion initiatives in the city'*
- *'support the development of people's skills to meet the needs of city centre employers';*
- *'improve the quality and range of arts, culture and sporting activity in the city centre'; and*
- *'increase…the number of young people participating in sport and physical activity'*[20]*.*

1.5 Existing research designs

Previous evaluations of community health projects have primarily involved mixed method approaches to analyse service gaps and highlight good practices. To measure service use, quantitative data is often collected on clients and their use of the service. This includes the socio-demographic profiles of users and patterns of registration and service use[21]. The location of service users has also been recorded to establish the geographical 'reach' of the service, enabling evaluators to understand if an appropriate project encourages the most disadvantaged parts of the community to participate in the activities[22]. Some studies also measure outcomes of the contact made, for example if treatment was provided[23].

Staff and clients concerned with relevant research projects are often asked about their perceptions of the service at interviews and focus groups, or in satisfaction surveys[24]. Studies have also recruited evaluators from the community, such as an evaluation of a Sure Start project that trained parents as

18 Government Office for the East Midlands (2000). *Urban Community Initiative 2000-2006*. www.gos.gov.uk/497296/docs/347293/347297/urban

19 Derby City Partnership (2006). *Derby's 2020 Vision: a city for all ages.*
http://www.derby.gov.uk/CouncilGovernmentDemocracy/Councils/CouncilPoliciesAndPlans/CommunityStrategy.htm (p. 2).

20 Derby City Partnership (2006). *Derby's 2020 Vision: a city for all ages.*
http://www.derby.gov.uk/CouncilGovernmentDemocracy/Councils/CouncilPoliciesAndPlans/CommunityStrategy.htm (p. 6 & 8).

21 Chester Centre for Public Health Research (2006). *The local evaluation of Halton's Healthy Living Programme: Annual reach report August 2005 – July 2006. Centre for Public Health Research*, University of Chester.

22 Chester Centre for Public Health Research (2006). *The local evaluation of Halton's Healthy Living Programme: Annual reach report August 2005 – July 2006. Centre for Public Health Research*, University of Chester.

23 Chester Centre for Public Health Research (2005). *Providing health care for the homeless population : An evaluation of Chester City Homeless PMS pilot. Centre for Public Health Research*, University of Chester.

24 Chester Centre for Public Health Research (2006). *Sure Start Ellesmere Port Reach Report*. Centre for Public Health Research, University of Chester.
Somerset NHS Community Evaluation Unit (2006). *Sure Start Exeter: Parent research project*. Somerset NHS: Community Evaluation Unit.

interviewers *'as a way of consulting with a wider range of parents than using traditional research methods'* [25].

1.6 Aims and objectives

1.6.1 *The development of the project's aims*

Five parties worked together over a period of two to three months in 2007 to determine the precise nature of the project. These were the International Centre for Guidance Studies (formerly the Centre for Guidance Studies) and the Centre for Community Regeneration (CCR), of the University of Derby and the Derby City Partnership (DCP) Team, the Derby City Primary Care Trust and Derby City Council Environmental Health and Trading Standards Department. The aims and objectives were developed using the baseline data available and using knowledge of the Normanton community from the CCR and the DCP.

1.6.2 *Aims of the Project*

The Community Health Evaluation in Normanton project had two main strands. The first, detailed in 1.6.3, was a research project to identify and map local projects within the Normanton area that engage communities in improving their own health and help to reduce health inequalities.

Within the second strand, described in 1.6.4 , the project recruited and trained a group of residents from the Normanton area in research and evaluation techniques, to become competent community evaluators. The community evaluators focused mainly on the on the more in-depth evaluation of appropriate health related projects in the second element of the project.

The project consisted of two inter-linked elements as follows and is described in 1.6.3, 1.6.4 and 1.6.5:

1.6.3 *Identification of health projects which engage and work with local communities in the Normanton area, the 'the mapping strand'*

The aim of this strand was to identify and collect information from local projects that engage communities in the Normanton area in improving their own health and that help to reduce health inequalities based around three key objectives of the Public Health Strategy. The information collected from each project included; what area the project covers, who are its target beneficiaries, what services are provided, how the project is funded and what monitoring and evaluation processes are in place to measure the project's impact.

An important element for the whole project was that it should be integrated with other work going on in the area to ensure that all existing resources of information are explored and fully utilised to avoid duplication in collecting information.

25 Somerset NHS Community Evaluation Unit (2006). *Sure Start Exeter: Parent research project.* Somerset NHS: Community Evaluation Unit (p. 7).

The mapping research, is described in Chapter 2. It gives a comprehensive picture of activity within the Normanton area and provides the basis for signposting agencies and individuals and also to identify gaps in provision. The information will be held in the form of a directory/database that would have the facility to be updated as new information is received. The database needs to be in a format that can be easily accessed by range of agencies and individual users and that could be used to create simple maps of provision.

This information will help to inform future Public Health planning including the new 10 year strategy for the PCT, plans for Neighbourhood working, DCP Healthy City priorities and targeting of resources. The project will also help to identify good practice that has been developed in Normanton that could be shared and replicated in other areas of the City and beyond and help to provide evidence for securing future funding.

1.6.4 *Public Health Priority themes*

The following objectives from the Public Health strategy have been chosen as the themes for the focus of the project. The choice is based on the priorities of the Communities for Health funding, the Public Health priorities, Derby's Health Profile 2007, Local Area Agreement targets and Neighbourhood Renewal Narrowing the Gap Targets and issues which are more likely to see significant community engagement in projects.

- **Healthy eating**
  projects that aim to improve the diet of families and individuals and reduce the health effects of obesity
- **Physical activity**
  projects that aim to increase the physical activity of people
- **Alcohol**
  projects that aim to reduce the harm associated with excessive alcohol consumption.

The whole project will also contribute to the Derby City Public Health Strategy cross cutting themes of tackling health inequalities and ensuring equality of access to services and the PCT 10 year strategy for improving health and reducing health inequalities. An overview of the Derby City's population in relation to health can be gained from the three maps shown in Appendix 4. Although these do not show the defined Normanton area they indicate that in the Normanton area, there is a high level of tobacco use, a high level of food consumption and a relatively low level of alcohol use.

Community engagement projects are defined as projects that are:

- community-based and led by a community or voluntary sector organisation or

- led by a public body but are primarily community based and have a significant element of community engagement in the project delivery or
- led by a private sector organisation but have a significant element of community engagement.

1.6.5 *Evaluation of the impact of health initiatives in the Normanton area*

The second significant strand of this research was evaluation and this is examined in Chapters 3, 4 and 5 of this report. Appropriate projects and health initiatives which engaged the community in Normanton were identified and evaluated by the community evaluators. The projects were ones which have resulted primarily from Urban II and other associated regeneration funding that have impacted on the DCP Healthy City Strategy and contribute to the three identified public health themes.

This information can form a baseline for future work in the area and will enable some gap analysis to be carried out. The role of the evaluators was to evaluate impacts and outcomes of selected projects to include feedback from beneficiaries, highlight good practice and innovation that can be shared with other areas within the city and beyond. The report will inform the drawing up of an action plan for future work and provide valuable evidence for justification of future external project funding.

1.7 Project outputs

- A group of Normanton residents receive training in community evaluation/market research techniques, and that accreditation for training be made available

- This group receive practical experience of research and evaluation techniques and develop their skills in this area of work to enhance their employability

- The evaluators may have potential opportunities to undertake future research work on behalf of other partners

- A robust methodology will have been developed and tested which can be applied to future research work of partners and other areas of the city

- A database of projects in the Normanton area that engage communities in improving their own health and help to reduce health inequalities will be produced. This will be in an accessible format that will allow for information to be regularly updated and allow a simple mapping exercise to be carried out

- A report on the impact of regeneration funded initiatives that have taken place in Normanton and have contributed to the Healthy City strategy will be produced. This will highlight good practice and include a gap analysis

as a basis for future regeneration work in the area. This will be disseminated across Derby City and beyond

- Recommendations for how gaps identified could be addressed in the Normanton area

- Proposals for translating identified good practice health initiatives in Normanton to improved service provision in other areas of the City.

1.8 Methodology

In light of the aims of the project, the aims of this evaluation were as follows:

- To provide a central source of information on healthy living related projects in the Normanton area of Derby

- To train and develop a pool of community evaluators living within the Normanton area

- To support trainee evaluators in the field to assess the ways in which Normanton projects promote healthy living and to examine users' perceptions of both the project and of health in general

- To ascertain the views of project managers and others involved in projects, like volunteers and to incorporate them with users' views

- To investigate any other issues relevant to healthy living that arise as a result of the project.

1.8.1 *Research approach: community evaluation*

This research project has a number of strands and a number of research methodologies considered valuable, thus this evaluation has been undertaken by means of a mixed methods approach. The historic split between positivism and interpretavism has meant that studies were labelled either qualitative or quantitative. In recent years the gap between these approaches has narrowed considerably and there are now many evaluation and feasibility studies that rely on a mixed methods approach (Bryman, 2004)[26]. Under the Urban II programme in Normanton there was a lack of baseline information and as this programme is completed there is a need to leave a legacy for future work to build on. In addition to this the research project was designed to be, in part, a training and development project which aimed to gather information and build the capacity of local people. The two strands of the project have used the following methodologies in addition to reference to the baseline information found in reviews of the literature.

26 Bryman, A (2004), *Social Research Methods*, Second Edition Oxford University Press. Oxford

Overall the methodology in this research has reflected a strong preference for involvement of the Normanton community in as many aspects of the research as possible, as such it might be seen as a model for other such evaluations. This element of the evaluation is described as, participatory action research. A major objective of the project was to provide a pool of readily trained evaluators with employment potential for themselves and future research projects. The evaluators were, essentially, both researchers and research subjects, that is, their training and progress as evaluators were significant aspects of the project as a whole and finding the most appropriate means of including this within the methodology proved to be a thought provoking exercise. It was also anticipated that the training and experience would provide the evaluators with some sort of certificate and an opportunity for further study following the evaluation should they wish. All received a certificate stating that they had receiving appropriate training and those who wished could add to this with credits from the Open College Network.

The rationale for using local people was that the evaluators would be acquainted with the service users they interview and barriers would be broken down by being able to interview in local languages. It is anticipated that this will have aided access to projects and service users and furthered the retrieval of insightful data. This will also be discussed within this section (Pink, 2004)[27].

To support the team of evaluators three community facilitators were recruited to work in the community alongside the evaluators, to provide initial and on going training and mentoring and to contribute to the final report. These were all residents of Normanton and associates of the International Centre for Guidance Studies. The facilitators had considerable academic experience and two had carried out doctorate studies based on issues in the Normanton area.

The evaluators underwent five days of formal training. The first two days were facilitated by the first community facilitator who provided the theoretical and contextual background, and contributed only to the initial stages of the project. All the sessions were designed to give trainees an overview of the evaluation process along with a set of '*tools*' or approaches to undertaking such studies. The two other facilitators, then led three further, formal sessions, the last one of which also incorporated a debriefing session and questions relating to the trainees' experiences of training and of being involved in the research and was co-facilitated by the University project manager and researcher. An informal training session was held prior to going out in the field and thereafter the researchers received ongoing mentoring in the field. Training and mentoring involved workshops and discussions around the following six issues:

1.8.2 *Perceptions of Community*

- What is Community? Trainees were given definitions of the term community and supported in an analysis of these

27 Pink,S. (2004). *Doing Visual Ethnography: Images, media and representation in research*. London. Sage

- Normanton and its unique features: different ethnic groups and their relationships with each other. There was also an acknowledgement that individuals could never have full knowledge of how a community operates, even when they themselves are part of that community.

1.8.3 *Insider/outsider*

The difficulties for the researcher examining their own community, and how this made them both insider and outsider. On the one hand it gave them a unique advantage over the total outsider because they would know about certain group patterns of behaviour (Shah, 2004)[28]. Furthermore they would have a better understanding of the balance of power within a group and this information might not be available to somebody outside the group. On the other hand, it might be easier for outsiders to ask probing questions, arguably, outsiders would be less inclined to overly emphasise on certain issues, which might be more difficult for the insider (Shah, 2004)[29].

1.8.4 *Difference*

Acknowledgement of differences. Evaluators soon became aware during the course of this project that even when one was trying to understand their own community there was still a need to be aware of individual differences and how this might '*colour*' the data. Recognition of the fact that how we perceive others and how others perceive us would affect mutual relationships and understanding even where people did belong to the same community.

1.8.5 *An outcomes approach*

Those who took part in the training also participated in workshops regarding an outcomes approach to research. Most evaluations have a set of proposed outcomes that are measured by the indicators the project has put in place for example, ethnic monitoring. If the outcomes are met then the project will, in general, have been successful in meeting the original aims of the project, which in turn provides some basis for measuring the project in future and for making suggested policy recommendations that might help to sustain the project.

1.8.6 *Interview techniques*

Some of the evaluators had already been involved in projects where interviews were undertaken, however, they had little experience of the techniques used for this. Evaluators were given copies of the questionnaires which were used as practice tools. Trainees were also given a chance to practise entering data from the test interviews into Snap software.

28 Shah, S. (2004) *The Researcher/Interviewer in the Intercultural context: a social intruder, British Journal of Educational Research*, Volume 30, No. 4, 515-549

29 Shah, S. (2004) *The Researcher/Interviewer in the Intercultural context: a social intruder, British Journal of Educational Research*, Volume 30, No. 4, 515-549

1.8.7 *Ethical issues*

- Evaluators were introduced to the concept of research ethics and how these would pertain to the current project. This included an examination of data protection, including the use of names and photographs. The evaluators and facilitators and others involved in the project completed appropriate proformas to ensure permissions were sought for the use of personalised data

- All community evaluators and community facilitators undertook a Criminal Records Bureau (CRB) check to ensure that they could take part in relevant activities of this project. They also wore a University of Derby identification bade when carrying out work as a community evaluator

- Evaluators were instructed as to the basics of the British Sociological Association (BSA) code of ethics regarding anonymity, confidentiality, and safety of both research subjects and the researchers. It was emphasised that those who took part in the research would be told that they could withdraw at any time and their data destroyed if they so wished. Data protection was also emphasised and evaluators reminded that all their questionnaires should be handed back to the project manager at the end of the project.

1.9 Research Methodologies

Initial mapping of all the health related projects in Derby was undertaken with the aim of producing an online directory of such projects held by one of the project partners. This research stage included the development of a questionnaire, detailed in Appendix 1, and further information is given in Chapter 2.

Following the mapping stage a questionnaire consisting of open and closed questions along with demographic questions was designed for use by community evaluators. The questionnaire contained 32 questions, the majority of these related to the nature and practices of the projects involved – there was a mix of both open and closed questions. There was a section on demographic questions and a question relating to the evaluators' reflections and experience of the interview. A copy of the questionnaire may be found in the Appendix 3.

Sixteen potential case study projects were identified by researchers and the project manager in conjunction with Derby City Partnership. These 16 were identified to include a broad mixture of potential user profiles, including gender, faith and ethnicity and a range of healthy living support. Eleven of the projects agreed to take part in the project and to be '*case study*' organisations. Thereafter arrangements were made for researchers and trainee evaluators to visit the organisation and undertake structured interviews with project users. These interviews were the primary responsibility of the trainees and the facilitators, and the University of Derby researcher was involved in some case study work and also available to offer support and deal with any difficult issues that might have arisen. These interviews went very well. The questionnaire

(Appendix 3) was the designated research instrument. Data from these interviews was aggregated and then entered into '*Snap*' software by the community evaluators and then transferred to SPSS for analysis. The open questions were dealt with separately and were analysed separately. In addition to this, one project consisted of young people, one group over the age of 12 and another with children under twelve. In this case an adapted version of the questionnaire was used to undertake focus groups with the users of this project as experience has shown that this is a suitable method to explore the views of children and young people.

Permission was obtained for the community facilitators to interview project leaders and an interview schedule was developed for this purpose. The interviews were loosely structured in order to obtain a richer source of data, using a project manager interview template. It was agreed that the best way to present data was to use aggregated simple quantitative analysis that would be presented in the form of tables and bar charts. Thereafter the qualitative findings from the structured interviews with project users, the focus group findings, the findings from semi-structured interviews with project managers and the feedback from community evaluators at the final group debriefing session were written up as individual case studies for the 11 projects involved in the research. These are found in chapter 3 of this report.

The data from the projects was examined and in conjunction with the evaluators, community facilitators and the project manager, a list of potential themes and categories for sorting and analysing the data was identified. Important emerging themes related to health and perceptions of health, dealing with hard to reach groups, funding issues and other topics. These themes were discussed at the final, formal debriefing session, during which, there was individual and group reflections on the whole project up to that point.

1.9.1 *Reflective practice*

It is common in academic circles to engage in reflexive practice, what went well during the course of a project and what could have been better. This project is slightly different, while it does involve some general reflections the last question on the questionnaire was intended for the evaluators themselves. Trainees were asked about their experiences of particular interviews, a selection of their views is given in Appendix 5.

During the research both the evaluators and the community facilitators were aware that they had been given privileged access to previously very hard to reach groups. One project aimed to give help and support to women experiencing domestic violence, the project also ran a refuge for women escaping violent men and the community facilitators were allowed privileged access to the women who were staying in the refuge.

One factor that facilitated the evaluation in some projects was the fact that most of the evaluators spoke more than one of the community languages. This

resulted in research information obtained from people who previously would have been inaccessible.

1.10 Project constraints and challenges

It should be noted that the initial proposed timescale of the project activities was from October 2007 to June, 2008. As the contractual arrangements were lengthy the project did not start its first activities until December 2007, resulting in a number of tasks taking place in parallel. This factor, together with changes in staffing, an extremely complex project methodology, the recruitment requirements of ERDF, general complexity, and financial issues relating to finding matched funding led to a tight timeframe for the project research and completion. The partnership approach added considerable value to the project, however this also added to the project complexity.

In addition to the time and project management issues related to the project, a second challenge was that related to selection of projects and the recruitment of community facilitators and evaluators. Although efforts were made to include a wide range of case study projects and to involve evaluators representing all sectors of the community, it was found that the evaluators were predominantly from an Asian background and the facilitators were white. Of the eight working team members, there was one man and seven women. The selected case studies included a strong representation of Asian (particularly Pakistani Muslim) users, the majority of whom were women. These latter two factors may have resulted in a research focus primarily involving the needs of the Asian community in the Normanton area, this is discussed further in Chapter 6.

1.11 Overview of report structure

This report is divided into seven chapters. The report aims to give information and analysis of the two major strands of the research. Chapter 2 describes the mapping strand of the research and Chapter 3, contains details of the 11 case study organisations used for the community evaluation strand. Chapter 4 gives key evaluation findings from the service user feedback, and Chapter 5 outlines the findings and reflection on the community evaluation phase. Conclusions are given in Chapter 6 and recommended action points are given in Chapter 7. A series of Appendices give appropriate further information, including maps generated from the mapping strand of this project. It should be noted that in printed versions of this report the maps given in Appendices 9, 10 and 11 appear both in A4 and A3 form.

1.12 Acknowledgements

This research, led by the International Centre for Guidance Studies, working in close collaboration with the Centre for Community Regeneration at the University of Derby, has explored a number of complex issues. This research has relied on the many stakeholders involved in the project. We would like to thank the many people who have contributed including those working for healthy living projects in Normanton, in particular those involved both as managers and users of the '*case study'* organisations. We would like to

acknowledge the support of the highly accomplished team of community evaluators, community facilitators and the team from the University of Derby Other colleagues from the Derby City Council designed and provided the maps in Appendices 9,10 and 11 together with related text in Chapter 2. Colleagues from the project Steering Group and the Derby City Partnership offered valuable contributions to the work and development of the project and this report. Full details of those involved are given in Appendix 8.

2 Mapping Community Health Initiatives in Normanton

iCeGS, working in partnership with Derby City Partnership (DCP), undertook a mapping exercise designed to identify projects and services that help to improve the health and wellbeing of Normanton residents by encouraging them to eat more healthily, take more exercise and drink more responsibly.

A database of 331 organisations was compiled from databases and individual contacts supplied by representatives from the project steering group. The organisations included in the database were identified as those that were potentially, but not necessarily known to be, delivering health-related projects and services in Normanton.

A mapping questionnaire was designed in consultation with the project steering group (Appendix 1). The questionnaire was piloted in December 2007 with 25 organisations. On the basis of feedback from the seven respondents to the pilot no changes were made to the mapping questionnaire. The questionnaire was distributed by post to the organisations that did not receive the pilot questionnaire in January 2008. Respondents were given the option of completing and returning a paper-based version of the questionnaire in a pre-paid envelope or completing and submitting the questionnaire online. Information on the opportunity for local residents to become involved in the project through training to become community evaluators was sent with the questionnaire. Organisations were encouraged to circulate the information to service users and contact iCeGS for further information.

A week after the fieldwork had commenced, iCeGS began systematically telephoning organisations for which telephone numbers were available to encourage them to participate in the mapping exercise. Where possible, iCeGS researchers completed the questionnaire with the respondent over the telephone. In order to further enhance the response rate, a reminder mailing was distributed to all non-respondents in February 2008. iCeGS researchers continued to follow-up non-respondents by telephone with a maximum of three attempts being made to contact each organisation. With the agreement of the project steering group, the deadline for responses to the mapping questionnaire was extended to 14th March 2007. The statistical information contained in the interim report was based on data received by iCeGS as of the 1st April 2008. The report was circulated to the Steering group. After the 1st April a small number of additional questionnaires were completed by Normanton projects and this chapter considers the mapping stage of this project based on the larger data base of organisations as at 29th May 2008.

2.1 Sample Profile

Out of the 331 organisations on the database, 17 were returned marked '*addressee has gone away*' and there was one duplicate address (Figure 3).

Figure 3: Table of sample profile

	No. of organisations
Sample	331
Returned – address gone away	-17
Duplicate address	-1
Total	**313**

A total of 91 completed questionnaires were received by 1st May (Appendix 2). A further 15 organisations, all of which were contacted by telephone, indicated that they were not delivering in any of the target health- related areas and/or to Normanton residents and that the questionnaire was not relevant. One respondent refused to participate due to time and funding pressures. A total of 107 responses were, therefore, received (Figure 4). This represents a response rate of 34.2%, calculated as a percentage of the total number of organisations that could have responded (n = 313). There was no response from 206 projects or organisations from the original data base. The list of non respondents was reviewed and there were no clear common characteristics of all or most of the non respondents. Twenty five of these were churches or places of worship and a further 25 were medical/dental services or schools. It was not possible to categorise the remainder of the non respondents.

Figure 4: Respondent profile (All respondents)

	No. of organisations
Completed questionnaires	91
Not relevant	15
Refusal	1
Total – response	**107 (34.2%)**

Organisations operating in a wide range of sectors are currently involved in the provision of health-related projects and services in Derby. However, the projects and services identified through the mapping exercise are predominantly delivered by organisations in the voluntary and community sector (62.2%) or managed by the local authority (17.8%) (Figure 5).

A total of 76 respondents indicated that their organisation delivers projects/services for Normanton residents that directly or indirectly help to improve health and wellbeing. Maps plotting the geographical location of these services were produced by Derby City Council and copies of these are available in Appendices 9 - 11. The data in the remainder of this report is based on this

group of 76 organisations only. It should be noted that this total sample number is relatively small and in most circumstances percentages would not be able to identify statistical significance. As the data is specific to the Normanton area and its special cultural mix of residents within a small city it cannot be presumed that indicative statistics given in this section could be replicated elsewhere.

Figure 5: Sector (All respondents)

	No.	%
Local Authority	16	17.8
PCT/NHS	3	3.3
Social Enterprise	2	2.2
Voluntary and community sector	56	62.2
Private Sector	5	5.6
Other	8	8.9
Total	**90**	**100**

No response = 1

2.1.1 *Identification of the need for offering healthy living related services*

The questionnaire asked organisations to identify, not only their aims and objectives, but how they had identified a need for healthy living services they offered. The 12 responses to this question noted that the identification of needs had been made informally and formally, the following themes were noted:

- Need identified with support of professionals or government agencies (specific agencies were mentioned in two cases)
- Questionnaires, and surveys used, for example with parents
- Consultation with community
- Informally following opinions voiced by local residents, and using anecdotal evidence (two cases).

As only a small number of organisations completed this question and only a small proportion of these expressed a clear methodology of identification of community needs related to healthy living it is highly probable that the vast majority of such services do not use formal consultative methodologies to ascertain potential customer needs.

2.1.2 *How the services make a difference*

The questionnaire invited, in question 2p, the project representatives to describe how the service makes a difference. Twenty seven organisations gave information on this topic. Six organisations recorded that they focused on the needs of children and young people, and two mentioned their support for

parents and families. Others noted a range of outcomes for their clients, included being able to '*respect themselves*', provision of advice and information and specialist services. One noteworthy response records,

> '*feedback shows that crime in the area has decreased and the area is becoming a cleaner and better place to live. The elderly residents are no longer afraid to leave their home and are frequent visitors at meetings*',

A more typical response states,

> *'Increasing physical activity, encouraging healthy eating and reducing alcohol reduction'*.

2.1.3 *Supporting healthy lifestyles in Normanton*

More than nine out of ten organisations deliver projects or services that either directly or indirectly encourage health eating (97.4%) and physical activity (93.4%). Half of those surveyed (53.5%) support service users to reduce their consumption of alcohol (Figure 6).

Figure 6: Extent to which projects/services encourage healthy living (Organisations that deliver to Normanton residents)

	Healthy eating		***Physical activity***		***Alcohol consumption***	
	No.	***%***	***No.***	***%***	***No.***	***%***
Yes, directly	38	50.0	39	51.3	14	19.7
Yes, indirectly	36	47.4	32	42.1	24	33.8
No	1	1.3	4	5.3	30	42.3
Not sure	1	1.3	1	1.3	3	4.2
Total	**76**	**100.0**	**76**	**100.0**	**71***	**100.0**

**No response = 5*

Current provision ensures that all residents of Normanton, irrespective of gender, age, ability, ethnicity, and faith, have access to projects and services that help to encourage a healthy lifestyle. Over two-fifths of the organisations surveyed (47.4%) provide projects / services that are open and accessible to any resident of Normanton. Women, young people aged 5-19 and minority ethnic groups appear to be best served by the projects and services that target specific user groups (Figure 7).

However, just seven (9.3%) of the organisations that responded indicated that their project / service was primarily used by Normanton residents only. A further 35 (46.7%) indicated that their project / service was used by residents of Normanton, Peartree and the surrounding areas and 30 (40.0%) reported that their project / service attracted users from across the city.

Figure 7: Beneficiaries
(Organisations that deliver to Normanton residents)

	No.	***%***
All residents in Normanton	36	47.4
Children aged 0-4	8	10.5
Children aged 5-13	13	17.1
Young People aged 14-19	12	15.8
Adults aged 20-59	8	10.5
Adults aged 60+	9	11.8
Male residents	7	9.2
Female residents	14	18.4
Disabled residents	6	7.9
Minority ethnic origin	18	23.7
Residents from a faith group	5	6.6
Another group	9	11.8

Please note that the percentages do not add up to 100% because respondents could tick more than one response.

A substantial minority of respondents (44.0%) was not able to report approximately how many Normanton residents were actively engaged in their project/service. The data provided by those who were able to provide a response demonstrates that the number of residents served varies considerably from project to project and ranged from 2 to 1500. However, the number of residents most commonly engaged is less than 10 (Figure 8).

Figure 8: Approximate number of residents actively engaged (Organisations that deliver to Normanton residents)

	No.	%
1 – 10	8	10.7
11 – 25	5	6.7
26 – 40	6	8.0
41 – 55	3	4.0
56 – 70	4	5.3
71 – 100	4	5.3
101 – 199	5	6.7
200+	7	9.3
Not sure	33	44.0
Total	**75**	**100.0**

No response = 1

Organisations seek funding from a range of sources in order to support the delivery of projects / services, including organisations' own income (33.3%). Figure 9 demonstrates that the most common sources of external funding are Derby City Council (33.3%), the Small Change Fund (22.7%) and the PCT (21.3%). A diagrammatic analysis of the data from this research is given in Appendix 7, it indicates that these seven sources of funding focused the majority of their funds on activities related to exercise and healthy eating with relatively little funding focused on the use of alcohol.

Figure 9: Funding (Organisations that deliver to Normanton residents)

	No.	%
Derby City PCT	16	21.3
Derby City Council	25	33.3
Derby City Partnership	5	6.7
Small Change Fund	17	22.7
Derbyshire Community Foundation	4	5.3
Big Lottery Fund	5	6.7
Organisation's Own income	25	33.3
Charitable Trust	4	5.3
Other	22	29.3

No response = 1. Please note that the percentages do not add up to 100% because respondents could tick more than one response.

2.2 Maps plotting the geographical location of current provision

The data collected as part of this project has been used to develop three significant maps, copies of these are in Appendices 9, 10 and 11, at the end of this report.

2.2.1 Methodology

The maps provided were produced from data acquired from the Community Health Evaluation questionnaire, Appendix 1, with the data relating to Question 2g 'Does the project / service, help to (i) Encourage Healthy Eating, (ii) Increase Physical Activity, (iii) Reduce Alcohol Consumption. The projects/services involved were geocoded by their postcodes to their geographical location within the city, and the data for the different categories was mapped on to these sites.

A classification was created for projects/services according to whether they provided the service directly or indirectly, and sized proportionally, according to how many people from the Normanton area are actively engaged in this project. The maps produced consist of those sites within the Normanton Neighbourhood Renewal Area, NRA, but to indicate accessibility to services outside the Normanton NRA, an area within a quarter of a mile radius of this boundary has also included taking in any other sites in close proximity.

