Hyde Community Action

Evaluation Report

Shok-Lohr-Shiq-Kah: Everybody's Learning

Bengali Women's Programme 2011-14

June 2014

Before, I was my son's mother and my husband's wife.

After coming here I found my own name.

Contents

Introduction

This evaluation report is about a three-year programme of work (2011-14) with Bengali[1] women in Hyde delivered by Hyde Community Action.

The report is partly for our own consumption but more importantly for our key stakeholders:

- our volunteers and other service users;
- our partner agencies;
- the funder of our Programme – Big Lottery Fund;
- potential future funders and others with an interest in our work.

The purposes of the report are:

- to show what we have done with the money we were granted;
- to identify what we have learned in the process;
- to reflect on the broader significance of our work; and
- to inform discussions with funders and partners on potential future work.

These purposes are reflected in the structure of the main report. For those with an interest in our methodology, we have appended details of how we carried out our performance evaluation.

The report has been written (with support from project staff, volunteers and other service users) by Rick Gwilt, who has been acting as our Interim Chief Officer during Years 2 and 3 of the Programme. Although Rick was not directly involved in operational management of the Programme, this is essentially an internal evaluation by a team that believes in applying a critical eye to its own work.

The report aims to be honest, instructive and useful, openly addressing things we may have "got wrong" as well as things we might wish to boast about.

At the time of writing, we are actively seeking new funding to continue key aspects of the Programme as well as introducing new elements.

Finally, we would like to give special thanks to our volunteers Rumena Sultana and Taslima Rafique, for the many hours they put into gathering evidence for this evaluation report.

Anisha Aktar, Jusna Begum, Alex Farrlley, Caroline Gregory, Norma Robinson, Ian Young

(Board of Trustees)

June 2014

[1] The terms Bengali and Bangladeshi are used interchangeably in this report. We use "Bengali" in daily life, but recognise that "Bangladeshi" is the official demographic term.

A Brief Case Study

HK lives a few miles from Hyde. She came to England in 1988. She knew no-one locally other than her in-laws and stayed at home, bored and watching television, until she became too depressed. "I felt like I was in a black bin."

In 2014, she heard about us by word-of-mouth. We visited her at home, supporting her to come out of her house, use public transport and enrol on an ESOL course.

"When I started doing ESOL, it was like I started nursery, but I want to go on to high school. Now all my family – even my grand-children – have seen my potential and are helping me to achieve. I feel so happy that I can now do things with the children. What I have learnt in a month is equivalent to learning for a year. I feel proud now of every little thing I do.

"I used to have a lot of sadness in my life. I felt isolated too. Now I don't feel like that at all. I made so many friends and I feel as if we have known each other for ages. I used to be scared before to use public transport but now I even have the confidence to get on the train and go where I can! I can order my own medicines and make my own appointments.

"There are a lot of people like me, even if they do not have the courage to express it. This service must stay!"

Executive Summary

Hyde (in Tameside, Greater Manchester) is home to one of the largest Bengali communities in Britain. Many young women from rural Sylhet with little English or formal education still arrive to take part in arranged marriages.

Hyde Community Action received a grant from the Big Lottery Fund to run a three-year capacity-building programme with Bengali women during 2011-14.

The Programme has proved highly popular and successful:

- ❖ Reaching 216 different women (8% above target).
- ❖ Meeting its outcome targets around improved health and well-being, access to public services and community cohesion.
- ❖ Achieving partial success around jobs and training, whist identifying key lessons around language learning and child-care.
- ❖ Greatly exceeding outcome targets around participation and influence.
- ❖ Developing a pool of over 40 volunteers and generating voluntary work worth over £20,000 per year.
- ❖ Winning an award for its volunteer involvement work and becoming one of only 25 organisations nationally to secure local funding from the Volunteering Fund in 2013.
- ❖ Developing the capacity to deliver community research and cultural awareness training.

A self-critical process review identifies useful learning around:

- Volunteer management.
- Child-care.
- Evaluation.
- Budgeting.

