‘BAREFOOT’ HEALTH WORKERS PROJECT

Final Project Report
2002 - 2007

This project was supported by the
Welsh Assembly Government’s *Inequalities in Health Fund*

SEPTEMBER 2007
IIH/2001/011
ACKNOWLEDGEMENTS

The ‘Barefoot’ Health Workers Project is very grateful to all those with whom it has worked over the past five and a half years. We wish to thank the following for their collaboration and support:

- The members of the African-Caribbean, Bangladeshi, Pakistani, Somali and Yemeni communities in Cardiff
- Cardiff Local Public Health Team for public health leadership and line management
- The National Public Health Service for Wales (Finance and Human Resource Departments) for financial management and human resource support
- The Public Health and Health Professions Department of the Welsh Assembly Government for funding, training opportunities and project support.

Additionally we would particularly like to thank

- The African-Caribbean Community Group for their commitment to their community and to the success of the project
- Shiloh Church (Riverside, Cardiff) and the New Testament Church (Angelina Street, Cardiff) for their interest and willingness to be involved
- The Bangladeshi Reference Group for their dedication to the health and well being of their community
- Women in Action for their constant participation and inspiration
- Chris Moore and EXTEND for their cheerful support and skilled instruction
- Saeeda Chowdhry and the All Wales Saheli Association for their willingness to share and co-operate in working with the Pakistani community
- Yaqoob Maskeen and the members of the Gymkhana Cricket Club for their support and perseverance in supporting their community
- East Cardiff Somali Women’s Group for their co-operation
- Chris Harper, Basketball Coach for his dedication and commitment to the development of the Cardiff Bay Basketball Club
- Sheikh Said and the members of the Yemeni Community Centre for their support
- The staff of Cardiff Council (Leisure, Culture and Parks) at Splott Pool, Maindy Pool, Channel View Centre, Star Centre and Roath Community Hall for their enthusiasm to develop innovative activities with the project
- The staff of HeartLink, Butetown/Grangetown Healthy Living Programme and Smoke Free Cardiff for their collaborative approach to improving health with communities
- The Overarching Evaluation Team from the Centre for Health Planning & Management, University of Keele for their academic input and assistance in evaluating the Project
- Opinion Research Services Ltd (ORS) for providing evaluation and report writing support
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Executive Summary</td>
<td>5</td>
</tr>
<tr>
<td>2. Project Delivery</td>
<td>8 - 21</td>
</tr>
<tr>
<td>2.1 General Introduction and Background</td>
<td>8</td>
</tr>
<tr>
<td>2.2 Project Aims and Objectives</td>
<td>9</td>
</tr>
<tr>
<td>2.3 Delivery and Approach</td>
<td>13</td>
</tr>
<tr>
<td>3. Project Evaluation</td>
<td>22 - 37</td>
</tr>
<tr>
<td>3.1 Evaluation Aims and Objectives</td>
<td>22</td>
</tr>
<tr>
<td>3.2 Evaluation Methodology</td>
<td>23</td>
</tr>
<tr>
<td>3.3 Analysis and Results</td>
<td>23</td>
</tr>
<tr>
<td>4. Conclusions and Recommendations</td>
<td>38 - 47</td>
</tr>
<tr>
<td>4.1 Discussion and Interpretation of Outcomes</td>
<td>38</td>
</tr>
<tr>
<td>4.2 Core Elements of Project</td>
<td>42</td>
</tr>
<tr>
<td>4.3 Key Recommendations</td>
<td>44</td>
</tr>
<tr>
<td>References</td>
<td>47</td>
</tr>
<tr>
<td>Appendices</td>
<td>49 - 114</td>
</tr>
<tr>
<td>Individual reports from the Community Researchers</td>
<td></td>
</tr>
<tr>
<td>Appendix 1 African-Caribbean Community</td>
<td>50</td>
</tr>
<tr>
<td>Appendix 2 Bangladeshi Community Working with Women</td>
<td>68</td>
</tr>
<tr>
<td>Appendix 2B Bangladeshi Community Reference Group</td>
<td>83</td>
</tr>
<tr>
<td>Appendix 3 Pakistani Community</td>
<td>92</td>
</tr>
<tr>
<td>Appendix 4 Somali Community Basketball Team</td>
<td>98</td>
</tr>
<tr>
<td>Appendix 4A Somali Community Smoking Cessation</td>
<td>105</td>
</tr>
<tr>
<td>Appendix 5 Yemeni Community</td>
<td>109</td>
</tr>
<tr>
<td>Appendix 6 Project wide evaluation results</td>
<td>113</td>
</tr>
</tbody>
</table>
Contact for further details:
Susan Toner
Principal Health Promotion Specialist
Cardiff Local Public Health Team
Trenewydd
Fairwater Road
Llandaff
Cardiff
CF5 2LD  E-mail: Susan.toner@nphs.wales.nhs.uk
1. EXECUTIVE SUMMARY

A. Overall summary of project

The ‘Barefoot’ Health Workers Project received funding from the Inequalities in Health Fund and the Sustainable Health Action Research Programme of the Welsh Assembly Government from 2001 until 2007. In the latter years, the Inequalities in Health Fund became the main funder. The project worked with the African Caribbean, Bangladeshi, Pakistani, Somali and Yemeni communities of south Cardiff to identify health needs and to develop and deliver culturally appropriate activities to address their needs. The key successes of the project included:

- Development of a successful combined health action research /community health development approach for engaging and working with black and minority ethnic communities
- Facilitation of new health-focused community groups, including the African-Caribbean Community Group, the Bangladeshi Reference Group, Women in Action, Yemeni Youth of the Bay
- Development of physical activity initiatives with the communities: Cardiff Bay Basketball Club with the Somali community, women only swimming and basketball for all women, EXTEND classes for Pakistani women, swimming lessons for Yemeni children and young people, support for Pakistani cricket teams
- Co-ordination of five coronary heart disease and diabetes awareness days with the communities. These events were developed based on the communities’ request for information on chronic disease management
- Employment of five Community Researchers from the communities to work with the communities.

B. Evaluation results

The initial needs assessments with the communities highlighted an interest in developing culturally specific activities that would increase the opportunities for physical activity and in events to raise awareness of local service provision and chronic disease management. The successful initiatives included the swimming with the Bangladeshi women and Yemeni children and young people, the basketball with the Somali youth and women and the establishment of Women in Action, the Bangladeshi Reference Group and the African Caribbean Community Group. The awareness raising events held with the African-Caribbean, Pakistani and Somali communities were collaborative events with practice nurses, community based dieticians, local general practitioners, consultants, HeartLink and/or the Smoke Free Cardiff Projects.
The project reached a range of individuals and community groups through its activities. Attendance rates totalled more than 6000 over the course of the project and the project reached community members of all ages. Involvement of young people (under 25 years of age) was relatively high throughout the project and with those over 25 years but under 54 years of age; a group often difficult to work with and engage owing to their work and family commitments. With regards to area of residence, it was found that participants were willing to travel to events and meetings to participate in the project and contribute to initiatives developed with and for their community.

One of the key priorities of the project was to build capacity and confidence within the community, increasing the sense of community ownership and control over their lives and their communities. Social capacity and networks have an impact on health and well-being and the recruitment of the five Community Researchers from the African-Caribbean, Bangladeshi, Pakistani, Somali and Yemeni communities was the mechanism through which this was achieved. Using Community Researchers was a sound design to engage with communities that share neither a common first language nor cultural norms with the mainstream service providers.

The project worked in partnership with a range of statutory, voluntary and community organisations and a project-wide evaluation with the project’s main partners and stakeholders in 2005 highlighted that

- The agencies and partners became aware of the project through engagement in activities and initiatives
- There was a desire to become more involved with the communities
- The project enabled opportunities to discuss and raise awareness about health issues with communities. These opportunities were not available prior to the implementation of the project.
- Partnership working was essential
- Employment of community members to work with the communities facilitated engagement.

The project contributed to the delivery of the health and wellbeing objectives of Cardiff Local Public Health Team (of the National Public Health Service for Wales), the business plan of Cardiff Local Health Board and the Cardiff Health, Social Care and Well-being Strategy 2005-2008. It also informed the Race Equality Schemes and the more recent Equality Schemes of the National Public Health Service and Cardiff Local Health Board and shared its findings with the Cardiff Communities First Ethnic Minorities Community Scheme. The approach of employing community members to work with communities has been adopted by recent projects (Mentro Allan) and by Stop Smoking Wales.
C. Recommendations

The core elements of the ‘Barefoot’ Health Workers Project included:

- Employing Community Researchers from the communities to work with the communities
- Undertaking initial local needs assessments with the communities
- Working with key individuals from the communities to develop health enhancing activities to address the identified needs
- Creating partnerships between the communities and agencies
- Assessing the impact of the project on the communities using qualitative and quantitative methods
- Disseminating information on the results of the project to local and national agencies
- Interpreting the findings of the project to inform local and national strategies and policies.

Five recommendations can be drawn from the findings of the project:-

1. Using a combined health action research/community health development approach in the engagement process with communities is a successful method.

2. To achieve health gain, it is essential that culturally appropriate and acceptable activities are developed with communities.

3. The employment of Community Researchers builds local capacity and capability and is a key mechanism for engaging and developing trust with communities.

4. Resources and support are required for local communities to access interventions and services and to inform local health, social care and well-being policy.

5. Management support and costs are required to successfully develop, implement and monitor community health development projects and programmes.
2. PROJECT DELIVERY

2.1 General Introduction and Background

2.1.1 Funding
This project was funded through the Inequalities in Health Fund supported by the Welsh Assembly Government. Funding was awarded to Cardiff Local Health Board with the Local Public Health Team (of the National Public Health Service for Wales) as the project lead.

2.1.2 The Inequalities in Health Fund
The fund was established in 2001 to stimulate and support new local action to address inequalities in health and the factors that contribute to it, including inequities in access to health services. The Fund’s priority is coronary heart disease (CHD) and action that contributes to the implementation of the National Service Framework for Coronary Heart Disease. This project is one of 67 that were funded.

The Fund, which currently has a £5 million budget per annum, demonstrates the Assembly’s commitment to tackle inequalities in health that exist between some of our communities. Over and above the money available to support action on coronary heart disease a further £1 million per year was allocated to the Inequalities in Health Fund to address inequalities in dental and oral health. This element of the Fund has been deployed separately.

2.1.3 The National Service Framework for Coronary Heart Disease

The National Service Framework for Coronary Heart Disease in Wales sets out five standards. The standards are:

- Standard 1 - Health Promotion - Action to decrease risk factors for Coronary Heart Disease
- Standard 2 - High-risk patient - Patient care action to identify those at risk for assessment/treatment
- Standard 3 - Acute Coronary Symptoms - High quality care for everyone with an acute episode of Coronary Heart Disease
- Standard 4 - Heart Failure - Identification and treatment of those with heart failure
- Standard 5 - Atrial fibrillation - Identification and treatment of those with atrial fibrillation.

All projects supported by the Inequalities in Health Fund fall under one or more of the above headings. This project contributes to Standard 1.
2.2 Project Aims and Objectives

2.2.1 Main Aim

The aim of the project was to substantially improve the health and wellbeing of the African-Caribbean, Bangladeshi, Pakistani, Somali and Yemeni communities living in Butetown, Grangetown and south Cardiff.

Local information indicated that these communities were at particular risk of living in areas of deprivation and experiencing poor health and limited access to services.

2.2.2 Objectives

The above aim was achieved through the employment of Community Researchers from each of the above communities to:

- Undertake action research into each community’s heart health needs
- Identify culturally and socially appropriate ways of addressing these health needs
- Support and encourage community involvement in the development and delivery of culturally and socially appropriate activities that address these health needs.

2.2.3 Project Relevance

The ‘Barefoot’ Health Workers Project was one of two Inequalities in Health Fund projects working specifically with minority ethnic communities in Wales. Against the background of the Race Relations (Amendment) Act 2002, there has been increasing interest from public sector organisations and agencies in the approach of employing minority ethnic community members to work with their communities.

The methods and results of the project should therefore be of interest to all statutory organisations that are subject to the Race Relations (Amendment) Act (2000). The Act strengthens the Race Relations Act 1976 by placing a new enforceable duty on public sector bodies to have due regard to the need to eliminate unlawful discrimination and promote equality of opportunity and good race relations when carrying out its functions.

The project adopted a combined community health development/health action research approach to developing and implementing health enhancing activities with communities and contributed to a multi-faceted public health programme within the southern arc of Cardiff. The results and successes inform future local and national public health initiatives and programmes with communities. On a European level, the work of the project was disseminated across the public
health field in Europe through its inclusion in the EuroHealthNet (The European network for public health, health promotion and disease prevention) in 2005.

2.2.4 Background

This project was managed by Cardiff Local Public Health Team (of the National Public Health Service for Wales) and contributed to achieving the health improvement aims and objectives of the National Public Health Service and Cardiff Local Health Board (within which the local team is based). Addressing the impact of the wider determinants of health and improving the health and wellbeing of the most vulnerable in society, including minority ethnic groups, were priorities within the Cardiff Health, Social Care and Well-being Strategy (2005-2008) and the project became a key mechanism for delivering health enhancing activities with the target communities.

The ‘Barefoot’ Health Workers Project was a health action research project that developed following local health related research and a community consultation led by the Health Sub-Group of Butetown/Grangetown Regeneration Forum. The Butetown/Grangetown Healthy Living Programme (funded by the Big Lottery Fund) was informed by the same locally collated evidence.

The project commenced with funding in 2001 from the Welsh Assembly Government Sustainable Health Action Research Programme (SHARP) and focused on working with the Bangladeshi, Somali and Yemeni communities of Butetown and Grangetown. In 2002, funding became available from the Inequalities in Health Fund to work with the African Caribbean, Bangladeshi and Pakistani communities across Cardiff. This combined funding arrangement continued until April 2006 following which the Inequalities in Health Fund became the sole funding source.

The project’s focus was on communities with poor health and living in areas of deprivation. The original project proposal was based on the indices of deprivation available at that time (Townsend, Jarman and Carstairs) and unemployment figures (Cardiff Research Centre 1997). These highlighted Butetown, followed closely by Grangetown, as areas of high deprivation and unemployment. Additionally, a higher proportion of Cardiff’s minority ethnic population lived in Grangetown, Riverside, Plasnewydd and Butetown than elsewhere (Census 2001). The following map, based on the 2001 Census, illustrates the key areas of residence for the minority ethnic communities of Cardiff.
The Welsh Index of Multiple Deprivation (2005) more recently ranked the electoral wards of Butetown, Ely and Caerau as the most deprived electoral wards in Cardiff. Butetown was identified as the most deprived in Cardiff while Grangetown, Riverside and Plasnewydd were ranked 8th, 11th and 15th, respectively, in the list of most deprived electoral wards across Cardiff.

With health service issues, Butetown and Grangetown have lower than average uptake of breast screening and cytology and low registration rates with GPs and dentists.

### 2.2.5 Evidence base for project

The project addressed Standard One of the National Service Framework for Coronary Heart Disease in Wales (NAfW 2001) and Standard One of the National Service Framework for Diabetes in Wales (Delivery Strategy WAG 2003).
Standard One of the National Service Framework for Coronary Heart Disease states

‘Health authorities through their local health groups and with local authorities in partnerships through local health alliances should develop, implement and monitor evidence-based programmes to address tobacco use, diet and physical activity, targeted at the most disadvantaged communities in Wales’ (page 3, NafW 2001)

and Standard One of the National Service Framework for Diabetes states

‘the NHS will develop, implement and monitor strategies to reduce the risk of developing Type 2 diabetes in the population as a whole and to reduce the inequalities in the risk of developing Type 2 diabetes’ (page 29, WAG 2003).

The National Service Frameworks recognise that inequalities exist in the risk of developing diabetes and coronary heart disease. Those at greater risk include those from minority ethnic groups and those living in disadvantaged areas. The previous section highlighted the areas where the majority of minority ethnic communities live in Cardiff.

With regards to chronic diseases, there has long been evidence of the increased risk for members of the Bangladeshi, Pakistani and African-Caribbean communities of developing diabetes, hypertension and coronary heart disease. The evidence for an enhanced risk of these conditions within the Somali and Yemeni communities is not specifically documented, but they are potentially at higher risk through socio-economic deprivation.

Type 2 diabetes is up to six times more common in people of South Asian (Indian, Pakistani and Bangladeshi) descent and up to three times more common in those of African and African-Caribbean descent, compared with the white population (NSF Diabetes 2003). With coronary heart disease, the rate in some groups of people of South Asian descent has been found to be about 40% greater than among the white population in the UK; within the Bangladeshi and Pakistani communities the relative risk is three times the rate for the white population for those aged between 40-44 years; and rates of mortality from hypertensive disease are 4 times greater for men born in the Caribbean and seven times greater for women born in the Caribbean.

In addition to the increased risk experienced by minority ethnic groups in Cardiff, a majority live in the poorest areas. Type 2 diabetes is more prevalent among less affluent populations; those in the most deprived fifth of the population are one and a half times more likely than average to have diabetes at any given age. Both mortality and morbidity are increased by socio-economic deprivation (WAG 2003).
2.3 Delivery and Approach

2.3.1 Methodology

Action research is a topic of continuous debate and discourse. It is both a philosophical and practical approach and is used increasingly in the field of community health development. Central to the action research process is the participation of all parties to the research project.

