EACH

Embedding Ambassadors in Community Health

EXTERNAL EVALUATION REPORT

JANUARY 2014

Evaluation undertaken by

eg: consulting

Embedding Ambassadors in Community Health (EACH) is a three year European Union funded project (2011-14) focused on the East of England region and designed to help frontline NHS staff improve the provision of effective and culturally appropriate healthcare to recently arrived migrant third country women.

The EACH Project summary target outputs and objectives are:

- To provide intercultural awareness training to **630** NHS frontline staff on meeting the health needs of migrant third country women
- To build the skills and capacity of **12** local minority ethnic community organisations in co-delivering the training
- To raise awareness amongst migrant third country women of the NHS by way of **12** 'open dialogue workshops' involving up to **180** third country women.

The EACH Project specifically focuses on addressing Priority 3 of the **European Integration Fund**, which is to:

Develop and implement intercultural training, capacity building and diversity management, training of staff within public and private sector providers...

Feedback from participant in EACH Project intercultural awareness workshop

" I can certainly confirm that even six months after the workshop, what I learned certainly had a lasting impact. It was excellent to have the freedom to be able to ask whatever questions I wanted to, rather than have a restricted agenda delivered to us. There was ample time for interaction amongst the group to explore people's lives from ethnic minority backgrounds and I hope that everyone found the session as informative and helpful as I did.

Other cultural awareness groups that I've attended tend to focus on equality, whereas this group focused on real lives and how they are lived out and real people.

This kind of group encourages warmth and understanding between different cultures and also helps those who don't meet or work regularly with people from other cultures, to understand that we are all the same inside, just do things a little differently on the outside.

Many thanks for an excellent and valuable course."

Feedback from trainer (ethnic minority community group) in Watford

" Gaining cultural awareness can only add value to delivering health services to the community in this region."

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Founded in 2006 and based in Bury St. Edmunds eg: consulting is an advisory, development, evaluation and fundraising consultancy targeted at medium sized voluntary and community sector organizations; and public sector agencies. In seven years the consultancy has worked with 58 clients, including assessing their positive impact and thus helping them to meet their organisational aspirations for growth and development.

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Comments from NHS staff: on-line Consultant survey (December 2013)

"Understanding of different cultures and beliefs means treating patients on an individual basis"

"Such opportunities to work directly with service users from BAME and the voluntary sector which often provides the majority of their support is essential to helping all professionals in both health and social care to become more culturally aware and more confident in working with people from a wide range of cultural backgrounds. Where the BAME population is relatively low in an area there are often very few opportunities for workers to develop cultural competence and confidence in their practice."

"The intercultural awareness workshop I attended was useful..... If follow up workshops were initiated this could have helped me and particularly other nurses who did not have the opportunity to attend the workshop. I also believe that the workshop should target staff that are non-BAME to ensure that they also receive awareness of ethnic women's cultures. There is a tendency in the Trust here in Norwich to leave care of ethnic minority patients to ethnic minority staff and a lot of ignorance regarding cultural and religious needs of ethnic minority patients/ clients still exists."

"Improved communication means better information"

"It has afforded me a much broader understanding of the local cultural influences among our service population and communities"

Summary findings

After 30 months of the EACH Project, the external evaluator's summary findings in regards to outputs, outcomes and achievements are several-fold:

1. In the period being reviewed the EACH Project has been high performing, significantly exceeding all of the targets and outputs it originally set itself.

Its achievements in broad summary terms are that it has:

- Provided training to 1013 NHS staff (target was 630 over three years) – an outstanding 61% over target
- Delivered 97 intercultural awareness and interpreting training sessions
- Through 'open dialogue workshops' brought together a further 229 NHS staff and migrant third country women to examine ways healthcare services can be improved
- Engaged the energies and commitment of 20 local and regional ethnic minority community organisations (including four interpreting and translation agencies) providing them with the capacity to develop their own health promotional work activities for and with newly arrived minority ethnic women; and enhanced their abilities to act in 'ambassadorial' health promotional roles with local healthcare providers on an on-going basis
- Enlisted 43 female minority ethnic women (and others) to act as ' ambassadors' to deliver training, interpreting and translation services and raise awareness of their communities' health needs and cultural preferences.

2. The NHS staff have been benefitted immensely from their participation in the EACH Project. NHS staff report increased confidence, skills and knowledge on how to provide healthcare services to migrant third country women; how to improve their communication and other strategies to overcome the barriers many of the women face in accessing appropriate and cultural relevant healthcare.

This development of collaborative working linked to additional capacity and connectivity with, and within, community groups and the statutory NHS providers is exemplary which has helped to start the process of tackling the huge challenge in reducing health inequalities for migrant third country women; and underpinned personal growth and the acquisition of new skills and cultural sensitivities for a large number of professional health staff. Locally no other organisation is undertaking this type of intercultural awareness work currently.

3. Combined with internal monitoring and evidence of strong levels of positive feedback, external verification shows that the EACH Project has achieved its outcomes; and from among the NHS participants – the project beneficiaries - that:

- 94% **have a better understanding of how a woman's cultural background impacts on their accessing of health services**
- 92% **have an improved understanding of the barriers minority ethnic women often face when accessing healthcare**
- 90% **are better informed of the main issues contributing to the health inequalities experienced by women coming from countries outside of the EU**
- 79% **feel better equipped to treat minority ethnic patients**
- 71% **have an improved range of strategies, which they can use to ensure that they can communicate clearly with women who have a limited command of English.**

The beneficiaries themselves have outlined the achievement of the EACH Project outcomes in their responses (and provision of copious unequivocal examples) to the on-line survey conducted in November 2013; and their evidencing of this is shown on page 13 through to page 17.

4. The EACH Project has not only performed significantly above what it set out in its original Business Plan and subsequently in yearly service schedules but also it has performed a very important strategic role by embedding good practice within a multitude of NHS organisations in equality and diversity contexts; all at a time of unprecedented change and budget cutbacks within the public and community sectors.