Although there is a clear continuing need for this work, funding regimes for work around employment and training fail to take full account of the barriers faced by Bengali women, and other agencies tend to choose easier targets.

As a charity driven by Bengali women, Hyde Community Action is both compelled and uniquely placed to deliver this work. However, financial sustainability is problematic.

Whilst the public sector is clearly attracted to the idea of asset-based community development, investment plans appear to be on hold due to an overriding commitment to making swingeing budget cuts. Rather like heaven, everyone likes the idea but no-one wants to go there right now.

Hyde Community Action is currently fighting on two fronts:

- to secure a funding partner to sustain and develop its unique Bengali Women's Programme and Healthy Living Centre; and
- to secure sufficient overall funding to sustain its existence as an independent local charity.

Background

Hyde Community Action exists to challenge inequalities in health and well-being and to help people to develop their potential and support each other. We do this partly by delivering our own services and partly through partnership with others.

We are based in the heart of a mixed English-Bangladeshi community, where many young women from rural Sylhet with little English or formal education still arrive to take part in arranged marriages.

We started life in 2003 as the Asian Healthy Living Project - a partnership project funded by the New Opportunities Fund and led by the local Primary Care Trust. We set out to address health inequalities in the local community, establishing a Healthy Living Centre along the way.

After the Project was transformed into an independent charity (HCA) in 2007, the work continued to develop in the form of a Community Health Development Programme funded by an NHS service contract from April 2008.

It soon became clear that the limited resources available through this Programme alone would not allow HCA to address the full range of social exclusion issues affecting Bangladeshi women, so HCA sought other funding and eventually secured funding worth around £80,000 per year over 3 years from the Big Lottery Fund to champion the interests of Bangladeshi women.

The agreed project outcomes were:

1. By the end of year three 200 Bangladeshi women will report that their mental health and well being has improved as a direct result of the project.
2. By the end of the project 200 Bangladeshi women will report an increase in knowledge and skills and employability as a result of the volunteering and educational placements provided by the project.
3. Over the life of the project 85% of Bangladeshi women will report improved access to mainstream services resulting in reduced isolation and improved relationships with people from different backgrounds.
4. Each year of the project 20 Bangladeshi women will report increased confidence leading to an increase in their influence and participation over decisions that affect their lives.

The Programme started in September 2011 and has relied for most of its duration on two bi-lingual key workers and a growing band of trusted community volunteers (see Appendix 1). The key workers throughout have been:

- Rehana Begum (Programme Coordinator); and
- Hasina Khanom (initially Community Development Trainee, later promoted to Community Development Worker).

Review of Activities

Outcome 1: Mental health and well being

We identified social isolation as a key underlying issue, and focused on creating a wide range of opportunities for social interaction, e.g.

- volunteer celebrations;
- traditional arts & crafts activity;
- food preparation and sharing;
- local excursions to the park and occasional longer-distance trips;
- stalls at community festivals and other events;
- walking buses to activities and events;
- inter-generational henna workshops;
- half-term and school holiday family activity, e.g. story-telling, outdoor play;
- visits to other community groups and services;
- International Women's Day events.

Outcome 2: Knowledge, skills and employability

We identified lack of English, lack of basic education and child-care responsibilities as key underlying issues, and focused on creating a wide range of training and volunteering opportunities, with child-care and (where appropriate) interpreter support. Training included:

- English for Speakers of Other Languages (ESOL);
- introduction to computing;
- confidence-building / preparation for volunteering;
- first aid, food hygiene and nutrition;
- craft skills (garments, cards, embroidery);
- expert patient roles, including cancer and oral health;
- horticulture;
- preparing to teach in the lifelong learning sector (PTLLS);
- health walk and physical exercise leadership;
- interpreting skills;
- counselling skills;
- community research skills;
- enterprise skills.