2.2.2 Analysis of maps

Encouragement of healthy eating

Most of the projects / services located in the Normanton area are involved in encouraging healthy eating, with many of them doing so on a direct basis. Indeed, most of the sites indicated on this map involve a reasonably high number of people from the Normanton area.

One of the most noticeable trends on the map is the number of projects/services located in the centre and eastern side of the Normanton NRA. There are many projects/services located around Normanton Road, Portland Street, Peartree Road, Dairyhouse Road, Rosehill Street and Osmaston Road. In comparison, very few of the projects/services are located in the west of the area.

Encouragement of increased physical activity

Compared to the healthy eating map, the numbers of projects/services involved in encouraging increased levels of physical activity are generally smaller. There are also a higher proportion of projects / services encouraging increase physical activity on a more indirect basis. Again there is a distinct split down the centre of the area, with many more projects / services located on the eastern side to those on the west.

Help to reduce alcohol consumption

There are many fewer projects / services involved in helping to reduce alcohol consumption. The projects/services are generally smaller than those encouraging healthy eating or physical activity. The majority of the projects/services are located towards the centre of the Normanton Neighbourhood Renewal Area, around Normanton Road and Peartree Road with a number of smaller areas located towards the city centre. Again there is a distinct split, with very few projects / services on the western side of the area.

2.3 Gaps in current provision

Respondents were invited to report any other health and well-being related needs that they had observed but, to their knowledge, were not currently being met, among the residents of Normanton. The following gaps were identified by respondents to this questionnaire.

- Provision to support and encourage the elderly to engage in physical activity (five respondents)
- Services for new communities, including asylum seekers and migrant communities, particularly from Eastern Europe (three respondents)
- Women only healthcare services (three respondents), such as a women only gym
- Healthy eating on a budget (three respondents), including services targeted at parents, the Asian community and people living in hostel accommodation
- Services for people with mental health and learning difficulties (three respondents) including support to use mainstream services
- Support to address substance misuse including alcohol, smoking and drugs (three respondents)
- Services for victims of domestic violence who have other complex needs such as mental health issues or substance misuse (two respondents).

Two respondents felt that there is a lack of awareness of the services that are currently available and that further advertising is needed. One respondent also noted a general lack of clean, safe, green space for the public to use and another felt that greater use could be made of existing services if other support services were in place, such as crèche facilities.

3 Key Evaluation Findings : Case Studies

This chapter examines a key element of community evaluation strand of the project. It provides individual accounts of the 11 case study organisations.

3.1 Findings from selected case studies.

The case study approach

A key part of this research process was to analyse in depth the issues related to healthy living in a small number of case study projects or organisations based in the Normanton area. A long list of 16 projects was identified by the Steering group using the data from the mapping research stage, as described in chapter 2. These 16 projects were selected to include a range of organisations concerned with the three health related themes, and whose services provided for a wide range of Normanton residents, including criteria of user by age, gender and ethnicity. Five of the long listed organisations felt unable to participate in the research due to staff shortages, timing of the research and other resource issues. However, eleven projects were evaluated, these are:

- Asian Advisory Service
- b-active: Make Your Move Your Way, activities for women only
- Derby First Forum
- Evergreen
- Hadhari Nari
- Normanton Young People's Diversionary Group
- Open Doors
- Persian Cultural Association
- Sahahra
- SureStart
- Women's Work

The eleven organisations and services studied had varied remits. Four of the organisations had a significant remit to work across all three theme areas; exercise, nutrition and use of alcohol: Asian Advisory Service, Derby First Forum, Persian Cultural Centre and Women's Work. The healthy living related services of the other seven organisations are focused primarily on exercise and nutrition. It is important to note that none of these organisations are specialist agencies which focus on work related to alcohol issues. Services that specialise on alcohol matters are generally categorised by the level of service they provide, from basic advice through to clinical/residential services. None of the 11 case study organisations provide anything beyond basic advice related to alcohol, although Women's Work may bring in specialist counsellors if appropriate.

In these case study projects, research was undertaken through interviews with managers, project workers and volunteers as well as face to face interviews one hundred service users and focus groups with young people, as detailed in the methodology section 1.6. Tables in Appendix 6 show the numbers of users interviewed from each case study organisation. The case study services

illustrate a range of common themes, these are discussed further in Chapter 5. The findings of the evaluation work carried out by the community evaluators have been included, these findings include analysis of the questionnaires completed by the evaluators and also the information provided in the final community evaluators' debriefing day.

It is important to note that the information given in this chapter is that obtained through interviews, observations and focus groups. The project did not seek to verify information given, for instance on funding.

3.2 Case Studies

3.2.1 *Case Study 1: Asian Advisory Service*

Asian Advisory Service

The information on this case study has been provided by interviews with the Project Manager, the Aerobics Instructor, and the Cookery Instructor and 11 users, interviewed by five community evaluators.

Overview of the Organisation

Established eight years ago, the service is based in the Normanton area and provides advice and information to support and protect the health of ethnic minority communities. It is based in Normanton and has a remit to work with residents of the City of Derby. In all 4,500 service users per annum access all provision at the Asian Advisory Service (AAS). Of these, a significant number, 80%, are of Asian background. Eastern Europeans constituted about 20% of the users.

Aims of the organisation

The primary aim of the Asian Advisory Service (AAS) is to support ethnic minority people with their educational and health needs. It aims to offer a range of support services to help ethnic minority people in general. Its broader aim is to continue to provide its existing services, which are liable to limitation because of lack of sufficient funding. Two of the AAS's current services are a cookery

class and an Aerobics female only class, which finished in May 2008 These activities are described in this case study.

Funding

The service is partly funded by Small Change, Derby City Partnership's small grants scheme. Identification of service need is developed in consultation with community volunteers, and through quarterly evaluation meetings.

The issues of limited funding has affected the health-related services which the AAS has offered. They have recently introduced charges for use of some services – a move which some users say will introduce a divide to access to those services. At present the AAS is considering other sources of funding, which may support long term strategic development of services. Currently, the manager is exploring the possibility of the AAS becoming a social enterprise.

Staff

The AAS employs three paid staff with 20 un-paid volunteers. As the remit of the service is strongly related to health and wellbeing it is difficult to disaggregate the staffing figures in relation to those who work solely on the three themes; nutrition, exercise and the use of alcohol.

Healthy living

The AAS focuses primarily on diet and nutrition and exercise activities, but is also concerned to a lesser degree with alcohol use. It offers a series of special projects and ongoing support to individuals. One example, of the former is the partnership working with the Primary Care Trust (PCT) over the last two years to support a health surgery in supporting and identifying mental health issues and potential addiction issues such as alcoholism, amongst quite young Asian teenagers. The aim of this project has been to include Black Minority Ethnic (BME) communities. In 2007 the service ran a two day project in association with '*b-active'* related to healthy living which focused on the importance of eating five portions of fruit and vegetables daily. In terms of numbers of users in the last three years, the manager estimates that in the last year about 500 of the service users have been involved in keep fit classes including the Bollywood dancing sessions, around 900 users have been involved in the health surgery and dietary and cookery sessions.

Healthy living in action: Aerobics

An aerobics class is held once a week which attracts a small group of mostly older females of Asian origin, albeit with some younger attendees. The need and health benefits are described by an aerobics instructor as follows:

> *'Initially, I became involved due to my personal awareness of suffering from being overweight, the nature and consequences of the 'traditional' rich Asian diet. I am of Indian origin and I have seen the health implications of different Asian food, the way its cooked and the*

'weakness' of the Asian community for sickly sweet desserts. Laden with sugar and fats, contributing to obesity and the unawareness of particularly by Asian females, to take up regular exercises. There is always room to do more, i.e. take scales in to help them monitor their weight, have more time to discuss healthy eating'.

The class is held during the day within school hours, it was reported that the class might be useful for mothers but the lack of suitable childcare was an obstacle for some.

One service user who valued their experience and wanted it extended noted:

"Services should be increased like days out or activities for women to do. There should be advertisements about events and people would then attend."

Healthy living in action: Cookery

Cookery classes are offered twice a week. They are intended to be very informal, informative, and practical. The classes require users to buy fresh nutritious foods, locally available. Around 12 women attend these classes.

The Instructor reported that women were now buying fresh foods, and using more healthy cooking practices:-

"Some ladies on the spot tell me all, that's a new thing we learnt, we saw this thing and didn't know how to do this thing. Some people didn't use to buy fresh vegetables, they use to buy tins. I told them to buy fresh vegetable and they'll be more healthy, and now they do it."

"Even though, some of the ladies already know some of the dishes, but the way I tell them to go and try at home, they tell me that that's the way they have done it at home – it came out very nicely!"

Community evaluator reflections

Evaluators noted that the use of classes brought health benefits both directly (better eating and more exercise), and indirectly and importantly through **social contact**. It was noted that parts of the community can experience feelings of isolation, which in turn impact upon on their habits (lack of healthy eating), and can lead to depression and other mental health issues. As one community evaluator noted,

'One interview was conducted in Urdu/ Punjabi throughout with a woman who knows she is overweight and has had many illnesses over the years. She is the carer for her children and is separated from her ex partner/ husband. She lives in an Asian cultural traditional Muslim societal group. With little spoken English she has great difficulties dealing with the welfare advice and system of environments. In turn this affects her own state of emotional physical, mental health well being. The woman

expressed many anxieties and concerns not least about her personal life issues and her feelings of cultural isolation.'

One service user commented:-

'*I like the classes and enjoy meeting friends..... It takes me away from isolation and problems and ill health. The women provide friendship, an escape time in class as this Life's tough. It brings a little laughter that is sometimes missing to uplift you'*

The cultural issues related to relationships, are important,

'Families tend to live together and there is a clash between freedom permitted and the support given by the family network', community evaluator.

A community evaluator records,

'This woman was eager and confident to divulge her current circumstances and relay her most personal and sensitive information. She is divorced as 'in the British System and sense' as she put it. She is the carer of her young grandson. The responsibility of Asian motherhood never ends. She explained it is different for the men. Her Asian cultural and traditional Muslim societal group still affect what she does and how she lives her life. To an extent her illnesses are due to the circumstantial environmental pressures over many years of domestic and relationship difficulties in most, in these circumstances, Asian marriages faced by many Asian lone parents and carers of children.'

At a practical level once women come to develop a relationship with those who run the centre they express their wider needs, for example with help in completing forms.

A second key issue raised by the evaluators was the importance of strong **links with the health services**, and in particular the apparent lack of formal protocols surrounding whether or not service users of some services should be assessed first by a medical practitioner.

A third key issue related to **access and accessibility**. There appeared to be a geographical divide between users, based on where they lived and how easily the AAS could be accessed. There was also a notable lack of services that addressed the specific health needs of young and old, Indian and other groups.

Service users and gaps in provision

The current services users are mainly Asian women. Some individual men use the service but tend to use the IT facilities there and not access, or demand, health related services. The manager noted three further ways they would like to develop their services:

- Recruitment of one additional fitness worker could coordinate all healthy living projects to ensure access by males, elderly, children, and those with special needs.
- A project to educate parents and their children on alcohol use / mis-use among young people which is increasingly common but parents might not be aware of the signs and symptoms of this problem.
- Better marketing and awareness raising of the current services offered by AAS to enhance participation levels.

A community evaluator noted that there was an ongoing case for women only exercise classes:-

> *'The Indian Community Centre used to have exercise classes for women only. This was very convenient for Muslim women like myself who want to exercise in a female-only environment. Other women I know used to go to and enjoy these classes too. We were all very disappointed when they stopped doing the classes. I would like to see something like this start up again in the community'.*

Information gathered on the 11 service users interviewed is outlined in this paragraph. The age of users interviewed varied from under 13 to over 60, with the majority being in the 40-59 age group. Six of the users said that they exercised every day and the rest exercised weekly. Four said that they ate the recommended fruit and vegetables portions every day, three ate them most days, two either ate them 2-3 times a week or less than once a week respectively. When it came to drinking alcohol most (nine) said they did not drink and two said they drank between 1 and 14 units of alcohol a week.

Evaluation of Service

The service manager considers that the service has '*made a start and communities are realising the issues they are facing – but a lot of work needs to be done*'. The services and projects provided all work well, however funding is a challenging issue. More resources are needed, for instance services will be better if and when a health worker can be employed. The manager considers that users are happy with the service. The community evaluators who had been involved in the interviews with users considered that the AAS offered a reasonably good service to its users.

One strength identified by the manager is that the AAS proactively engages people in activities and make them feel they're part of project.

3.2.2 *Case Study 2: b-active: Make Your Move Your Way, activities for women only*

b-active St James Centre

This case study was developed from interviews with the Physical Activity Officer (Hard to Reach Groups), community facilitators, five community evaluators and 15 service users. In the following case study and related discussions the 'b-active: Make Your Move Your Way, activities for women only' is referred to as 'b-active'.

Overview of Project

The Physical Activity Officer (PAO) is employed via Derby City Council (DCC). Her post is funded by Derby City Council and another funder. As her title suggests, this is a direct attempt through her and by them to access hard to reach groups in Normanton and across the city and to get to them to engage in more physical activity and sport. Although her role is aimed at hard to reach groups in the wider sense, actually it focuses on all women but with a focus on women from BME communities. She has carried out consultations with Normanton residents, taking account of sensitivity to religion and culture, childcare, time, lack of awareness of local leisure centres are offering, to find out what would make people engage. She also ran an open day in January this year to sign people up for a six month pilot programme which this evaluation

focuses on. Her target group is women aged 16+ but there was tremendous interest in activities such as kickboxing, self defence, personal safety and general confidence from younger women that she could not ignore and she has been able to include younger women in these activities. Also there is a mixed age group session at women's swimming on Sundays which is held at Queen Street Swimming Baths as some mothers wanted to swim with their girls.

Funding

The PAO (Hard to Reach Groups) post is externally funded but an office is provided by the Derby City Council for three years. Consultation via Active England reinforced that women from BME groups were not participating in the '*30 minutes 5 times a week*' physical activity and Normanton was regarded as a low participation area. The nature of the funding demands that the PAO should access hard to reach groups within Normanton and any interest should be registered however fleeting. Her funder also desires to see evidence of regular sustained attendance and any health benefits. Part of the PAO post is to look at capacity building, continuance and sustainability (post these six months pilots). Her role is to help women's groups develop and encourage them to take things forward themselves and source funding, with her guidance. She also consults with service users and organises meetings for them to consider the nature of the physical activities they have taken part in and what they feel the future of the sessions should be.

Staff

The PAO is in sole charge of these pilot activities. She is also part of the Physical Activity Team of *b-active* at the Derby City Council and her role conducting these pilots transcends other Derby City Council teams (Sports Development, Physical Activity, and Children's Activity). All her activities are staffed by women so that an all female environment is provided.

Access

The target group are BME women with a strong focus on South Asian Muslim women, her activities are very popular with the Muslim community because the '*women only*' activities are suited to their cultural and religious needs. She also encourages asylum seekers to attend if they wish, no proof of status is required. She has had queries from refugees, for example a husband regarding his wife where she suggested he should bring his wife to the activities but the main concern here was cost which to some people are prohibitive. Costs are in line with leisure centres and concessions are available although costs are generally lower in Normanton and there are free crèches for some activities. She is confident that she reaches her target group although her commitment extends to wanting all women to benefit and be empowered through physical exercise. There has been a strong focus on accessing Pakistani Muslim women who historically suffered from inappropriate provision, for instance the use of male instructors and who have had to work around certain restrictive boundaries, for instance environment and dress codes. There are pockets of women from other

communities whose activity level is low however and she attempts to reach these in Normanton and Peartree but also in parts of Littleover and Mickleover.

Healthy living

All activities organised by the PAO are health related and she is conscious that her particular target group, because of cultural sensitivities, historically were not engaging particularly well. Because of her own connections, she knew of interest by BME women in Normanton for kick boxing, keep fit, swimming and self defence and was against further consultation in this respect as she felt that the community came under too much scrutiny. Her six month pilot to incorporate these activities began at the beginning of February 2008. Educational elements were introduced at the end of activity sessions on the benefits of physical exercise, how to work safely, what can be done at home, and booklets were provided. Healthy eating and family inclusion in exercise were also introduced into these educational elements. Instructors would also show service users how to continue their exercises at home (30mins x 5 days a week). Particular interests from service users focused on keep fit and Bollywood dancing (in partnership with Surtal Asian Arts). Service users were asked to fill out a health questionnaire initially which included questions about alcohol consumption although the question was generally perceived as irrelevant.

Service users

She feels she manages to engage successfully with her target group. White service users as well as BME are accessing these sessions.

Signposting

As PAO she enthusiastically works in partnership with other groups and organisations across the city to pass on her own particular message on exercise and a healthier lifestyle and she has developed good networks which incorporate agencies and community groups. She feels confident that her message also filters down within the communities themselves.

Gaps in service provision

As part of her remit to access hard to reach groups, the PAO would like to be able to access older women more as interest in physical exercise that is available, for instance power walking round Arboretum Park, via *Sahahra*. She has also been approached by service users to look at public sports but at the moment the general emphasis is on a culturally aware environment for men and women. She feels that there is a lack of good venues in Normanton. As her pilot projects address shortfalls in exercise provision for BME and particularly South Asian women, she feels that she addresses gaps in provision well where locally she has been able to persuade people to attend mainstream activities at leisure centres.

There were some suggestions from service users for service improvements and these were:

- There should be more activities for under 16s, for example netball, aerobics, badminton and tennis
- More services were needed to cater for the elderly
- Women only aerobics after school hours and generally
- A ladies gym with crèche facilities
- More karate and self defence classes
- Some martial arts
- Need for more women trainers for swimming and also for other sport activities
- Also more information on healthy food, health focus cookery classes and fitness dancing.

Links to other health related agencies

There are established links between *b-active* and the Primary Care Trust (PCT).

Other issues

The PAO feels that physical activity and sport has a massive impact on bettering how women feel about themselves. She says that the Pakistani community generally are becoming more open to women's individual needs rather than just focusing on the general expectation of marriage and children.

Findings of the community evaluators

Young girls interviewed at the kickboxing sessions were very pleased to be able to take part because sessions were well supervised, were in a private and secure location, were gender specific, and did not violate any cultural or religious restrictions which apply to young Asian Muslim women. The girls seemed to really enjoy the activity and especially appreciate the opportunity to get out and socialize with their parents' approval. One service user wanted more sessions as she felt that social networks were created in this way. Others felt that fitness and exercise were a priority as was healthy food, their parents were providing them with good home cooked dinners which were regarded as healthy. Other women service users at the keep fit sessions felt that exercise was important in relieving stress and there was a general focus on maintaining a healthy weight which in turn improved confidence. There were some negative comments on the absence of crèches and also that costs could be prohibitive.

At the debriefing training session, evaluators questioned why there were not healthy living opportunities for elderly men and that exercise classes should include advice on healthy eating. They also felt that there were differences in perceptions on health between older and younger women where older women felt exercise was unimportant. They felt there was a need for more of a focus on activities for younger girls and users wanted more sessions generally. Again meeting new people was flagged up as important and that skills were being learned and passed onto others. Exercise was also perceived as beneficial to

good mental health and stress relief and all classes were local to the area so could be easily accessed. Again it was seen as something new and away from home, young people enjoyed the services, it was a place to meet and they acquired knowledge about obesity and its consequences.

Findings related to service users

The users interviewed by the community evaluators mainly described themselves as Asian British (11 users), the others being white British. Six were under the age of 19 and seven aged between 20 and 39. Ten stated that they exercised everyday, the remaining five, weekly. One user ate the recommended five portions of fruit and vegetables daily, and another 10 ate those portions on most days. Only one user stated she drunk alcohol each week (1 to 14 units), the rest did not drink alcohol.

A general comment by users was that b-active provided a good service and that it benefited Normanton:

> *'This is a good group. I enjoy coming. I hope the results of the findings of this research are also reported to local community.'*

Changes made to lifestyle as a consequence of joining this project were that a majority of those questioned were now taking more exercise and eating more healthily. Other secondary benefits were better mental health, getting out more, meeting new people and making friends. It was clear from responses that most of the service users did not necessarily link into other health related projects in Normanton so b-active would remain as a main and important outlet for health related activities for service users.

3.2.3 Case Study 3: Derby First Forum

The information on this case study is derived from an interview with the Drug Treatment Advocacy Officer (previously funded by Derby City Council and in June 2008 not funded) who is now the '*Project Manager Derby First Forum'* (unpaid). It also includes information from nine service users interviewed by six community evaluators.

Overview of project

The National Treatment Agency (NTA) who monitors the performance and provision of strategic planning in cities and counties for drugs teams, reported a number of shortcomings in Derby's service infrastructure. The response of the Derby City Council was to establish Derby First Forum (DFF) and employ a manager to encourage greater service user involvement in planning and management of their drugs services. Their work found that the approach of prescribed treatment needed to be enhanced as the Derby City Council was not providing any other activities to counter feelings of isolation.

Aim

The aim of the DFF was to involve people, post treatment, in positive life change projects, for instance to give people a reason to get up in the morning rather than just finding the next fix. This is necessary as methadone and other treatments can create mental space for people to reflect on the poor quality of their lives leading to depression. DFF aimed to reach and engage people in positive activities and to offer day programmes as this was a gap in provision. They sought to work in partnership with other drug treatment agencies to effectively cover the random needs of service users. DFF promoted itself as an independent group where ideas for the way it was run came from its service users. DFF has achieved its aims to encourage service users to take control and be creative in its management.

Funding

The Project Manager's post was planned to be funded for a limited time, a year and a half from September 2006. Her post was based out of the Bradshaw Clinic which was partnership run, involving the PCT/Community Safety Partnership (CSP)/local authority. The partnership was unable to continue funding her post when its term ended. However it was reported that the Derby City's performance in relation to drugs increased dramatically with the manager in post and her group was nominated for two awards as service user involvement in treatment was becoming topical and DFF was seen as an example of good practice. In April 2008, when the contract ended the partnership were unable to continue to fund the Project Manager post, although the CSP still continue to pay for rent and provide office services for the project. The Project Manager has decided to continue the project in a voluntary capacity and seek additional funding. In the meantime, the women service users are making jewellery to generate income, and DFF have produced a DVD on holistic treatments which they hope to sell to NHS and other drug treatment

services. The project has also received funding from Small Change to create a DVD featuring the drug misusers explaining their life stories, experiences and how, with the help of drug treatment organisations, they have turned their lives around.

Staff

As stated, the Project Manager's Derby City Council post has now finished. The post at DFF is voluntary at the time of writing this report.

Access

DFF service users are men and women over 18, adults. The manager felt that young people's drug services (under 18) were very good but that a holistic structure to treatment was not similarly available to adults. This had been the role of the DFF.

Healthy living

The contribution by DFF to healthy living revolves around a number of activities:

- Training other professionals: through the holistic approaches to drug rehabilitation DVD and training delivery on overdose recognition, response and treatment programmes, these are planned activities
- Providing mentoring schemes for people before they left drug treatment services to help service users in transition
- Providing an all hours service in their own offices
- Positive activities including football, fishing and swimming
- Attendance on courses including holistic therapies, administration and trust building.

> *'It is not just about stopping the alcohol, it is about their life as well. Also treatment here is not just 9-5. With our own place we hope to be a little bit more accessible, perhaps at the weekend, later in the evenings because people need that support. It's at nighttimes and weekends, when people need support'*, the project manager.

Eating healthily on a budget was not necessarily a priority although it is noted that methadone causes bloating which can impact upon clients' self perceptions with implications for health eating. Some young girls take amphetamines to lose weight and some service users can drink socially and manage well their alcohol consumption.

Service users

Because of drug usage, service users are often ostracised when attending other self help groups. Women also worry about going to drug treatment centres because they are in fear of losing their children, so visibility is a problem. However the users' self help group has been successful. Service users keep coming back to DFF so would seem to be happy with service they provide.

Signposting

Other services, Bradshaw Clinic and Phoenix Futures, signpost service users to DFF who also distribute leaflets to advertise their services directly.

Gaps in service provision

The manager considers that the service that has been developed by DFF was unique and enjoyed the support of the National Treatment Agency (NTA) as it evolved from a service user forum to a self-help group for adults. Similar provision does not exist for drug users elsewhere in the city. Similarly, day programmes are not available from any other source in the city. DFF's training programmes are not offered anywhere else in the region and professionals have to travel to Liverpool or Oxford for similar provision. Ideally, DFF would like their own office space as users do not want to be seen to go to the Bradshaw Clinic.

Service users would also like access to dental treatment. Methadone is very sugary which encourages tooth decay, and it also reduces the amount of saliva which affects the bacteria in the mouth. Access to dental treatment is problematic apart from extreme cases where users would go to hospital. Women's Work had provision from drugs team for a while but then it was stopped.

Although service users were highly appreciative of what DFF had done for them, they made some suggestions for improvement:

- Massage and reflexology, plus advertisements for already available services
- Other home connection services so that users can work better as a group and be able to talk to each other more
- More fishing and swimming
- More day centres with extended support two or three times a week. Housing and advice centres should also extend their support services
- Drop In centres.

Links to other health related agencies

There are networks that are organised by NTA that DFF, together with service users, link into and meet every quarter. DFF's provision is complementary to other agencies (voluntary rather than statutory). It activities do not however appear to fit well with the provision offered by Phoenix/Addaction.

Community evaluator reflections

The community evaluators recognised the logic behind the project's approach to supporting this group of adults. They realised that it was important to provide an activity or occupation for people fighting addictions as a means of diverting them from becoming active users again. Evaluators observed users' fear of boredom and temptation which ultimately could return them to their addiction if

DFF wasn't there to support them. Here exercise and diet became secondary to the support that was being afforded by DFF.

Evaluators also noted that the consequence of involvement in the project was that participation enhanced self-esteem and motivation and that there was a link between being positive and being healthy. Other observations focused on structured living as the main promoter to a healthy mind which in turn led to physical fitness and good mental health.

Evaluators were also quite shocked by some of the severe health problems suffered by service users where one user had experienced a collapsed lung and pneumonia as a direct result of her drug use. The benefit of this was that it had made her more aware of the need to take care of herself. The issue of weight management on the surface would seem unimportant to this particular group, however it was important and especially relevant to those service users who had to take medication such as methadone where weight gain was an issue.

Other reflexive observations by evaluators at subsequent training sessions, focused on service users taking on some responsibility for the continuance of DFF. Observations here were lack of funding, lack of paid support, lack of networks to other services, esteem boosters, provided by DFF, combating isolation, accessing university, the importance of leisure interests, mental wellbeing, lack of recognition of DFF by the statutory agencies, and that a majority of service users were from the white communities of Normanton.

Overall observations were:

- Information was largely volunteered by service users and they enjoyed the opportunity to speak
- Positive attitudes towards becoming involved in *DFF* activities and support work in the area
- Positive views on good health and life by this group.

Service users' perspectives

Quantitative responses to questionnaire interviews by evaluators reported that DFF project users were in the main recovering alcoholics and drug addicts and this was the only group where no users said that their main reason for joining the project was the chance to socialise. Two thirds of the interviewees were male, and the other three female. The majority, five, were in the age group 20 to 29. Only two said they ate the recommended portions of fruit and vegetables, five said they ate these portions most days. One user said they were there to experience the relaxation and massage sessions; another two said that they were there simply to attend meetings and to join in some of the general classes that the project held. Two users said that they were there in order to play games and get involved in some sport while a further three users said that they had other reasons for attending. It was assumed that this was mainly to do with dealing with their problems and addictions.

One user said that they were eating more healthily since coming to the project and another three said that their mental health had significantly improved. Two users said that they had stopped indulging in negative behaviours since coming to Derby First Forum.

Qualitative responses to interview questions offered insight into DFF's clients and their particular journeys to DFF and the support they had accessed. The service is highly valued by its users. One service user recalled how after becoming involved in DFF, they eventually were able to organise funding activities to keep it functioning for others. They even return to meet the group although they had moved on:

> '*I was a Derby First Forum member at first and enjoyed the support group work. I became more involved and actively participated. Then I became the DFF Vice Chair for the group. I also did a sponsored fun run……My life has changed so much since joining the DFF. I have moved on in life. I still come and see the members of DFF although I am an ex – member*.'

Others explained how their commitment to DFF motivated their day:

> '*I couldn't even get out bed on bad days but coming here makes me want to get up and get ready and dressed, it has given me motivation to get up and go because I know I have a group to go to and it livens up my day otherwise I would just lie in bed and not bother getting up or getting changed*.'

Most people found the question on obesity irrelevant:

> '*when your doing drugs, food is not important - so a lot of users are quite thin. Always been quite fit - is important but I don't do so much and I'm ok'*

On the temporary nature of the type of support that DFF gave, another service user said:

> '*there is a serious lack of long term activities, projects need to be on going rather than a short term one off thing - "you get used to going to a place and doing something, when your coming off you need stability and something that you know is a sure thing that really helps. Having a short term project don't help.....Aftercare from methadone, coming off the script, is all very well but it feels like you get left alone and there is no support from anywhere, your in a half way place and can easily go back and there is little there to help*.'

3.2.4 *Case Study 4: Evergreen (Community Education and Training Academy, CETA[30]) Normanton II*

The information in this case study was provided in an interview with the business manager.

Overview

The broad nature of the Evergreen service is environmental support and response to the community related to green issues.

