



celebrating five years

**Evaluation of the healthy living
network for Hulme, Moss Side,
Whalley Range & Old Trafford**





New Opportunities Fund
LOTTERY FUNDED

contents



4..... Foreword

5..... Acknowledgements

6..... Executive Summary

8..... Project Background

10..... Evaluation Methodology

11..... Project Outcomes

- To reach 13,500 excluded and isolated people over five years
- To enable easy access to information
- To increase opportunities through volunteering
- To influence and inform plans in health and local government
- To build capacity in local communities

23..... Financial investment

foreword

I am delighted to have the opportunity to contribute this foreword for this report.

BLOOM is a great example of a successful Healthy Living Centre that has demonstrated the delivery of tangible health outcomes and population health gain for local people. **BLOOM** offered important opportunities for sharing and networking of ideas, delivering holistic and integrated services. The programme was an important contributor in adding further social capital and enabling empowerment for the well being and welfare of local communities.

In 1999, the Department of Health challenged Healthy Living Centres to deliver a vital part of the government's long-term vision for 'Our Healthier

Nation'. £300 million was invested through the New Opportunities Fund (now Big Lottery Fund) to initiate a vigorous and imaginative range of community-based projects. The challenge was, 'the exploration of new and holistic approaches in public health and the delivery of innovative solutions that address health and social inequalities for people in the most deprived areas.'

I believe that we met this challenge through BLOOM and everyone should make the most of the learning from our work. Although the challenges remain we must congratulate everyone involved in this programme that clearly made great strides in advancing and tackling the root causes of inequalities in society today for a better future tomorrow.

**Abdul Razzaq,
Joint Director of Public
Health, Trafford MBC**

Bloom did some really good community projects around health and inclusion and reached some very marginalised people in our communities. Bringing the voluntary sector together has had a lasting impact on our communities. However the amount of staff changes in the statutory sector meant that all the people who had been instrumental in submitting the bid had left before the project started. One of our big lessons was that the project concentrated so much on delivering what it was set up to do that it didn't promote its work enough. More marketing of its work would have helped maintain commitment to the project by the partners.

Jo Birch,
Healthy Living Network
Development Worker and
currently Neighbourhood
Manager, Old Trafford, Trafford
Metropolitan Borough Council.

As a nurse and a local person I thought the idea of the healthy living network was excellent. I wanted it to be something that the community could take responsibility for, and saw the network as something which would employ local people. The early years worked well, but then there were a lot of changes in staff at the agencies involved - the PCTs, the regeneration team and the lead agency. The staff responded to this vacuum by setting the direction themselves. I would like to see something like this again - it would be easier now we have learnt the lessons!

Tahira Khan-Sindhu,
Community Activist, Trafford Asian
Womens Network.

The bloom healthy living network really developed out of the excellent partnership working through the health forums in the area and during the development of the bid all the local stakeholders were actively involved. Unfortunately the funding took a long time to come through and by this time the partnership had fell away a bit. Partners - both voluntary and statutory - began to see the network as a 'project' ran by the lead agency, rather than something they were part of. This report shows that lots of good work was done with individuals and groups by bloom - we exceeded most of our targets, but our wider ambition to influence commissioning was not achieved.

Fay Selvan,
CEO The Big Life group

acknowledgements

We would like to acknowledge the contribution of all the staff who were employed to work on the bloom project, all the members of the Steering group and Executive, voluntary agencies and local people who supported bloom.

bloom partners

Old Trafford Community Development Project
Hulme Community Garden Project
Indian Senior Citizens Centres
Chrysalis Project
Trafford Carers group
Ethnic Disabled Group Emerging
Advice and Community Resource Centre
Voices and Choices
Moss Side and Hulme Community Development Trust
St John's Centre
Trafford Asian Women's Network

Black Health Agency
Old Trafford Family Centre
Self Help Services
JNR8
Hulme United Reformed Church
Manchester PCT
Trafford PCT / TMBC
Moss Side and Hulme Partnership
Manchester City Council
Kellogg's Company of GB
The Big Life group
HARP

WEA
Radio Regen
Pakistani Resource Centre
Whalley Range Health Forum
Manchester Refugee Support Network
Old Trafford News
Carisma
The Powerhouse
HOSLA (Asian Women's Project)
Saheli
Old Trafford Citizens Advice Bureau
Bibini Centre

executive summary

The bloom project was initiated by the Hulme Health Forum in 1999 and was funded by the New Opportunities Fund from 2001.

It had five main targets:

- To reach 13,500 excluded and isolated people over five years
- To enable easy access to information
- To increase opportunities through volunteering
- To influence and inform plans in health and local government
- To build capacity in local communities

Overall the project exceeded the target it set for reaching excluded and isolated people in the community – having contacts with 14,845 people over the five years (against a target of 13,500). However, the type of contact differed from the target set at the beginning of the project. bloom delivered one to one casework with 530 people, against a target of 2,500, but reached 14,315 people through events and outreach against a target of 8,500.

The case studies reviewed by the evaluation clearly demonstrate that bloom's work was valued by staff in local partner agencies, with referrals from Social Services, Probation, Counsellors, court clerks, GPs and voluntary agencies. The case studies also show the broad range of issues that people came with including: domestic violence, healthy lifestyles (smoking, exercise), depression, social isolation, practical issues including housing, employment, substance misuse, and involvement in crime

It is not possible to evaluate whether the project reached all the sections of the community identified in the original bid, as the monitoring information collected changed in the course of the project. However over four years the ethnicity and age of

clients was recorded. This shows that 43% (5,332) of bloom clients were from BME communities and 37% (4,618) were young people.

bloom set high targets for improving access to information by local people. But it is clear that the pace of change within the field of Information Technology far outstripped the expectation of the project when it was initiated and solutions which were included in the original bid were soon outdated. In addition, the cost and speed of developing information on the web dramatically changed.

As a result the web service did not develop as initially planned. It was envisaged that bloom would develop a web portal for local services to advertise, which would be made accessible to local people through a small number of computers in local centres. As each local agency began to develop their own web sites they did not see a use for a shared web site. Internet search engines also reduced the need for single information sites. More IT became available in local agencies following the Policy Action Team Report 15 on the digital divide, which led to more funding for community centres to offer access to IT. As a result the bloom website did not achieve its original aim and in the three years the web site was operational it

achieved 11,887 hits.

