THE BIG ISSUE IN THE north

Roma Women's Health Champions

Evaluation Report

December 2014

Bradford Roma Women's Health Champions Certificate Celebration

ROMA MATRIX

Mutual Action Targeting Racism Intolerance and Xenophobia

European Union
European Social Fund
Investing in jobs and skills

Contents

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Introduction

Roma Women's Health Champions

Roma communities face significant levels of exclusion in health services. The disparity in health indicators reflect poorer living conditions, reduced access to quality healthcare and higher exposures to risks with people being and are less well informed about health issues[1]. In our experience, Roma communities often do not understand how employment, health, education and social security systems operate and information spread across the communities can be inaccurate. Roma families face destitution on a daily basis, and with this, high levels of poor health, often with very little access to health services until crisis point.

The Big Issue in the North was commissioned by Roma Matrix, to engage, recruit, train and support Roma women to enable them to act as health mediators within their own communities. The project aimed to increase their knowledge and awareness of local health services as well as improving understanding of the particular health needs of their community and how they could positively address those needs. A key component of the project was to establish, from the outset, a process of empowering Roma women to disseminate the learning and information to improve the health and lives of their communities. This model was based on the successes of the pilot project ran by Altogether better [2]

The Big Issue in the North has had many years' experience working with Roma communities through their engagement at The Big Issue in The North. Roma have been selling The Big Issue in The North magazine since 2007. This has enabled us to build up a rich experience and understanding of Roma culture. In 2011, The Big Issue in The North Trust commissioned a project; Roma Community Cohesion project in Longsight, Manchester, working in partnership with local organisations; the local authority, schools, the police and health services to build a greater understanding between the Roma and their local community. This helped alleviate community tension that was building as a result of a lack of understanding of Roma culture, providing opportunities for training, education and employment to the local Roma community.

[1] Roma Source

[2] www.altogetherbetter.org.uk

Service User involvement

Building on our previous successes of service user involvement we identified the need for the Roma community to become involved in the design of the content of the training and information sessions that were to be delivered. Service user involvement can be seen as a means of enabling service users to regain a sense of control over events, increasing their ability to make constructive choices and decisions.[3]

There are a wide range of activities that are considered as "user involvement". The benefits of involvement are harder to identify in terms of impact on services. More evident were the personal gains for those involved including; satisfaction of feeling listened to by professionals, social opportunities of meeting others in a similar situation and increased knowledge about services.[4]

Effective recruitment is essential to any service user engagement activity. The most productive way to approach service users is via existing relationships that have been established locally.[5]

As such we developed a needs analysis tool that was used to canvas the opinions of the agencies and Roma women, identifying the health areas/topics they would like to focus on. This information was used to design the courses to ensure maximum participation across the 6 areas. Please refer to delivery for more information.

The Mirfield Roma Women's Health Champions Group

[3] Truman and Raine, 2002
[4] Fudge, 2008
[5] Alam, 2002

Project Evaluation

Target – Recruit, train and support Roma women to act as Health mediators in the following areas;

The table below identifies that we successfully delivered and exceeded the targetted number of Roma women; recruiting,training and supporting them to act as Health Champions within their communities. In Hull,where we partnered with Humber all Nations Alliance (HANA), we were only able to recruit and train 4 individuals. The feedback we received whilst working with HANA identified that some of the women they knew to be Roma had specified that they didnt want to attend and be identified as Roma. The promotional leaflets that we used had to identify this as a criteria for engaging with the Roma women or we would have struggled to engage with as many participants. This could not be verified amongst the Roma community.

Following the delivery of the project we sought feedback from agencies in relation to them experiencing an increase or decrease in Roma women accessing their service. An agency in Hull reported that they couldn't get Roma women that they were engaging with to attend the training. This suggests that we didn't communicate the project as effectively as we could or that the Roma women didn't want to attend.

Lot	Area	Target	Actual	Difference
Lot 1	Bradford & Leeds	B(6), L(6)= 12	B(23), L(19) = 42	+30
Lot 3	Calderdale, Kirklees & Wakefield	C(2), K(2), W(1) = 5	C(3), K(8), W(5) = 16	+11
Lot 4	Hull	5	4	-1
Total		23	62	+39

The collation of the self efficacy questionnaires enabled us to record numbers attending each session. The table below details these statistics identifying that over 68% of Roma women attended more than half of the training sessions delivered. Even though we experienced attendees engaging in less than 50% of the sessions it is still evidence that the engagement was still effective, in comparison to previous projects delivered in those areas. There are many reasons why participants could not attend all of the sessions; child care, emergency family situations or simply that some of the sessions didn't interest them or they felt were not relevant to them and their community.

		Sessions and numbers attended										Total completed all sessions
Area	**Target**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**Average**	**Cum**	
Leeds	12-15	3	5	5	7	12	13	16	7	8.5	27.5	2
Bradford		15	21	23	21	19	19	N/A	N/A	19		11
Wakefield	5-10	4	5	5	4	1	4	N/A	N/A	4	12.57	1
Calderdale		3	3	1	1	0	N/A	N/A	N/A	2		1
Kirklees		4	7	7	7	7	7	7	N/A	6.57		4
Hull	5	3	4	3	4	4	4	N/A	N/A	3.7	3.7	2

Total number of engaged Roma women: 62

Attendance 100%: 21 (34%)
Attendance 76 – 99%: 10 (16%)
Attendance 51 – 75%: 11 (18%)
Attendance 26 – 50%: 13 (21%)
Attendance 25% or below: 7 (11%)

The self efficacy questionnaire findings also established that the Roma women in all areas, had reported an improvement in their ability to; Identify and access appropriate health services for themselves, family and community. This is further evidenced from feedback to questions 3,4 and 5. These identified that the women reported an improvement in their self efficacy scores in being able to improve their own access to appropriate health services, promote access to appropriate health services for their family, friends and community plus being confident in taking their learning back to their family, friends and neighbours.

Following the delivery of each sesssion the project coordinator discussed with the attendees how they could use the information to better influence and promote access to health care services for themselves, family and community.

Overall there is strong evidence that we were effective in achieveing this target.

Target – Gather further knowledge/evidence about health needs of Roma women

The detailed needs analysis conducted prior to the design and delivery of the training identifies the key areas that were identified from both the agencies and the Roma women we enegaged with. This clearly evidences up to date knowledge/evidence about the health needs of Roma women in the areas of delivery. Incidentally the highest scoring sessions in the majority of areas related to the sessions where midwifery services were represented or discussed. This suggests that pregnancy and children's wellbeing are of signifcant importance to the community and their prior knowledge was not as fully understood as they had intially led us to believe.

Target – Bridging the gulf between women in Roma communities and the health services by enabling roma women to access health services they need

During the delivery of the sessions the Project Coordinator identified Roma women declaring they were knowledgeable of the NHS and where and what to access and didn't need further advice. As we progressed the training/briefing sessions it was apparent that their knowledge was not as well understood or appropriate with many citing they would present at A&E for minor ailments. It is hoped this will improve their awareness of more appropriate services and have a positive influence on A&E admissions.

This anecdotal evidence supports the argument that the training delivered was successful in contributing towards enabling Roma women to access appropriate health services they need.

We have furtheer evidenced how we have succeeded in working towards this target through the self efficacy scores, in particular for questions 1,2 3,4 and 5. These indicated that Roma women felt they were better able to identify and access appropriate health services for themselves, family, friends and commmuity members, consistently scoring higher each week.

To further evaluate if this aim was a success we conducted post project evaluation questionnaires with the agencies, health professionals and Roma women. There were 2 questionnaires (appendix 5 & 6).

The feedback was difficult to collate. The project coordinator approached this in a number of ways; visiting the agencies to re-engage with the Roma women and agency workers, contacting them via telephone and posting out the questionnaires (translated).

This resulted in 9 agencies and 20 women responding to the questionnaires. Whilst we would have liked larger numbers to complete the questionnaire this still represents a third of attendees responding.

Agencies had reported that some of the Roma women had moved on, and they could not be contacted. With their being no incentive on offer this could have resulted in some respondents not willing to engage post delivery. In hindsight this would have to be considered in any future project delivery.

The table below identifies the feedback from the agencies who responded:

	Response	
	Yes	**No**
As far as you are aware, have any of the women who attended the Roma Women Health Project attended your service?	X 6 responded positively which included agencies in all of the 6 areas (Leeds, Bradford, Calderdale, Kirklees, Wakefield and Mirfield)	X 3 responded negatively from agencies in Wakefield and Hull
As far as you are aware, have any of the women who attended the Roma Women Health Project attended other services since?	X 1 Mirfield	X 2 Bradford and Wakefield. Wakefield reported that they don't engage with other services so could only respond no. X 6 did not answer the question
	Response graded (1 – 5) (1- greatly increased / 5 - greatly decreased)	
Have you noticed an increase/decrease in people of a Roma background accessing your service?	The average score returned was 2.5. This suggests that the engagement has remained the same.	
Have you noticed an increase/decrease in people of a Roma background accessing other services, as far as you are aware?	The average score was 2.2, suggesting a slight improvement in Roma women accessing other services. A lot of agencies reported that they don't engage with other agencies so it is difficult to truly assess.	
Has there been a change in the difficulties you experience when dealing with Roma service users/patients?	The average score was 3.4. This suggests that those agencies engaging with Roma women have experienced fewer difficulties when engaging with Roma service users/patients.	
	Response graded (1 – 3) (1 - great need / 3 - no need)	
Do you feel that you or your service are in need of any training to raise awareness of the particular challenges Roma people face, esp when accessing UK health services?	The average response received was 1.3, suggesting that agencies still perceived there to be more intervention/training to raise awareness of the challenges Roma people face when accessing health services.	

Even with a small sample (9) of responses it could be argued that there has been some impact in achieving this target as:

- There had been some continued engagement in their services.
- The numbers of Roma accessing the services has remained consistent.
- There is a slight increase in the reported numbers of Roma accessing other services.
- Importantly the agencies have reported that they face fewer difficulties when engaging with the Roma community.

