



### Key facts

**Derby West Indian Community Association: Healthy Active Lives project**

Derby

**£40,000** of People's Health Trust funding

### Main activities

Tai Chi, Chair Yoga, Over 50s, games evenings, dominoes, darts, film evenings and a carers' support group

### Key outcomes

- Improved social links and ties (reduced social or emotional isolation)
- Individual and collective action and control

## People's Health Trust: Active Communities Case Study

### Derby West Indian Community Association: Healthy Active Lives project

People's Health Trust believes in a world without health inequalities. The Trust funds small and local projects in neighbourhoods that are most affected by health inequalities with funding generated through The Health Lottery. Active Communities is one of its funding programmes and grants aim to support people to create or shape local projects that will help their community or neighbourhood to become even better, and require local people to design and run these projects. Typically lasting up to two years, the grants are between £5,000 and £50,000 for each project. The programme's main intended outcomes are:

- **Collective Control:** Ideas designed and led by local people. Regular participation of residents, who are empowered to lead and take ownership of the project design, delivery and development.
- **Social links and ties:** Stronger connections between people. Decreased social isolation and loneliness, and improved connection, friendships and collective support networks among participants.

Drawing on project visits in the Spring and Summer of 2019 which included interviews with project leaders and participants, this case study explains how people came together to shape and lead the [Healthy Active Lives project](#) and shares what they have learnt and achieved as part of the 2019 Active Communities evaluation.

## About the project

Healthy Active Lives was an already operational project that received a two-year grant from People's Health Trust, having also received funding in the past. The Derby West Indian Community Association ran the project, which aimed to enable and support participants to lead, shape and develop the project while building stronger connections within the community, enabling friendships between the participants and helping them to develop improved social networks.

The project's target group was older people from black and minority ethnic communities living in Derby, particularly those aged over 50, carers, and the socially isolated. Healthy Active Lives aimed to support 100 participants over two years. The project leader hoped that the project provided support to people in local wards, which are poorer than average and where life expectancies are lower, and health is poorer. He spoke of longstanding multiple contributing factors to this relative disadvantage, including (systemic) racism.

*“Engaging our community in their own health problems – that’s how it started. Preventing isolation and at the same time, to address some of the health and wellbeing... introducing activities and discussion, networking...”* (Project lead)

Project participants delivered a programme of regular social and cultural activities including weekly Tai Chi, Chair Yoga, Over 50s games evenings, board games, film evenings, dominoes, and darts matches, Zumba ‘gold’. There were also carers’ support group meetings, a social club for one-off evenings of interest, and sometimes exchange visits to another community centre, either ‘home’ or ‘away’.

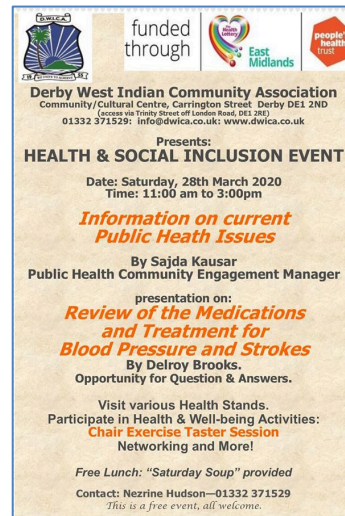
Interviewees explained that although the West Indian community has been present in the City for many years, local services including health services do still have challenges in reaching the group. The project helps local services to reach the community and provide early intervention and preventative services that might otherwise receive lower take-up from this population due to factors such as low awareness, poor understanding, or stigma.

## How did local people shape and lead the project?

Both the project leader and the project coordinator are members of the local West Indian community. The local public health team has trained a committee of Health Champions, who provide some expertise or a particular personal interest in the promotion of the project activities. Many participants also volunteer to co-ordinate sessions and activities or events.

*“A lot of the health champions are former medical professionals so they [the community attending a volunteer-led information event] lapped it up with a lot of interest. They want to know it comes from them, not us.”* (A local authority public health partner)

The project team kept track of attendees through a register of participants and their postcodes, and developed project feedback forms for events and one-off activities to give participants the opportunity to more formally have their say. Informal conversations play a big role in ensuring that participants are shaping and contributing to activities. Initiatives to involve less well represented groups such as younger people were considered more formally at meetings.