‘Action research can be described as a family of research methodologies which pursue action (or change) and research (or understanding) at the same time….using a cyclic or spiral process which alternates between action and critical reflection….continuously refining methods, data and interpretation in the light of the understanding developed in the earlier cycles. It is thus an emergent process which takes shape as understanding increases…. In most of its forms it is also participative and qualitative.” (Dick 1999)

The processes within action research are illustrated below

**Action research processes:**
- Investigation / action
  - Using local researchers
  - Engaging the community
- Reporting / reflecting / adapting
  - Working with partners
  - Linking community with partners
- Evaluating / disseminating

**External influences and impact:**
- Other agencies
- Policy context

**Outcomes:**
- Evidence of change in the desired direction
  - Short term
  - Long term
- Dissemination
- Impact on other agencies / policy environment

Adapted from Keele University’s SHARP Overarching Evaluation Team Phase Report - August 2004
The above methodology was adopted by the project. The key elements included:

- Community Researchers were employed from the communities to work with the communities
- Initial local needs assessments were undertaken with the communities. A range of methods were used to gather the information during the project including questionnaires, focus groups, observations, participative events and interviews.
- The Community Researchers worked with key individuals from the communities to develop health enhancing activities to address the identified needs
- Partnerships were created between the communities and agencies and supported by the project
- The impact of the project on the communities was assessed using qualitative and quantitative methods
- Information on the results of the project was disseminated to local and national agencies
- The findings of the project were interpreted to inform local and national strategies and policies

2.3.2 Justification of Method

Combining the approaches of health action research and community health development ensured that the project worked effectively with the communities to improve health. Community health development is:

‘working with people, not doing things for people .... it seeks to avoid creating dependency, the danger of imposing views and solutions .... it is about encouraging people to discover their resources and possibilities in order to work for positive change in their community’ (Thomas 1995).

This combined approach allowed the project to work with individuals and communities on psychosocial and behavioural risk factors identified by Labonte (1999). Diagram 2 illustrates that health and wellbeing is determined by a number of factors, with the emphasis on those living in risk conditions having more disease and premature death. By working on psychosocial and behavioural risk factors the project made a contribution to reducing physiological risk factors (hypertension, etc), behavioural risk factors and ultimately leading to improved health and wellbeing.
A range of approaches were used to engage and work with the communities during the lifetime of the project. Analysis of the initial SHARP research carried out with the Bangladeshi, Somali and Yemeni communities, revealed that the isolation of women, concern for the welfare of the youth and barriers to accessing health and other services were major concerns held by community members. Subsequent focus group work carried out with the African-Caribbean community showed that the members of that community were well informed about specific health issues affecting their ethnic group and they expressed a keen interest in health awareness and educational events. Engagement with the Pakistani community was difficult to establish in the first two years of the project which resulted in the networking phase of the action research process taking longer.

Overall, the work of the project centred around: working with women; working with young people; health awareness events; coronary heart disease screening events in collaboration with HeartLink and other health professionals; working with existing health promoting programmes (Keep Well This Winter, EXTEND - exercises classes for the 50+, Butetown/Grangetown Healthy Living Programme); and empowering and facilitating community groups.
Project Timetable

The table below gives details of all planned events and activities that were led and facilitated by the ‘Barefoot’ Health Workers Project from February 2002 to 30 September 2007.

### Table 1 Outline Action Plan and Key Milestones 2002 - 2007

<table>
<thead>
<tr>
<th>Activity/ intervention</th>
<th>Details / key Milestones</th>
<th>Date achieved/ deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recruitment of staff</strong></td>
<td>Recruit Project Manager and 3 Community Researchers</td>
<td>Nov 2001</td>
</tr>
<tr>
<td></td>
<td>Recruitment process started Project Manager and Community Researcher (Bangladeshi) in post Community Researchers (Pakistani &amp; African-Caribbean) in post</td>
<td>Jan 2002</td>
</tr>
<tr>
<td><strong>Re-recruitment of Community Researcher (Pakistani Community)</strong></td>
<td>Recruitment process commenced December 2004 Combined part-time Community Researcher (Pakistani Community) post with part-time Community Development Worker (Pakistani Community) with Smoke Free Cardiff to facilitate recruitment</td>
<td>Jun 2002</td>
</tr>
<tr>
<td><strong>Changes in funding</strong></td>
<td>SHARP Sustainability Plan commenced Staff team funded by Inequalities in Health Fund Inequalities in Health Fund funds total project Extension of 1 year to 30 September 2007</td>
<td>Nov 2005</td>
</tr>
<tr>
<td><strong>Office base</strong></td>
<td>Office accommodation agreed with HeartLInk and Butetown/Grangetown Healthy Living Programme Moved into Marine Chambers, Atlantic Wharf, Cardiff - November 10th 2002</td>
<td>Apr 2005</td>
</tr>
<tr>
<td><strong>Staff Training</strong></td>
<td>Attendance on monthly in-house sessions: June - November</td>
<td>Apr 2005</td>
</tr>
<tr>
<td>a) Health Promotion Theory</td>
<td>5-day training in conjunction with Triangle Action Research Project (SHARP) and community members</td>
<td>Apr 2006</td>
</tr>
<tr>
<td>b) Participatory community work research skills</td>
<td>Nov 2002</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jan 2003</td>
<td></td>
</tr>
<tr>
<td>Activity/ intervention</td>
<td>Details / key Milestones</td>
<td>Date achieved/ deadline</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>c) Introduction to social psychology theories on processes and relationships and theories and concepts of power and control</td>
<td>Did not proceed. Alternative training provided externally through Access to Higher education - Community Education (Cardiff University) for Community Researchers</td>
<td>Sept 2002 - June 2003</td>
</tr>
<tr>
<td>d) Self management training course</td>
<td>Individual bespoke training programme for Community Researchers</td>
<td>Oct 2004 - March 2005</td>
</tr>
<tr>
<td>e) Report writing course</td>
<td>Individual training programme for staff</td>
<td>Feb/March 2005</td>
</tr>
<tr>
<td>f) EXTEND training</td>
<td>EXTEND Teacher Training Course for Community Researcher (African Caribbean Community) and Project Manager</td>
<td>Dec 2006</td>
</tr>
<tr>
<td>g) Attendance at relevant seminars and conferences</td>
<td>Various seminars and conferences organised through the Inequalities in Health Fund and by external organisations</td>
<td>Sept 2007</td>
</tr>
<tr>
<td>h) Other training</td>
<td>Statutory and mandatory provided by Velindre NHS Trust (staff employer)</td>
<td>Sept 2007</td>
</tr>
<tr>
<td>i) Personal Development of the Project Team</td>
<td>Annual appraisal and personal development plans - 6-weekly meetings and twice yearly reviews</td>
<td>Sept 2007</td>
</tr>
<tr>
<td><strong>Re-definition of objectives</strong></td>
<td>Team awayday to re-focus on objectives of project for developing sustainability for the initial project end date of September 2005</td>
<td></td>
</tr>
<tr>
<td>Activity/ intervention</td>
<td>Details / key Milestones</td>
<td>Date achieved/ deadline</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Working with the community &amp; partners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial Networking</td>
<td>Listing and appraisal of existing community groups, organisations and individuals</td>
<td>Sept 2002</td>
</tr>
<tr>
<td>Collaborative working</td>
<td>Developing and strengthening partnerships</td>
<td>2002-2007</td>
</tr>
<tr>
<td></td>
<td>Formally evaluating partner organisations’ involvement with the project</td>
<td>Sept 2006</td>
</tr>
<tr>
<td>Development of a logo</td>
<td>Facilitating cross-cultural multi-agency group to agree an appropriate logo for project</td>
<td>Dec 2004</td>
</tr>
<tr>
<td>Activity/ intervention</td>
<td>Details / key Milestones</td>
<td>Date achieved/ deadline</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengthening of engagement with communities in final year of project</strong></td>
<td>Work with Bangladeshi, African- Caribbean, Pakistani, Somali and Yemeni communities Various events with HeartLink and Butetown/Grangetown Healthy Living Programme Community Researcher (Somali Community) initiated smoking cessation pilot project with the community</td>
<td>2002-2007 2002-2007 2007</td>
</tr>
<tr>
<td>Activity/ intervention</td>
<td>Details / key Milestones</td>
<td>Date achieved/ deadline</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------</td>
</tr>
</tbody>
</table>
| Reflecting, evaluating and researching | Dialogue with community groups, voluntary organisations & statutory agencies re implementation of specific activities and links with Project  
Verbal & written reports from each Community Researcher on their perception of issues.  
Monitoring of each activity (numbers of participants, nos. of activities, satisfaction levels)  
No. of activities developed with the various groups and agencies  
Researchers’ reflections of process, events and activities and progress of project | 2002 -2007 |
| Preparation for end of Project | Development of sustainability and exit strategies  
Existing initiatives further strengthened for sustainability:  
- Women in Action  
- EXTEND classes at Roath Community Hall  
- Cardiff Bay Basketball Club  
- Yemeni Youth of the Bay  
- Bangladeshi Reference Group  
Preparation of final report to Inequalities in Health Fund | From 2005 |
| Dissemination  
Information on project disseminated | Submission of reports to Welsh Assembly Government  
End of Phases 1, 2 and 3 Reports submitted  
Attendance at and presentations to conferences and seminars to share findings  
Informing and influencing policies and strategies | From April 2002  
March 2008  
2002-2007  
2002-2007 |
Resources Developed

The philosophy of the ‘Barefoot’ Health Workers Project was based on the notion of people from the community working with the community. There are potentially two origins for the term: the Sichuan province of China and the ‘Barefoot’ College in Rajasthan. The latter is a college that operates through the Barefoot philosophy based on the belief that communities used to develop and maintain a store of local knowledge which has been devalued in recent times. The College works with local teachers, healthcare providers, solar engineers and hand-pump mechanics to build projects by the locally sourced Barefoot Architects, many of whom have no formal education. The former ‘Barefoot’ model used in a health context owes its origins to the Chinese Communist Leader Mao Zedong. Concerned at the poor state of health of the rural peasants and the lack of physicians working outside of the towns, Mao selected thousands of peasants for an intensive course in medical training to provide basic health care to their comrades alongside whom they continued to work in the commune fields. Ten years after the Cultural Revolution in the mid 1960s there were an estimated 1 million barefoot doctors in China.

Both of these models are applicable to the thinking behind the idea of the ‘Barefoot’ Health Workers Project in which members of specific minority ethnic communities were recruited to work alongside local professionals and their own community members. The Community Researchers worked with their communities and facilitated action between their communities and local agencies. The Community Researchers were the key resource for the project and it was acknowledged that substantial training, personal development and management support would be required to support and develop the staff to deliver their roles and to equip them with the skills to access future employment opportunities.
3. PROJECT EVALUATION

3.1 Evaluation Aims and Objectives

3.1.1 Evaluation Aim and Objectives

Evaluation is an integral part of the action research process. All the activities developed and implemented by the Community Researchers were subject to evaluation through the process of working collaboratively with the communities.

Action research processes

- Investigation/action
  - Using local researchers
  - Engaging the community

- Reporting / reflecting / adapting
  - Working with partners
  - Linking community with partners

The Community Researchers worked with their communities to identify needs and issues, facilitated the development and implementation of acceptable activities, monitored and evaluated the activities and reviewed the outcomes and future possibilities with their communities.

The overall aim of the project evaluation was to determine the extent to which the project had achieved its objectives, i.e. had the project

- Undertaken action research into each community’s heart health needs
- Identified culturally and socially appropriate ways of addressing these health needs
- Supported and encouraged community involvement in the development and delivery of culturally and socially appropriate activities that address these health needs.

Additionally, a project-wide evaluation with the project’s main partners and stakeholders was carried out in 2005 to provide feedback on how the project and its aims and objectives were perceived by key organisations, groups and individuals.

Traditional qualitative and quantitative research methods are not always successfully applied to action research with some black and minority ethnic communities. Lessons learnt from the SHARP experience, indicated that, for example, with the use of a written questionnaire, the research may not capture
some cultural aspects of perceptions of health and attitudes to health issues. The project used a variety of methods and tools to evaluate its work, including interviews, focus groups, observations, attendance records, questionnaires, case studies.

### 3.2 Evaluation Methodology

The evaluation of the project included:

- Initial questionnaires or assessments with each community
- Collation of attendance records and place of residence
- Specific evaluations of key initiatives (Women in Action swimming initiative, the Yemeni Swimming Initiative and the Bangladeshi Reference Group)
- Development of case studies and reports of specific initiatives.
- Questionnaires with the main partners.

With the evaluation of events there was particular concern to record numbers of people attending but also where in Cardiff they lived. It had been clear from the outset that the African-Caribbean community, in particular, is no longer concentrated in specific areas of Cardiff. By taking postcode information at each health awareness and screening event, the project was able to plot the spread of the community across Cardiff; it is also interesting to see how willing people from a specific community are to attend an event that in an area some way from their home.

### 3.3 Analysis and Results

The key findings from the project confirmed the health inequalities experienced and highlighted that communities require support to participate in health enhancing activities and events. It was also identified that employing community members to work with communities was a beneficial process in aiding engagement with communities and building partnerships.

#### 3.3.1 Impact on health

Impact on health and health inequalities

This project contributed to:

- gaining access to communities often closed to mainstream providers
- building capacity and confidence within the community by training local people, indigenous to specific minority ethnic communities, in research and health/community development work
- developing appropriate activities/responses to health needs and issues in the area identified directly with and by local people and their communities, as equal partners in the process (see Appendices 1-5)
increasing long term sustainability of existing community facilities by encouraging their use in supporting and running health related activities.

Assessing the longer term health impact of a project like the ‘Barefoot’ is not easily carried out. Recent research reported on the impact of Healthy Living Centres across the UK highlighted that for those involved in project activities, their health improved during the course of the project and continued at an improved level as compared to those who did not participate. This health impact could be equally applied to the ‘Barefoot’ Health Workers Project.

The project reached a range of individuals and community groups. The following highlights the numbers of people reached through the activities, the age ranges, the areas of residence and presents some examples of activities.

The range of activities and the numbers attending the activities from each community are presented below.

Range of activities and numbers of people attending

African Caribbean Community
Attendance 974

- African-Caribbean Awareness Day organised jointly with HeartLink, NewLink and Women Stepping Out during 2004
- African Caribbean Community Group established and supported from 2003 until 2007. Key successes of the Group included the dissemination of information to the community, the production of newsletters, and the facilitation of meetings
- Events organised as part of Celebrating Sickle Cell Disorders Awareness Month supported each year
- Screening events and patient education programmes held at Shiloh Church, Butetown Community Centre and the New Testament Church to raise awareness of coronary heart disease and diabetes. These events were organised in partnership with local health professionals and HeartLink.
Training organised to deliver EXTEND (exercise classes for the over 50’s)

See Appendix 1 for further information on the work with the African Caribbean community

**Bangladeshi Community**

**Attendance 1603**

- Bangladeshi Reference Group established during 2003 with the membership drawn from all sections of the community. Regular meetings of the group were maintained. Key successes included links with Women in Action and Fitzalan High School Bangladeshi Home/School Liaison Officer, the development of TARA Homework Club in partnership with the Ethnic Minority Achievement Service community members, organising the high profile health awareness/sustainability day in 2007 (attended by the First Minister, the Deputy High Commissioner for Bangladesh, the Assembly Member and the Chair of Cardiff Local Health Board).
Women only swimming commenced 2001 (initially under SHARP) and supported until July 2007. This initiative was accessed weekly by approximately 30 women, 70% of whom were from the Bangladeshi community. Transport was provided and the venue adapted to increase the level of privacy afforded to the women (curtains were accessed and additional changing cubicles installed). During 2005, Lifeguard Training (NPLQ) was provided to 12 members of the group, seven of whom qualified. Three members were employed as lifeguards at Maindy Pool and one member was appointed as a BME Outreach Worker with ActiveLife Cardiff (the post has continued with Cardiff Council).

Women in Action emerged from the women only swimming group in 2003. Some of their successes included providing training courses for the group (e.g. building capacity course, food and nutrition training), accessing additional funding, organising outings to raise the profile of the group and to encourage social capital (e.g. outing to Manobier), developing and disseminating a newsletter, agreeing and implementing a constitution for the group.

- Pilot Project in accredited Peer Counselling training for community members provided in 2005/06
- Contributed to the Riverside Cultural Celebrations 2003 & 2004
- Piloted aerobic sessions in the local leisure centre

See Appendix 2 for further information on the work with the Bangladeshi Community
Pakistani community
Attendance 2894

- Organised the Muslim Health Awareness Day in November 2005
- EXTEND teacher training programme undertaken by Project Manager and member of Pakistani community during 2005
- EXTEND women’s class launched with locally trained Pakistani teacher in November 2005
- Organised the Independence Day Cricket & Fun Day at Llanrumney Playing Fields during 2004 and 2005 with Smoke Free Cardiff and HeartLink

The cricket events facilitated engagement with the community that led onto to further initiatives. Cricket was chosen as it was a key interest of the community members

- Implemented the Smoke Free Ramadan campaign in 2006
- Your Health’ Pakistani / South Asian Awareness Day organised in March 2006
- EXTEND class launched in Roath Community Hall March 2006

See Appendix 3 for further information on some of the work with the Pakistani community
Somali community (from 2005)
Attendance 631

- Continued development of Cardiff Bay Basketball Club at Channel View Centre
- Support to team members of the Club to develop own constitution

Members of Cardiff Bay Basketball Team

- Development of the Women’s Basketball Group at Star Centre
- Facilitated the Eid Party in November 2005 and worked in partnership to incorporate the Flu campaign
- Participated in the Patient Education programme
- Organised the ‘Your Health!’ Awareness Day - a combined health awareness day and basketball presentation and exhibition match
- Somali Community Researcher carries out work on smoking cessation with the community.