Aims

In all, over the last 3 years the manager considers that about 20% of Evergreen's work has been concerned with healthy eating, diet and nutrition. In the last year it has managed two projects, '*healthy breakfast*' and '*soil to soul*' an allotment food celebration. The project has no staff currently employed in areas related to healthy living.

Funding

Securing funding for Evergreen's activities has been challenging. The funding it has received related to healthy living projects has been from the SRB6 and URBAN II programmes, which wound up in March 2008. The Business Development Manager has actively sought additional funding however the project closed entirely on the 31st May, 2008 as it was not successful in obtaining further funding.

The type of services offered

While the two recent projects were running they were open to all Normanton residents, accessed by all sectors of the community and the service has reached several hundred people over the last two years. In general the project has exceeded its aims and objectives. Activities that worked well were visits to the allotments, food events, and gardening programmes. In addition walks proved to be very popular, on one occasion over 30 females attended.

Evergreen has not identified any gaps in services, but recognises that there needs to be an expansion of its current projects, continued funding from the health service and an emphasis on preventive strategies. The manager identified a need for long term sustainability for projects to ensure robust evaluation of outputs. Particular mention by the manager was of nature walks perhaps two or three times a year, which could be targeted to Asian women – with a guided tour by the project manager who is a trained horticulturist to teach people how to plant and use herbs from their home country.

30 CETA is a registered international charity that promotes the social and economic development of women and underrepresented groups in the community

It was noted that Evergreen worked in partnership with Sahara in 2007 to deliver '*healthy breakfast'* project, which also attracted and were attended by many over 60s, both male and female. Although valuable, the project manager who worked for Sahahra on the healthy breakfast programme considered that the beneficiaries of the project were unlikely to remember the project as many have short term memory loss. His advice was that they should not be approached for interview as service users.

3.2.5 *Case Study 5: Hadhari Nari*

Hadhari Nari Advice Centre

Hadhari Nari Case Study

This case study was developed from information from interviews from the Head of Special Projects, a project worker and four service users. Interviews were conducted by the community facilitator and three community evaluators.

Overview of project

Formed in 1986 by the Head of Special Projects, a local school teacher and several community workers.

Aim

Initially its aim was to provide general services for Black and Minority Ethnic (BME) women. However at that time there were indications that 55% of women attending Social Services in Normanton were suffering from the effects of domestic violence so its remit to support sufferers of domestic violence evolved in this way.

Funding

There was little encouragement or support initially from statutory agencies such as the police. It has only been within the last 10 years since funding has become established that agencies have taken Hadhari Nari seriously. Urban Aid was the initial funder for the women's advice centre and refuges, and other

funds since have been supplied by the National Lottery. Derby City Hospital and Welcome provide pregnancy testing kits. Hadhari Nari are now part of a larger organisational structure which reduces their own accountability somewhat. They have no secure funding source at the moment but would be happy to be funded by Derby City Council if money was forthcoming and would not feel constrained by a singular funding stream. They have been linked to Women's Aid network for 17 out of the 22 years that they have been running. At present within this network there are 600 refuges in the UK.

Staff

There are now 18-20 members of staff which include relief staff, four members of staff at the advice centre plus staff at the two refuges in Derby.

Access

Their service users come from across the whole city of Derby. However in reality 50% of the women they accommodate come from across the UK. This is because of the transient nature of this group who need to remain mobile and away from areas where they have suffered abuse.

Healthy living

Because of the nature of its remit, all provision by Hadhari Nari covers issues surrounding the health and wellbeing of their service users. However particular provision includes:

- outreach and aftercare
- pregnancy testing (700 people a year, set sessions every week)
- health and nutrition
- art therapy
- freedom programmes
- self defence
- blood pressure (community nurse has direct links to PCT)
- sexual health
- Shiatsu
- mental health
- reflexology.

Service users

Their service users are mainly from the Indian/Pakistani communities, but also from the refugee, asylum seeker and Eastern European migrant communities. Generally, African Caribbean women do not tend to use the service to a great extent. Each case is evaluated on an individual basis and account taken of the individual needs of women users.

Signposting

They generally signpost women with severe alcohol and drug problems to Phoenix Futures or the Bradshaw Clinic but are prepared to support these women if they have carer support. GPs are quite willing to signpost patients to Hadhari Nari although no money is directed towards them from the NHS for this service.

Gaps in service provision

The manager and project worker mentioned some gaps in provision, first, training and development is required for staff, for example the Freedom Programme which helps women to recognise whether they are suffering abuse and a childcare service is required for service users. The Community Safety Partnership will provide funding for Freedom Programme training but time out for staff is also an issue. Interpreters are also needed but there is not sufficient funding for this. With regard to community mental health support, it was agreed that there was a dearth of provision available to Hadhari Nari. It was also felt that there should be more help for women with substance abuse problems. All these gaps would be directly attributable to lack of funding.

There were some gaps in service provision identified by the service users.
Although service users valued Hadhari Nari there were other general and specific requirements:

- Social friendships with other women were missing, due to circumstances
- More diet and nutritional advice guidance information sessions would be helpful
- Interactive health awareness sessions would be useful
- More out of school activities for children, specifically physical/sports activities
- More counselling for mental health issues.

Links to other health related agencies

They now have good links with the NHS and the Police, and also with Derby Millennium Network. All cases of domestic violence have now to be investigated by the Police.

Other issues

Alcohol was regarded as a contributory factor of domestic violence where it misguidedly provided some respite for sufferers. It was also felt that young mothers needed extra support from the Social Services on life skills and nutrition which Hadhari Nari attempted to provide. For many of their service users, eating well was low on their list of priorities. General comments on Normanton and health were that there was a general lack of awareness about nutrition, exercise and its impacts.

Findings of community evaluators

The community evaluators involved noted that there were significant language and cultural issues which led to users accessing this service and that the users had expressed needs to have services which were social and promoted friendship, for instance, walks in the park. The evaluators notes that feelings of isolation and hopelessness were expressed, one evaluator records,

> '*identified missing out on social friendship as mother with other women. Provision to address womens activity group walking, swimming, diet and health classes with children or just a womens group*.'

The community evaluators' interviews at the Advice Centre

Some of these service users' attitudes to life were positive where they were pursuing a healthier lifestyle and had thoughts about the future. One evaluator felt that the project had not given much thought to health related issues but felt that this was due to the difficult remit of the project which had to bypass serious concerns first to approach issues such as healthy eating. Another feature observed was loneliness and isolation for one service user who had very few friends (although she wanted to make them), and suffered through not speaking English well. Her main concerns were expressed in terms of her children's needs.

It was also thought that Hadhari Nari would benefit from working more closely with other related agencies, but perhaps women could access courses on healthy eating and exercise via the GP or schools. It was felt that courses in arts and leisure, activity group walking, swimming, diet and health classes with children or women only groups could provide confidence and feelings of emotional wellbeing for these women. Some were already following a healthier lifestyle and attending counselling sessions for emotional support. More support with mental health issues was asked for and users were also considering ways in which Hadhari Nari could improve its services. Evaluators were impressed by the courage of these women to speak out.

Findings of service users

Advice Centre

Three service users were referred to Hadhari Nari via another service rather than accessing it on their own accord. This is an indicator of the prescriptive nature of the service. The only activities they took part in they felt were care related - focusing on themselves. With regard to questions on healthy eating, exercise and drinking more sensibly, main responses were 'no' to these questions which matches with evaluators' findings that individual focuses on these issues is not great. However two service users felt that Hadhari Nari had helped them to think about other aspects of their health. One service user was more interested in her financial wellbeing. Perceived changes to lifestyle by service users through contact with was Hadhari Nari were a more confident outlook and better mental health. All service users visited no other health

related project in Normanton which again put a heavy emphasis on Hadhari Nari to cater for this particular group. On links to mainstream health agencies, two service users felt that Hadhari Nari did not link in well and one wanted more input from GPs and the NHS. One service user wanted more healthy eating and cookery sessions. Other comments were they would like more services but that overall the service was good.

Women's Refuge

The community facilitators gained access to a Hadhari Nari refuge and were invited to interview four project users. Interviews were undertaken two at a time as the women wanted moral support from each other. Three women were in their twenties and one in her 30s. Two women had a Pakistani Muslim background. One woman had to move to two or more different refuges as she had been followed by her husband. Generally these women are ostracised by both their family and the wider community for breaking up the marriage. One woman was black British and the other white British. The first two respondents did not drink but the latter did, they tended to binge drink but not on a regular basis. All of the women said that they ate the recommended portions of fruit and vegetables most days. When asked about physical exercise the women spent a lot of time running around and picking up their children. Users went for occasional walks but generally exercise was difficult as they had to keep a low profile in case they were being followed or sought after by their partners.

3.2.6 *Case Study 6: Normanton Young People's Diversionary Group (NYPD)*

Normanton Young People's Diversionary Group

The information in this case study was provided in an interview with the Sports Development Officer (Derby City Council)/Voluntary project worker (NYPD), the community facilitators and about 14 young service users and six community evaluators, an interview was carried out with a parent.

Overview of Project

Normanton Young People's Diversionary Group (NYPD*)* was started by three organisations with the realisation that there was a need to address anti social behaviour. The Sports Development Officer (SDO) represented one of the organisations and has worked in neighbourhood renewal areas of which Normanton and Peartree is one. His role is a mixture of paid work and voluntary. NYPD operates seven days a week after school, holidays or community sessions for example the Shaftsbury session, or club sessions at Rolls Royce. It also contributes to the curriculum and young leadership courses in schools

Aim

The diversionary theme was to engage children from BME communities in Normanton in a positive way and the diversionary strategy focussed on sport.

NYPD also train local coaches from BME communities to engage with Normanton children and with the Sports Development Officer to capacity build within communities. There is a focus on Asian community sports, mainly cricket and football but also hockey, tennis.

Funding

NYPD is reliant on external funding. If none forthcoming then they will have to close in future. People are asked to contribute a small amount for sessions (£3 for five hour session) to help keep the project afloat. They have received a grant from the Derby City Council for Street Sports. Initially they entered into a service level agreement with the Council and this was extended by further external funding. In essence it is externally funded including the following: Small Change (for an after school cycle club at Dale Primary School), Local Network Fund, Awards for All, equipment from the Lords Taverners for cricket sessions. Continued successful funding applications by the Sports Development Officer have managed to attract more funding for NYPD. Funding however is generally ad hoc. At present NYPD is seeking funding to work in Sinfin.

Staff

On the NYPD committee there are five volunteers which include two who organise main activities, one who looks for funding and a local policeman. Other volunteers include parents who are sent on coaching courses, seven or eight coaches in all. An example of a local volunteer is a taxi driver who helps to run sessions.

Access

Young people from BME communities in Normanton have access to NYPD but the project also works across the city. At present they are attempting to access the Polish communities.

Healthy living

NYPD's focus is on physical activity and self management of health. However healthy eating, not smoking and mental health is approached informally at coach level. NYPD produced a DVD which connects physical activity, expressive art and healthy eating (five portions of fruit and vegetables a day). They also managed a roadshow with CETA on healthy eating and smoking cessation.

Service users

Predominantly these are young boys but there are open sessions for girls and boys. Young people who have talent will usually have been linked into clubs. They don't deal with extreme disaffection, the latter is young people with criminal records who are generally catered for via specialist provision.

'*Cheeky bored kids who on the whole are good…they are bored, they haven't got anything to do and it could be that left to their own devices they could ultimately end up becoming a behavioural problem…..Kids with real at risk behavioural problems are welcome to come to our sessions but they would need support from a member of that staff (referral units) otherwise it can be disruptive for the rest of the group*.' (manager)

Signposting

NYPD signposts children who show talent to other clubs. They also link into local clubs and youth services.

Gaps in service provision

The SDO would like to attract more girls. To address this a female coach was trained but eventually her university commitments took over. The SDO admits that there is a need to have more awareness of cultural issues which limits female involvement. Local schools, like Dale, are breaking down barriers for girls, however there are also problems at Ramadan when people are fasting. Also costs of running crèches can be prohibitive. NYPD would be willing to do sessions at the mosques to access more young people. The SDO would like to improve skills in a fun way but keep sessions structured. He plans that thursdays should be sports tasters nights at the park where there would be coaches and it would be safe for children. There would be one night in Normanton, one in Abbey and one in Sinfin and any elements of good practice would be taken forward.

Works Well

Shaftsbury sessions, net practice, tournaments, multi sports sessions at Dale, Derby County camp (Dale), all work well. An example of good practice is work with MACRO for the football foundation bid. The SDO feels that NYPD makes a small difference on a daily basis. Children keep coming back so generally they must be happy. They seem content with what they deliver, keeping it informal and fun.

Links to other health related/agencies

The NYPD does not join strategic health provision agencies in Normanton. However, agencies know they exist. The SDO in his role links in with b-active (Muslim girls) (not necessarily via NYPD); PCT; Rolls Royce; Football – links with Derby County and sessions at Dale School.

Other issues

The SDO wants people to be healthy and active and if NYPD helps then that's good. NYPD is a small concern and the SDO is realistic in what they can achieve.

Findings of the Community Evaluators

Over 12s

This session took place at Rolls Royce Sports Ground off Victory Road. One of the evaluators interviewed father of one of the boys who was there to watch his son play cricket. He reported that the father was more concerned about physical health, good eating in particular, rather than mental health but that the social aspect was also good for his son and of course, both enjoyed the cricket. Most of the boys present were only interested in sport and had little interest in diet and fitness except one boy who was considered a very good player, both at NYPD and at his school. One evaluator commented that because of parental absence, NYPD seemed more like a babysitting service and this was also commented on by one of the project workers. There was awareness by one of the boys that obesity was linked to bullying. As a group, they were quite shy but this could have been due more to the makeup of the interview and the way it was conducted. This is discussed further under Methodology, Chapter 1.8. Evaluators generally felt that these activities kept boys off the street. The responses at the Under 12s session, outlined below, were much more spontaneous and animated.

Under 12s

There was a lack of coaching supervision on this particular evaluation day which took place at Arboretum Park. However evaluators were able to wander into the football sessions and talk to the boys in a very informal way. There was lots of laughing and joking amongst the groups of boys that were interviewed who were much more aware of the health benefits of physical fitness. The open discussion meant that they were also much more informative than the previous group. One group (mainly 6-8 boys, British born Pakistani) were quite vocal about what they wanted in terms of increased resources for themselves and their community, for instance local refreshments and a local gym. These boys felt that if there were healthier foods available on site, then they would be more inclined to make healthier food choices. Meeting friends also formed part of their enjoyment and overall they were very active. They also showed an awareness of girls' needs in sport. At this particular session it was generally observed that there was a lack of parental support although park rangers were present. Other activities they wanted included a swimming pool, more gym equipment, a separate bicycle track, free food and to play hockey. They also mentioned additional facilities they would like to have at the Madeley Centre (Rosehill) which included pool, dance and a bouncy castle.

Findings from information from service users

From responses, the younger boys were keen for girls to become involved in sports and were interested in them having equal rights to themselves. They also suggested that the café in Arboretum Park should be open to everyone for drinks and food. Again they wanted a gym, a swimming pool, healthy foods sold in the café and a bike track. The younger ones felt that Madeley Centre activities were mainly for the older boys and generally they did not like going

there. Also the gym itself there was too small and they would like one built in the park which is near to where they all live and which could be used by local people to the Arboretum. They also felt that a fully functioning café would provide a good social space for local people. They wanted their own coaches and sports activities and also wanted a homework club.

Their main sports focus was football, cricket, tennis, basketball and jogging. The younger boys seemed to have a good knowledge of how food makes you healthy and fit for sport and were acquainted with how protein helped to build the body. Obesity was regarded as a drawback to being able to participate well in sports generally. The boys also felt that now was a good time to get involved in sports as later on their time would be taken over with study for GCSEs. It was interesting that the boys referred to their activity as Arboretum Sports and Rolls Royce Cricket rather than the NYPD.

Two boys obviously attended the project together as they both said that:

'*We like Cricket. We can play do Bowling, Batting and Catching in Cricket*.'

Some of the boys said that one of the reasons they attended project meetings was because they received training:

'*We play cricket, training given to improve stamina, bowling, batting and other cricket skills*.'

The healthy aspects of joining the project were not lost on some of the boys as one user said:

'*To be good at fitness Sports it is good for your health*.'

Responses from the focus groups noted the following:

Fourteen users altogether were invited to respond to questions asked by community evaluators and community facilitators in the two focus groups, although some young people left and then rejoined the group. Out of that fourteen, eight went to play cricket and four users said that they attended for other types of sporting activities. Because the Normanton Diversionary Group is aimed at young people twelve and over and under twelves, there was not much enthusiasm for questions regarding diet and alchohol, nonetheless researchers did manage to gain some responses to these questions during the course of focus groups. Out of fourteen young users, ten said that they were into eating more healthily since coming to the project, one said that it had improved their social life and a further two said that their time keeping had improved since joining the project. This last finding probably related to the fact that if they turned up late for a match then someone else would have taken their place.

One user said that they came for social reasons and another for something to do. Joining a project for social reasons was something that seemed to be echoed across different projects, groups and age ranges. When asked how they felt about obesity, two users thought that it was quite bad and one boy said that

if you were fat then you were often bullied at school. One boy felt that people would not be obese if they changed their diets and ate the right things. Users were divided on whether obesity was always down to hereditary factors and genetics or whether this was only sometimes the case with one user favouring the first option and three preferring the second. Four of the users said that it was hard for obese people to move about and to get out and that this didn't help them to lose weight.

Physical exercise was something that interested all of the users and many of them said that it was good for your health and that people should be doing physical exercises more often. One boy felt that physical exercise kept a person more energised and another felt that it helped you to feel more positive about things. One user didn't like physical exercise at all while another wasn't quite sure about it.

About eight of the users responded to the question on alcohol with only two of them saying that they felt alcohol was bad for you and not good for your health. One said that they wouldn't drink because it was against their religion and five felt that the question was not applicable to them.

3.2.7 *Case Study 7: Open Doors Forum*

Open Doors Forum with Beverley Stewart, Project Manager

The information in this case study has been provided by interviews with the project manager and interviews with five service users by three community evaluators and the researcher.

Overview

The Open Doors Forum was formed in May 2003 and became a registered Charity in 2006. Its activities are focused on the needs of black minority communities, in particular the African Caribbean community; it does not restrict its services to other users or potential users. It offers a broad range of services to support this community, some of these services relate to healthy living. It typically operates some 8 to 10 projects each year, some of which may be related to health. This project is closely related to the Church of All Nations of Christ, in whose building the project is accommodated.

Aims

Open Doors Forum aims to reach out to and raise awareness of the target group of users in areas of business, mentoring, health and education, and lifelong learning.

'Our ethos is to affect our communities through our evolved knowledge,' (Project Manager).

It aims to help and support a wide spectrum of users from the black minority community, with a focus on:-

- Isolated and vulnerable elderly people
- Young people, with a view to encourage their lifelong learning through the mentorship schemes and summer sporting/keep fit events.

Funding

Open Doors Forum experiences short term funding, with sudden closure to projects/services, resulting from insufficient or unsustainable funding streams. Because of the short term nature of funding it is difficult to evaluate long term implications and real community benefits of its work. It is dependent on 85% funding commitment to sustain project/service viability and the rest is made up of service user contribution when the projects are run. It also relies on *'ad hoc'* volunteer services for operational project inputs. Funding is basically 'hand to mouth' and consequently the management of such initiatives can be complex. Open Doors Forum received funding from Small Change for a one year project that focused on the health needs of Black Minority Ethnic (BME) older people.

In small scale projects such as Open Doors Forum, the responsibility for operational, delivery, planning and development management issues rests mainly on the Project Manager, who normally has the holistic and strategic overview of the funding applications submitted.

Staffing

The project has a Project Manager working on a part time basis supported by volunteers and '*bought in'* service staff, that is trainers/tutors as and when required. It also supports a student on placement from the University of Derby.

Healthy living

Approximately 25% to 30% of the funding for Open Doors Forum is focused on healthy living themes. Open Doors has managed two projects in the last year which relate to the healthy living themes of exercise and nutrition. The project basically looks at the needs of Black Minority Ethnic groups, where health issues have been identified but not met. One such project undertaken early in 2008 involved people aged over 50, 60% females & 40% males attended. The input of a professional health instructor supported the project to focus on the main key areas:

- Measurement of pulse rates
- Blood measuring indicator
- A programme of weight loss was introduced for some service users, based on assessment/tracking from the health tutor
- To educate the community of dietary/ health issues
- Primarily the focus was on diet, but to give this group the message that to remain healthy a combination of diet and exercise was needed

- Introduction of how to use food from the users' own cultural backgrounds, cook it / use it in a healthy way
- Gentle exercise regime was also introduced to include disabled participants.

The project manager stated,

> *'Awareness, change in attitude/behaviour, very small changes taking place in a safe environment with others, introduction of soft skills such as confidence booster and reduction in isolation. I think it starts to grow, motivation to access possibly other community events. Give them a little trickle and then it can turn into a big stream or a river'.*

The second health-related project that Open Doors has managed in the last year was a b-active project. This was a summer scheme in 2007, part of summer activities with young people 7-15 year olds. Open Doors Forum is actively seeking to repeat this programme in 2008, currently the funding application is pending. The healthy living theme was around these key areas:

- Dietary awareness, linked to obesity.
- Personal hygiene
- Cookery classes
- Introduction to low cost games aimed at both parents/children.
- Keep Fit.

> *'We believe you can do things to people, unless they're educated enough and have a change of mindset things will never change. So, when people talk of obesity, unless they see how to manage diet and education around food, it will never change and they will fall back into those situations. Its education and working on people,'* (Project Manager).

The findings of the community evaluators

The community evaluators interviewed primarily young people who had attended the summer scheme in 2007. They noted the **lack of funding**, including the short term nature of the funding available, one noted,

> '*difficult to get funding, need support to carry on - users are low income and find it difficult to pay*'.

Comment was also made on the difficulty in **access** to activities (because of waiting lists) and the need for additional sessions. The evaluators also commented on the '*very respectful'* environment which was supportive of people's needs and that the project provided a safe environment. It was commented by the evaluators that the progression route established by Open Doors, from sporting activities in 2007 to mentoring activities was positive and that the summer activities provided:

> '*An alternative to being on the streets or being bored at home in the 6 week summer school holidays'*

A small number of older people representing a cultural diverse Normanton community participated in the Over 50s programme which ended earlier in this year. One evaluator noted the potential long term benefits of the healthy living activities in 2008,

> '*elderly activities - social relation - diet - fun! going to a place where she felt happy to go and where she would benefit - one important point made was that she had helped to make changes at home to her family who had not only started to eat better but been informed of the importance of health by the mother - and her grandkids too - so quite a chain after her!*'

The service users interviews were mainly male, four of the five. Three were under the age of 13, the other two over 30. Four said they exercised daily. Two said that they ate the recommended portions of fruit and vegetables daily and four of the users did not drink alcohol.

Gaps in Service Provision

There were two gaps in service that were noted by the manager. First, demand exceeding service supply for example, during the summer scheme (2007). The 7-15 year group services had a waiting list of 60 youngsters, as OFSTED regulations stipulated only 32 were allowed to take part in the scheme at any one time. If more than 32 wished to attend a group, the project would have to incur the costs of '*buying in a second tutor*,' to the second group. Second, the over 50s project proved very popular and the service users who participated have requested for this service to be repeated several times.

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3.2.8 *Case Study 8: Persian Cultural Association (PCA)*

Persian Cultural Association with Farhad Neghipooran, Project Manager

This case study has been developed from interviews with the Project Worker (paid Lottery Fund) and the Community Development Worker (unpaid), community facilitators and six community evaluators and 22 service users.

Overview of project

The PCA has been running for seven years since 2001 which is when Iranian asylum seekers were arriving in Derby. The Community Development Worker (CDW) became involved with the PCA through having a good command of the English language. He became a voluntary community interpreter for asylum seekers on moving to Derby and has continued with this for six years. Through interpreting in Derby, he linked up with Refugee Action, Refugee Housing and the Derby City Council. He was asked to form a refugee community organisation (RCO) with financial support from Refugee Housing. The PCA deal mainly with immigration cases across local Persian speaking peoples living in Derby.

Aim

The main aim was initially to help the local Persian speaking and Kurdish asylum seekers and refugee communities who herald from Iran, Afghanistan, Turkey and Iraq with immigration cases. As more people gained immigration status, their services have broadened to encompass other areas such as benefits and housing advice. Their services are also open to the wider BME communities of Derby. Their main aim is integration into British society and

learning English, but to also to preserve their Persian culture. Future aims are to become a limited company that has access to the wider community which attracts funding and generates income and provides work for this community.

Funding

The PCA now has charitable status and is able to apply for a variety of funds. They receive minimum support from the Derby City Council. Also capacity building support comes from the University of Derby and the Refugee Advice Centre. The PCA is now mainly funded via local and regional funders which include: Derbyshire Community Foundation, Small Change, art and cultural services at Derby City Council, the latter in small amounts, and Sports for Communities. Also funding comes from regional organisations and via the Lotteries Commission. Much of the CDW's time is spent in searching for funding. On occasions when funds are short, he has paid the PCA rent himself. The PCA are confident enough to be able to plan projects first and then apply for suitable funding so although ad hoc, their funding strategy gives them an amount of flexibility to apply for culturally relevant funds, although he admits that certain funding is restrictive on what the PCA can do with it. The PCA also generates income via commercial means which again affords them more flexibility.

Staff

The PCA has two part time workers, including the CDW, one hourly paid Farsi tutor, for children to communicate with parents in their mother tongue, two sessional workers which includes a voluntary accountant. Most members of staff become involved in any health related activities that the PCA are running.

Access

Service user access for the PCA has changed over the years. Originally it existed solely for Persian speaking refugees and asylum seekers, however service users now transcend many national boundaries. The level of community commitment to the CDW and the PCA is high. Now members from local Christian churches also use their services. They feel that they are able to reach their target group. In line with the PCA's desire to integrate, they would also like to widen their service to white disadvantaged people.

Healthy living

Their main focus is on mental and physical wellbeing but there is also a strong emphasis on social health. Sports activities and services include: Persian dance which transcends Afghanistan, Iran, Pakistan, India, Iraq, parts of Turkey, Tajikistan, parts of Russia and sports activities. 95% of activities at the PCA are health related. Generally they do not have problems with alcohol or drugs. Activities on healthy eating focus heavily on healthy Persian food there is an interest to integrate but also to maintain Persian culture. The wider community has also expressed an interest in learning Persian dancing at the PCA.

Works well

Sports-PCA Project (2007-2008) which included indoor and outdoor sports - football, volleyball, table tennis. Service users received certificates, 450 people attended events which exceeded the 400 target. The CDW feels that the PCA meets its objectives (75%) although he feels that more funding would produce better results. Their music group and dance groups are also very popular and they hope to be able to employ a Persian dance tutor for their young women. The PCA also has a multicultural management committee.

Findings of Community Evaluators

Lack of English was perceived as a barrier by evaluators and more funding for English classes was needed to rectify this they felt. It was also observed that interpreting generally could be emotionally draining for the person who could not speak English and was also perceived as taking away their dignity plus there was a confidentiality issue (although the interpreter was very professional and friendly). One evaluator made note that an old lady interviewed was very crippled with arthritis. She had no family support and only the PCA and friends to support and translate for her. She felt there was also a lack of Persian speaking GPs who could relate to their particular health issues.

Socialising at the PCA was regarded as part of keeping healthy generally (including mental health) for this user group although being physically healthy (rather than fat or slim) was seen as a sensible way forward. Everyone found the Persian food shop on the premises of the PCA interesting and they thought this was a good example of social enterprise located on the premises and a good way forward for funding their project. They also noted the broader remit by the PCA to network and link in with other organisations. It was also noted that some of the older ladies would like access to a hydrotherapy pool but there were cost implications in this, and referrals from GPs took time. Through visiting the PCA, evaluators understood the emotional difficulties of being new immigrants in a foreign country for these service users although in all probability they would also have some understanding via their own experiences/ that of their own parents. One evaluator responded:

> *'Everyone should be treated with respect, no matter what you are or who you are. Support is a big help especially when you have to come to other country in time of war. Every human has a right to their life and freedom of speech. Every human should be treated with dignity.'*

Findings related to service users

The PCA accesses its community well. They frequently survey users on their needs and priorities. Service users also provide the PCA with dedicated volunteers. The PCA was very warm and welcoming and was open to all Persian and Kurdish communities including some white communities. Each user felt ownership of this project and thought it 'like a second home'. From responses, as new immigrants to Normanton, one of the main reasons for coming to the PCA was to mix with people of their own culture, to communicate

in their own language and to contribute to their own community in some way. However although a retention of culture was important to them and this was mirrored in their enjoyment of dance and Persian food, a majority marked English language provision as an important activity. However all said that contact with the project had an effect on their eating sensibly and taking physical exercise and also on their mental health and wellbeing. As with other projects, socialising was also regarded as important where these refugees and asylum seekers could feel very isolated at times. As observed by the evaluators, language was a barrier for them and this was apparent when having to link in with other agencies in Normanton and they all felt that sub titles should be provided for this particular group via the media and any leaflets health or otherwise should have Farsi translations. Service users commented on the unhealthy aspects of being new to a country generally plus the emotional aspects of this and the need for a larger project:

> *'It is hard for us here. It is not easy to understand the processes here. The emotional worry is unhealthy. It is good that Persian Cultural Association exists but it is not big…., A bigger place is needed'.*

The users interviewed by the community evaluators mainly described themselves as 'other' (19), the others being other Asian. Twelve were aged over 60, and five from 30 to 39, the others under 30. Eighteen stated that they exercised everyday, three, weekly. Twenty users ate the recommended five portions of fruit and vegetables daily, and two ate those portions on most days. Twenty one users stated they drunk no alcohol and one drank some each week (1 to 14 units).