*“They’ve organised themselves in terms of how they want to play. They sort of, own it. It’s their project, they quite enjoy it. The environment, it’s a nice space. They’ll sit and they’ll chat. They can reminisce about old times.”*

(Project coordinator)

## What has the project achieved?

### Improved social links and ties

Healthy Active Lives has provided significant support to combat isolation and improve the social links and ties of all kinds of participants. The furthest that participants travelled to attend project sessions was three or four miles: this was a hub located within the community it served and designed by residents to meet local needs.

“We hope that it is helping to address health and wellbeing ... mental health ... that they are feeling much better in themselves ... that they have made friends.” (Project leader)

All activities were well attended, and project staff felt that participants contributed and showed interest in the coordination of the activities and helped to keep them going. The project leader said that participation was even good in wet or bad weather, with the hall being a warm place to stay and join in. The project coordinator referred to the participant evaluation forms that helped to track the project’s impact on individuals’ sense of isolation, health and wellbeing and mental health.

“I know [the project] helps with isolation, which the centre does very well. You see a lot of footfall at events and just during the week.” (Project volunteer)

The project team used membership email and postal lists to keep in contact with their community, but word of mouth was also important. Leaflets and flyers for upcoming events were circulated to community groups and the public health team. Often ‘bring-a-friend’ worked very well for established groups.

Participants in the Tai Chi class told a strong story of improved social links. A group of five women had met through the sessions. In time, they began their own rambling group to take outdoor walks together. This is an excellent example of both the social and health benefits of participation in project activities. Class participants spoke generally of the benefits of attending Tai Chi, particularly the social benefits of meeting and making friends. The project’s funding enabled the class to be run at reduced charge to improve its accessibility, to draw people in from the wider community, and ensured that attendance was tempting for the local population.

### Collective action and control

Project staff spoke about the community-led ethos of the project. It sprang from a city council project six years previously, to help engage people from the BME community more in health issues. Community leaders realised that there was a need to address social isolation in the community to improve their health and wellbeing.

“The way the project is designed, it is about people-led. Designed by the people who need the help ... We decided that the project had to be designed to run probably mornings, evenings and weekends. Because if not we would have missed some of the people – over 50s – who are going to work and who would benefit from the project.” (Project leader)

The darts and dominoes group met at the centre for a long practice every Wednesday. In addition, they might have several ‘away’ games as part of a tournament. They planned and organised all their activities with the support of the project coordinator. There was a group leader and all members of the group supported with specific tasks. Volunteers helped to facilitate the sessions and locked up the centre at the end of play.

“We try and build a good social network here so people can laugh, reminisce, if you see someone have a good belly laugh it’s amazing, it’s good to talk and remember something from way back when.”

(Project coordinator)



“The perception that the whole project is for the community, not just a select few is very powerful.”

(Health champion volunteer)

“They [the darts and dominoes group] come in, they’ll put themselves into a team and partners and it seems to have a good structure. They’ve organised themselves in terms of how they want to play. They sort of, own it. It’s their project.” (Project coordinator)

Tai Chi participants contributed to the activity through attending, as well as providing feedback to the centre periodically to help improve the activities. In addition, most class members regularly stayed for tea or coffee and a chat at the end of the session and were able to share their thoughts with the teacher or project leaders informally. Participants were very happy with this arrangement and glad to come and enjoy a class that was organised for them by the centre.

Health champion volunteers formed a more formal consultation group for the project. These members of the local community brought personal expertise in the area of health, helping them to spot needs among the project population and to lead, deliver or strongly shape a response. The 12 champions met regularly to share ideas and to provide support in planning health-related initiatives and events. Project staff reported that their collective action had spurred other groups and activities within the local community.

