



REACH

COMMUNITY HEALTH PROJECT

Community Learning and Development Workshops

Project Evaluation Report

January 2011

Funded by Pfizer UK



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1. Background

REACH Community Health Project, established almost a decade ago in Glasgow, has since evolved into a national third sector organisation with a key strategic role in improving the health & wellbeing of Black and Minority Ethnic (BME) Communities, particularly those living in Scotland. REACH has units engaged in culturally sensitive Service Provision, Policy and Research and Training and Development. These areas of expertise act to mutually reinforce one another, and this Triangulated Formula makes REACH uniquely placed to tackle health inequalities and service barriers faced by BME communities.

Our *vision* is a multi-cultural society in which all people have equal access to appropriate health & wellbeing services and our *mission* is to empower communities, (particularly ethnic minorities) by ensuring that their health needs are fully met.



REACH achieves this through its Triangulated Formula, which encompasses three units: Preventative Culturally Sensitive Service Provision, Policy and Research and Training and Development.

1.1 Project Aims

REACH Community Health Project has been funded by Pfizer UK to deliver participative workshops within 5 Glasgow Community Health and Care Partnership areas. This was a health and wellbeing project, co-ordinating and implementing

community learning and development workshops delivered in 5 Glasgow Community Health and Care Partnerships (CHCPs) targeting Black and Minority Ethnic (BME) communities, including asylum seekers and gypsy and Roma communities. We aimed to address the health inequalities and the key issues prescribed in the proposal and particularly focused on lifestyle patterns amongst BME communities including poor diet and nutrition and lack of exercise.

1.2 Key Topics

The main areas covered by the workshops were:

- Money / financial advice
- Employment advice
- Dietetics / nutrition advice on healthy eating
- Benefits of Exercise
- Body Mass Index (BMI) / Health checks
- Substance misuse
- Therapeutic masseurs
- Oral hygienists
- Sexual health professionals
- Nutritionists and dieticians increasing awareness on the advantages of healthy diets and providing information on food allergies.

- Health Care Officers offering a range of health checks including carbon monoxide and blood pressure levels, BMI checks, cholesterol, blood sugar tests, body fat / water percentages
- Fitness Instructors giving advice and information on the benefits of exercise.
- Pharmacists and Social Care Officers providing advice and treatment on stopping smoking and drug and alcohol misuse.
- Nurses offering additional information on prescription drugs, on severity of diseases and importance of routine in taking medication.
- Therapeutic masseurs, oral hygienists, sexual health professionals, all contributed to provide advice and information at the workshops.
- Benefit Officers offered advice and information on disability benefits and financial advice on money management.

2. Methodology

The project was broken into 5 main parts to work on each Glasgow Community Health Care Partnership (CHCP) area individually. The initial steps were to locate a suitable venue to hold the workshops. This was a very important part of the project as using a venue which was locally known to community individuals was vital.

Once the venue was located, contacting organisations to attend and offer information on their services was the next step. Each potential attendee was sent a formal invitation with the project description as shown in [figure 1.1](#)

Each of the CHCP directors was sent the same letter advising of the workshops and inviting them also. After initially contacting via mail each organisation and CHCP specialist was then given a follow up phone call as well as the same letter in email

format including a draft programme and registration form as shown in [figure 1.2](#) and [figure 1.3](#)

2.1 Venue

Research was conducted in each CHCP area to determine which venue would be best suited to host the workshop. The following criterion was taken into consideration:

- Areas densely populated by BME communities
- Venues which were in use on a day to day basis by local community events
- Venues which were easily accessible by public transport
- Disability access at venues

The first workshop was conducted at the REACH Gym in Network house for the South East CHCP area. As the area is densely populated by different BME background communities who attend consistently functions at network house this was ideal as a starter workshop prior to promoting in other areas.

The South West workshop was held at Kennishead Community Hall. This hall is situated at the heart of refugee and asylum seeker residences. The hall has daily events and groups running which helped to attract people to the event.

The North CHCP event was held at Maryhill Community Centre. Located just off Maryhill road, this area again is heavily concentrated with a mix of minority ethnic residents. The North CHCP covers a wide area, the workshop could have been held at one of two possible venues, each ten miles or more apart. The decision to hold the workshop at Maryhill as opposed to Royston or such area which are also included in the north was based on demographic evidence as the larger majority of BME communities live in the North West.