See Appendix 4 for further information on some of the work with the Somali community

Yemeni community (from 2005)
Attendance 186

- Facilitated the Yemeni Swimming Initiative - segregated swimming lessons for boys and girls with transport provided from home to pool
- Yemeni Youth of the Bay - initiative developed by Community Researcher to build in sustainability of the swimming and young people’s initiatives
- Implemented the Informal Help Scheme - providing assistance to community members in dealing with daily issue
- Worked collaboratively with a local school to empower parents in their dealings with their children and with the school
Yemeni Children with Swimming Certificates

See Appendix 5 for further information on the work with the Yemeni community.

The initiatives that are continuing beyond the end of the project include:

- Women in Action
- Women only swimming initiatives
- EXTEND classes at Roath Community Hall
- Cardiff Bay Basketball Club
- Yemeni Youth of the Bay (moved to the Yemeni Community Centre)
- Bangladeshi Reference Group

The above information gives a flavour of the range of activities developed and also the numbers of community members participating. The numbers reflect the total number of people attending; individuals often attended more than one activity resulting in the totals counting some individuals more than once. The numbers varied through the course of the project with numbers low during the development phase and increased as the project became more established.

The project reached community members of all ages, as illustrated by diagram 3. Involvement of young people (under 25 years of age) was relatively high throughout the project which supports the findings of other projects and the ease with which young people and children are willing to participate. This project also reached those over 25 years but under 54 years of age; a group often difficult to work with and engage owing to their work and family commitments.
With regards to area of residence, it was found that participants were willing to travel to events and meetings to participate in the project and contribute to initiatives developed with and for their community. Postcode analysis of area of residence of participants demonstrated that the African-Caribbean community was dispersed across Cardiff (see diagram 4) and although the Bangladeshi community tended to mainly reside in the southern arc of Cardiff, the members of the Bangladeshi Reference Group lived across Cardiff (see diagram 5).


Diagram 3  Stacked Bar Chart showing age range breakdown of all community participants 2002-2003 to 2006-2007
User-centredness

The action research approach always puts the user at the centre of the initial research and any subsequent action and reflection that follows. This was therefore a characteristic of all the work undertaken by the project.

The initial needs assessments with the communities highlighted an interest in developing culturally specific activities that would increase the opportunities for physical activity. These became the most successful initiatives - for example, the swimming with the Bangladeshi women and Yemeni children and young people, the basketball with the Somali youth and women. Other activities were run following the engagement that was facilitated by the development of the original physical activities. These included an accredited food and nutrition training programme organised jointly with the Butetown/Grangetown Healthy Living Programme.

All the awareness raising events held with the African-Caribbean, Pakistani and Somali communities were collaborative events with HeartLink and/or the Smoke Free Cardiff Projects thereby effectively reaching members of the communities that had been identified as experiencing health inequalities. The events with community members involved were described in Table 1.

Community members valued the work of the project and the following quotes describe their experiences:

- From Women in Action participants
  - “Coming swimming has really helped my arthritis. I had a stroke a few years back and it really knocked me down. I have never felt so healthy and fit and you know when you reach our age it’s really good to be able to meet other women and share our issues. Everyone in this group
are very helpful and supportive.” A member of Women in Action - September 2003.

o “It’s really helped me to build confidence and get into my community; you know as a young member it’s not always easy. If I want to activities which help to improve my health and lifestyle I know where to come now and as it’s a women only group so I don’t have to be worried about anything. Being involved in running the group is a really good experience too and has encouraged me to join a course in college”. A member of Women in Action - September 2003.

o “I found it really useful. I was going through heavy depression and it’s been like a therapy for me. The last two years were so difficult. I gave up everything. Health wise I feel great now, and mentally it’s good for you. I’ve been making friends. Before we knew each other to say hello, but now we’ve become a little group”. A member of Women in Action - September 2003.

• From the Bangladeshi Community Researcher:
  o “It is crucial for the project to build on the trust and relationships with the community by involving them in the process of interpreting the data and identifying the most appropriate methods and techniques for engaging with the community. For this to happen it is vital that the communities have a sense of ownership and feel that they can create and take advantage of the opportunities to enhance the quality of life.”

• From the African-Caribbean Community Researcher
  o “The Project has given the community a voice”. This view is echoed in the voices of the African-Caribbean community itself in the comments below:
    o “Think the Project is good; does need to expand so it benefits more people in the communities”
    o “Brilliant. But do a lot more!”
    o “The Project is really good. It provides vital information for people of all ages”
3.3.3 Service change and provision

Improvements in working practices: innovation and effective delivery

One of the key priorities of the project was to build capacity and confidence within the community, increasing the sense of community ownership and control over their lives and their communities. Social capacity and networks have an impact on health and well-being and the recruitment of the five Community Researchers from the African-Caribbean, Bangladeshi, Pakistani, Somali and Yemeni communities was the mechanism through which this was achieved. Training programmes and skills development sessions strengthened individual’s skills to work on the project and provided transferable skills to be used and further developed after the project ceased.

Using Community Researchers was a sound design to engage with communities that share neither a common first language nor cultural norms with the mainstream service providers. Acceptance of the work of the project by communities would not have been achieved without local researchers in post. The Community Researcher occupied a role that was more than that of an employee recruited to carry out a set of tasks. The Community Researcher was the mechanism through which engagement with a community was negotiated and established.

However aspects of using Community Researchers to facilitate engagement and initiate activities became evident during the course of the project:

- The difficulties experienced by the Community Researchers in balancing the demands of working for an organisation and with one’s own community
- The impossibility of encompassing the wide spread of skills, which are required to negotiate between communities and a wide range of statutory and voluntary organisations and groups, in one post vested in one individual. An effective two-person model for working with communities emerged from the course of the project - this involved the co-working of the Community Researcher with another worker from a partner organisation or with another staff member of the project itself. This approach offered the wide skill range that was required to successfully develop activities as well as providing mutual support. It was, however, very resource intensive.

Implementation of National Service Frameworks

The ‘Barefoot’ Health Workers Project contributed to Standard 1 of the National Service Frameworks for coronary heart disease and diabetes by its emphasis on awareness of health issues and promotion of physical activity and other health enhancing activities, together with its partnership approach.
3.3.4  Partnership and joint working

Partnership working was at the heart of the way the project worked.

‘Each action research project is seen as being unique in terms of the coalition of people that come together around it. Some of these people might be marginal actors, coming in and out of the project at different stages e.g. funders or a particular ‘gatekeeper’. Others will be more central to the life of the project e.g. the project manager or action researcher’. (A Review of the Nature of Action Research - February 2003 - Welsh Assembly Government)

A project-wide evaluation with the project’s main partners and stakeholders was carried out in 2005 to provide feedback on how the project and its aims and objectives were perceived by key organisations, groups and individuals. The key results of this evaluation highlighted that:

- The agencies and partners became aware of the project through engagement in activities and initiatives
- There was a desire to become more involved with the communities
- The project enabled opportunities to discuss and raise awareness about health issues with communities. These opportunities were not available prior to the implementation of the project.
- Partnership working was essential
- Employment of community members to work with the communities facilitated engagement

The data on the project wide evaluation may be found in Appendix 6

3.3.4.1  Primary, secondary and community care involvement

- Partners on steering/management group/board

The project was originally steered by a project partnership that comprised of key statutory and voluntary agencies, including Cardiff Local Public Health Team, Cardiff Council, SureStart, Barnardo’s Neville Street Project, Race Equality First and Cardiff and Vale NHS Trust. The partnership directed and supported the project through its development and initial implementation stages. The partnership met 35 times between September 2000 and February 2005, providing the overarching leadership and direction of the work of the project. Once the project was established, it became increasingly difficult for the original partners to continue and the group was disbanded in 2005. Since that time the project has received public health advice and direction from Cardiff Public Health Team and the links with the agencies has been maintained through the activities.
• Direct involvement of primary, secondary and community care staff

The project worked closely with health professionals from primary and community care since its beginnings. All the awareness and screening events held with the African-Caribbean and Pakistani communities were carried out with the involvement of practice nurses, community based dietician and podiatrist, a local GP and hospital consultants. (See Appendices)

In addition, the Somali community health awareness event included a children’s consultant and a heart specialist researcher from Cardiff University.

The Cardiff Community Health Council was a key partner in many of the above events.

• Direct participation of other relevant stakeholders

The key stakeholders/partners included:

• The Triangle Project

The project worked very closely with the SHARP funded Triangle Project based in Riverside, Cardiff in the development of the Women in Action group. This latter group became a stakeholder with the project in its own right. Work with the women also involved the Centre for Lifelong Learning of Cardiff University.

• Cardiff Council

The leisure services of Cardiff Council and the Big Lottery funded ActiveLife Cardiff were major operational partners throughout the development of the initiatives and activities. They were a key player in the development of activities (basketball, women only swimming, aerobics, EXTEND), the sustainability of some of the activities through the employment of participants as staff (lifeguards at Maindy Pool) and the refurbishment of facilities to increase privacy for the women.

• The Butetown/Grangetown Healthy Living Programme

The project worked closely with this programme to develop the activities and support the engagement of community members in the activities of the programme. This was facilitated by the staff of both initiatives being based within the same office accommodation.

Additionally, the following organisations and community groups were instrumental in the project’s work:-

• The African-Caribbean Community Group (supported by the Project)
• The Shiloh Pentecostal Church, Riverside
• The New Testament Pentecostal Church, Butetown
• The Terence Higgins Trust
• NewLink
Women Stepping Out

SOYA (Somali Youth Association)

University of Glamorgan

The EXTEND programme

All Wales Saheli Association

Women in Action

The Bangladeshi Reference Group (supported by the project)

University of Wales Institute Cardiff

Coleg Glan Hafren

3.3.5 Sustainability

The issue of sustainability was a prominent one for the project and as an action research project, sustainability centred on the activities and initiatives that were developed together with the communities. Additionally, a core element of the project was the recruitment and training of community members to deliver the work of the project. This resulted in an increase in the capacity and capability of those employed by the project.

3.3.5.1 Local policy integration/Continued and sustained activity

- Awareness of project among relevant organisations

The profile of the project increased substantially during the last two years. Apart from the original formal partners of the project, the project and its work became known across a wide number of organisations, groups and individuals. This facilitated the sustainability of some of the activities and interventions of the project, particularly those with a focus on physical activity.

- Relevance to local priorities and strategies

The project was developed out of the local priorities and strategies that existed during 2000-2002. It continued to work within the overarching health and wellbeing objectives of the Local Public Health Team (of the National Public Health Service for Wales), the business plan of Cardiff Local Health Board and the Cardiff Health, Social Care and Well-being Strategy 2005-2008.

During the development of the Cardiff Health, Social Care and Well-being Strategy (2005-2008), the project was instrumental in facilitating the engagement of community groups and individuals within the qualitative needs assessment. The work of the project was incorporated into the strategy and has been reported in the subsequent annual reports.
With the requirement of agencies to develop Race Equality Schemes and more recently, Equality Schemes, the learning and work of the project has informed, through Cardiff Local Public Health Team, the National Public Health Service and Cardiff Local Health Board. Additionally, the findings of the project have informed the development of the Cardiff Communities First Ethnic Minorities Community Scheme.

• Relevance to priorities set out in Designed for Life

Designed for Life was launched in May 2005 when the ‘Barefoot’ Health Workers Project had been running for just over four years. Within the priorities of the strategy document, self-management of conditions and prevention of ill-health is emphasised. Both of these fit within the aims and objectives of the ‘Barefoot’ Health Workers Project and these priorities were reflected in the activities that the project facilitated.

Take-up of working practices here and elsewhere in Wales

• Degree of self sustainability

The project was funded through three phases of SHARP and two phases of the Inequalities in Health Fund, from the Welsh Assembly Government. Without this external financial support the ‘Barefoot’ Health Workers Project would not have been developed. Issues of self sustainability have been focused on the activities and initiatives that the project helped to develop. Health focused community groups (e.g. the Bangladeshi Reference Group, Women in Action) and some physical activity initiatives (the Basketball Team) have been sustained by community members or partner organisations.

• Secured local funding (full or partial)

The project had limited success in finding local sustainable sources of funding for the activities and initiatives that were set up.

• Local incorporation of project delivery methods and techniques

The action research approach used by the ‘Barefoot’ Health Workers Project, together with the recruitment of community members to work with their own communities was a new approach to tackling inequalities in health. This approach has been adopted by recent projects (Mentro Allan) and by Stop Smoking Wales.

• Broader incorporation of project delivery methods and techniques

Other groups and organisations have shown increasing interest in the project’s model of working. The project was approached by other organisations and agencies to assist them with access to black and minority ethnic communities.
4. CONCLUSIONS AND RECOMMENDATIONS

This section reflects on the outcomes of the project and identifies the main learning points and recommendations.

4.1 Discussion and Interpretation of Outcomes

The aim of the project was to substantially improve the health and wellbeing of the African Caribbean, Bangladeshi, Pakistani, Somali and Yemeni communities living in Butetown, Grangetown and south Cardiff.

This aim was to be achieved through the employment of Community Researchers from each of the above communities to:

• Undertake action research into each community’s heart health needs
• Identify culturally and socially appropriate ways of addressing these health needs
• Support and encourage community involvement in the development and delivery of culturally and socially appropriate activities that address these health needs.

Through the delivery of the objectives, the project contributed to:

• gaining access to communities often closed to mainstream providers
• building capacity and confidence within the community by training local people, indigenous to specific minority ethnic communities, in research and health/community development work
• the development of appropriate activities/responses to health needs and issues in the area identified directly with and by local people and their communities, as equal partners in the process
• increasing long term sustainability of existing community facilities by encouraging their use in supporting and running health related activities.

The activities initiated since the project’s beginning have been sustained and further developed. The Project Timetable (Table 1) gave full details of the continuation of the activities and events set up by the project in collaboration with community members.

Substantial numbers of individuals engaged with the project between 2002 and 2007, with the majority of the interventions occurring within the southern arc of Cardiff where the greatest need and areas of deprivation have been identified and reported. Key individuals from within the communities travelled from other parts of the city to contribute to the activities being developed with their communities; a conclusion could be that more affluent and educated community members were willing to volunteer to help others within their communities. This concept would support Maslow’s hierarchy of need.
The project also successfully engaged with young people and those of working age. Activities were developed with young people encouraging ownership and leadership opportunities. Similarly with other age groups, the project worked with groups and developed appropriate activities at times and in venues acceptable to the participants.

The project employed people from the communities to work with their own communities and had a focus on capacity building working with local residents to identify their own heart health needs, issues and priorities and to develop and sustain appropriate action to meet identified needs. The project liaised with other groups, organisations and agencies in order to improve access to, and develop additional community activities.

The most successful initiatives were those involving physical activity - the swimming with the Bangladeshi women and Yemeni children and young people, the basketball with the Somali youth and women. Other activities have been run following the engagement that was facilitated by the development of the original physical activities. These have included an accredited food and nutrition training programme run jointly with the Butetown/Grangetown Healthy Living Programme.

The key sustainable achievements included the establishment of Women in Action, the Bangladeshi Reference, Yemeni Youth of the Bay and Cardiff Bay Basketball Club and the training of EXTEND instructors. The other main emphasis was on organising health awareness and screening events, with five separate health awareness days held between 1st April 2002 to 30th September 2007. These were held in partnership with the HeartLink Project and/or the Smoke Free Cardiff Projects.

Diagram 6 illustrates how the project developed, grew and blossomed.
Diagram 6  Diagrammatic representation of the development and implementation of the ‘Barefoot’ Health Workers Project

The above diagram illustrates how the project grew out of the initial work of the Health Sub-Group of the Butetown/Grangetown Regeneration Forum, was supported by funding from SHARP and the Inequalities in Health Fund, used action research and community health development processes to inform its work and approach and developed a range of activities that built on the initial and subsequent findings.

During the development and implementation of the project, there were key processes that facilitated the activities and interventions. A combined health action research/community health development approach was effective and diagram 7 illustrates how the approach and the activities can be viewed together.
The employment of Community Researchers to work with their communities was a successful method of engagement. However, the management support required to direct the project and the employees was substantial and not originally included in the staffing capacity of the host organisation (Cardiff Local Public Health Team). The successful implementation of local projects requires professional support from the host organisation in addition to line management and human resource and financial management. Cardiff Local Public Health Team and the Human Resource and Finance Departments of the National Public Health Service for Wales (hosted by Velindre NHS Trust) were instrumental in ensuring the success of this project.
4.2 Core Elements of Project

The core elements of the ‘Barefoot’ Health Workers Project can be summarised under the main headings of engagement using action research, developing culturally appropriate activities, building local capacity and community health development, and local policy development.

Engagement with communities using health action research /community health development

Engagement with excluded and marginalised communities is not a straightforward process. Black and minority ethnic communities are different to each other in many ways, not least because they are in different stages of development and integration. This requires different ways of working with different communities and groups within communities - a “one size fits all” approach cannot be applied. A combined action research/community health development approach to developing and evaluating the community-based initiatives to improve health and wellbeing was successful as it:

- allowed the time needed for the project to build up trust and engagement with communities
- offered flexibility to continue successful initiatives, but drop those that could not be sustained
- provided a framework within which existing health campaigns and initiatives could be easily incorporated with the project’s own initiatives
- provided a framework around which long term sustainability could be pursued.

The project successfully engaged with the communities. Engagement occurred through different mechanisms and at different rates depending on the skills of the Community Researcher and the stage of development and integration of the community. For example, the Bangladeshi and Somali communities in Cardiff are relatively well organised with strong internal structures whereas the Yemeni community remains reserved and appears less organised. These elements impacted on the time taken and the approaches adopted to engage with these communities.

Developing culturally appropriate activities for heart health.

The initiatives developed with their communities by all five Community Researchers led to opportunities for many from the black and minority ethnic communities to engage in health promoting activities. In addition to the self-development focus of the activities with women, the other activities concentrated on the young members of the communities. Both the swimming and basketball initiatives offered more than an opportunity for physical activity. In the hands of dedicated Community Researchers and skilled coaching staff, the
participants took part in activities that were also building self-confidence and assisting self-development.