On the other hand, the IT worker provided a valuable resource to sixteen local voluntary agencies and contributed to increasing the local availability of IT training and access by marginalized people. This was not originally seen as a major need by the Steering group, but rather developed as local agencies grew and developed their use of the internet.

At the end of the project eleven community sites for internet access were identified, but none of these provided one to one support. This was identified as a major gap in the evaluation and would be a barrier to people making use of information technology to improve their well being

In the first three years of the project the number of volunteers was lower than originally estimated and volunteers who were recruited were not able to offer the one to one support envisaged at the inception of the project. The Steering group decided to employ a



volunteer co-ordinator to provide training and support to volunteers and this successfully led to an increase in the number of volunteers. The overall target for the five years was exceeded, with 99 volunteers working with bloom (against a target of 60). It was an ambitious aim to bring together two boroughs in an area divided by a local authority boundary - 2 PCT's, 2 regeneration teams and a voluntary sector organisation restricted by boundaries and grants.

Throughout the period of the bloom project there were considerable changes with partnership agencies. In the statutory sector the regeneration team was disbanded and the NHS underwent three organisational changes from the inception of the project (Primary Care Group, Primary Care Trust, Merged Primary Care Trust). As a result the statutory planning and consultation structures were not consistent through this period and it was difficult to build any long lasting relationships between Commissioners and local agencies. The Steering group membership shows that there were no consistent personnel from the statutory sector over any two year period. Also the minutes of the Steering group/ Executive Committee show that

executive summary (cont)

as new people joined, they brought new priorities to the project. The most obvious example of this is the desire to focus on Choosing Health priorities and the loss of focus on the specific client groups initially identified by the project at its inception. Staff felt conflicted about their focus and monitoring of some original targets was discontinued in order to focus on new priorities. This made evaluation of the impact of the project difficult.

Loss of personnel involved in developing the project included some key sponsors from leaders within the statutory organisations – Directors in the PCG and Senior officers in the regeneration team. The national evaluation of Health Living Centres demonstrated that there was some difficulty with projects being sustained after the initial funding ran out. This is to an extent an inevitable consequence of one off funds that are nationally derived. However, the bloom project was further isolated and seen as a temporary add on service because the senior people involved in developing its vision were no longer working in the area.

bloom worked with statutory agencies on a number of initiatives including:

- supporting Manchester PCT to recruit and evaluate their Health Educator programme
- supported Seymour Park Health Centre to carry out a consultation with ethnic minority communities to develop appropriate services
- carried out a needs assessment of young people with Manchester Youth Service
- supported Greater Manchester Ambulance Service to establish a First Responder Service – training community members in basic paramedic skills.

Whilst the bloom project worked alongside other agencies to develop some quality events, and facilitated some useful consultation and evaluation there is little evidence that this influenced the provision of services in the area. In fact towards the latter half of the project bloom worked with two teams, one serving Trafford wards and one serving Manchester wards, as they had not succeeded at bringing the statutory sector to work together across the Borough boundaries.

bloom maintained a number of bases in different voluntary agencies to deliver their service over the five year period. They worked with a wide range of statutory and voluntary agencies to help deliver a varied programme of health promotion, well being and community cohesion projects.

Whilst the bloom network initially engaged a wide range of voluntary and statutory agencies across the four wards, participation in the network declined over the period of the project. Community and voluntary agencies were less keen to prioritise the management and development of the network in the light of other pressures on time. The project evaluation

group identified a potential reason for this as some voluntary projects attended the bidding days in the hope that they would access some funding directly. When this did not happen they stopped attending. The time gap between undertaking the initial development of the bid and the delivery of the project also contributed to a loss of commitment to the project. It was also suggested that once the staff were employed bloom was no longer seen as a network of voluntary and statutory agencies, but a service delivery project and part of the Big Life group. In response the staff worked with active partners to develop a new brand and changed the name of the network. Unfortunately this also became an issue of contention with some of the partners who felt that the project was moving away from its original purpose.

In response to lack of participation in the Steering Group, an Executive group was established. The staff team were particularly supportive of this move, as they felt they wanted a smaller group that would give direction and guidance to their work. However unintended consequence of this was that some people in the community and voluntary sector saw this as two-tier management, with the statutory sector having greater influence over the project. However, bloom staff felt that they put a lot of time and effort into trying to engage the voluntary sector agencies and whilst projects were happy to work together on joint activities and get support from the bloom IT worker, they struggled to prioritise time for networking and overseeing the bloom project.

During the same period there was a lot of organisational change within key agencies in the voluntary sector. The mental health agencies in Trafford merged and one agency lost its contract from the Council. The lead agency created The Big Life group of social enterprises and charities.

Both of these changes led to an inconsistency in personnel and leadership in the project. The latter change also led to a delay in sourcing the New Opportunities funding, which had a detrimental effect on the project.

project background

The New Opportunities Fund (NOF) Healthy Living programme was initiated in 1999 by the government as part of its public health programme to reduce health inequalities.

£280 million lottery funding was made available in the UK for projects for a maximum of five years. 352 projects were funded, of which 164 were considered to be new projects (National Evaluation of NOF Funded Healthy Living Centres, Katrina Ron, Lancaster University 2002). The majority of projects were partnerships bringing together statutory, voluntary and private sectors and targeted deprived communities with inter-related problems of low income, social isolation and poor health. They aimed to reduce inequality by health education and promotion, with a strong emphasis on participation, self help and empowerment.

The bloom Healthy Living Network was a virtual healthy living centre covering four inner city wards in Greater Manchester (Hulme, Moss Side, Whalley Range and Old Trafford), two Local Authorities and two Primary Care Trusts. The area was also covered by two regeneration teams, an Education Action Zone and a Health Action Zone. All of these agencies were partners in the project, as well as sixteen voluntary agencies and one business.

