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Promoting Healthy Living in South Leytonstone: A Case Study

Emma Ahmad



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Centre for Institutional Studies
University of East London

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The Centre's Urban Regeneration Evaluation Team has a number of current projects, including work in a range of youth justice programmes, and SRB initiatives. Past projects have included work within five different Single Regeneration Budget Programmes in East London, including an evaluation of Stratford City Challenge. Alice Sampson heads the team, Helena de la Cruz is the research fellow co-ordinating current SRB evaluation projects. Afsia Khanom, Emma Ahmad, Alpa Parma and Rahila Ahmed are researchers currently working in the area of youth justice, crime preventions and interventions.

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July 2001

EXECUTIVE SUMMARY

The Centre for Institutional Studies (CIS) has been commissioned by South Leytonstone Single Regeneration Budget (SRB) to evaluate the impact of the South Leytonstone Health Project (SLHP).

The research

Research took place between November 2000 and April 2001, and involved meetings with the project co-ordinator and staff, steering group members, staff of organisations that had worked with the project and of local community establishments, face to face interviews with 68 service users and analysis of secondary data.

The local context

The project is located in an economically and socially disadvantaged area. The area also has a wide cultural diversity. Of the 22,000 residents an estimated 43 per cent are from minority ethnic groups. These factors result in specific health needs and poor health within the South Leytonstone area.

The project

The SLHP aims to identify local needs for health information and to address these through events, health sessions and a health 'information shop'.

The project seeks to promote healthy living, complimentary medicines and medical checks, and has undertaken targeted outreach towards different age groups, men and women and minority ethnic groups.

The project has a budget of £141,444 over five years. Initially two part time community development workers staffed the project, and an additional staff member joined in 1999.

Findings from project monitoring data

The project has organised five special events and 89 health sessions and contributed to 23 local events. Events were well attended, although some drop in sessions had few participants.

The information shop has been under-utilised. On average it has received an average of 22 enquiries and 19 visits per month and made four referrals a week since 1999.

The project attracted people from a wide spectrum of ethnic groups, and with a large range of languages (13 different languages were spoken at home

by respondents). All have used the project and found it appropriate, sensitive and relevant. The project attracted a smaller number of young people and males.

Impact: findings from the survey

Seventy four per cent of those who had been to events had needed health information. Of those seeking information or support 95 per cent received what they required and were satisfied.

Over 50 per cent of those receiving regular medical treatment said the project had reduced the number of visits to their practitioner. Also, some reported that the project stopped them 'rushing to the doctor'.

A large number of those interviewed reported improvements in their quality of life including feeling happier, more confident, more optimistic, healthier and more relaxed as a result of the project. Improved health awareness was noted by 49 per cent and others interviewed reported increased energy levels, greater levels of exercise, feeling safer and feeling more motivated. In addition anecdotal evidence suggests a notable impact on local usage of complimentary medicines, with resulting health benefits.

Issues for consideration

Project work could be more targeted towards people in poor quality private sector accommodation. There is also potential through targeting to reach more of the elderly, the young and men in the community.

The project's strengths lie in its flexibility and capacity to fill gaps in local provision of information, advice and support in health. The project also has the potential to build close relations with local people and therefore to reach out to the community, and to respond rapidly to changing needs.

Publicity has been identified as an area needing improvement, with a quarter of respondents commenting that publicity could be increased or improved. Ninety five per cent said that they would like to receive a newsletter.

The project would benefit from exploring and implementing means of delivering information that will give maximum and lasting impact, such as working with community groups, and developing a more interactive approach at events.

Consideration should be given to use of space at the shop front location, and to the location itself. The project was conceived as an intimate and private facility within the local community. Adapting the premises to reflect this and making it inviting to local people is an important aspect of the development of the information shop.

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INTRODUCTION

The Centre for Institutional Studies (CIS) was commissioned by the South Leytonstone Single Regeneration Budget (SRB) to evaluate the impact of its Health Project, which was jointly funded by the SRB and by the London Borough of Waltham Forest Social Justice Unit.

The South Leytonstone Health Project began in 1996, with a proposal from the Cathall Avenue Women's Project, in response to a need identified through its own work in the local community. The project has run alongside a number of other health initiatives under the same programme, including the refugee psychologist, a community health complimentary therapy project and QEST, an employment service for those with mental health conditions.

The project covered the Cathall and Cann Hall Wards, an area with over 22,000 resident, (22,600 in 1998), a large proportion of whom, an estimated 43 per cent, come from ethnic minority groups. Unemployment is also high in the area, with 18.6 per cent of people in Cathall and 17.6 per cent in Cann Hall unemployed.

The health projects of the South Leytonstone SRB were designed to contribute to strategic objective seven, which is:

'to improve the quality of life of local people' (SO7)

The specific aim of the SRB's health promotion programme was:

'to reduce the impact of health inequalities by empowering local people excluded from the community or the job market due to ill health and social factors, by improving their health and access to healthcare and job opportunities' (programme appraisal document)

The aims, as set out by the project were:

'To make local residents more aware of their health and to improve access to local facilities' (annual report 1996-7)

The methods designed to achieve this aim included: surveying the health needs of local people, establishing a 'one stop health shop' with an information data base and carrying out health outreach work. In conclusion, this report will assess the extent to which these aims have been met by the project.