Opportunities were also created for community members to take part in training courses in nutrition and self-development that met their specific cultural needs; health awareness days with the African-Caribbean, Pakistani and Somali communities offered a culturally appropriate setting and approach to imparting health messages around coronary heart disease, diabetes, smoking and other health issues that were particularly pertinent to the communities.

Building local capacity and community health development.

The project focused on building capacity and confidence within the community, increasing the sense of community ownership and control. The recruitment of the five Community Researchers from the African-Caribbean, Bangladeshi, Pakistani, Somali, Yemeni communities was the mechanism through which this was achieved. Using Community Researchers is a sound design where engagement is required with communities that share neither a common first language nor cultural norms with the mainstream professional organisation leading on the project. Acceptance of the work of the project by communities would not have been achieved without local researchers in post. The Community Researcher occupied a role that was more than that of an employee recruited to carry out a set of tasks. The Community Researcher was the mechanism through which engagement with a community was negotiated and established.

Informing local policy.

The findings from the project and the experiences shared, informed local and national policy development, including:

a) The Race Equality Schemes of Cardiff Local Health Board and the National Public Health Service for Wales. The action plans have incorporated key learning points raised, for example training of staff on equality issues, undertaking health inequality impact assessments on major pieces of work/programmes, prioritising availability of language support.

b) The Cardiff Physical Activity and Health and the Cardiff Food and Health Strategies and Action Plans. These have been informed by the project and the action plans now incorporate such issues as access, transport, communication and training.

c) The Cardiff Language and Communication Strategy. The project was a key driver to the development of the strategy which is now being taken forward by Cardiff Health Alliance.

d) Ethnic Minorities Community Communities First Scheme. The Local Partnership Group receives public health advice and support based on the findings of the project.
4.3 Key Recommendations

The recommendations listed below are based on the reflection around the core elements identified previously and cover both the methods of working that have been applied and the outcomes and the project to-date.

Recommendation 1: Using health action research/community health development in the engagement process with communities is a successful approach

• Summary of strengths and weaknesses

The combined action research and community health development method offers great flexibility around the engagement process. It allows for the development of initiatives that are successful, but also the opportunity to cease those that are evaluated to be either inappropriate or unsustainable.

The core participation of community members in the development of initiatives provides a framework around which long term sustainability can be built. The method also provides a framework within which existing health campaigns and initiatives can be easily incorporated with the project’s own initiatives.

Training staff inexperienced in research and recruited from the communities with which the project is working is not a straightforward training process and further impacts upon the fact that action research can sometimes fail to produce research findings that are acceptable as “evidence”.

• Relevance to other areas of Wales and strategic policy priorities

Action research can be applied to any community setting and is not restricted to work around health and wellbeing.

Recommendation 2: To achieve health gain, it is essential that culturally appropriate and acceptable activities are developed with communities

• Summary of strengths and weaknesses

The benefits of working in partnership with service providers to widen access for under-represented groups have been very evident from some activities set up by the project. The key feature of these has been the attention paid to offering activities and venues that are culturally appropriate. For a fairly modest financial outlay a leisure facility can offer the privacy that is required for some groups.

The ‘Barefoot’ Health Workers Project’s experience indicates that the benefits provided from culturally appropriate activities and venues extend beyond the
groups originally targeted. Other community members are able to take advantage of the facilities offered.

Alongside the venue adaptations, the spin-off opportunities for community members to train and become members of staff within the leisure service provided has both a health and an economic gain.

- Relevance to other areas of Wales and strategic policy priorities

The evidence from the project on the swimming initiatives was used by the Welsh Assembly Government in its national swimming strategy. The approach taken by the ‘Barefoot’ Health Workers Project in Cardiff could be used in any area.

Recommendation 3 The employment of Community Researchers builds local capacity and capability and is a key mechanism for engaging and developing trust with communities

- Summary of strengths and weaknesses

The key element for building local capacity and taking forward community health development was the use of Community Researchers recruited from the communities with which the project worked. This model was a key feature of the initial engagement process. The need for a “bridge” to communities with a first language other than English was paramount and was met by the project. Meaningful engagement and the subsequent capacity built with the communities would not have been achievable without the Community Researchers.

However, the difficulties experienced by the Community Researchers in balancing the demands of both living with and working with their own communities are not easily addressed. Additionally, the employment of staff with wide ranging capacity and capabilities challenges the host organisation’s abilities to successfully implement and deliver project initiatives.

- Relevance to other areas of Wales and strategic priorities

This approach could be applied to any community setting.

Recommendation 4 Resources and support are required for local communities to access interventions and services and to inform local health, social care and well-being policy

- Summary of strengths and weaknesses

Situating a project like the ‘Barefoot’ Health Workers Project within a statutory organisation is a key process for influencing and informing local policy.
Communities require support to engage with organisations and to influence policies and strategies. The support required varies from dedicated community workers to transport to appropriate timings of meetings and events.

- Relevance to other areas of Wales and strategic priorities

The information from the project can also be used to inform other organisations and bodies and strategic priorities across Wales.

**Recommendation 5** Management support and costs are required to successfully develop, implement and monitor community health development projects and programmes

- Summary of strengths and weaknesses

The implementation of community health development projects improves the health of the community members accessing the projects. In order for the projects to receive the appropriate guidance, direction and support, management costs and support must be recognised as essential elements by funders and included in project bids.
REFERENCES

Cardiff Local Health Group (2002) Improving Health in Cardiff. Strategy for a Healthy City 2001/2-2006/7 Cardiff Local Health Group, Cardiff

- This document gives the local strategic direction on tackling health improvement.


- This webpage, referred to by Keele University, provides one perspective on the nature of action research.


- This publication gives a summary of all projects in the network working in 13 countries across the European Union.


- The subject matter of this piece of research is similar to the use of community researchers on the Project.

Keele University Centre for Health Planning & Management (2004) SHARP Overarching Evaluation Team Phase 2 Report (Carlisle, Cropper, Beech, Little)

- This evaluation report, commissioned by the Health Promotion Divison of the Welsh Assembly Government, provides detailed case studies, comparisons and theories from the 7 SHARP-funded projects across Wales.


- This is a significant document on how health promotion is delivered within a community setting.

National Assembly for Wales (2001) Tackling CHD in Wales: Implementing through evidence. NAFW, Cardiff

- This document relates to the implementation of national strategy and local level.

- This document sets out the strategic goals of the NPHS in Wales.


- This document gives a helpful description of community health development.


- This audit report comments on the Welsh Assembly Government’s sport and physical activity policies and priorities for implementing its Climbing Higher strategy.


- This document sets out how the Welsh Assembly Government is delivering its strategy for diabetes in Wales.


- This reference document was prepared by the Health Promotion Division of the Welsh Assembly Government in collaboration with the 7 SHARP projects. It provides an academic literature review and a resource on action research.


- This is a practical and user-friendly guide to action research.
# APPENDICES

Individual pieces from the Community Researchers

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Community/Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>African-Caribbean Community</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>Bangladeshi Community</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Pakistani Community</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>Somali Community</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>Yemeni Community</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>Project wide evaluation results</td>
</tr>
</tbody>
</table>

2A Working with Women  
2B Bangladeshi Reference Group
Appendix 1

Inequalities in Health Fund

Barefoot Health Workers Project

THE AFRICAN-CARIBBEAN COMMUNITY

Report by Edna Esprit-Griffiths

This project is supported by the Welsh Assembly Government’s Inequalities in Health Fund

September 2007
Introduction

This is the first report outlining the research that has been undertaken into the health needs of the African Caribbean community. The aim is to highlight the health inequalities within the African Caribbean community living Cardiff and address standard one of the NSF for coronary heart disease and diabetes (NAfW 2001). It aims to look at how the action research process was used to engage members of the community.

This report will consider the information gathered by the Project, how it was used to set up appropriate activities for the community with the community, how it helped to inform health professionals of the communities’ perceptions of the services provided and the outcomes of the Project.

Background

The African Caribbean Population Living in Wales

The population of Wales on Census day 2001 was 2.9 million, showing a steady population growth since the middle of the last century (National Statistics website: www.statistics.gov.uk) By 2001, there were over 3000,000 more people living in Wales than in 1951. The 2001 Census also revealed that about two thirds of the population of Wales lived in the southern industrialised part of the country, with Cardiff, Swansea and Newport the largest urban areas. The remaining one-third of the Welsh population lived in the mainly rural north and west. Wales is divided into 22 Unitary Authority areas of which Cardiff had the largest population (305,340) (ibid).

According to the 2001 Census, the number of people from black and minority ethnic backgrounds in the UK was 4.6 million (7.9 per cent of the total populations). In Wales, out of a population of approximately 2.9 million people (rounded down the nearest hundred), 2.1 percent were from black and minority ethnic backgrounds (61,600) (National Statistics website: www.statistics.gov.uk). This was an increase from 1.5 percent (41,551) recorded in the 1991 Census. In Wales nearly 18,000 people were of mixed ethnic origin (described as White & Black Caribbean, White & Black African, White & Asian and other mixed. In 2001, 8,600 described their ethnicity as Black, with a further 6,100 being of an African (including mixed white and Black Africans) background.

Black and minority ethnic groups were concentrated in the three largest urban cities: Cardiff just over 8.5 percent, Newport 5 percent and in Swansea 2 percent, with the great majority of boroughs having minority ethnic populations of less than 2 percent (Charlotte Williams et al, 2003). By far the highest concentrations were in Cardiff with an approximate number of 25,700 black and minority ethnic people (Cardiff Health Alliance, 2004).
Black Caribbean people and their descendants have lived in Britain for over 300 years, although there was a significant increase in the numbers of people from the Caribbean between the 1940s and 1970s.

In Wales during this period, people came from several of the Caribbean islands, with the majority of people coming from the islands of Jamaica, Barbados, St Kitts, Nevis other islands include St Lucia, Dominica and Grenada. It is thought that the Caribbean community live mainly in the Butetown area of the City but this Community has been dispersed many families and individuals moved away from the old “docks” area during the 1960s redevelopment of the area. Today, those who can trace their heritage directly, or in part, to the Caribbean live throughout Cardiff, with large numbers in Ely and Llanrumney as well as in Butetown and Grangetown and Riverside. In terms of personal heritage, Community members identify themselves as coming from a specific island - such as Jamaica, Barbados and St Kitts. In terms of numbers, the Caribbean group has a population size of 0.44 percent (1,343) in Cardiff. However, the number of people of Caribbean descent is most likely greater, as many now fall in the ‘mixed ethnicity - white and Black Caribbean and ‘Black-other Black’ census categories.

Language

The great majority of black Caribbean people speak English or French as well as Creole or patois (an amalgam of French or English and African words and phrases). English being the official language of the former British West Indies meant that African Caribbean immigrants had comparatively few communication difficulties compared to other immigrants from other regions. However, indigenous Britons were generally not used to the Caribbean dialects which caused communication problems.

Religion and associated beliefs

African Caribbean people tend to be members of Christian denominations, including the Church of England, Roman Catholic, Seventh Day Baptism, Methodist and Pentecostal church some are also devotees of Rastafarianism and Islam. Associated beliefs include those related to food and the impact certain food stuffs might have on the body. Some people have firm beliefs in relation to possession by devil and spiritual attacks as causing illness. Often, spiritual leaders will be sought to exorcise, or pray over people as a source of support.

Research Strategy

1. Establishing the Networks

For the first 6 months of the project I spent my time familiarising myself with coronary heart disease & diabetes what it is and how it affects the African Caribbean Community, ‘Action Research process’, Community Development, Health Promotion. I also took part in a pilot scheme run by Cardiff University, who were developing an ‘Action Research Resource Park’. This I found very useful as it helped me to identify stakeholders and their relationships in the community.

Outcomes

Time spent on the following activities:

- Mapping; All local black and minority ethnic organisations in and around the Cardiff area i.e. Black Voluntary Sector Network, AWETU, ABCD, Newlink South Wales (AXIS project), University of Glamorgan, BE4 Project, the Terrence Higgins Trust and the Sickle Cell & Thalassaemia Centre were amongst some of the organisation’s the Project engaged with. Other mainstream organisations included Cardiff City Council (ActiveLife) and Cardiff Local Health Board (Walk for Health). Once this was completed I considered the relationship of each organisation, asking the question ‘how will they influence the development of the project/my work and what impacts they might have’.

- Engaging and networking with Community led groups i.e. Women Stepping Out (WSO), African Caribbean Community Group (ACCG) the ACE Saturday School (African Caribbean Education), Shiloh Pentecostal church and the New Testament Pentecostal church. Over the five years, the Project formed strong links with these community led groups.

- Mapping: Local churches used by African Caribbean’s based in the Riverside, Butetown and Grangetown area of Cardiff.

- Sharing information: Through networking I was able to share information about the aims and goals of the Project with all the black and minority ethnic organisations that I had previously mapped and engaged with as well as voluntary groups working specifically on behalf of Caribbean people.

Training; I came to the Project without any training in how to conduct research/action research. Throughout the course of the Project, the following training was provided:

- Community health development
- Health promotion training
• Awareness raising in coronary heart disease & diabetes health issues
• Focus Group
• Research methods
• Introduction to the specific ethnic groups the Project is targeting
• Participatory training/Action research
• UWIC - Introduction to Community Education.

2. Research tools - Focus Groups

I was able to start collecting data, which would be used to establish what type of activities the community needed/wanted. This was achieved by holding two focus groups with members from the African Caribbean community. Below are the outcomes from the focus groups:

2.1 A.S.E.R.T. Project Focus Group - Middlesex University

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 June 2003</td>
<td>Perceptions of health promotion by the African Caribbean community</td>
<td>7</td>
</tr>
</tbody>
</table>

A focus group was held in June 2003 jointly with Middlesex University (Research Centre for Transcultural Studies in Health) in a study commissioned by the Welsh Assembly Government to carry out research in 9 different minority ethnic communities living in Wales. The Project was requested to assist the University in establishing an African Caribbean focus group. This was due to the problems faced by the University in accessing and engaging with this community.

The aim was to collect the communities' views on:

• The effectiveness of health promotion in Wales
• Their awareness of illnesses effecting the African Caribbean community

This one-day event took 3 weeks to prepare. This included:

• Facilitator training: Two training sessions were provided by the University for the 9 community researchers.
• Recruiting members for the focus group
• Booking of the venue

The event was built around an informal question and answer session around 30 formal health questions were asked.
Outcome

As a result, the event generated 36 pages of detailed transcript which showed that people from the African Caribbean community already had a strong understanding of issues that affected their health. They expressed a strong interest in health awareness initiatives and education which is tailored to their needs for their community. This was incorporated into the University’s report to the Welsh Assembly Government. Also, the information gathered provided a baseline, which was incorporated into the annual development plan for the ‘Barefoot’ Health Workers Project.

From the transcribed tapes of the focus group discussion the following outcomes were identified:

Causes of health problems:

- Racism and discrimination: these were considered to have a negative impact on the community’s health and affects how community members engage with health professionals. The way to combat this was to try to break down the barriers by making health services culturally competent.

- Dietary factors: diet plays a large part, particularly the change from traditional West Indian to a British diet. The group thought that obesity amongst adults and children was high because of poor quality food with additives and preservatives only being available in shops, the fats used to cook with and a higher intake of salt. Concern was expressed over the influence of the media on the promotion of unhealthy food for children. Schools did not provide healthy options and did not cater for and provide culturally appropriate lunches.

Other health problems affecting the community:

- Lifestyle: the groups’ view was that smoking, misuse of alcohol and lack of exercise by adults and children had a negative impact on their health.

- Chronic conditions: for the African-Caribbean community it was felt that diabetes, hypertension, eczema, keloid scars, lupus and sickle cell disease were the main conditions affecting the community. This information is not new to the community, but they feel let down by health services who they feel are not doing enough to tackle these conditions.

- Mental health problems: misdiagnosis of mental health problems in African-Caribbean men due to racism, and depression and stress were the main ones identified.

- Cultural competence: lack of cultural competence of ‘health care professionals’ and the ‘health care service’ were highlighted along with the
need for more culturally appropriate training. A solution was for colleges and universities to incorporate cultural diversity training into all their programmes.

- Language barrier: although there is no language barrier as such, reference was made to a cultural barrier and the problems that can arise in communication on GP visits for the elders in the community who speak patois.

- Health promotion needed: in order to combat the above issues it was felt that health promotion services needed to recruit African-Caribbean health professionals into the public services in Wales.

- The location of events: in order to deliver appropriate health events and target the African Caribbean community the location for holding events should be held somewhere that is used by the community i.e. church, community centres.

- Health promotion material: culturally appropriate literature tailored to the African Caribbean community in a range of formats and media was seen as the way forward.

2.2 HeartLink Focus Group

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2004</td>
<td>Taking responsibility of your own health</td>
<td>10</td>
</tr>
</tbody>
</table>

The Project worked in partnership with the Inequalities in Health Fund HeartLink Project. The data gathered from this focus group was used to help set an agenda for a ‘Health Awareness Day’, which took place in March 2004.

Outcomes

- Cultural identity: the community is proud to be identified with the island they came from. They are able to identify which island they come from by accent, only a few of the islands speak a pigeon French.

- Diet: A mixture of Western and traditional foods but the elders tend to eat traditional foods. For snacks, biscuits, crackers and peanuts were consumed. Fruit was eaten, especially fruits from the Caribbean e.g. mangoes, avocados

3. Health Screening and Health Awareness Events

The aim of these health events was to promote ‘Life style changes’ within the African Caribbean community living in Wales.

