



**Big Lottery Fund project
Year 1 (October 2012 to September 2013)
Evaluation Report**

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Completed by:

Jon Boswell
Deputy Chief Executive
01234 834931
jonb@bedsrcc.org.uk



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company limited by guarantee and registered in England no.3327628

Registered address: The Old School, Cardington, Bedford MK44 3SX

1. Introduction

1.1 About this report

This is an independent evaluation report of the first year of a 3-year project delivered by ACCM (UK) in Bedford, funded by the Big Lottery Fund. The project started on 1st October 2012. The report was carried out by Bedfordshire Rural Communities Charity.

1.2 About the project

The aims of the project are as follows (taken directly from the application to the Big Lottery Fund):

1. To support long-term improvement of access to health services and leisure activities in Bedfordshire by people from migrant and other vulnerable communities who do not currently use them for cultural, social or historical reasons and to assist service providers via networking, giving information, referrals and running events.
2. Build beneficiaries' confidence, meet and make new friends from outside own communities to reduce isolation, mental health and them gain opportunities.
3. Break down barriers - cultural, language, religious and misinformed beliefs
4. To enable BME and hard to reach communities to engage with other communities, access and use services for health and social benefits. This will also reduce all forms of abuse and improve Safeguarding children and adults.
5. Improve employment, marriage and leisure choices or opportunities for girls and young women (and young men) outside their homes or families due to cultural, religious and social barriers or controls.
6. To reduce obesity, ill health, and bullying and build confidence in children to help them improve their academic achievements.
7. In the long term, as communities become more confident, they will support each other by running and mobilising themselves, especially supporting new people in their community with the help of volunteer community champions.

The project outcomes (against which the project is measured) are as follows:

Outcome 1: Over the life time of the project, Bedford people will have experienced improved health and wellbeing

Outcome 2: Children and young people (the whole family) will experience improved health & well-being (especially mental health and hidden domestic abuse) due to relaxed and more reasoning parent, resulting in a healthy home environment leading to increase in academic achievement

Outcome 3: Beneficiaries will benefit from improved and user friendly services as professionals will be trained, informed and sensitised. Religious and community leaders will be more supportive.

Outcome 4: Volunteers will have gained confidence and skills leading to professional volunteering or paid work opportunities

2. Methodology

2.1 Desk research

The first step was to compile and analyse data provided by ACCM (UK), in order to assess the project's progress against its identified activities and target outcomes. This included the original application form to the Big Lottery Fund; the agreed outcomes, indicators and activities for the project (which had changed from the application form following feedback from the Big Lottery Fund); and quarterly and annual progress reports.

2.2 Site visit

Paper records of participant feedback forms were viewed on a random sample basis on site at ACCM (UK)'s offices, in order to check that they were being collected and stored properly. Since this is an initial evaluation rather than an audit, there was not time included within this commission to cross-check paper records against the attendance figures and other data (quotes etc) provided by ACCM (UK), so these have been taken 'as read'.

We also carried out an informal interview with one of the project workers.

2.3 Participant interviews

In order to validate the information provided by ACCM (UK), and collect further evaluation data, we carried out phone interviews with participants selected by random sample from a list provided by ACCM (UK). This proved to be quite a difficult exercise, since we were unable to reach 4 participants by phone; 1 claimed not to have been a participant; 1 did remember being a participant but did not want to answer questions; 1 claimed not to have been given permission to be contacted; and there were some language barriers with most of those that we did speak to. However, 8 interviews were carried out that provided us with the data we needed (records of these are attached as Appendix A).

2.4 Key stakeholder survey

We also carried out an online survey of 28 key stakeholders (11 trainers/tutors and 17 professional partners) provided by ACCM (UK). 19 responded. A summary of this survey is attached as Appendix B.

2.5 Observation of sessions

BRCC staff attended two sessions: an ESOL class and a self-defence class. This was to validate project activities (although these formed part of Year 2 delivery) and gain some informal feedback from the observers and participants. Notes from these observation sessions have been attached as Appendix C.

2.6 Conclusions and recommendations

Following analysis of the data, we reached some general conclusions concerning progress in Year 1 and the value delivered by the project to date, and made some recommendations for improvements that we believe could be made to project monitoring and evaluation in the future.