THE PROJECT

The South Leytonstone Health Project (SLHP) began at a temporary base in Avenue Community Centre, on Morris Road, which was unsuitable for the drop-in-centre the projects' staff had hoped to establish as a key element of the project. From this location it carried out a survey of residents health needs in the Cann Hall and Cathall Wards, established working relationships with local community groups, offered taster courses in complimentary medicine, and worked on health promotion events.

Between 1996 and 1999, the project employed two part time community development outreach workers, working 27 hours a week in total. In January 1999 the project relocated to a shop front on the High Road Leytonstone, and established a 'one stop health shop', and employed an additional staff member, bringing staff hours to 42 per week.

The shop opened on four days each week, providing information on a variety of health topics, organisations and events. Staff at the shop were available to give further information and assistance to those with health concerns. The shop space was also used by other agencies for drop in days and sessions. The project also set up Internet access and a computerised health database to improve access to information for visitors.

The project's work is generic by nature and has reached people in the community of different ages and ethnic backgrounds. It has also contributed to work with gender specific health needs and on particular illnesses or conditions. It has held events in partnership with a number of organisations, and has also provided stalls, speakers, nurse practitioners, and staff to local events.

At events the project paid nurse practitioners to carry out tests on blood sugar and blood pressure levels. The use of complimentary medicines was promoted through taster sessions, talks and demonstrations given by registered practitioners, covering homeopathy, reflexology, aromatherapy, massage, acupuncture, chiropody and osteopathy.

The project has supported the work of the Eating to Health programme in both the Cathall and Cann Hall wards, put on a healthy eating day targeting young mothers and refugees in particular and also with direct referrals from a local GP. It has held drop in sessions at the shop with a dietician, and exercise has also been promoted at events.

The project worked with an organisation offering information and advice on improving housing. It held a health information day at a local sixth form college covering a range of topics including substance abuse, sexual health, childcare, meningitis and Shiatsu for stress. It also engaged teenagers in a health event at the Click Cyber cafe by purchasing over 100 hours of internet access, and providing health leaflet, and promoting the health shop. Staff hoped to introduce an additional service for young people in the area providing advice on sexual health.

The project jointly organised several events for the elderly and offered health talks at elderly day care centres. Several centres in the area brought elderly members to

the projects' events. Help the aged have held stalls at three events, providing information about grants and services available.

The project provided a stall at a local men's health day, which dealt with issues such as prostate and testicular cancer, mental and sexual health. It recognised the need to increase services for men in the area and planned to hold further events.

Events have been organised by the project for International Women's Day, with speakers, demonstrations and stalls. Stalls, speakers and staff have also been provided by the project to women's events run by other organisations. Topics ranged from diabetes, to domestic violence, stress and depression, nutrition, drugs, alcohol, arthritis, lupus and skin conditions. It also held a session on Hormone Replacement Therapy and a stall at the Cathall Community under 5's day, providing information on women's and children's health.

The project undertook an audit of the health needs of local Somali women, and a month of weekly health sessions was set up accordingly. Issues covered were, breast cancer, smear tests, menopause, osteoporosis, diet, domestic violence and genital mutilation. The project works with a number of ethnic groups in the community for example through its work on Thallosemia and diabetes, particularly relevant to people of Asian descent and with issues relevant to those of African and Caribbean descent.

The project also raised awareness of its services within local community groups such as Bengali International, for whom it provided speakers on topics such as domestic violence awareness. In addition to this work, the project has created some employment for local people through the use of sessional workers. Training was provided to staff in order to improve awareness and sensitivity to relevant issues.

Expenditure

The project operated on a small budget. The allocation of these funds to a wide range of different activities meant that some of elements of the project, for example, the health promotion shop, remained underdeveloped. A more proactive fund raising strategy throughout the life of the project may have resolved this issue.

TABLE 1
Total Project Expenditure 1996 - 2001

	SALARIES/ TRAINING	PREMISES	OVERHEADS	PUBLICITY
1996-7	15 353	716	1 141	1 249
1997-8	20 847	1 800	1 906	857
1998-9	28 245	(560)	3 034	928
1999-0	20 072	750	3 020	1 260
2000-1	20 072	750	3 025	1 260

	EVENTS	HEALTH INITIATIVES	CONFERENCE EXPENSES	TOTAL
1996-7	584	0	0	19 043
1997-8	800	0	0	26 210
1998-9	33	6 000	251	37 931
1999-0	3 900	4 900	950	29 130
2000-1	3 900	4 900	950	29 130

Source: project annual data

NEED FOR THE HEALTH PROMOTION PROJECT

The need for health promotion in the area arises from a number of factors, including poor housing and high unemployment rates. Also, different types of people in the area have specific health needs. There is also some need for the co-ordination of information on local health services, and well delivered advice on the prevention of health conditions.