The differences between the two events were;
Screening Events: were developed specifically so that people from the African Caribbean community had the opportunity to be screened for diabetes, coronary heart disease and hypertension. They able to have their blood sugar, body mass index, blood pressure checked by health professionals.

Photo by Mo Wilson

Awareness Events: were developed so that members from the African Caribbean community had the opportunity to listen to health professionals talking about relevant health topics affecting them. This was achieved by providing appropriate education and information on topics i.e. diabetes, hypertension, coronary heart disease, substance misuse, sickle cell, HIV, mental health, diet and nutrition and physical activity

The aims included were:

• To provide and organise a screening day on the risks of diabetes and coronary heart disease in the African Caribbean community which would be tailored to their needs.

• To provide and organise health awareness days on other health related topics i.e. substance misuse, sickle cell, sexual health, walking for health, physical activity, diet and nutrition.

• To work in partnership with the voluntary groups and service providers.

• To raise awareness of services for black and minority ethnic communities.
• Raise health awareness in the community about the risks and management and prevention of diabetes including cardiovascular disease.
• Raise health awareness within the community about the importance of physical activity.

• Make health services more appropriate and accessible.

• Identify a venue which would be both accessible and relevant to the community.

Planning

The overall organisation and administration of the events was the responsibility of the Project’s. But it was essential that other agencies and community-led groups and individuals were involved and consulted in the planning process. Service providers, their input was to assist with the planning, provide skills and expertise required to perform the tasks identified by the Project and the community-led groups.

Below are the results of how we aimed to take forward the events:

Target Group: the target group for all of the events was to be women and men of African Caribbean origin ideally from the Butetown, Grangetown and south of Cardiff. But as this is a dispersed community it was agreed to welcome people from other parts of the city.

Age range: families and individuals from three years to 75+ were targeted.

Date & time: week days and evenings were avoided as many potential attendees may have to work and have family commitments. So it was agreed that all events would take place at the weekend, mainly Saturday’s. Originally, the events that took place started at 10.00 am and were finished by 5.00pm. But this was later changed as we found that members of the community did not arrive until late due to other commitments. In order to attract more community members to Health Events it was recommended and agreed that the following points should be considered:

• Start events later

• Registration needs to be controlled to ensure that the event can be monitored

• Guest speakers should allow plenty of time for the journey to arrive on time

• Avoid holding events during major sporting activities e.g. rugby and football events

• Hold events after winter/spring
- Food should be served on time according to the programme especially for people on medication who need to eat at a specific time

- Avoid holding events at the same time as others in the community

- Confirmation of organisations displaying information

- Display stalls to be set up in advance

- A wider range of activities for children.

**Venue:** For all the events it was agreed between the partnerships that the venue should be central and accessible for the community.

**Host organisations:** In order to deliver these events it was important to include service providers as they were able to provide the expertise and skills needed.

**Format:** the format for all the events would involve relevant speakers followed by question and answer sessions.

**Speakers:** Key speakers were identified for all the events to provide information relating to causes, risks, prevention and management of health related topics. They included:
- Dr Owain Gibby, OBE Diabetologist, Royal Gwent Hospital
- Professor John Cockcroft (Cardiologist at Wales Heart Research Institute);
- Dr Kamila Hawthorne
- Dorothy Debra (Dietician) Llandough Hospital
- Debbie Lavelle, HeartLink Project and Community Participation

**Health information stalls:** black and minority ethnic community organisations were invited to display information about the services they provided i.e. AWETU, Sickle Cell and Thalassaemia Centre, African Caribbean Community group, MENFA, AXIS project. Other service providers included Cardiff Council, Diabetes UK, HeartLink Project and Breast Test Wales.

**Health Promotion resources:** These were in the form of leaflets and posters. Topics covered: smoking, walking 4 health, stroke, diabetes, coronary heart disease, substance misuse, healthy eating etc. All resources were aimed specifically at people of African Caribbean origin except smoking and walking for health.

**Publicity:** All publicity posters were prepared in house and distributed to:

- Numerous black and minority ethnic organisations

- Members for the ACCG (African Caribbean Community Group)
• Health centres and surgeries
• Local shops
• Libraries
• Local churches
• and through word of mouth.

Lunch: As the focus for all the events was centred around diet and nutrition a healthy Caribbean lunch was arranged with a local caterer who is of Caribbean origin and has a vast amount of experience of working within the catering field in Barbados.

Incentives: To encourage people to attend these events, community members were offered free health promotion goodies i.e. pedometers, water bottles, stress balls, the opportunity to receive free massage and an African Caribbean lunch.

Achievements

These events were held in order to increase the understanding and awareness of health related topics affecting people of African Caribbean origin. The Screening and Awareness Events achieved the following:

• ‘Forgotten community’ delivered in partnership
• Worked in partnership with the African Caribbean Community Group, the Shiloh and New Testament churches to deliver a series of Health Awareness and Screening Events
• Worked in partnership with Health Professionals to deliver Health Awareness and Screening Events
• Increased the knowledge and awareness of diabetes, hypertension, coronary heart disease, sickle cell, substance misuse, HIV, the importance of physical activity, diet and nutrition to the African Caribbean community
• Detected people at risk of diabetes, coronary heart disease and hypertension
• Introduced health professionals into the African Caribbean community that they did not have access to
• African Caribbean community able to access health promotion information that they could not access before
• Health prevention - Individuals able to discuss health related issues with health professionals

• Attract African Caribbean community members from other parts of Cardiff to Events

• Opportunity for African Caribbean community to access services offered.

**Partnership Working**

Working with community-led groups such as the African Caribbean Community Group (ACCG), Women Stepping Out (WSO), the Shiloh and New Testament Pentecostal churches in the planning for events has been the key success to working within the community. Along with service providers who have played an important role with their expertise knowledge i.e. ‘HeartLink’ project and the Terrence Higgins Trust. This has enabled the Project to reach members of the community and deliver effective health events. Without the successful working partnerships developed this could not have happened or would have taken much longer.
What we did:

Screening Events

March 2004: ‘High Blood Pressure & Diabetes’ Screening Day
in partnership with the ACCG and the HeartLink Project

‘Your Health’, Screening Day - Sept 2005

September 2005 ‘Your Health’ - Health and Wellbeing Event
in partnership with the HeartLink Project and ACCG

June 2007 ‘Diabetes’ Have you been checked?
in partnership with the HeartLink Project
and Shiloh Pentecostal church

Health Awareness Days

March 2003 African Caribbean Celebration, Awareness Day
in partnership with HeartLink Project and the ACCG

October 2004 ‘Nationality Day’
in partnership with the Shiloh Pentecostal church,
Terrence Higgins Trust, Sickle Cell & Thalassaemia Centre

October 2005 ‘Heart & Sole’ Health Awareness Day
in partnership with the Butetown/Grangetown Healthy Living Programme, HeartLink Project and the Butetown Community Centre
October 2005  ‘Nationality Day’
in partnership with the Shiloh Pentecostal church and
Terrence Higgins Trust

October 2006  ‘Nationality Day’
in partnership with the Shiloh Pentecostal church

June 2007  ‘Managing Better Health’ Health Awareness Day
in partnership with New Testament Pentecostal church

Other Events included

June 2003  Focus Group in partnership with Middlesex University

February 2004  Focus Group in partnership with the HeartLink Project

July 2004  Women Stepping Out ‘Present an Evening of Entertainment,
Fundraising and Dance’. The Project helped support this
Group by providing administrative assistance

October 2004  ‘Caribbean Hurricane Disaster’, fundraising and dance event. 
The Project supported this event by providing administrative
assistance for the ACCG and Women Stepping Out

October 2004  Women Stepping Out, Black History Month Celebration. The
Project supported the event by providing administrative
assistance

November 2004  Trip to Amelia Farm in partnership with African Caribbean
Education (ACE) Saturday School and Black Environment
Network (BEN)

October 2005  Women Stepping Out: Trip to Hay-on-Wye as part of the
Black History Month Celebration. The Project helped the
Group coordinate a series of African/Caribbean heritage
workshops designed specifically to raise awareness for
children of African/Caribbean origin

July 2005  ‘Living and Working with Sickle Cell & Thalassaemia’ in
partnership with the University of Glamorgan

November 2006  ‘Cultural Diversity Study day for Dietitians’
Personal Achievements

- The opportunity to work with and support people from my community

- Feel pleased that members of the African Caribbean community have valued these events especially as some people feel that they are a ‘forgotten community’ and ‘it’s the other communities that seem to get everything’

- Qualified as an ‘Extend’ teacher, February 2007

- Awarded funding from Communities First Team to facilitate an ‘Extend’ class for African Caribbean women after the Project has finished

- Developed a working partnership with African Caribbean Community Group to deliver the first African Caribbean Health Awareness and Screening Events for the community

- Developed a working partnership with health professionals to deliver African Caribbean Health and Screening Events i.e. Dr Owain Gibby, OBE, Professor John Cockcroft, Dr Kamilla Hawthorne

- Developed a working partnership with service providers i.e. Terrence Higgins Trust, Axis Project, Sickle Cell Centre and HeartLink Project to deliver Health Awareness and Screening Events

- Developed a working partnership with Community-led groups and will continue to do so after the Project has finished i.e. Women Stepping Out, Shiloh and New Testament Pentecostal Churches

Presented Extend Certificate - February 2007
5. Evidence of Partnership working

Contributions from:

African Caribbean Community (ACCG) - Charles Willie, Vice-Chair

‘The end of the Barefoot Project!!

From the perspective of the African Caribbean Community Group (ACCG) the ending of such an innovative and productive project is very very sad.

Since its inception in a very practical community based way, the project has not only engaged with the African Caribbean community in South Wales but importantly has delivered a number of practical measurable outcomes, not least through a number of open days raising the profile of conditions such as diabetes, hypertension and sickle cell amongst the African Caribbean community in South Wales. This has therefore been a very positive partnership which it is hoped will continue in some shape or form, as it would be a tragic waste to let all the good work undertaken over the past 5 years go to waste.’

Newlink South Wales - Sarah Benson, Co-ordinator, AXIS Project

‘Working in partnership with the ‘Barefoot’ Health Workers Project has had a positive impact on the work of the Newlink Wales Axis Project.

Our involvement at the ‘Barefoot’ Project’s health awareness events has provided us with excellent opportunities to promote and publicise our service, make valuable links with other organisations and raise awareness about substance misuse within black and minority ethnic communities.’

Shiloh Pentecostal Church - Pastor Anthony Powell

‘Partnership working with the Barefoot Project has been very successful in bringing together the diverse cultures within Cardiff to our local church building. The Project has helped to raise awareness of the various activities such as diabetes screening, sickle cell, HIV, substance misuse, walk 4 health to the community.

Talking to the Leadership and members of the local church we found out that the events such as the screening days and Nationality Days were well received, very educational and informative. There has always been a growing interest over years for more events that would continue to be beneficially to the church and community.

It has always been our interest for the local church to integrate with the community to provide educational and health information from organisations such as the Barefoot Project, Sickle Cell Centre and Terrence Higgins Trust. And during the past 4 years working in partnership with the Barefoot Project has been
successful as they have provided us with the contacts and qualified personnel such as Dr Owain Gibby from the Royal Gwent Hospital who has been an inspirational speaker and we always look forward to having him from time to time through the Barefoot Project.

The Barefoot Project over the past 4 years have maintained a very healthy relationship with the Shiloh Pentecostal fellowship and has always been prepared to help and fund any educational activities that will benefit the community. It was always been my vision to see the church building used as a place for community activities and from this working partnership we have secured funding to run an ‘Extend’ class for African Caribbean women, which will take place in October 2007.’

Terrence Higgins Trust

‘THT Cymru is a part of the Terrence Higgins Trust, a national HIV and sexual health charity. THT Cymru has worked in partnership with the Barefoot Health Workers project since 2004, when the charity employed their African Services Development Co-ordinator as part of their African health promotion programme.

The partnership was ideal because of the mutual audience. The Barefoot Health Workers Project African Caribbean strand of work addressed the needs of African people, THT Cymru’s target audience.

Since 2004, the charity has worked with the Barefoot Health Workers Project, and Shiloh church, to organise the Nationality Day, an annual community event inviting members of the black and minority ethnic community to celebrate their cultures, spirituality and to access health information relevant to those communities. This event provided a forum for THT Cymru to engage with their target audience, African people, around HIV prevention, since HIV was always featured as part of the programme. THT Cymru further provided HIV information for the project on request, at community events. Working with the project usually meant raising HIV in conjunction with other health conditions, which helped reduce the stigma attached to HIV.

The partnership has facilitated networking for THT Cymru. The charity, in 2004, was not well established within black and minority ethnic communities, having previously worked primarily with gay men. The Barefoot project worker assisted initially, by providing useful contacts and introductions to groups tackling health issues such as the Sickle Cell and Thalassaemia Centre. In addition THT Cymru has been invited to screening and healthy living days, organised by the Project. This helped further the profile of the charity among the black and minority ethnic community and service providers.

In the long run, a two-way communication system developed, which ensured that both parties were informed and updated about each other’s activities and links were made to avoid duplication of work, ensuring that the community benefited
from available health information and activities. Such joint working was effective as it maximised on available resources as a result widened its scope of work.’

**Women Stepping Out (WSO):** Faye Walker & Latifah Charles, Founders of Women Stepping Out

‘WSO would like to thank Edna from the Barefoot Project for all her hard work and support. Edna has supported this project for the last 4-5 years now and WSO have benefited from this support in the following ways:

- Help with Funding
- Organising Transport for our Group
- Identifying training needs
- Publicity
- Assisting with planning our events
- Organising venues for WSO to meet
- Signing posting other agencies for help and support

Thank you to the Barefoot Project especially Edna. It is a tragedy that projects that actually engaged with local people especially from The African Caribbean Community are never long term and when these projects are removed it is such a loss to our communities.’
Appendix 2A

Inequalities in Health Fund

Barefoot Health Workers Project

THE BANGLADESHI COMMUNITY

Report by Jasmin Chowdhury

This project is supported by the Welsh Assembly Government’s Inequalities in Health Fund

July 2007
Working with Women

Introduction

The ‘Barefoot’ Health Workers’ Project (BHWP) is one of seven ‘action research’ projects funded under the Welsh Assembly Government’s Sustainable Health Action Research Programme (SHARP, 2001 -2006) and also one of the projects funded by the Inequalities in Health Fund (2002-2007). The Project has been working with five different Black and Minority Ethnic (BME) communities in Cardiff categorised as disadvantaged under official indicators (i.e. the Welsh Index of Multiple Deprivation) as well as a high prevalence of coronary heart disease. The aim of BHWP has been to show the most effective ways of breaking the cycle of poor health and inequalities by reaching out to BME communities and providing them with the tools to address the issues they actually experience and want to resolve. Action research is characterised by a close collaboration between researchers and community members in a cyclical investigation of issues as articulated by the participants.

Initial action research amongst mainly male BME communities identified particular concerns for the health and well-being of women. An open meeting of male members of the Bangladeshi community raised the provision of activities for women as one of the greatest needs, and it was suggested that swimming was often asked for, but difficult to access. Subsequent discussions by the Barefoot Project with a group of Bangladeshi women indicated a high degree of enthusiasm for swimming as something they had all been used to doing in Bangladesh. One woman pointed out that everyone has a pool or pond to swim in whether they are rich or poor.

As a major port, Cardiff has long tradition of immigration and there are established communities of at least 25 different minority ethnic origins making up approximately 10% of the capital’s population. The Triangle Project in south Riverside (also funded by SHARP), working with one of the most diverse areas in Wales also focused on the health and well-being of Black and Minority Ethnic (BME) communities. Similar information began to emerge from the Triangle Project through focus groups involving Bengali women. It was also learnt that a swimming project attracting interest from the Bangladeshi, Pakistani and Malaysian communities had been run in the early 1990s. This resulted in successful lobbying for the inclusion of screens at Maindy Pool, which was being designed and constructed at the time, in order to cater for the needs of Muslim women. The Multicultural Resource Centre (Barnado’s in Riverside) ran weekly trips to Maindy Pool for three years for a group comprising mainly Bengali and Gujarati women from Riverside. The centre also provided a crèche for these women-only swimming sessions. However the service ended with the closure of the Centre in 1999.

The BHWP and the Triangle Project consequently decided to work together to explore whether there was still interest in swimming among BME women, provided that women-only sessions could be organised. Both projects were
interested in combining development of the activity with sensitive research to gain a fuller understanding of the barriers to health and well-being experienced by such women. They hoped it might be possible to build the capacity of a group of interested women so that they could gain more ownership and control over the activity and thus ensure its sustainability once the projects ended. No one at this stage could imagine the profound Cardiff-wide impacts that the initial pilot project would eventually achieve.
The Pilot: Ladies Swimming Project

A pilot project was organised by Jasmin Chowdhury (Barefoot Health Workers Project) and Pat Gregory (Triangle Project in Riverside) It was agreed that the ‘ladies swimming project’ should have the following aims:

- To assess the interest of women from Black and Minority Ethnic communities and to explore the most appropriate ways to implement the initiative.
- To examine the practical elements that are needed to make swimming facilities accessible for the women from these communities.
- To improve communications and strengthen the relationship between community members and service providers within a community driven initiative.
- To build up trust and confidence by giving something back to the local communities.
- To gather and evaluate individual and collective responses to the initiative as well as collecting information to identify other areas of interest and gaps for intervention.
- To assess the potential for sustainability by identifying a small group of participants who are keen to apply for funding to continue the project and gain further training.

The project would involve providing a weekly minibus trip for up to 10 BME women to Maindy Pool (still the only one in Cardiff with the necessary screens) where swimming lessons would be provided.