3. Findings

3.1 Progress against planned Year 1 project activities

Activity 1: Run 2 health and wellbeing activities including nutrition, healthy eating, relaxation exercises and walking for 25 people per event

The target for this activity has been considerably exceeded. In total 10 series of sessions and 9 one-off events have been run. Most activities have been attended by more than 25 people. It appears from our interviews that there is quite a bit of overlap in terms of participants, with a number of people attending more than one course.

BRCC staff attended two sessions (delivered as part of Year 2 activities) and confirmed (from a lay person's perspective) that the activities were being delivered as billed and to a high standard (see Appendix C).

A full summary of health and wellbeing activities is given at Table 1.

Table 1 Health & wellbeing activities run in Year 1

Activity	Content	Location	Participants	Dates
2 x series of group sessions for women	Nutrition, healthy eating, exercises and walking trip	Queens Park	Course 1: 30 women on average	4 th Oct to 27 th Nov 2012
			Course 2: 35 women on average	7 th Jan to 28 th Mar 2013
Series of group sessions for men	Health checks, diabetes, high blood pressure and strokes, healthy eating	Queens Park	79	Friday 5 th Jul 2013
Six group sessions	Relaxation (Tai - chi / massage), confidence and self-esteem, stress support and gentle exercises	Presentation House (residential home for retired Asian people)	11 women and 4 men Total 15	3rd to 7 th Aug 2013
Dancing lessons	Ballroom and Cha Cha	Queens Park Senior Citizens Club	7 couples (not necessarily married)	Wednesdays from 7 th Feb to 12 th Apr 2013
One to one support	Included specialist stroke and counselling support services	Queens Park	23 women and 4 men	1 st Oct 2012 to 30 th Sep 2013
Series of group sessions	Health, nutrition and healthy cooking	Community centre, Castle Ward	Over 24 people	Sundays from 15 th Sep to 27 th Oct 2013
4 x series of group sessions for women	Health and wellbeing, nutrition, exercise and cooking healthy meals, stress management, confidence building	Cauldwell Ward	12	27 th Sep to 1 st Nov 2012
			10	15 th Nov to 15 th Dec 2012
			12	14 th Mar to 9 th May 2013
			15	13 th Jun to 1 st Aug 2013
Session for men	Health checks, nutrition, diabetes and stroke	Cauldwell Ward	30 men	Saturday 17 th Aug 2013, 12

				to 5 pm
Italian Women's Health Event	Talks on strokes, diabetes, depression, information on urology; health checks including Blood Pressure, blood sugar and pulse; Alternative Therapies including Shiatsu, hand massage and stalls	Italian Church	40 women	Wednesday 22 nd May 2013
International Women's Week (IWW): four events followed by dinner dance and entertainment evening	Health checks; talks on women's health issues; personal stories from abused women survivors or refugees, and successful business women to inspire and empower others; alternative therapies / pampering; sessions on mental health, self-esteem and confidence; swimming; walks; belly dancing sessions; stalls on various issues	Queens Park, Cauldwell, Kempston and Goldington	Over 250 people in total	3 rd to 9 th Mar 2013
Culture, Faith and Mental Health Conference	Talks from professional speakers on stigma, culture, faith and other topics; health checks and stalls; alternative therapies	Mt Zion Church - Community Hall - Midland Road	80 people attended	Thursday 28 th Mar 2013
End of year event: Suicide Prevention Awareness (one event for clinicians, one for public)	Clinicians event: talks by a SEPT specialist in treating suicide victims, The Samaritans and a speaker from Central Bedfordshire who works closely with the Coroner	Bedford Heights Centre	25 Clinicians mainly GPs	Thursday 12 th Sep 2013
	Public event: talks by Dr Aggrey Burke, The Samaritans and other speakers; over 20 stalls plus roving GP giving advice and support	Bedford Harpur Suite - Town Centre	Over 140 people	Thursday - 18 th Sep 2013
ESOL (English as a second language) sessions	First stage ESOL course	Cauldwell and Queens Park	Over 30 (mainly Asian women who live in isolation and do not access statutory services due to communication barriers.)	Sep 2012 to Oct 2013
IT and Social Media sessions	Entry level training on laptops	6 Muswell Road	15 women and 2 men	Sep 2012 to Jun 2013

Activity 2: Organise and run two Parenting sessions

This activity has been delivered (see Table 2, below), although some sessions did run into the start of Year 2.