The Wakefield Group

Target - Overcome cultural barriers that exist in health system or their communities - Engagement of health professionals

In some locations, it was easier to establish strong links with health professionals who were more than willing to come along to sessions to introduce themselves, explain their service and deliver training on topics such as ante-natal health, children's health and stopping smoking. This was assisted by the existing relationships that local service providers had already established amongst the Roma community and health professionals.

However in other areas, these links were not as easy to establish or health professionals were unable to attend. In those instances, sessions were delivered by the Project Worker, with information on local services specific to each area provided to the Health Champions.

The attendance of the health professionals achieved a variety of purposes; Improving understandng amongst roma women about what those services offered, improving and breaking down barriers that existed amongst the community such as a fear of why certain questions were being asked.

Whilst this was not as widespread as we would have liked we recognise the pressure on the NHS to deliver services and the professionals that did attend helped contribute towards achieving both of these outcomes.

In addition to the engagement activities we delivered a post project workshop that aimed to engage further with health professionals aiming to:

- Promote the findings of the project, to assist them to engage further with the community
- Delivered a session on Roma culture, by Shay Clipson
- Hear from the experiences of Roma women who enagged on the project
- Look at how engagement could improve in their communities

This was attended by 10 heath professionals with 4 attendees cancelling on the day. During the session we engaged with the group asking them 2 specifc questions;

Q1. What existing barriers they felt existed when attempting to engage with Roma communities and how they could over come them.

Responses to this varied but included: Translation support, improving knowledge of which services are already engaging with the Roma community, challenging discrimination that exists, improving knowledge to Roma about double appointmens at G.P surgeries to give them more time.

Q2. How services could improve engagement with Roma communities?

The feedback we received included what providers were already doing to engage with Roma communities, including what else that needed to be looked at:

- Flag up with a variety of commisioners; findings and the need to engage further with the Roma community.
- Look at how they can replicate projects like this to addres other areas of their lives (debt, finance).

- Explore a multi agency approach with a variety of agencies (police, clinical centres, day and health care centres) to ensure engagement is within comfortable and safe environment.
- Feeding back to local forums, which included key service providers and commisioners on the successes, challenges and their learning following atendance at the workshop.
- Developing a myth busting leaflet for agencies to improve their understanding of roma culture.

Attendees also highlighted:

- The session improved their understanding of Roma culture.
- It had enabled them and their service to better engage with Roma communities.

This highlights that the engagement activities copnducted during the duration of the project helped contribute towards helping to overcome cultual barriers that exist in the health system and thier communities including other service providers, who, invariably contrinute towards the wellbeing of Roma women.

Post Evaluation Feedback (Roma Women)

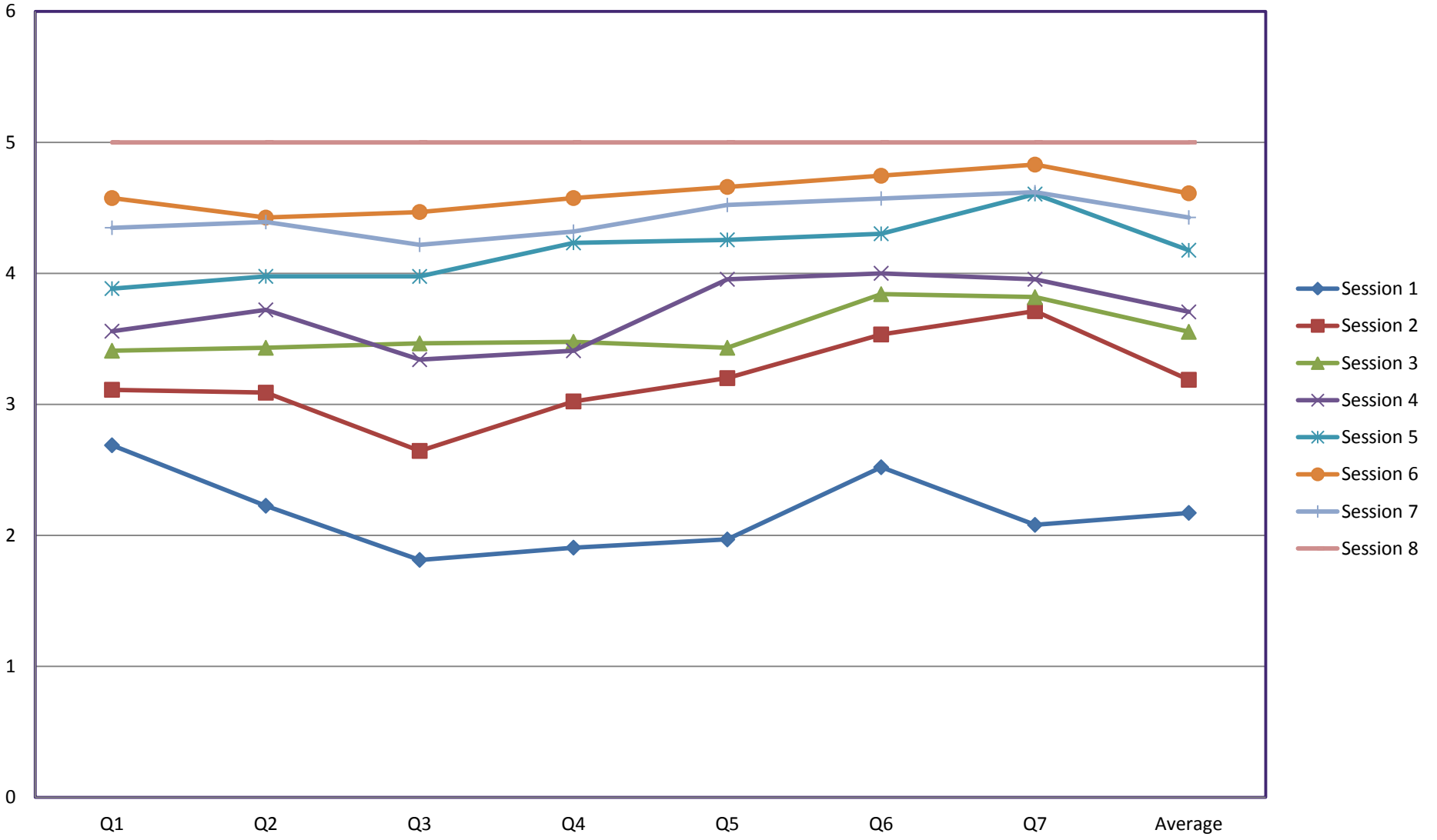
We had 20 women responding to the post project questionnaire, representing a third of attendees. The table below identifies that the overall scores that we received from these questionnaires has improved on the previous reported self efficacy results. This is evidence that there are positive steps that have taken place to ensure that the learning and understanding gained by the women in attendance will benefit them in the future and beyond project delivery.

	Q1	Q2	Q3	Q4	Q5	Q6	Q7
Current overall average reported score	4.40	4.15	4.10	4.13	4.50	4.85	4.75
Previous overall reported score	3.82	3.78	3.61	3.74	3.87	4.06	4.07

Self efficacy results & findings

The following findings are based on the self efficacy questionnaire that was used to gather feedback from attendees after each session. This is referred to in the method section below. The scale that was used is referenced in appendix 3.

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Average
Session 1	2.6875	2.22580645	1.8125	1.90625	1.96875	2.52	2.08	2.17154378
Session 2	3.11111111	3.08888889	2.64444444	3.02222222	3.2	3.53333333	3.71111111	3.18730159
Session 3	3.40909091	3.43181818	3.46511628	3.47727273	3.43181818	3.84090909	3.81818182	3.55345817
Session 4	3.55813953	3.72093023	3.34090909	3.40909091	3.95454545	4	3.95454545	3.70545153
Session 5	3.88372093	3.97674419	3.97619048	4.23255814	4.25581395	4.30232558	4.60465116	4.17600063
Session 6	4.57446809	4.42553191	4.46808511	4.57446809	4.65957447	4.74468085	4.82978723	4.61094225
Session 7	4.34782609	4.39130435	4.2173913	4.31818182	4.52173913	4.57142857	4.61904762	4.4267027
Session 8	5	5	5	5	5	5	5	5
Average	3.82148208	3.78262803	3.61557959	3.74250549	3.87403015	4.06408468	4.07716555	3.85392508



Overall self efficacy results

Overall Findings

Overall, the combined self efficacy scores show an improvement week on week for the health training that was delivered except for sessions 6 and 7 in some areas. This may be to do with the final sessions being certificate and celebration ceremonies, where no more actual learning took place and it was therefore felt by the participants that no more improvement could be made on the previous week.

Question 1 and 2: How much do you feel you can now do to improve your own health and how much do you feel you can now do to improve the health needs of your local community (your family, friends and neighbours)?

The results for both of these questions improved each week indicating the Roma women felt empowered after each session to address both of these issues.