The East workshop took place in the Eastend Healthy Living Centre. This centre has a continuous flow of community individuals coming each day to use the additional

services the centre offers such as the gym as well as classes that take place each day.

The West workshop was the last workshop conducted and was held at The Albany Learning and Conference Centre. This centre is used heavily by BME communities for advice, information and community classes.

2.2 Promotion

Each event had a similar promotion process. Both recruitment and advertisement for the events were conducted simultaneously. Although letters and emails for the events had been sent out continuously from the first event onwards, each individual workshop had secondary promotional and recruitment stages.

The recruitment was in order to invite stall holders to raise awareness of their services to the BME communities in their area. The head of each CHCP area was contacted approximately 6 weeks prior to each event to allow time for arrangements to be made for employees to attend. Out with specialists private and smaller organisations were also contacted to allow them to also benefit from the events. Each organisation was sent the amended templates shown in figures [1.1](#), [1.2](#) and [1.3](#) to give a clear and concise account of exactly what REACH intend to conduct in their area and how it can benefit them also. This was a very important part of the process as it was imperative organisations did not feel threatened by the project or feel any current work in the area was being duplicated.

The advertisement for the events was also conducted in stages. This was to ensure a wide as possible audience to the events and to also ensure community individuals were aware of the other workshops that are due to come in other areas.

2.3 Engagement with BME Communities

This was the most crucial part of the project as BME communities being the main beneficiary of the project it was paramount to have a good attendance of

communities to benefit from this innovative project. Indeed, in addition to BME communities, organisations (third sector and mainstream) who attended the event also benefited by being able to engage directly with BME communities and promote their services. The engagement process involved a multi pronged approach and at times unconventional methods.

2.3.1 Online Advertising - This was conducted via social networking sites such as face book and twitter.

2.3.2 Invitations letters and information- A widespread campaign was conducted and event invitations were sent out to BME individuals situated in the relevant areas.

2.3.3 Emails - Emails were sent to previous REACH event attendees who had expressed an interest in receiving information about future events. Emails with the programme featured in [figure 1.2](#) were also sent out to all attending organisations, all surrounding organisations that were not able to attend and all voluntary/public/third sector BME focused organisations to distribute to their service users. This was carried out continuously until the event date.

2.3.4 Posters and Flyers in different languages - were put up in targeted local business windows, the venue itself, libraries, places of worship, dental / doctor surgeries.

2.3.5 Street visits - community engagement worker and the project worker went out to densely populated areas and handed out flyer and information to individuals outside of shopping centres, schools etc in those areas, including putting flyers through the doors in key areas.

2.3.6 Direct Telephone Calls- contact were also made by phone to those who are on REACH's database and have expressed their desire to know about future events. Also regular service users of REACH were informed by telephone calls. Furthermore, in order to cover the wider areas of Glasgow other organisations, private, third sector and cultural and religious organisations were requested to display the posters at their premises and promote the event. Announcements were

made on REACH's request by religious leaders, i.e. during Friday prayers where on average 200 devotees attend prayer on Friday afternoons. These engagement and promotional methods were implemented for each workshop in each area to ensure a maximum attendance.

2.3.7 Buffet Lunch - As an attraction for the events REACH also provided a free buffet lunch at each event and acquired a mendhi (henna) artist to attend on a voluntary basis to apply mendhi to attendees. As the event is BME focused the mendhi artist provided a culturally appropriate attraction.

3. Evaluation

As evaluating the success of such events outside of attendance can be at times be difficult to be accurate. For each event evaluation was carried out in two parts. **One part** was to measure the success with the stall holders and the **second part** was to measure the success with the attendees.

All attendees were given a raffle ticket at the entrance which they were to provide at the lunch buffet. This proved useful to determine attendance levels with out duplicating numbers of attendees. Around the hall at each event flip charts were placed with markers for people to write their feelings and opinions on the event. This could be signed or anonymous as they were located in different areas of the hall. People were also encouraged to write their thoughts and if they were having any problems doing so, members of REACH staffs were at hand to assist.

The stall holders were also encouraged to write their views on the event at the end. They were also sent out post event evaluation forms as shown in [figure 1.4](#). This allowed REACH to evaluate and assess each event individually and make appropriate adjustments for the next event.