Table 2 Parenting sessions run in Year 1

Sessions	Location	Participants	Dates
Parenting (communicating with your children, supporting children at school, Child Protection, Health & Well-being)	Queens Park	30 parents	11 th Oct to 20 th Dec 2012
Parenting (as above)	Queens Park	16 women	27 th Sep to 25 th Oct 2013
Parenting, healthy eating – fussy eating relating to children, relaxation, stress support and exercises	Great Denham Primary School	10 parents	16 th Sep to 31 st Oct 2013

Activity 3: Establish appropriate administration, support services and start receiving one to one referral and signposting – expect at least 30 this year.

This activity has been delivered successfully.

Administration and support services were established as follows:

- Administrative Officer appointed, inducted and trained
- Project Workers appointed, inducted and trained
- Administration procedures put in place
- Contacts of support services put in place
- Review of website and mailing list
- Move to new premises (May 2013)

For referral numbers, please see 3.2.

Activity 4: Recruit and train 5 volunteers from target communities to provide outreach work, interpreting and advocacy

This target was partially met. 3 volunteers were recruited and trained in Year 1. A further male volunteer was recruited and was awaiting DBS a check and references before he could be offered the position. ACCM (UK) is now seeking additional volunteers via Bedford Volunteer Centre.

In addition, a number of people have volunteered informally, e.g. helping to organise events.

3.2 Progress against project outcomes

For each of the four project outcomes, a set of indicators for each project year (against which to measure progress) was agreed at the outset of the project. Only the Year 1 indicators have been included here, except where the indicators are not measured in Year 1.

Outcome 1: Over the life time of the project, Bedford people will have experienced improved health and wellbeing

Indicator for Year 1: 50 participants feed back on changes made in food preparation, exercises, healthy, happy and confident in making changes to family's way of living. More people requesting similar activities.

This indicator has generally been met. It is clear from the data provided by ACCM (UK) that well over 50 participants have attended its health and wellbeing programmes in Year 1, and that more people have requested similar activities; and the data that we gathered from participant interviews and attending events suggests that this has led to lifestyle changes.

We do not have this feedback from 50 participants – this is because we only interviewed 8, and it does not appear that this data has been gathered more systematically (a basic level of monitoring and evaluation data has been captured at the end of events).

Feedback from the different activities in Year 1 has been as follows:

a) Health & wellbeing programmes

ACCM (UK) forwarded feedback received from at least 50 women on the health and wellbeing programmes. Findings include:

- They want more health and wellbeing programmes
- They would like to go swimming but need female only sessions
- 15 women have started going for walks around their streets
- The women in Queens Park enjoyed the walk in Harrold as many said they had never been outside Bedford or been to such a beautiful green place
- Participants on the Castle sessions were keen to change their shopping and eating habits to healthy ones

Quotes provided by ACCM (UK) from participant feedback from these programmes include:

"I feel much lighter! I much prefer to walk then go the gym for hours, I will definitely take up walking with friends. It a shame I never tried this before with family and friends gave me an opportunity to catch up on myself"

"The most I walk is 10 minutes, I get really tired and out of breath, I enjoyed the Walk but in future I think I will go with my friend to walk more locally, I know it will benefit my health"

"Can't wait for the summer to come so I can come here again, Thank you"

"It has been so good to get out the house! I never leave the house without family to travel this far, it has been fun, although I am tired"

“By the end of the year we should have our own walking groups”

“Thank you for giving me the confidence to start thinking about exercising again”

“Why is there no other groups doing this? I can bring my friends next time”

“For me it’s very difficult to open up and talk about my problems! Going on the walk really helped me focus on myself, I didn’t realise how beneficial and what a difference just walking can make on my health. I promise myself I will try and walk more often with friend and be healthier. Thank you”

“I feel free, I danced around the centre today after the session because it’s so good to get out and feel happy”

“I get so tired that I sleep all night, something I have never done before. I am looking forward to the next sessions”

The project worker interviewed confirmed anecdotally that she could see changes in individual people’s lives, such as becoming more independent and physically fitter, during the course of the programmes.