Volunteer roles included:

- administrative support (10 volunteers, / 260 hours per year by Year 3);
- session helper (19 / 570);
- health walk leader (3 / 102);
- health walk support (1 / 16);
- course facilitator (7 / 492);
- event helper (34 / 350);
- half-term play activity leader (2 / 40);
- half-term play activity helper (3 / 14);
- participatory appraisal researchers (10 / 200);
- outreach and community engagement work (2 / 25);
- trustee (6 / 140);
- buddying and mentoring (5 / 10);
- language support (2 / 10).

Outcome 3: Access to services & community cohesion

Tackling social isolation was a theme that cut across Outcomes 1 and 3, so some of the activities listed above will apply here, particularly visits to other community groups and services. Travel training – support in using bus and train to travel beyond the local neighbourhood – was also a key activity.

Work on this theme centred on auditing patterns of service access and development of partnership working. We forged significant partnerships with:

- Greenfield Primary School (initial co-location, co-delivered holiday play);
- ACE Girls group (co-delivered inter-generational work);
- Adullam Homes (co-delivered advice surgeries);
- Tameside Council Youth & Family Service (co-delivered advice, play);
- Hyde Team (BME drop in surgeries & half term activities 2012);
- Greater Manchester Fire & Rescue Service and Mohilar Asha Women's Group (co-delivery of International Women's Day);
- Home Start (co-delivery of volunteer mentor scheme for Bengali parents);
- Community & Voluntary Action Tameside (co-delivery of School of Participation);
- Hyde Bangladeshi Welfare Association (co-delivery of computing classes);
- Greater Manchester Police (co-delivered advice surgeries);
- Volunteer Centre Tameside (training, organisation development support);
- Tameside College (training);
- Mind (co-delivery of horticulture and counselling courses);
- Off the Record (co-delivery of counselling course);
- Hyde Town Centre Team (collaboration on town centre relaunch).

Outcome 4: Increased influence and participation

The themes under this outcome covered a spectrum not unlike the classic Arnstein ladder of participation, i.e. ranging from giving information, through various forms of indirect influence, to positions of direct control:

- confidence-building training in public speaking etc.;
- more specific training in being a community representative or organiser (using the School of Participation model);
- training in community research (participatory appraisal model);
- attending a devolved spending forum for small grants;
- visits to the local authority's district assembly;
- making a public art (wood carving) contribution to town centre re-launch;
- participation in public-service ambassador roles on issues ranging from tobacco-chewing to alley-gating;
- self-directed activity, e.g. first aid, henna and embroidery workshops, International Women's Day Steering Group, coordinating events and trips.

Supporting Activity: Translation and Interpretation

We provided interpreters for training sessions (except ESOL), but not for group activity, where an informal mix of Bengali and English was used.

There was little call for translation of written materials, as participants generally either read English or did not read at all.

Supporting Activity: Child-care

We had identified from early on that many service-users had young children and that child-care responsibilities were a potential barrier to participation.

At various stages we attempted several different approaches to child-care:

- employing our own crèche workers;
- negotiating places with a local commercial day nursery;
- encouraging participants to make their own child-minding arrangements.

Sample Case Studies (Abbreviated)

RB was going to college whilst looking for ways to use her free time to enhance her skills. She now works with young people in Manchester. “HCA enabled me to gain the confidence and self-belief to use my talents to benefit the wider community. Volunteering has taught me that I am able to try new things and reach for my dreams knowing that with hard work, dedication and commitment I can achieve better.”

SA was from Hyde originally but went to Bangladesh for 6 years. She now works in the local community. “I had lost touch with the community when I came back, but HCA helped me to get involved again. They built up my confidence through courses and volunteering, getting involved with different people. They helped me with job applications, preparing for interviews an references. Now I feel good. I have two part-time jobs and I am not on JSA any more.”

RB progressed with HCA from basic English classes through other training and volunteering to finding paid work in a local shop. “HCA encouraged me and believed in me. I was scared at first but now I believe if I try I can overcome. I have gained the confidence to sort my problems out myself. I was shy before but now I can speak to loads of different people. I love coming here, I feel valued and respected.”