In 2001 all four wards had higher than average levels of deprivation, scoring between 25 and 50 on the Jarman index (0= England and Wales average); and high SMR's (Standardised Mortality Ratios) for a number of diseases. Hulme had an SMR of 174 for circulatory disease; Moss Side had an SMR of 193 for Stroke; Whalley Range had an SMR of 175 for Respiratory Disease; and Clifford/Talbot had an SMR of 174 for Lung Cancer. (NB England average SMR = 100). The area also had high levels of poverty with 60% of households in Hulme and Moss Side in receipt of housing benefit. Over

40% of the population were from ethnic minority groups, including a number of new refugee communities from Montserrat, Somalia and Kosovo. There were also significant levels of poor mental health with Old Trafford having the highest mental illness (MINI Index) score in Salford and Trafford. (Reference bloom Business Plan 2001)

An active Health Forum had operated in Hulme and Moss Side, supported by a regeneration team since 1992. The Forum recognized that the artificial barriers of wards and agency boundaries exacerbated the exclusion of the most disadvantaged communities and hampered initiatives to improve health and well being. Two part time development workers were employed (with funding from the Health Forum and Kelloggs) to develop a bid to New Opportunities Fund. In the following year additional funding from the Health Action Zone enabled the partnership to appoint an administrator and an information worker. Three workshops were held in 1999 to develop the bloom Healthy Living Network which engaged 53 people and agencies. The Healthy Living Network aimed to build capacity in existing organisations, to facilitate joint working between



'We now have a real chance to make a difference to health and particularly to the health of people living in deprived areas.'

'By working in partnership with local communities to meet real needs and solve real problems, the Healthy Living Centres initiative can begin to eat away at the root causes of ill health and help to foster hope and self-confidence in hard pressed communities.'

Tessa Jowell MP,
Minister of State for Public Health, 1998.

project background (cont)

them and increase access to services by people with the worst health outcomes in the community. bloom did not have a physical centre, (although staff were based in local community settings). It aimed to draw on networks of existing services, providers and activities to meet the needs identified.

The target groups for the bloom Healthy Living Network were identified as:

- Families living in poverty
- People whose first language was not English
- People with specific mental health needs
- Young people

It aimed to improve health and well being by:

- Reaching 13,500 excluded and isolated people over five years
- Enabling easy access to information
- Increasing opportunities through volunteering
- Influencing and inform plans in health and local government
- Building capacity in local communities

A team of 9 staff were recruited in 2002. The initial

staff team included a Co-ordinator post, a communications worker, an IT development worker, an administrative assistant, an office manager, a community participation worker and three quality of life workers. Of the nine posts, seven were part time, but job descriptions and roles changed over the five years the project ran. The staff were employed by The Big Life Company (a newly formed social enterprise group) which acted as the lead agent for the NOF funding.

The co-ordinator's role was to manage the team, facilitate the network and support partner agencies. With the help of the communications and IT worker, the team aimed to improve joint working between the partners and to increase information to local people about the services available. The participation (and later the volunteer co-ordinator) role aimed to increase the participation of marginalised people in local activities and decision-making structures. The quality of life workers role was to signpost to priority groups, to improve their access to services provided by the partnership. A variety of tools were developed and used by the quality of life workers to assist in this process. The tool adopted was the Balance

Wheel, which enabled people to identify areas in their life where they wished to make changes. The quality of life workers offered information, advice and support to access services which would support them to make these changes.

A steering group brought together all the partner agencies and operated from its initial meeting in 1998 until 2004 when it was replaced by an Executive Committee and the Old Trafford Steering group. These two bodies oversaw the project until its closure in 2007.

evaluation methodology

This evaluation has been compiled by the lead agency and draws together the views of people from a range of agencies that initiated the project, staff, volunteers and service users.

Two meetings in 2007 and a further meeting in early 2008, brought together eight people who had been involved in initiating the project to discuss the evaluation findings. Drafts of the evaluation were circulated for comments and formed the basis of discussion at meetings. All staff that had worked on the project were sent surveys but only 4 were returned. The low level of return is probably due to the high turnover of staff and the fact that many had moved on to other jobs. However, staff reports to the steering group, Executive Team and NOF were used as a source. The minutes of all the Steering group and Executive Team meetings were reviewed along with reports of individual projects undertaken by the bloom team. The impact on service users was monitored throughout the project using a number of different methods. The evaluation draws on monitoring statistics demonstrating the numbers

of people receiving information or accessing support through the quality of life workers. Case studies of volunteers and service users have been used over the years and surveys and comments from services users have been reviewed and included.

As with all social research it is not possible to claim a causal relationship between the work of the project and specific changes in individual lives or in the wider community. However, the aim of the evaluation is to assess the success of the project at achieving its initial aims, taking into account the views and perspectives of the wide range of people who were involved in it. In particular the evaluation aims to contribute to discussions locally and nationally about the effective use of resources to improve public health and reduce health inequalities.



project outcomes - to reach 13,500 excluded and isolated people over five years

The Project financial year ran from September to August each year and began in September 2002 finishing in August 2007.

Summary

Overall the project exceeded the target it set for making contacts in the community – having contacts with 14,845 people over the five years (against a target of 13,500). However, the type of contact differed from the target set at the beginning of the project. bloom did one to one casework with 530 people, against a target of 2,500, but reached 14,315 people through events and outreach against a target of 8,500. There are number of reasons for this including:

- The quality of life workers aimed to undertake assessments with marginalized people in the community and support them to access services. However early on in the project, quality of life worker reports to the steering group noted that other agencies were referring people to them and that some of the people referred had complex needs which the team could not meet. In addition there were often inadequate services to refer them onto. As a result the steering group agreed that the team should limit the amount of one to one casework that was undertaken by the quality of life workers and focus on the delivery of events and work with partner agencies.
- bloom was able to deliver some very effective outreach events which reached more people than anticipated. Often people with a lot of needs had very chaotic lives and they found it easier to access these events or sessions rather than commit to regular appointments.
- The publication of Choosing Health White Paper in 2004 changed the focus of government on health inequalities from the social determinants, to a focus on personal behaviour. As a result there was pressure from the Health partners on the Executive Team to align the project targets more closely with these issues. The project therefore focused more on promoting healthy lifestyles.
- There was a high turnover of staff throughout the running of the project. It is hard to provide one cause for this but the changes in organisations during this period could have been a contributory factor. The result was that one to one casework was interrupted as new project staff had to be trained, inducted and re-establish contacts.