The Consultants commend the strategic leadership role played by the EACH Project in driving forward a partnership model of 'joint ownership' with NHS providers, their staff and ethnic minority community organisations which have a strong community health and health promotion role in the East of England. The Project has acted as a focused conduit of new resources to emerging and at times fragile ethnic minority community organisations, providing them with all the necessary organizational and other (primarily) financial support required to deliver new training resources to key health care staff. Capacity has been considerably enhanced. The 'open dialogue workshops' have assisted in the development of mutual understanding between these community organisations, the 'ambassadors' and those in the frontline of health service delivery.

5. The regional need for such intercultural awareness work continues unabated – particularly in the context of new Clinical Commissioning Groups which are GP managed and the spike in numbers of migrants coming to the East of England in the last decade - and the EACH Project now has a future on-going role to facilitate further collaborative provision of such 'training of the trainers' - and it is a role that all stakeholders wish it to continue to play. In the context of great NHS change and upheaval – there are now possibilities of developing closer working relationships with Public Health England, and its various county manifestations, Health & Wellbeing Boards and Healthwatch organisations.

With a solid track record of highly successful delivery behind it the EACH Project managers are in a strong position to capitalise on their accumulated local intelligence and 'grassroots' grounding within BAME (Black, Asian & Minority Ethnic) community organisations to extend its reach – possibly to new types of migrants and/or refugee communities - with further EU, Lottery and possibly other complementary, income streams. It is understood that project managers are now assessing future delivery possibilities, project scope and new partners; and that this evaluation exercise is a key component of driving the EACH Project forward to widen and deepen its extensive and unambiguous benefits even more greatly.

1. About the Embedding Ambassadors in Community Health (EACH) Project

1.1. The EACH Project is an innovative and bespoke collaborative venture between the East of England Strategic Migration Partnership; the National Health Service providers serving the region and community organisations run by and for minority ethnic women. The project aims to bring migrant third country women alongside representatives from Black, Asian & Minority Ethnic (BAME) community organisations (acting as ambassadors for their respective communities) together with a wide range of health professionals (e.g. midwives, community psychiatric nurses, GPs, health visitors, acute trust staff, practice managers) to increase healthcare accessibility and improve health-related outcomes for recently-arrived third country migrant women both now and in the future.

1.2. Flowing from the EU funding it receives the EACH Project has as its **primary** beneficiaries the frontline health professionals working in the NHS in the East of England and also the BAME community organisations directly engaged to help co-deliver the training to them; with a complementary objective of developing the capacity of the latter. However, the **ultimate** or secondary beneficiaries are women who have recently arrived in the UK (in the last 10 years) who previously resided outside of the European Union; but not those who have come though the asylum or refugee route. Within the context of the project they are referred to as coming from 'third countries' or more commonly - recently arrived migrant women from outside the European Union: Asia, African and South American countries.

1.3. The project's two main work activities are:

Community Health Ambassador Training
Health professionals from across the region receive free training from minority ethnic community 'ambassadors' about their healthcare needs and cultural preferences. The project targets those who work on the front-line of healthcare service delivery, meeting patients and guiding them to services to improve their health and well-being. As a corollary the EACH Project and the health professionals they work with provide an additional push to generate an increased 'take up' of health services by recently arrived third country migrant women.

A further element of the training provided are the workshops made available for those health professionals who deliver services to women with language needs by working with translators and interpreters; and developing frameworks of language support to them to increase health service accessibility. The production of on-line materials to support this work was also envisioned from the outset.

Open Dialogue Workshops
The EACH Project runs a range of Open Dialogue Workshops (ODW) whereby approximately 10 health professionals are invited from a specific locality alongside 10 recently arrived women from the local community. The intention is to create enduring relationships between health staff and local minority ethnic and migrant communities.

These workshops have three key objectives:

- To explore the healthcare barriers to healthcare faced by recently-arrived third country migrant women and to identify potential solutions and service improvements
- To help build positive and lasting relations in the community between these recently-arrived women and local NHS staff
- To give local migrant women the opportunity to have their voices heard as part of the EACH Project.

Each workshop focuses on examining the women's positive and negative experiences of the health service, with the overall goal of identifying lasting NHS service improvements for newly arrived migrants. The resulting 'dialogue' is written up into a report format and disseminated to all the health professionals who participated and other identified, and relevant contacts, to follow through on any actions required. At the end of project year 2 the Project team produced a comprehensive summary report. In addition, further ODW workshops have taken place during the first half of project year 3.

1.4. Following an open tendering process the EACH Project has fruitfully worked in partnership with a range of BAME community organisations (including translating and interpreting agencies across the region) and all of which were already involved in the delivery of culturally relevant health improvement training and project based work in their respective communities. The BAME community organisations that the EACH Project have worked with in the 30 months of the project so far include:

- The NEESA Project in Norfolk
- Borderline & Peterborough Local Commissioning Groups in Peterborough
- Cambridge Ethnic Community Forum in Cambridgeshire
- Equality in Diversity in Luton
- MUSKAAN in Hertfordshire
- Southend Association of Voluntary Services in Southend & South Essex
- Bangladeshi Support Centre, CSV Media Clubhouse & Anglo-Chinese Cultural Exchange in North Essex and Suffolk.
- ACCM UK
- Zimbabwe Women's Resource Centre
- NHS Peterborough (CCG predecessor)
- Luton All Women's Centre
- Bedfordshire Race & Equalities Council
- Bedfordshire Women's Forum
- Advice Training & Advocacy CIC
- Millfield Medical Centre

The translating and interpreting agencies engaged with are:

- INTRAN throughout Norfolk, Cambridgeshire, Peterborough, South Essex and Southend
- HITS (Hertfordshire Interpreting & Translating Service) in Bedfordshire, Luton and Hertfordshire
- TIP (Translating & Interpreting Provider) in North Essex and Suffolk
- CINTRA working in Cambridgeshire.