The BRCC staff who attended sessions delivered as part of Year 2 activities (see Appendix C) observed that participants appeared to be gaining in skills and confidence.

Feedback from the participant interviews demonstrated that participants had benefitted from the sessions, and all 8 interviewed had learnt something tangible and were making some form of lifestyle change as a result. The following points are worth highlighting:

- For people who do not speak English well, there can be language barriers in talking to doctors – having translators has helped to get messages across
- ACCM (UK) also addresses cultural barriers, for example through using ‘Muslim’ rather than English food in nutrition sessions, and running women only swimming sessions where full length clothing is permitted
- Participants have been able to spread health messages to their family and friends

ACCM (UK) noticed that the women on the Cauldwell sessions were contacting service providers independently after the sessions had ended, suggesting that they wanted to continue the activities on their own. This group also became increasingly active and self-directed, with participants generating ideas for activities as well as setting their own targets and incentives.

During nutrition sessions, it was established that 11 of the participating ladies either suffered from anaemia or diabetes. They were advised how to manage their ill-health through better diet and change in lifestyle.

Another example of this is at Presentation House (where most participants live in isolation, are inactive and on various medications): one lady brought her knitting to teach others how to relax by knitting, which has developed into a knitting relaxation morning.

One of the ESOL course participants spoke no English three years ago, and never went out unaccompanied without her mother-in-law’s permission. Now

she goes around on her own, happy, free, relaxed and no longer depressed. She is now learning advanced English at Bedford College, and plans to study nursing.

There is also evidence of lasting benefit from the IT and Social Media sessions. According to ACCM (UK)'s annual report 2012/3, "Women who have never touched a computer are now saying they use it for shopping, paying bills, searching information about schools, health or the Council information and paying their bills through internet...participants have reported that they are now using Skype to speak to relatives overseas – something none of them had ever done before. This has made them more confident about themselves especially those who were brought to the UK for marriage and have no close relations – seeing their family and being able to talk them has been life changing. As one said 'I can speak to my relatives in Pakistan using SKYPE now. I don't feel lonely anymore and feel so happy every time I talk to my relations and see new babies...I even ask my grandmother for recipes for making family meals.'"

Informal evidence was provided by ACCM (UK) of existing participants wanting additional activities, and new participants interested in future activities (e.g. women calling the office requesting to join future courses).

b) One-to-one support

Evidence has also been provided by ACCM (UK) of successful outcomes from intensive one-to-one client support:

"The majority of clients were victims of domestic violence who suffered depression or mental health who received counselling. One of the men was domestic violence abuser with drug problem. He was supported by a Councillor and his GP to quit the drug abuse, and is no longer abusive. His wife comments "... he has never given me a smile, he now gardens something he has never done before and has started taking the boys (three sons) swimming...I can't thank you all enough as our lives have changed for the better..."

"Three women have been sent to refuges and are divorcing their abusive families. One young mother has turned her life around is much happier after threatening to throw all her abusive extended family out of the house if they continued with the abuse. For now they are behaving!

"I have supported a client who due to domestic abuse, health implications and living in an overcrowded home with relatives was extremely isolated and had no confidence. With our support the client is now successfully housed and now feels independent, bringing her confidence up. She is now able to smile and live freely as she is no longer controlled by her abusers, has a safe place she can call home and is cooking for herself and going for walks.

"We have supported a client who has a family history of severe mental health issues, the client was unable to trust professionals and felt she could not go to any professionals to seek help and advice. This left her feeling extremely depressed and isolated. Following the support we have given her she is now much more confident within herself, able to talk about her Schizophrenia openly and ask for relevant help when needed. As a result of our work the client is able to walk into town and spend time in the library which she thoroughly and

this has empowered her to be a happier person and make her own decision and have something to look forwards to.

“Another client had several health issues and felt she was unable to access health services or expresses her concerns due to language barriers and self-confidence issues. Due to our positive engagement, she is now able to express her concerns fully, and we are able to support her by representing her and ensuring she is getting access to services she is entitled to.”