The case studies reviewed by the evaluation clearly demonstrate that bloom's work was valued by staff in local partner agencies, with referrals from health and social services, probation, counsellors, court clerks, GPs and voluntary agencies. The case studies also show the broad range of issues that people came with including: domestic violence, healthy lifestyles (smoking, exercise), depression, social isolation, practical issues including housing, employment, substance misuse, and involvement in crime.

It is difficult to evaluate whether the project reached all the different sections of the community identified in the original bid, as the monitoring information collected changed in the course of the project. However over four years the ethnicity and age of clients was recorded. This shows that 43% (5,332) of bloom clients were from BME communities and 37% (4,618) were young people which exceeded our target and demonstrated the success of the project at reaching marginalised groups.

The Balance Wheel was developed in an innovative and accessible way and provided a tool that could support people to assess their own needs and set their own goals. The tool continues to be used across the Big Life group to help very marginalized people improve their lives. A database for monitoring improvement in quality of life was developed, but it was not implemented consistently in the bloom team, so no information on the overall impact on quality of life is available. It is also difficult to ascertain improvements in people's quality of life, as their expectations of this change over time.



project outcomes - to reach 13,500 excluded and isolated people over five years (cont)

By year

2002/3 was the first year of the NOF funded project, although the full staff team were not in post until the last two months of this year. Despite this the team managed to deliver over half of its annual target by offering one to one advice and support, with 205 people accessing support from the quality of life workers, of whom 2/3rds were from BME communities, 48 Young People, 30 families, 28 people with mental health needs and 44 people who speak English as a second language. Research into different methods of assessing quality of life was undertaken and two methods trialed – a brief assessment and the balance wheel.

Activities offered this year included:

- Men's Health day event at Asda, Hulme.
- Participating in a Ethnic Health Awareness Day with the PCT, running workshops on healthy living.
- Workshops on meeting the needs of the Bangladeshi community

Men's Health Week

This was the first event undertaken by the 3 bloom quality of life workers. The event was aimed at talking to men about their health and was held in the foyer of ASDA. It was attended by a range of agencies both statutory and third sector. Providing fresh juices acted as a good incentive to attract people to the stall and although targeted at men, women and children also talked to the team. Some of the items on the questionnaires brought up challenges around asking sensitive questions in public areas. In particular relating to ethnic origin, mental health and financial status. Some people did complete the balance wheel and contact details were taken but it was not possible to offer a comprehensive sign posting service at this point as the staff team were still relatively new.

'I went to the men's health event at ASDA... It was a real eye opener. I became aware of a lot of things I hadn't been aware of before and then I did something about it. I found my blood pressure was raised so I have been monitored for this since by my doctor. I already go to the gym, but I was advised that I should increase the exercise that I take. I went to tai chi and that reduced my blood pressure – its hard to get there regularly as I sometimes work on a Saturday morning when its on. I have started having some homeopathy and even stopped smoking for a while... But to be honest, I'm just not ready to give up yet...'

In **2003/4** 2,212 people accessed one to one support through the quality of life team or received information or referrals to other services. Demand for one to one support grew this year, and the staff team were concerned about getting the right balance between providing in depth support to a smaller number of people and less intensive signposting support to a wider range of people. In the first full year of the project monitoring systems were not refined enough to separate individual referral and contact work from ongoing intensive one to one support. However bloom were targeted to achieve 2,050 contacts overall and exceeded this by 162.

Activities offered this year included:

- The Urban Explorers street walks were developed and a book of local walks and history was produced. It won a Highly Commended Award in The Community Care Magazine Awards in 2004 and six volunteers and staff went to London for the Awards ceremony.
- Participating in the organizing committee for the Trafford Party in the Park and in the event itself
- Producing an exhibition of refugees and their stories called 'Giving a Voice' with Trafford Asylum Team which was shown in four venues
- Delivering the Baby Café relaxation sessions in partnership with Surestart

'I have started to use the relaxation techniques, especially during disturbed sleep in the night.... it eased some of the stress.'
Mother using the Baby Café relaxation class

'[It is good] to be understood. To have a chance to explain the difficulties; what we have lost in our beloved countries.'
A participant in the 'Giving a Voice' refugee exhibition

project outcomes - to reach 13,500 excluded and isolated people over five years (cont)

In **2004/5** 3,415 contacts were made by the bloom team and 103 people were offered one to one support. Of the 3,415 people contacted by the team this year, 456 were young people, 211 were families, 874 were people with mental health needs and 671 spoke English as a second language. Quality of life workers noticed this year that they were receiving referrals for clients with complex needs. In August 2005 the Executive Board discussed this issue and reinforced the view that bloom were offering a signposting service, and the project was not a specialist support agency. They agreed to revise down the target for case work so that staff could support people with a range of complex needs to access other services.

Activities offered this year included:

- Salsa for beginners
- Women's health day events
- Old Trafford Party in the Park
- Make Poverty History Information Day
- Exodus Refugee Arts Festival



Client A had a fear of diabetes, did not trust her GP, and had problems with high blood pressure, thyroid and described herself as depressed and lonely. She was taking anti-depressants and sleeping tablets, but felt that they were not helping. Over six one to one sessions with a quality of life worker she was supported to access the following services: Gardening project, healthy eating advice and recipes, exercise classes at a local community centre, support from the carers centre and a leisure pass. As a result she said she had increased her self-confidence and that her quality of life improved.

Client B was married in 2004 and due to domestic violence separated from her husband after two months. Her husband's family wanted her to go back to Pakistan, but she was determined to stay. The quality of life worker escorted her to the Trafford Law Centre to obtain some advice and then to a solicitor where she received legal aid advice. Client B said that nobody had given her practical advice and support before and that bloom really helped raise her morale.