Overall, the Cann Hall and Cathall Wards both fall into the most deprived ten per cent in the country. Whilst these indicators do not suggest extreme deprivation, however, there are groups of people and individuals in these wards who experience poor health as a result of their circumstances, which may be connected to poverty, employment status and housing.

TABLE 2
Indices of Deprivation (IMD) 2000

	RANK OF IMD RANK	RANK OF INCOME DOMAIN	RANK OF EMPLOYMENT DOMAIN	RANK OF HEALTH DOMAIN
Cann Hall	791	614	1111	1566
Cathall	778	621	1213	2085

	RANK OF EDUCATION DOMAIN	RANK OF HOUSING DOMAIN SCORE	RANK OF CHILD POVERTY
Cann Hall	1244	167	800
Cathall	743	154	752

Source: DETR

The index of multiple deprivation 2000 (IMD) of the Department of Transport and the Environment and Regions (DETR) 8,414 wards in total with the least deprived ward ranked at 8414.

These indicators suggest that poor housing is the main problem in this area, even though large tower blocks were recently replaced with lower rise housing. In the project's 1997 survey of 118 local people, housing was reported to be a key factor contributing to poor health. A borough wide survey also found poor housing and environment to be linked with mental and physical health problems (*'The Way It Is': Waltham Forest Poverty Profile 1998*). Links between the state of housing and health and energy efficiency and coronary problems have been found in neighbouring boroughs. (*Janet Rudge, Newham Energy Efficiency & Coronary Problems*) (*'Measuring health Gains in Stepney', Peter Ambrose*).

The outreach organisation HEET provides information and help with energy efficiency and home improvement across the borough with a range of partners, and reaches some of those in need in the Cann Hall and Cathall wards. The project has invited HEET representatives to its events and organised drop in sessions at the shop.

Unemployment rates in these wards are high and certain health problems have been associated with employment status, such as depression and stress. The project's 1997 survey identified the unemployed as a group in need of advice and support in dealing with stress. While practitioners in the area do offer remedies to stress, information and expense have been barriers to the unemployed receiving these treatments.

The number of claimants of disability living allowance and invalidity benefit in these two wards in 1998 was 1195, around five per cent of the local population (*National Neighbourhood statistics database*). This suggests a high level of people who are both unemployed and have health problems. There is an active carer's support organisation, which puts on events and provides health information to carers.

A high incidence of people with mental health problems has been found in this area. QEST has been set up to help with the employment needs of people with mental illness, and community psychiatric nurses are available. However, there is a need for the provision of information about the services available in the area, and a general need for education to overcome misunderstanding about mental health conditions.

There are a large number of elderly people living in these areas and while health information is provided at day care centres, staff have reported being over stretched. Age Concern provides day care services for the elderly with dementia, and information about grants and benefits that may improve the quality of life for elderly people in need.

TABLE 3
People in the area over the age of sixty (1998)

	NUMBER	PER CENT
Cann Hall	1 500	13
Cathall	1 300	11

Source: National Statistics Database

The health project's 1997 survey identified the need for information on children's health. There are several anti natal clinics in the area, and doctors see children more promptly than adults. However there is a need for a place where parents may access information and advice on their concerns about their children's health easily and quickly.

There are a number of youth services in Waltham Forest including the Forest Circuit Youth Task Force, Leyton Youth Centre, the Young People's Housing Project and NACRO Youth Activities Unit, these may provide some health information, but it is not their specific role to do so. An organisation called SHADES educates young people on sexual health, aids and drugs through outreach. There remains a need in this area for a locally based health information facility specifically for teenagers, particularly for information on sexual health, substance abuse and psychiatric problems. The project discussed the possibility of future work in this area in partnership with organisations such as the Community Health Project and the Brook Advisory centre. The project also sat on a Drug Advisory Steering group, funded by the SRB.

The Cathall Avenue Women's project found that many women living locally wanted to have more access to information on health issues.

TABLE 4
Information required by local women (1994)

	NUMBER
Education/Training	77
Health	73
Jobs	63
Safety	46
Domestic Violence	27
Sexuality	13

Source: CAWP survey of 112 local women 1994

While there may be a gap in health services for women, there seems to be even less health promotion directed at men or dealing with the issues that particularly concern them.

The targeted area has a wide ethnic mix and languages, culturally specific behaviour, and religious practices give rise to different health information needs. There are translation services available to health agencies in the borough, and although they are expensive and the benefits that would come from extending these services has been noted. Ad hoc groups have sprung up where there has been a need for culturally specific services, but there are few services that have aimed to identify and address these needs.

The project's initial survey noted a low use of community services and complementary remedies. One of the main reasons for starting the project was to improve access to information about local health resources. Other local agencies, such as health practitioners or the local authority, can provide information on local health facilities, however, their knowledge of these services is not always comprehensive or up to date. People interviewed for this report used the yellow pages, and notice boards libraries and schools, sources bearing no quality guarantee.