Signposting

The PCA signpost service users to all major agencies and services, including immigration, health, education, employment services.

Gaps in service provision

The project workers would like to access more people from their community who suffer with mental health problems (depression, loneliness, marginalisation, isolation). They manage this individually but not as a community initiative. They would need a community worker to put this into practice. There is also no local Persian dance tutor in Derby, a need for traditional clothing, travel costs and a hall to practice their dancing in. There is also not enough transport for the elderly, or leisure centres. The CDW feels that the PCA provides support for their community (voluntarily), but other mainstream services like interpreting are insufficient. The CDW's personal life also suffers because of his dedication to the PCA and he also feels that too much emphasis is put on volunteers to run it. He appreciates problems regarding the extent of allocations of public funding for BME communities but feels that the PCA continually proves itself as an organisation and deserves more support. He would like a paid worker and the PCA's rent paid. Other Refugee Community Organisations (RCO) in Derby have suffered because leaders have to work to support themselves as well as run their organisations. One of the main problems the PCA has to cope with is

destitution, mainly due to issues related to asylum seekers. They are often the last means of support for failed asylum seekers and have to find places for people to live when their support from the government finishes.

Although all service users were very happy with the PCA there were other general and specific requirements:

- That there should be evening English classes at the PCA so that more friends can get together and it could then become more of a social event
- There is no Iranian speaking GP service or health service. There should also be health leaflets printed in the Farsi language
- Better access and support for mental and emotional wellbeing from the mainstream health agencies
- Better refugee and asylum seeker accommodation
- Free passes to use exercise and leisure centres
- More flexibility with food vouchers (more shops in Normanton should take them)
- A local centre for teenagers from the Persian communities
- More of a variety of sports and leisure activities
- One hour of tv and radio news plus health related news in Farsi

Links to other health related agencies

The PCA works in partnership with Jet, the University of Derby, other local RCOs, Indian and Pakistani communities, Derby City Council, CVS, CSP. They respond to the needs of their community, mentally, physically and socially via these agencies.

3.2.9 *Case Study 9: Sahahra*

Sahahra - Mr Jangir Khan, Project Co-ordinator

This case study was developed from interviews with the Coordinator, community facilitators, five community evaluators and 18 service users.

Overview of project

Sahahra is an elderly day care centre for Pakistani Muslim elders. It began in 1996/7 when the local authority was looking at care provision for the elderly in Normanton. Initially care was based in the Pakistani Community Centre from where taster sessions were run before moving the centre to Rosehill Lodge. The Coordinator was involved from the beginning and the initial consultation stage, he applied for and was employed as Coordinator.

Aim

The aim was to create an elderly day care centre particularly for the Pakistani community elders. Sahahra being culture specific helps people when they get old, and having staff who meet their needs and who are aware of their needs is part of this culturally specific provision.

Funding

A business plan was put forward by the Coordinator and accepted by the council and Sahahra opened at Rosehill Lodge, a council owned property, Sahahra pay rent, two and a half years ago. The council is the main funder although extra funds come from the Pakistani community. The project has

received funding from Small Change that included alternative and complementary health sessions for the centre users. Although the Derby City Council is the main funder, the Coordinator finds he is able to consult over any changes in provision that he wishes to make. He has also applied elsewhere for and received funding for a complimentary therapist, part time staff and extra training. He has to re-apply each year for his funding.

Staff

There is the Coordinator and support part time staff, one of whom has been there for 11 years. No volunteers from the Pakistani community are encouraged (because of the perceived additional workload associated with checks with the Criminal Records Bureau). However CVS refers helpers who wish for work experience and this referral has been successful. Also there are student university placements, via University of Derby.

Access

Sahahra is a day centre targeted at the Pakistani (Muslim) community. With a restriction of provision for 12 service users each session, the Coordinator feels he is not able to access fully the 8,500 thousand Pakistanis who live in Derby. Although initially elders were looked after by families, he feels that times have changed and there is a need for more elderly day care provision. Also he feels that home carers were suffering from too much responsibility. Now because of increased demand, he has to turn people away.

Healthy living

Health promotion at Sahahra comes in the form of visits from the district nurse to check blood pressure, sugar levels, and weight, to rid the need for service users to frequently visit hospitals or GPs. There are also sessions in reflexology, shiatsu, tai chi which he feels benefits people who suffer from arthritis particularly. Through coming to Sahahra, the Coordinator feels that the elders become more aware of healthy eating and lunches provided reflect this awareness. Awareness days at Sahahra promote using less salt, using oil instead of ghee and walking in the park, power walking. An example of service user awareness of healthy eating was presented by one of the female care workers:

> '*They [female service users] continually asked me about oil and salt levels in their dinner [provided at Sahahra].*'

The Coordinator feels that Asian/Pakistani men are not particularly interested in physical exercise. They used to get plenty of exercise when they worked in the foundries but not so much since these closed. He feels that women use up more energy looking after homes, husbands and children. However understanding over the importance of physical exercise has increased and people do walk around the Arboretum park. The Coordinator also promotes the day centre as a relaxing place, informal, like home and the furnishings reflect

this. Alcohol abuse is not perceived generally as a problem in this community. There is a health promotion event being held at Sahahra in late summer, 2008.

Service users

Elders now want to go out and meet with friends, have a social life and generally be more independent and Sahahra attempts of provide this. The sessions are split between men and women with regard to cultural wishes. Service users come and play cards, engage in activity sessions (gym equipment), advice on housing, benefits or can be directed to other agencies for help. They look to the Coordinator to answer all their questions. He felt that Asian communities generally were not worried about obesity like western communities but thought that this would change with new generations.

Signposting

Sahahra is also able to direct its service users to other health related/agencies in Derby. Health events at Sahahra and elsewhere in Normanton are promoted widely in local newsletters.

Gaps in service provision

The Coordinator would like to employ a community worker to go out into the Pakistani community and evaluate the type of service that should be provided for them. He feels that Normanton is a deprived area and because of cultural ignorance, there are gaps in health provision generally and GPs are not able to promote the need for increased provision sufficiently. The Coordinator would like to increase his services for high level need service users, for example those who are wheelchair dependent, but this would require further funding, staff and training that he doesn't have and can't afford to bring in. He feels that GP provision should not just be 9-5, that their service should be more flexible, and, that although most Normanton GPs are Asian there is still a general lack of provision. He observed that there is only one day centre in Normanton for minority communities, which he felt was not enough. With regard to physical exercise, he feels that organised sports events in Normanton are not used particularly well by Asian residents and people need to understand that these are provided for a reason. The Coordinator suggests more Asian/culturally linked sports programmes to get people interested in using them.

The gaps in service noted by the female service users were:

- Swimming and outdoor games for women only
- More help from Social Services
- More walk in health centres in Normanton for advice and help
- Pakistani small industries, including making cotton, for exercise and interest.

The males noted the following gaps in services,

- They do not get to hear about health related services and they are generally not within walking distance for elderly people
- Elders generally (outside Sahahra) are not well cared for
- They would like Sahahra to provide meals seven days a week not just two days as at present. They would also like saunas and showers and feel that other day centres have better facilities
- Visits by social workers
- Head massages.

Links to other health related agencies

The Coordinator feels that Sahahra's healthy eating events generate an awareness of the issues that the mainstream health services can tap into. He considers that Sahahra links well into the PCT, NHS and that it acts as a hub for its service users to access mainstream health agencies. He also feels that mainstream agencies should concentrate on working more closely with the Pakistani community which in turn would encourage better engagement from them. Good community-agency connections decreases agency workload as the community begins to take responsibility for itself.

Other issues

Organisations like Sahahra should be regarded as longterm (in terms of funding) and that provision should focus on their progressive improvement of services.

Findings of the community evaluators

The findings from the female and male groups are given below.
A general comment from one of the service users however summed up their general attitude on life with regard to health:

'Health is the key point in life. If we have bad health we can't enjoy our life. Having good health is like having an award'

Female Group

Observations from evaluators on this group were that it was meeting with friends that made them happy and gave them a measure of independence which also kept them healthy which in turn was the key to a good life. However they did observe the illnesses of aging such as arthritis, high blood pressure, diabetes, weak muscles which affected their everyday mobility. One evaluator felt that the mental health of these elders through isolation and loneliness was a serious concern. However, exercising at Sahahra was perceived as encouraging and these elders should be encouraged to take full advantage of the NHS.

Evaluators considered that the over 60s wanted more exercise activities. With regard to healthy eating, some users wanted to know oil and salt contents. Other considerations were high blood pressure and heart conditions. Sahahra

was a place for social interaction and somewhere nice to meet and a good reason to get up in the morning. Mental wellbeing was important where these female elders could relate to each other culturally but also any health issues could also be scrutinised. There was a need for basic English classes for every day communication but more funding would be required for this and other activities.

In summary the evaluators found the main reason for service users to attend the project was for social reasons. Many of the service users suffered from the problems often associated with old age, such as high blood pressure, diabetes, arthritis and weak muscles, and for some their mobility was severely affected. They seemed to regard attendance at Sahahra as a form of therapy although they enjoyed the massage and gentler exercises that were on offer. All said that attending the day centre had helped them think about eating and taking exercise as a direct consequence of overall good health. Better mental health and social health were mentioned as important where isolation and loneliness were of general concern. This group only linked directly to mainstream health provision so their attendance at Sahahra was crucially important in many respects.

Male Group

Evaluators observed from this group that independence was a factor and being able to socialise with friends. Also hygiene and good clean food prepared well was very important, as long as someone else does it. As far as exercise was concerned, being able to walk around the park was motivational. One elder observed that being mentally active was more important that being physically active. Health was more important than money. Some of the elders were quite frail, suffering from heart problems and were not able to do much exercise. Socialising was therefore more important for this service user. He would not attribute any of his health problems to his diet. Others feel that walking helps improve health.

Evaluators observed that the social element here was very important. Many said how their age had stopped them from walking to other centres and having a centre nearer to them had given them confidence to keep on attending. Sahahra was seen as a place to meet friends and to keep mentally well, with some of the interactions with evaluators being extremely witty and sharp. Playing cards also helped to keep their minds active. There were a limited number of activities but many commented that nurses came to the centre to check blood pressure and it comforted them that someone cared. There was appreciation that food was made at the centre and they felt that the nutritional value was also there. The setting of the park gave everyone an incentive to walk out and enjoy the setting, although they were usually accompanied by a care assistant. Generally they felt there was good social health, medical care and nutrition plus the opportunities for physical health.

One evaluator mentioned the difficulties of translating. They had particularly tough time with this group (Pakistani) due to spoken local dialects, slang, accents and tones, which made it difficult to judge replies. Also they felt that the

centre manager would keep on popping into the conversation and try to include what he felt was important or direct the conversation occasionally. Also other service users would turn some questions into somewhat lengthy discussions at times, which whilst interesting, tended to circle around the same limited points from the same perspectives.

The evaluators noted the great ages of some of the male elders. They also felt that Sahahra provided a place of mental sanity for the elders. There was less awareness of the dangers of too much oil and salt in this group and there was further need for a community nurse to monitor blood pressure and there should be stronger links to the health professionals.

For some male service users, actually hearing about activities then having to walk to attend them exacerbated the isolation of this particular group. One user felt that other centres had better facilities and were open more days a week. Other requirements were more specific regarding head massages and seeing social workers. Another service user however was happier with what was provided and said:

> *'I'm happy. I come and have my tea, see my friends have some fun, eat well and have the nurse check me, is good and I like it'.*

Like the female group, a main reason for coming to Sahahra was to socialise and meet with friends and all felt that attendance made them think about eating more healthily and taking more exercise although as discussed the Coordinator felt that Pakistani men generally did not exercise enough. This group also had no particular links to other health related projects other than mainstream health provision which again would indicate a heavy reliance on Sahahra for their health and wellbeing.

Service users

There were 10 women and eight men interviewed by the community evaluators. The users interviewed described themselves all as British Pakistani. They were all aged over 60. Two stated that they exercised everyday, 14, weekly, one once a month and one user was unable to take exercise. Seven users (six of the women and one man) ate the recommended five portions of fruit and vegetables daily, the others ate those portions on most days. All users did not drink alcohol.

3.2.10 *Case Study 10: SureStart*

SureStart (Rosehill)

This case study was developed through interviews with the Lead Community Development Worker, the Programme Manager with the community facilitators, four community evaluators and 12 service users.

Overview of Project

All children in the UK have access to SureStart's services. Its remit differs from area to area between super output areas (socio economically disadvantaged) as against more affluent areas. Within poorer areas SureStart provides a broader range of services and will also identify what local needs are in its locality, for instance in Rosehill there are high rates of childhood anaemia and obesity in year 6 classes. Initially SureStart worked with families with children under the age of 4 but this age limit has been raised to 5. They assist families to engage within key areas which include: education, employment, quality play areas for the children, and improved parenting. They also provide ante and postnatal classes. The LCDW joined SureStart as a parent and became involved in evaluations of the service as a volunteer. She has been in this post since 2004. The Programme Manager has been in post since SureStart's inception in 2001.

Aim

SureStart's primary aim is to provide a good start to a child's development so that when they started school they are able to flourish. The initial delivery plan at Rosehill reflected issues such as stigma, poverty and more localised issues on disability where the Programme Manager attended courses on the physical effects of endogamy (first cousin marriages). Also high incidences of diabetes were reflected within the Asian and African Caribbean communities. Much of their focus is on child health and social relationships with parents and the child's overall development. There is also a focus on supporting the community, through the Community Development Worker role, but SureStart also support people to return to work.

Funding

SureStart was initially directly funded by central government and Derby City Council was used as an accountable body. When the SureStart Rosehill's Children's Centre was formed, financial control was passed to the Derby City Council. Funding for SureStart is now through the Local Area Agreement. The Development Worker feels a little constrained in this respect as employees are bound to work within certain areas but she feels that they are supported well and are provided with good resources. They are also somewhat restricted by postcode and she feels that other sources of funding would enable them to stretch further across the community. SureStart has laso received significant capital and revenue funding from Urban II Normanton Community Initiative.

Staff

There are 45 staff in total, which includes the health team at Peartree Clinic located at SureStart, including health visitors, a community staff nurse plus their own nursery nurses. All are involved in health related activities. At present they are involved in a pilot on the role of the health visitor.

Access

Access is targeted at parents with children under five. There is also emphasis on accessing hard to reach groups, via the Lead Community Development Worker role. These include lone parents, asylum seekers, teenage mothers, children/parents with disabilities, substance abusers, plus local groups that fail to engage with main services. A local hard to reach group is the Roma community. Stay and Play on Monday afternoons focuses on this community and there is generally good attendance. There is also a focus on accessing fathers where the Father and Children's Group meets on Saturday afternoons. There are 2874 people on the Rosehill Children's Centre database of which there would be c1000 children aged under five. SureStart is able to access most people even overstaying asylum seekers and their children where immigration documentation is not asked for. Providing the mother has child/ren, they come under the SureStart remit. Although officially they are restricted by postcode, people come to Sure Start from all over Derby to access services.

Healthy living

Everything that SureStart provides is health related. Activities include: Play and Learn (encourages parents to play with their children in the garden), healthy snacks, dental care, happy development, baby clinic, book reading group, swimming, buggy walk, PEEP (Parents as Early Educators Programme). Other ad hoc sessions include Fresh Start (smoking cessation). SureStart also perform outreach work for some hard to access groups where a development worker will go into the home. Staff from local PCTs come to SureStart to speak to the mothers about healthy eating and its effects on children's behaviour and their physical development. Here the emphasis is on their own and their child's physical fitness. They also make them aware that children are active and need physical activity. Women are generally happy to listen to these sessions as long as they feel they are not being lectured to.

Service users

Service users are generally happy and keep coming back. SureStart on average works with between 25-30% of all the under fives in the area. Those not accessed come from a range of groups and SureStart is not stigmatised locally in the same way as some government run organisations are, for instance perceived link with Social Services. It holds a good position at the bottom of Normanton Road, but since their area map has changed, some parents and children have to walk quite far to access the service (initially SureStart was to be easily walkable for women with buggies). The baby clinic is very popular, and parents have also the option of attending the Peartree Clinic. Swimming has been running for four years. Continued evaluation of services means that parents are contacted if they miss more than three activity sessions and SureStart will also assess how they can improve their service. Reasons for non attendance can be because of the transient nature of some communities where parents and children move in and out of the area for instance asylum seekers and EU migrants. The Development Worker helped to form and has worked with the Arabic Women's Group (Arabesque) for the past four years and is able to raise awareness with them regarding health and safety, domestic violence and child protection where these services were not available to them in their home country.

Works Well

Healthy cooking sessions worked particularly well as women enjoyed these sessions as social occasions because they were practical and hands on. Other sessions that worked well included: dental sessions on keeping teeth healthy, swimming sessions, women only sessions, at the Queens Leisure Centre, which is open to women across Derby. Women at the swimming sessions can wear what they want as many did not want to wear swimming costumes.

> '*They want to do swimming, and as soon as you tell them you can wear what you want and it is just you and your child, no men there. This is not just for Muslim women, but for any women. Some worry about stretch marks, about weight',* LCDW.

All food provided at SureStart nursery and café is vegetarian which makes food management much easier when dealing with a large diverse community of parents and children.

The Mum's To Be group, where SureStart health visitors perform antenatal visits as part of their outreach along with other team members, also works well. There is also a team of family support workers which mirrors what is performed via family support teams at Social Services. Examples of good practice with parents were breastfeeding support groups, and work with the Roma community. There is also an effective volunteer programme where people can be accredited for the work they do.

Signposting

Because they have a health team based at SureStart including health visitors and nursery nurses, this team will signpost to GPs and PCTs if they feel they are not able to deal with an issue.

Gaps in service provision

The LCDW passes on identified issues to the health team at team meetings.
The following gaps in service were perceived by service users as follows:

- There were service users who wished support in pursuing professional courses at university
- Explanations of rights and guidance on getting good healthcare
- Regular checkups from gynaecologists
- Problems with accessing GPs
- A local walk in centre
- Educational advice and support
- More support for isolated service users such as refugees and asylum seekers
- Emergency dentists
- Not enough food provision for children in some cases
- Dissatisfaction with local health provision which was based on lack of English and knowledge of rights.

Links to other health related agencies

SureStart works in partnership with the NHS. Their health team has been at Rosehill for the past three years. The Development Worker felt there were no barriers between agencies on the other hand, however the Programme Manager perceived barriers but in a positive way where each knew what their role was, the common goal being the wellbeing of children. SureStart are also part of the Extended Schools Development and there are links with the Anaemia Clinic, via the health visitors, at 18 months. The manager observed that forming multi agency teams had been difficult, but latterly the National Service

Framework encouraged integrated agency team working and relationships had improved greatly. They are also involved with the voluntary sector including the Refugee Forum, Arabesque and Umojo. The latter was started by a health visitor who met with African women in people's front rooms. SureStart also link in with PCTs in Derby regarding accessing the Roma communities. The Programme Manager is keen for their service users not to think of them as a punitive organisation with too close links with Social Services for example although she feels that there is a balance to be drawn between not interfering but looking after the child and parent. Through legislation there are now stronger links with the NHS, Education and Social Services for children's services so these are strongly forged now.

Other issues

Language is often a barrier especially as there are more people from Eastern European countries coming into the area recently. To counter this SureStart run ESOL sessions. The Development Worker felt that women's only sessions with childcare would be beneficial and more incentives generally should be in place to encourage women to come to SureStart. There were perceptions that the Roma families do not value education which was considered a barrier to what SureStart do and from a practical viewpoint, health visitors who visit a child who is registered with a GP, could also be faced with a number of people and children who were not registered. Staff at SureStart reflect the local community which additionally helps the local BME communities to engage.

Findings of community evaluators

Observations from community evaluators were that healthy food and exercise were very important for parents and growing children. Women attend SureStart to make friends, gain confidence and learn about health (Arabesque). One mother would like to pursue her nursing career at university. One woman who has a very ill child, feels isolated and it was felt that her emotional wellbeing was at risk. She had been supported well by health visitors who had been alert to quickly getting a diagnosis for the child's condition and getting a referral to a Birmingham Hospital. It was felt that awareness of possible health conditions in their children was important for parents. Another woman through going to SureStart had become well informed about good maternity health and her future baby's health needs. There were observations from service users that regular gynaecological examinations were an important component of female health care that they felt had been overlooked by the NHS. They saw that children were able to socialise and learn through play at SureStart. On a cultural note, it was felt that Asian women needed to be more educated on the need for healthy eating and exercise and the effects that a bad diet can have on a family. Asian (Muslim) women do not have enough exercise facilities in the community (female only environments). Although most service users felt that exercise was important, one service user felt she was too busy to fit exercise into her busy daily life. Others felt that parental involvement with their child meant better learning and confidence for the child.

Observations by evaluators were that SureStart catered for a cross section of women, mainly from BME communities and some Eastern European women. SureStart provided a good socialising space to support mothers and help children to develop healthily. The service users however wanted more sports and exercise classes and some were not aware of the need to eat healthily. There were also language barriers which needed to be addressed. Also there were well educated parents there, often from overseas. GP services were sometimes questioned and there should be closer and better co-ordinated links to GP services. The health visitor and SureStart links are good and all the community evaluators were impressed the Lead Community Development Worker.

Findings related to service users

All of the service users came to SureStart because of their children and most of activities undertaken by the users revolved around them. All admitted that children ate better and took more exercise as a direct result of attending SureStart. One of the main benefits flagged up was to meet other women and that their children were healthier and happier and although there were concerns, most were happy with what SureStart provided. It was felt too that it linked in well to other mainstream health related services in the area.

Many of SureStart's service users and children are new to the area so often felt isolated and in need of support which this extract reflects:

> *'In my case I feel that service users need support. I feel isolated and do not know anyone who is in a similar situation. I would like to talk to someone about my baby's diagnosis and get support. There is no support group I can refer to help me through this. I cannot tell my parents or find anyone to relate how I feel about this.'*

Others also felt that more specialist support was required in the form of regular gynaecological examinations which they felt the NHS (or SureStart) did not supply. There were also basic problems such as tired and hungry children that some users felt were not being dealt with. But generally comments were positive about what SureStart was able to provide. Children were now participating in physical exercise more than one hour a day, eating fruit and vegetables most days, although some were still snacking, and mothers were able to become involved in many of the activities that SureStart provided.

Other women were attending SureStart for friendship and to gain confidence generally with regard to future employment. Some were from professional backgrounds in their home countries and wanted to attend university in Derby to gain access to the labour market. It was felt that attendance at SureStart educated users in the more overt issues of maternity and baby health. One service user was less than complementary about other health provision in the area which included the mainstream GP services and the Caduceus Centre and the main reasons for this seemed to stem from poor knowledge of English by the service user where they was not able to pursue her rights effectively.

The users interviewed by the community evaluators described themselves as British Pakistani (three), white British (three) and others of other smaller groups. The majority (nine) were aged between 20 and 29. All twelve stated that they exercised everyday. Five users ate the recommended five portions of fruit and vegetables daily, and another five ate those portions on most days. Ten of the service users did not drink alcohol and two drank between 1 and 14 units each week.

3.2.11 *Case Study 11: Women's Work*

Women's Work

The information for this case study was developed by interview with the Chair of Trustees, who is also an occasional volunteer, two project joint workers and two users, the latter were interviewed by two community evaluators. One community evaluator recorded additional reflections on the users of the service.

Overview of the organisation

Women's Work is a registered charity which aims to support life style changes for health and safety of vulnerable women who are involved in the '*sex industry*' and/or substance misuse

Aim of the organisation

Women's Work aims to take a holistic approach to supporting the health of vulnerable women, many of whom lead '*chaotic'* lives. It provides a '*hub'* in which diverse services related to health and well being can be accessed or signposted to, including housing, job centres, clinics. It aims to link and where possible join up the relevant services including police, probation, and education. In general it aims to break down the barriers between the '*silos'* that exist in many sectors that are needed to best support vulnerable women. The organisation does not restrict access to its services, but will welcome any women who may need their help.

'*We will provide support to everyone that comes in. We aim to reach 100% of women in crisis.'* (Project Worker).

'*We have met our aims and objectives and surpassed them in some cases.*' (Project Worker).

Funding

The organisation was funded until December 2007 predominantly by external regeneration funding from Derby City Partnership managed by the Derby Community Safety Partnership. The organisation has received funding from Small Change for healthy lifestyle activities for parents and children. There had been some fear, at that time that Women's Work would close because of lack of funding. However it has in the past been successful in attracting small grants, like those from the Pilgrim Trust, and, more recently it has secured two large grants. It was a winning organisation in both a recent round of Big Lottery funding and a special grant from Smith Kline that is focused on health issues. Funding for the organisation and its primary activities is now secure for about 3 years. The staff and trustees are ever vigilant in looking for additional and new funding streams.

Staff

Women's Work employs five staff, including a manager and project staff. In addition it is supported by volunteers and receives a student on placement from a counselling programme.

Access

The organisation is available to any woman of any age or background. Its users include women from very many ethnic groups, including Eastern European and Asian women. Although open to women of any age, most of its clients are women up to the age of 45 and members of this group have multiple health problems, many do not survive for a conventional old age. Women's Work currently operates outreach services, one a project for women in Foxton prison and another is a regular patrol in the Normanton and Peartree area for several evenings each week. Its workers also go into the local job centres. Since receiving the Lottery funding Women's Work will offer some services in the greater Derby area, rather than be focused primarily on Normanton.

Healthy living

The organisation offers a large number of health related services and often one service will link to another. The wide range of health related services include arranging dental appointments with users and taking the users to the dentist and to the Bradshaw clinic, they offer free condoms and the centre has both showering and clothes washing facilities.

The organisation offers services related to all three strands of health living. Its services tend to be informal and aimed at providing support when it is appropriate, rather than offering series of formal '*classes'*.

In the case of dietary needs the centre runs informal cookery classes regularly delivered by a qualified cookery teacher which aim to support the users, these emphasise the importance of a balanced diet using nutritional recipes on low cost budget – the users do not have problems with obesity. The centre plans to run further cookery classes in the future.

Most of the users are drug users – many of whom are also consumers of substantial quantities of alcohol. Again the support offered is needs based and counselling and advice services are available on a drop in basis. There are drugs awareness sessions. Alcoholism is a significant problem. The Project staff carry out an individual assessment of root issues underlying alcoholism such as domestic abuse, relationship problems and each is dealt with appropriately. Women's Work offers its users some support in fitness, primarily by arranging walks in Derbyshire.

One of the Project Workers stated:

> '*80% of our time is concentrated on teaching them to shop, get off substance misuse, how to respect and look after their bodies i.e. use of condoms, exit interviews. The whole perspective is on integrating service users back into the norm of society, much broader and holistic healthy living of our services, …. through guidance and education*.'

Service users

The service users are women with multiple needs, living complex lives. A community evaluator noted a user stating,

> '*Because of my situation I don't get an opportunity to eat really healthy food like fruits and vegetables regularly. I don't even eat regularly. I just take what I can get, when I can get it. I would be lost without this service. It has definitely made my life better*.'

Services are provided in ways which are most easily accessed by this client group, including the provision of informal '*one-off'* classes and group sessions, and one to one advice held in drop in sessions. The support given by the centre is described by the Chair of Trustees as '*guerilla'* support. An '*Individual Care Plan'* for each service user is in place as long as they need support from Women's Work.

Signposting

Women's Work is positive about its ability to signpost women to services that they need. The new Project Coordinator's role is to strengthen ties around obesity, drugs and alcoholism.

The findings of the community evaluators

The community evaluators involved in this study stated that they had been moved and impressed by the work of Women's Work. The two evaluators recorded,

> '*The interview went very well. I could notice the huge difference Women's Work has made on the service users life. This is fantastic work*.' and
>
> '*This interview was a real eye opener. It has provided me with an insight into these lesser privileged and marginalised people's lifestyles and their difficulties. Completely different from my knowledge and experience so far.*'

The evaluators commented on the total commitment and strong non judgmental approach of the staff and considered that the centre provided a '*safe haven*' for its client group, and gave them a '*strong sense of belonging'*, '*I come here because no one looks down on me*' was a comment made to an evaluator.

The evaluators mentioned the holistic approach to supporting the users, but the fact that it was also tailored to individual's needs and the service was not a blanket one. The evaluators recorded that they needed to change the interview questions at times, as they '*found it inappropriate to ask about five portions of fruit and vegetables – many more small steps are needed first'*, and the users are '*so deprived'*. The evaluators noted the centre's need for more space for privacy of users and more access to dentists.

Gaps in service provision

The Chair of the Trustees did not identify specific service provision gaps however she considered that there are difficulties generally in the provision of services, in that many are complex to access, exist in isolation and do not readily link with other similar services.

4 Key Evaluation Findings : Service User Feedback

4.1 Introduction

This chapter contains information about the service users consulted by community evaluators as part of the community evaluation stage of this project using the questionnaire, Appendix 3. The data collected was first entered into Snap software by the community evaluators, it was then transferred to SPSS. Frequencies were run to give an overall picture of the data. There are data tables relevant to the questionnaire analysis in Appendix 6. In addition cross tabulations were run to obtain an understanding of the data project by project, although numbers of questionnaire for each case study are small. Pie and bar charts were generated for the most significant findings related to the project brief. One hundred questionnaires were analysised, these related to the users of 9 services interviewed by community evaluators using the questionnaire. Information on the NYPD project is not included as the information gained from this was related to focus group findings. There were no service user interviews related to Evergreen. It should be noted that the information recorded in the questionnaires and entered into Snap was both quantitative and qualitative. Some of it recorded the learning of the community evaluators who were newly trained in evaluation techniques, the data given is thus indicative of many matters related to the populations studied in the case study services, rather than a precise measurement of the issues.