JB had problems at home and became depressed. “My confidence was low and I had no help. I was isolated and lost. HCA staff supported me a lot, talking to me, getting me to meetings, helping me to be organised, helping me to learn and speak to other people outside the Bengali community, doing room bookings, using computers, filing, creating handouts, making me think from other people’s viewpoint as learners. Since being involved I feel I have become the confident person that I was once! HCA helped me to get there with all the one to one support and just having the belief in me that I can achieve and I can be confident again. It was a stress relief coming here as everyone was friendly and welcoming – I found myself again! “

LC had no work or contact with services or community involvement before coming to HCA. “By giving me different roles and responsibilities, HCA has helped me build my confidence and my communication and organisational skills, taught me how to share and teach my skills to others. HCA has given me the will-power to do something in life, so I no longer feel depressed about not doing anything in my life. Now I have set up my own beauty and accessories business – hijab, mehndi, hair styling, fruit and veg carving.”

RS heard about HCA through her children’s school and became an active volunteer. “I was a house wife before. I didn’t do anything outside of the family. There was nothing exciting in my life. If I was thinking about myself I saw that I was doing everything for everyone but not anything for myself. I’ve always wanted to do something but I didn’t know where to start.” She is now an experienced community researcher and advice support worker. “I feel like I have got a voice of my own. I know I am getting ready to apply for jobs now. I can now drive. I have found my own identity. Before, I was my son’s mother and my husband’s wife. After coming here I found my own name.”

Performance Evaluation

Outcome 1: Mental health and well being

By the end of year three 200 Bangladeshi women will report that their mental health and well being has improved as a direct result of the project.

OUTCOME 1	
Target number of beneficiaries	200
Actual number of beneficiaries	230
Project reach against target	**115%**
Discounting for sample distortion	10%
Discounted beneficiary numbers	207
Survey sample size	141
Measure 1: improved happiness	141
Sample performance against outcome measure	**100%**
Measure 2: increased confidence	140
Sample performance against outcome measure	**99%**
Sample mean performance against outcome measures	**100%**
Number of beneficiaries where outcome achieved	207
Success rate against target (discounted)	**104%**

Given that we have spent the last three years with a building full of obviously very happy people, we felt this result came as little surprise and required little interrogation or explanation. We always knew that our target group was seeking an escape from social isolation, and so it proved.

Outcome 2: Knowledge, skills and employability

By the end of the project 200 Bangladeshi women will report an increase in knowledge and skills and employability as a result of the volunteering and educational placements provided by the project.

OUTCOME 2	
Target number of beneficiaries	200
Actual number of beneficiaries	216
Project reach against target	**108%**
Discounting for sample distortion	10%
Discounted beneficiary numbers	194
Survey sample size	141
Measure 1: increase in knowledge and skills	140
Level of achievement: measure 1	**99%**
Measure 2: more able to find or apply for jobs	103
Level of achievement: measure 2	**73%**
Measure 3: able to access further training	90
Level of achievement: measure 2	**64%**
Sample mean performance against outcome measures	**79%**
Number of beneficiaries where outcome achieved	153
Success rate against target (discounted)	**77%**

Even though we had originally framed this target in relatively soft terms, it remained our one area of significant under-achievement. We reviewed the possible reasons for this, initially at a small focus group session (appended), made up of service users reporting negative outcomes in this area.

There was a unanimous view that:

- Bengali women do want to undertake further training and find paid work;
- lack of language skills is the most important barrier; and
- cultural inhibitions about working in a mixed-gender environment are *not* a significant barrier to entry into the jobs market, although there may be unchallenged assumptions about women's domestic roles.

Our subsequent reflections as a team were that:

- We needed to retain our commitment to addressing this issue, but we also needed a clearer theory of change linking outcomes, targets and activities.
- We had described our intended outcome in such a way that it was unclear what we would regard as success. In future, we should make an explicit choice between the various outcome levels available and ensure that our outcome definition is unambiguous.
- We had set an unrealistically high target for this outcome, the figure of 200 being identical that for Outcome 1 around well-being. Outcomes around employment were always likely to be much more challenging with our target group, and a target figure half of that for Outcome 1 would have been more appropriate.
- We probably needed to give greater conscious priority to areas like ESOL progression, external volunteering and other opportunities for informal conversation practice and interaction with English-speakers.