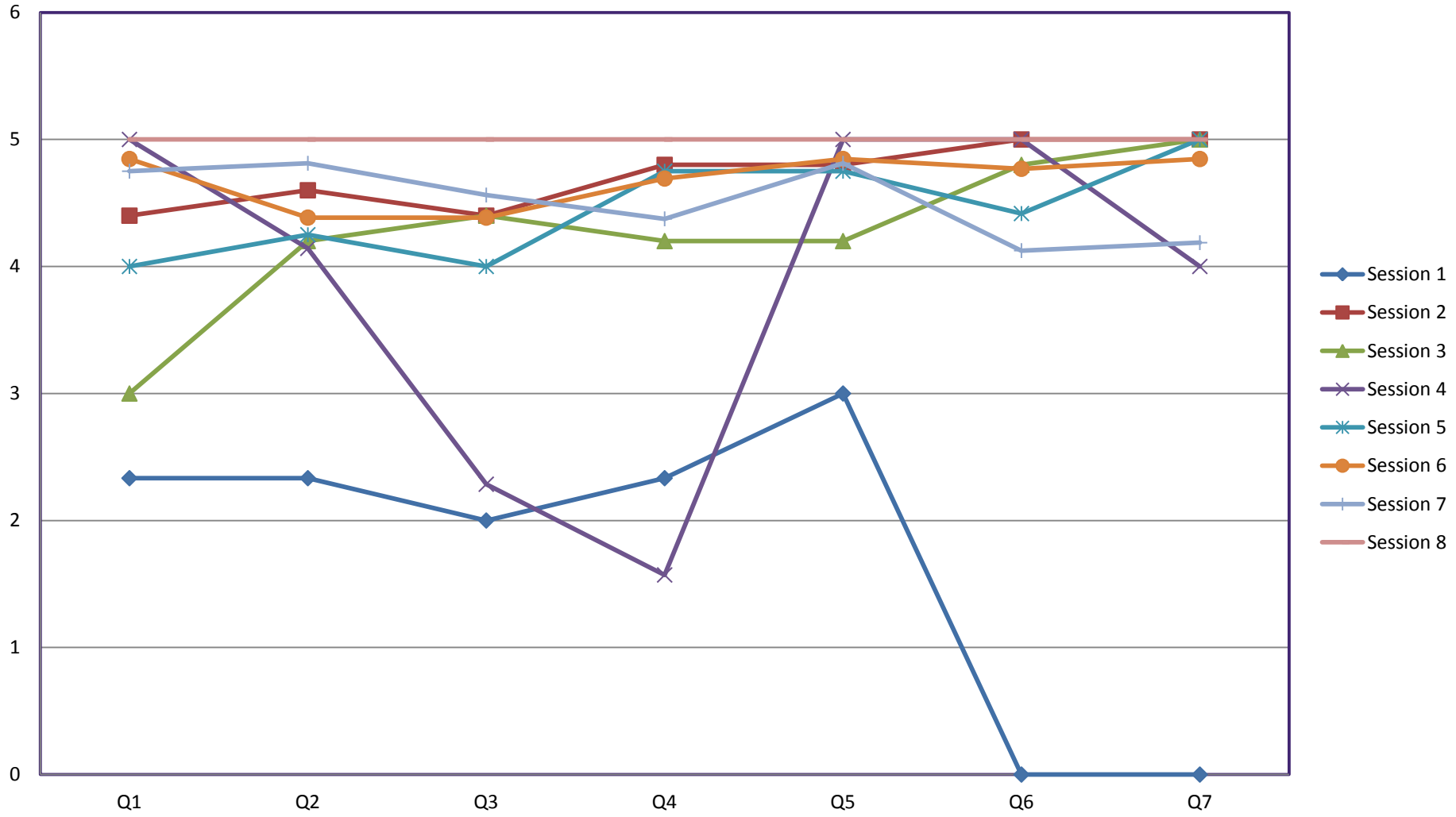
Question 3, 4 and 5: As above, the results overall suggest that the majority of Roma women feel empowered to address their own and their communities access to appropriate health care services.

Questions 6 and 7: The results suggest that learners were happy with the content and the level of content of the majority of sessions. The overall scores did decrease from session 6 to 7; however this could also be linked to the course not being relevant to the individual, their family or community.

Prior to the delivery of the sessions the project coordinator identified many of the Roma women feeding back that they knew which services to access within the NHS and didn't need this explaining. During the delivery of the sessions these attendees actually changed that viewpoint, as they had previously declared they would simply present at A&E. The attendees were not aware of key services that are available which was for treatment or prevention.

Leeds Self Efficacy results & findings

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Average
Session 1 Introduction	2.33333333	2.33333333	2	2.33333333	3	0	0	2.4
Session 2 Midwife	4.4	4.6	4.4	4.8	4.8	5	5	4.71428571
Session 3 Stop Smoking	3	4.2	4.4	4.2	4.2	4.8	5	4.25714286
Session 4 Zumba	5	4.14285714	2.28571429	1.57142857	5	5	4	3.85714286
Session 5 Health Visitor	4	4.25	4	4.75	4.75	4.41666667	5	4.45238095
Session 6 Healthy Living	4.84615385	4.38461538	4.38461538	4.69230769	4.84615385	4.76923077	4.84615385	4.68131868
Session7 Mental wellbeing	4.75	4.8125	4.5625	4.375	4.8125	4.125	4.1875	4.51785714
Session 8 Graduation	5	5	5	5	5	5	5	5
Average	4.1661859	4.21541323	3.87910371	3.9652587	4.55108173	4.13886218	4.12920673	4.23501603



Leeds self efficacy results

Leeds findings

In Leeds, question 5 of the questionnaire *'How confident do you feel about taking your learning today back to your family, friends and neighbours?'* consistently scored highest. This represents that the group felt confident week on week to promote their improved knowledge to the rest of their community, and that their role as a Health Champion was assured. Only after Session 4 in Leeds did the participants score low marks on Question 3 *'How much do you feel you can now do to improve your own access to appropriate health services?'* and Question 4 *'How much do you feel you can now do to promote access to appropriate health services for your family and friends?'* The session on this date was a Zumba class, and although it was an incredibly popular session, anecdotally, feedback was that there was limited access to local free provision.

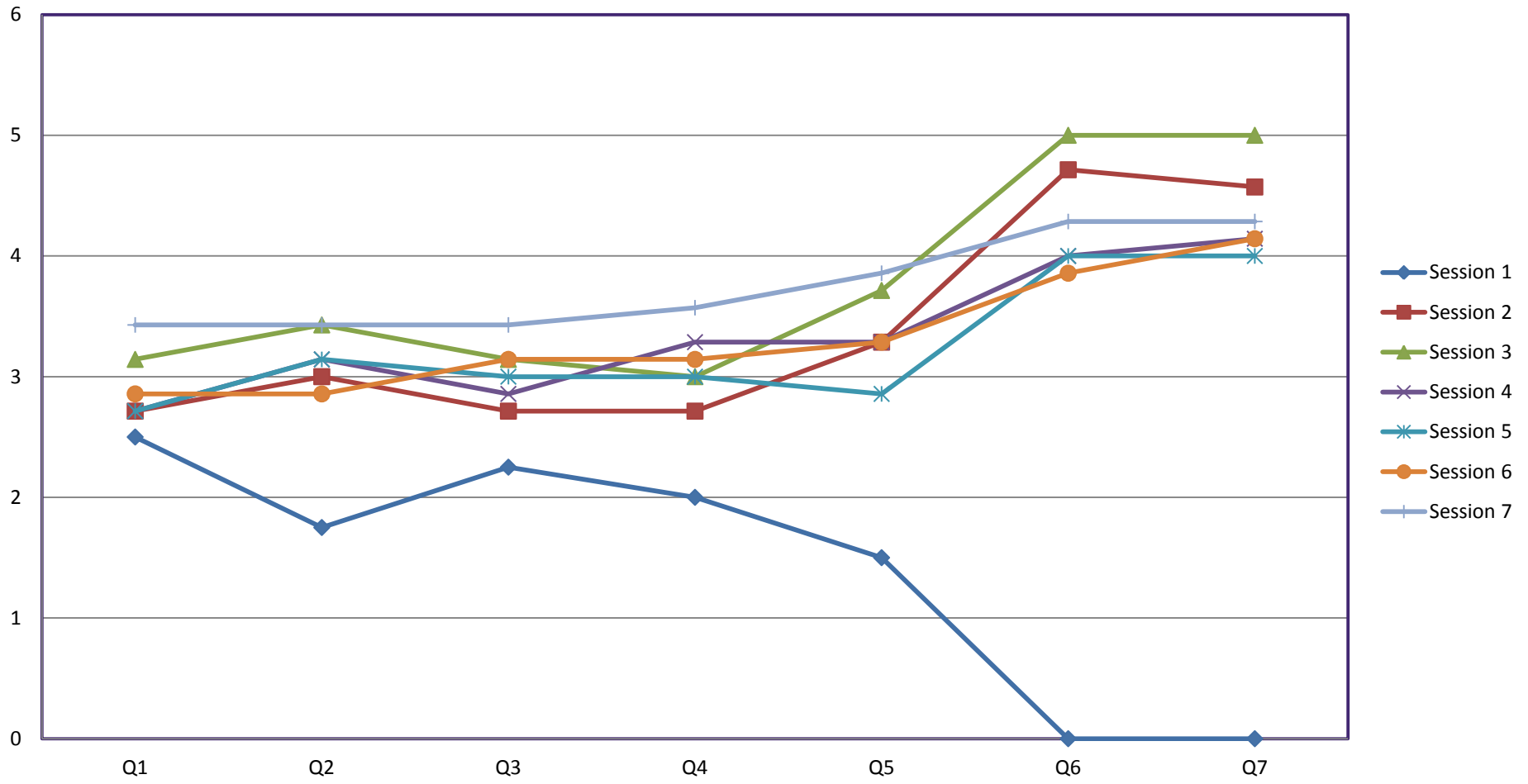
It is also important to note the sharp drop-off in attendance in Leeds from Session 6 to Session 7, the certificate ceremony. Although there is no direct explanation for this low turnout, the Project Worker did try to deal with this by attending a further session the following week to try and engage with more participants for a final session.

In session 3, stop smoking, we noticed a decrease in respondents score for question 1 and 5. This could be that the participants attending were not smokers, they didn't want to stop smoking or they didn't feel empowered to take this learning back to their communities.

Session 2, which was attended by the midwife, there was a sharp increase in respondents' scores for most questions. This suggests that this topic was of significance to the attendees personally or within their community. This was also the same pattern for session 7 which covered mental wellbeing. This suggests that the attendees either didn't believe they had any mental wellbeing issues or they may not feel comfortable talking about this within their communities.