Due to the sensitive nature of these case-studies, they have not been independently validated.

c) One-off events

Positive feedback was provided from all events. Comments / outcomes made available by ACCM (UK) for this report included:

Italian Women’s Health Event:

- “Why has no one ever done this before?”
- “...my husband died four years and no one has ever spoken about bereavement and what it means to family or told me where I can go for help until today...”

Mental Health conference:

- “This was the best conference I have ever attended on mental health targeting African Caribbean people, looking forward to the next one”
- “I loved the food – it made a difference as you relaxed with good food you forget your problems”
- Two women self-referred themselves seeking help as they said they had mental health problems; one said she has been traumatised when she went to a ‘white’ establishment as they don’t understand her culture or background etc...

International Women’s Week:

- Health Checks identified four people with undiagnosed diabetes, high blood pressure and referred them to their GPs.
- Those providing relaxation sessions such as massage and stress related talks have been invited to continue providing sessions
- More women now want to go swimming in women only organised sessions
- All who attended the dinner, dance, music and other entertainment want more to enable them to socialise, meet and make new friends

Suicide Prevention Awareness event:

- Most of the GPs said they were not aware of the work of the Samaritans, especially that they visit victims and can stay for any time – the Samaritans offered to visit GP surgeries and support their patients in order to release them to do other jobs, and this was very much welcomed by GPs.
- Some families of victims or survivors complained that Bedfordshire was not doing enough and that services were not well coordinated – the Bedford Borough Council representative announced that a Strategic Team had just been set up to address the issue, and ACCM (UK)’s Director was invited to join this group.

It has been agreed that the following events will be run again in the future:

- Italian Women's Health Event (It was also agreed that to include men in some of the sessions)
- International Women's Week (feedback was that this should be an annual event, and a Bedford IWW Group has been established to plan and organise events in 2014)
- Culture, Faith and Mental Health Conference (more conferences will be held each year to 2015)
- Suicide Prevention Awareness (feedback from clinicians was that this should be annual event; feedback from the public was that many would like more information and future events on the subject)

d) Feedback from stakeholders

Response from our online stakeholder survey (Appendix B) about the value of ACCM (UK)'s work in addressing health inequalities was overwhelmingly positive. In answer to the question 'Based on your own experience and/or that of your clients (as applicable), how valuable do you think ACCM (UK)'s work is in addressing health inequalities in parts of Bedford?', 17 people responded 'very valuable'; 1 'quite valuable'; and 1 'don't know'. Nobody responded 'not very valuable'.

General open-ended responses (optional) included:

- "ACCM plays a key role in addressing health inequalities in Bedford"
- "ACCM is doing great work to help the community as a whole and are a very friendly organization to work with"
- "Flexible hours to suit me and clients"
- "We need groups like this to help with the health inequalities agenda in Bedford. Engagement and empowerment is key for hard to reach groups and ACCM UK can help to reach the BME groups that we have. I would like to see more multi cultures employed by the group"
- "A fantastic group of people whose enthusiasm and commitment to addressing health inequalities in Bedford is inspiring. I am delighted that Bedford Cancer Awareness Champions are invited to attend and support many of their health events"
- "Having instructed several classes and given treatments at events I can see that the needs of the community they are trying to help are many-fold. Encouragement to help become healthier can only be a bonus, the classes enable people to learn how to deal with stress and relax .This is vitally important for health maintenance particularly in less affluent communities"
- "These ladies use empathy, imagination and enthusiasm to engage the service user in adopting a healthily lifestyle"
- "ACCM UK is run by a group of very kind, hardworking people who care about the health and well-being of all communities. Their professionalism I witnessed when helping to organise the Italian Women's Day was incredible. I have enjoyed working with them very much and look forward to doing so again in the future."

Indicator (by end of year 2): Feedback from 10-15 participating men showing men's change in attitudes on health and wellbeing, seeking help and advice earlier, attending health check clinics

This indicator was not meant to be measured until next year, however the work with men was brought forward due to 6 men known to ACCM (UK) having strokes that were easily avoidable. ACCM (UK) ran an event straight after Friday prayers in Queens Park with the Imam sending every man to the hall to take part in health checks, and hear talks on diabetes and strokes (local GPs also supported the event). Further activities were run in a Gurdwara in Castle Ward on Sundays, again after prayers, and they were well attended as they would catch people before they left.