“In recent years a group has developed where they’re planning activities within the centre, for example a gospel extravaganza this weekend. ... It’s nice to see that born out of what’s happening here.” (Project coordinator)

### Increased confidence, knowledge, skills and assets

The project’s partnership with the council’s public health team enabled excellent reach of health initiatives among the West Indian community. People from other health target groups such as Chinese or Pakistani nationalities also attended events and activities, the respondents said. Public health staff visited the project to provide awareness training within multi-agency events about a range of health issues, including heart conditions, stroke and diabetes. Between 40-100 people attended these events, which provided leaflets and giveaways such as thermometers as well as basic advice and tips.

“We try to make it a multi-agency partnership, for example HealthWatch will come along and have a stall; our council Live Well team would come and do blood pressure, BMIs, blood sugar checks etc. We may stand at the front and talk about ‘stay warm’, or we might have speakers on dementia... healthy eating... it comes from the community.” (City council public health partner)

Providing professionally-led activities such as Tai Chi also opened the centre out to a new audience, bringing content that was beneficial for health and wellbeing and the building and maintenance of physical, mental and social skills.

Community-led activities such as the dominoes team built the game-playing skills of participants, as well as their confidence to engage with the group and to take part in the organisation of activities. The group partnered with community centres in a variety of locations near and far, and tournaments required either travel to a different team’s home community centre, or the hosting of a visiting team.

“They have what we call inter-community centre exchange visits and they plan games, like they go to Birmingham, or to Wolverhampton, or to Southampton... and they plan. ... They might not be in the championship, but they play intercommunity games all over the place.” (Project leader)

“We become a hub of the community and they look forward to coming here. So we realised that from that position, that we actually have a captive audience of people that we could address some of the issues that were affecting communities.”

(Project leader)



## Participant case study

Laron [alias] was a volunteer with the project, and one of their health champions. He was a retired research scientist and was particularly interested in helping to raise awareness about health issues, preventative approaches, or how to live a healthy and active life even with ailments such as sickle cell and diabetes.

Laron had led five information evenings for the project, which were coordinated with the local public health team. One was a stigma-busting session about bowel screening, which included a presentation by a bowel screening nurse.

“My next presentation will be on asthma. ... Basically, it’s health awareness to let the community be aware of aspects of their conditions... I find this very effective. Wherever I go, they [community members] are invariably asking me to come back and answer questions.” (Participant volunteer)

Laron said his satisfaction came from seeing increased awareness among his community about their personal health, and observing individuals becoming proactive in diagnosing or managing their conditions.

“You can imagine how beautiful it would be if somebody did that...and their life was saved because of what I did or what the centre did.” (Participant volunteer)

He would also attend bi-monthly health champion steering groups and played an active role in project discussions. In addition, Laron played with the dominoes team, taking on coordination tasks and going with them to play ‘away’ matches.

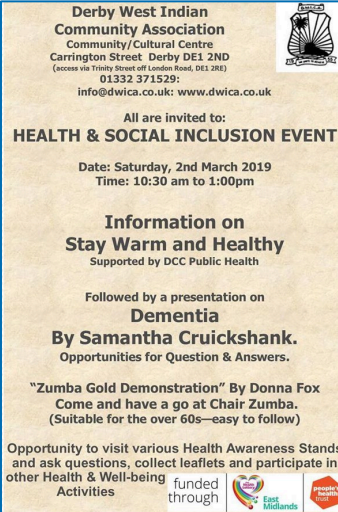
## Longer-term outcomes

Over time, participants’ confidence grew and they felt empowered to speak out and try to improve their own health and the health provision available to them. Hearing that other people in the community were experiencing the same things as them helped to reduce stigma and enabled participants to speak to health champion volunteers about topics they wouldn’t feel comfortable discussing with a health professional, such as prostate issues. The organisation was starting to see attendees pass health messages to their friends and family; illustrating the project’s wide community reach. Some participants experienced long term health benefits. One regular Tai Chi participant said that as a result of the sessions, she no longer relied on painkillers to manage her pain.

“Historically I’ve linked with the centre in various ways...we have a good relationship – they are always receptive to new ideas and keen to get involved in delivering health activities. They can see the benefits the community gets from those. We’re always on the other end of the phone, as we are to them. I’d say [we have] a close relationship with them.” (City council public health partner)

At times, the project’s legacy took the form of social action. Recently, health champions raised concern about local services for older people and ways in which the centre could help to improve things. Appropriateness of home care for the elderly and appropriate considerations specifically for minority elders were discussed and the group asked how they could come together to improve things within social care and health services. This will be raised in the wider association management meetings and they will try to work together to gather information and make a plan of action.

