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How can migrant communities and services collaborate to improve public health across diverse areas?

Tamsyn EIDA, Professor Sally KENDALL

Presentation: EFPC Conference, Sept-Oct 2019
Introduction

- **Low trust and confidence** in/uptake of services and service information
- **Pockets of good practice** exist
- **Institutional and social structures** can be a barrier for diverse communities and practitioners alike

- **Roma in the Lead**: – 2020
  - Red Zebra Community Solutions (charity: community assets)

- **Healthy Communities Programme Kent**: – 2020
  - Kent Community Health NHS Foundation Trust (NHS)
    - *Community based services from early childhood to adult*

Feb 19: CHSS evaluation: met with community and project representatives: developed logic model
Mixed methods study: informed by social justice and case study frameworks (Yin, 2014): investigating in context

Definition & Planning
- Develop the theory
- Design data collection protocol

Analysis & Conclusions
- Identify cross-case themes
- Modify theory
- Identify planning/practice implications
- Draw and illustrate conclusions and recommendations

How can we ensure that community voices are central?
What generates and embeds inequity?
Role of institutional and social structures?
## Theory of Change

### Improved health outcomes across diverse communities

<table>
<thead>
<tr>
<th>Flexible services, connected to diverse local communities and the evidence of ‘what works’ locally</th>
<th>Timely, effective uptake and use of appropriate services by diverse communities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengthened team environments:</strong></td>
<td><strong>Strengthened community environments:</strong></td>
</tr>
<tr>
<td>• Engaged</td>
<td>• Engaged</td>
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<tr>
<td>• Connected and heard</td>
<td>• Connected and heard</td>
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<tr>
<td>• Evolving awareness and confidence</td>
<td>• Evolving awareness and confidence</td>
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</tbody>
</table>

**Direct work:** groups, support, assessment, outreach, referrals

**Mobilise** community and organisational partnerships

**Test out and learn from** new ways of working

**Use learning to take action on structural barriers**

**Recruit, develop and support:**

- **staff from diverse communities:** *One You* healthy lifestyle team (work with adults)
- **experienced staff from core service:** health visitors (early years) and school health (CYP)
- **Roma Community Development workers:** Roma in the Lead project team

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Case Study: Recruiting *One You* Roma healthy lifestyle facilitators

Jarmila, One You team: Dover, Kent

### Recruitment
- Criteria shift
- Outreach & relationship with community partners
- Amended language, visuals, publicity methods
- Confidence & conviction

### Development and retention
- Acknowledge variation
- Shadowing & supervision: confidence & integration
- Service requirements: IT systems
- Time and feedback role

### Embedding learning
- Organisational will and pathways
- Context and priority
- Look for parallels, eg: working with LDs

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Case study: immunisations
One You service, health visitors (HV), school health (SH), CVS partners

Low uptake of childhood immunisations

Data: 600 children not registered with GP in Kent: approach, discuss, support to register

HPVs collaborating with GP practices with low uptake: practice skills, outreach and communication event

HPV school vaccinations for boys: SH and One You: secondary school assemblies; parent evenings, coffee mornings and meetings

Immunisation team attend CVS drop-ins & ESOL classes

If successful, we will use this model for the season. If not, we will adjust from lessons learnt and try again

Breastfeeding peer-peer training adapted & delivered

Listening and skills projects: co-production and follow up

CVS work on wider social determinants, building partnership, contact & support

https://www.youtube.com/watch?v=Edn6Dy5ZLHk

Roma Women Talk About Breastfeeding
12/13 Hours - 30 Apr 2015

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Early Analysis

**EMERGING THEMES**
- Focus on multi-component, cumulative action: time
- Value of creativity and coproduction:
  - voice, profile, confidence, trust
  - practicalities, time, money
- Communication is central
- Profile opens doors: eg: data; raise questions
- Context is key:
  - service pressures, hierarchies
  - socio-economic and political pressures

**IMPLICATIONS FOR SERVICE**
- Theory/learning into practice: including the middle ground
- Sustainable mechanisms to deliver place based integration, patient voice/dialogue & meaningful data collection
- Beyond partnerships: importance of investing in networks for sustainability and diversity
  - Turnover; Funding; Commissioning process
  - Explore ongoing national evaluation of Primary Care Networks

*It’s very important the trust. They feel we are connect for them. Sometimes they just want to be listened. I have opened doors where I go I can describe as a very colourful programme – not black and white – it can be very flexible*
THANK YOU

Our thanks also to

- Roma and Nepali community members who have invited us to discuss health and these projects – and the project staff who enabled this
- Healthy Communities programme Kent team: Kent Community Health NHS Foundation Trust (Claire Doran and Team)
- Roma In The Lead project team, Red Zebra (Corrina Joseph and Team)
- Funding: Kent Community Health NHS Foundation Trust and Red Zebra

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