Kirklees Self Efficacy results & findings

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Average
Session 1 Intro	2.5	1.75	2.25	2	1.5	0	0	2
Session 2 Healthy Living/Eating	2.71428571	3	2.71428571	2.71428571	3.28571429	4.71428571	4.57142857	3.3877551
Session 3 Serious diseases	3.14285714	3.42857143	3.14285714	3	3.71428571	5	5	3.7755102
Session 4 Health visitor, FSW	2.71428571	3.14285714	2.85714286	3.28571429	3.28571429	4	4.14285714	3.34693878
Session 5 Children's healthy eating	2.71428571	3.14285714	3	3	2.85714286	4	4	3.24489796
Session 6 Midwife	2.85714286	2.85714286	3.14285714	3.14285714	3.28571429	3.85714286	4.14285714	3.32653061
Session 7 Mental Health	3.42857143	3.42857143	3.42857143	3.57142857	3.85714286	4.28571429	4.28571429	3.75510204
Average	2.86734694	2.96428571	2.93367347	2.95918367	3.1122449	3.69387755	3.73469388	3.26239067



Kirklees self efficacy results

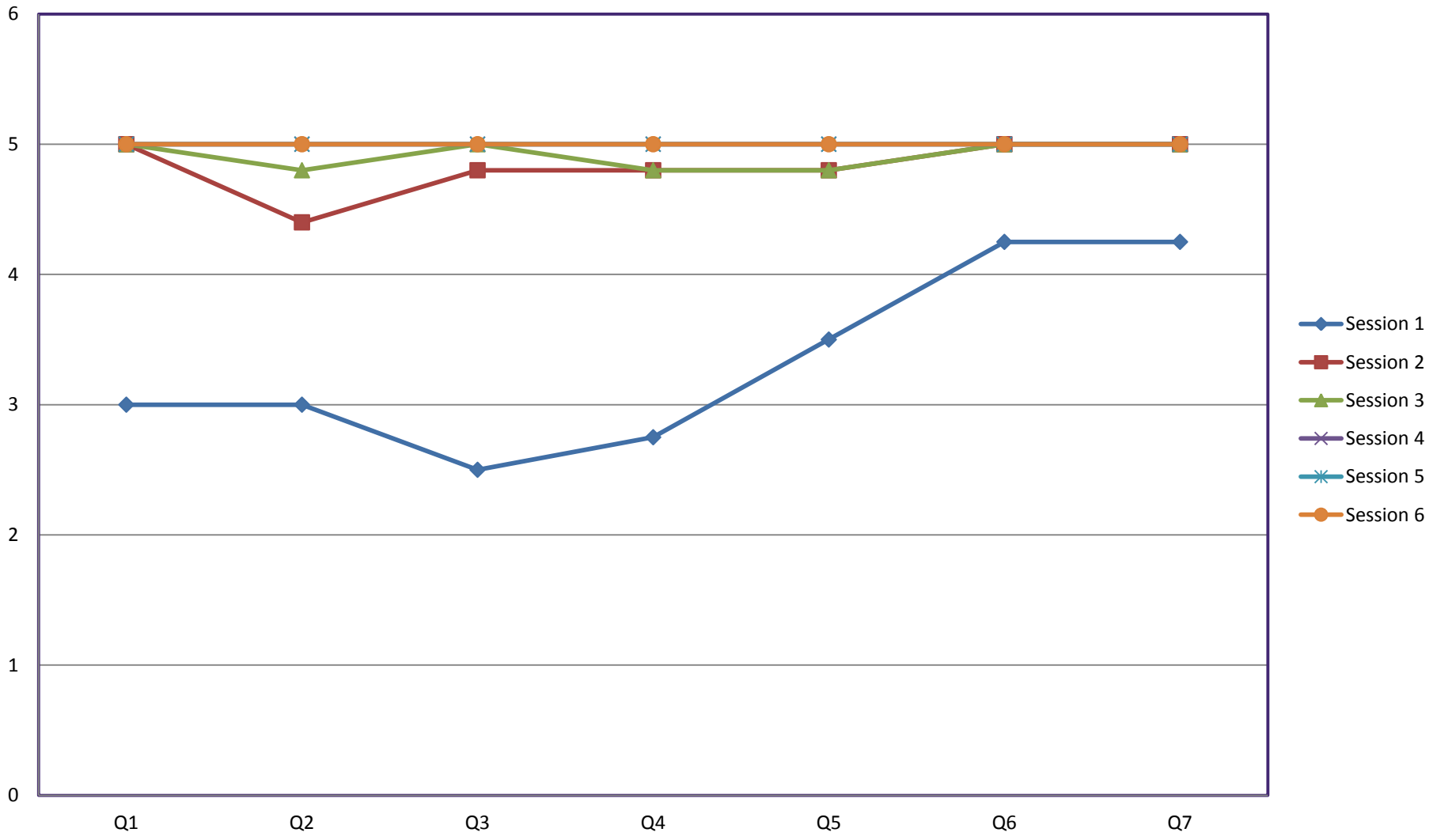
Kirklees Findings

Question 1. There was a decrease in respondents' scores in sessions 3 and 4. These sessions covered topics relating to children's health and wellbeing and were attended by a family support worker. This may explain the reasons why the scores have decreased as the question asks how they can improve their own health and access to health services when in fact, the session focused on healthy eating for children.

In comparison to Leeds where respondents scored highly in the session attended by a midwife, Kirklees attendees recorded a decrease. Attendees at these sessions were more mature and although we did not receive further feedback or comments from the questionnaire to elaborate on this feedback it could be argued that the attendees either didn't relate this to themselves or their community or they didn't feel comfortable disseminating the information.

Wakefield Self Efficacy results & findings

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Average
Session 1 Intro	3	3	2.5	2.75	3.5	4.25	4.25	4.65
Session 2 Healthy living/eating	5	4.4	4.8	4.8	4.8	5	5	4.82857143
Session 3 Serious diseases	5	4.8	5	4.8	4.8	5	5	4.91428571
Session 4 Zumba	5	5	5	5	5	5	5	5
Session 5 Health prof / stop smoking	5	5	5	5	5	5	5	5
Session 6 Midwife / children's health	5	5	5	5	5	5	5	5
Average	4.66666667	4.53333333	4.55	4.55833333	4.68333333	4.875	4.875	4.89880952



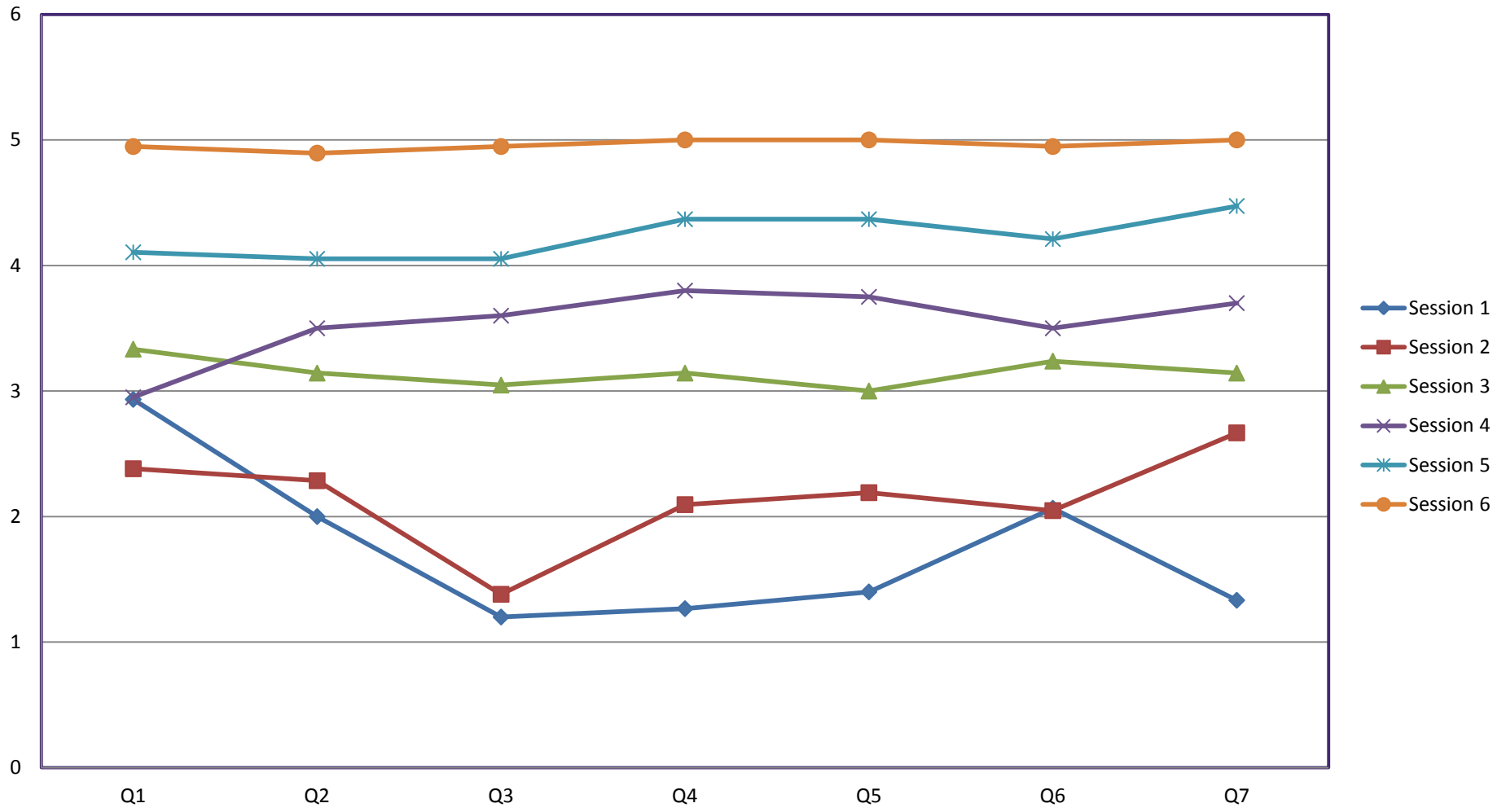
Wakefield self efficacy results

Wakefield Findings

There were no significant anomalies in the scores to note with the attendees scoring 5 for most questions during session 3 and beyond. This suggests that attendees were happy with the information and training received and confident in being able to promote this within their communities.