Information about the initiative was passed on by word of mouth and leaflets were distributed, through women who had previously expressed an interest, and also handed out at appropriate locations such as the Neville Street Project, the Young Children and Parents Project in the South Riverside Community Development Centre, the Butetown Multicultural Centre, MEWN (Minority Ethnic Women’s Network) Cymru, the Africa Centre in Clare Street, and various women’s activities at the Riverside Warehouse.

The pilot commenced in late September 2001 and ran for eight weeks until Ramadan and again for eight weeks in the New Year. On the first occasion only one woman turned up. Further efforts to pass the word around resulted in seven women (with two children) attending the second session. Thereafter the numbers increased until half-term break when there were 16 women plus two children attending, together with Jasmin and Pat who also participated. Word of mouth proved very important to the recruitment process, and by the end of the
first eight weeks there were 26 women on the register. Of these there were 17 Bangladeshi, 1 Pakistani, 1 Sikh, 3 Southern Indian and 4 Somali. Some came regularly, while others asked to be contacted for the next set of sessions.

It has very quickly become clear that one minibus was insufficient to meet the demand so additional funding was obtained from MEWN Cymru to hire a second minibus during the second eight weeks of the pilot project when demand continued to be strong. This also resulted in some of the women voluntarily joining MEWN and getting involved with its activities. A lot of interest was displayed in the project by various organisations, but this was not followed up because of the limited minibus spaces available.

Jasmin and Pat, as Community Researchers, both agreed that the ethos of action research meant that they should participate fully in the swimming sessions. This decision avoided the ‘professional detachment’ that often accompanies research work, and it had a profound influence on how they related to the group and the quality of the knowledge they gained from conversations with individual women and the group as a whole. As the sessions progressed, the women talked about feeling fitter, losing weight, feeling ‘tighter’ (in the sense of muscles being toned up) and noticing that they were able to swim longer distances. There was also a lot of discussion about the importance of exercise, and in response to this Jasmin and Pat distributed information about other health activities suitable for women. The women also said they valued the social side of the group and its mental health benefits.

Seven of the swimmers attended a meeting of a local women’s network and helped produce a list of activities in which they would like to participate. One of these led to MEWN Cymru supporting a group of learner drivers. Other activities taken up by members of the swimming group included classes in computing and sewing, and an investigation of allotment membership. One woman began a small catering business. As one woman said at that time, “...a few months ago before I started the swimming, I’d never have believed how busy I’d be.”

As soon as a regular group of swimmers became established, Jasmin and Pat discussed the future of the project with the women, making it clear that it would only continue if fresh funds could be found. The simplest option appeared to be an application by at least one of the participants for an Arwain Millennium Award up to a maximum of £2,500. Four participants volunteered to be named on the application with one taking the lead. The bid was successful and meant that the swimming sessions could continue for a further 12 months.
Women Only Swimming: The early days of the group with Jasmin Chowdhury outside Maindy Pool

During this year some of the regular swimmers, including those named on the funding bid, became involved in the business of running the group. There were frequent informal meetings in the few minutes between leaving the pool and the bus departure for Jasmin and Pat to get feedback on the service. Invoices for the buses had to be paid by the award nominee, and there were alterations in the pickup points and times of the buses as group members described how they needed the service to run. For example, two mothers who had to drop their children off at another school found the 9.30 Kitchener Road pick up very difficult to make, so the route of the bus was changed slightly so that there could be a pick up point nearer to them. There was also an obvious need for an ongoing second bus. The first one now ran from Butetown up through Grangetown, Riverside and Canton. But on some days it would fill up early and women waiting at the final stops didn’t know if there would be a seat available.

With all the issues being raised by the group, the enthusiasm in the group for getting involved in extending the project, and bearing in mind the need for a long lead in to funding applications, soon after the receipt of the Millennium award Jasmin and Pat began a process of more formal meetings. These introduced the idea of forming a committee, drawing up a constitution and choosing a name as prerequisites of any further funding bids. None of the group had previous knowledge or experience of formal group structures and roles.
**Women In Action**

In a series of meetings from autumn 2002 through till spring 2003 facilitated by Jasmin and Pat, the group chose a name (Women in Action - WiA), formed a committee, decided on a simple constitution and in a consultation using participatory research methods, set some objectives for the next year. At this point they were in a position to apply for funding to carry out these objectives.

The main things that the group had decided to aim to do were to continue the swimming with the provision of two buses, to extend the provision of trips, and to produce a newsletter to record the achievements of the group and individual stories of the group members. They were successful in obtaining funding for all these activities from the Communities First Trust Fund and Awards for All Wales.

One thing that they didn’t apply for was money to provide a crèche. Up until this point the need for a crèche was limited, as the pool staff allowed mothers to place small children and babies in prams on the poolside, as long as they were securely harnessed. This enabled mothers to swim with children for some of the time, then get out and dress the child and settle them in where they could still see their mother, and she would have a time to swim herself (the full session was a long time for a baby, and if a mother had her baby with her the whole time, she didn’t get a chance to get much exercise herself). However this practise was stopped all across Cardiff, and at this point a number of mothers of small children stopped attending the WiA swimming sessions. Jasmin and Pat investigated other possibilities, but there were no spare rooms in Maindy Pool, and basing the crèche in any other location added big difficulties.

Cardiff Playbus were approached about the possibility of providing a mobile crèche and this was tried out for one session a month in February and March 2004. There were initially difficulties in extending the service because of their other commitments, and provision of funding, but the co-ordinator was keen to work with WiA, and from the autumn of 2004 they have been providing a weekly crèche at Maindy Pool. One of the playbus workers has taken on co-ordinating the service, and now the crèche is used each week by between 4 and 6 children.

**Celebrating achievements**

In June 2002 the ladies swimming group decided to organise a visit to Dyffryn Gardens, a garden and recreational centre based around a stately home now run by the Vale of Glamorgan Unitary Authority. The visit was intended as an opportunity for the women and their children to socialise together, and to enable the group to reflect on and evaluate the experience of the swimming sessions in order to plan those for the coming year. Unfortunately the weather was stormy so only 14 women and their children turned up, but the results of the evaluation emphasised the positive effects of group membership in the lives of the group members. “We found out how much we had all achieved since starting our swimming group.”
During the summer of 2004 a more ambitious visit was organised to the residential centre at Stackpole in Pembrokeshire. Eleven women and eighteen children, many of whom had rarely or never travelled outside Cardiff while in Britain, spent a long weekend in self-catering accommodation filling their time visiting the local beaches and with health and creative activities in the centre itself. Jasmin and Pat accompanied the group which comprised mainly Bangladeshi women, plus two Chinese women and their children. Feedback from the visit was very positive and strengthened the desire amongst WiA members for more excursions of this kind.

In autumn 2004 the WiA committee decided to publicise and celebrate their achievements by holding a dinner and social event for WiA members at Cardiff’s Coal Exchange building. Over 150 people were invited, including officials from Cardiff County Council’s leisure services department who had been instrumental in helping organise the women-only swimming sessions. WiA’s chair, Shahara Haque spoke eloquently about the WiA’s achievements, and a summary of the landmarks was presented to a well attended event by Pat and Jasmin. Following a meal, members performed dances, and the evening finished in celebratory style. The group newsletter was launched at the event and it was subsequently widely distributed through relevant networks. It resulted in some media coverage for WiA’s achievements.

**Lifeguard Training**

When the staff at Maindy Pool were first approached about the pilot swimming project in the summer of 2001, they expressed some apprehension about catering for the needs of BME women, primarily because it was a new experience for them. Part of their concern was associated with the way it would be perceived by the Western women using the pool, and there was a brief period when staff from the adjacent government facility of Companies House boycotted the pool because they felt BME women were being given special treatment. Gradually, however, regular contact between the swimming group and the staff, and between the group and Western women also using the pool during the women-only sessions, improved understanding and cooperation. Noticing, for instance, how BME women swam partially clothed, some Western women eventually chose to do the same.

In discussion with the pool’s staff it became clear that one of the factors limiting the provision of women-only swimming sessions was the lack of trained women lifeguards. (Another was the lack of screening and enclosed changing cubicles at other pools in Cardiff.) The idea of becoming trained as lifeguards was raised by WiA swimming group members, but as the arrangements for providing training included working with male trainers and in mixed pools this was not workable for women from a number of Minority Ethnic cultures. Initially this seemed to be an insurmountable block to the idea, but then the manager of Maindy and Splott initiated Leisure Services taking on the idea as a project. At this point the Sports Council had a newly appointed Ethnic Minorities Officer, and he also came on
board, so the ensuing Ladies Development Project grew as a partnership between Women in Action and the other two organisations. Input from WiA members has been fundamental to the way the project has been developed.

With Sports Council funds used to make necessary structural changes to Splott and Eastern Leisure Centre changing rooms and provide transport to sessions, Leisure Services organised additional women only sessions at those two pools, and women trainers, and WiA acting as project consultants and providing 11 trainees, the project got underway in the autumn of 2004. One trainee dropped out for family reasons. By August 2005, all seven of the original trainees who have so far taken the exam have succeeded in becoming fully qualified lifeguards. In addition Leisure Services are funding the employment of one member of the group as an outreach worker to promote and extend women only services among BME communities across Cardiff.

The qualified lifeguards will all be employed in Cardiff, and the goal of the project is to open up all seven Cardiff Pools to women only sessions and activities.

Evaluation Framework

Use of the action research method during the development of WiA meant that Jasmin and Pat continuously encouraged reflection and review of different activities. This often took the form of quiet informal discussions before, during or after the swimming sessions themselves. However a few more formal review and evaluation events have been held, notably as part of the visits to Duffryn Gardens and Stackpole. Also, once WiA had been formed, its meetings and especially its AGMs have provided opportunities to discuss past experiences and future plans. Also see Attachment 1.

With the BHWP and Triangle Project drawing to a close during 2005, it was agreed that a more structured evaluation would be appropriate and could help WiA plan ahead to achieve sustainability.

Women in Action at present

As the Triangle project ended in September 2006 Pat’s involvement with WiA activities also come to an end although she still remains in contact with group. Jasmin continued to work with the group in the last year of BHWP (Sept 2006 - July 2007) to plan the future by developing the skills and expertise of the group members. While Rajma Begum in her role as the BME Outreach worker for Cardiff Councils Leisure service has been able to address the rising demands for women only activities, the group have concentrated on building a sustainable infrastructure and applying for funding to carry on. Support from Voluntary Action Cardiff (VAC) has helped WiA to start planning and developing a business plan. Group members have taken up training in areas of interest and career opportunities e.g. around diet and fitness, counselling etc.
Individuals from WiA have inspired many other members of their community and the approach and process used in developing the group is widely recognised by groups and service providers not just in Cardiff but also outside. WiA featured in a documentary programme produced by ITV called ‘Wales this week on Monday 16th July 2007.

The policy direction in Wales at present with ‘Making the Connections Delivering Beyond Boundaries’ following Sir Jeremy Beecham’s review of Local Service Delivery certainly echoes the way WiA have successfully reached out to some of the most isolated members of the community and improved participation in service delivery. The innovative and effective approach to develop active involvement, positive citizenship and representative democracy has been welcomed by all different section of the communities as well as organisations/service providers.

As Jasmin’s role as Community Researcher draws to a close, there have been some lengthy discussions at meetings and also between individual group members about the concerns and apprehensions about planning the future and managing the expectations/ rising profile of WiA without the support from the project. Being a member of the community and the relationships built throughout the journey of forming and establishing WiA means remaining involved is part of a continuing process for Jasmin even though her role with BHWP is coming to an end.

Attachment 1

Evaluation plan

Four objectives were identified for the evaluation:

• Assess the success of the project in providing BME women with access to appropriate

• Health and well-being activities.

• Assess the impact that involvement in the project has had on participants’ lives.

• Explore how WiA has influenced service provision, and how.

• Assess the sustainability of the project.

To allow sufficient time to explore all the issues, the evaluation was planned to run between 10am and 3pm with a buffet lunch provided. To enable some of the most active WiA members to be present, together with key staff from Cardiff County Council’s leisure services department, it was agreed that one of the
lifeguard training sessions taking place at that time would be cancelled. Invitations were circulated to all WiA members (although some of the 140 women who have been involved over the years have since left the UK), and Jasmin, Pat and the WiA chair spoke personally to as many members as possible to encourage them to attend.

The Neville Street Women’s Centre was chosen as the venue because it is fairly central to the group, has rooms available and is familiar to many WiA members. Crèche facilities were arranged within the centre, but were not provided by Playbus staff because they were invited to participate in the evaluation event itself. Whilst not all WiA members speak English fluently, it was agreed the evaluation would be held through the medium of English, with WiA members being asked to help with translation. Although the majority of WiA are Bangladeshi, there are women from a range of other communities, and to provide translation services was considered prohibitively expensive and impractical.

**Facilitation, note taking and independent evaluation**

Several facilitators were required because of the desire to run various group discussions. It was agreed that all should be women to create a relaxed and comfortable situation. It was felt that note-takers would be less obtrusive and so could be either men or women. Pat and Jasmin both acted as facilitators and they decided to lead the final session during the afternoon together. An experienced evaluator with no previous contact with WiA, Carol Owen, was asked to observe the whole event and to provide an independent assessment of its effectiveness. Carol subsequently made some comments on the facilitation at various points, but concluded that overall the evaluation worked well.

**Evaluation exercises**

It was decided that there would be three elements to the evaluation. During the morning participants would be formed into three groups:

**Group A:** WiA members involved in the lifeguard training. These have been involved for a long time and about half are WiA committee members. 10 are Bangladeshi and one is Pakistani.

**Group C:** All other WiA members present. This group was more varied in terms of length of membership, involvement and ethnic background. The majority were Bangladeshi, but it also included Pakistani, Chinese, Somali, Indian and Yemeni.

**Group B:** Service providers. This included staff from Maindy Pool and Eastern Leisure Centre, Cardiff Playbus, MEWN Cymru and Women Connect First.
Each group would be asked to discuss three questions:

- **What difference has group membership/involvement in WiA activities made to you / to your work?**

- **What has been your experience of being a member of WiA, or your experience of working with the organisation?**

- **What has been difficult for the group, or hasn’t worked well for you, or for the group as a whole?**

Over lunch all the participants would be invited to write comments on a pre-prepared timeline chart, and to discuss issues that had arisen for them during the development of WiA.

All the participants would work together during the afternoon to address the question: **What is your vision of the future of the group?** Participants would write their suggestions on ‘post-it notes’ which Jasmin and Pat would arrange into clusters of similar issues. Participants would then be asked to prioritise the clusters. The two highest priority issues would then be discussed in a little more detail before the evaluation closed with a round of final comments on any issue that may have arisen during the day.

**Evaluation Analysis**

The evaluation provided clear evidence of the profound impact that WiA, especially its women-only swimming initiative, has had on many of the participants. For many it is the chance to get out of the house, to socialise and to participate in a healthy activity in an appropriate cultural setting that figure as the most significant benefits. However the evaluation also shows that the swimming sessions, and all the other activities that have cascaded from this core activity, would not have worked without a number of important ingredients being present. Amongst these are:

- the availability of an appropriately equipped swimming pool for women-only sessions;

- empathetic and effective professional support from the pool’s staff;

- the availability of female lifeguards;

- pre-arranged subsidised transport providing pick-ups in the community;

- a reliable crèche in which mothers can have confidence;

- encouragement and skilled capacity-building support from ‘community development workers’ utilising action research methods;
• sufficient time to build the initiative at a pace and along lines determined by the participants;

• a modest level but reliable source of financial resources.

The WiA’s newsletter features a number of personal stories that eloquently testify to the ways in which involvement with WiA has changed people’s lives. The independent evaluator noted how difficult it was to explore some of the most sensitive barriers facing BME women thinking for the first time of getting involved. Foremost amongst these appears to be the marital and cultural pressures placed on Asian women by their spouses and ethnic communities. Several active WiA members spoke about the difficulties they still encounter with trying to persuade their parents and the older generation to get out of the house and participate in wider community activities.

Despite a tendency for those who have become very involved with WiA, especially those now training to become lifeguards, to diminish the personal challenges they had to overcome to join in the pilot women-only swimming sessions, there is still a strong desire to make other BME women in Cardiff aware of the opportunities for involvement in the mental and physically healthy activities run by WiA. There is also a desire to see women involved from a wide range of ethnic communities partly because members know how vital mutual support within the group has been to sustaining their involvement and in their subsequent personal development.

The process of ‘group formation’ was taken slowly and gently by the two Community Researchers, Jasmin and Pat, who took care to form relationships with the participants of the pilot swimming sessions and to understand their personal and cultural circumstances. They have always participated as fully as possible in WiA activities without losing sight of their role as facilitators and researchers. They thus consciously rejected the detachment displayed by many facilitators of community action which tends to separate the provider from the beneficiary. The social side of the activity was also recognised as an important element which needed to be given time and space to develop. This eventually led to the trips to Dyffryn Gardens and Stackpole, and the Coal Exchange celebration, which have been highly valued and done much to raise confidence.

The provision of transport to and from the swimming sessions, and of the Playbus crèche facility, has been crucial aspects of the initiative despite the problems that have been encountered. Comments by participants during the evaluation illustrate the worrying difficulties that have been experienced with the minibuses, and the efforts that have been made to resolve them. Although there was no crèche at the pilot sessions (mothers left their prams around the edge of the pool), this was deemed unsafe. Funding and staffing of the crèche was unreliable to begin with and threatened the viability of the sessions. There was in any case an initial reluctance to use this service because child-minding is
traditionally ‘kept in the family’ in many BME communities. Fortunately these difficulties were overcome.