Another local initiative, the Community Health Project, offered health information and advice, through a drop in service and a 'health MOT', as well as some treatment from counsellors and complimentary practitioners. GPs can refer people from outside of the Boundary road and Oliver Estate area that it serves to the project.

Given the waiting times for advice from practitioners, there is a need for faster access to health information. NHS Direct, a confidential help line manned by nurses, provides immediate 24-hour health information. People interviewed for this report also used chemists for fast health advice where they felt visiting health practitioners inappropriate.

The general need for education and persuasion to change peoples' habits to benefit their health applies to this area. Encouraging a healthy diet and exercise is beneficial for many conditions including diabetes, cardio-vascular diseases and hypertension (EC working paper 2001). The 1997 poverty and health task group for Waltham Forest report found high rates of mortality from coronary heart disease in

women under 65, strokes in men under 65, and of breast and lung cancer in women. All of these trends are connected to lifestyle, unhealthy eating, smoking and lack of exercise. There is also a general need to raise awareness about the prevention of illness and accidents.

Food Futures promotes healthy eating in the borough. Independent organisations and the local authority drugs action team provide some outreach dealing with substance abuse. The local Health Authority provides a breast cancer awareness service. A local authority outreach team offers education in health and safety. There is a need for innovation in all of these aspects of health promotion as this could bring cost effective benefits by preventing illness and reducing the need for treatment. Local people may benefit from national health awareness campaigns but the impact of these is difficult to assess, and there seems to be a need for more directed and effective health promotion that could be achieved more effectively on a local level.

Some barriers may prevent people from accessing information on health, such as mobility, difficulties with understanding, and psychological factors such as fear or inertia. While health professionals provide diagnosis and treatment, their time is often limited and their work does not typically involve outreach. There are around 50 health visitors in the borough, providing information and support through home visits. Some local programmes, such as the SRB programme for refugees have provided outreach which tries to overcome these barriers, however there remains a need for increased outreach work in the area.

As well as information and advice, there is a need in the area for support for certain groups of sufferers. Some health concerns are provided for in other boroughs but there is a need for more local support services in some cases. Spontaneous groups have arisen to meet some of these needs, but these organisations need support in order to provide good services to their members.

Monitoring Data

The project provided researchers with lists of names collected from some of their events and sessions. The number of people coming into contact with the project is likely to be underreported, as some people chose to remain anonymous and many people attending health events and sessions omitted to complete an evaluation form. Therefore, in some cases, the number of names reflects the number of people who requested information, rather than the total accessing information.

TABLE 5
Attendance

Event	Date	No. of Names
SLHPP & QUEST Launch		44
Leytonstone Planning Week (Health Checks in Marquee)	27.09.97	64
International Women's Day	08.03.98	30
Health & Safety Event	13.03.98	50
Women's Project Event	24.04.98	14
Aromatherapy Session	03.06.98	5

Aromatherapy Session	10.06.98	7
Shiatsu Session	17.06.98	3
Shiatsu Session	24.06.98	6
Reflexology Session	01.07.98	8
Reflexology Session	08.07.98	10
Leytonstone Festival	11.07.98	8
Chiropody Session	15.07.98	9
Cathall Festival	18.07.98	14
Green Fair Day	01.08.98	22
John Walsh Tower Day	09.08.98	32
Health Session for Somali Women	14.09.98	2
Health Session for Somali Women	21.09.98	5
Health Session for Somali Women	28.09.98	3
Health Session for Somali Women	05.10.98	1
Annual Event	06.11.99	15
Health Information Day	24.11.98	27
Complimentary Therapies Day	10.99	11
Over 55's Day	02.12.99	34
Leyton Youth Centre Fun Day	03.07.99	9
Young Peoples' Event, Le Click	23.02.00	24
Leytonstone Festival	17.06.00	10
SLHP Birthday Celebration	21.11.00	77
Young People's Health Day	28.02.01	11

Source: project monitoring data

Most of the projects' events were well attended, but some of the drop in sessions had few participants. The visitors book from February 1997, until January 2000 contains 170 names of visitors from different agencies and from the general public, it is not always clear where these queries are made by the general public, although a range of queries can be seen by some of the entries.

The project also provided figures on the number of people overall using their services. The project's monitoring data records ten new health facilities provided by the project.

The data shows the project to have made an average of four referrals per week. Although the outcome of these referrals is not known, this does suggest that the project has to a small extent, raised awareness of appropriate health facilities.

TABLE 6
Referrals made by the project

	LOCAL HEALTH SERVICES	REFUGEE PSYCHOLOGIST	HEALTH AUTHORITY	OTHER AGENCIES
01.04.99 - 31.03.00	98	2	23	96
01.04.00 - 30.09.00	20	1	10	29
01.10.00 -31.03.01	20	2	7	46
TOTAL	138	5	40	171

Source: project monitoring data

Over this period 371 health queries were made at the shop by telephone, writing and in person. The total number of visits to the project was 318. These figures show that an average of 22 queries and 19 visits are made each month. This suggests that the shop is not being utilised to its full potential.