1.5. The Strategic Migration Partnership, namely Malgorzata Strona, Senior Policy Officer and Louise Gooch, Policy Officer, manage the EACH Project. As managers they have consistently aimed to ensure the EACH Project is managed efficaciously (whilst at the same time being highly engaging and inclusive), properly monitored, within budget and that reporting requirements are adhered to. Feedback from participants has from the very beginning been very much to the fore, and the views and opinions of all have been meticulously collated. On a day-to-day basis the project workers, Sue Hay and Rachel Heathcock, have delivered the EACH Project. At this juncture, and in summary it is useful to outline their collective key project tasks:

- Conducting health needs mapping exercises and assessing priority migrant health requirements
- Identifying project partners both from within the NHS and ethnic minority community organisations, and interpreting and translation agencies to run training sessions and workshops; and promoting, organizing and co-delivering them
- Creating the training framework and other cultural awareness materials for the BAME community organisations to assist with the delivery of cultural awareness sessions and delivering a series of 'train-the-trainer' workshops; and then monitoring feedback and identifying further ways to enhance and develop project objectives.

1.6. The EACH Project's total costs are £399,999 over three years, which are co-financed by the European Integration Fund and internal East of England LGA resources. £300,000 (75% of the total) comes from this discrete EU funding source.

2. Evaluation aims and methodology

2.1. The main external evaluation aim is to assess how well – as the final six-month period of the project approaches - the EACH Project has met the target outputs and outcomes as set out in the original EU grant application and three project service schedules. For ease of reference and more expansively the three year targets are:

- To provide intercultural and service eligibility training to 630 NHS frontline staff on meeting the health needs of third country women (this number comprises 210 in year 1; 270 in year 2 and 150 in year 3)
- To build the skills and capacity of 12 local BAME community organisations that support women from third countries in co-delivering the training
- To raise awareness amongst third country women of the NHS, and how services can be effectively accessed (using the mechanism of 'open dialogue workshops'), with 12 workshops being held involving up to 180 third country women.

2.2. The evaluation examines the EACH Project's outputs, outcomes and achievements covering a 30-month period, the two complete projects years (1 and 2) from July 2011 through to June 2013; and the remaining six months of 2013 up to December 2013.

2.3. Whilst evaluating the quantitative and qualitative impact of the EACH Project's activities the Consultants have sought to place its beneficiaries centre stage, and this is reflected in the methodology adopted. As stated earlier the main primary project beneficiaries are NHS professionals working on the frontline across the East of England; hence, the healthcare organisations they work for are beneficiaries in the sense that the overall service delivery is enhanced with the application of improved cultural awareness by their staff having attended the training workshops, and the acquisition of increased cultural understanding and new cultural competence skills. Primary beneficiaries encompass the various participating ethnic minority community organisations and interpreting agencies, and by strong inference their minority ethnic trainers and facilitators. Not only is their organizational capacity developed, but again, these women's skills and confidence to deliver cultural awareness training is improved by their participation in the EACH Project; and further on-going relationships are developed by them with healthcare providers. The ultimate secondary beneficiaries of the EACH Project however, are those women from newly arrived communities (countries outside of the European Union). To ensure they have a clear and unequivocal voice in the EACH Project their views and perceptions are captured in many of the reports collated by project team as part of the Open Dialogue Workshop. It has not been possible to further seek their views as part of this evaluation.

2.4. Having placed the main primary beneficiaries centre stage in this external evaluation exercise the Consultants employed the following methodology:

- Reviewing evidence of impact already collated by the project team, and using it to assemble a coherent account of the EACH Project's 'journey' and learning thus far (30 months from a total of 36 months of the project's 'lifetime')

- Face-to-face conversations with project team members to assess their views on outputs, outcomes and longer-term impact; and further assessment regarding reporting and monitoring information

- Feedback from workshop participants (e.g. NHS staff) to assess their views on the training provided, and how this has then better equipped them to deliver culturally relevant and sensitive health care services (using an on-line survey)

- Feedback from a representative sample of trainers, facilitators and interpreting staff to assess their views on outcomes and impact (using an on-line survey)

- Telephone conversations with members of the EACH Project reference group – senior NHS professionals from various health providers across the region.

‘ The leaders were very knowledgeable, realistic and inspired confidence.’

Feedback from participant (external evaluation survey) 2013

‘ The EACH team have been hugely supportive to all of the training groups, they have helped people to broaden their horizons. I would like to send my sincere thanks to them - they are a great team.’

Feedback from participant (external evaluation survey) 2013

3. Evaluation Findings

Project Journey, internal reporting & findings

3.1. At the outset the EACH Project undertook an effective and extremely important regional mapping exercise regarding the health needs and identification of the NHS barriers faced by new non-EU female migrants to the region; and then selected (based on an open tendering exercise) the various minority ethnic community organisations, interpreting and translation agencies as listed in 1.4 above.

National and local research, linked to experience at local NHS levels in the East of England, into migrant’s health consistently indicates that health service providers’ cultural awareness of migrant communities, their health experiences and expectations still require uplift and service delivery improvements to address health inequalities. It has been found that access to health services is especially poor among women from Asian countries (for example, India, Bangladesh, Pakistan and China – who constitute about one fifth of the migrant population in the East of England), with consequent late prevention for antenatal care, poor take-up of screening tests and health promotional initiatives.

Hence, the vital importance of an effective mapping exercise which provided for a detailed and fine-tuned analysis, based on research especially at a regional and local level in Suffolk, Cambridgeshire, Hertfordshire and Central Bedfordshire – localities with the highest number of Asian mothers, and thus a focus on particular localities with sizeable BAME catchment populations likely to benefit from the EACH Project: Bedford, Luton, Watford, Ipswich, Peterborough and Cambridge.

3.2. The Consultant’s understanding is that the EACH Project is only one of two intercultural training and capacity building projects directed at NHS staff on how to engage more effectively with women from third countries in the UK. The EACH Project has therefore had little actual practical project experience or ‘best practice’ from elsewhere to draw upon – and it would appear that in many ways the EACH Project is at the cutting edge in terms of the provision of culturally relevant awareness training. It has adopted a spirit of innovation, and this has underscored the project team’s keen desire to very carefully document the EACH Project’s ‘journey’ and learning; from the outset its potential to act as an exemplar was identified and envisioned.