Although Jasmin and Pat have been able to support the steady development of WiA in their paid roles as Community Researchers, they have stood back from taking on formal roles in running the organisation. Management committees have been formed from among the growing membership, and committee members (especially the chair) have undertaken a considerable amount of voluntary work. Early meetings of the committee have been described as rather chaotic, but it is worth noting that the 2005 AGM held soon after the evaluation appeared far more focused and involved elections for many of the places on the committee. There has been discussion on the merits of employing a paid member of staff, but although this remains a medium-term goal it has been concluded that further development is necessary before such a level of responsibility can be taken on. This was given a high priority in the evaluation.

This prioritisation exercise revealed employment aspirations as the most important to participants; a result that was somewhat surprising given its invisibility during the morning’s discussions. It appears to have been inspired by the job potential attached to the lifeguard training and the council’s plans to extend women-only sessions to all its pools in Cardiff. However the Triangle and Barefoot projects have gathered evidence from other exercises that BME women are motivated by the desire to find paid work commensurate with their abilities.

Turning to the service providers, the impact that WiA has had on their current operations and future plans is considerable. Comments by the leisure centre staff illustrate the profound multi-cultural learning experience that has arisen from involvement with the women-only swimming sessions. From tentative beginnings and some initial adverse reaction from western women users of Maindy Pool, not only have the facilities there been made more acceptable for use by Muslim and other ethnic minority women, but the success of the venture has prompted the council’s leisure services department to extend the service in stages to the seven other pools in Cardiff. With this in mind eleven WiA members have been encouraged to undertake training to become lifeguards. This course was also designed appropriately through discussions between the department and WiA, and the cost of the training has been borne by Sports Council Wales following successful negotiation also involving WiA committee members. This represents a considerable achievement in terms of influencing and shaping service provision to meet the needs of an extensive latent user group, namely BME women and their families.

The evaluation also allows some overall conclusions to be drawn from the more than four years of experience of the women-only swimming sessions and the development of WiA as a member-owned voluntary association. The capacity-building process which can be traced over this period has been highly ‘organic’ in nature, developing in a direction and at a pace with which participants have felt comfortable. This has been strongly reflective of the principles embodied in
action research which are aimed at building action around the concerns and perspectives of the participants with whom the researchers are engaged, rather than through the importing of premeditated outside agendas. Although this sensitive and responsive approach takes time, especially during its early formative stages, it can be seen to be highly effective once firm roots have been put down into the community or communities it is trying to serve. It also requires a form of community development that is fully involved and engaged with the participants but which is sufficiently objective to help them navigate their way through the development process. This is an approach based on trust and respect for the innate ‘expertise’ of local people. It is about taking action with them rather than for them, and the review and reflection built into the action research cycle helps participants to learn from their set-backs and achievements.

As Barefoot Health Workers Project draws to a close, WiA can be seen as an important, empowering community structure that they have managed to nurture in a highly fragmented multi-ethnic society in which women can often feel isolated. WiA has not only achieved significant outcomes in terms of the lives it has changed for the better and the services it has helped to create, but it also appears sufficiently robust and self-sustaining to continue its growth and development into the future. The evaluation suggests that the next challenge for WiA and its partners is to explore how far more BME women and their families can be encouraged to participate in health-enhancing community-based activities with the support of their cultural and community leaders. This is likely to require intelligent social and political action by WiA and its supporters.
Appendix 2B

Inequalities in Health Fund

Barefoot Health Workers Project

THE BANGLADESHI COMMUNITY

Report by Jasmin Chowdhury

This project is supported by the Welsh Assembly Government’s Inequalities in Health Fund

January 2007
The Bangladeshi Reference Group

Introduction

‘Reference group’ is a term deriving from Action Research methods, seeking to involve the subjects (those under investigation) in the entire research process, rather than maintaining an objective distance: from the initial conceptualisation through design, data collection, analysis and implementation. As well as acting as a representation of the community, it’s a working group who help to interpret the information, understand the social phenomena and bring about positive change in the context which is specific to the community (Dick, 1998).

Background

The Bangladeshi community in Cardiff (approximately 9,000) contains some of the most deprived people in terms of their socio-economic and health status as well as their access to services. The morbidity and mortality rates from chronic disease are high amongst this community and access to health services is difficult due to communication and cultural barriers. The tendency of health professionals to expect community members to be ‘educated’ and change to fit in with the existing system often makes it difficult to bridge the gap in communication (Hawthorne and Rahman, 2003). The lack of cultural appropriateness in service provision, lack of accessible information and understanding of the system leads to inappropriate use of the services and a mismatch in expectations.

There are now a number of groups operating within the Bangladeshi community in Cardiff. The conflicts and differences in opinion between these groups make it harder for the community to come together and to voice their common concerns collectively. Traditionally certain sections of the community, such as women and young people, have not been involved or represented by these groups.

Aim

The aim of setting up a Reference Group in Cardiff was to bring representatives from all the different groups and sections, including gender, age and social status, together to act as a balanced representation of the Bangladeshi community in Cardiff.

Objectives of the Reference Group

• Advise and inform the project about views and perceptions within the Bangladeshi community.

• Provide access to grassroots and members across the community.

• Guide and sustain the research and implementation of culturally appropriate activities to improve the health and wellbeing of the community.
• Promote the project and its objectives within the community.
• Help disseminate research findings to the wider community.
• Enable other organisations and professionals to consult with a representative group from the Bangladeshi community.

Take information back to the wider community in order to help improve access to services.

**Approach and Methodology**

Action Research seeks to involve the subject’s right from the beginning of the planning through to designing, implementing and also in reflecting on and evaluating the outcome. This approach helped to overcome some of the scepticism around ‘research fatigue’ and offered an innovative and exciting platform for participatory research followed by community-led initiatives. The Bangladeshi community in Cardiff received the cyclical process of action research with a lot of enthusiasm. The flexibility in using the most appropriate methods and participatory techniques has helped to achieve an effective process of engaging and meaningful participation from different sections of community and the organisations outside.

**Process of setting up the Bangladeshi Reference Group (BRG)**

As a starting point, the Community Researcher met with members of the groups within the community to introduce the project and its objectives. Each of these groups acknowledged the need for a balanced cross-sectional group with health and community development as the common ground.

A series of ‘Open Meetings’ were organised to ask community members what they identified as key issues/priorities for the community.

Community members highlighted the need for the project to remain neutral and objective and to show full respect and understanding of the values and beliefs of the community.

Participants at the Open Meetings supported the idea of setting up a representative group and suggested a process for people to be nominated as members of this group. The Community Researcher introduced the term ‘Reference Group’, and the participants at the meeting validated it.

As advised by the community members at the Open Meetings, a letter was sent out to each organisation and group within the community requesting them to nominate two members from their organisation to become members of the Reference Group. In order to ensure the inclusion of members from all sectors (e.g. women) it was decided the project would confirm the final names to be included in the Reference Group.
Despite the willingness of the women to become involved with the Project, women in the community did not attend the Open Meetings. A number of the women said to the Community Researcher “it just wouldn’t be comfortable to attend meetings with the men”. As a result women were asked to participate in women only focus groups, where they identified the need for more collaborative working between the men and women. It was also discussed; the project by facilitating a Reference Group can help to build the confidence of the women to tackle some of the cultural barriers and to bridge the gap.

**Outcomes**

There are now 44 members of the community have been nominated for the Reference Group. There are 28 males and 16 females, and the age range is from 15-65 years.

The members of the Reference Group come from across Cardiff with a diverse range of backgrounds, and with varying degrees of community involvement.

This is the only group with cross-sectional representation from the community working in collaboration with the project.

Meetings are arranged every five/six weeks, with an average attendance of approximately 12 people, and meetings take place over lunch. This set up creates a rare opportunity for social interaction and informal discussion and is key to the success of the Reference Group. This type of set up helps to build a shared understanding about the main issues in the community, overcome cultural barriers, as well as making it a fun and enjoyable experience.

The ‘Barefoot’ Health Workers Project is represented at every meeting by attendance of the Community Researcher and the Project Manager.

The group is recognised as an effective and credible group by everyone involved so far, for taking a holistic approach to improving the health and wellbeing of the community.

Collaborative working between the Reference Group, Ethnic Minority Achievement Service (EMAS)- Cardiff County Council and Fitzalan High School has led to the recruitment of a Bengali Home School Liaison Officer for the first time in Cardiff.

The Reference Group is working closely with the Big Lottery Fund (BLF) Tobacco Control project in order to develop the work with the Bangladeshi community in Cardiff and to recruit a Bangladeshi Community Health Development Officer - Tobacco Control.
Members of the Bangladeshi Reference Group discuss plans for the Health Awareness Day held on 11\textsuperscript{th} February 2007 at County Hall, Cardiff

Left to right: Noor Miah, Zaman Quraishi, Cllr Islam, Shahara Haque, Jasmin Chowdhury, Yaaseen Quraishi, Sajida Quraishi, Farida Khatun Miah

1) Shahara Haque: BANGLADESHI REFERENCE GROUP

My name is Shahara Haque. I am a member of the Bangladesh Reference Group and I have been a member since the group was formed in 2003.

I first came to the UK in 1972 with my parents, at the age of 4 years old, so I had very little knowledge of Bangladesh and the community as a young person being brought up in the western world.

I share and respect both western ways and the Islamic view, but found it hard, when I was growing up to express my feelings in the community.

Since the Bangladesh reference group was formed I took a lot of interest in our community and it needs, in dealing in all aspects of life, such as health, education and metal well-being etc.

Being an out-spoken Bangladesh woman I feel I’m not afraid of putting my view across, dealing with any issues that affect our community.

The Bangladesh reference group has made it possible for both men and women to sit together and talk about any such issues concerning the community. The group members really respect each other’s views, which makes it comfortable for everyone.

I want what’s best for our community and the next generation of our children growing up and dealing with life. School and any other issues that they need to deal with affecting their everyday life.
These issues do come up in our meetings; we hope to find ways of helping them in the path of success. As well as getting our women and men more confident in enjoying part of a healthy lifestyle, and participating in some form of exercise, which are available in the community at the moment.

I find the Bangladeshi Reference Group has made a difference in my life, it has helped me take an interest in our community and what happens in it and also the difference I can make. I feel very proud and obliged being part of the Bangladeshi Reference Group and hope it continues in the future.

2) **Noor Miah - BANGLADESHI REFERENCE GROUP**

I was introduced to the BRG by Jasmin Chowdhury of the Barefoot Health Workers Project in late 2003.

As a local resident of Canton I have been self-employed for most of my working life and it is always difficult to make time to attend all the meetings. One of the nicest aspects of the group is that there is no obligation to attend every meeting to remain a member and the contribution that you are able to make is reflected back on the community that you represent. I am involved in various other organisations and am able to see the positive impact that the BRG has had and is continuing to have on our community.

It is very heartening to see that the BRG is representing a cross section of all members of the community and is well balanced in its approach to serving the community. It is important that a group such the BRG continues to be in place because it fulfills a function that the various other Bangladeshi organisations do not seem to cover.

It would be wonderful if we had one organisation that served everyone’s needs - could this be the BRG?

3) **Farida Khatun Miah - BANGLADESHI REFERENCE GROUP**

I’ve been a member of Bangladeshi Reference Group (BRG) since it was formed in 2003. I became involved through my role as a Link Worker for the Multicultural Health Resource and Information Centre and also through active involvement with the various community activities and groups such as Women in Action, Bangladeshi Women’s Group and Riverside Cultural Celebration. The aims and objectives of the BRG reflect my own and we as a group strive to improve the quality of life for the Bangladeshi community.

I find the Bangladeshi Reference Group to be a valuable resource in exchanging information as well as providing us with a platform to advise and guide on the main issues concerning our community. The regular meetings enable us to build expertise and knowledge in keeping up to date with new projects and activities. Being facilitated by the Barefoot Health workers Project we are given credibility and are often consulted by various groups and institutions.

Working in the community I come across inequalities within our multicultural society in health, education, leisure facilities etc. I wish to tackle these issues in order to improve the standard of living for the Bangladeshi community and also to ensure better prospects for our future. The work of the group is having a positive
impact on our community as is evidenced by the successful recruitment of the Home-school Liaison officer, Community Health and Development Officer for Smoke free Cardiff Project, the Homework club and the raising awareness events.

As a member of the Bangladeshi community I feel privileged as a member of BRG and take pride its achievements. I sincerely hope that the BRG will carry on with its valuable work and continue to build a successful future.
Sustainability

It is crucial for the Reference Group to be supported by the neutral and independent facilitation, which has been provided by the project from the outset. The project also provides the catering for the meetings, which makes the social interaction possible. It is important to build this into future plans for sustaining the Reference Group. As the Barefoot Health Workers Project is coming to end in September 2007, the group need to discuss, plan and decide how they will cover the financial and administration support currently provided by the project. An independent consultant was asked to evaluate/reflect on the objectives and the role carried out by the BRG.

Following the evaluation findings BRG have started profiling what needs to happen next. The group are now in the process of electing officers, adopting a constitution and opening a bank account. As the Barefoot Health Workers’ Project comes to an end in September 2007 these are all-important parts of the process in sustaining the group. However, if the group is to survive with its’ unique, innovative and participatory approach it is crucial not to loose sight of its values, principles and objectives. Group members are aware they face a challenging time ahead after the project ends with low morale and concerns about the process of securing the future of the Bangladeshi Reference Group.
References


Appendix 3

Inequalities in Health Fund

Barefoot Health Workers Project

THE PAKISTANI COMMUNITY

Report by SHAZHAD AHMAD

This project is supported by the Welsh Assembly Government’s Inequalities in Health Fund

December 2006
Cricket and fun day event August 14th 2005

A cricket and fun day was organised for the Pakistani community to help address the health needs of the community. The Barefoot project worked in partnership with local cricket teams including the Gymkhana cricket club to set up a cricket event. This provided the Smoke Free Cardiff Project the opportunity to target cricket players who smoked. It was evident from talking to the cricket team that a majority of the players smoked. In addition, to attract members of the community to the cricket event a fun day was set up for the community with a range of stalls including health stalls. This provided the Barefoot project the opportunity to help promote healthy messages to the community with the help of other health projects who had stalls on the day.
Health Event March 2006

Following on from the inaugural cricket event and fun day on the 14th August 2005, it became increasingly evident that South Asian women in particular Pakistani had an increased need for physical activity and a healthy lifestyle. This information was obtained through questionnaires given out to south Asian women on the cricket/fun day. Further consultation with the community after the event with key community leaders highlighted the gap in health that existed among south Asian women which made it increasingly clear that an event to increase their knowledge and awareness should be organised to address the lack of knowledge around health in the community.

A Barefoot ‘Your Health’ event was setup and was primarily targeting south Asian women. This event had various health stalls and several presentations on the day. These presentations were delivered by fellow health professions including a female (Asian) GP and female (Asian) dietician.

Survey Asian Restaurants

Through several consultations with work colleagues on the Project it was identified that BME groups (predominantly men) would be targeted through workplaces as many men were too busy to access information during the day. This would also provide an opportunity to inform Asian restaurants of the Smoking Ban being enforced in April 2007. The need to target South Asian people is great as South Asian groups have the highest rates for CVD and the highest rates of ill-health among the general population. Around 40% of Pakistani men
smoke which is contributing to the high numbers of lung and cardiovascular
disease. The need to target Pakistani men and increase awareness of smoking
services and the dangers of smoking is a main aim of the project.

Development of Initiatives for the Muslim Community - Ramadan Campaign
2005

This project was mainly aimed at Muslim men. Therefore it was decided that a
Ramadan campaign would have the biggest impact as well as being the best way
to contact and talk to Muslim men.

The campaign would run throughout the month of Ramadan, the month where
Muslims fast from dawn to dusk for 30 days. Throughout this period Muslims who
fast, must refrain from food or water to fully comply with the rules of fasting.
Previous research carried out in London and Bradford, highlighted that Ramadan
was an ideal opportunity for people to give up smoking. Indeed revealed in the
study conducted in London, it estimated smokers were 72% more likely to give up
than at other time during the year.

The Smoke Free Cardiff project decided to pioneer a new approach to reach its
target audience. It was agreed between the project manager and the community
health development worker that throughout the month of Ramadan
(October/November) a small number of talks would be held in mosques across
Cardiff. These presentations would focus on the dangers of smoking, how people
can give up smoking and where to access stop smoking support services. In
addition to these talks information leaflets about the dangers of smoking were
given out in several languages to further re-enforce the message of stop smoking.

The same campaign was repeated in 2006. However due to time constraints no
presentations were delivered to mosques. An information leaflet on the dangers
of smoking was put together by the Smoke Free Cardiff project and attached to
mosque timetables. These were then delivered by project staff to each mosque
in Cardiff. The same campaign was also completed in 2007.

Gymkhana Health Evening Event- 2\textsuperscript{nd} August 2006.
Through working with and sponsoring the Gymkhana cricket club, it was decided
with the club would hold a health evening to increase the knowledge of its
members (predominantly Asian men) around healthy living. Asian men have a
high incidence of ill-health and have particular concerns around CHD, Diabetes,
blood pressure and cholesterol. Several presentations were given on the evening
to best communicate healthy messages to the community. The presentations
were to be delivered by invited professionals including a local Pakistani GP.
Other presenters on the day included Leon Burns from Active Life Cardiff
(Physical activity project), Shahzad Ahmad and Robert Sage from Smoke Free
Cardiff. This event was carried out in partnership with Smoke Free Cardiff and
the Barefoot Project.
Carers Event 14th December 2006

Following on from the health event held at Roath community hall on the 19th March 2006, the Barefoot project was approached by a local carers community group to see whether the project could help the carers group address concerns community carers had (predominantly Pakistani) regarding Thalassaemia. Shahzad Ahmad (Pakistani community researcher) met Usma and Fateha from the carers group to discuss how best the two organisations could come together to address the concerns the carers had. The following was identified:

- Information around Thalassaemia for the Pakistani community
- Information around diabetes, CHD, and physical activity.