Bradford Self Efficacy results

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Average
Session 1 Intro	2.93333333	2	1.2	1.26666667	1.4	2.06666667	1.33333333	2.44
Session 2 Healthy living / common ailments	2.38095238	2.28571429	1.38095238	2.0952381	2.19047619	2.04761905	2.66666667	2.14965986
Session 3 Serious diseases	3.33333333	3.14285714	3.04761905	3.14285714	3	3.23809524	3.14285714	3.14965986
Session 4 Zumba	2.95	3.5	3.6	3.8	3.75	3.5	3.7	3.54285714
Session 5 Mental health	4.10526316	4.05263158	4.05263158	4.36842105	4.36842105	4.21052632	4.47368421	4.23308271
Session 6 Children's health / Midwife	4.94736842	4.89473684	4.94736842	5	5	4.94736842	5	4.96240602
Average	3.44170844	3.31265664	3.03809524	3.27886383	3.28481621	3.33504595	3.38609023	3.41294427



Bradford self efficacy results

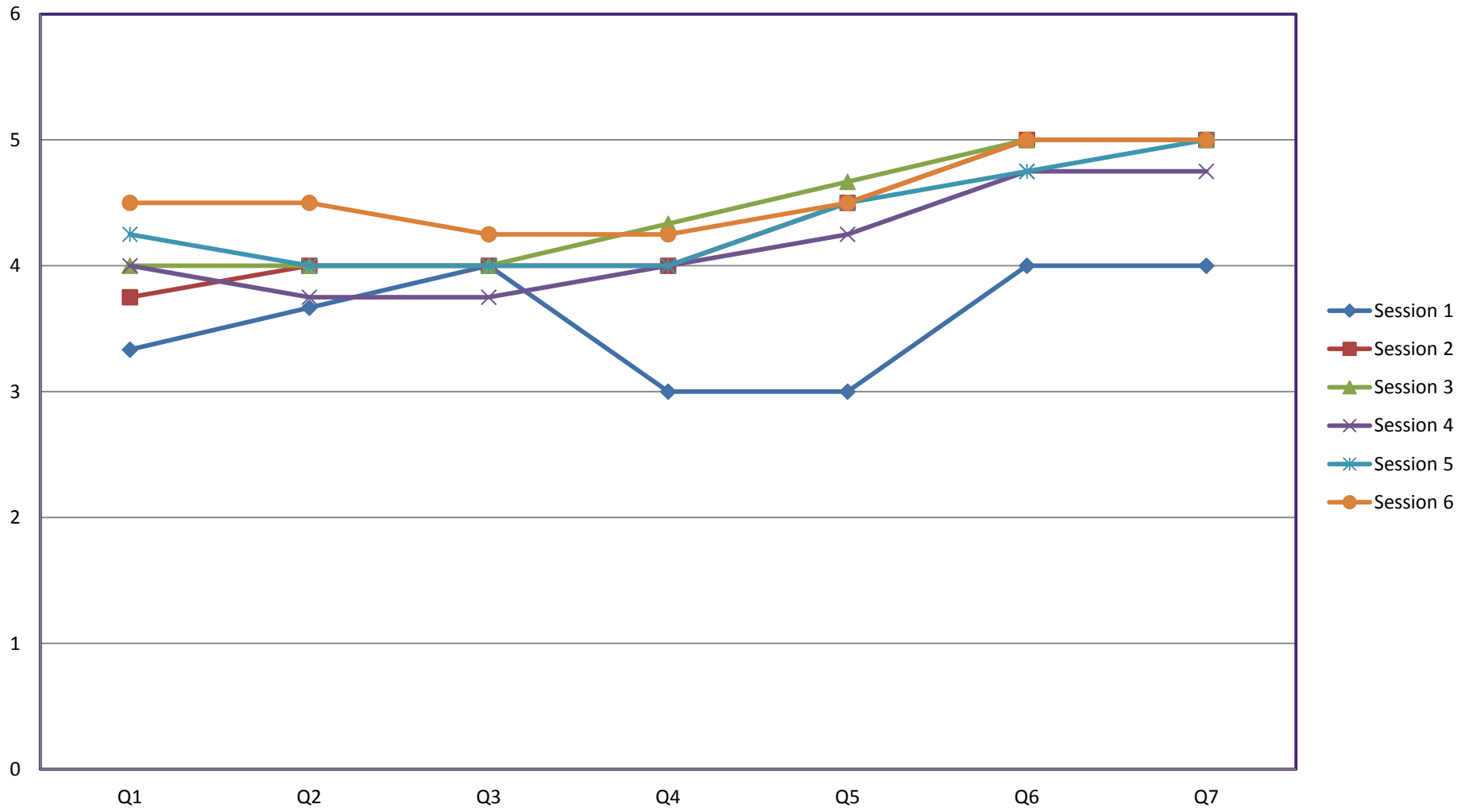
Bradford Findings

Session 4, which was a Zumba session, was the only session where attendees scored the session lower than the previous week's score. There were no additional comments provided by the participants therefore we can only assume that this means that the group were not confident that this would improve their health in the future and could be linked to lack of accessible Zumba or other similar sessions that they would be aware of and could afford.

For all other questions attendees consistently reported higher scores, eventually scoring maximum during the final session. We feel this represents a successful delivery assisting the attendees to become Health champions within their communities.

Hull Self Efficacy results

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Average
Session 1 Intro	3.33333333	3.66666667	4	3	3	4	4	5
Session 2 Health living / eating	3.75	4	4	4	4.5	5	5	4.32142857
Session 3 Common ailments / diseases	4	4	4	4.33333333	4.66666667	5	5	4.42857143
Session 4 Mental Health	4	3.75	3.75	4	4.25	4.75	4.75	4.17857143
Session 5 Hate Crime	4.25	4	4	4	4.5	4.75	5	4.35714286
Session 6 Health Prof / Dom Violence	4.5	4.5	4.25	4.25	4.5	5	5	4.57142857
Average	3.97222222	3.98611111	4	3.93055556	4.23611111	4.75	4.79166667	4.47619048



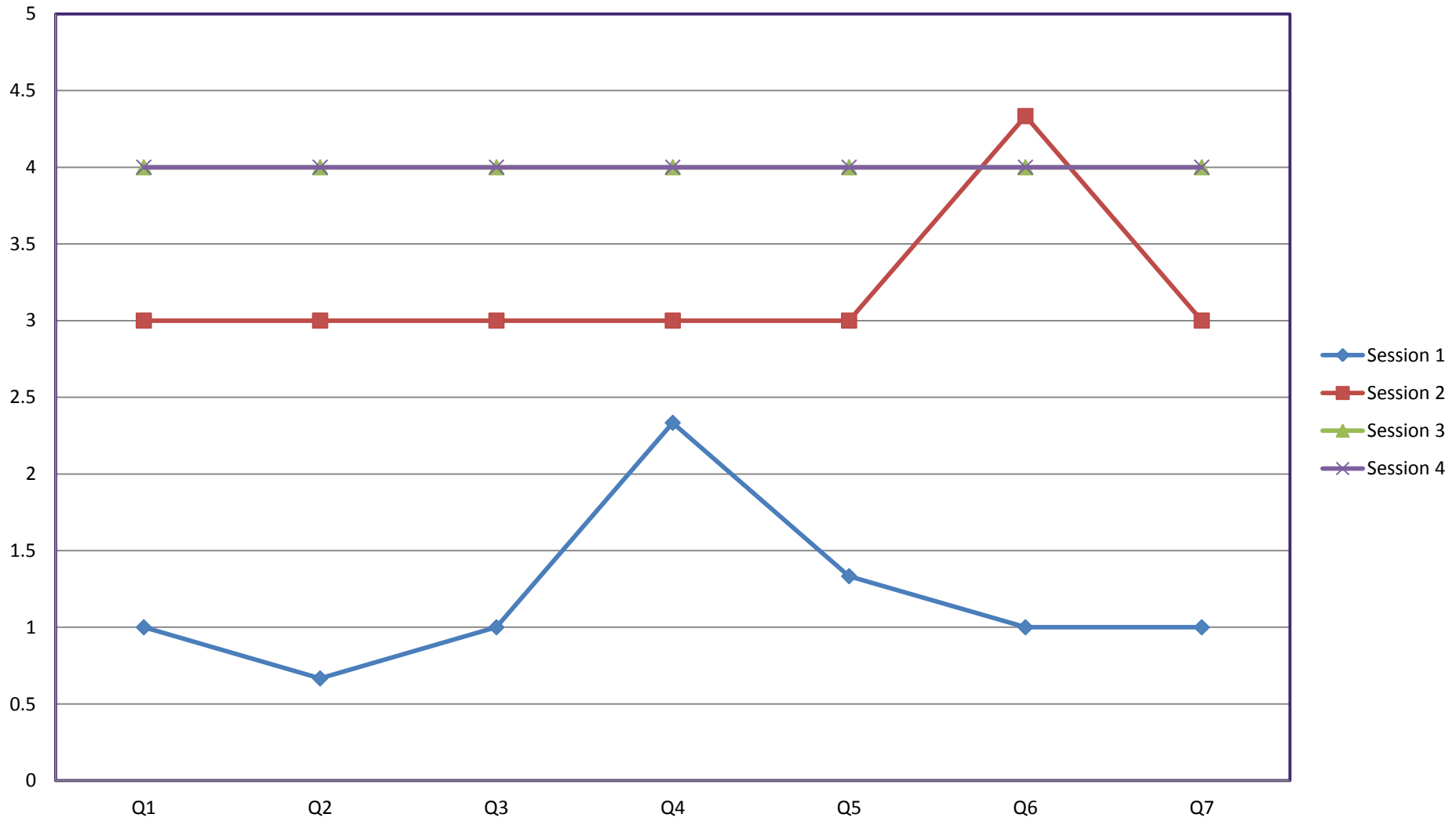
Hull self efficacy results

Hull findings

The reported self efficacy scores of attendees in Hull again identify a gradual increase in scores after each session. There was a slight decrease in session 4 across most questions. The session being delivered covered mental health. Again attendees didn't provide any further feedback for this and it can only be assumed that they didn't feel this area was as relevant as other sessions delivered.