3.3. It is evident from reviewing internal documentation that from the beginning the EACH Project team have worked closely with minority ethnic community groups and organisations based in the identified above localities, adopting a co-production and focused engagement approach. Many of these organisations provide the first port of call for third country women, and on a combined basis they can have a highly positive impact in improving access to primary care. Undoubtedly the ‘hosting’ of the EACH Project within the East of England’s LGA organizational structures and particularly, the Strategic Migration Partnership has ensured that the detailed knowledge and networks of the staff team could be capitalized upon; and there has been a reciprocal mutual trust and almost instantaneous level of organizational co-operation between the EACH Project and the many BAME community organisations engaged with. This gave the project a clear head start in mid 2011. The EACH Project has provided the organizational infrastructure to allow BAME community organisations to focus

on how they can deliver what they are best at. Overall, there is a profound sense that although the relationship between the EACH project and the BAME community organisations is formally a contractual one it is one based on partnership working, shared understanding and mission combined with strong informal networks.

3.4. Billed as 'intercultural awareness' workshops and 'working effectively with interpreters in healthcare settings' the EACH Project team has delivered an astonishing number of workshop sessions across the East of England (108 organised during a 30 month period), including Open Dialogue Workshops. Flowing from the mapping exercise and engagement of particular BAME community organisations these workshop sessions have been held in some of the following locations:

- Southend, Peterborough, Cambridge, Norwich, Bedford, Luton, Ipswich, Bury St Edmunds, Stowmarket, Watford, Colchester, Rochford, Harlow, Epping Forest, Clacton and Welwyn Garden City.

The project team benefitted greatly from their local expertise and extensive 'grassroots' networks, which combined with the mapping exercise and outreach, meant that sessions in year 1 were organised and delivered in a given locality based on contacts that already pertained. The delivery of the second year of workshops has been more focused on particular hospitals, NHS organisations and Trusts. It is clear from all available feedback that the style of course delivery was accessible and engaging, with a good amount of time given over to networking, and very importantly enjoying a lunchtime meal together – the refreshments and food provided by the 'host' BAME community organisation adding immensely to the cultural awareness experience for many of the participants.

3.5. The EACH Project team have produced promotional materials including a flier and a bespoke website. The latter with dedicated information about activities, workshops and how the project is progressing; it also includes a promotional video providing an explanation of how the project has delivered 'pilot' sessions. This has also been produced in DVD format and disseminated. In addition, both on-line and as hard copies, the team have produced an excellent range of health related resources for example clear guidance and regional resource materials were provided on commissioning language support within the NHS (this was re-printed in September 2011 as it had been produced prior to the project); and more recently a Cultural Diversity Document which provides very useful guidance and reference information (aimed at health professionals and community health groups) around different faiths with practical implications for healthcare for all health service users. All high quality materials produced aim to provide NHS staff with the knowledge and awareness to offer the most culturally competent healthcare as is possible.

3.6. Throughout the project's 'lifetime' thus far, the composition of the project team has remained consistent and this has had a very significant impact on its ability to deliver effectively on project outcomes and outputs – with unambiguous evidence of cumulative project achievements far exceeding targets originally set. This is all especially surprising, and noteworthy, given the unsettled healthcare environment within which the EACH Project has had to contend. It is worth considering the overall political context within which the EACH Project has been compelled to operate. The reconfiguration of health services, especially at a regional level within the NHS, has resulted in the project team having to manage the delivery of its services within a period of exponential change, uncertainty and upheaval; and navigating within this strategic change context has presented real challenges of continuity – for example, many key NHS staff have transferred to new positions within new structures. Training budgets have been cut. Even now these new latest NHS arrangements are only just 'bedding down' since April 2013.

3.7. Further, and on a related point, the Coalition Government's national deficit reduction programme (and resulting savings required to be found) has created a real challenge for the NHS in terms of their ability (and hence willingness) to release frontline staff for cultural awareness sessions; and possibly many other types of on-going training and professional development. Concomitantly, a number of the key BAME community organisations have experienced concerns about their own financial viability, with all of them facing increased uncertainty and compounding their already observable fragility. The BAME community sector

has been particularly hit hard by public sector cut backs, one recent example being the closure of the Bedford Race Equality Council and the near closures of race equality centres in Ipswich and Peterborough. Budgets for interpreting and translation services within public authorities have been squeezed.

Other smaller BAME community organisations – especially those contracted by the EACH Project - continue to struggle in order to remain operative. There is little likelihood that these financial pressures will lift in future years, in fact, on the contrary financial cutbacks are projected to worsen with the consequent exacerbating of the problems faced by the voluntary and community sector generally, and the viability of BAME community organisations in particular.

3.8. The EACH Project team has produced clear and concise monitoring information and extensive reports; the latter aimed primarily to the funder. The project itself was based on an extensive, well researched and presented Business Plan linked to an implementation plan and key timelines. These have all been strictly adhered to. Well before its official launch at Homerton College in Cambridge in October 2011 the EACH Project was already planning its work methodically, all overseen by staff at their monthly team meetings. Reports presented to the funders provide copious information and details of how the project 'journey' has progressed. The Consultants have been most impressed by the distinctly high quality reporting information, including the 8 'Observation Reports' produced of workshops by trainers. These reports focus on the health and accessibility issues raised in workshops, participant understanding of these issues alongside practical measures suggested and actions required. The reports contain effusive participant feedback views, and this example is typical: *"...very well organised and engaging workshop and it is difficult to think of much to improve it..."* Key observations from the feedback in the reports included the repeated references to the EACH Project's professionalism, efficiency, and its comprehensive and engaging approach.

3.9. Having reviewed the information supplied by the EACH Project team for both years 1 and 2 (and the first half of year 3) we find that:

- **97 intercultural and interpreting workshop sessions have been organised with 1,129 potential participants (those booked to attend sessions) with 1,012 actually attending a session on the day***
- **The average number of participants per session was 10**
- **There was a very good spread of beneficiaries across the region, with the highest number of participants who received training residing or working with NHS providers in Cambridgeshire (237), and the lowest (56) in Hertfordshire. For the sake of completeness participant numbers for other counties were: Essex (217); Norfolk (179); Bedfordshire (170); and Suffolk (153)**
- **12 Open Dialogue Workshops have been organised with 11 actually delivered (and the other one taking place in early 2014), and these sessions so far have been attended by 229 people (combined NHS staff and migrant women from third countries).**

*** With the total number of participants (up to December 2013) now standing at 1,012 against the planned 630 for the entire 3-year project, the EACH Project has exceeded its target by a massive 61% (382 participants).**

3.10. The EACH Project team at the end of each intercultural and interpreting workshop session conduct an immediate assessment of how participants feel in relation to key positive statements e.g. how well equipped do NHS staff then feel to provide healthcare services and treatment to third country women, their levels of cultural awareness or understanding around the barriers faced. The project team refers to this as 'Soft Outcomes evaluation'. Participants are asked to provide a score pertaining to how strongly they feel before and after the workshop in relation to a set of statements. Encouragingly the results show a very positive direction of travel in each of the five statements they are requested to respond to. This is often most marked when participants are asked whether they have a clearer picture of the barriers faced by third country women when accessing healthcare; or if they feel well-equipped to treat patients who are recently arrived migrants and also most importantly agreeing that they have developed a range of effective strategies they can use to communicate clearly with women with a limited command of English.