Since April 1999, the project has had 5 special events and offered over 89 health sessions and drop-ins, and has contributed to over 23 events. Since April 1999, the project has recorded the number of people benefited from events as 741, and those benefiting from safety initiatives as 281. The project used 256.25 hours of sessional worker hours.

TABLE 7
Use of shop

	QUERIES (GENERAL PUBLIC)	VISITS TO PROJECT
01/04/99 - 31/03/00	278	230
01/04/00 - 30/09/00	93	77
01/10/00- 31/03/01	83	52
TOTAL	454	359

Source: project monitoring data

The actual impact that contact with the project has had in addressing the needs of ethnic minority and young people is difficult to establish. However, the monitoring data suggests a number of people from ethnic minority groups had contact with the project, but fewer young people were reached.

TABLE 8
Ethnic minority people reached

	NUMBER (COURSES / EVENTS)	NUMBER (SAFETY INITIATIVES)	YOUNG PEOPLE
01.04.99- 31.03.00	323	285	130
01.04.00- 30.09.00	76	55	22
01.10.00- 31.03.01	245	42	62
Total	644	382	214

Source: project monitoring data

TABLE 9
Young people reached

	NUMBER
01.04.99 - 31.03.00	130
01.04.00 - 30.09.00	36
01.10.00 - 31.03.01	90
Total	256

Source: project monitoring data

METHOD

The research took place between November 2000 and April 2001, and involved meeting with the project co-ordinator and staff, steering group members, managers and staff of organisations that have worked with the project, and staff of local community establishments, face to face interviews with 68 services users, and secondary data.

Researchers selected names from the project's monitoring data of whom, 68 people agreed to be interviewed. These people were from the Cann Hall and Cathall wards and surrounding areas and interviews lasted about twenty minutes each, and asked about the project and the participants.

Some people were unwilling to give information on their specific health concerns, due to the personal nature and the stigma around certain conditions. There was also some suspicion about the reason for the interview, possibly connected with the receipt of health related benefits. There was some confusion as to which organisation had put on the events that they had been to. This may be because several groups put on events in the area, some in conjunction with the health project.

Some found it hard to recollect details of events or what they had learnt, and some seemed to merge their recollection of several events. It is therefore likely that interviewees have not recalled all of the health project activities that they have attended.

There are several reasons why the sample of people interviewed may not directly reflect the characteristics of those who have used the project. There is the possibility of a bias towards the project, as those interviewed were prepared to leave their details. It was not possible to contact service users who did not give their contact details to the project, or who attended events of a particularly sensitive nature. It is also possible that people falling into certain groups, for example age, sex or ethnicity, were more inclined to refuse to participate. These factors have been considered in drawing conclusions from the sample.

The people interviewed had attended a range of events, talks and drop-ins, and used the information shop, over the last five years, and most had had some contact with the project within the past six months. Twenty-five people had used the project to get information on a specific health problem, seven on a particular health issue, and 34 had attended one or more of the projects events. Events visited included general health events, events for women, the elderly and young people, and sessions on energy efficiency and complimentary medicine.

FINDINGS

The need for the service

The survey findings demonstrate the need for this project, 31 respondents (41 per cent) had a health problem that effected their every day life, and 74 per cent of those who had been to events had felt the need for more information about health.

The high number of people, (74 per cent) who went to the event to obtain health information shows local need for the project. The number of people visiting out of curiosity (19 percent) suggested that the project was attracting people who had no current health problem, and encouraging them think about their lifestyle and future health. Also, some of those interviewed said that they had gone to the event in order to get a second opinion from health professionals.

TABLE 10
Attraction of events

	NUMBER	PER CENT
Curiosity	11	19
General Health Information	13	22
Particular Health Information	29	51
To be sociable	2	4
Other	2	4

Impact on health and health awareness

Those people who needed to visit a doctor or nurse for treatment were asked whether the information or support that they had received from the health project, had changed, increased or decreased the number of visits that they had to make.

TABLE 11
Project's effect on visits to health practitioners

	NUMBER	PER CENT
Yes	26	51
No	14	27
Don't Know	11	22

Over 50 per cent said that the number of times they had to see a health professional had been reduced as a result of attending the project. One person said that the project had increased the number of times that they had to see their doctor as they had been made aware of the problem affecting them. This suggests a significant impact on those accessing the project.

The overwhelming majority of those interviewed (95.1 per cent) said that they had received the information or support required, and that the information had been satisfactory. The majority of respondents also said that this information had had a

range of benefits. A large proportion of those interviewed, (91.7 per cent) said that they had been able to put some of the information that they had gained from the project into practice.