Outcome 3: Access to mainstream services, community cohesion

Over the life of the project 85% of Bangladeshi women will report improved access to mainstream services resulting in reduced isolation and improved relationships with people from different backgrounds.

OUTCOME 3	
Target level of success	85%
Survey sample size	141
Measure 1: improved access to services	129
Level of achievement: measure 1	**91%**
Measure 2: reduced isolation	137
Level of achievement: measure 2	**97%**
Measure 3: contact with people of different backgrounds	128
Level of achievement: measure 3	**91%**
Sample mean performance against outcome measures	**93%**
Performance against target	**110%**
Discounting for sample distortion	10%
Success rate against target (discounted)	**99%**

One of our greatest achievements was probably to extend the local horizons of our service users beyond their immediate neighbourhoods. Prior to this Programme, although they had probably flown at least once between the UK and Bangladesh, they had made little use of local public transport and rarely if ever travelled further than walking distance without access to a lift or a taxi.

Again, the success rates in this area reflected the hard work put in by ourselves and our partners, fully confirming our expectations.

Outcome 4: Influence and participation

Each year of the project 20 Bangladeshi women will report increased confidence leading to an increase in their influence and participation over decisions that affect their lives.

OUTCOME 4	
Target number of beneficiaries	60
Actual number of beneficiaries	144
Level of achievement: project reach	240%
Survey sample size	141
Measure 1: greater involvement in local area	136
Level of achievement: measure 1	**96%**
Measure 2: increased influence on local issues	117
Level of achievement: measure 2	**83%**
Sample mean performance against outcome measures	**90%**
Number of beneficiaries within sample with positive outcome	129
Minimum success rate against target	**215%**

There is an interesting story behind our clear over-achievement in this area.

Initially we were a little slow to make progress, perhaps slightly underwhelmed by our visits to the local authority's district assembly and wondering if we had created a hostage to fortune in trying to empower people within structures where the real power remains so stubbornly centralised. In the face of budget cuts, opportunities for political influence appear to be in rapid retreat.

However, it gradually dawned on us that we did have the power to cut to more direct forms of engagement, with people working directly on local issues through voluntary action and community governance roles. Making steady advances in this area allowed us to start exploring new areas in Year 3, particularly the potential to influence health policy through Healthwatch and Patient Participation Groups, although this is still a work in progress, and the jury is still out, as they say.

Unplanned Outcomes: Community Research & Cultural Awareness

Although we made limited use of Participatory Appraisal techniques in our simplified internal evaluation process, the skills we acquired (supported by the handbook we compiled) give us valuable capacity to conduct future community research.

Our partnerships with other agencies to promote Bengali women's access to services led to a demand for cultural awareness training, and we successfully delivered a pilot course to staff and volunteers at Mind (Tameside, Oldham & Glossop). As a secular organisation rooted in the Bengali community, we see potential to meet a gap in the market, for two reasons:

- the key issues for services seeking to engage with the Bengali community are, on the whole, better understood in cultural rather than religious terms;
- most awareness courses tend to be driven from a religious perspective, which can be a barrier to objectivity.

Process Evaluation: Organisational Learning

Service User Engagement

This was never a problem area for us, in the sense that the Programme was working close to capacity from its early weeks and our building was regularly buzzing with activity. Our most effective methods were: word-of-mouth publicity; volunteer phone-rounds; and monthly poster and leaflet drops.

If there was a weakness, it was that in practice our catchment area barely extended a mile from our Centre, and there was limited engagement of Bengali Women from Newton and even less from Ashton (St Peter's).

Service users were always ready to enter into discussion around how the programme might develop, and informal focus groups were our favoured method.