“They were given the opportunity just to talk so this was some of the things that was coming up. ... So it’s still something for us to pick up and run with.” (Project coordinator)



The flyer is for a community event organized by the Derby West Indian Community Association. It features the association's logo in the top right corner, which includes a map of Derby and the text 'Derby West Indian Community Association'. The main text of the flyer reads: 'Derby West Indian Community Association Community/Cultural Centre Carrington Street, Derby DE1 2ND (Access via Trinity Street off London Road, DE1 2RE) 01332 371529; info@dwica.co.uk; www.dwica.co.uk'. Below this, it says 'All are invited to: HEALTH & SOCIAL INCLUSION EVENT'. The date and time are 'Date: Saturday, 2nd March 2019 Time: 10:30 am to 1:00pm'. The main theme is 'Information on Stay Warm and Healthy', supported by DCC Public Health. It also mentions a presentation on 'Dementia' by Samantha Cruickshank and a 'Zumba Gold Demonstration' by Donna Fox. At the bottom, it states 'Opportunity to visit various Health Awareness Stands and ask questions, collect leaflets and participate in other Health & Well-being Activities' and lists funding from 'funded through East Midlands Health'.

“It’s not just the screening awareness, but also for me to be able to go to other centres and say, the West Indian community are doing it. Why can’t you do it? They’ve set a standard.”

(City council public health partner)

## What has worked well?

- **A variety of levels of participation were offered for local people.** Participants shaped activities in lots of different ways. This brought different sorts of people from within the local community and elsewhere, creating a thriving atmosphere.
- **Strong and growing partnerships existed outside of both the project and the association.** Clear mutual benefits were established between the project and the local public health team and other organisations, as well as the wider community.
- **There was strong and consistent leadership and coordination of the project, both from individuals and at an organisation/association level.** Despite being a volunteer-led project, effective leadership brought strategic drive and continuity, as well as consideration of sustainability and legacy.

## What are the lessons?

- **A clear understanding of both the benefits of improved health and of reducing isolation is useful.** A clear articulation of the links between these two outcomes would help to measure and demonstrate the impact of the project more fully.
- **Integration of participant groups could be increased.** There was a sense that different groups of participants attended different groups during the week and were fairly separate. While there was good overall diversity of participants, there may be benefits to emerge from improved links or integration of the groups.
- **There was no clear succession to leadership.** The success of Healthy Active Lives depended on the dedication of the project team, who had longstanding status as community leaders. There was a question about how sustainable the project might be without the contribution of these individuals.

## The future

The project leader was clear about the project's commitment to building sustainability. However, there was uncertainty about how or whether the project could continue without a paid member of support staff located at the centre. The project coordinator had been matching her funded hours with volunteered time and without this support, the project was thought likely to struggle. While elements might continue on a voluntary basis, they may not be sustained.

**"I meet regularly with the health champions to keep a cohesive group so that we don't lose these people so that – even if we don't get funding – we should carry on as best we can the project."** (Project leader)

The centre has struggled to expand its leadership team: volunteers to take responsibility for governance over a longer timeframe are difficult to recruit, particularly from younger age groups. The centre has looked at incentives for younger people to get involved in leadership and had funded younger people to attend a leadership course.

Improvements in health education, health information links and reduced stigma for health discussion within the community are outcomes likely to have good sustainability and to make a difference to the health of participants over the longer term.

The centre was doing much to try to build financial sustainability and had formed links with other local services and organisations that could potentially support the project. It was clear that the project had a long and strong link with People's Health Trust and has benefited much from this relationship.

"These days – and I think with austerity – even though people would like to come and give their time – because they have their own issues financially and whatnot, you find that we are not getting the volunteering and the necessary people who want to take on leadership. Now the problem we are having with the younger generation is that they don't want to come and sit down in a meeting for one, two hours talking about the strategic and operational thing of running an organisation."

(Project leader)