**TABLE 12
Personal changes**

	YES		NO		DON'T KNOW	
	NUMBER	(%)	NUMBER	(%)	NUMBER	(%)
Happier	44	79	5	9	7	13
More confident	38	69	4	7	4	25
More optimistic	38	69	7	13	10	18
Healthier	44	76	4	7	10	17
More relaxed	40	73	3	6	12	22

A smaller number of those interviewed reported other personal changes resulting from use of the project.

**TABLE 13
Other changes**

	NUMBER	PER CENT
Yes	8	13
No	54	88

These changes included the following:

- Having a better outlook on life
- Feeling safer
- Feeling more motivated
- Generally feeling better
- Increased energy levels

A number of people said that they had taken up new activities since using the project's services, these included walking, swimming and going to the gym. People also reported that their families or friends had noted changes in them such as being happier, better informed, more active and to having lost weight.

A number of people reported improvements in health awareness, explanations given for improvements were:

- Obtained information sought on a specific health issue/problem
- More informed generally about health issues
- Increased awareness of how to prevent illness
- More informed about the help available

TABLE 14
Improved health awareness

	NUMBER	PER CENT
Yes	49	79
No	3	5
Not sure	10	16

Change in attitude to health resulting from contact with the project included increased attention to healthy eating and health needs.

Evidence suggests that the project has had some impact on the use of complimentary medicines. One woman who had been looking for information about good complimentary medicine for her child said that before she came to the project she had been '*pushed from pillar to post by (her) GP, and told that the nearest service was in Brighton*'. Another woman said that she would not have used homeopathy for her child if not for the shop, '*because it is too expensive to experiment with*' and that her son's asthma has been completely cured by the treatment.

Events have generally been described as well organised and well attended. People reported being more aware of health issues and also more confident in discussing their health concerns, improved diet, and taking up exercise and complimentary medicines, following their attendance. The impact made by other organisations at events and drop-ins can be partially attributed to the project's work.

TABLE 15
Referrals, 'Safe & Healthy Homes in South Leytonstone'

		ATTENDING	HEES REFERRALS	HEET REFERRALS
5/10/00	SLHP shop*	7	1	6
7/10/00	Age concern shop	18	9	1
2/11/00	SLHP shop*	1	1	0
14/11/00	Langthorne hospital	32	7	2
15/11/00	Langthorne Hospital	26	5	0
21/11/00	Nexus centre, over 55's day*	57	9	2
07/12/00	SLHP shop*	0	0	0
16/12/00	Jubilee centre	14	3	2

From Project Report for the South Leytonstone Agenda 21 Community Programme
* Referrals to HEES ('Home energy efficiency scheme') give access to grants for insulation, draught proofing and security. Those referred to HEET have been offered home improvements carried out by the HEET staff.

Of the six venues, the Over 55s day at the Nexus Centre was the most popular location, with 57 people attending. The open days held at the shop front was less popular, with only eight people, but of those who did attend, all were referred to HEES or HEET.

Thirty eight people, (50 per cent) said that changes in health, diet or fitness had resulted from their experience with the project, and 50 people (78.1 per cent) said that they were still using the services of the project.

TABLE 16
Satisfaction with the service

	Very Satisfied	Satisfied	Fairly Satisfied	Not Satisfied
Quality of verbal information	25	16	3	0
Quality of written information	26	21	4	2
Suitability of information	28	23	3	0
Variety of information	29	19	6	0
Staff approachability	36	18	5	0

The majority of respondents, 55 (73 per cent) said that the shop at 271 High Road, Leytonstone was very easy to get to.

TABLE 17
Accessibility

	NUMBER	PER CENT
Car	12	19
Tube	1	2
Bus	24	39
Taxi	1	1
Walking	25	39

Staff were viewed as sensitive and knowledgeable.

TABLE 18
Staff sensitivity to health needs

	NUMBER	PER CENT
Very Good	32	50
Good	25	41
Neither good nor bad	3	5
Not very good	1	2

TABLE 19
Staff understanding of health issues

	NUMBER	PER CENT
Very good	27	44
Good	32	53
Neither good nor bad	1	2
Not very good	1	2

TABLE 20
Staff understanding of health issues,
(service users of non-white ethnicity)

	NUMBER	PER CENT
Very good	16	44
Good	19	53
Neither good nor bad	1	3
Not very good	0	0

In general, the project was highly recommended which indicates that people are finding the project valuable. Also, some people reported that the project had stopped them rushing to their doctor. Several people said that while they used the resource infrequently, they were reassured to know that it was there for the future.

TABLE 21
People who would recommend the project

	NUMBER	PER CENT
Yes	57	100
No	0	0

TABLE 22
People who have recommended the project

	NUMBER	PER CENT
Yes	47	80
No	12	20

Reaching target groups

There are some areas where the projects work could be more targeted. The majority of people in the survey, 28 (44 per cent) described their housing as owner occupied, and the second largest group 16 (25 per cent), as Housing Association. In the South Leytonstone area poor quality private sector accommodation does seem to be causing health problems (HEET 2001).