It was decided to hold an information event for the Carers group and its members. This would be a joint partnership between the Barefoot project and the carers group. After several meetings discussing the details it was agreed that the event would take place before Christmas on the 14th December 2006.

The Barefoot Project agreed to organise and fund the event. The carers group would bring together the carers to the event and also invite members of the community who they thought would benefit from the event. It was expected between 25-35 people would attend the event.

Shahzad Ahmad organised the hire of a venue, catering and invited several presenters for the information day. These included:

- Tessa Lyburd- Sickle cell and Thalassaemia Councillor/ Co-ordinator
- Kamila Hawthorne- Local GP
During the organisation of the event the project was also approached by Trudy Evans from the Welsh blood service. Trudy expressed an interest to attend the event to help encourage people from the South Asian community to donate blood and bone marrow - historically low levels of donation have come from these communities. After discussing this with Trudy it was agreed that she could speak at the event to the carers. A programme for the event was hereafter devised.
Appendix 4A

Inequalities in Health Fund

Barefoot Health Workers Project

THE SOMALI COMMUNITY

Report by Musa Yousuf

This project is supported by the Welsh Assembly Government’s Inequalities in Health Fund

July 2007
CARDIFF BAY BASKETBALL CLUB

IN ASSOCIATION WITH THE BAREFOOT HEALTH WORKERS
MARINE CHAMBERS, ANSON COURT
ATLANTIC WHARF
CARDIFF, CF10 4AL
02920 444410
Cardiff Bay Basketball Club 2007

Background

Local research in the Butetown/Grangetown area of South Cardiff showed that there were sections of minority ethnic communities that were difficult to access and who rarely participated in the regeneration of their communities. At the same time professionals working in the area as part of a regeneration strategy were seeking to address a wide range of health needs. Through the auspices of the Health sub-group the Regeneration Forum set up by local residents, project funding was obtained from the Welsh Assembly Government’s Sustainable Health Action Research Programme to use locally recruited researchers to work with their own communities.

Three Community Researchers have been working with the Bangladeshi, Somali and Yemeni communities. Additional funding made available through Inequalities in Health bid has made it possible to extend the work to the Pakistani and African-Caribbean communities in South Cardiff. Initial discussions setting out the aim and the objectives of the Project were held by each of the Community Researchers with their respective communities. Exploration and investigation on issues that impact on health and well being within each of the communities formed the basis from which the community researchers took forward their action research programme. The following themes were identified in the research process: physical activity, diet & nutrition, access to health related services, mental health and supporting people in their communities.

Discussions with the Somali Community in 2002 showed that a majority of male Somali youth favoured football as a sport and were well served by existing services. However a minority who favoured basketball were not well served.

The Somali Community Researcher (Akli Ahmed), who left the project in the summer of 2003, set up the male basketball initiative In October 2002. He was supported by community members and an ex-professional Somali basketball player who acted as coach.

Aims / Objectives

The objectives of this initiative are: -

• To promote the take up as appropriate of physical activities with the Somali community through partnership working with other agencies.

• To promote and increase affordable access for all, to physical activity through leisure, lifestyle and transport

• To facilitate the uptake of physical activities by the Somali community.
Developments Since 2003

The original Somali Community Researcher left the project in late 2003 along with the coach. This resulted in disenchantment among the original players and the initiative almost floundered. With the appointment of the current Researcher (December 2003) interest has been rekindled. This was achieved through:

- Contact with senior players from the earlier group
- Canvassing of the community
- Identifying a suitable venue and negotiating the time and price.
- The researcher acting as coach and organiser pending the arrival of the appointed coach
- Identifying and contracting a coach (who commenced in January 2005)
- Establishing a registered membership from the target Somali group
- Regular training sessions on Sundays between 3.00pm and 6.00pm at Channel View Centre.

This initiative is now developing encouragingly. Numbers who are interested in participating have increased. The community are fully aware of the activity and are being kept up to date with the progress of the sessions.

There are 62 players registered at present with a further 6 who have requested forms. The ethnicity spread of the players include Somali, Bangladeshi, Pakistani, African-Caribbean, Indigenous, Portuguese, Mixed Ethnicity, French, Greek, Algerian, Yemeni and many others.

This mixture gives a real sense of unity within the team and the community. Some of the players now also play for other teams on a regular basis. The fact that a well-known and respected coach leads the team adds to the attraction among the community. Chris Harper, the coach, has played at all levels of basketball and has coached many teams to success.
Training Exercises

During Training

After Training
The Future

The “Barefoot” Health Workers Project has supported the basketball initiative, and has done so for the last four years (2003-2007) but now the project is ending 30 September 2007 the group must look toward sustainability. The next period is going to be crucial in terms of laying a foundation for this initiative to progress. In financial terms the initiative needs to explore other sources of funding that will enable it to be more sustainable. This process has been incorporated into the activity since December 2003. The senior players are aware of the need for sustainability and fully agree that close and reliable working between the project and themselves is vital in the short term, these players have set up their own bank account and club constitution whilst meeting on a regular basis to discuss raising funds to continue the work of the club for the benefit of the young people.

- During the next phase the players will financially contribute towards the running cost of the activity.
- The players will also be contributing in the decision making process.
- To support this, the Project will seek assistance to equip the senior players with adequate training in planning, maintaining and managing the initiative.
- It works closely with other organisations that are able to support it.
- The Club will work closely with the community, statuary and voluntary organisations, individuals and businesses to build and promote partnership working to secure its future in terms of sustaining the activity.

This summer the players have booked the hall and pay on the day, leaving them in a position to pay more as the cost of the hall is greater than the subs that get collected on a daily bases, this adds to the fact that the coach is not getting paid at this moment, he is volunteering his time. The Club currently hold a £1000 in their bank account and will need to draw on this money to pay for the hire of the hall and coach from September 2007.
## Finance

**CARDIFF BAY BASKETBALL CLUB**

**INCOME AND EXPENDITURE BUDGET PROPOSAL September 2007 - July 2008**

Per Annum

### Expenditure

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coach Fees</td>
<td>£2250</td>
</tr>
<tr>
<td>Hire of the Hall</td>
<td>£2475</td>
</tr>
<tr>
<td>Events and Celebrations</td>
<td>£750</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>£250</td>
</tr>
</tbody>
</table>

**Total Estimated Expenditure 2007-2008**  

£5725

### Estimated Income

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly Subs from Players</td>
<td>£1575</td>
</tr>
<tr>
<td>Shortfall Grants and Donations</td>
<td>£4150</td>
</tr>
</tbody>
</table>

**Total Estimated Income 2007-2008**  

£5725

*Funds currently held by the club’s Bank Account*  

£1000
Appendix 4B

Inequalities in Health Fund

Barefoot Health Workers Project

THE SOMALI COMMUNITY

Report by MUSA YOUSUF

This project is supported by the Welsh Assembly Government’s *Inequalities in Health Fund*

July 2007
Smoke Free Cardiff and the Somali Community

The Somali community in Cardiff is one of the oldest ethnic minority communities in Cardiff, yet it is sometimes described to be a hard to reach community. The community have been increasing steadily for the last decade, with different mixture of community members in terms of their cultural background. The Smoke Free Cardiff Projects in partnership with the ‘Barefoot’ Health Workers Project have decided to do a small mapping exercise to find out about the level of knowledge that the Somali community has about the dangers of smoking, the support services that are available to members within the community who want to give up smoking and to generally raise awareness amongst the community. This is in line with the work the project has been doing with the Bangladeshi and Pakistani communities of Cardiff. The aims of this work with the Somali community were:

- To help people stop smoking and offer services of support
- To raise awareness of the dangers of passive smoking, for example through the Ramadan Campaign
- To prevent young people smoking

The Somali Community Researcher, who is employed by the National Public Health Service for Wales on the ‘Barefoot’ Health Workers Project, was employed one day a week by Smoke Free Cardiff to initially carry out a mapping questionnaire. The questionnaire was to find out about the level of knowledge the community had about the dangers of smoking, what help the Somali community members could access in terms of helping them to give up smoking and how this level of knowledge and awareness is raised within the community.

The mapping exercise with the Somali Community revealed that the participants have not been advised about smoking cessation services in the past and some of the participants were happy to find out about the support groups and materials that are provided to help them when giving up smoking. As well gathering information about their awareness of cessation services, there was also the opportunity to engage with them and get them to think about giving up smoking. None of the 15 participants of the questionnaires had heard of or used the all Wales Smoking Service, which highlights some of the issues about access to services. People in the ‘hard to reach’ communities have identified that access to services is their main barrier to getting equal service and treatment within the National Health Service. The service providers often produce leaflets and information handbooks, but for most people who need to know the information the difficulty is that they cannot read and write English, and in the case of the Somali Community most people in the community cannot read or write their own language. So the issue of producing leaflets in many different Minority Ethnic Community languages might not be as effective as thought by service providers.
and there needs to be mechanisms that would allow the service users to actively get involved in the delivery of their treatment and services.

**Collaborative working with the All Wales Smoking Cessation Service**

Following on from the mapping questionnaires with the Somali community, in which all of the participants concluded that they were not aware of smoking cessation support services, there was a campaign in which the Somali Community Researcher took to raise awareness of the services that are available and how best the community members can make use of these services. There were about 10 community members who put their names forward to take part in the 10 week programme to support people in giving up smoking. The appropriate time and venue for these sessions were agreed by the Community Researcher and the Smoking Cessation Specialist (from the All Wales Smoking Cessation Service). The sessions went ahead as agreed and it was a very positive start to the programme with 6 people in the first meeting. The sessions were conducted in a format that was receptive to the participants in terms of catering for their language and cultural needs. It was also unusual for the Smoking Cessation Specialist as well in that he has never conducted the programme in that way, so it was a learning experience for him as well. (Please refer to the letter below from the specialist, who describes the sessions in more detail).

**Sustainability**

The small scale work that Smoke Free Cardiff have done with the Somali community has shown that with effective partnership working great things can be achieved with such a small amount of time and resources. It is however a learning curve for both the organisation and the community, so the need to be able to be flexible in how you engage and interact with such communities is vital for the success of the partnerships. The community members who took part have been the key drivers in getting the smoke free message to the wider community. There have been a number of serious discussions by the participants and the other community members; this form of health promotion is effective in terms of getting people to think about their health and well-being in an informal setting. The Somali community being a ‘close knit’ community depends heavily on getting information by means of work of mouth. As part of the evaluation process, all the participants felt that there is a need to deliver the 10 week programme in the near future as they felt that it had been a contributing factor in those who had given up and raised the awareness to those who felt that they were not ready to commit to giving up at this moment in time, in fact they were willing to come back to the sessions if it continued. With the Project coming to an end it will be difficult to organise such programme as the facilitation process offered by the staff and a community health link worker was vital.
Dear Musa,

As requested a report on the stop smoking sessions held at the Butetown Health centre. Following consultation with workers at the ‘Barefoot’ project based at Marine Chambers it was decided to hold a stop smoking course at the Butetown Health centre specifically for the Somali community. The scheduled start date was for the 23\textsuperscript{rd} of May at 14.30. We would then meet weekly for seven weeks.

Given the relative size of the Somali community there was an encouraging and positive response in the number of attendees to the first session. The sessions were facilitated by myself and interpreted by project workers Musa Yousuf and Abdi Rahmandoodi. The sessions aim to provide support and guidance using current best practice regarding smoking cessation. I believe the sessions to have had a positive effect on the clients whether that be in supporting their quit (we had a 30\% success rate) or in raising their awareness of the dangers of smoking and increasing knowledge of the support and treatments available for those wishing to stop smoking. I hope that subsequent courses will build on the success of the first and given the feedback of individuals that attended positive ‘word of mouth’ will promote the service in the Somali community.

Neil Thomas  
Smoking Cessation Specialist  
NPHS (SE Wales)
Appendix 5

Inequalities in Health Fund
Barefoot Health Workers Project
THE YEMENI COMMUNITY

Report by Tarek Wareth and Daniel Clayton

This project is supported by the Welsh Assembly Government’s Inequalities in Health Fund

August 2007
‘BAREFOOT’ HEALTH WORKERS PROJECT

YEMENI SWIMMING INITIATIVE

PROJECT OBJECTIVES:

To encourage Yemeni children to adopt a more healthy lifestyle through learning to swim.

BACKGROUND:

The Yemeni community in Cardiff is the oldest Arab community in Britain and can be traced back to 1885. At that time Aden (the capitol of Yemen) was a British colony. Immigration can be traced throughout the colonial period, and its maritime links with Cardiff. The community remains a small but closely knit group noted for its reserved and religious nature and a disinclination to merge with the wider community.

The project commenced in March 2003 as a result of pressure from the Yemeni Community. (One of the key tenets of their faith is the need to swim). The project started in March 2003 at Cogan Leisure Centre with some 15 Yemeni boys. This centre was chosen for the variety of water-based activities in its pool (water slide/chute etc) to encourage wide water-based activity.

EARLY ISSUES:

- Travel issues - the pool is sited some 6 miles from the main Yemeni community.
- Convenient and reliable public transport links were very tenuous
- Escalating costs associated with entrance and lessons
- Poor provision for separate classes for girls

These issues, and the increasing numbers wishing to take part in these lessons, added to difficulties with this location.

To overcome these issues the Barefoot project was approached to support the group.
DEVELOPING THE SWIMMING INITIATIVE:

As a result of the support, the group was able to hire transport (mini-buses) and move to the local pool in Splott. From the early group of 15 male youngsters, the group grew to six separate male and female groups:

- **Group 1 + 2**: Starter groups catering for new / recent swimmers receiving lessons on Sunday
- **Group 3 + 4 + 5**: Developing swimmers receiving lessons on Tuesday, Thursday and Friday
- **Group 6**: Competent swimmers with lessons on Tuesday, Thursday and Friday

In total there were approximately 3 boys and 21 girls who regularly attended the classes. More wished to join, however for safety reasons they had to be turned away. It was clear that the group was becoming increasingly attractive to other ethnic and non-ethnic groups, including the Somali, Bangladeshi and Pakistani communities. Swimming Galas held in September 2004 and February 2005 were a resounding success.

During 2005, Yemeni Youth of the Bay was established to continue the progress of the swimming initiative once the ‘Barefoot’ Project funding came to an end. The basis of the group is to have parents involved with the progression of their children’s swimming.
FUTURE SUSTAINABILITY

Through the Project’s contacts and the Yemeni Youth of the Bay group the swimming initiative has been able to use the premises at the Yemeni Centre. The initiative has now widened its scope to include more activities and healthy living related projects. A computer has been pledged to the initiative from the ‘Barefoot’ project which will help with registration and planning of future group outings or any new programme that the group may develop.

Yemeni Youth of the Bay has also entered into partnership with the Yemeni Islamic centre which has now taken the lead from the Yemeni Centre.
### Appendix 6

#### Project wide evaluation Results

<table>
<thead>
<tr>
<th>Questions</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. How did you find out about the ‘Barefoot’ Project?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal contact with Community Researcher/ Project Manager</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through community activities</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (e.g. community, other organisations, internet)</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. What factors influenced the decision to work with the Project?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wanted more involvement with the community</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project was of benefit, encouraging &amp; enjoyable to work with</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Other</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Would you have been involved in community activities without the Project?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, already had involvement with women-only swimming</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Success of community activities has led to further activities arranged</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>4. What are the benefits to you/ your organisation/ the community in working with the Project?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health – education, awareness, links to new contacts</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Own organisation’s benefit, e.g. publicity, targets</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit to disadvantaged community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Confidence to set up own business</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. The ‘Barefoot’ Health Workers Project is a health action research project, the aim of which is to work in a participatory and collaborative way with communities. How do you think that we have achieved this approach?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Researcher working between community &amp; project, bringing the community together</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health information provided is relevant to community</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Future continued plans</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women from the community are more involved</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6. Would you like the collaborative working to continue and what form would you like this collaborative working to take?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes - collaborative work should continue</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Yes - help with funding</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes - will benefit community, and would like to be involved in this</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Other</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7. What will you/ your organisation/ community gain from the collaborative work continuing?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continued communication with community</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More effective work, targets, staff development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enabling health promotion work</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8. Any other comments?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enjoyed working with Barefoot &amp; CR, thank you, project to continue</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has there been an impact of Barefoot on Cardiff Local Health Board’s engagement with BME health?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Working through own issues with regard to personal development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

---

113
## Respondent Details

<table>
<thead>
<tr>
<th></th>
<th>Organisation</th>
<th>Role in organisation</th>
<th>No. of people in organisation/community with whom you are associated</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Formerly BVSNW</td>
<td>Community Development</td>
<td>Many community members</td>
</tr>
<tr>
<td>B</td>
<td>Leisure &amp; Lifelong Learning, Cardiff County Council</td>
<td>Facility Manager</td>
<td>Management, other projects &amp; organisations, pool staff &amp; community members using swimming pool</td>
</tr>
<tr>
<td>D</td>
<td>Women in Action</td>
<td>Chairperson</td>
<td>150</td>
</tr>
<tr>
<td>E</td>
<td>Bangladeshi Women's Association</td>
<td>Vice Chair</td>
<td>220 approximately</td>
</tr>
<tr>
<td>F</td>
<td>Bangladeshi Reference Group</td>
<td>Member</td>
<td>220 approximately</td>
</tr>
<tr>
<td>G</td>
<td>Women in Action</td>
<td>Member</td>
<td>150 approximately</td>
</tr>
<tr>
<td>H</td>
<td>Bangladeshi Women’s Association</td>
<td>Member</td>
<td>200 approximately</td>
</tr>
</tbody>
</table>