3.1 Statistics for each workshop

CHCP AREA	Stall Holders	Number of Community Attendees directly benefited	Number of Community individuals indirectly benefited (approx)
South East 28 th July	12 organisations	96	240
South West 04 th October	10 organisations	40	160
East 21 st October	9 organisations	65	90
North 21 st September	13 organisations	30	50
West 22 nd November	9 organisations	55	250
Total benefited	53	286	790

The above table shows the number of individuals and organisations that took advantage of the workshops and benefited from the project. In total approximately 53 organisations attended the REACH Health Fairs and promoted their work in their specific CHCP area. They were able to reach on average 57 BME community individuals on the day of the events and indirectly reached 158 community individuals via the REACH Health Fair.

Hence, in total 286 BME communities benefited from the project and furthermore indirectly 790 BEM communities benefited from the project.

3.1.1. Key Outcomes

The project helped increase knowledge and understanding of 286 individual directly and 790 indirectly about

- Key prevalent health issues among BME communities
- Importance of healthy diet and nutrition
- Issues related to substance misuse, its impact of them and their families
- Obesity and how to measure and calculate Body Mass Index (BMI) and its importance
- General understanding of health and wellbeing.

Therefore the project helped BME community participants to

- have improved health in terms of diabetes management & control
- have better health in terms of heart disease through better diet control and active lifestyle
- have improved mental health by reducing stress level through, physical activity, solving issues around debt and unemployment

Furthermore, the participants had one-to-one information and advice on

- Jobs seeking and service available in their area of residence
- Money management
- Policing and the roles of police
- Mental health services in their area of residence
- Some advice on smoking and further information smoking services

More so, many of the participations signed up to seek advice,

- REACH's substance misuse project had 5 clients, who are currently receiving smoking cessation service
- 8 individuals signed up to REACH's gym service who are current regular users

Although there were some challenges,

- i) Lack of positive response from many CHCPs - As the head of each CHCP area was contacted to advise of the event and invite specialists from the CHCP area, it was expected that more stalls would have been taken and more individuals would have attended.
- ii) First project worker leaving the job, which is why there was a delay in delivering the project on time.

Irrespective of the above challenges we have managed to deliver the project effectively and BME communities benefited from the project.

4. Conclusion

Overall the project was a success and benefited a wide range of diverse BME communities (286 directly and 780 indirectly). Indeed, 53 organisations from mainstream as well as third also benefited from the project. This would mean a long term benefit to wider BME communities as these 53 organisations who promoted their service will continue to receive more BME communities accessing their services.

Over and above, the important point to note from this project was the variety of services participants benefited, as can be seen from the key outcomes above. More so, the diversity of BME communities who came forward was amazing.

Should funding become available again the same project could be conducted in the same manner but on a wider scale, allowing more organisations, bigger venues and allowing for a larger audience / attendance. Given a longer time scale too the events could be a greater success on a greater scale.

5. Recommendations

- **Need to more such services** - the statistics show that there is a need for such events in areas that are heavily populated by BME communities. Language, social awareness and service awareness is still an active barrier in these areas are people are still not fully aware of the services they are eligible to access.
- **Partnership work** – it is paramount to have more partnership work, as it was due to REACH's partnership work with other project and organisation both from mainstream and third sector which played huge role in successfully delivering this project.
- **Innovative and Persistent Engagement** - engaging with any communities is challenging and this challenge becomes bigger when working with disadvantaged communities, including some sections of BME communities. Engaging with BME communities can be better and more likely to be successful, if you develop trust with the communities, don't shy from using unconventional engagement methods, and more importantly one method should be complemented by another and indeed incentives, like good food is attractive.

6. Appendix

Figure 1.1

Dear,

Community Learning and Development Workshops (CLDWs)

I am writing to you with reference to the above project, which you were contacted in regards to in February 2010. I have outlined the workshop content below and attached a draft programme.

- **Money / financial advice**
- **Employment advice**
- **Dietetics / nutrition advice on healthy eating**
- **Benefits of Exercise**
- **BMI / Health checks (provided by REACH)**
- **Substance misuse (Provided by REACH)**
- **Therapeutic masseurs, oral hygienists, sexual health professionals, will all contribute to provide advice and information on the day.**

The workshop is intended to be a half day event with local organisations also participating.

I am confident that REACH's CLDW would not only complement, create awareness and publicise your existing health improvement services, but contribute to reducing health inequality within xxxxx CHCP and particularly with in the BME community.