4.2 Demographic information

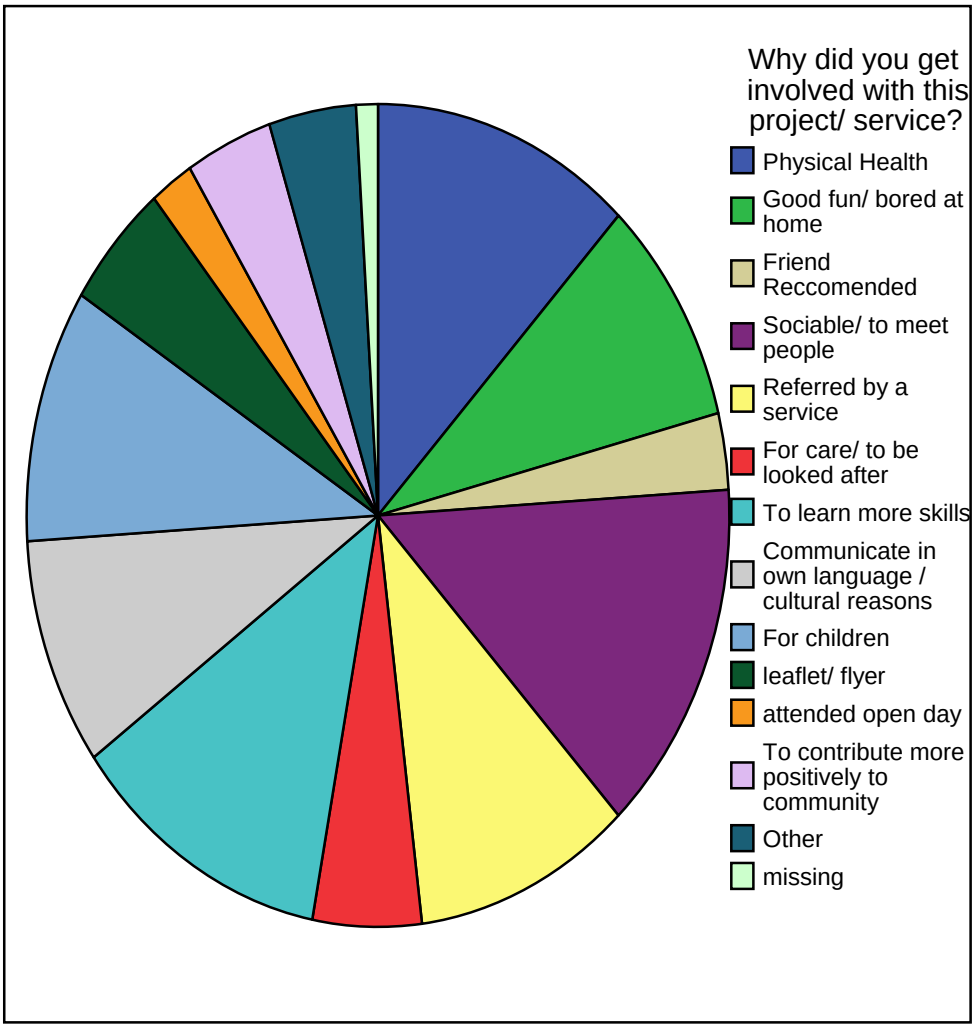
Of the subjects, a majority were female, 77, and 22 were male, one did not give their gender. Respondents ranged in age from under 13 to over 60 with the largest group being aged over 60, the second largest group were those aged 20 to 29 years.

37% of respondents described themselves as British Pakistani Asians, 18% were white British and the 45% came from a range of different backgrounds. The ethnic backgrounds of the majority of respondents played a significant part in how they answered the questions related to alchol and to women only projects. Other specific areas in the community evaluation survey are reviewed below.

4.3 Motivations for participation

People joined projects for different reasons, with the highest number, 14% of project users or 14 out of a total of one hundred users overall, joining to meet people and to socialise. 12% of respondents said that they joined to improve their physical health, a further 10% were referred by other agencies and 12% said that they joined to learn more skills. Further information is given in Figure 10.

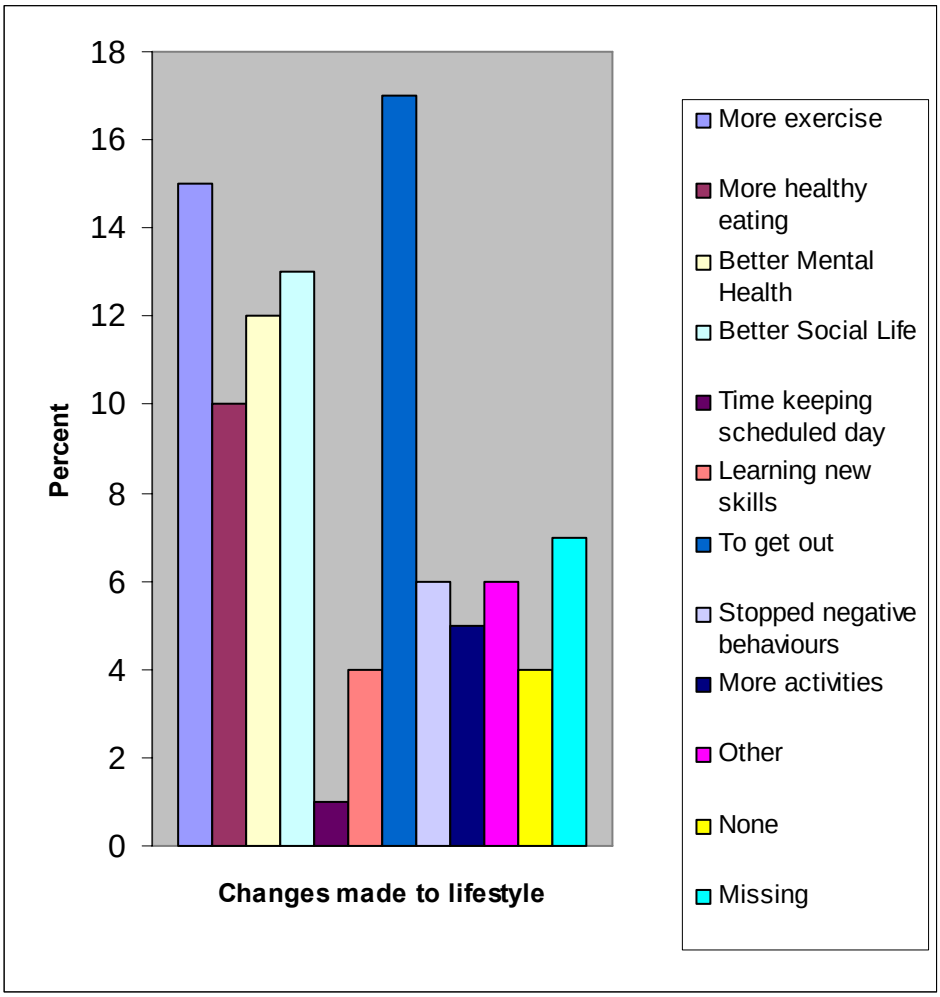
Figure 10: Pie chart describing 'why did you get involved with this project/service?'



4.4 Health impact of user participation

Users were asked whether they had made any changes to their lifestyle since joining the project. In answer to this broad question, (question 6, appendix 3),10% now felt that they ate more healthily, and a further 15% of all project users said that they now took more exercise. All those who said that they joined the project for social reasons said that since joining the project they now went out and socialised a lot more than in the past. A further 4% of users said that they also had a better social life since joining the project. Complete breakdowns are contained within the chart, figure 11 below.

Figure 11: Changes made to lifestyle



4.5 Healthy Eating and Exercise

Users were asked specifically (question 4 of the questionnaire) about their thoughts on eating more healthily and sensible drinking. In replies to these specific questions 86% of users considered that the project they had attended had made them think more about eating more healthily and that 87% felt that the project they had taken part in had made them think about taking more exercise. The results are shown in figures 12 and 13.

Figure 12: Eating more healthily

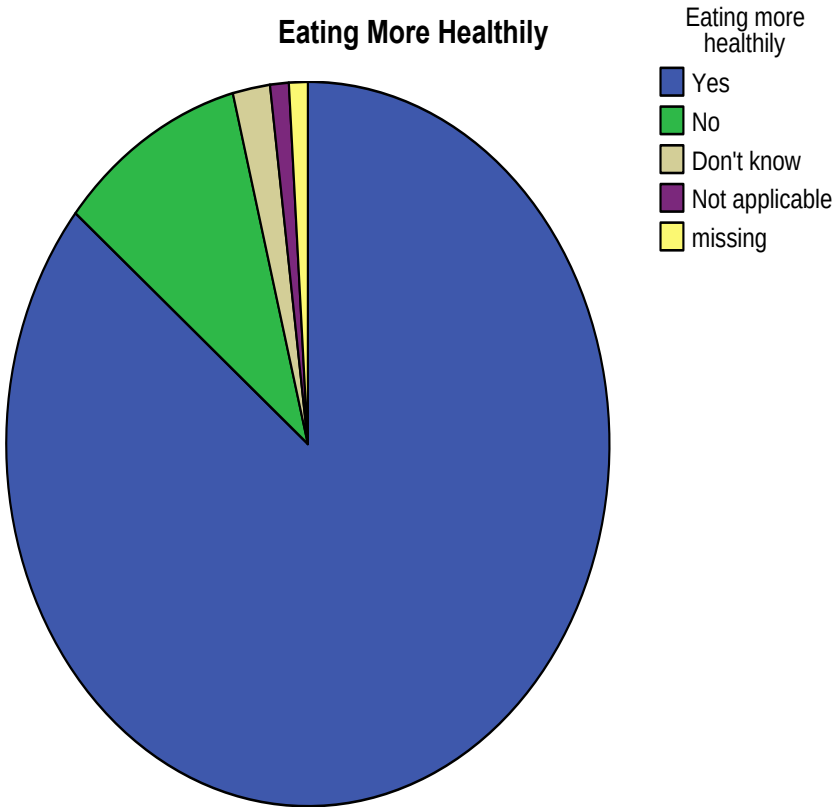
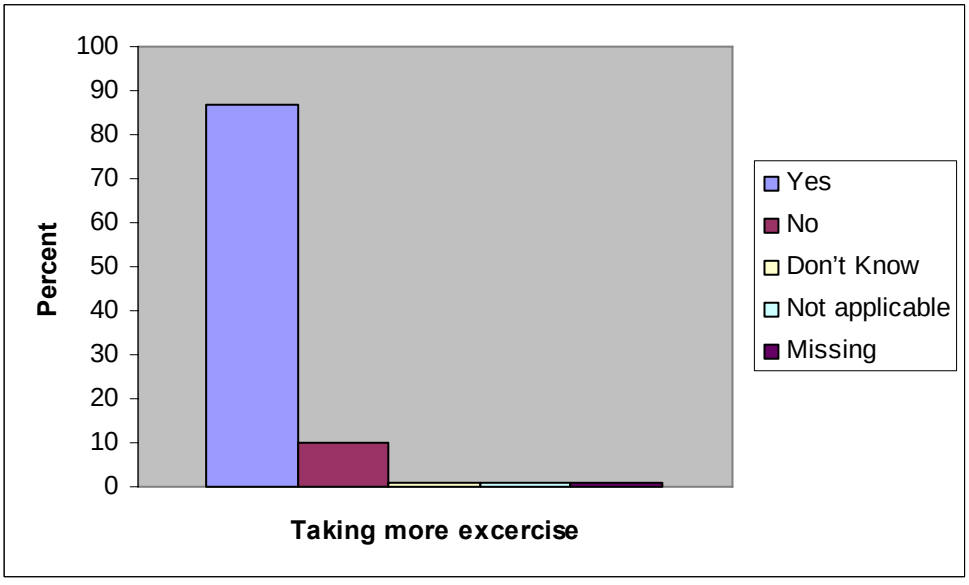


Figure 13: Taking more exercise

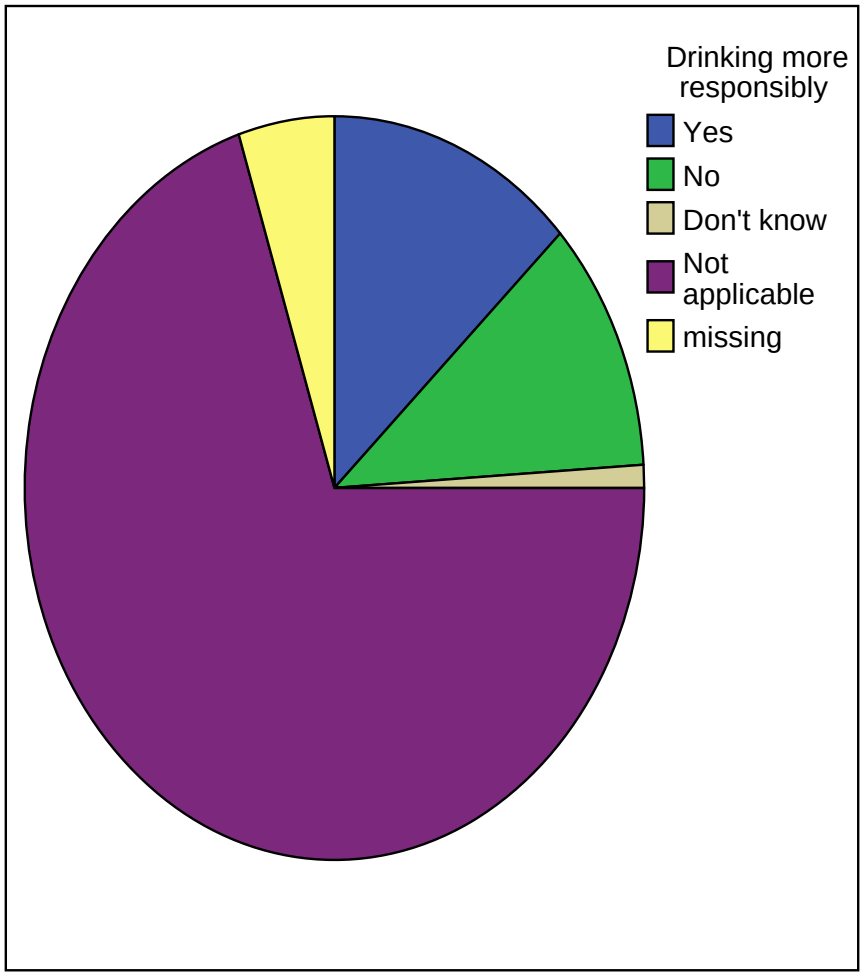


4.6 Alcohol and Sensible Drinking

The significant majority, 67% of project users were Muslim and they all felt that the alcohol question was irrelevant to them. An additional three users also felt that this question was not relevant. 13% of those who did drink said that they now used alcohol more responsibly, but a further 11% were not drinking more responsibly. One user was recorded as 'don't know', the remaining data was not available, that is missing. Figure 14 shows users' attitudes to alcohol.

A report for the Alcohol Research Council[31], notes that adherence to religious values appears to have a strong impact on drinking behaviours (p8) and that *'there is a fairly generally accepted understanding that the level of alcohol use, and misuse, is lower among black and minority ethnic groups (particularly those of South Asian origin) than among the general ('White') population'* (p9). This is significant factor in the Normanton area because its population profile contains a high percentage of people from Asian, and in particular those from Pakistan.

Figure 14: Drinking more responsibly

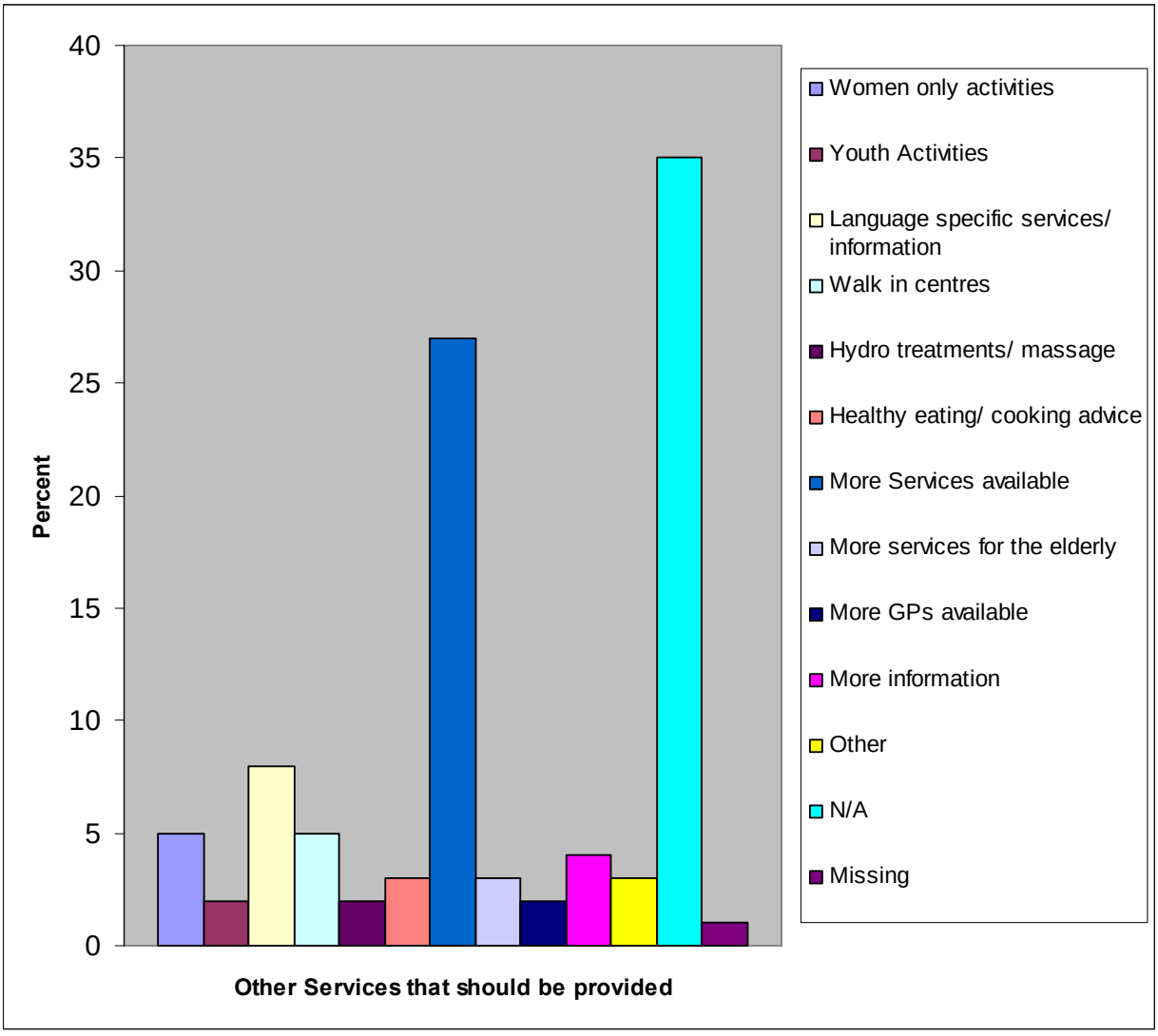


31 Mark Johnson, Pam Banton, Harinder Dhillon, Gersh Subhra, Juliette Hough, 2006, *Alcohol Issues and the South Asian and African Caribbean Communities, improving education, research and service development*, http://www.aerc.org.uk/documents/pdf/finalReports/ALCREP%2020%20page%20AERC%20final%20draft9-06.pdf accessed 13th June 2008.

4.7 Other Health Related Services

Users were asked whether there should be other health related services available in Normanton and more than 60% said yes, however when asked to define what services should be available 27% said that there should just be more services across the board. A further 5% thought there should be more women only services and 3% more services for the elderly. The pie chart, figure 15 below shows the breakdown.

Figure 15: Provision of other services



4.8 Summary

This was only a small research study with one hundred community evaluator interviews. The ethnic make up of the respondents was not representative of the

population of Normanton as defined in other data[32]. Therefore these findings could only be said to be broadly representative of Normanton residents who attend healthy living activities in the case study organisations.

Overall the research tends to suggest that there are a number of flourishing health related projects in Normanton and part of their remit is to help users to think more positively about their health. While there appeared to be significant provision for some minority ethnic groups, there may be a lack of provision for Eastern European and other white groups in Normanton.

32 Derby Community Safety Partnership, 2007, *profiles for Arboretum and Normanton wards*

5 Key Evaluation Findings: Reflections on the Community Evaluation

This section details the overall themes, gained from the questionnaires completed by community evaluators and the final training meeting with the community evaluators. In all 113 questionnaires were examined, 100 of which referred to the community evaluator interviews with service users in nine organisations, the remaining 13 questionnaires related to focus group activity in the NYPD. The information given in this chapter complements the data given in chapter 3, together with the statistical data related to the questionnaire is given in Appendix 6.

5.1 Reaching the Hard to Reach

A key element of all the health related case studies is to reach the hard to reach. This focus in Normanton permeates the whole of this research project which can be understood through the choice of using community residents as facilitators and evaluators and via the evaluation process itself (discussed further under Methodology, Chapter 1.8).

Projects from all sectors are becoming increasingly inventive in their approaches to access service users who remain marginalised within the UK society. These groups of service users (covered by the case studies) include prostitutes, asylum seekers and their children, drug users, male youth, the elderly, women who suffer domestic violence, and young South Asian Muslim women. All sorts of barriers prevent these service users from engaging in society. It is difficult for Muslim South Asian young women to go swimming when the swimming costume is viewed as inappropriate dress and the presence of male lifeguards is forbidden. Yet organisations such as b-active and SureStart provide and signpost women and children to all female sessions at local swimming pools where women are allowed to wear what they like. Again within the realms of physical activity, the choice of kickboxing by b-active as an activity is thoroughly enjoyed by its female Muslim service users. Good attendance at all these sessions demonstrates that both SureStart and b-active are providing what their service users want and actively are managing to get their service users to engage.

Key concerns for organisations such as Hadhari Nari and Women's Work are safety and anonymity for its hard to reach service users. This is maintained via the retention of anonymous safe houses for women suffering from the effects of domestic violence (Hadhari Nari), and in the case of Women's Work, a place of safety where women can remove themselves from the streets for a while and attend to welcome mundane matters such as washing. Service users are provided with healthy food, have access to healing therapies and mainstream health provision, pertinent information on issues such as maintaining good sexual health and a strong focus on their mental wellbeing under adverse circumstances.

Other organisations such as the Persian Cultural Association as part of their remit are able to access Persian speaking and Kurdish asylum seekers and to provide somewhere that people can engage with elements of their home country. With a strong focus on social health, they are able to access quality food and indulge in physical activities such as local dance.

5.2 The Issues of language and culture

Within a diverse community like Normanton, and through the constant and ever changing stream of new immigration to the area, agencies are under continued pressure to forge strong links with their service users. This could be on the service they provide or, as in this research, on issues surrounding healthy living. There is an imperative for services to:

- Understand the composition of the changing communities in Normanton
- Find creative, inexpensive and community led ways of researching and analysing the emerging issues
- Design responses to these issues at the same time as convincing funders that these are actually new priorities
- For voluntary agencies to understand the challenges that statutory agencies face in dealing with new communities and knowing how voluntary agencies can plug any gaps that are created by statutory agencies not responding fully
- Understand how voluntary agencies can build bridges with new communities so that others can use them to 'cross over'.

The 11 case study projects have to achieve a balance between providing services that enable local communities to access services and opportunities in different communities, whilst at the same time respecting communities' desires to maintain their identity through their home language and culture. An example to address the former is the employment of the Community Development Worker at SureStart who is an Arabic speaker and is able to communicate with large numbers of asylum seekers and refugees from North Africa and the Middle East. SureStart also provides ESOL tuition as part of their service which ultimately enables people to learn English and integrate better into British society. An example of the latter where cultural boundaries remain firmly in place is Sahahra which provides elderly day care for the Pakistani community. Pakistani elders are under no obligation to speak English at Sahahra. In fact, communication in their own languages is encouraged so that people at the end of their lives can feel comfortable and at home.

5.3 Marginalisation, isolation and health

A key factor from this research were ways in which many of the projects studied sought to re-engage their service users into mainstream society through a non judgemental and caring approach. Derby First Forum (DFF) achieved this through service user involvement. It provides crucial support for drug and alcohol users who have achieved the first difficult steps from addition by mainstream rehabilitation agencies but with no referral option for ongoing care and support. DFF focuses on the mental and physical wellbeing of its service

users with a strong emphasis on self empowerment where service users take responsibility for the services that are offered.

Most projects provided a social space from where service users were able to meet and engage with each other. Cooking at the Asian Advisory Service provided an enjoyable social space where great attention was paid to providing healthy (and Halal) ingredients, but also on engagement and empowerment where decision making on menus came directly from the service users. The main remit of the Persian Cultural Association (PCA) was also social health where service users (asylum seekers and refugees) from Iran, Iraq, Afghanistan, Pakistani, India, parts of Turkey, Tajikistan and parts of Russia could gather together for music and dance and talk about a home from which they have been forced to flee. There was also a strong focus on integration and health where the preservation of their own culture went hand in hand with learning English, encouraging other groups to visit, local exercise and cooking healthy Persian food. Similarly, Sahahra also provides a central meeting point for its elderly Pakistani service users.

Marginalisation can occur if the health issues are loaded with taboos and restrictions, for instance the use of alcohol. Alcohol consumption and possibly misuse, is a hard issue for a person in any community to own up to but for a person from the Muslim community or other communities where the interpretation is to forbid use, then it is even harder. Subhra and Chauhan, 1999, p29, noted this in Black community organisations,

> *'Most Black community organisations were caught in a bind between finding the most effective ways of raising the delicate issue of alcohol within the community and at the same time grappling with the mechanics of delivering a service in an area of social need that they themselves were inexperienced in.'*[33]

The report continues to note the importance of delivering services in a holistic way, (p36),

> *'A range of bridges needs to be built, any one of which can be crossed by clients and communities to the agency and vice versa for a variety of purposes and needs.'*

5.4 Prevention of exclusion to pro-actively address health issues

Preventative action features more strongly in some case studies than others. With regard to the Normanton Young People's Diversionary Project (NYPD), the Project Worker is keen to intervene (through sports activities) before young people become a problem rather than to deal with any repercussions afterwards, although they will take disaffected young people if a care worker is present. Open Doors has a mentoring scheme for young people which performs a similar function to that of the *NYPD* and involves summer sports and keep fit events. Other organisations like Haradi Nari and Women's Work play

33 Subhra,G., and Chauhan,V.,1999 *Developing Black Services*, Alcohol Concern. London

more prescriptive roles and remove/monitor women in dangerous situations. Derby First Forum (DFF) offers activities for former addicts who are feeling isolated and at their highest risk of returning to old unhealthy ways. By building links with potentially dis-engaged groups these organisations are able to approach health related issues in the context of their wider activities.

5.5 The retention of cultural groupings

At a time when parallel living is actively discouraged by government, it became clear that although projects reflected this view in their remits, communities often dictated otherwise. b-active was rigorous in its attempts to access women from BME and white communities, but its service users were mainly Pakistani and Muslim. Although kickboxing and keep fit would be regarded to be of general interest, it was young Muslim women who felt able to attend because of the cultural sensitivity of activities afforded to them by the Physical Activity Officer. Activities provided by the Asian Advisory Service also became demarcated whereby mainly Pakistani women attended the cookery classes and mainly Indian women attended the aerobics classes. The NYPD also was heavily weighted towards the Pakistani community where most of the boys interviewed were from this ethnic group. Interestingly here, there seemed to be more parental involvement at the Arboretum adjacent to Normanton rather than the Rolls Royce Sports Ground which geographically remains outside the Normanton/Arboretum areas. Other projects showed different cultural affiliations. Adult service users interviewed for Derby First Forum and Women's Work were predominantly white which would indicate a predominance of (visible) drug use and prostitution within the white communities of Normanton. Open Doors provided its services mainly for African Caribbean communities although its church congregation was more mixed. Its mentoring was aimed particularly at African Caribbean youth which, like NYPD, was culturally marked in its service use in this respect.

While the issue of cultural grouping is part of the whole national debate about whether generic services or culturally specific services are encouraged to develop. There may be a need for agencies to reviewing whether they should become more generic, broaden their approach and perhaps become more sustainable by being able to attract wider funding.

5.6 Observations on Gender and Health

There was a predominance of female oriented projects in the research process, service users interviewed and evaluators hired (comments on the latter see Methodology, Chapter 1) which could indicate a stronger leaning towards a healthier lifestyle from women (although projects like Hadhari Nari, Derby First Forum and Women's Work would be excluded in this as their remit was prescriptively towards highly marginalised groups of men and women). There was certainly evidence of this at Open Doors and the Asian Advisory Service where health and nutrition events were attended predominantly by women, and at Sahahra the Coordinator informed us that Pakistani men were not particularly interested in physical exercise. This had become an issue with the cessation of physically demanding jobs on the closure of local foundries. However, power

walking was becoming popular for both older men and women from the Pakistani community and the proximity of Sahahra to Arboretum Park encouraged this. It could also be argued that as women within BME cultures do most of the home cooking they would be expected to have more of an interest in health and nutrition. However, within the Asian communities most of the cooking in family run business, often in fast food outlets and restaurants, is done by men so there should be interest in healthy eating here as well. Cooking for women at many of these projects was also regarded as a social occasion even at Women's Work and Derby First Forum, the latter for men and women. SureStart could provide a welcomed break for women from children on their premises. Free crèches were also provided by b-active for some of their exercise activities.