On reviewing many 'Soft Outcomes evaluation' reports collated by the EACH Project team the results are very good indeed, with all participants (bar a very small handful) recording a positive change or improvement in relation to their confidence and abilities to provide better health care services to migrant women.

3.11. Furthermore, straightforward assessments from participants have been recorded for workshop content (whether it was informative, relevant and met with the participant's learning objectives), evaluating the trainer (delivery style, structure of the session, sufficient time given to discussions and Q&A) and facilities (layout, refreshments etc) overall. Of the cross-section reviewed by the Consultants feedback was very positive with the majority assessing overall standards as 'excellent' or 'good'.

3.12. The EACH Project team continually seeks feedback from participants, and excellent work has been done around making telephone calls to a sample minimum 10% of those who had participated in the training six months after they had attended an intercultural or interpreting workshop. Having reviewed these short summary reports the feedback results are all very positive and again participants report improved cultural competence in the application of what they have learnt in everyday practice, and how they have shared their learning with colleagues and at NHS staff team meetings. Yet, again, the quality of the training and the professionalism of the team is a constant theme. The nature of the feedback has underscored the provision of further workshop sessions, their location and composition.

We always share learning with colleagues after an event....we are now working with different community groups and are in the process of devising posters to target these different communities which will be translated into relevant community languages...

Really enjoyed the collaborative working

.....informative and useful to discuss best practice
From participant feedback after six months (internal)

3.13. The Open Dialogue Workshops (ODW) are intended to provide opportunities for health professionals to meet with, and discuss, the views and experiences of migrant third country women of their health services and care including such areas as mental health or health visiting services, midwifery and ante-natal care. Service improvements are sought with a focus on solutions and improved communications to overcome language barriers, and further on-going dialogue between migrant third country women and NHS staff.

Ideally, each workshop should comprise 10 NHS professionals and 10 third country women. The workshops are locally co-delivered by the project team and the relevant BAME community organisation. They have been held in Luton, Bedford, Cambridge, Ipswich, Peterborough, Norwich, Hemel Hampstead, Southend, Colchester and Watford. The EACH Project promotes and co-ordinates the organisation of each ODW in partnership with the BAME community

organisation; providing funds for the community organisation for its organizational time, staff and other minor expenses; paying for the venue and all refreshment and lunch costs. The ODW operate to the focused guidelines provided the EACH Project, a framework to ensure quality delivery.

To reiterate the key ODW objectives are:

- To explore barriers to health care faced by migrant third country women and identify solutions
- To build positive and lasting relationships in the locality between migrant third country women and NHS staff
- To provide migrant third country women with opportunities to have their voices heard.

3.14. The EACH Project team have produced comprehensive summaries of the key findings of the Open Dialogue Workshops, which clearly set out areas which have been discussed and how learning can be shared, illustrative case studies combined with examples where healthcare services have fallen short; this is all combined with a focused list of recommendations for ameliorative actions and follow through. Reports are widely disseminated to health commissioners, providers and more recently Health and Wellbeing Boards. Reports contain key information about participants. And from the information collated in the end of year 1 report about the migrant third country women participants we learn that:

- One third have been in the UK for less than three years
- One third are from Pakistan, 11% from India and 7% each from Nepal, Iraq and Zimbabwe
- Over half are learning English
- 84% have children
- All are registered with their local GP.

The Consultants reviewed all the reports produced for each ODW session, and to exemplify the rich mix of participants, from a representative cross section we found that:

- In Bedford nine migrant women attended (all from Bangladesh and Pakistan) with 14 NHS staff
- 13 NHS frontline staff and 14 migrant women, all from Asian backgrounds, attended the Cambridge ODW
- At Colchester there were 10 NHS staff and 10 migrant women (four of whom were from Nepal, two from the Congo, with others from Iraq, Libya, Bolivia and Bangladesh)
- 18 staff from NHS providers and community health groups attended the ODW in Southend, with 12 migrant women from diverse backgrounds and countries, such as Zimbabwe, Tanzania and India.

I networked with the local Equality and Diversity lead from Southend Hospital, and have gone on to work more with him as a result

Participant in ODW workshop

3.16. The extensive nature of the recommendations in ODW reports around improved access and communications requirements, better NHS policies and procedures, how service quality can be enhanced for all is detailed and compelling. It is clear also how much the NHS staff gain from the inter-change of ideas and experiences, and hence their very positive feedback (and this was built upon in the on-line survey conducted by the Consultants).

Increased co-operation and sharing of good practice is also to the fore. The EACH Project have provided further evidence to demonstrate that several of the BAME community organisations have forged on-going working relationships and links with their local NHS staff, ensuring more regular engagement, overcoming language barriers and improved signposting of migrant third country women into services and vice versa.

External evaluation findings

3.17. The evaluation Consultants undertook to further seek the views and opinions of participants, preparing an online feedback survey of both the trainers and interpreting staff (numbering 30 in total) to assess their views on outcomes and impact; and from workshop participants (e.g. NHS staff) to assess their views on the intercultural awareness and interpreting/translation sessions provided, and how this has then better equipped them to deliver culturally relevant and sensitive health care services. Again, this was an online survey and was circulated via the EACH Project team to those with known email contact details c. 500 NHS staff. The survey sought their responses to a series of key statements focused on what they thought about project outcomes in relation to themselves and the overall on-going impact – long-term outcomes – they identified for themselves in relation to their healthcare service provision.