TABLE 23
Accommodation

	Number	Percentage
Council	12	19
Housing Association	16	25
Privately Rented	7	11
Owner Occupied	28	44

The age range of those interviewed suggests that there is potential for reaching more of the elderly in the community. The figures also indicate that there may be more potential to work with the young in the area. The young peoples' event at the sixth form college was reported to be successful, relevant and informative and several referrals were made to the shop. The event held at Le Click Internet cafe was well attended, however it is thought its impact in terms of health was limited.

TABLE 24
Age of sample

	NUMBER	PER CENT
18-30	8	12
31-40	17	26
41-50	19	29
51-60	12	19
61-70	7	10
Over 70	3	4

The gender of the sample does indicate that men are not using the services of the health promotion project as much as they could be. It has been found that women generally use health services more than men.

TABLE 25
Gender

	NUMBER	PER CENT
Male	7	11
Female	57	89

The large number of those who described themselves as 'other' in terms of their ethnicity indicates that a wide spectrum of people from different ethnic backgrounds are using this service.

TABLE 26
Ethnicity

	NUMBER	PER CENT
White	25	38
Other	14	21
Black Caribbean	8	12
Pakistani	7	11
Black African	4	6
Indian	3	5
Black Other	3	5
Asian Other	2	3

The majority of those interviewed, 69 per cent, spoke English in the home. However a wide range of languages were given: Gujurati, Pushto, Ibo, Portuguese, Gaelic, Yaruba, Turkish, Greek, French, Memon, Urdu and Hebrew and Arabic. This reflects the ethnic diversity in the area, and suggests the need for translation services in local facilities.

Taking the 46 people who said their ethnicity was something other than white as being from ethnic minorities. Thirty five (97 per cent) had received the information they required and 31 (89 per cent) were happy with the information received. Twenty nine said they were happy with the suitability of the information and 33 (94 per cent) had been able to put some of the information into practice. Improved health awareness was reported by 76 per cent, and three people had been referred to appropriate agencies. Of those who attended events, 95 per cent found them relevant. Twelve service users said the project had altered the frequency of their GP visits.

Promotion

A quarter of the respondents said publicity could be increased or improved. Word of mouth, the shop front and referrals have raised awareness of the project. Forty three per cent of people interviewed in a survey on users of the Flexible Learning Centre had heard of the project. Five of the respondents had used the service, all rating its services good. (CIS Evaluation of the Flexible Learning Centre 2001) Other ways people found out about the project were through SRB projects, community centres, schools and youth workers.

TABLE 27
Initial contact

	NUMBER	PER CENT
GP	7	11
Nurse	4	6
Family/Friends	21	33
Seeing the shop	12	19
Attending an event	6	9
Newspaper	2	3
Leaflet	4	6
Other	8	14

TABLE 28
Location of information on events

	NUMBER	PER CENT
Leaflet from the Shop	14	32
Leaflet/Letter in post	20	45
Project Worker	2	4
Word of Mouth	6	13
Epicentre	2	4
Children's Community Centre	1	2

Poster advertising and the drop in shop were most effective at advertising events. A large number 50 (82 per cent) of people said they would like to be informed about the projects activities in a newsletter.

Value added

The project's added value in the area lies in its ability to be flexible and to be close to local people. It has on a number of instances responded to needs identified by local groups and agencies, giving support and providing services, for example in organising events for local Somali women, and specialised health days for the over 55s. It has also been able to plug gaps in local provision, for example providing information on complimentary medicines.

ISSUES FOR CONSIDERATION

In terms of meeting strategic objective SO7, the project has improved the quality of life of a number of local people, by providing access to information on alternative health services available to them. It has also provided some local people with information on improving their lifestyles to promote good health and to prevent illness and accident.

The project has provided new health facilities in the area, as intended. It has also made referrals and provided suitable information to those people whom it has reached. There remains some scope for attracting more people, and for engaging these people more actively in the issues that are relevant to them.

The project has reached people from a wide range of ethnic backgrounds, and there is the possibility that it could expand the range of languages that it covers in its translated leaflets. There is some scope for additional work with specific gender groups and sessions for the young. The project has reached people from a range of socio-economic circumstances however there remains potential to increase focus on areas of poor housing and poverty.

The project has shown some potential to reduce pressure on health professionals, although it is too small a venture to have significant impact. It demonstrated flexibility to identify and uncover local need, and also highlighted an important element of health promotion, that of encouraging social activity.

The main factors contributing to the limitations of the project arose from a shortage of funding and staff, although there was some potential for better use of space at the permanent premises, and increased advertising to be implemented within the budget constraints.

Working with barriers to accessing healthcare facilities and knowledge that are specific to local people was an area where the project was particularly strong. Also, encouraging the use of complimentary medicines was an area where the project was unique. The project worked successfully in partnership, and as supporters of other health organisations. In all, the project served a useful function in the area, although it did have potential to increase its impact. The scope of the project was very wide, with focus and increased outreach work it could have had a significant impact in areas where other agencies could not reach.