Other projects like NYPD actively sought to bring in girls and young women although the Project Worker was fully aware of the cultural barriers for Muslim girls to engage in competitive sport; and Sahahra provided separate sessions for older Pakistani men and women because it was felt culturally correct to do so and is what service users wanted.

5.7 Projects Working Across Boundaries

Many of these projects were now experiencing easier working relationships with other mainstream statutory and voluntary agencies. SureStart admitted that since the creation of the National Team Framework, cross agency working with Education, NHS and Social Services was much easier and relationships between themselves had improved greatly. SureStart also linked itself with the voluntary Refugee Forum which itself has become the focal point in Derby for all issues appertaining to refugees and asylum seekers. They are also able to do sound work with the Roma community where good practice on access is being passed on to other mainstream agencies. Other poorly funded organisations like Derby First Forum however have not been able to feed easily into mainstream organisations such as Phoenix or Addaction. Hadhari Nari also maintains good working relationships with the Police and the NHS from the statutory sectors and Derby Millennium Network from the voluntary sector.

5.8 Promotion and marketing of services

A recurrent theme that emerged through interviews with community evaluators is that services and projects to support healthy living exist but are not well known in the area. Additional marketing of existing services to increase take up rates and generate interest from all elements of the community could enhance the capacity of services to achieve health related outcomes across the Normanton area.

5.9 Gaps in services

There were a number of gaps in services found in the community evaluation phase of this projects, further analysis of the 'gaps' is given in Chapter 6, (6.6.4). Some Normanton residents who were interviewed by community evaluators commented on the lack of facilities in Normanton, so also did the

service managers. Analysis of the user data (appendix 6) shows that 27% of those interviewed wanted more services. 8% wanted language specific services. 5% wanted women only activities, 3% for the elderly and 2% for more youth activities.

More specifically a wide range of suggestions for further or additional services were offered including:-

- More toilets, '*there is only one public toilet in the Normanton area and that is all the way down in Somerfield'*.
- Fishing and swimming
- Access to dental facilities
- Sports services, including Karate, self defence
- More women only facilities, including women trainers and more things for girls to go
- A bigger gym, users described the Madeley Centre gym as being too small
- A wider range of translation services in place in GP surgeries
- '*a place for teenagers to hang around and have good time and discuss about things which are important'*
- adequate services for transport people from home to the GP
- the organisation of programmes like picnics and excursions for stress relief.

5.10 Funding and sustainability

It was clear from interviews with managers, project workers and others concerned with supporting organisations that the nature of many of these projects is ephemeral. One of the case studies, Evergreen, in fact closed its doors on 31st May 2008 while this study was taking place, its final healthy living-related activity, had been in March 2008, and the staff concerned with Evergreen were attempting to gain further funding for its longer term existence until the final days. Many of the key staff interviewed in the case study organisations work in temporary jobs, funded by a portfolio of funding sources and making the role of project worker and similar very challenging. Managers and project workers chase organisations for funding, often, like in the cases of Derby First Forum and Evergreen, without success. The key worker for the Persian Cultural Association funded some activities personally as a temporary measure. A possible consequence of the widespread lack of appropriate medium to long term funding is local competition for funds, with organisations possibly competing against each other for the limited funding available.

This theme is endorsed by the findings of Johnson et al[34] who noted that in their study related to alcohol use that most of their interviewees stated that;

> '*one of the most demotivating issues was short term funding'* (p19), '*This made it hard to plan and meant that trained staff often left*' (p19). '*There*

34 Mark Johnson, Pam Banton, Harinder Dhillon, Gersh Subhra, Juliette Hough, 2006, *Alcohol Issues and the South Asian and African Caribbean Communities, improving education, research and service development*, http://www.aerc.org.uk/documents/pdf/finalReports/ALCREP%2020%20page%20AERC%20final%20drafft9-06.pdf accessed 13th June 2008.

was also a lack of understanding from their commissioners that reaching the community was a long process'.

5.11 Key role of leadership

In the review of the 11 case study organisations it became apparent that some factors supported longer term sustainability. One critical factor is effective leadership. There are several dimensions to this including their ability to network, to address sustainability throughout the project's life time, to write effective funding bids, to lead and motivate staff to generate loyalty and good will in an uncertain operating environment. One case illustrate this: Women's Work was described as likely to '*fold'* in December 2007, however a new chair of trustees worked closely with the manager and project workers to identify new sources of funding for the organisation. Their successful bid to the Big Lottery Fund will enable the project to continue and to develop for another three years.

However, it is also the case that worthwhile projects with good leadership are not successful in securing funding due to resource allocation constraints.

5.12 Evaluation of need for the provision of services

Not all managers of the case study organisations gave full information about how their organisation assessed the needs of its users and potential users. Some services held open and consultation days, for example the PCA, the DFF and Hadhari Nari. SureStart holds informal meetings to reach diverse groups, as well as other consultation. Another approach used, for example by Hadhari Nari, was to approach their current users. In respect of assessment of need, the practice within the case study organisation is similar to the approaches discovered by the mapping stage of the research, 2.1.1.

5.13 Good practice in the delivery of healthy living services

Many complex factors have been identified as critical to the successful delivery of healthy living services. The team of community evaluators identified the following factors and qualities as important for managers and deliverers of services.

Working with clients and communities:

- Respect
- Team work
- Be open minded honest
- Non judgmental
- Listening
- Have knowledge and understanding of local community and of each group
- Not stereotyping
- Good communication
- Commitment

- Allowing for change
- Let the community have a say
- Tolerance
- Working with others.

They also identified a number of organisational issues of good practice.
The service should have the following **ways of improving access and developing organisational practices:**

- Clear aims
- Performance indicators
- Clearly articulated and measurable outcomes
- Evaluation and assessment processes
- Robust and routine monitoring systems
- Accessibility
- Sustainability
- Progression opportunities for users
- An ethos that empowers staff and volunteers, and service users
- Good networks with other providers to generate holistic, personalised responses to individual need

The Alcohol Concern report (p30)[35] categories good practice in relation to the following four areas, work with clients, work with communities, ways of improving access and changing organisational practices.

5.14 Reflections on the community evaluator model

Representatives of the community evaluation team: from l to r, Praveena Bayyopureddi, Louise Richards, Sue Jeffels, Nasreen Iqbal and Karan Bubber

35 Subhra,G., and Chauhan,V.,1999 *Developing Black Services*, Alcohol Concern. London

Eight community evaluators were recruited and commenced training. A ninth applicant was interviewed, but did not live in the Normanton area. Two of the evaluators resigned before starting evaluation work, one for personal reasons, the other moved outside the area.

A key strength of the approach was the skills and experiences that the community evaluators brought to the project. The core team of six evaluators were a highly skilled group of individuals who had a range of relevant skills, including the ability to speak several community languages and all had in-depth knowledge of the Normanton community. The six community evaluators bought to the project a wealth of experience and well developed skills. All were residents of Normanton, some had lived in the area for many years, others had lived in Normanton for less than five years. Three had been born overseas. There were five women and one man. The group consisted of some members who were well qualified academically, including a doctor of medicine, a student studying for a PhD and two others who had an undergraduate and/or a postgraduate qualification, thus the group had considerable experience of rigorous academic research methodology and all group members expressed a strong interest in research. A common thread among the evaluators was their interest and experience in community development, especially in the local Normanton area, this included experience with community groups, including '*healthy living'* activities like dance and the ambulance service.

At a de-briefing session of the community evaluators they were asked about their experiences of the work and their reflections of the process.

The evaluators noted that there were three elements of the experience they most enjoyed, working as a team, developing skills (especially research skills) and learning more about the Normanton area:

- *'learning about Normanton community and interacting with service users with different backgrounds'*
- *'building on, and developing my research skills'*
- *'working alongside a very dynamic, diverse and interesting team'*
- *'getting to know about projects that I would never have visited in past'*
- *'meeting new people'*
- *'a lot of projects were located so close to me yet I had no idea of their existence'*
- *'seeing how different groups COULD help each other'.*

The evaluators expressed a number of challenges, a common theme was the challenge of a tight time schedule, most evaluators undertook about 20 interviews in one month. Specific other challenges included:

- *'trying to translate and gain good feedback from users who didn't speak English and weren't educated'*
- *'engaging younger service users'*
- *'adapting to different situations that were unexpected'*

- '*breaking the ice' with people reluctant to talk'*
- *'having trust in people'*
- *'be able to communicate with vulnerable groups'*
- *'getting to grips with project aims and style of work close to'*

The evaluators considered that a future similar project could benefit from more time and more training. Individuals mentioned that the training could have had a sharper focus at the start with more practice time, mention was also made of the time gap between the completion of the formal group training sessions in March and the start of evaluation work in May. One commented that higher pay scales would be beneficial and another would have liked accreditation for successfully completing the training sessions. In this latter instance the evaluator had expressed interest in the possible University of Derby module which could not be developed in the timeframe.

All evaluators recorded that they had learnt considerably from the project in terms of skills, knowledge and understanding and personal and professional development and understanding. The principal skill development of the evaluators was that of communication skills, listening, reflecting back, interviewing – including of interviewing in community languages. The evaluators noted their gain in research and evaluation skills, *'analysing and sorting information'.*

In addition most said that they learned considerably about the Normanton area and about wider health-related issues.

In terms of reflecting on their findings for the provision of services, the evaluators suggested four strategies for successful organisations: advertise more about their services, listen to service users, gain more funding to sustain services, and gain links with other organisations so they can provide help for their users,

> *'interact with each other more to better service the community – bring people together rather than divide them into smaller groups and so limiting their interaction and thereby limiting their opportunities for community cohesion'.*

Accreditation of training for community evaluators was an element of the objectives of the research project. The intention of developing an accredited option was to ensure that community evaluators could have evidence of their developed skills and support the individuals to access relevant work and learning opportunities in future. Before the recruitment process the project managers had focused on the recruitment of evaluators who may not have had any prior experience or qualifications related to community evaluation, and the anticipated '*target group'* would be Normanton residents with few academic or vocational training qualifications. Recruitment to the project however illustrated that this was not the case. Most applicants for the community evaluation posts were very well qualified academically, many having successfully studied at postgraduate level, who had significant experience in research methodology. The evaluators were consulted about whether or not they wished to take part in

accredited training and two of the (then) seven evaluators were not interested in accredited programmes of learning. In the light of the backgrounds of the evaluators two programmes were identified:

- an OCN level 2 programme (two credits), '*Community Support'*. Four community evaluators expressed an initial interest in this programme and one successfully completed the programme with support from the University of Derby Valuing Experience project
- a bespoke University of Derby module, in Community Evaluation for Healthy Living. This was initially designed as a 15 credit undergraduate module using the '*Learning through Work'* framework of the University.

A outline of this latter module was designed and four evaluators expressed an interest in undertaking this work-based module as part of the University of Derby's '*Learning through Work'* scheme. The newly designed module was planned to have been quality assured and available to the four evaluators in May 2008, however the University scrutiny process did not proceed as planned and thus the module could not be available to the evaluators within the timeframe of the project.

In conclusion, the evaluators were in general enthusiastic about what they had gained from the project, in skills and knowledge,

- *'I have gained valuable experience, knowledge and awareness of projects and healthy living. I can use the 'healthy living' projects to improve my/my family's health by accessing services and I can use my experience to do further research in the future'*
- *'This project has helped me to develop and increase my interviewing skills and has given me more confidence in my skills and abilities. It has also increased my awareness of the community in which I live'*
- *'An insight into the needs of people which helped me restructure my ideas about treatment and advice'*
- *'Gained tremendous amount of knowledge about health issues. Good health is not only physical exercise or eating healthy food , it is about being happy and be able to afford your needs'*
- *'enjoyed the project – good introduction to health and Normanton community projects. Will take experience on board and look forward to the next opportunity'.*

6 Summary and Conclusions

6.1 Introduction

This final section of the report seeks to summarise the key findings from the four different strands of evidence; the mapping phase, the case studies, the feedback from survey users and the reflections of the community evaluators. Chapter 7 then goes on to propose a number of recommendations.

6.2 Summary of findings from the mapping phase.

The initial long list of organisations who were potentially reaching Normanton residents to deliver health related services relevant to healthy eating, physical activity and alcohol numbered 313. Of these 91 completed the questionnaire survey, a respectable response rate of 34%. Consequently, the survey was not a census of services, but its findings will be broadly representative of those operating in the locality.

The key quantitative findings of the survey are that:-

- 18% of organisations delivering those services are run by the local authority, 62% are run by voluntary and community groups and only 3% are from the PCT / NHS. Services associated with healthy living are clearly not synonymous with medical services (although of course the numbers accessing services provided by these organisations is not known)
- More than nine out of ten organisations deliver projects and services that either directly or indirectly encourage healthy eating and physical activity, whereas half deal with alcohol consumption
- Women, young people aged 5 – 19 and minority ethnic groups appear to be best served by the projects and services that target specific user groups
- Most organisations' client bases extend beyond Normanton, and many are city-wide services
- Whilst these services are not directly run by either the Derby City Council or the PCT, 20% receive some funding from the Council and 33% per cent receive some funding from the PCT.

Respondents to the survey also identified a number of gaps in current provision, either in terms of groups who need targeted services or in terms of more generic types of service:-

- Provision for elderly people to engage in physical activity
- Services for new communities such as Eastern Europeans
- Women only health-care services
- Services for people with mental health and learning difficulties
- Services for victims of domestic violence
- Health eating on a budget
- Support to address substance misuse.

The findings from the survey are both corroborated by, and further explored in the case studies.

6.3 Summary of findings from the case studies

Eleven case stud participated in the research process in depth. The case studies provided access both to managers and project workers, and also to service users whose views were sought by community evaluators. They were chosen to reflect the balance between types of services and types of service user that was highlighted in the mapping phase.

The key findings from the case studies can be summarised as follows:

- All case study organisations sought to provide relevant and accessible services to groups who are often reported as being marginalised by mainstream services. These "hard to reach" groups were able to access services because they were delivered in a way that was culturally sensitive, accessible, local and relevant to their needs
- Service providers need to be sensitive to issues of language, offer services in community languages, whilst ensuring that service users have access to ESOL training to build their own capacity, and have access to translation and mediation services for access to mainstream healthcare provision
- Service providers also have to tread a line between providing services that are culturally sensitive, whilst at the same time being non-prejudicial to potential users from different community groups
- The case studies offered a range of different perspectives on the relationship between disadvantage, exclusion and poor health. The relationship is sometimes direct, for example lack of money leading to poor diet, but more often is indirect with exclusion leading to isolation, poor motivation, lack of self-esteem and lack of self-care. Projects therefore use both direct methods of addressing the issue for example fitness classes, and indirect methods like providing a social space. A few offer pro-active preventative measures to address issues of potential exclusion and disengagement
- As with many community and development projects there is a tendency for more women to become engaged than men. In this case this is exacerbated as the subjects of health and fitness are more associated with women
- In the cases of some case study organisations, in particular Derby First Forum and Women's Work the models of the five portions of fruit and vegetables daily and regular exercise are too sophisticated and in appropriate for users whose needs are more fundamental and often closely related to survival
- The projects were often time-limited (particularly those run by the community and voluntary sector) and this had implications for their ability to deliver services. Time has to be spent by the project in fund-raising which directs energy away from clients, furthermore clients can disengage from projects which they think might not survive as they do not want to invest their trust and time in something that might "reject them".

- Effective leadership and management is crucial for all projects both to ensure longer term sustainability, and for effective delivery in multi-agency partnership delivery structures
- Both in the mapping phase and the community evaluation phase organisations were not always clear about how they established the needs of their users and potential users, both formal and informal processes were used
- Several projects also noted good practice associated with user-involvement in the delivery of the service, and in business planning of those services.

6.4 Summary of findings from survey users

The users surveyed represented a range of Normanton residents, however these were not necessarily typical residents, in that the group was predominantly female and had a significant representation from the Asian community. The users valued the healthy living services they used and many of them indicated that more healthy living services and facilities were required. They recognised the importance of exercise and healthy eating. There was also a recognition that exercise and diet related groups and support in general helped to support good mental health and relieve stress.

6.5 Summary of outcomes from community evaluators

A significant strand of the research methodology (outlined in chapter 1.8) was the role of Normanton residents, the community facilitators, to develop and deliver appropriate evaluation training to a group of trainee evaluators based in Normanton. This team of eight people undertook significant in depth qualitative research activities in the Normanton area. This team included people from a range of ethnic groups, but one of their common experiences was that each lived in the Normanton area and each knew first hand of the dynamics of the Normanton society from her/his viewpoint and had an innate understanding of the locality and of issues related to residents' needs.

Following evaluation training the evaluators used the primary evaluation tool, the questionnaire Appendix 3, flexibly and responsively to generate the data from the case studies. The evaluators were also able to conduct a small number of focus groups as opportunities for this arose. Not only were the group of evaluators able to conduct high level evaluation (as demonstrated by Appendix 5), they were able to help to provide powerful data including base line data which can be used in future studies.

It was noted that the evaluators also gained considerably in their own learning. They were able to cross new personal boundaries through exposure to other people's life experiences, while also being able to analyse in depth the issues related to healthy living in the case study projects. The evaluators noted that they had gained considerable skills which would support further career and personal development and finally the team have recorded their interest in continuing to work together as a community evaluation team for future relevant research.

A community facilitator described the personal development of the community evaluators as 'a transition from evaluators to researchers'. In summary the

community evaluation model used in this project was powerful, effective and valid. It led to a high level of research and evaluation data being gained, it gave the individuals concerned additional skills and knowledge, and potentially the whole team may contribute to further research to support Normanton and its residents.

6.6 Thematic analysis of key findings.

It is important to recognise the demographic and cultural context of Normanton. It is a fast changing community. In the last decade there has been a change both in the composition of the local population and in the needs and aspirations of the people. One such dramatic change was a result of government legislation in 1999 when the dispersal of asylum seekers from the South East of England led to people arriving with minimal notice and concentrating in Normanton due to the availability of private rented accommodation.

An example of how change has affected residents was given by the project worker at b-active who noted that there has been a change in body consciousness of Asian women in recent times. The Normanton community has been joined by many Eastern European visitors and workers, some of whom have stayed in the area for a short time, but their presence has influenced some of the healthy living services in the area. The evidence for this is partly anecdotal, gathered from the community facilitators and evaluators. A clear conclusion from this research is that the communities it engaged with were very receptive to research, this is especially true of the Pakistani community in which the male elders found it easy to speak with white women community facilitators, the two community facilitators who have carried out sociological research in the area over the last decade noted that this attitude has changed in the last 10 years. However as the local Pakistani community has been very open and supportive of this research, it is possible that other minority communities may have different views about healthy living but could not be easily accessed.

6.6.1 Characteristics of users of healthy living projects

A facet of this research is that it has focused on the issues related to the Normanton residents who were predominantly of an Asian background and the noted benefits of taking part in a healthy living project may have been influenced by the themes discussed in 5.3, for example, reaching the hard to reach, culture, language and gender.

In contrast the non Asian community may have some different needs on healthy living issues and this research was not able to consider views of the disadvantaged white people, who are known to exist in the area, 52% of the residents of the Normanton ward [36] , and 47% or the Arboretum ward are white[37]. Also there are more affluent areas of Normanton whose residents may or may not have been included in this study. Using data from both the mapping strand and the community evaluation strands, it can be noted from the mapping research data that nearly half

36 Derby Community Safefy Partnership, September 2007,Normanton Neighbourhood Profile

37 Derby Community Safefy Partnership, September 2007, Arboretum Neighbourhood Profile

(47.4%) of the organisations included in this study provides services that are open and accessible to any resident of Normanton and many of the case study organisations wished to be accessible to as wide a range of users as possible. The users themselves of the healthy living projects evaluated indicated that their health benefited from use of the services.

6.6.2 The impact of healthy living projects on the residents of Normanton

The motivations for Normanton residents to take part in or join a healthy living service are mixed: they joined projects for a variety of reasons, with 14% joining for the opportunity to socialise and meet people. 12% joined to improve their physical health and 10% were referred from other agencies. Others wanted to communicate in their own language, learn new skills and wanted to contribute more positively to the community.

The resulting general life style changes of users, resulting from taking part in a healthy living service and reported by the community evaluators , included:-

- 13% reporting they had improved their social lives,
- 10% said they ate more healthily, and
- 15% said that they now took more exercise (as shown in chapter 4, and in appendix 6).

In addition the community evaluators noted the frequent occurrence of users saying that they considered their mental health to have improved from their participation with the services offered in Normanton. They noted a characterisation of the role of activities in improving mental health and moving individuals away from disadvantage and isolation and towards social inclusion. Thus improved health and mental well-being could be associated with enhanced economic benefits (increased employment) and cost savings from less use of mainstream health services.

6.6.3 Developing a healthy delivery infrastructure.

An important issue related to this project is the '*health'* and effectiveness of the organisations which are delivering healthy living projects. The delivery of healthy living services in Normanton is through a number of projects, many of which are funded by either the Derby City Council or the NHS / PCT. Projects can be independently operated, although many are hosted by larger organisations such as the Asian Advisory Service.

The issue of short term funding featured across the research strands. It was clear that some projects with time-limited funding struggled with their exit strategies and their search for sustainability funding. The issue of status, good governance and survival of organisations was not researched in depth, however it was noted that demise of Evergreen was apparently regretted by its users, and in contrast, Women's Work was near to closure at the end of 2007 due to lack of funding, however a rapid recovery of its assets took place following a successful bid to the

Big Lottery Fund which has made it a well known, locally and regionally, example of good practice.

The research highlighted two factors related to sustainability. The first is the extent to which projects have the time, skills or motivation to evaluate their practice. The result being that long or short term results of healthy living projects are not necessarily known or built upon.

A second key factor is associated with the sets of skills and experiences of the management team, or indeed the project manager. The skills associated with effective management and delivery of a project, including recruitment and management of volunteers and engagement of service users, are not necessarily the same set of skills that are needed to devise business plans and develop funding applications. A project needs access to both sets of skills to deliver impact and to develop sustainability. A conclusion from this is that there should be more accessible management, leadership and fund raising training, or mentoring, available to this type of organisation and that should be complemented by a raised awareness among potential funders of the risks of short term funding.

The role of capacity building the voluntary sector through the use of local and low cost training is important. A recent example of this is the University of Derby Normanton Community Development Learning programme, which included,

- The development of a Project Management Toolkit and a series of thre workshops to support local projects in building effective projects, funding applications and greater sustainability
- The development of the Equalities and Diversity toolkit to encourage projects to tackle inequalities and be better placed to respond to national legislative requirements.

6.6.4 Gaps in service provision

Both in Chapter 2 and in Chapter 3 a number of gaps in service provision related to healthy living have been noted. There were 4 types of '*gap'* in service provision noted: an absence of a service for Normanton residents; this is closely linked to an identified lack of relevant facilities; a lack of adequate capacity in a service that exists – whereby demand is outstripping supply and fourthly there are examples of services which exist but may not be accessible to all.

Absent Services. A number of specific activities were mentioned by users, that did not apparently take place in Normanton, some like '*bouncy castles'* (NYPD) may indicate a desire for fun activities that link to sport, others may lead to long term health related activities.

- Fishing and swimming were mentioned by users of Derby First Forum, *'I would like to see this group's service have experience [of] fishing. Also this group needs to look at providing swimming lessons for health'* (manager).
- Interviews with managers and others involved with 2 organisations, Derby First and Women's Work, mentioned the relative lack of dental facilities.

- There was a frequent mention of more sports services, including Karate, self defence (b-active)
- There was a demand for picnics and excursions to relieve stress (Asian Advisory Service)
- Healthy eating on a budget, including services targeted at parents, the Asian community and people living in hostel accommodation, was recorded by a small number of organisations in the mapping survey. A user at the Asian Advisory Service noted that some services formerly offered by the Indian Community centre for women only, like exercise classes, had been good, and there was disappointment when they stopped doing the classes

Lack of facilities: Users mentioned a lack of some specific facilities:

- Two organisations noted that they would benefit from more office and facility space, Derby First and Women's Work
- Users described the Madeley Centre gym as being too small
- Some users wanted the Café in the Park to reopen
- A lack of public toilets
- Enhanced access to dental services was noted. The latter mentioned both in the case studies of Derby First Forum and Women's Work.
- Social space for young people was missing, according to the PCC, a place for teenagers to hang out and have good time and discuss things of importance to them
- Clean and safe public open spaces
- Crèche facilities to promote accessibility of some activities to parents and carers.

Insufficient capacity to meet was noted in three instances**:**

- Healthy living services (both nutrition and exercise) for older people, noted by Open Doors in the case of its client group
- Insufficient summer activities for young people (for example as noted by Open Doors)
- Lack of adequate facilities for older people in general (Sahahra).

Wider accessibility for target groups

The research did not engage non-users of services, but it was clear from the respondent profile that there are many individuals and groups in Normanton who could potentially benefit from access to healthy living services. The following areas were suggested by those working or living in the area as gaps in service provision:

- Provision to support and encourage the elderly to engage in physical activity and healthy eating. This was noted both in the mapping survey and by organisations like Open Doors
- b-active users suggested more women only facilities, including women only trainers. Users of NYPD also suggested that there should be more activities for girls. Respondents to the mapping questionnaire (Chapter 2) re-iterated this point

- Services for new communities, including asylum seekers and migrant communities, particularly from Eastern Europe, this was highlighted by some organisations in the mapping survey and also by the NYPD and Women's Work. A sizable minority of users (20%) of the Asian Advisory Service are from Eastern European countries
- Services for people with mental health and learning difficulties (three respondents) including support to use mainstream services
- Support to address substance misuse including alcohol, smoking and drugs. The topic was raised both in the mapping research and by Derby First
- Services for victims of domestic violence who have other complex needs such as mental health issues or substance misuse (this was mentioned in the mapping research). This service is carried out in part by Women's Work but there are a number of needs that may not be adequately covered by this service
- A special issue that requires addressing, is the accessibility (or inaccessibility) of healthy living services by '*ordinary'* Normanton residents, that is those who are not considered '*marginalised'*. In Chapter 3.3.6 it was noted that some services need to be very prescriptive in their objectives as they serve marginalised groups, this suggests that others who fall outside the priority definitions are not well served by healthy living services in this area. Further research is required to verify this.

6.7 Summary conclusions

This research has demonstrated that a team of community evaluators, supported by the University of Derby can explore effectively the issues related to healthy living in Normanton. The two strands of the research reveal a range of complex issues which may be effectively addressed by the recommendations in section 7. The research shows that strong healthy living related services exist in the area, they are well used and benefit their users, potentially making the residents of the area healthier and enhancing their wellbeing. While users identify a significant number of gaps in services it is not clear these are all critical, in some cases healthy living services exist, but are not accessible or known about.

A related conclusion is that healthy organisations or services are needed to support the development of a healthy community. Some of the services exist in a critical stage, lack of adequate medium term funding means that many organisations are in existing in a '*hand to mouth'* state, unable to provide adequate services and unable to evaluate the services they have carried out. Other organisations appear to be parochial, and possibly because of resourcing difficulties, are unable to promote their services adequately in the area, partially resulting in unmet demands. The surviving organisations often deliver many short term services which are often oversubscribed and offer short term healthy living interventions to the community. The key question for funders, potential funders and advocates of healthy living is: is this good enough for a healthy community?

7. Recommendations for future actions

There are two significant sets of recommendations: the first recommendations are those for senior strategic managers and directors of organisations which have a critical interest in healthy living in Normanton. These organisations have a stakeholding in the planning, implementation, evaluation and possibly funding of healthy living strategies for the Normanton area. These organisations include the Derby City Partnership (DCP), the Primary Care Trust (PCT) the Derby City Council, the Derby CVS and the Derby Millennium Network (DMN). The second set of recommendations is aimed at those working for community projects and small organisations which have an interest in the development and delivery of healthy living projects in the area, organisations that make things happen at a local level.

There is a special group of community stakeholders, the churches and representatives of religious organisations, that straddle both the strategic and local parties. Their representatives potentially have a critical influence on the Normanton community on all the recommendations given below. Two major bodies, the Multi Faith Centre at the University of Derby and the Inter Faith Group, may be in a good position to support the capacity building initiatives which will contribute to both community cohesion and will aid the success of the recommended action points.