In **2005/6** 4,033 contacts were made by the bloom team and 103 people worked with the quality of life team. This is a reduction of quality of life sessions on the previous year and is a result of staff turnover. Of the 4,033 people contacted by the team this year 3,909 were young people, and 2,285 were from BME communities. The increased number of contacts made by the project was achieved by bloom partnering with statutory agencies to deliver health promotion events focussed on the Choosing Health White paper, smoking cessation, improving diet, increasing exercise, and improving mental health. There was a perception by some people during the evaluation that the quality of interaction offered through large events was less helpful than the more intense support that could be delivered to smaller groups or through one to one work. This year outreach satellites were established in Broome House, Old Trafford Job Shop, Zion Centre and Addison House.

Activities supported this year include:

- Moss Side Leisure Centre Sports Fun day
- St John's Boxing Club
- Central Manchester Community Network Event
- Old Trafford party in the Park
- Zion Centre volunteer open day
- Food and Mood event
- Diwali and Eid celebrations

Ms A was referred to the quality of life team by an employment team. She said she was suffering from depression, feeling lonely and didn't get out of the house. Using the Balance Wheel she identified five areas of her life she wanted to improve including making more friends, building her confidence and self-esteem, addressing her sexual orientation, and improving her financial position. Ms A joined the Qi Gong session at a local community centre and after a number of weeks built up enough confidence to join a women's group. Ms A also joined the Urban Explorers group and used her skills to help produce the booklet.

She was beginning to feel that she was making progress, but was feeling pressured to join an access to work programme by the employment team. Although she was feeling more confident she didn't yet feel able to work. The quality of life worker supported Ms A in a meeting with her employment advisor, who suggested that Ms A would benefit from a different route into work – the New Deal for Disabled people. However, to access this scheme Ms A required a sick note from her GP and her GP was reluctant to issue her with one as he viewed her as physically able to work. The QoL worker wrote on Ms A behalf to the GP and a sick note was secured. The QoL worker continued to work with MsA until she felt confident to negotiate with services herself.

project outcomes - to reach 13,500 excluded and isolated people over five years (cont)

In **2006/7** bloom made 4,655 contacts and 119 people received one to one support from the quality of life team. 205 of the 4,655 contacts were young people and 2,240 were from BME communities. The low number of one to one support sessions delivered by the quality of life workers reflects staff turnover. This year the team were able to refer clients to the Health Trainers team to provide continuity of support when the project closed. It continued to support key community events such as the Hulme Fun day and the joint Eid/Diwali celebrations. As it was the final year of the bloom project, staff were not replaced as they found alternative employment, and funding was used to support existing projects such as the Zion garden which gave nearly 600 people opportunities to learn about growing their own food and healthy eating.

Activities supported this year:

- Laughter workshops
- Carers Centre Christmas party
- Seymour Park Primary school 100 year celebration
- Relaxation class for mothers who speak English as a second language
- Fruity Friday healthy eating events
- Old Trafford Eid/Diwali celebration
- Hulme Fun day

Client A is 34 years old and was referred to the bloom project by the Clerk at Manchester County Court after he had been taken to court by credit card companies for non payment. On meeting with the quality of life worker Client A admitted to having drug and alcohol addictions and was supported to access some drug services. He was also encouraged to take up a volunteering opportunity. After four sessions, Client A had continued to make regular payments to the credit card company and was no longer being harassed by bailiffs. He had also found part time work on a building site.

Client B is a pensioner who became homeless when her husband refused to let her back home. She had no income of her own. As her first language was not English, the quality of life worker supported her to access services at the housing and benefits office. Client B was found temporary accommodation and within a few weeks re-established contact with one of her children. The quality of life worker also assisted Client B to make an appointment with a solicitor to help her with divorce and financial settlement.



Client C was directed to the service by the Kath Locke reception team when he arrived at the centre in some distress. Two years ago he had relocated his family from another part of the county to take up a senior management position, but after two months the company went bankrupt and he lost his job. However, he was ashamed to tell his family and for the next 18 months he paid his bills by running up credit cards. As it all got too much for him, he began to use alcohol, and, suffering from depression started staying at home and refusing to go out. The quality of life worker helped Client C to use the Balance Wheel to identify the key issues in his life and provided information about local agencies that could help. By the fifth meeting Client C had enrolled in college to make a career change, had registered with a GP, ceased drinking and had signed onto Job Seekers Allowance. He had also managed to negotiate payment terms with the credit card companies. Two months later he was in full time employment.

Client D was feeling depressed and lonely as her daughter had emigrated and a close friend she had been a carer for had recently died. She said that she had 'forgotten how to smile, let alone laugh!' She stopped going to social gatherings and groups she had previously been active in. After three sessions with a quality of life worker Client D enrolled in an afternoon class to make new friends. She also attended Tai Chi classes and swimming lessons to improve her health.

project outcomes - to enable easy access to information

Summary

Bloom set itself high targets for improving access to information by local people. In evaluating its success it is clear that the pace of change within the field of Information Technology far outstripped the expectation of the team and solutions which were included in the original bid were soon outdated. In addition, the cost and speed of developing information on the web dramatically changed. As a result the web service did not develop as initially envisaged. Initially it was envisaged that bloom would develop a web portal for local services to advertise. This would be made accessible to local people through a small number of computers in local centres. As local agencies developed their own web sites they did not see a use for a shared web site. Internet search engines also reduced the need for single information sites. More funding for IT became available in local agencies following the Policy Action Team Report 15 on the digital divide. As a result the bloom website did not achieve its original aim and in the three years the web site was operational it achieved 11,887 hits.

On the other hand, the IT worker provided a valuable resource to sixteen local voluntary agencies over a number of years and contributed to increasing the local availability of IT training and access by marginalized people. This was not originally seen as a major need by the Steering group, but rather developed as local agencies grew and developed their use of the internet.

At the end of the project eleven community sites for local people to access the internet were identified, but none of them provided one to one support to individuals which was provided through the bloom project. This was identified as a major gap in the evaluation and would be a barrier to people making use of information technology to improve their well-being.