Calderdale Self Efficacy results

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Average
Session 1 Healthy eating	1	0.66666667	1	2.33333333	1.33333333	1	1	1.66666667
Session 2 Zumba	3	3	3	3	3	4.33333333	3	3.19047619
Session 3 Mental Health	4	4	4	4	4	4	4	4
Session 4 Children's Health	4	4	4	4	4	4	4	4
Average	3	2.91666667	3	3.33333333	3.08333333	3.33333333	3	3.21428571



Calderdale self efficacy results

Calderdale Findings

There were significant improvements in self efficacy scores as the project sessions developed each week. This suggests that the group were very confident in using the information as a health champion for themselves and their community. However the sessions had to be terminated after 4 sessions as the attendees did not attend the 5th and 6th sessions. The project coordinator made numerous attempts to re-engage with the attendees by contacting them personally and through the partner agency with no success.

We did receive verbal feedback from the agency, stating that previous programmes that were delivered, ESOL, garnered huge enthusiasm and attendance in the first couple of sessions but then attendance completely dropped off again. Given this feedback and our experiences, any future delivery may be better suited over fewer sessions where possible.

Method

The Roma Health Champions project was delivered by The Big Issue in the North Ltd. The project was overseen by Big Issue in The North, Yorkshire and Humber Regional Manager, reporting to the Assistant Director. We recruited a part time project co-ordinator, who was seconded from their support worker`s role at Big Issue from December 13 to August 2014. The project co-ordinator was responsible for engagement, recruitment and delivery of the training. The Big Life Training consultant, Communications Manager and Communications officer were involved in the design, delivery, promotion and evaluation of the project.

The project methodology had five main components; ***engagement, recruitment, training, evaluation and recommendations.***

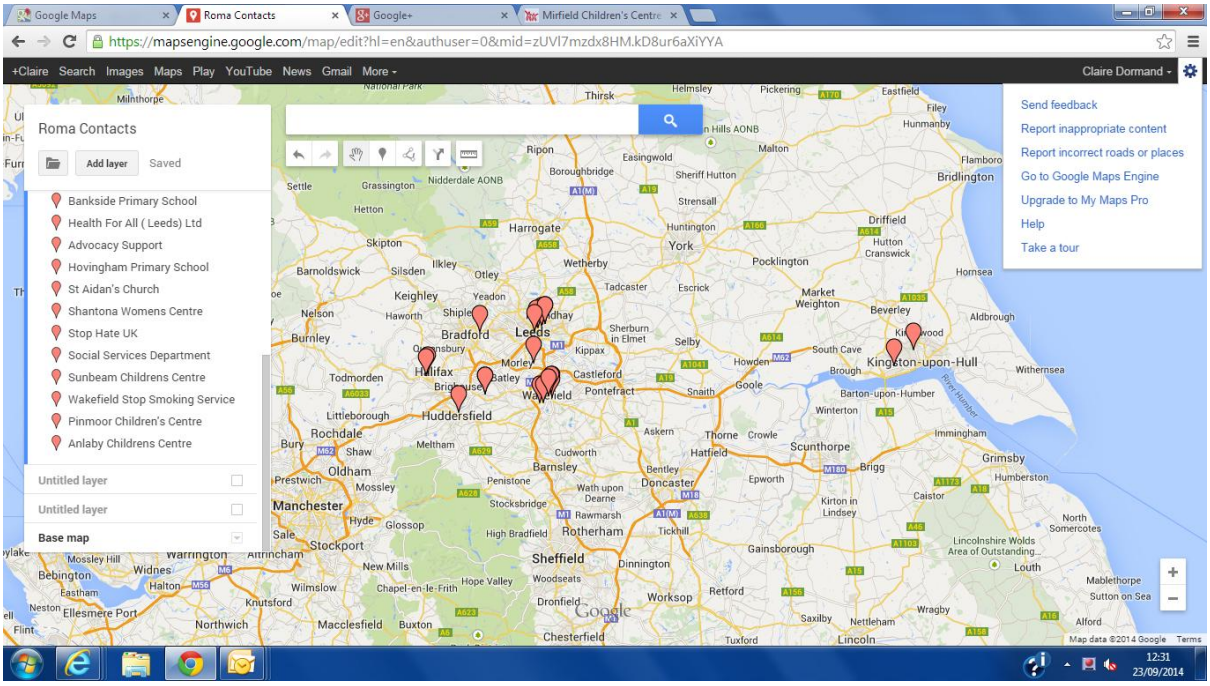
Engagement

Building on our research findings and previous service user involvement projects we set about establishing links with service providers who had existing relationships with members of the Roma community. Migration Yorkshire were able to provide a range of existing providers from previous engagement programmes, which was complimented by Claire Dormand visiting and researching other relevant, statutory and non statutory, service providers who were engaging with the Roma community. This process commenced in December 13 and continued into January and February 14. In total there were 53 meetings with over 50 contacts.

During this process twenty local organisations were visited across the six key areas, which ranged from community centres, council one-stop centres, primary schools, children`s centres and a variety of other statutory and non statutory services. These were: Neighbourhood Centre, Halifax; Gypsy Roma Traveller Drop-in, Leeds; Wakefield Public Health; Education Kirklees; The SWEET Project, Huddersfield; Leeds Advocacy Support; Traveller Education Team, Hull; Minority Ethnic and Traveller Attainment Service, Hull; Jubilee and Sunshine Children's Centre, Halifax; Humber All Nations Alliance, Hull; Shantona Women's Centre, Leeds; St Mary's School, Wakefield; Migrant Access Programme, Leeds; The Thornbury Centre, Bradford; Pinmoor Children's Centre, Wakefield; Old Bank Primary School, Mirfield; Mirfield Children's Centre, Mirfield; Cathedral Academy of Performing Arts, Wakefield and Sunbeam Children's Centre, Wakefield.

We have mapped these providers for future reference, which is referenced in the link below.

https://www.google.com/maps/d/edit?mid=zUVl7mzdx8HM.kD8ur6aXiYYA



The vast majority of agencies were receptive to the project from the outset and were pleased there was going to be planned activity to support the Roma community, which was also significant in the recruitment and retention of the Roma women;

'This is supporting our community'

'This will benefit the children in our school as it benefits the mothers of pupils'

Other agencies that we engaged with commented:

- In Leeds, where the Gypsy Roma Traveller drop-in was held. It was requested by the participants that they continue to stay open on the same afternoons as the health training sessions so the women could continue meeting there to support each other.
- Old Bank Primary School in Mirfield also anticipated some engagement from the Roma community in their Story Sacks project, which they had been running for parents of children who attended the school.

During the engagement process we identified the need for:

- Promotional materials – This was requested by the agencies which enabled them to promote the project amongst their networks. As a result a leaflet and A5 postcard (appendices 1 & 2) style leaflet were produced and circulated amongst the agencies that we engaged with. This ensured that they were able to promote amongst their existing networks and were well received. (see recruitment for more information)
- Delivery space – We were able to identify delivery space for the sessions with existing agencies that we had engaged with. This was imperative to the successful delivery of the project as the Roma community were already familiar with these agencies and had built up a trusting relationship. The project was eventually delivered in the following locations:

    - Leeds (GRT drop in)
    - Bradford (The Thornbury Centre)
    - Calderdale (Sunshine children centre)
    - Kirklees (Old Bank Primary School)

- Wakefield (Sunbeam children centre)
- Hull (Humber all nations alliance; HANA)

Translation services – It was quickly identified that translation services were going to be required to deliver this project effectively. The relationship with these agencies was pivotal; utilising existing employees that were engaging with the Roma community. This was very effective in; Bradford - Thornbury Centre, Mirfield - , Halifax. In other areas we identified translation support from existing Big Issue in The North staff and volunteers and Leeds and Kirklees translation services.

Recruitment

The engagement process was instrumental in establishing relationships with organisations and the individual staff who were engaging with the Roma communities. In general, services were pleased to work with the Big Issue in the North on the project. However we did experience a few organisations that were "protective" of the Roma communities they were working with, having taken a long time to build a trusting relationship and engagement with them on existing and future projects and as a result were not open to any collaborative working at that time.

Following the engagement activities the promotional leaflets were designed for the recruitment process. A leaflet (appendix 1) with detailed information was created and distributed amongst the agencies employees and their networks. This enabled them to be confident in approaching and communicating with the Roma women.

In addition to this an A5 postcard-size leaflet (appendix 2) with short, sharp key phrases was distributed among organisations to be given out to women who may have had an interest in the project, with space to write the specifics of the course in their local area once it was established. The leaflets were not produced in other languages due to the diversity of the languages spoken. This initially relied on the relationships the agencies had developed with the Roma women to promote the project to the Roma communities in the initial scoping exercise.

In the original timeline, it was expected this process, along with the engagement with local agencies, would take 2 to 3 months when it actually took up to 4 months. This was a result of a number of individual factors; large geographical area and building up effective trusting relationships with the agencies and the communities.

In some cases we were presented with barriers to engaging with the Roma community, where there were existing links. The agency's feedback for this was that they had taken a long period of time to engage with and build trust amongst the Roma community and they didn't want to affect the attendance at their service by outside influences at this moment in time.

Utilising lessons learned from previous health champions projects and following feedback from Shantona Women's Centre and the Migrant Access Programme, both in Leeds, the decision was made to ***incentivise*** the health champions course with supermarket vouchers. These were to be given to the women following attendance after each session. It was hoped that this would not only benefit the health champions themselves, by providing a direct short-term benefit that they could see, but by also helping to encourage attendance to the whole course. Those attending every session were incentivised further by receiving a `bonus` amount at the final session.

The co-ordinator, following the distribution of the promotional materials, attended existing drop-in sessions, organised specific drop in sessions, met with individuals in a one to one setting and sat in on existing projects that were engaging with the Roma community.

The agencies` existing links with the Roma women proved instrumental in the successful promotion and delivery of the project. It was noted that the project engaged more with women who were the same nationality as the project workers as these links were already established. For example in Bradford we worked in partnership with the Thornbury centre employee who was Polish with all attendees reporting their ethnicity as Polish. This also corresponded with Migration Yorkshires Local Migration profiles[6] for the area; however this does not distinguish if the migrants were of Roma origin.

The table below outlines the nationalities of the Roma women who engaged with us either prior to project delivery or during the project. (Please refer to evaluation for confirmed numbers who attended sessions).