Organising Activity

Again, this was never a problem area for us, except in the sense of trying to meet the level of demand with the staffing resources available. Where possible we used our own Centre – a place that Bengali women had already placed their stamp on. But our Centre was sometimes too small or booked up, so we regularly used other venues including Greenfield School, Thornley Medical Centre and Hyde Fire Station.

Partnership Working

Other agencies were usually eager to enter into informal partnerships with us in order to reach a target group which they found hard to reach. Sometimes we encountered administrative thresholds to formal partnership agreements but this did not usually present a major practical problem.

The only disappointment was that our attempts in Year 3 to evaluate and consult on future intentions came at a time when the public sector was suffering a wholesale clear-out of staff.

Volunteer Management

Whilst we feel we developed some very good practice in this area, the level of demand meant there was always a sense of tension between numbers of volunteers and quality of support. Ideally we would have liked to include an element of supported volunteering for those furthest from readiness to work, but staffing resources did not permit this.

Child Care

This was in some ways a problem area. Around 20% of our service users registered child-care needs, and we attempted several different approaches:

- employing our own crèche workers – a useful learning experience, but a heavy drain on staff time and quite an inflexible tool for meeting unpredictable levels of demand;
- negotiating places with a local commercial day nursery – a potential saving on staff time, but it also proved to be an unsuitable arrangement for dealing with unpredictable demand;

- encouraging participants to make their own child-minding arrangements (often through family members) and reclaim the costs – this worked well until such time as it was queried by our internal examiners.

The solution we ended up with was a mixture of this third option (but with more formal accounting arrangements) and the use of mainstream child-minders, as service users gained confidence in the idea of leaving their children with strangers.

However, we remained unconvinced that this gave us the strongest basis for reaching out to parents with young children, given the underlying issues we had identified:

- An initial reluctance on the part of new service users to make use of child-care provided by strangers.
- A continuing preference for child-care either provided directly or arranged by HCA – and perceived as having the HCA stamp of approval.

Arising from this we identified co-delivery of the programme with two local authority children's centres as a way forward that would help us to break down these barriers and encourage a more open attitude to child-care options on the part of our service users.

Monitoring and Evaluation

This was clearly our biggest problem area throughout the life of the programme. It was a significant casualty of the changes at senior management level that affected our organisation during Year 1, when we had four different Chief Officers in the space of 9 months. One result of this was that we failed to appoint external evaluation consultants as originally planned, no effective evaluation framework was put in place during Year 1, and there were misconceptions as to how beneficiary numbers would be counted.

Our discussions at the start of Year 2 highlighted the challenge of measuring individual outcomes for over 200 different beneficiaries, most of whom would probably not be literate in either English or Bengali. We took the view that using recognised survey scales such as Warwick-Edinburgh, as originally envisaged, would be too time-consuming.

An additional problem was that we felt we had made a rod for our own backs by setting some rather woolly outcomes. This was possibly because we'd started with more outcomes than the funder wanted and we'd ended up compositing one or two of them. Whatever the reason, the upshot was that we would not be able to use a single measure of success against each outcome.

We briefly considered negotiating revised outcomes and targets with Big Lottery Fund (there was a clear procedure for doing this), but as we acknowledged both the existence of the community demand and our own desire to meet it, we did not pursue this idea. Instead we looked to find different ways to gather feedback. Even with hindsight, we remain unsure whether this was the right decision or not. We would welcome feedback from Big Lottery Fund on this.

What we are sure of is that in future we will ensure that each of our outcomes is defined clearly and simply, so we know exactly what we are intending to

measure. We will also set outcomes with one eye on the recognised scales available and where appropriate match them up.

In the event we opted for trying to create a volunteer-led community research team, and rather than investing in external evaluation consultants we entered into partnership with Manchester Metropolitan University to deliver a major training programme in participatory appraisal techniques. Whilst the course was well-delivered and valuable in its own right for those who took part, it turned out to be of debatable value in relation to our specific purpose. The course became a project within itself, absorbing large amounts of staff time, and the return in terms of project monitoring and evaluation was fairly modest. Overall, we would probably judge this with hindsight to be a diversion, which meant that we did not fully get to grips with project evaluation until well into Year 3.