By year

In **2002/3** bloom collaborated in a health information pilot with Manchester Community Information Network, installing a touch screen portal in the entrance to the Kath Locke Primary Care Centre. The pilot aimed to improve access to services by providing an up to date database of services on offer. The bloom IT support worker was appointed in March 2003 and he offered support to ten local voluntary agencies (St Johns Centre, BHA, Let's Go Global, Indian Senior Citizens, Somalian support group, Kath Locke Centre, Therapeutic Services, SCRAP, Trafford Users Group and Chrysalis).

In **2003/4** bloom developed a website plan in consultation with other local providers and agencies. Quotes for building the web site were secured but the cost exceeded the budget and the ambitions for the web site had to be scaled down. bloom worked with other local and national agencies to link in with their web sites including the Scarman Trust who developed a national exchange for communities online – CANDO Exchange; and South Central Community Network, which is part of Manchester Local Strategic Partnership.

bloom worked with three local organisations (St Johns Centre, Hulme Community Computing, and VCAT) to increase the accessibility of IT to local people. As a result of this work the number of IT sessions available locally increased by 752 sessions.

bloom co-ordinated and presented radio programmes on local community radio station in partnership with Radio Regen and Zion Radio. The programmes offered opportunities to local people who had never been involved in radio before, and promoted health messages on Living with Cancer, Smoking and Complementary Therapies.

In **2004/5** bloom launched its own website and hits on the site increased month on month, totalling 2,187 visits by the end of the year.

In **2005/6** bloom set up and helped maintain five IT suites (St Johns Centre, Broome House, Chrysalis, Addison Crescent, and Zion learning suite). Through these centres a range of IT courses were run including computing for beginners, multi media, digital photography and word processing. The Zion learning suite also offered help to complete CVs and undertake job search. In total 402 people benefited from the service.

The bloom website hits increased month on month, with 6,120 visits on the site by the end of the year.

In **2006/7** hits on the website reached 3,580 for the first six months of the year. Unfortunately, after this date staff were unable to access monitoring information due to some technical problems. There were no local agencies willing to continue the web site after the closure of the project so it has ceased.

project outcomes - to increase opportunities through volunteering

Summary

In the first three years of the project the number of volunteers was lower than originally estimated and volunteers who were recruited were not able to offer the one to one support envisaged at the inception of the project. The Steering group decided to employ a volunteer co-ordinator to provide training and support to volunteers and this successfully led to an increase in the number of volunteers. The overall target for the five years was exceeded, with 99 volunteers working with bloom (against a target of 60).

By year

In the first year of the project **(2002/3)** two volunteers worked with the project, and a further ten were identified. Due to the delay in the appointment of the staff team, it was not possible to support a greater number of volunteers or to offer a comprehensive training programme.

In **2003/4** twelve volunteers were recruited exceeding a target of ten for the year. All volunteers were given training and induction and volunteers were involved in a wide range of activities including: staffing stalls at events, carrying out research, helping develop new initiatives such as an interpretation project, fundraising, carrying out quality of life assessments, offering IT support skills and support groups such as the Urban Explorers

In **2004/5** bloom had 12 volunteers, nine of whom were placed with partner agencies. This year the project decided to re-structure the staff team to recruit a specific volunteer co-ordinator.

In **2005/6** bloom had 47 volunteers reflecting the pivotal role of the volunteer co-ordinator. Volunteers were given opportunities to get involved in a whole range of local events and supported to work with other

voluntary agencies. They reported increased confidence and self-esteem, with one going into full time employment.

In **2006/7** bloom had 26 volunteers.

Cumulative Total volunteers: 99



Paul – a volunteer with the garden project

'I do all sorts of things, weeding, propagating, planting out, and taking care of the garden and general maintenance. I've been here that long I can't remember how long it is! Volunteering keeps me off the streets, out of trouble and meeting people. In the future I'd like to get some qualifications – you can do them here. It's better than a government scheme where you only get six months then you're out. Here you can stay as long as you like and achieve whatever level you want to. At the moment I'm going for NVQ Level 1 but it's just a start.

I like the sense of achievement and feeling like I can give myself a 'pat on the back'. I also like giving something back to the community. I like helping people who don't know much about gardening when they first come here.'

Uzma – a volunteer at a local community centre

'Having graduated with a degree in Economics I found that I was a bit unsure about what type of career I wanted, as I was lacking in basic skills and experience that employers feel are necessary. Having got in contact with bloom I decided to start getting to know some basic administrative skills and improving my interpersonal skills, organisation and adaptability. bloom set up a volunteer placement for me at the Kath Locke reception which lasted for six weeks. It did seem a bit daunting at first since despite my academic capabilities I've never been involved in working in such an environment before, but I wanted to do it since it seemed like a good place to start and an interesting challenge.

At first I found that it seemed straight forward answering phone calls, making appointments, welcoming visitors, and the general reception type of stuff that I had expected. But then came points during the day which made it seem slightly more difficult, having to be bombarded with most of it simultaneously all at the same time. So having to keep a level head and a smile on my face, whilst ensuring things do run smoothly is just part of all the fun I had whilst I was there.

The process did become easier over time so I'm glad I was exposed to the real side of it. Much of it helped me build my confidence and perhaps highlighted areas which I need to improve on. The staff were great really helpful and responsive and I did genuinely feel part of their team.'

project outcomes - to influence and inform plans in health and local government

Summary

Throughout the bloom project there was considerable change within partnership agencies. In the statutory sector both regeneration teams were disbanded and the NHS underwent three organisational changes (Primary Care Group, Primary Care Trust, Merged Primary Care Trust). As a result the statutory planning and consultation structures were not consistent throughout this period and it was difficult to build any long lasting relationships between Commissioners and local staff and agencies. The Steering group membership shows that there were no consistent personnel from the statutory sector over any two-year period. Also the minutes of the Steering group/Executive Committee show that as new people joined, they brought new priorities to the project. The most obvious example of this is the desire to focus on Choosing Health priorities and the loss of focus on the specific client groups initially identified by the project at its inception. Staff felt conflicted about their focus and monitoring data was simplified to focus on new priorities.



Loss of key personnel involved in the project development included the champions within the statutory organisations – Directors in the PCG and Senior officers in the regeneration teams. The national evaluation of the Health Living Centres demonstrated that there was some difficulty with projects being sustained after the initial funding ran out, and this is to an extent an inevitable consequence of one off funds that are nationally derived. However, the bloom project was further isolated and seen as a temporary add on service because the senior people involved in developing its vision were no longer working in the area.