In Queens Park, one man's health check readings were too high and the GP present sent him straight to A & E – this probably saved his life.

In Cauldwell, male participants report that they are keen to get involved in long term health and wellbeing sessions and programmes. Many who had diabetes and high cholesterol now want more information on how to reduce the problem or prevent it from happening.

Indicator (Year 1): 75 people are referred and supported from volunteers, counsellors and GPs

This indicator was partially met. At least 62 referrals were received in Year 1, many of them self-referral from women of Asian background.

The majority of referrals were referred to other service providers such as Independent Domestic Violence Association (IDVA) or Safeguarding Children and Young People Teams.

It is reasonable to assume that referrals will increase over Years 2 and 3 (with a target of 100 referrals in each year), due to the following actions being taken:

- Bedford Borough Council has requested that ACCM (UK) take over the management of Asian Women's Foundation to help mentor them and support referrals from the group; meetings have been held to agree way forward
- ACCM (UK), at the request of Bedford Borough Council, is also mentoring Ayesha Academy lead person to help develop the group that mainly targets young people
- GPs in Queens Park and Cauldwell will be trained so they can refer clients

Outcome 2: Children and young people (the whole family) will experience improved health & well-being (especially mental health and hidden domestic abuse) due to relaxed and more reasoning parent, resulting in a healthy home environment leading to increase in academic achievement

Indicator (end of the project): 350 parents and children attending. Feedback from children saying there are improvements in their home freedom, safety and are happy

56 parents attended parenting sessions in Year 1, and 13 received one to one support. Higher numbers of sessions are planned later in the project in order to meet this target.

Feedback from children is covered below.

Indicator (end of Year 2): 40 homes with health and safety equipment installed (smoke or fire alarms), or checked

This activity is not due to be measured until next year, however a number of participants at the parenting sessions referred to having had their fire alarms checked by the fire service.

Indicator (Year 1): 50 parents with improved confidence in parenting, supporting for children at school or seeking help whenever needed

This indicator has been partially met; while 69 parents were supported during Year 1, evidence of improved confidence in parenting was gathered from around 30 of them. This may have been because some parenting courses did not start until the end of Year 1.

9 feedback forms were completed from the first parenting sessions in late 2012, with non-English speakers attending a focus group at the last session. It was clear that all participants had enjoyed the sessions and had taken useful learning concerning supporting, safeguarding and communicating with their children. Notes from the focus group included:

- I am calmer; no longer shout; allow them time, better listening to what they say, involving them in home issues or doing more things together, better parent now than before
- I can now talk to teachers; help my son at school; good listener when children come back from school
- No longer want to hit children; afraid of the law but good to know what to do; know more about child protection, need more information; not afraid of social workers as they are only doing their job and not taking children away

Most participants were interested in future sessions on the same or different topics, particularly concerning health and well-being and communicating with children.

Feedback was gathered from the 13 parents receiving one to one support through Client Information recording and case follow on, this included:

a) From parents who sought help with their children or difficulties at home:

- 3 were now confident in handling their children
- 2 of them are talking to teachers to work together to support their children
- "I now don't care what people say about me and my son" (single Asian mother who gets harassed for divorcing and living as a single parent, which carries a stigma in the Asian community)

b) From parents fleeing domestic abuse and helped to refuges:

- Very confident with their parenting without their mother-in-law bullying or shouting at them or putting them down about their parenting skills
- Happy with how they are relating to their children
- "Much easier now to talk to my older child"
- "My daughter no longer screams and tears her hair out as I am now calmer and now how to handle the situation"
- "Being in a refuge away from my mother-in-law and her family, am more relaxed and can handle my children with confidence"
- "I no longer cry all the time and my children are happier"
- "My son told me I am a better Mum now"

c) From children:

- "We now have food and can eat properly" (11 years old boy now living in a refuge; their father used to take all the food from their house, including the one they were eating, to feed his other family)
- "We are very happy as Mum no longer cries all the time. She is so happy she now drives a car but like an old lady"
- "I am so happy, we are now safe" (11 year old boy)
- "We don't want to see our father, grandfather and nana again as they made us very sad. We are happy" (7 and 11 year old siblings)
- "I like my new school; everyone is nice and makes me very happy. In my Bedford School, people were calling me names because my father had a new baby with another woman. It was very upsetting as it made Mum and us very unhappy. Not anymore" (11 year old boy)
- "I like my new home in London, my Mum is now happy and I am happy" (8 year old)
- "I no longer cry and pull my hair" – 7 year girl

Outcome 3: Beneficiaries will benefit from improved and user friendly services as professionals will be trained, informed and sensitised. Religious and community leaders will be more supportive.