7.1 Support for organisational development and sustainability

7.1.1 The role of strategic organisations

The senior managers from the principal stakeholders should work together to achieve a joint strategy to support healthy living projects in Normanton. The key public sector organisations and their representatives should agree amongst themselves: importance of short term projects; the importance of sustainability and mainstreaming the critical services related to healthy living and ensuring that the small organisations which deliver them remain healthy and fit for purpose. The necessary elements are as follows:

- Develop, where possible commonly agreed aims, target groups, proposed activities, evaluation strategies for the support to be given to healthy living projects and the organisations which deliver them
- Design and develop a clear funding model for healthy living projects which will receive support from the public purse, this may include the use of a universal proforma. If developed, this should be simple but designed to support existing and new services to access funding opportunities and suitable support
- Agree and publicise appropriate funding information. Clarify the type of funding available from public funds and its purposes, for instance if funding is available for initial pilot activities or if long term funding is available for certain types of project. This may involve funding organisations re-examining their funding criteria. Ensure that information on publicly available financial support, together with information about other sources of funding (for instance Lottery funds), is

readily accessible to organisations listed in the data base from this project (Chapter 2)

- Develop a strong model for supporting organisational health by encouraging the leaders of organisations which develop and deliver healthy living projects to develop their own good practices, for instance development of clear aims, business plans and critically to evaluate the work undertaken by the organisation. A key part of this is to support organisations to use appropriate methods to ascertain needs of users
- The latter area will involve considerable capacity building and developing the skills of those working within the area, the use of the toolkits developed by the University of Derby, on project management and tackling inequalities within the Normanton area can be used as a baseline on which to build and strengthen organisations developing healthy living. One such 'toolkit', is '*Reclaiming the Evaluation Agenda: a community evaluation resource pack'*[38] . This contains a framework to help organisations develop a more empowering approach to evaluation. Another framework that can be used is 'DiCE' (Dimensions of Community Empowerment)[39]
- Consider the strengthening of the role of the community based roving 'community support adviser' (funding), currently based at the Derby CVS. This function should be enhanced by enabling the post holder(s) to identify further health related sources of funding, especially those related to specialist areas. A key strand of support from those working for strategic bodies is to maximise the sustainability of healthy living projects, besides clear, accessible information about funding streams and building the skills of leaders of organisations to manage and evaluate the projects well it will require support for organisations on how to manage and attract finance to fund for the future
- Support the development and delivery of entrepreneurial skills for leaders of small organisations. This may be undertaken with advice and support from the University of Derby and business support agencies and will include elements of leadership, effective management, health management, recruitment and training of staff and volunteers and community engagement. Such a programme could be certificated if appropriate.

7.1.2 The role of community organisations

Many project managers and project workers are highly skilled in their community organisation's needs, many will also wish to refresh and develop their skills and knowledge in organisational management and leadership, including:

- Identify target groups, develop project aims, activities and evaluation strategies for the relevant programmes of activities
- Share new and developing practices, like the opportunity for social enterprise development
- Develop appropriate business plans related to healthy living
- Work closely with the 'community support adviser' (funding), to determine relevant sources of funding and to develop a sustainability strategy. This may

38 Subhra, G. 2008 *Reclaiming the Evaluation Agenda*, University of Derby, Derby

39 Community Development Exchange, 2008, *What is community empowerment?* http://www.changesuk.net/what%20is%20community%20empowerment.pdf

include the exploration of social enterprise models of organisational development
- A key area for development is ensuring that any project which is managed is effectively evaluated, both in the short term and in the longer term
- Access leadership and management training and development programmes available, local colleges and the University of Derby offer generic programmes. Additionally access fully any new bespoke programmes developed as a consequence of 7.1.1
- Access and undertake training related to bid writing and management of finances, including grant funding.

7.2 Promoting the importance of health living within Normanton

7.2.1 The role of strategic organisations

Strategic organisations have an existing strong interest in maintaining good health for all residents, not only in Normanton but in the wider Derby area. Evidence from this research shows that some good healthy living related facilities and services operate effectively in the Normanton but not everyone who may be interested knows about them or can access them easily. It is recommended that the strategic partners consider the following:

- A sustained campaign aimed at informing all the residents of Normanton on the importance of healthy living. This may include the known benefits of using the appropriate services, together with data and information from this research. This campaign can use the usual vehicles for accessing residents of Normanton, ranging from community representatives, Radio Derby, community radio, community and local papers. It could also include accessing the database of information associated with this project
- Associated with the above recommendation is a scheme to publicise the organisations known to deliver healthy living services (as in Chapter 2), maps are to be made available in public areas in Normanton indicating the location of these projects and services. An adjunct to this is the recommendation that the data base of these organisations is kept updated and regularly republished
- Local health initiatives are placed regularly on an appropriate website, to highlight forthcoming events, together with good practice information. The collection of the relevant information should be the responsibility of the strategic organisations, however this should be cascaded to community organisations
- Hold an annual ‘healthy living day’ in Normanton. Strategic public bodies should consider special occasions to raise awareness to the existing facilities and stimulate non-users to take an interest in healthy living
- Arrange sponsorship for a healthy living prize. In respect of a suitable prize and recipient of a prize, it is recommended that strategic partners meet with community organisations to determine the nature and purpose of a prize. As examples a prize could be given to an organisation, for instance for developing the most innovative healthy eating initiative, and/or an individual Normanton resident, for perhaps making an outstanding contribution to physical exercise
- Ensure strategies to maximise accessibility of existing services. Many services that exist in the area are keen to attract users from a range of backgrounds,

however potential users may be put off by labels and organisational titles which would exclude significant groups of beneficiaries. The Asian Advisory Service, for instance attracts a small but significant number of Eastern European people. The strategic stakeholders are in a key position to examine the remit and purpose to which their funding is focused and to ensure as wide an accessibility to healthy living projects and services as possible. In the case of some organisational support the strategic stakeholders may be able to work with organisations to ensure that the titles of projects show maximum accessibility and lack of exclusivity.

7.2.2 The role of community based organisations

Managers and project workers involved in community based projects are often familiar with the marketing and promotional issues related to recruitment of potential users. However additional strategies recommended for use are:

- The development and design of healthy living promotional literature
- As in 7.2.1, local health initiatives should placed regularly on an appropriate websites within organisations in Normanton
- Effective advertising, including distribution of information to shops, doctor's surgeries, schools to promote their projects.

7.3 A holistic approach to healthy living

7.3.1 The role of strategic organisations

Strategic organisations should work to facilitate a holistic approach to healthy living in Normanton and encourage relevant organisations to work together where advantageous. Recommended approaches include:

- Consider the establishment of a central point of information for key elements, this will include places where the maps (as in appendices 9, 10 and 11) will be available, but may also be used to build associated services, for instance a central place where information can be gathered on sources of funding. This could be developed as a health living 'hub' which could be supported appropriately to signpost people to suitable services locally
- Sponsor and support the organisation of regular healthy living themed days (or possibly weeks) and invite the relevant services to take part, or co-lead such activities. Examples of these could be activities for young people, an introduction to power walking in Normanton for older people, the development of a 2009 Normanton Healthy cookbook
- Strategic partners to send a copy of the data base of healthy living organisations to all the organisations in it, to ensure there is greater awareness of organisations that co-exist, have common goals but may not know of the existence of others which are similar
- Funding organisations may wish to fund specific healthy living projects using the synergy from two or more organisations that complement each other. This may include a radical approach to considering ways of holistic approaches to whole lifestyle changes

- Strategic organisations should adopt an open attitude towards effective solutions to problems of unhealthy living and explore non medical strategies, for instance strategic organisations should invest in and sponsor trial activities that use 'talking tools', like counselling to support people who have difficulties with alcohol misuse, eating unhealthily and a poor exercise regime

7.3.2 The role of community based organisations

Recommended areas for development are:

- Sharing of ideas, training and development on such areas as sustainability, issues related to cultural differences and other common themes
- There may be options to share some resources, both buildings and skills staff, for instance interpreters
- Review of referral strategies, so that users can be signposted to an appropriate agency or service related to healthy living

7.4 Addressing the gaps in provision of healthy living services

7.4.1 The role of strategic organisations

- Address the priority gaps in services, several of these are given in the report, however two significant areas which are noted are healthy living for older people, for isolated women and for young people. Community capacity for these activities does, in some cases exist, the existing facilities and services should be encouraged and increased where possible and, in some cases new services may need support to develop
- Strategic organisations should tackle the 'taboo' areas. This research found that in a small number of cases mention was made of specific cultural issues, for instance a potential problem of some young Asians and alcohol misuse. Other issues have been noted, for instance self harm and overeating among some young people. In these cases it is difficult for the young people concerned to obtain support within a close knit family or community and strategic bodies need to ensure that there are facilities accessible and available, but which may be located outside the Normanton area. In these cases statutory bodies need to make special services accessible to marginalised people
- In addition to taboo areas there are other 'invisible' or low profile issues related to health. One of these is gender, for instance many men do not talk about personal health concerns and there is a lack of specific outreach initiatives targeting men. Another issue is that the needs of new communities may mean that needs of older established communities may get pushed out of sight

7.4.2 The role of community based organisations

Community based organisations are well placed to both discover new needs and deliver programmes to support healthy living

7.5 Further research and development

Strategic organisations and community based organisations should be involved in further research. Funders of research will be concerned with strategic priorities and plans, and local delivers of projects may be in a good position to support research on a micro level. Subhra quotes the model he and Chauhan have constructed for effective and relevant research, which needs to,

> *'be relevant and accessible. It should involve communities, researchers and practitioners…and findings should be disseminated widely so that they impact on and result in an improvement of services'*[40]

The research strategy should include the following elements:

- use of an action research approach
- involvement of partnerships which include local organisations and builds their capacity to undertake and use their tools (as in the case of the community evaluator training toolkit, developed as part of this project, as described in Chapter 1, methodology)
- a facility to use the skills of local people – as in Chapters 1 and 5, a specific way in which strategic organisations can contribute the this is to actively develop the model of training local community developers, created in this project, one aim could create a team of local community evaluators, to which access is reasonable, which can serve the community on an ongoing basis
- utilisation of a micro research approach, that is to explore issues in small scale to identify indicative findings and issues on which to build later
- a 'community centric' approach, including the involvement of the community in identification of topics for research, analysis and dissemination
- some issues may need a complex problem solving methodology rather than 'pure' research techniques. As an example, the research question 'how are alcohol services being developed in Normanton?' Alcohol is a factor which pervades and can magnify other issues, for instance domestic violence, crime, prostitution and localised violence around pubs. How are alcohol services that might be established on a citywide and generic basis being adapted, delivered and reviewed in relation to the diversity and make up of Normanton? Are specific and localised services being developed?

The key areas which need to be assessed further are:

- What are the real reasons for not participating in any healthy living activity, that is some research with non-users
- What are the cultural, practical and cognitive reasons that encourage some people to participate and others not? How can projects be supported to help overcome these barriers?
- What are the views of other groups of disadvantaged people in Normanton, for instance Eastern European migrant workers, other disadvantaged white people, about healthy living?
- What are the longer term health benefits of participation in projects? Are there economic benefits that accrue from healthier living of Normanton residents?

40 Subhra, G. 2003 *Alcohol and Black and Minority Ethnic communities: Overview of research and service development issues,* Alcohol Concern London

- How can mainstream services most effectively partner local projects to develop services that holistically meet the needs of Normanton residents?
- Research is required to explore the 'invisible' issues (as in section 7.5.1).

7.6 The development of the three healthy living themes, alcohol use, healthy eating and physical exercise

All three themes can be substantially developed further by following the recommendations in this Chapter. In addition the following areas should be considered further.

7.6.1 Alcohol

This research shows that the profile of alcohol in the Normanton is lower than the other two healthy living themes, fewer organisations offer alcohol related services, it receives less funding and there is little evidence that it is a significant local problem. The survey of the case studies organisations showed that the majority of respondents were Muslim and most felt that the alcohol question did not apply to them. Two areas that can usefully be examined are: to analyse the quality of evidence on alcohol misuse together with the evidence of alcohol and cultural diverse groups, as is described in Gersh Subbra's publications previously described. From this further exploration it is recommended that it is possible to develop appropriate resources to raise awareness in different communities, an example of this could be a DVD designed in a local language. Gersh Subhra's research lists the following areas for research related to alcohol use in BME communities[41]:

- 'Understanding the factors and processes involved in heavy single episode drinking
- Examining the impact and effectiveness of community safety and public health campaigns
- Exploring the relationship between alcohol use and risky behaviour
- Looking at the effects on others affected by a persons drinking
- Assessing the extent to which mental health and other hospital services are being considered when the person actually requires alcohol services.'

7.6.2 Health eating

The evidence from this research shows that it is timely to undertake initiatives to promote healthy eating. Most respondents in the case study interviews believed that being obese led to other health problems and that they had become more aware of this since joining the projects. They now ate more sensibly and said that this was a direct result of what they had done at the project. Most important is for strategic and Normanton stakeholders to continue to raise awareness to specific eating issues, particularly the use of salt and fat and diets for children. Churches and religious

41 Subhra, G., 2003 *Alcohol and Black and Minority Ethnic communities: Overview of research and service development issues,* Alcohol Concern

organisations will have a special role in supporting appropriate healthy eating activities.

One innovative scheme will operate later in summer 2008, in a Normanton based project led by Surtal Asian Arts, based at the Guru Ravidas Centre in Normanton. This project was commissioned by the PCT and will use drama to raise awareness to the issue of diabetes. Several performances of the drama, which includes local actors, will be given at local venues in appropriate languages. Strategic organisations should share the learning from this initiative which offers a novel approach to tackling a significant community eating-related issue.

7.6.3 Physical exercise

The biggest changes that had occurred in the lives of the respondents since they joined their respective projects was in the area of exercise. A significant percentage, 87% of the 100 users, said that they now thought about the importance of physical exercise as shown in Chapter 4. This may be a considerable development in attitude towards exercise. Besides the recommendations made earlier in this Chapter, the strategic and local organisations, may want to use next few years to design and develop a pre Olympic programme, this could include schemes to develop facilities, medium term investment in exercise programmes of all types for all ages.

7.7 Recommendation regarding methodology

Any significant strategy that requires behavioural changes of learning development necessitates a very strong partnership between the agency and the community ‘bridge’ builders, the people who make things work on the ground. The leading strategic partners should not expect the bridge builders to undertake the considerable activities required for nothing. While developing new approaches and projects strategic partners should examine the benefits for the bridge builders. These may include financial benefits, but perhaps more importantly the development and recognition of skills, as well as significant acknowledgement of work well valued and undertaken.

Appendix 1: Mapping questionnaire

Community Health Evaluation in Normanton

The information you give on this questionnaire will be used to create a health directory for the Normanton area, as well as identify gaps in provision and inform future public health planning. The directory will be available to individuals and organisations by summer 2008 both in print and on the web.

We would be grateful if you could fill in and return the questionnaire online or using the pre-paid envelope as soon as possible. Please do not worry if you cannot answer all of the questions, just fill in the sections that are relevant to you and your organisation. Any information you provide will be useful to us. If you have any questions about the research, or this questionnaire, please contact the research team at the University of Derby on 01332 591267. Thank you for your help.

1. Tell us about your organisation

Q1a Name of your organisation: _____

Q1b Address of your organisation (for inclusion in the health directory):

_____

_____

Post code_____

Q1c Is your organisation part of a larger organisation?

No…….☐1 Yes……☐2 *Please tell us the address in the space provided:*

_____

_____

Post code_____

Q1d Which sector does your organisation *primarily* belong to? *Please tick all that apply*

Local Authority ….. ☐1 Primary Care Trust / National Health Service... ☐2

Social Enterprise…. ☐3 Voluntary and Community Sector …….. ☐4

Private sector…….. ☐5 Other...☐95

Q1e Does your organisation deliver projects / services for people in the Normanton area that help to improve their health and wellbeing, either directly or indirectly?

Yes……☐1 **Please go to section 2**

No…….☐2 **Please go to Section 3**

2. Project(s) and service(s)

Please tell us about the projects / services your organisation delivers for people in Normanton that help to improve health and wellbeing. **If your organisation delivers more than one project / service, please photocopy this section and complete for each project/service.**

Q2a What is the title / name of your project / service?

_____

Q2b Please tell us the name and contact details of the person who is responsible for this project / service:

Name: _____

Job title:_____

Address (for inclusion in the health directory, if different from the address provided in Section 1)

_____

_____

Postcode_____

Telephone number including area code: _____

Email: _____

Q2c How did you identify a need for the project / service?

Q2d What are the aims and objectives of the project / service?

Q2e What activities does the project / service involve?

Q2f How is the project / service delivered?

Q2g Does the project / service, help to…? *Please tick one box for each option*

	Yes, directly	Yes, indirectly	No	Not sure
(i) Encourage healthy eating	☐1	☐2	☐3	☐4
(ii) Increase physical activity	☐1	☐2	☐3	☐4
(iii) Reduce alcohol consumption	☐1	☐2	☐3	☐4

Q2h How many staff are employed for this project / service?

Full-time _____ Part-time _____

Q2i How many volunteers work on this project / service? _____

Q2j Which group(s) is the project / service aimed at? *Please tick all that apply.*

All residents of Normanton ☐ Children aged 0-4 ☐ Children aged 5-13 ☐

Young people aged 14-19 ☐ Adults aged 20 – 59 ☐ Adults aged 60+ ☐

Male residents …….. ☐ Female residents ☐ Disabled residents ☐

Residents of minority ethnic origin ...☐

Residents from a faith group...☐

Other group...☐

Q2k Where do most of the people that use this project / service live? *Please tick one box only*

Normanton and Peartree only…… ☐1 Normanton, Peartree & surrounding aeas.☐2

Citywide……..☐3 Other area(s) outside Derby……☐95

Q2l Approximately how many residents of Normanton are actively engaged in the project / service?

_____

Q2m When did this project / service start?

Date_____ I'm not sure…☐97

Q2n How is this project / service funded? *Please tick all that apply*

Derby City Primary Care Trust…..……..... ☐ Derby City Council……. ☐

Derby City Partnership External Funding…☐ Small Change Fund……☐

Derbyshire Community Foundation ……..... ☐ Big Lottery Fund ……. ☐

Organisation's own income……..... ☐ Charitable Trust……..☐

Other …☐

Q2o When will this project / service end?

Date_____ The project is ongoing…☐96

I'm not sure…☐97

Q2p How is this project / service making a difference to the health and wellbeing of the people of Normanton?

3. Future need

Q3a Do you work with any partner organisations that deliver projects / services to people in Normanton that help to improve their health and wellbeing?

No…….☐1 Yes……☐2 Please tell us the address(es) in the space provided:

_____

_____

Post code_____

_____

_____

Post code_____

_____

_____

Post code_____

_____

_____

Post code_____

Q3b Are you aware of any existing directories or websites that contain details of projects / services designed to improve health and wellbeing?

No…….☐1

Yes……☐2

Q3d Have you identified any other health and wellbeing-related needs among the residents of Normanton that are not currently being met?

No…….☐1

Yes……☐2

Q3e Any other comments?

Thank you for your help.

Please return your questionnaire using the pre-paid envelope provided to:

International Centre for Guidance Studies
University of Derby
Kedleston Road
Derby
DE22 1GB

DH Department of Health

Communities for Health
A Choosing Health Programme

NHS

Project Part-Financed by the European Union

European Regional Development Fund

Derby City Partnership

UNIVERSITY of DERBY

Appendix 2: Organisations that responded to mapping exercise

Arthritis Care -Central England Directorate
British Epilepsy Action Derby Branch
Derby Caribbean Association of Carers
Derby Sikh Youth Association
Disability Direct
Number One Community Project
Open Doors Soup Kitchen
Open Doors Music and Art Workshops
Derby First Forum
Derby African Caribbean Mental Health Association
Derbyshire Positive Support
Aasra Project
Padley
E-MAC Eastern European Migrants Advice Committee
St. Johns' Ambulance Derbyshire
Normanton Young People's Diversionary Group
Derby Disabled Friends
St James CE (VA) Infant School
St James Church (Aided) Junior School
HAC Trust
Hadhari Nari Women's Project
APNA Madeley Centre
Council of Pakistani Organisations
Persian Cultural Association
Jobs Education and Training (JET)
Derby Racial Equality Council
Shiri Guru Ravidass Sabha
St. James Centre
Bemrose Community School
Indian Community Association
Connexions Derby
Derby Access Group
Derbyshire Mind Rosehill Club
Derbyshire Advocacy Service
Merlin ABC Fitness Centre
Derby Live at Home scheme
Multicultural Centre
New Life Christian Centre
Sahara
Shakti Arts
Sherwin Club - Sherwin in Sports
TBG Learning Derby
The Open Centre
The Cottage Private Day Nursery
Play 2 Learn
Vidya Medical Centre
Pear Tree Clinic
Shaftesbury Sports Centre
One Nation A.B.C
Ukranian Day Centre
Sunnyhill Community Centre
Kingsway Territorial Army Centre
Derby Dance Centre
Sherwin Club - Junior and Senior Football Coaching Teams
Derby City PCT
Peartree & Normanton Landlords' Association
Lighthouse Children of Excellence
Breastfeeding Mums Group
Normanton Girls Club
Sure Start Rosehill
Peartree Road Baptist Church
Austin Neighbourhood Base
Walbrook Nursery School
Alternative Activity Centre
Safe and Sound
The Space
The Scout Association
National Spiritualist Church
Asian Advisory Service
Women's Work
Savan Group
Morleston Day Centre
YMCA Derbyshire
Pear Tree PALS Association
Dale Community Champions
Fun-ability
Evington Club
Rosehill Methodist Sports Club
Pear Tree Infant School
Young Muslims' Organisation
b-Active Buggy Walk and Swimming
Sherwin Club - Junior & Senior Football Coaching
Child Health and Safety Project
Home Start Derby

Becket Street Derby
Hummari Manzil
Karma Nivana
Arzoo Stay and Play
PEEP
Spiritual Healing
Evergreen

Appendix 3: Community evaluator user questionnaire

Department of Health | Communities for Health – A Choosing Health Programme | NHS

University of Derby

Project Part-Financed by the European Union

European Regional Development Fund

Derby City Partnership

Interviewer ID:

Normanton Community Health Evaluation User Questionnaire

Introduction

My name is XX and I'm a community evaluator on the Normanton Community Health Evaluation. This project has been made possible because of funding from the 'Communities for Health' initiative and the Normanton 'URBAN II' Programme. It is being managed by the University of Derby working with Derby City Partnership. The project is designed to find out about projects and services in Normanton that encourage local people to eat more healthily, take more exercise and drink more responsibly. We are speaking to local people who make use of these projects and services to find out what they think of them and how the projects and services are helping local people to lead healthier lifestyles.

The interview will take about 15 minutes. Everything you say will be reported anonymously and treated as confidential.

Part 1: About the project/ service

First of all I would like to ask you some questions about the project/ service you are using.

Q1 **What is the name of the project/ service you are using?**

Q2 **Why did you get involved with this project/ service?**

Q3 **What activities have you taken part in through this project/ service?**

Q4 **Has the project helped you think about ways of …?**

	Yes	*No*	*Don't know*	*Not applicable*
Eating more healthily	○	○	○	○
Taking more exercise	○	○	○	○
Drinking more responsibly	○	○	○	○

Q5 **Has the project helped you think about other aspects of your health and how to improve them?**

Yes ○ *No* ○ *Don't know* ○

If YES, which aspects?

Q6 **What changes, if any, have you made to your lifestyle as a result of your involvement in this project/ service?**

Q7 **What are your own thoughts on the following?**

Obesity

Physical exercise

Alcohol consumption

Q8 **In what other ways have you benefited from this project/ service?**

Q9 **In what ways could this project/ service be improved?**

Q10 **Do you use any other health-related projects/ services in Normanton, in addition to general services provided by healthcare professionals such as your GP or Health Visitor?**

Yes ○ *No* ○ *Don't know* ○

If YES, which other project/ services do you use?

Q11 **In your view, does this project link in well to the other local health services that you use?**

Yes ○ *No* ○ *Don't know* ○

If NO, suggest ways in which these links could be improved:

Q12 **Are there any health-related services that are not currently available in Normanton that you think would benefit you or the community?**

Yes ○ *No* ○ *Don't know* ○

If YES, what other services should be provided?

Q13 **Do you have any other comments about health related projects and services in Normanton?**

Part 2: About you

I would now like to ask some questions about you and your lifestyle. The information will help to make sure we speak to a wide range of service users and will only be used for analysis purposes.

Q14 **How often do you participate in any form of physical exercise?** (Show card A)

Daily	○	*Once or twice a month*	○	*Never*	○
Weekly	○	*Rarely*	○		

Q15 **How often do you eat the daily recommended five portions of fruit and vegetables?** (Show card B)

Every day	○	*2-3 times a week*	○	*Never*	○
Most days	○	*Less than once a week*	○		

Q16 **How many units of alcohol do you drink in an average week ?** (Code according to gender of respondent)

None	○	*Women - more than 14*	○	*Men - more than 21*	○
Women -1-14	○	*Men - 1-21*	○		

Q17 **On a scale of 1 to 5 where 1 is very poor and 5 is very good, how would you rate your overall health?**

1	○
2	○
3	○
4	○
5	○

Q18 **Gender:**

Male	○	*Female*	○

Q19 **Which age group do you belong to?** (Show card C)

0-13 ○ *14-19* ○ *20-29* ○ *30-39* ○ *40-49* ○ *50-59* ○ *60+* ○

Q20 **Were you born in the UK?**

Yes ○ *No* ○ *If no, where were you born?* ○

Q21 **How would you describe yourself?** (Show card D)

White British ○
White Irish ○
Other White background ○
Mixed White/ Asian ○
Mixed White/ Black African ○
Mixed White/ Black Caribbean ○
Other Mixed background ○
Asian/ Asian British Indian ○
Asian/ Asian British Pakistani ○
Asian/ Asian British Bangladeshi ○
Other Asian background ○
Black/ Black British Caribbean ○
Black/ Black British African ○
Other Black background ○
Chinese ○
Other background ○
Prefer not to say ○

Q22 **Do you practice a religion?**

Yes ○ *No* ○

Yes, please specify:

Q23 **What is your marital status?** (Show card E)

Single ○ *Married* ○ *Divorced* ○ *Separated* ○ *Cohabiting* ○ *Other* ○

Q24 **Do you have any children?**

Yes ○ *No* ○

Q25 **If yes, what age are your children?**

Child 1
Child 2
Child 3
Child 4
Child 5

Q26 **What is the first part of your postcode?**

Q27 **How long have you lived at this address?**

Up to 1 year ○
Over 1 year and up to 5 years ○
Over 5 years and up to 10 years ○
Over 10 years ○

Q28 **What is your employment status?** (Show card F)

- *Employed full time (please specify occupation in box provided)*
- *Employed part time (please specify occupation in box provided)*
- *Self-employed (please specify occupation in box provided)*
- *Unemployed on benefits (please specify benefit and previous occupation in box provided)*
- *Full-time student*
- *Carer*
- *Unemployed and not on benefits*
- *Retired (please specify previous occupation in box provided)*
- *Other occupation (please specify in box provided)*

Q29 **What is your highest qualification or level of education?** (Show card G)

No Quals	*Level 2*	*Level 4*
Level 1	*Level 3*	*Level 5*

Q30 **Do you have any other comments?**

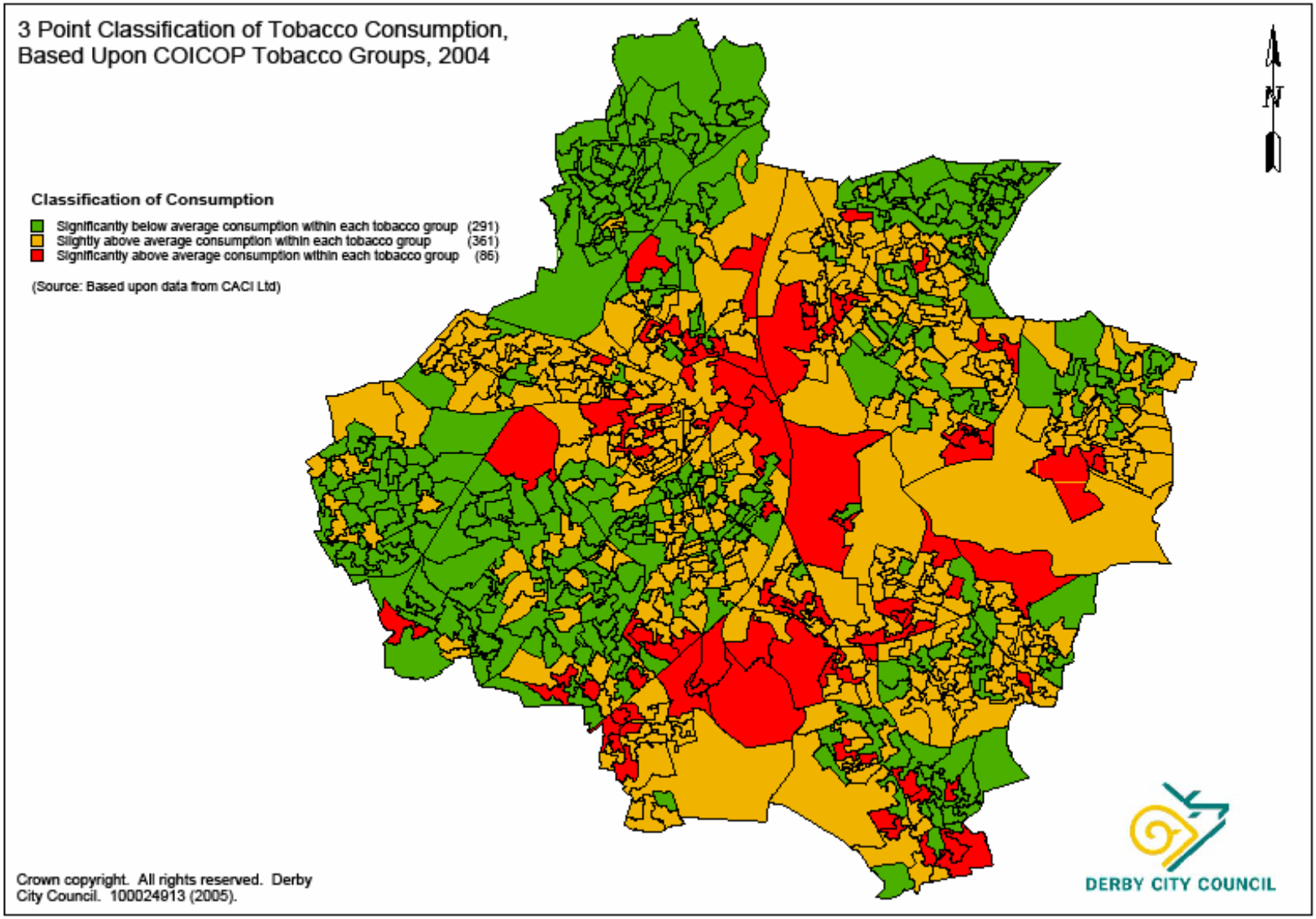
Many thanks for completing this questionnaire