Bloom worked with statutory agencies on a number of initiatives including supporting Manchester PCT to recruit and evaluate their Health Educator programme; supported Seymour Park Health Centre to carry out a consultation with ethnic minority communities to develop appropriate services; carried out a needs assessment of young people with Manchester Youth Service; supported Greater Manchester Ambulance Service to establish a First Responder Service – training community members in basic paramedic skills.

Whilst the bloom project worked alongside other agencies to develop some quality events and facilitated some useful consultation and evaluation there is little evidence that this influenced the provision of services in the area. In fact towards the latter half of the project, bloom worked with two teams, one serving Trafford wards and one serving Manchester wards. The bloom team were not influential enough to inform the statutory partners who viewed them as external voluntary project.

project outcomes - to influence and inform plans in health and local government (cont)

Give and Take (2002)

This was the first major event bloom ran that targetted members and potential members of bloom's network. 110 people attended the event and 27 different groups had stalls or distributed information about their work. bloom offered 4 workshops and gave information about the services they could offer as well as sharing future plans with prospective partners. The feedback from all who attended was that it was a great success and put bloom firmly on the map as a partner in working to improve the health and well being of local people and the community.

Networking for Health (2003)

bloom worked with Trafford Primary Care Trust in Old Trafford to organize two events in June and December 2003. These events were aimed at identifying the issues that impact on people's health in Old Trafford and ideas local people had about how they might be addressed. bloom undertook an evaluation of the day at the request of the PCT and facilitated group discussion sessions. The events were successful in gathering the views of different communities within the area. The PCT compiled a report to influence future service development and this informed a report later produced by the ITCH project (Investing in Trafford's Community Hospitals).

Whalley Range Faith Communities Report (2004)

This project aimed to identify and support the social networks provided by the faith communities in Whalley Range. A semi structured interview asked faith leaders about the needs of the areas, the services they offered to the local community, which services they referred people to and the gaps in services they had identified. The interviews provided bloom with the opportunity to ensure that faith leaders were aware of, and had access to, local service directories.

The faith organisations that provided information included

- *Hari Krishna Temple*
- *Manley Park Methodist Church*
- *Manchester Pioneer Centre for Modern Spiritualism*
- *Whalley Range Methodist Church*
- *St Edmund's Church*
- *Society of Pius X*
- *St Weburgh's Parish Church*
- *English Martyrs*
- *Chinese Christian Church*
- *Vairochana Buddhist Centre*

Due to difficulties engaging with some faith groups whose first language is not English and the timescale of the project, no interviews were undertaken with Hindu, Muslim or Sikh faith leaders. A bloom volunteer helped with the research and a founder member and long-term friend of bloom assisted with cultural information and translation. The Muslim Council of Great Britain provided an outline of the history of Islam and the organisation of the mosque.

The recommendations emerging from the findings were;

- *A mental health drop in facility to be established in Whalley Range*
- *A befriending service to be established in Whalley Range*
- *More publicity on existing services and the development of new services for young people*

However, there is no evidence that this report was used by the Executive Group or the partners in bloom to inform decision-making.

bloom food network

The bloom food network worked in partnership with Central Manchester Primary Care Trust, Manchester City Council, 5 a day project, South Central Community Network and local people to look at the availability of food shops in various locations around the area and understand how local people could get best value from their food.

project outcomes - to build capacity in local communities

Summary

bloom maintained a number of satellite offices in voluntary sector agencies to deliver their service over the five year period. They worked with a wide range of statutory and voluntary agencies to help deliver a varied programme of health promotion, well-being and community cohesion projects.

Whilst the bloom network initially engaged a wide range of voluntary and statutory agencies across the four wards, participation in the network declined over the period of the project. Community and voluntary agencies didn't have the capacity to give time to the management and development of the network and ongoing involvement in the Steering group was not maintained. The project evaluation group identified a number of reasons for this. Some voluntary projects attended the bidding days in the hope that they would get some funding directly to their projects, when this did not happen they stopped attending. The time gap between undertaking the initial development of the bid and the delivery of the project also contributed to a loss of focus on the project. It was also suggested that once the staff were employed

bloom was no longer seen as a network of voluntary and statutory agencies, but a service delivery project and part of The Big Life group. In an effort to revitalise the network staff worked with active partners to develop a new brand and changed the name of the project. Unfortunately this also became an issue of contention with some of the older partners who felt that the project was moving away from its original purpose.

In response to lack of participation in the steering group, an Executive group was established. The staff team were particularly supportive of this move, as they felt they wanted a smaller group that would give direction and guidance to their work. However an unintended consequence of this was that some people in the community and voluntary sector saw this as two-tier management, with the statutory sector having greater influence over the project. However, the bloom staff felt that they put a lot of time and effort

into trying to engage the voluntary sector agencies and whilst projects were happy to work together on joint activities and get support from the bloom IT worker, they struggled to prioritise time for networking and overseeing the bloom project.

During the same period there was a lot of organisational change within key agencies in both the statutory and third sectors. During the period that bloom was in operation there were significant changes within mental health voluntary sector services in Trafford. Three organisations began to plan a merger. Trafford Users Group, a supporter of bloom from the start, merged with Trafford Association for Mental Health to form New Way Forward. The third organisation was not able to merge as it had failed to demonstrate its financial soundness. This problem then led to the organisation being removed as a provider funded by Trafford MBC and the service put out to

tender. This caused disruption within Trafford but it was particularly significant for bloom. The merger process and the subsequent tender of services meant that there was minimal involvement from mental health voluntary sector services for a period of several years.

At the same time the lead agency underwent a major change to create The Big Life group. This led to some loss of focus and change in personnel that impacted on bloom. The New Opportunities Fund was unhappy that the lead agent had changed and did not understand the new organisational structure. It had moved from a charity to a social enterprise and although the new group had charitable aims and did not distribute profits, it was not a registered charity. This gave the NOF some cause for concern and funding with delayed for 18 months whilst this was addressed.

project outcomes - to build capacity in local communities (cont)

By year

In **2002/3** bloom managed the Health Initiative Fund on behalf of the PCT and distributed 16 grants to local community groups and voluntary agencies. It supported two community groups to develop a constitution and make links with statutory agencies (Sugar and Women's Cross Cultural Awareness Group).