Indicator (end of the project): 250 beneficiaries say there is improved access to services that are more friendly and provision of interpreters and relevant information

There is no evidence yet for this indicator, which is not due to be measured until the end of the project.

Indicator (Year 1): 60 professionals saying they understand beneficiaries better

This indicator has been partially met. We received 19 responses to our stakeholder survey (see Appendix B). Out of these, in response to the question 'How much better do you understand the needs and requirements of people from BME, migrant and/or other hard to reach communities as a result of ACCM (UK)'s work?', 13 people responded 'much better'; 3 responded 'slightly better'; and 3 'no change'. Clearly, therefore, ACCM (UK) is having a considerable impact on professionals' understanding of these communities. 60 may have been an over-ambitious target for Year 1, and it would be useful to measure this again with a larger number of professionals at the end of Year 3.

Three respondents chose to comment further as follows:

- "I have worked with people from BME in other areas e.g. Bradford, Huddersfield, Leicester, Luton. ACCM have highlighted the differences of the community in Bedford"
- "I was 'in blissful ignorance' until we were invited to attend the events – I now have a much better understanding of many of the issues."
- "The Team have been invaluable in increasing my appreciation of the needs of our local population."

In terms of activities specifically in support of this indicator in Year 1, 2 GPs in Queens Park and Cauldwell were trained in beneficiaries' needs; and the BME Mental Health event held on 28th March and the Bedfordshire Suicide Prevention Awareness attracted over 35 health professionals between them. They have requested future similar activities as they are able to meet beneficiaries in a different more user friendly environment building trust and confidence for beneficiaries to talk to their doctor outside the surgery. Many of these professionals did not receive our online survey (7 respondents claimed to have attended one of the events); if they had, the figures above would almost certainly have been higher.

Respondents to the stakeholder survey had also attended other events such as International Women's Week and the health & well-being group sessions.

15 of the stakeholder respondents were intending to continue to work with ACCM (UK) over the next 2 years, whether through attending events, sharing information or setting up collaborative projects. 1 did not know at present and 3 did not respond to the question.

Awareness of the Big Lottery Fund project itself was a bit lower. In response to the question 'How much do you know about ACCM (UK)'s Big Lottery Fund project to address health inequalities in Bedford between 2012 and 2015?', 3 responded 'a lot'; 8 'a bit'; 6 'not much'; and 2 'nothing'.

Indicator (end of the project): 8 religious and community leaders involved

It appears from information provided that 4 religious and community Leaders have been involved in Year 1, leaving a further 4 to be involved by the end of the project. The project worker interviewed confirmed that a fair amount of relationship-building had been undertaken in order to achieve this, with sensitivity required towards other people's cultures. She also noted that the environment could be competitive and that other organisations would not always be willing to help.

There is already some evidence that the involvement of Leaders in this way is helping to create positive culture change within local communities. According to ACCM (UK), "There have been occasions when some mother-in-laws have tried to stop their daughters-in-law from attending our activities but [the local Religious leader] has told them that what they are learning will help improve the whole family, so everyone listens and takes advice."

Outcome 4: Volunteers will have gained confidence and skills leading to professional volunteering or paid work opportunities

Indicator (Year 1): 5 unemployed volunteers recruited and trained

As reported above (assessment of Activity 4), this indicator was partially met. 3 volunteers were recruited and trained in Year 1. A further male volunteer was recruited and was awaiting DBS a check and references before he could be offered the position.

Indicator (end of the project): At least majority will have secured paid employment or still volunteering. They will recruit, support and train new volunteers from own communities to enable continuity of our work.

Not measured until the end of the project.

Indicator (Year 2): Volunteers competent, running activities, undertaking feedback and focus groups and writing reports. Anticipate to still have 3 qualified and 4 new recruits

Not measured until Year 2.