Delivery of information

There is a general need for more effective ways of changing attitudes to health by exploring different modes of health promotion. Therefore, even if elements of a project are not successful, the project itself can be seen as useful in that it is experimenting with different modes of delivery. Attempting to engage young people by offering free Internet access is an example of this. The project could have gone further in developing and experimenting with local delivery of health information.

Several local agencies said that impacting attitudes towards health involves continuity and repetition. The project tended to provide one off, ad hoc events rather than systematic and reinforced outreach to particular groups of people, and therefore its impact was likely to be limited. Evaluation forms that were fed back to the project from the over 55s day suggested that there was a need for ongoing events for this age group. While the project did respond to a local need here, it did not have the resources to keep up regular sessions which could have led to significant impact on older people in the area. One way in which project staff hoped to make the impact of their outreach work more long term is by integrating health workshops, and services into existing community group activities.

The project did put on interactive sessions at events, but it was recommended that leaflets be given out at stalls in conjunction with verbal advice or discussion about the topic that is being addressed. Other suggestions included engaging attendees at stalls with questionnaires, quizzes or competitions, to ensure that discussion, and a sense of the relevance of the project is brought to those visiting the stalls.

Providing advice and support

Much of the project's work involved supporting other agencies, and encouraging other agencies to come into the local area. The projects' permanent feature, the information shop, seemed to have few visitors, which suggests that it may not be providing the right kind of information, or be providing it in the right way. The need for a health information shop arose from local women asking for advice in an estate-based group where they felt comfortable. The health information shop could encourage use if it was made more welcoming and more private.

Although it was not comprehensive, the survey of local people provided some indication of areas of need. However, the project did not work intensively on the areas of need identified, rather spread its resources over many areas. It did not specifically target its work at the unemployed or children, and has done relatively little work on the problems of housing and health. The project has chosen not to focus on the area of housing and health as the need was too great for its resources, and as the Housing Association Trust (HAT) had the remit of looking after the needs of those relocated from the tower blocks to lower rise accommodation.

The project can be said to have fulfilled its aim of providing an information shop, and of improving the quality of life for local people. However, the project's aims were not yet sufficiently focused to allow it to have a significant impact on the areas of most need. The limited resources of the project seem to be spread thinly over a wide range of topics and groups. This had contributed to the project lacking a clear identity in the community. The identity of the project and advertising of the one shop were not used optimally.

Targeting of the project could have been more focussed. There remained a lack of women or men only zones for discussing health issues. It was recommended that some thought be given to the best ways of teaching and getting through to young people in the area.

Communication & co-ordination

One of the aspects of Health Promotion in the South Leytonstone area that had been highlighted was the lack of a facility, such as a conference or an Internet communication point, between the different health promotion agencies in the area. Without some means of co-ordination, it is difficult to avoid duplication of services, under-utilisation of resources, to identify gaps in services or to discuss matters of best practice with other organisations. While the project's work has helped to bring together many different health resources in the area, there is not a comprehensive forum for the discussion of delivery strategies for health promotion, making the projects role as an agency that fill the gaps more difficult.

The first annual report of the project stated that the project aimed to incorporate more community members in its steering group meetings. The steering group meetings could have also taken a more interactive format.

Exit Strategy

The project formulated a clear exit strategy in partnership with the Family Services Unit. (FLU), focusing the projects work. The nature and the role of the drop in shop as a part of the projects continued work, was to be considered.

Summary of recommendations

The following recommendations were made:

The project should continue to work in a flexible manner, uncovering and addressing locally specific needs that it is well placed to identify. It should also continue to encourage and act as a facilitator of community borne health promotion groups. It should continue to focus on relevant health issues that are not covered by other organisations in the area, and to target groups of people who face health inequalities and barriers to accessing health care or health information.

The project should clarify its purpose and role to people living in the local area, and raise its profile by:

- looking into the possible locations to advertise its services
- making leaflets showing its services more concise and inviting
- distributing improved leaflets in the local area
- providing a single leaflet with contact details of local health facilities
- advertising more frequently in the local press and SRB publications
- permanent staff promoting the project at events

The project should consider ways to develop and improve delivery of information to make it more effective and long term.

The project should make its premises more welcoming, by:

- making its opening hours more convenient to local people who work
- advertising its opening hours more clearly
- requesting respect for opening times on signage and leaflets

- ensuring doors are open during drop ins, with extra staff present for staff safety
- experimenting with drop ins for different groups and single gender sessions
- making the shop front look inviting, and welcoming
- using shop space optimally, and making it more private
- displaying more clearly the services on offer, and details of fees
- considering increasing its services for the blind or partially sighted

The project should look at the appropriateness of its location for sessions and drop-ins.

The form of steering group meetings should allow for increased consultation.

The project should further develop linkages with medical practitioners.

The project should seek funding in order to expand its staffing, or focus on the areas of need in which it could have the most significant impact.

The project would have benefited from keeping monitoring data for each event, and recording cases of impact on health and awareness.

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