	Leeds	Kirklees	Bradford	Wakefield	Calderdale	Hull
Czech Rep	3			5	1	
Slovakian	21				3	
Hungarian		8				2
Polish			23			
Latvian						2
Romanian	1					
Total	25	8	23	5	4	4

The recruitment process took time to develop with numbers increasing in specific areas following the initial commencement of the training sessions. This was more evident in Leeds and Bradford.

As can be seen from the findings, word-of-mouth within local Roma communities also played a large role in recruitment to the courses. The numbers show that introductory sessions were often much smaller than subsequent sessions, with some numbers rising dramatically halfway through the course. This demonstrates how word-of-mouth was used to spread information about the courses in each area, and the credibility the courses had in the eyes of the women who attended.

Session Number	Location & NOs attending						
	Leeds	Kirklees	Bradford	Wakefield	Calderdale	Hull	Total
1	3	4	15	4	3	3	32
2	5	7	21	5	3	4	45
3	5	7	23	5	1	3	44
4	7	7	21	4	1	4	44
5	12	7	19	1	-	4	43
6	16	7	19	4	-	4	50

We struggled to engage with Roma community in Hull. Feedback from HANA, where our engagement focused identified that the Roma community didn't want to be recognised as Roma for fear of retaliation. We did not identify this as an issue through our engagement with the potential women and therefore this could not be substantiated. This however

[6] http://www.migrationyorkshire.org.uk/?page=statisticsjul2014

confirms that building relationships that are already established presents the most effective way of engaging with the community.

In Calderdale we experienced strong initial interest from the community; this was supported by 4 regular attendees to the project. However after 4 sessions we struggled to engage with the Roma women, failing to attend the following 2 planned sessions. We have not been able to contact the individuals or through contact with the agency since. The agency we were working with also confirmed that they had struggled with previous provision, ESOL, which was initially well attended with attendance ceasing after a few sessions.

Training

Design - To ensure effective service user involvement during the engagement and recruitment process we devised a ***Needs Analysis tool*** (appendix 3). This was used to canvass the feedback, from the health professionals, agencies and the Roma women we were engaging with, on the identified or emerging health concerns of their community along with the identified gaps in knowledge of health services. This information played a significant role in designing the sessions that were eventually delivered in each area.

The feedback we received varied between the agencies and the Roma women but identified some common themes, notably certain health topics were of particular interest to the groups. It was important to establish this feedback early on so that we didn't solely focus on perceived issues but utilised feedback from the community.

As the feedback varied considerably we categorised it into 4 areas:

- ***what health concerns they had***
- ***family health concern***
- ***did they know where/how to access appropriate health care***
- ***health topics they were interested in or required/wanted further information***.

The range of responses in each of the four areas is detailed below;

Health concerns – Sexual health, how to access support/health clinics, Gentle exercise if experiencing health problems such as heart problems, back problems, pregnancy, diet, healthy eating, oral health, hair loss, heart disease, high blood pressure, diabetes

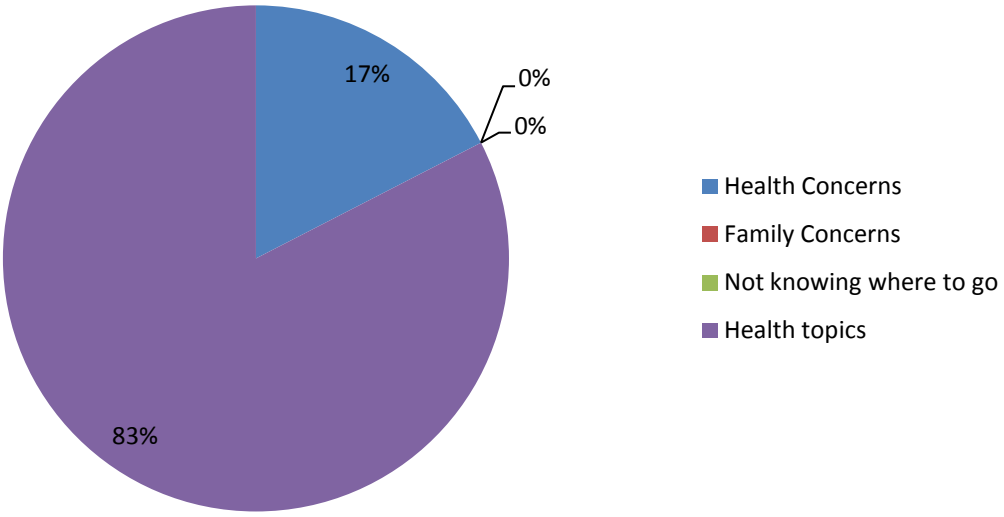
Family concerns – Psychiatric support, children's health, general health concerns for specific family members (kidneys, heart, general health)

Health topics - Healthy eating/diet, support with stopping smoking, stress, anxiety/depression, sexual health, pregnancy support/advice, women's health – breast screening, contraception, teenage pregnancy, obesity and how to lose weight, How NHS system operates/how to get help for more serious health problems, Where to go for free/cheap exercise (and places not so busy/public if embarrassed/shy), Domestic Violence.

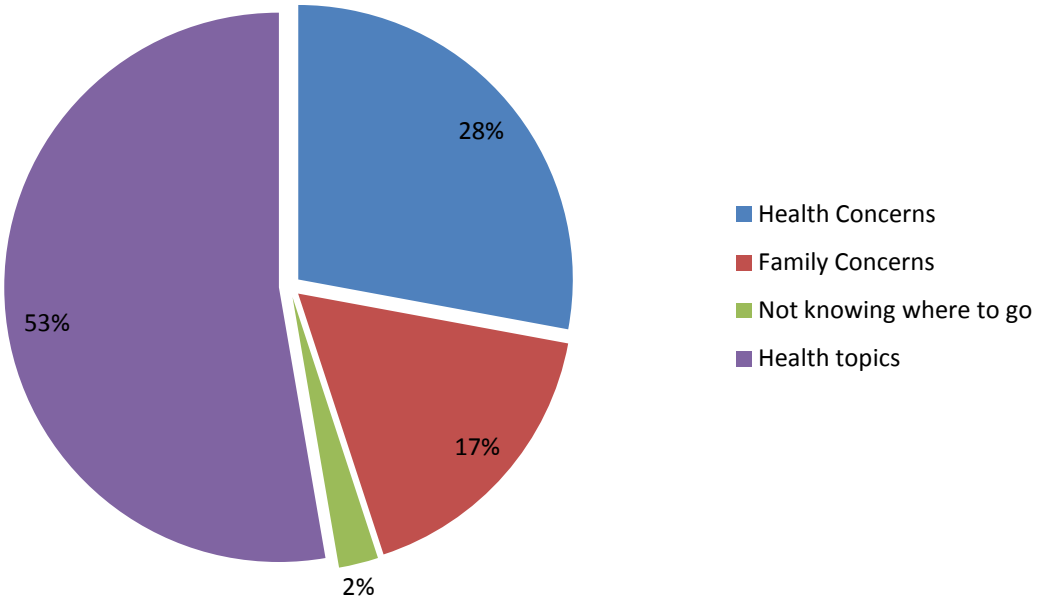
As can be seen below both agencies and Roma women reported health topics as the most popular area for improving their understanding. This accounted for 83% of the responses from the Roma women and 53% from the agencies. The second most reported concern for the community and the agencies focused on their own health concerns; 28% and 17% respectively. Overall the most common areas that were reported within the health concerns, centred on how they could lead a healthier lifestyle, including cheap and accessible physical exercise. During this scoping exercise the agencies didn't report any concerns with the

Roma women knowing where to access, with only (17%) of Roma women reported that this was an issue for them. As delivery commenced, see overall findings, it was apparent that this was an issue for more of the women than was reported.

Agencies' Reported Health Issues



Self Reported Health Issues



The Project coordinator, using the needs analysis feedback, consulted with the Big Life Group's Training Consultant to design the sessions that would be delivered. It was difficult to incorporate all areas identified and the availability of the health professionals to attend had a bearing on the focus of the sessions. In some locations, it was easier to establish strong links with health professionals who were more than willing to come along to sessions to introduce themselves, explain their service and deliver training on topics such as ante-natal health, children's health and stopping smoking.

However in other areas, these links were not as easy to establish or health professionals were unable to attend. In those instances, sessions were delivered by the Project Worker, with information on local services specific to each area provided to the Health Champions.

In each area, the training was designed to enable the greatest engagement with the participants. The training venues were carefully considered, to ensure not only a comfortable and easily-accessible space, but usually a place already utilised and trusted by the community. This differed in each area, and local knowledge was sought from the partner agencies, who usually offered space within their buildings if it was available.

Following the design of the training sessions the project co-ordinator identified in partnership with the agencies the following further key components that were essential when planning the delivery of the health sessions:

Childcare – For some areas this was going to act as a barrier to engagement. In some cases, such as the children's centre in Halifax where we held a course, the centre agreed to put on crèche facilities in the room next door to where the training would be held.

Time of delivery – This differed in each area, again with local knowledge sought on what would be most appropriate for each of the groups. In each area apart from Bradford, sessions had to be held within school hours, and in Hull, the sessions were planned for 1-3pm and then quickly moved to 12.30-2.30pm so that 2 women who had cleaning jobs in a local school could still engage in the training but could be at their work by 3pm.

The relationships between the interpreters and the Project Worker had to be developed, alongside the relationship the interpreter had with the rest of the group. In some areas this worked better than others, more so when a partner agency was able to provide a member of staff to act as an interpreter who was someone whom the community already knew and trusted. However there were still instances where the interpreter had to 'grow into' the role of interpreting for the group of women – in some cases a discussion would spring up in the local language, which was relevant to the topic but did not need translating word-for-word to the Project Worker. In these instances it was important for the group to feel that not everything they were saying was being listened to and examined and to feel comfortable speaking openly about their views and experiences.

Refreshments – We felt it was important to provide the group with healthy snacks and refreshments, which would be provided at each session; fresh fruit and drinks for example. This also played an integral role in allowing the group to share food and experiences to aid improve greater understanding of healthy eating.