3.3 Monitoring methods

According to ACCM (UK), monitoring data has been gathered as follows:

- Attendance Lists are signed by every attendee (for monitoring existing participants and identifying new ones)
- Questionnaires or feedback forms are handed out at each event for people to complete and hand in before they leave
- Focus group sessions have been held for non-English speakers and summarised in writing
- Project workers complete timesheets and client forms, as well as providing quarterly reports

The Director and Administrative Officer analyse the information, provide mini reports to Director who meets the Trustees to assess progress, review or plan next programmes and activities.

We performed a brief check on the files on 5th February 2014 and, based on a random sample, it appeared that the attendance lists and feedback forms were being completed by participants and kept on file. (As noted in 2.2, we did not cross-check these with the attendance figures and feedback data provided.) We have also seen notes of focus group sessions on 27th October 2012, 20th December 2012 and 7th March 2013.

Quarterly and annual reports have been compiled by project staff, and the data (up to May 2013) has also appeared in ACCM (UK)'s latest annual report, approved by the trustees and Director.

The project worker interview revealed that the final session of each health and well-being course was always dedicated to evaluation, and that sometimes group feedback was undertaken (it is not clear how this has been recorded).

4. Conclusions

In our view, the project has made good progress against its targets in Year 1 in addressing health inequalities in Bedford. This is based on the evidence provided by ACCM (UK) as well as data gathered independently by BRCC.

The early months of the project were generally spent in set-up activities. Halfway through the year an office move had to be masterminded.

Nearly all of the planned project activities have been delivered, and in some cases considerably exceeded.

Health & well-being courses have reached higher numbers than originally anticipated, with participants drawn principally from within communities in Bedford that are generally regarded as 'hard to reach', (e.g. black African & Caribbean, south Asian, Chinese, Italian), which also tend to suffer poorer health. There is a fair amount of evidence that these activities are increasing understanding of healthy lifestyles amongst participants and their families, and thereby changing behaviours and (ultimately) health outcomes in a broad sense.

Intensive one-to-one support has been provided to a number of people experiencing domestic violence and/or health issues, with a number of examples given of where people's lives have changed for the better as a result.

Service providers and local community/religious leaders have been positively engaged, with respondents to our stakeholder survey overwhelmingly endorsing the value of ACCM (UK)'s work in addressing health inequalities and increasing their understanding of 'hard to reach' communities. There is good reason to expect that service delivery to these communities will become more effective due to this increased understanding, and that local leaders will help in promoting positive culture and lifestyle change.

5. Recommendations

We have no recommendations to make concerning project delivery, which appears to be proceeding well and has been soundly endorsed by participants and stakeholders.

There are three minor recommendations to address a few areas where the evidence being gathered against project indicators is lacking; there is still plenty of time to gather this data over the remaining period of the project.

Firstly, more evidence is needed to support the number of participants feeding back on how they have made positive changes to their lifestyles as a result of the project, in order to meet the target of 50 in each project year. Understandably, given language and time constraints, the feedback forms collected at the end of events are brief and relatively superficial; and they can only pick up current feelings and intentions rather than subsequent actions. Due largely to the difficulties of contacting and communicating with participants, this study was only able to gain feedback on lifestyle changes from a small number.

Recommendation 1: ACCM (UK) to gain and record more feedback from participants on healthy changes they have made to their lifestyles since attending project events in Year 1, for example through follow-up phone calls or informal focus groups / social gatherings. Feedback could be collected and recorded through interview notes, meeting notes, surveys, sound recordings and/or 'video diaries'.

There was a small gap in data concerning improvement in parenting confidence, where there was recorded feedback from around 30 parents against a target for Year 1 of 50. This may have been because some parenting courses did not start until the end of Year 1.

Recommendation 2: ACCM (UK) to gain and record further feedback from parents on the impact of parenting sessions by the end of Year 2 (we understand that this is already happening).

There is also a relative shortage of feedback from professionals about understanding their beneficiaries better – the target of 60 appears to have been rather ambitious and possibly intended for Year 3 instead of Year 1.

Recommendation 3: Target of 60 professionals saying that they understand their beneficiaries better to be moved back to the end of the project, and a further stakeholder survey to be undertaken to collect this data at that point.