It was not until the final 6 months of the programme that we finally acknowledged that we were not going to be able gather feedback from all the people we had reached and we then reached agreement with our funder to use sample monitoring of about 2/3 of our total beneficiary base. We very much regretted not asking this question earlier!

The other problem we had was that we had decided to buy into the CiviCRM online database with linked web-site, hosted by Greater Manchester Centre for Voluntary Organisation. In practice, although we made increasing use of our web-site, we found the database very difficult and time-consuming to use. In practice we tended to use Excel to analyse the numbers we were reaching, but this did not allow us to carry out detailed tracking of individuals against outcomes measures. We were on the point of pulling out of our database contract 15 months into the Programme, but were persuaded to stay in for a further year, redesigning the database and undertaking further training. It was only when we appointed Paul Deaville as temporary Database Administrator in Year 3 that we made a conclusive assessment that this highly elaborate database was not fit for our purposes. We were perhaps fortunate to have been able to appoint someone of Paul's calibre (as a former I.T. teacher) to this role.

Within days we had designed our own database using Access, and started intensive tracking of individual outcomes through a monitoring team made up of a temporary Project Support Worker (Shammi Ahmed) and a key volunteer (Rumena Sultana).

Whilst we are very pleased with the results of our crash monitoring programme over the middle 6 months of Year 3, we are conscious that this was all happening very late in the day, which in turn meant that we were carrying out our final project evaluation and submitting bids for follow-on funding much later than intended.

The combination of setting ourselves such demanding outcome targets, and our subsequent long struggle to develop a monitoring and evaluation framework that was fit for purpose, resulted in a number of possible missed opportunities, when viewed with hindsight. For example:

- We might have built in some in-depth tracking of our service users' experience around some key issues that we wished to illuminate, such as child care or entry into the jobs.
- We might have attempted a more ambitious overall evaluation exercise, including some form of bench-marking against practice elsewhere and some formal attempt to quantify social impact.

Financial Resources

We can have no complaints about the level of funding provided by Big Lottery Fund. Overall, we found Big Lottery Fund a generous and supportive funder.

With hindsight, we probably got the balance wrong between staffing and non-staffing costs in our original bid. Staff members were constantly working to capacity and beyond to meet the demands on their time, whilst we were under-spending mainly on non-staffing costs throughout the Programme.

Although this became apparent after Year One, our understanding (which later transpired to be not strictly true) was that the funder would not permit the switching of resources between staffing and non-staffing costs until the final year of the Programme, so we did not start to remedy this until the start of Year 3. There were further delays as we failed in our first attempt to recruit a bi-lingual data administrator. We solved the problem by splitting the post, but by the time we filled the new roles the Programme had only 8-9 months to run.

Some of the reasons for under-spending on non-staffing costs were:
- whilst child-care can be expensive, take-up levels are always hard to predict, and in practice take-up was lower than expected;
- our partnership approach frequently leads to opportunities for co-delivery of training where we are not paying for the tutor;
- we found that our service users tended to be literate either in both English and Bengali or in neither language, so there was little demand for translation of written materials;
- nearly all our volunteers turned out to live within walking distance of our Centre, so this also reduced volunteer costs;
- due to a combination of factors, as noted earlier, we did not appoint external evaluation consultants as originally planned.

Paid Staff

This Programme has benefited strongly from our pre-existing "grow your own" approach to community leadership.

Our Programme Coordinator, Rehana Begum, had worked as a physical activity volunteer with our predecessor Asian Healthy Living Project and had worked for us as a Community Development Worker before being appointed to this new role, which she took on energetically from the start. Rehana has followed management courses to NVQ Level 4 but even more importantly has always had a fearless approach to "learning by doing", essential in a programme that is breaking new ground.