The training sessions identified up to 7 sessions and incorporated the following:

Session 1	Arrival - 15 mins Welcome - 5 mins Introduce translator/chance for group to get to know them - 10 mins Warm-up - 30 mins Discussion: What's it all about? The Big Life Group values Our expectations of you What you can expect from us - 30 mins Monitoring and Evaluation – individual chats with participants - 30 mins
Session 2	Introduction How is everyone? Anything significant to the course that has happened in the past week? Introduce health professional - 15 mins Health professional delivery - 60 mins Discussion How do we share that learning in our area/community? What is your experience of this area health? What are the topical things in your community around [health prof topic]? Think of one word to describe how you feel after today's session - 15 mins Monitoring and Evaluation - 30 mins
Session 3	Introduction How is everyone?

	Anything significant to the course that has happened in the past week? Introduce health professional - 15 mins Health professional delivery - 60 mins Discussion How do we share that learning in our area/community? What's your experience? What are the topical things in your community around [health prof topic]? Think of one word to describe how you feel after today's session - 15 mins Monitoring and Evaluation - 30 mins
Session 4	Introduction Check-in How is everyone feeling? Introduce activity: Zumba - 15 mins Activity: Zumba session - 60 mins Discussion: How does everyone feel after that? What have you learnt/what new skills have you gained? How could you repeat this learning at home/in your community? - 15 mins Monitoring and Evaluation – 30 mins
Session 5	Introduction Check-in How is everyone feeling? Introduce topic: Common Ailments/Serious Diseases/Healthy Living/Children's Health/Mental Wellbeing - 10 mins Delivery of training - 60 mins

	Discussion How do we share that learning in our area/community? What's your experience? What are the topical things in your area around [health topic]? - 15 mins Monitoring and Evaluation - 30 mins
Session 6	Introduction Check-in How is everyone feeling? Introduce topic: Common Ailments/Serious Diseases/Healthy Living/Children's Health/Mental Wellbeing - 10 mins Delivery of training - 60 mins Discussion How do we share that learning in our area/community? What's your experience? What are the topical things in your area around [health topic]? 10 mins Open discussion Anything else anyone wants to know? Gaps in knowledge Pick up on any items missed out - 20 mins Monitoring and Evaluation - 20 mins
Session 7	Certificate Ceremony

Delivery – A timetable was developed in partnership with the local agencies to ensure that we were clear on our delivery programme for them and the Roma women engaging (see appendix). This consistency ensured that the ongoing promotion and awareness raising could continue from us, the agency and also the Roma women engaging on the initial projects.

Evaluating the group dynamics during the introductory session was identified as a priority need to assess who were the more confident members of the group, who would freely give their opinions in group discussions, and who would need to be given space to feel confident to talk about their experiences.

It was important to manage the expectations of individuals: the course was outlined during the introductory sessions so that every participant was aware what they were coming to. The Introductory session covered the values of The Big Life Group as a company, and what they could expect from the course according to those values, and what expectations there were for them, such as turning up on time, valuing other people's opinions and being honest in their feedback. There were also behavioural issues to pick up on, such as explaining about going outside the room for the use of mobile phones.

In order to evaluate our progress towards overall project aims we identified the need to devise a ***self efficacy questionnaire*** (appendix 3). The design of the questionnaire was to incorporate an important aspect of evaluating both the effect of the health training sessions on the participant's *knowledge* (availability of local health services, how the system works in the UK, information on health needs and issues), and on their *confidence and motivation* in taking the knowledge gained back to their communities. This element of the training was dealt with during each session – discussions around how they would take that day's learning forward, how would they take this back to their community? What specific information from that day would be most useful to theirs and their community's situation?

We created the following questions:

1. How much do you feel you can now do to improve your own health?
2. How much do you feel you can now do to improve the health needs of your local community (your family, friends and neighbours)?
3. How much do you feel you can now do to improve your own access to appropriate health services?
4. How much do you feel you can now do to promote access to appropriate health services for your family and friends?
5. How confident do you feel about taking your learning today back to your family, friends and neighbours?
6. How suitable did you feel the content of today's session was for your situation?
7. How suitable did you feel the level of the content was in today's session?

We devised a scale that would be utilised to ensure ease of use for the participants and to ensure that we could evaluate their feedback effectively.

After the first delivery session had taken place we identified the need to ask 2 further questions on the self efficacy questionnaire. This explains why for session1 there is a zero score across all sessions delivered.

Please refer to self efficacy findings above.

Appendix 1: Needs Analysis Questionnaire

ROMA MATRIX Mutual Action Targeting Racism, Intolerance and Xenophobia

THE BIG ISSUE IN THE north

NEEDS ANALYSIS

Date: Place:

Name: Contact Details: Professional? Y/N

1. Do you have any health worries or concerns?

2. Do any of your family members have health concerns that you worry about?

3. Do you know where to go if you or a family member is sick?

4. Are there any health topics you would like to talk about in health training?

5. Would you like more information on……

Appendix 2: Session Plan Matrix

Session	Leeds	Bradford	Halifax	Mirfield	Wakefield	Hull
1	Thurs 8th May 1-3pm Introduction, warm-up, what's it all about? Staff: Claire	Thurs 5th June, 5-7pm Introduction, warm-up, what's it all about? Claire	Friday 13th June Introduction, warm-up, what's it all about? Staff: Claire, Nicole	Wed 7th May, 1.15-3.15pm Introduction, warm-up, what's it all about? Staff: Claire, Karen	Fri 6th June, 9 – 11am Introduction, warm-up, what's it all about? Staff: Claire	Tues 10th June, 1-3pm Introduction, warm-up, what's it all about? Staff: Claire, Nicole
2	Thurs 15th May, 1-3pm Health prof: Midwife Staff: Claire, Christian	Thurs 12th June, 5-7pm Healthy living & Common ailments Staff: Claire, Nicole	Friday 20th June Healthy eating/Healthy living Staff: Claire	Wed 14th May, 1.15-3.15pm Healthy living/Healthy eating Staff: Claire, Patricia	Fri 13th June, 9 – 11am Healthy living/Healthy eating Staff: Claire, Nicole	Tues 17th June, 1-3pm Healthy living/Healthy eating Staff: Claire
3	Thurs 22nd May, 1-3pm Health prof: NHS Stop Smoking Staff: Claire	Thurs 19th June, 5-7pm Serious Diseases Staff: Claire	Friday 27th June Activity session: Zumba Staff: Claire	Wed 21st May, 1.15-3.15pm Serious Diseases Staff: Claire, Christian	Fri 20th June, 9 – 11am Serious Diseases Staff: Claire	Tues 24th June, 1-3pm Common ailments and Serious Diseases Staff: Claire
4	Thurs 29th May, 1-3pm Activity session: Zumba Staff: Claire	Thurs 26th June, 5-7pm Activity session: Zumba Staff: Claire	Friday 4th July Mental health/Mental wellbeing Staff: Claire	Wed 4th June, 1.15-3.15pm Health prof: Health visitor & Family support worker Staff: Claire	Fri 27th June, 9 – 11am Activity session: Zumba Staff: Claire	Tues 1st July, 1-3pm Mental health/Mental wellbeing Staff: Claire
5	Thurs 5th June, 1-3pm Health prof: Health	Thurs 3rd July, 5-7pm Mental health/Mental wellbeing	Friday 11th July Children's health, midwives,	Wed 11th June, 1.15-3.15pm Children's health/Healthy eating	Fri 4th July, 9 – 11am Health prof: NHS Stop Smoking	Tues 15th July, 1-3pm Hate Crime: Humberside Police

	Visitor Staff: Claire	Staff: Claire	health visitors Staff: Claire	Staff: Claire	Staff: Claire	Staff: Claire
6	Thurs 12th June, 1-3pm Healthy living: Health for All, Ajay Sharma Staff: Claire	Thurs 10th July, 5-7pm Children's health, midwives, health visitors Staff: Claire	Friday 18th July Stop Smoking & Certificate Ceremony Staff: Claire CANCELLED	Wed 18th June, 1.15-3.15pm Health prof: Midwife Staff: Claire	Fri 11th July, 9 – 11am Health prof: Midwife Children's health Certificate ceremony Staff: Claire, Nicole	Tues 22nd July, 1-3pm Health Prof: Domestic Violence training Certificate Ceremony Staff: Claire, Nicole
7	Thurs 19th June, 1-3pm Mental Wellbeing Staff: Claire	Mon 14th July, 5-7pm Certificate ceremony Staff: Claire, Nicole		Wed 25th June, 1.15-3.15pm Mental health/Mental wellbeing Staff: Claire		
8	Thurs 26th June, 1-3pm Certificate ceremony Staff: Claire, Nicole			Wed 9th July, 1.15-3.15pm Certificate ceremony Staff: Claire, Nicole		

Appendix 3: Monitoring and Evaluation Questionnaire

ROMA MATRIX | Mutual Action Targeting Racism, Intolerance and Xenophobia

THE BIG ISSUE IN THE north

MONITORING AND EVALUATION QUESTIONNAIRE

Name: _____

Date: _____

Area: _____

Please answer the questions below and rate your answers between 1 and 5.

1. How much do you feel you can now do to improve your own health?

1	2	3	4	5
Nothing		Very little	Something	Quite a bit	A great deal

2. How much do you feel you can now do to improve the health needs of your local community (your family, friends and neighbours)?

1	2	3	4	5
Nothing		Very little	Something	Quite a bit	A great deal

3. How much do you feel you can now do to improve your own access to appropriate health services?

1	2	3	4	5
Nothing		Very little	Something	Quite a bit	A great deal

4. How much do you feel you can now do to promote access to appropriate health services for your family and friends?

1	2	3	4	5
Nothing		Very little	Something	Quite a bit	A great deal

5. How confident do you feel about taking your learning today back to your family, friends and neighbours?

1	2	3	4	5
Nothing	Very little	Something	Quite a bit	A great deal

6. How suitable did you feel the content of today's session was for your situation?

1	2	3	4	5
Nothing	Very little	Something	Quite a bit	A great deal

7. How suitable did you feel the level of the content was in today's session?

1	2	3	4	5
Nothing	Very little	Something	Quite a bit	A great deal