There were a total of 71 NHS staff respondents to the online survey overall, which represents a 14% response rate. There was a good spread of respondents from throughout the entire region; and all had attended either an intercultural awareness or working with Interpreters workshop. Participants in the EACH Project sessions were asked to reflect upon their learning and consider the impact it had had on their healthcare work – since their attendance in the training session - with women coming from countries outside of the EU. It is worth remembering that some participants were being asked to reflect on sessions that they had attended many months, if not more than a year or so, before.

The 'Survey Headlines'

3.18. From those responding, the following percentages said that they agreed with the statements as presented below:

- 94% **I have a better understanding of how a woman's cultural background impacts on their accessing of health services**
- 92% **I have an improved understanding of the barriers minority ethnic women often face when accessing healthcare**
- 90% **I am better informed of the main issues contributing to the health inequalities experienced by women coming from countries outside of the EU**
- 79% **I feel better equipped to treat minority ethnic patients**
- 71% **I have an improved range of strategies, which I can use to ensure that I can communicate clearly with women who have a limited command of English**

3.19. In line with the evaluation approach, and EACH Project ethos, the Consultants have sought to bring the views of all beneficiaries centre stage and the following pages (13-17) is representative of their views, with very little alteration or editing. Furthermore participants were asked to consider (unprompted) the accruing benefits of their learning, having attended the EACH Project sessions and how this had been applied to their everyday healthcare work. The Consultants have listed their various responses in relation to the benefits under the following four headings:

- Being better informed of cultural issues
- Providing an improved diagnosis
- A woman's individual needs being better addressed
- Patient/s being better able to engage with health professionals and heath-related issues

In line with the evaluation approach whereby the views of beneficiaries would be centre stage the following is a representative list of their views in response to these four headings, with very little alteration or interference. The nature of survey responses means views are often provided in a paraphrased or shorthand manner.

Being better informed of cultural issues

Based on a total of 30 respondents stating their views:

- *I have a greater awareness of the difficulties involved*
- *I now ensure the person is asked about their personal preferences*
- *Such opportunities to work directly with service users from BAME and the voluntary sector which often provides the majority of their support is essential to helping all professionals in both health and social care to become more culturally aware and more confident in working with people from a wide range of cultural backgrounds. Where the BAME population is relatively low in an area there are often very few opportunities for workers to develop cultural competence and confidence in their practice.*
- *I know how better to meet their communication needs*
- *I have worked with the Pakistani & other ethnic minority groups & so my understanding was already significantly in place.*
- *The session brought up issues that I had not thought about and made me understand cultural problems and look at better ways to deal with these*
- *Understanding of different cultural backgrounds means not treating all cultures the same*
- *I was able to identify the risk of a forced marriage and take appropriate action. I was also able to comment on the Trust's 'Positively Diverse' handbook about including advice on forced marriage and FGM but I do not believe this was taken forward*
- *It has afforded me a much broader understanding of the local cultural influences among our service population and communities*
- *I am more aware of why people do things differently*
- *A useful workshop, the information from which can be used when specifying and commissioning healthcare services so that the needs of women from other countries/cultures can be addressed*
- *Provided with relevant information about the challenges facing third country women especially in relation to FGM, Forced marriage & other forms of HBV*
- *It gave me a greater understanding of cultural issues that has enabled me to see differing view points of how society and community affects individuals*

- *I am more confident when using interpretation services efficiently*
- *I learnt how not to offend, unintentionally of course, due to cultural differences*
- *Have an increased understanding of religious / cultural practices of family following the birth of a baby and differences between arranged and forced marriage*
- *I am now aware of professionals who could be called upon to provide additional advice.*
- *I work a lot in Luton, which is very multi-cultural, and I have taken into account the views of the women in the households as well as the men*
- *I did not feel it offered much additional information and focused entirely on south East Asia. So did not provide anything additional to use in my work*
- *I just acquired an overall sensitivity - have not yet had to apply in practice*
- *I am much more aware of cultural issues affecting child care- feeding etc*
- *Personally may I suggest that the positive aspects of intercultural awareness need to be given more emphasis? The term I like to use is 'the richness of cultural diversity'*
- *The intercultural awareness workshop I attended was useful but quite short. If follow up workshops were initiated this could have helped me and particularly other nurses who did not have the opportunity to attend the workshop. I also believe that the workshop should target staff that are non-BME to ensure that they also receive awareness of ethnic women's cultures. There is a tendency in the Trust here in Norwich to leave care of ethnic minority patients to ethnic minority staff and a lot of ignorance regarding cultural and religious needs of ethnic minority patients/clients still exists*

Providing an improved diagnosis

The views expressed from among 25 respondents to this statement:

- *I work in social care not health care, but the same issues apply to assessing and meeting service users from BME social care needs.*
- *I do not diagnose clients but I have more information and how to refer them to services, which can help*
- *By accessing the right interpreter*
- *Using interpreters' help to achieve a better understanding of what is going on to get the correct diagnosis.*
- *Came away with an understanding of how victims of FGM, Forced marriage & other forms of HBV may present; signs/symptoms and the descriptors they may be more comfortable with using*
- *Using interpreters effectively will aid in collecting information to provide an improved diagnosis*
- *Understand that postnatal women express symptoms of low mood differently, therefore I am more aware that symptoms of physical pain may also be an indicator of postnatal emotional / psychological unhappiness*
- *Use of medical translators rather than family member*
- *Using an interpreter enables me to ask more clinical or technical questions to provide an accurate picture of symptoms*

- *I am aware that interpreters are available and can use these where necessary to help ensure improved understanding of assessment findings, which in turn will help with differential diagnosis.*

- *Does the term suggest a 'medical diagnosis. Medical terminology and indeed what is perceived as 'health' illness is culturally determined*

- *Better at listening, less distracted by stereotype*

- *The workshop should be quite diverse in identifying different ethnic minority groups as this particular workshop was focused mainly on a particular minority group and also focused on a particular religion. Whereas, Norwich is a city of refuge to a number of refugees and asylum seekers form various parts of east and central Africa, and Eastern Europe, and there is a significant rise in the admission of patients from west and central Africa and most staff in mental health services. Most non-BME staff views them as dangerous people because of their ethnicity and at most times find it difficult to engage them at all.*