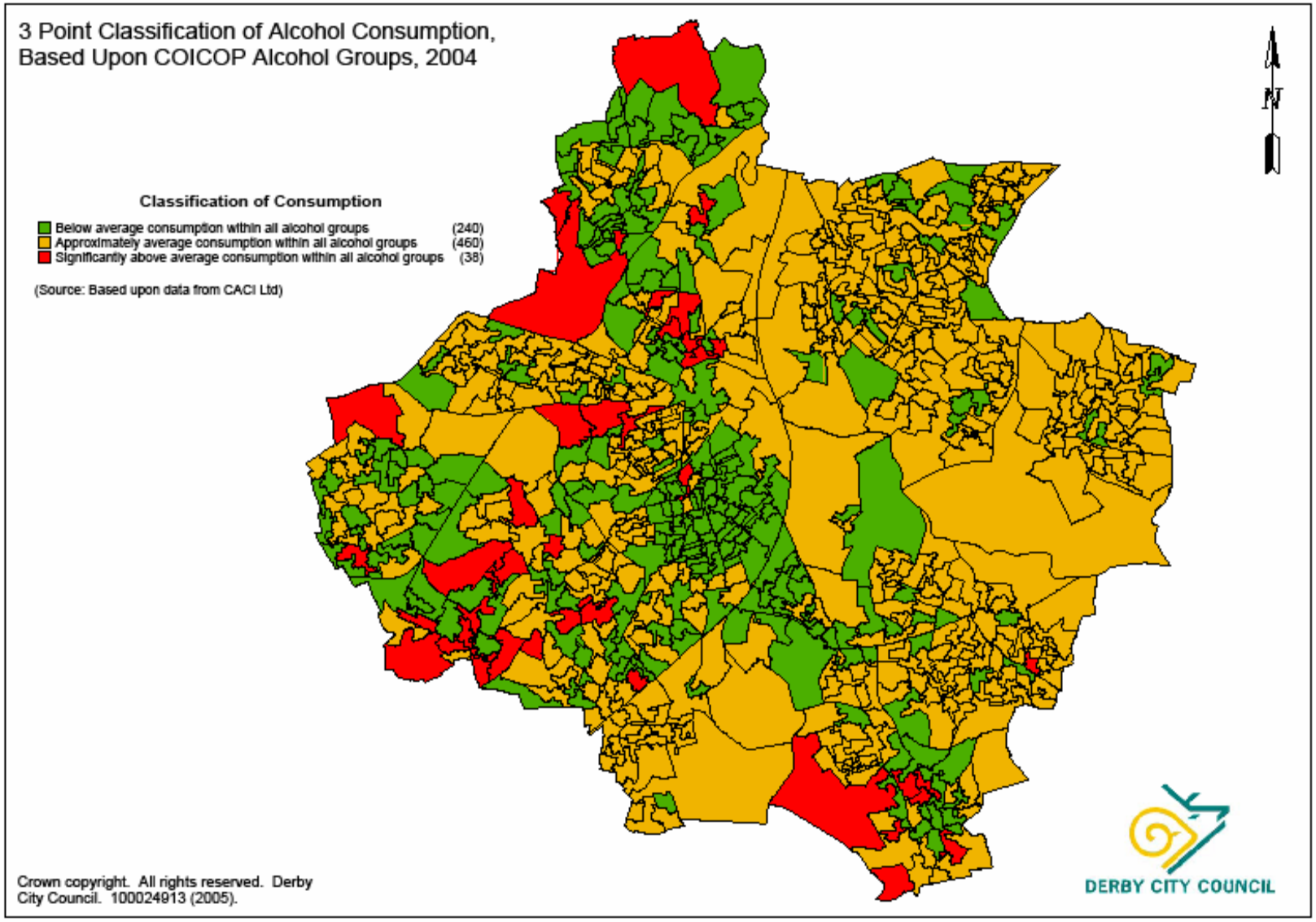
For community evaluators to fill in after the interview:

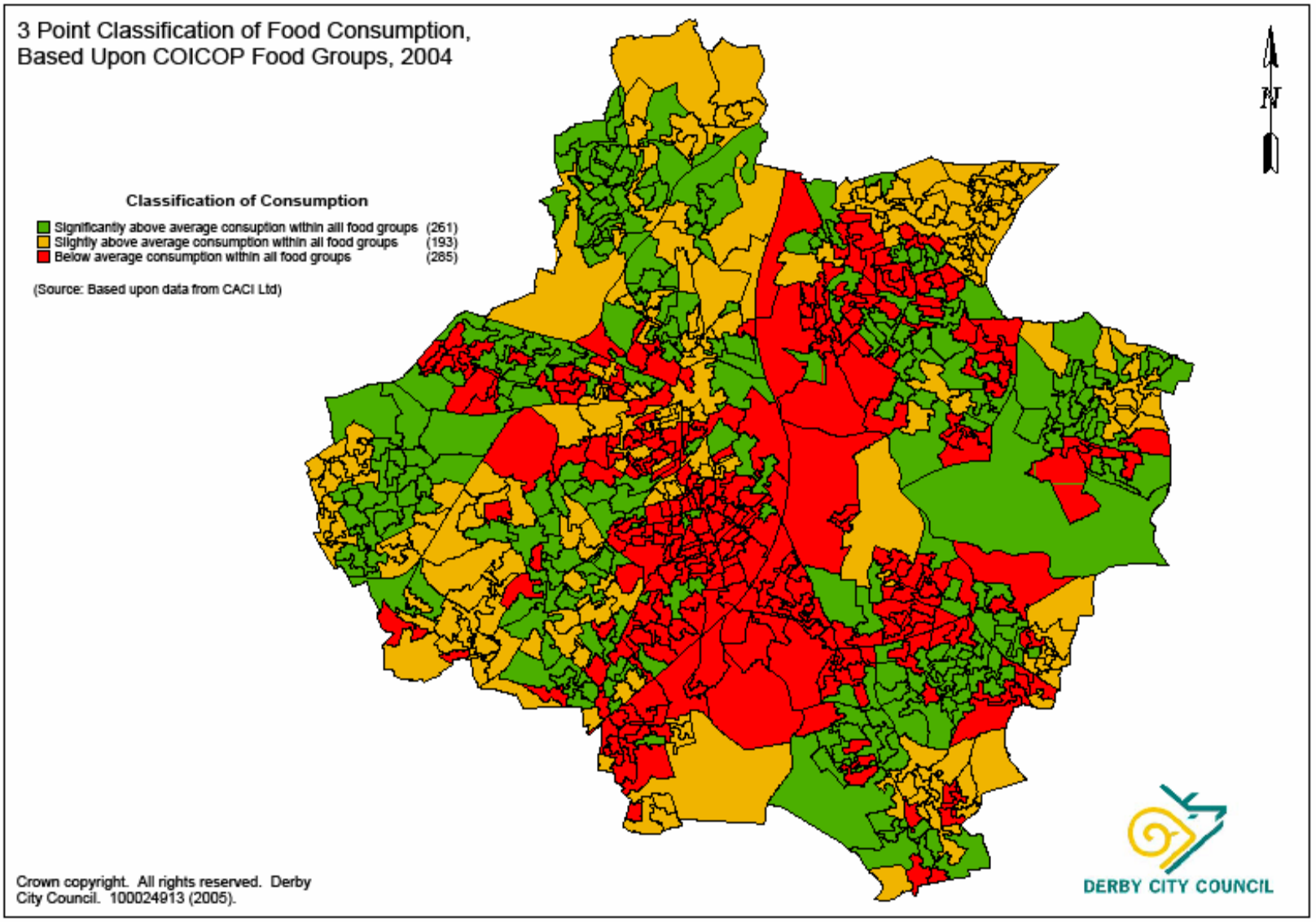
Q31 **What were the key messages that came out of this interview in relation to health and wellbeing?**
Please specify up to three issues:

Q32 **In light of the training you have received, please reflect here on how you felt the interview went:**

Appendix 4: Maps of the City of Derby showing the consumption of food, alcohol and tobacco




3 Point Classification of Alcohol Consumption,
Based Upon COICOP Alcohol Groups, 2004
Classification of Consumption
Below average consumption within all alcohol groups (240)
Approximately average consumption within all alcohol groups (460)
Significantly above average consumption within all alcohol groups (38)
(Source: Based upon data from CACI Ltd)
N
Crown copyright. All rights reserved. Derby City Council. 100024913 (2005).
DERBY CITY COUNCIL


3 Point Classification of Food Consumption,
Based Upon COICOP Food Groups, 2004
Classification of Consumption
Significantly above average consuption within alll food groups (261)
Slightly above average consumption within all food groups (193)
Below average consumption within all food groups (265)
(Source: Based upon data from CACI Ltd)
N
Crown copyright. All rights reserved. Derby City Council. 100024913 (2005).
DERBY CITY COUNCIL

Appendix 5: Community evaluator reflections and perceptions

"*I felt that the training has equipped me well to deal with the interview. I was able to adapt my style of questioning to suit the situation and the interviewee's grasp of the English language was somewhat limited and she sometimes required further explanation of some of the questions. She seemed a bit nervous at first but she relaxed as the interview progressed and was more open towards the end" (community evaluator at Hadhari Nari)*

"The research CHE [community health evaluator] training has demonstrated and helped me reinforce the learning and interview technique….This questioning and client interviewed seemed able and willing to expand on highlighting areas that required looking into in a constructive way forward. This interview was constructive enabling useful information to be recorded" (community evaluator at Hadhari Nari)

"..I took time to pause and allow her time to explain herself due to language difficulties as English is not her first language and neither is it mine!....I feel this interview has been exceptional" (community evaluator Hadhari Nari)

"This is my first focus group interview still I was able to capture more of the responses and I am quite happy about it", (community evaluator NYPD)

"…This interview progressed her own feelings and efforts were becoming more apparent. Her energy to seek information and support is credit to her…it seemed as though she felt better and realised her rights are legitimate and acceptable. This was a very good interview experience and I found it useful learning and very intense" (community evaluator commenting on interviewee at SureStart).

"The interview went well. I could notice the huge difference Women's Work has made on the service user's life. This is fantastic work", (community evaluator, Women's Work)

This interview was a real eye opener. It has provided me with an insight into these less privileged and marginalised people's lifestyle and their difficulties" (community evaluator, Women's Work)

This interview was done with support from an interpreter. I know and understand it is emotionally draining being in a foreign country with no language communication or connection or family around…This was a very interesting interview", (community evaluator Persian Cultural Association)

"Despite my need for an interpreter and the overall feeling that some of the 'substance' of the interview may have been lost in translation, the training has prepared me well for this interview", (community evaluator, Sahahra)

"Very good and light hearted, I started by offering my help in chopping the vegetable and I think that helped in breaking the ice" , (community evaluator, Asian Advisory Service)

Appendix 6: Frequency data, research data related to community evaluator interviews in case study organisations

The tables below show the responses to several of the questions from the User Questionnaire (Appendix 3).

Q1 What is the name of the project/service you are using

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	b active	15	15.0	15.0	15.0
	Asian advisory	11	11.0	11.0	26.0
	Derby 1st	9	9.0	9.0	35.0
	Sahahra women	10	10.0	10.0	45.0
	Hadhari nari	4	4.0	4.0	49.0
	Sahahra male	8	8.0	8.0	57.0
	Surestart	12	12.0	12.0	69.0
	Persian Cultural	22	22.0	22.0	91.0
	Open doors	5	5.0	5.0	96.0
	Women's work	4	4.0	4.0	100.0
	Total	100	100.0	100.0	

Q2 Why did you get involved with this project/ service?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Physical Health	12	12.0	12.0	12.0
	Good fun/ bored at home	9	9.0	9.0	21.0
	Friend Recommended	3	3.0	3.0	24.0
	Sociable/ to meet people	14	14.0	14.0	38.0
	Referred by a service	10	10.0	10.0	48.0
	For care/ to be looked after	5	5.0	5.0	53.0
	To learn more skills	12	12.0	12.0	65.0
	Communicate in own language / cultural reasons	9	9.0	9.0	74.0
	For children	10	10.0	10.0	84.0
	leaflet/ flyer	5	5.0	5.0	89.0
	attended open day	2	2.0	2.0	91.0
	To contribute more positively to community	4	4.0	4.0	95.0
	Other	4	4.0	4.0	99.0
	missing	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

Q6 Changes Made to Lifestyle

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More exercise	15	15.0	15.0	15.0
	More healthy eating	10	10.0	10.0	25.0
	Better mental health	12	12.0	12.0	37.0
	Better social life	13	13.0	13.0	50.0
	Time keeping / scheduled day	1	1.0	1.0	51.0
	Learning new skills	4	4.0	4.0	55.0
	To get out	17	17.0	17.0	72.0
	Stopped negative behaviours	6	6.0	6.0	78.0
	More activities	5	5.0	5.0	83.0
	Other	6	6.0	6.0	89.0
	none	4	4.0	4.0	93.0
	missing	7	7.0	7.0	100.0
	Total	100	100.0	100.0	

Q12 What other services should be provided

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Women only activities	5	5.0	5.0	5.0
	Youth activities	2	2.0	2.0	7.0
	Language specific services / information	8	8.0	8.0	15.0
	Walk in centres	5	5.0	5.0	20.0
	Hydro treatments/ massage	2	2.0	2.0	22.0
	Healthy eating/ cooking advice	3	3.0	3.0	25.0
	More services available	27	27.0	27.0	52.0
	More services for the elderly	3	3.0	3.0	55.0
	More GPs available	2	2.0	2.0	57.0
	More information	4	4.0	4.0	61.0
	Other	3	3.0	3.0	64.0
	N/A	35	35.0	35.0	99.0
	Missing	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

Q14 How often do you participate in any form of physical exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	65	65.0	65.0	65.0
	Weekly	31	31.0	31.0	96.0
	Once or twice a month	3	3.0	3.0	99.0
	missing	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

Q15 How often do you eat the daily recommended five portions of fruit and vegetables

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Every day	42	42.0	42.0	42.0
	Most days	38	38.0	38.0	80.0
	2-3 times a week	14	14.0	14.0	94.0
	Less than once a week	5	5.0	5.0	99.0
	missing	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

Q16 How many units of alcohol do you drink in an average week

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	81	81.0	81.0	81.0
	Women -1-14	11	11.0	11.0	92.0
	Women - more than 14	1	1.0	1.0	93.0
	Men - 1-21	6	6.0	6.0	99.0
	missing	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

Q18 Gender:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	22	22.0	22.0	22.0
	Female	77	77.0	77.0	99.0
	missing	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

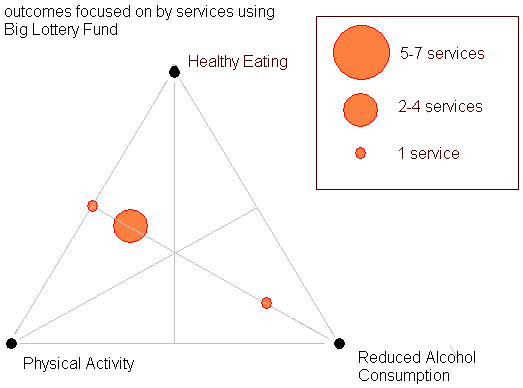
Q19 Which age group do you belong to:

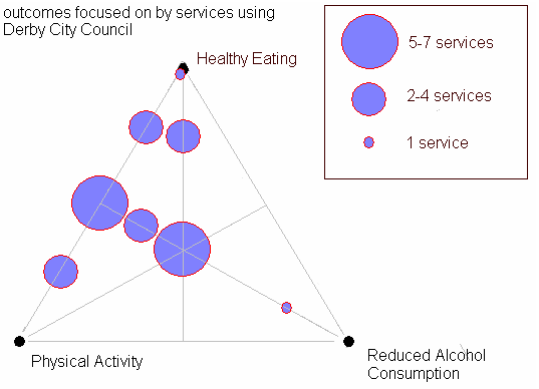
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-13	8	8.0	8.0	8.0
	14-19	5	5.0	5.0	13.0
	20-29	24	24.0	24.0	37.0
	30-39	17	17.0	17.0	54.0
	40-49	9	9.0	9.0	63.0
	50-59	3	3.0	3.0	66.0
	60+	33	33.0	33.0	99.0
	missing	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

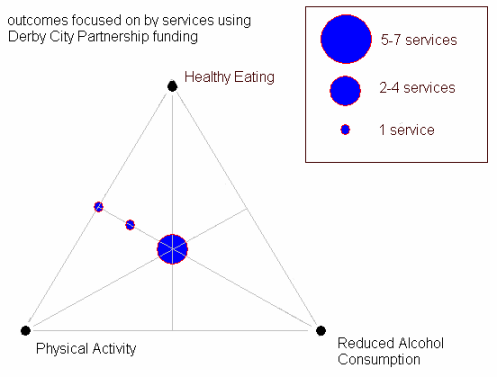
Q21 How would you describe yourself

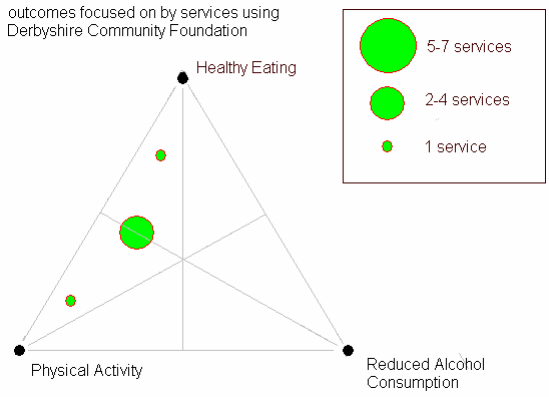
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White British	18	18.0	18.0	18.0
	White Irish	1	1.0	1.0	19.0
	Other White background	3	3.0	3.0	22.0
	Mixed White/ Asian	2	2.0	2.0	24.0
	Asian/ Asian British Indian	5	5.0	5.0	29.0
	Asian/ Asian British Pakistani	37	37.0	37.0	66.0
	Other Asian background	5	5.0	5.0	71.0
	Black/ Black British Caribbean	6	6.0	6.0	77.0
	Black/ Black British African	1	1.0	1.0	78.0
	Other Black background	1	1.0	1.0	79.0
	Other background	20	20.0	20.0	99.0
	missing	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

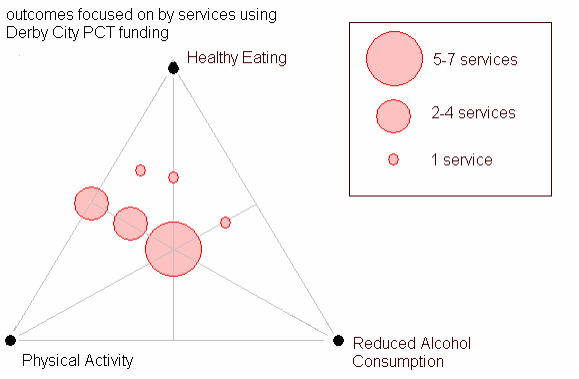
Appendix 7: The funding bases of organisations in Normanton delivering healthy living project

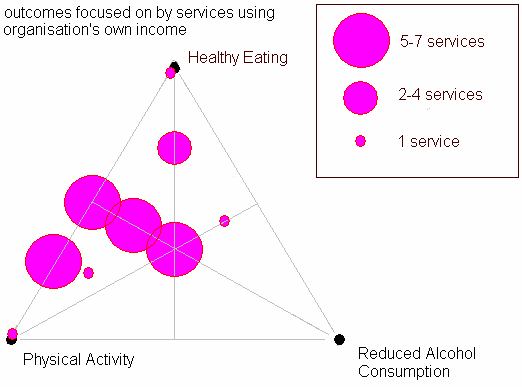


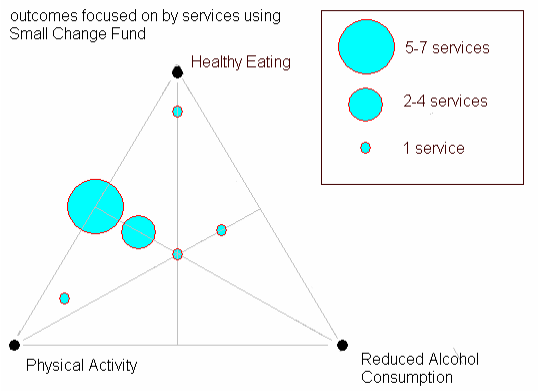








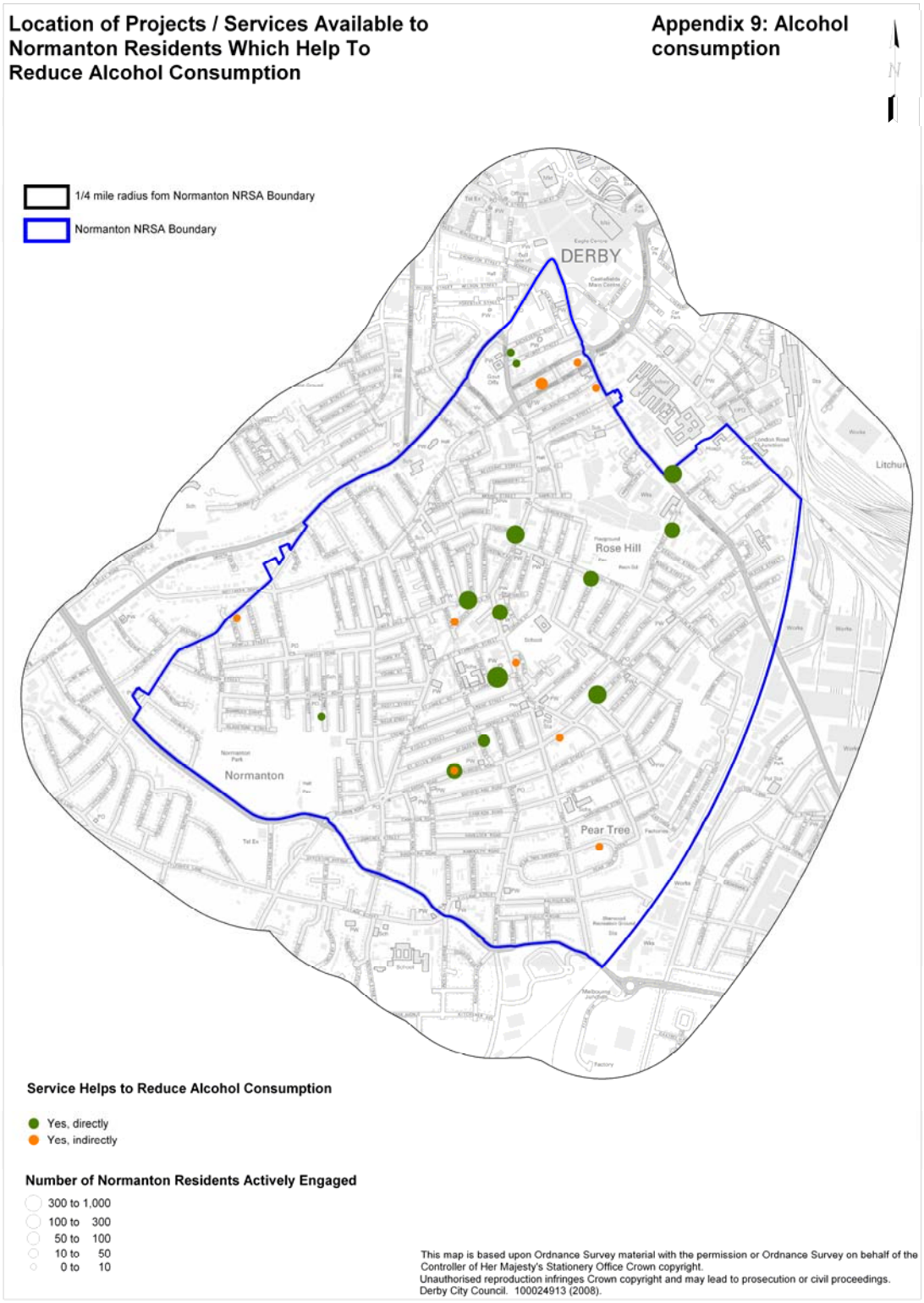




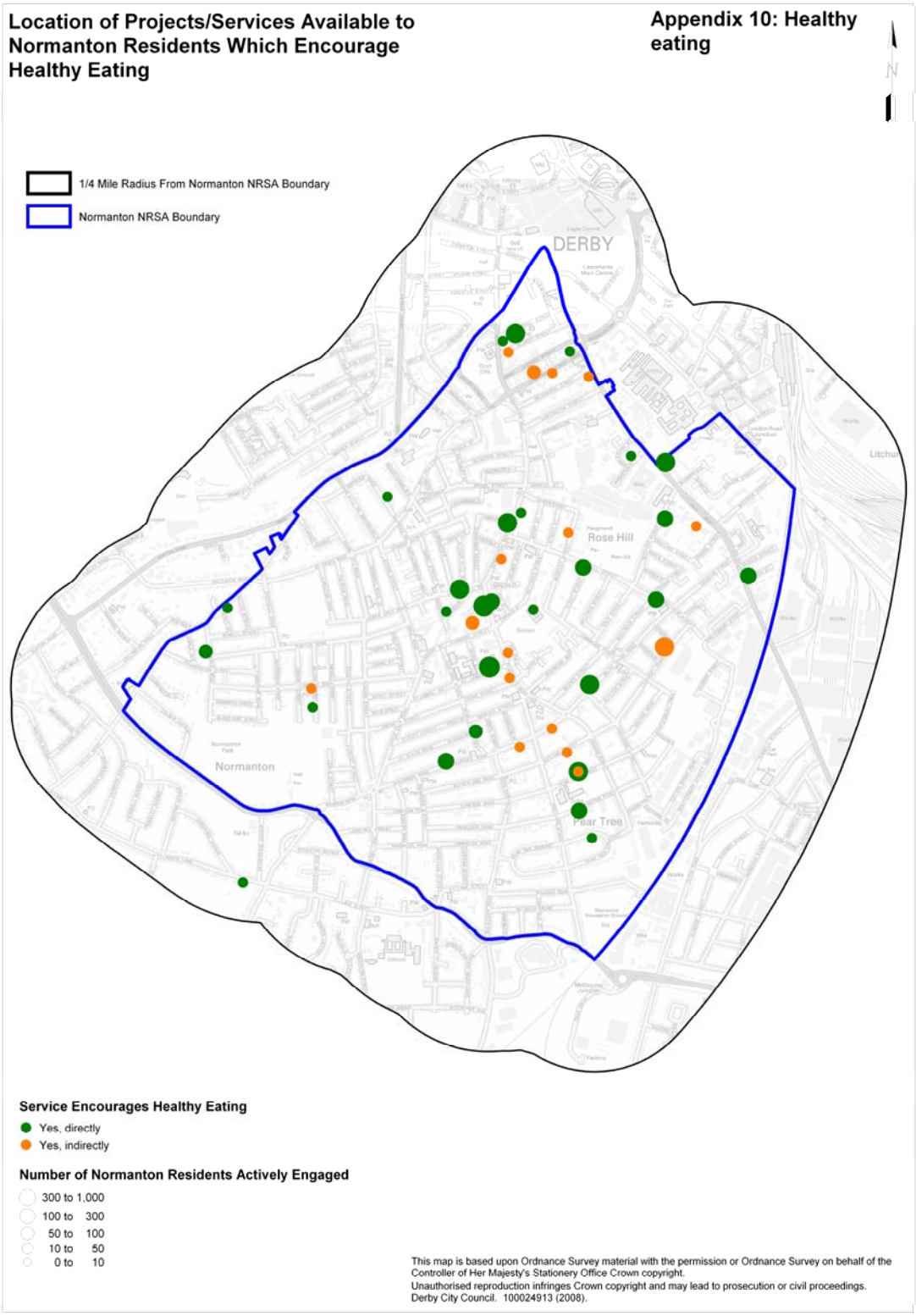
Appendix 8: Acknowledgments

Organisation	Name	Role
Steering Group	All Members	
University of Derby	Shamshad Ali Praveena Bayyapureddi Karan Bubber Anna Guatama Nasreen Iqbal Aliyah Mohammed	Community Evaluators
	Theresa Flower Dr Sue Jeffels Louise Richards	Community Facilitators & Associates, iCeGS
	Jo Hutchinson	Project Director, iCeGS
	Lindsey Bowes Margaret Christopoulos	Project Managers, iCeGS
	Kieran Bentley Sarah Dyke Naaz Hagan Bee Walsh	Researchers, iCeGS
	Gersh Subhra Peter Walker	Community Regeneration Centre Staff
Derby City Council	John Parnham	Research & Strategy Officer

Appendix 9: Alcohol consumption: Map of relevant services in Normanton



Appendix 10: Healthy eating: Map of relevant services in Normanton



Appendix 11: Physical activity: Map of relevant services in Normanton