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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

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# 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

How can we ensure that community voices are central?

What generates and embeds inequity?

Role of institutional and social structures?

## Analysis & Conclusions

Identify cross-case themes

Modify theory

Identify planning/practice implications

Draw and illustrate conclusions and recommendations

# Theory of Change

Improved health outcomes across diverse communities

Flexible services, connected to diverse local communities and the evidence of 'what works' locally

Timely, effective uptake and use of appropriate services by diverse communities

**Strengthened team environments:**

- Engaged
- Connected and heard
- Evolving awareness and confidence

**Strengthened community environments**

- Engaged
- Connected and heard
- Evolving awareness and confidence

**Strengthened organisational structures:**

- Engaged
- Connected to evidence/voice
- Evolving awareness and confidence

**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

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



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

## Recruitment

## Development and retention

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

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

## Embedding learning

# Case study: immunisations

## One You service, health visitors (HV), school health (SH), CVS partners

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

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

HVs 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

Low uptake of childhood immunisations

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

# Early Analysis



*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*



## 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

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- 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)
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