As this event is focused upon the BME community in your area I believe this would prove to be an invaluable opportunity for you to. I will appreciate if you could please let us know if you will be interested to work with us on this project.

Sairah Qureshi is the project worker (admin@reachhealth.org.uk telephone 0141 585 8022) who will be responsible for delivering this piece of work, and we will be happy to talk to you or whoever you suggest to discuss this in more detail.

Kind regards

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Figure 1.3



REACH Health Fair

Community Learning and Development Workshops

Registration Form

Please complete the registration form and return via email to confirm your attendance.

All forms must be returned **before close of business on 18th November 2010** to ensure a stall at the event. **Forms not returned will be assumed as non attending and stalls will be given to other organisations.**

Event

REACH Community Health Project is hosting a *community learning and development workshop* in each of the 5 Glasgow Community Health and Care Partnership (CHCP) areas. The workshops are designed to facilitate local organisations in reaching Black and Minority Ethnic (BME) service users in their area and promoting awareness of their services.

The LAST workshop (named **REACH Health Fair**) will be conducted in the West Glasgow CHCP area.

This will be an opportunity for you and your organisations to engage with a large and diverse group of BME communities and promote your services.

There is no charge for stall holders and attendees, however if you as stall holders are willing to contribute anything towards the event we welcome such donations. REACH Community Health Project is a non-profit voluntary organisation, we rely purely on funding to provide and run the services we have for the community.

Date of West Glasgow CHCP Workshop

Monday 22nd November 2010

Time

11am – 3pm (stall holders can arrive from 10.30 am to arrange their materials)

Venue

The Albany Learning and Conference Centre

44 Ashley Street

Glasgow

G3 6DS

Each stall holder will be provided with a table to display their information, leaflets banners etc. Some organisations may have to share a larger table between them.

Your Details

1. Organisation Name:

2. Attendee/s from organisation:

3. What materials do you intend to bring:

4. Do you have any special requirements:

For any further information / queries please contact Sairah Qureshi

Sairah@REACHhealth.org.uk

0141 585 8022

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Figure 1.4 [Back to Methodology](#)



REACH

COMMUNITY HEALTH PROJECT

Community Learning and Development Workshop

REACH Health Fair - Evaluation

Thank you for taking part in the REACH Health Fair on Wednesday 28th July. This workshop was the first of four; the next work shop will cover the North CHCP Area and is intended to take place mid September (Dates to be confirmed). Can you please complete this evaluation form providing as much information as possible?

Event: REACH Health Fair

Date: 28/07/2010

Venue: REACH Gym, Network House, 311 Calder St Govanhill Glasgow

Your name:

Your organisation:

1. Do you feel the event was organised well?

YES

NO

Any additional information for choice:

2. Do you feel the timing was suitable for the event?

YES

NO

If NO, Please state why and any suggestions for future workshops:

3. Do you feel your organisation benefited from this event?

YES

NO

Please give a brief explanation:

4. Would you like to participate in similar events in the future?

YES

NO

Please provide contact details or reasons why you would not like to participate:

Any additional information you would like to provide (any suggestions, comments, feedback, improvement etc)

For any further information in regards to this project please contact Sairah Qureshi, Sairah@reachhealth.org.uk or 0141 585 8022

Figure 1.2 [Back to Methodology](#)



REACH Health Fair

Wednesday 28th July



ADVICE

11:00 am - 3:00 pm



EMPLOYMENT

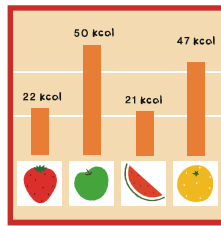
EXERCISE



REACH Gym Hall
Network House
311 Calder Street
Govanhill

FREE

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EATING

FINANCIAL ADVICE

EMPLOYMENT ADVICE

BENEFITS OF EXERCISE

HEALTHY EATING

SUBSTANCE MISUSE

THERAPEUTIC MASSEURS

BMI / HEALTH CHECKS

ORAL HYGIENISTS

ADVICE ON HEPATITIS B/C AND TEST REFERRAL

Organised by REACH Community

THERAPEUTIC



MASSEURS



MISUSE

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ORAL
HYGIENISTS
HYGIENISTS



HEALTH
CHECKS



SEXUAL HEALTH