- *I feel more open and non judgmental.*

A woman's individual needs being better addressed

There were 27 responses to this statement:

- *Personal preferences form the bases in the woman's care plan*

- *Better to speak directly. Some women did not have correct info about services at training sessions. Good to share with them*

- *I work in social care not health care, but the same difficulties, barriers need to be overcome in relation to service users knowing about and accessing service, which meets their cultural, and individual needs*

- *Improved communication means better information*

- *Knowing not to categorize and always treat as an individual as each person had specific needs*

- *Understanding of different cultures and beliefs means treating patients on an individual basis*

- *Being more aware of individual needs*

- *Offers an opportunity for professionals to target more vulnerable women and children - as well as a greater insight into the cultural aspects of safeguarding and safeguarding beliefs*

- *Since I work in pediatrics I need to understand the parent in order to help the child.*

- *A useful workshop, the information from which can be used when specifying and commissioning healthcare services so that the needs of women from other countries/ cultures can be addressed*

- *We have used this information to improve our mandatory in-house training to frontline staff, to enable them to better support individual patients they are working with*

- *I feel I will have a better understanding of Women's roles in individual cultures which will assist me to provide more appropriate care plans for that individual*

- *I always arrange a professional interpreter rather than use a family member when visiting non-English speaking women; this enables a more accurate health needs assessment*

- *Sometimes it is hard for women to be on their own so that they can give a truly honest account of how they are feeling. This requires a lot of trust and building of relationships and being able to use the same interpreter where possible*

- *More able to seek common ground with any woman*

- *A lot of training and awareness into the needs of ethnic minority women still needs to be done in mental health care*

Patient/s being better able to engage with health professionals and health related issues

Based on a total of 23 respondents stating their views:

- *Patients are better encouraged to actively participate in the plans that involve them*

- *Any way of service users and professionals meeting directly and service users can help in breaking down our false perceptions and assumptions re: each other and improve engagement as long as we as professionals remain open to challenge and change in our practice*

- *Understanding cultural issues helps to get a better rapport with clients and obtain trust so that help can be given correctly*

- *Making use of interpreters so that the patient is receiving the right information*

- *Have identified a need to work with local communities and their representatives. Greater representation required on local community forums. More relevant patient information and access information needs to be aimed at harder to reach audiences still required*

- *Made aware of resources available: posters, leaflets, specialist agencies and services etc that can be used to enhance the engagement and ongoing work with affected women*

- *I feel I will have a better understanding of individual cultures which will assist me to provide more appropriate care plans for that individual*

- *My understanding helps to build rapport, which helps the patient to engage further. Women understand the role of the midwife better and that we are there to help, not interfere*

- *Women have attended clinic to request help and ask as they have a better understanding of services and how to access them*

- *Once relationships of trust and empathy are built it is generally easier to give information about their illness and engage with them to manage their own illness and take some control over it*

- *I am more aware of cultural differences with greetings and setting up appointments and this could affect how well the client engages with me*

- *The engagement is a two-way process from my personal experience it is the 'professionals', which need in some instances to acknowledge their own individual stereotyping of different cultures*

- *A lot of support to ethnic minority women still needs to be done particularly in providing interpreters. I supported a female patient to attend Crown court where she was fighting for the rights to have contact to her children and because there was no interpreter assigned for her, her brother was sworn in to interpret on her behalf and the patient was not happy with some of the things her brother was saying but her protests were disregarded as she was viewed as being mentally ill. I was left with a sinking feeling that I had let down this woman*

Further comments from participants were sought as part of the on-line survey, and a further 20 highly positive remarks and suggestions were made as set out below:

- *I find staff already interested in the subject attended the workshop. My main problem is that some of my co-workers do not use interpreters when they should and some make "racist" comments. The aim for me should be to reach all health professionals, not just the ones who are already aware*

- *It is a very good and enlightening project. However, I met some of the outreach staff or volunteers; who represent the Muslim women not to be learnered enough in the matters of the religion and as such were making judgements / rulings that are more politically correct than religiously correct. If this is allowed to continue, it will undermine the whole project by defeating the very purpose of it. If religions are represented, then care most be taken to have concrete evidence from reliable sources of the religion and not be allowed to be masked by the personal opinions of the representatives*

- *Some people met were not aware of problems faced by others in same cultural group. Need broader range of people to share their experiences*

- *Thank you for the opportunity to engage in this workshop, I felt I learned a lot from it and was able to increase my networks both with individuals and BME organisations*

- *Shouldn't just be frontline staff that attend these, but senior managers as they are often the reason why services cannot make greater adjustments*

- *I felt this was strongly in favour of Muslim women from a Pakistani background, but as health professionals, we work with a much more diverse population where Islam is not their religion. At times, it felt that this was a plug for Islam and one of the speakers spoke at length about her mother's death. Other cultural groups should also have a say other than just Muslim women*

  I think all agencies need to be educated in the needs of others and try to understand how frustrating it must be not to be able to make someone understand what your problem/heath condition is. We need empathy to all their needs

- *Was a really valuable course*

- *I think the training was excellent*

- *The death and bereavement workshop for very informative ...Thank you*

- *We invited EACH to provide a tailored workshop, in order to address our organisational/ workforce needs. EACH responded quickly and delivered in all areas; the feedback from attendees was very positive*

- *I found the workshops training to be very well delivered on a subject of great importance*

- *I don't often have patients from a minority ethnic group. However, the training has given me the confidence and understanding with the few that I have seen and has given me an understanding of cultural issues as a whole*

- *The trainers were very knowledgeable and approachable; this was the best cultural awareness training I have received*

- *I wish we had a similar project to help mainstream services manage people with learning disabilities when they access services*

- *The EACH project I attended was is the most part made of delegates from a verity of cultures. May I suggest that it is the dominant British Culture that needs to acknowledge and indeed learn from other cultures?*

The views of the trainers

3.20. The Consultant's understanding is that the EACH Project is the only intercultural competence project (currently funded by the European Integration Fund) directed at NHS staff on how to engage more effectively with women from third countries in the UK. The only other one in the UK which is funded under the same EIF strand is a project run by Migration Yorkshire but this focuses on local government staff. The EACH Project has therefore had little actual practical project experience or 'best practice' from elsewhere to draw upon – and it would appear that in many ways the EACH Project is at the cutting edge in terms of the provision of culturally relevant awareness training within a health service context. It has adopted a spirit of innovation, and this has underscored the project team's keen desire to very carefully document the EACH Project's 'journey' and learning; from the outset its potential to act as an exemplar was identified and envisioned.