In **2003/4** bloom worked with Kellogg's Occupational Health team to explore ways of improving staff health, helping them to build links with the local smoking cessation service.

In **2004/5** bloom worked with 42 agencies (voluntary, community and statutory). These included Broome House (where bloom had an outreach base), St Johns Centre where bloom set up the IT suite, Alfa, Asylum Health Team, and Whalley Range Health Forum. During this year bloom took a major role in co-ordinating key community events, in particular the Party in the Park. bloom also worked with three businesses in the area – Asda, Blythe Art Shop and Old Trafford Bakery, who all participated in local events.

In **2005/6** bloom worked with 39 voluntary and statutory agencies and two local businesses. It changed some of its outreach bases to reach more people, setting up in Gener8 in Whalley Range and Old Trafford Job Shop. This year it played a key role in re-establishing a health forum in Hulme and Moss Side, to enable local people to input into the Primary Care Trust. It also delivered training to a number of statutory and voluntary agencies.

In **2006/7** bloom worked with 82 voluntary and statutory agencies and two local businesses. It helped deliver training to local workers on a range of topics such as dealing with difficult situations and health walks. bloom also took a lead role in co-ordinating local organisations discussions on crime and race equality.



project outcomes - to build capacity in local communities (cont)

"Old Trafford Communities Together"

In 2005 the dates of the Muslim festival of Eid and the Hindu and Sikh festival of Diwali coincided providing the opportunity for a joint celebration for the South Asian communities in Old Trafford. Following a publicity drive, 285 local men, women and children filled the local St John's Centre on a Saturday in November to take part in activities and share food. A total of £1,570 was raised to fund the event.

The aim of the celebration was to look at ways of bringing communities together to promote tolerance and understanding through socialising, sharing cultural values and to promote health. It was also an opportunity to engage with the more isolated members of the community and encourage them to join in a community celebration.

St John's Centre Report

The St John's Centre offers a range of different courses and a crèche for local people. In 2004 it was noted that the centre had capacity to cater for more students. bloom was keen to offer a piece of research based on the appreciative enquiry approach looking at what people particularly like and valued about the centre.

A total of 34 people attending the centre on the day, either as students or staff, were asked what they found positive about the centre. The overwhelming response was that local people appreciated the services and courses offered, the staff, the atmosphere particularly the informal nature of the centre. The projects retain old participants as well as newer volunteers and students. There appeared to be a healthy progression from student to volunteer to staff member suggesting a healthy level of user participation in the operation.

Recommendations made by bloom following the survey included;

- Using information collated about local need to inform future publicity strategy and engage members from the community*
- Look at the other services that have been suggested and examine the scope for providing these – especially services for young people and children*
- Take on board the comments about why people stop attending and consider if St John's can address any of these issues*
- Identify other groups that could be targeted and attracted into the centre.*

Baby Café

This project was carried out in partnership with Sure Start. The baby café was sited in a community play centre in Moss Side. The bloom quality of life worker carried out 7 sessions with participants over an 11 week period.

The aim was to provide pregnant and breast feeding mothers:

- with awareness of and access to a number of stress management and relaxation skills*
- information and guidance for improving their quality of life*

The feedback was positive with 86% of participants stating that they felt "great" after the session and also stating that they had started to use the relaxation techniques at home to manage disturbed sleep and morning sickness.

Urban Explorers

This was a series of weekly walks carried out over a 5 month period and at the end a small book was published with the findings. This gave local people the opportunity to truly investigate, explore and record what was really happening in their neighbourhoods, as well as encouraging people to take gentle exercise.

Give us a Voice 2004

This event was a collaboration between Trafford Asylum Team and bloom and aimed to express what it was like to be a refugee or asylum seeker in Old Trafford. Using story telling techniques and digital images to capture people's stories the event captured a lot of local interest. Preparation sessions were held in June 2004 in 6 venues across Trafford and led to a local exhibition open to the wider community.

Redbricks Parent's Group

This project aimed to break down isolation amongst parents with babies and young children living on a housing estate in Hulme by supporting the development of social support. The project linked people into bloom services and explored the possibility of developing a sustainable group for parents. The project targeted towards parents living in poverty.

16 parents were contacted and 11 attended at least one of the gatherings which took place over an 8 week period. People attending discussed what they felt would be beneficial such as a baby sitting circle, days out, activities for babies and toddlers and social contact for parents. A wide range of information was provided and the group supported to access community space.

financial investment

Over the five years bloom had an investment of **£1,047,578**. Nearly 93% of the funding for the bloom project was received from NOF, the remainder coming from Trafford North PCT and from a mixture of private sector donations and NRF funding.

74% of the income was spent on the staff salaries, with the next largest expenditure being projects at 8%.

For each person contacted by the project, it cost £70.50p. However, this doesn't take account of the work that the project did to influence services, or developing capacity in the community and voluntary organisations.

	2002/03	2003/04	2004/05	2005/06	2006/07	Total
BLF	£145380	£197047	£145377	£270643	£213803	£972250
Kelloggs	0	£5000	£5000	0	0	£10000
NRF	£14334	0	0	0	0	£14334
Others	£5209	£6500	£36500	£1935	£850	£50994
Total	£164923	£208547	£186877	£272578	£214653	£1047578
Expenditure						
Salaries	£105488	£134066	£126813	£141413	£198900	£706680
NI etc	£7301	£13412	£12636	£13991	£11673	£59013
Recruitment	£3362	£276	£4519	£215	0	£8372
Training etc	£988	£3763	£261	£340	£453	£5805
Rent / Council Tax	£10000	£10300	£11137	£11325	£10000	£52762
General Project Costs	£5780	£19484	£20215	£18852	£18230	£82562
Info, Publicity	£565	£1435	£1033	£0	£3237	£6269
Others	£27290	£18065	£24491	£25266	£31003	£126115





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New Opportunities Fund
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