- *I think NHS people realise that a generic approach isn't appropriate and that treating everyone as an individual means you need to have a good understanding of their background and past experiences of health services*
- *It was obvious that the training opportunity allowed staff to engage and proactively think about the different elements that created barriers for third country women. In particular their role in the alleviating of position barriers*
- *Particularly in issues surrounding understanding of mental health issues I feel that the NHS staff that attended our sessions will now have a good understanding of the shame and fear related to mental health from their BME patients*
- *British culture dictates political correctness and fear of questioning due to fear of offending. We emphasised the importance of asking questions, one community i.e. Bangladeshi community, will not have homogenous cultural practices and therefore it was important to treat each person as an individual and not make assumptions. Many NHS Staff said they were more confident to ask questions*
- *It was obvious the importance that NHS staff gave to such training. We trained mainly Band 7 it above and they believed the opportunity for frontline staff to undertake training was vital. In addition, they all felt the training should have been either full day or over two days. In addition, I offered my time voluntarily to help my colleague who even though was being paid, it was very little considering the time put in to prepare and recruit third country nationals. The funding input should account for this and trainers should be asked to provide realistic budgets for preparation and delivery of the training. All in all the project served an important purpose and much of it found that many NHS services existed that many women were unaware of.*

The EACH Project Reference Group

3.21. To ensure that the EACH Project has been embedded within the organizational structures of the reconfigured NHS in the East of England a network of 11 key NHS managers has been established, many with an equality and diversity lead and/or public engagement lead, and is internally referred to as the Project Reference Group. All areas of the region are represented, including from Public Health England, various Clinical Commissioning Groups, NHS Hospital Trusts and Addenbrookes Hospital itself. The Reference Group provides the EACH Project with a clear point of entry within each unit of the NHS, acting as a conduit for participant referrals and another source of local knowledge and intelligence. The Consultant spoke to several members of the Reference Group to ascertain their views as to the project's achievements and their views as to whether it had led to positive outcomes.

3.22. Clearly, the EACH Project has a well-informed and engaged Reference Group of committed senior NHS managers all involved in the outwards-facing side of their organisations, but with a keen eye on ensuring that equalities and diversity issues and dimensions to service delivery are not overlooked or minimised; despite diminishing budgets. The fact that training provided by the EACH Project is free cannot be over-emphasised, and it would appear (although cultural awareness and diversity training remain organizationally stated priorities) that training budgets per se are under immense financial pressures.

Reference Group members have a varying degree of active day-to-day engagement with the EACH Project but all wish to play a significantly positive role in ensuring that NHS staff within their localities attends freely available training. The feedback they have had from colleagues participating in the EACH Project has been overwhelming positive and well received, and immensely enhancing of their own organizationally induction programmes and embedding further their equality and diversity training. The practical implications arising from their staff's improved abilities to deal with language and communication challenges was cited as very useful.

They welcome the 'independence' of the EACH Project, and believe that they could not replicate its outcomes 'in-house', via an e-learning routes or that providing the cultural awareness training 'on site' would be so beneficial.

3.23. Reference Group members were keen to see the EACH Project continue to deliver cultural awareness sessions as part of addressing their equalities and diversity training, and if possible further extend its remit to develop wider ethnic minority perspectives and cultural sensitivities on tackling barriers to healthcare access and health promotion in general; and this was seen by many as especially important in the context of new CCG arrangements and localities with comparatively low numbers of BAME patients and/or visible migrant communities.

4. Concluding Remarks

4.1 The EACH Project, although as yet not complete, has still significantly and resoundingly exceeded the targets and outputs it set itself when it applied for funds from the European Integration Fund. The number of sessions delivered and consequent high level of participation from health service providers from across the entire East of England region should surely be a source of great pride to the EACH Project delivery team; as should the highly positive engagement of 20 different BAME community organisations and interpreting agencies. Co-production methods combined with sustained networking have allowed for a strategic leadership role to be developed, and now this it truly embedded within structures which (yet again) have experienced unabated change and budget reductions.

Even more remarkable is the impact the intercultural awareness sessions have had on 1,012 NHS staff who have attended in terms of improved cultural competence and the application of their learning, and deepened appreciation of different cultures and practices, in the everyday health care they provide to recently arrived migrant women. These strong results evidenced by regular, and impressively efficacious, project monitoring, feedback surveys and recently by the Consultants on-line survey and findings put the EACH Project in a very powerful position to further develop and build on what has been achieved. The Consultants have sought to give prominence to the EACH Project's key salient outcomes and achievements in the summary of findings outlined on pages 1 and 2 of this report.

4.2 The on-going levels of migration into the region of women from countries outside the EU, combined with recently arrived migrant women from EU countries and recently settled communities including from a refugee or asylum-seeker background, mean that the health service - and many other public service - providers retain a pressing and vital need for intercultural awareness training for their staff. And this cultural competence is urgently needed by these staff wherever they are located within the East of England both in localities with high proportions of service users from migrant communities and those with dispersed and disparate migrant populations in more remote rural settings. The new integrated health and social care agendas at County levels (with their Public Health teams and newly constituted Heath & Wellbeing Boards) offers up fresh partnership opportunities which can be aligned with both EU, and other funding, streams alongside locally devised Health & Wellbeing action plans and strategies. The astounding success to date of the EACH Project, as evidenced by external evaluation, places the project team in a very strong position to capitalise on what has been achieved by the application of its excellent 'grassroots' links with BAME community organisations and the communities they serve; and the concomitant respect it is held by NHS service providers and others within the local government 'family' via the Local Government Association. As a minimum, the Project team should seek further three year funding to continue their intercultural awareness work activities and assess the option of extending the outcomes to reach other key components of the wider BAME community sector e.g. not just migrant women from third countries, and perhaps more ambitiously encompass other public service providers.