Similarly, our Community Development Trainee, Hasina Khanom, had worked for HCA as a community arts volunteer before being recruited into paid work. Hasina became so proficient in working independently and supporting our

volunteers that we promoted her to Community Development Worker after Year 2.

Our “grow your own” approach has been tempered by an awareness of the need to avoid wishful thinking. When we struggled to recruit a suitable candidate for a bi-lingual data administrator role in Year 3, our unhesitating decision was to redesign the post. Although this meant a further delay, the outcome proved to be the best of both worlds, with Paul Deaville giving us a level of expertise beyond expectations in an enhanced Database Administrator role, and Shammi Ahmed giving us the bi-lingual communication skills we needed in a Support Worker role.

The management model we evolved was based around: monthly team meetings (managers only or full team in alternate months); formal quarterly appraisal reviews; “open door” approach to ad hoc meetings allowing quick resolution of operational issues as they arise.

Volunteering

One of the Programme’s biggest successes has been the response to the new opportunities created for volunteering. We have engaged around 45 volunteers during the course of the Programme. Our pool now stands at around 40, with around 30 active at any given time.

We could have achieved more if we could have found more external volunteering opportunities, but this proved difficult, and ultimately beyond our control. In the event, we were constrained by our staffing capacity to support volunteers within our own work, and the constant pressure to meet demand in this area meant that at times we felt like victims of our own success, even though we tried to maintain a strong focus on progression routes. One thing we learned is that our volunteers have differing expectations in terms of the preferred levels of formality within their volunteering roles, so we cannot try to implement a one-size-fits-all system.

Many of our volunteers have been through our participatory appraisal and school of participation programmes, and taken on key roles such as public service ambassador, advice surgery triage, health walk leader, International Women’s Day organiser, craft workshop leader, and Board member.

During Year 2 (2013), we received a Pride of Tameside award for our work involving volunteers, while early in Year 3 we were awarded a grant from the Volunteering Fund (one of only 25 awards nationally) to develop our *Women Supporting Women* project, which involves Bengali women volunteers delivering peer support around mental health and domestic abuse.

Our broad calculation is that we benefit from around 2000 volunteering hours annually at an average value of £11 per hour, giving an annual value of around £22000.

Premises

One major asset which we may have been in danger of taking for granted until it recently became threatened is our premises, the Hyde Healthy Living Centre. This is a small building (a former doctor’s surgery) that Bengali women have made their own, filling it with their voices and colours, their food and their children, their crafts and their costumes, and above all their

aspirations. In other local community and faith centres where Bengali is spoken, Bengali women are either barred from entry or accustomed to sitting at the back of the room. This building has played a unique role in their lives.

Throughout the life of the Programme, we have had the use of this NHS building at a heavily-subsidised cost – a legacy of the local Primary Care Trust's early commitment to asset-based community development. Sadly, this is all about to change (see below).

Planning for Sustainability: Activities

We have considered sustainability of this work at both activity and programme level. In both cases the key issue is resources, whether money or contributions in kind.

At activity level we have made some progress, for example by:

- supporting volunteers to lead arts and crafts and social group activity;
- supporting volunteers to take up operational roles within our other programmes (Community Health Development, *Shobar Shoki: Women Supporting Women*);
- supporting volunteers to take up operational roles within other local services, for example as public service ambassadors (Council and Fire Service) or as advice assistants (Adullam Homes);
- supporting service users to take up representational roles within other structures (Healthwatch, Patient Participation Groups);
- supporting volunteers to take over responsibility for International Women's Day activities.

We have supplied our service users with contact details for local training providers.

We have plans in place, funded by Oxfam GB, to support the sustainable development of *Mohilar Asha*, an independent Women's Group composed mainly of Bengali women.

Planning for Sustainability: Programme

We have never subscribed to the *Big Society* myth – the idea that community volunteering can be self-sustaining without some continued financial investment. Our best hope has been that a strategic shift in favour of preventive and asset-based work would result in a public-sector market for the sort of work we do. Our recent experience, however, is that there is a growing gulf between policy and practice. It could be argued that the only real public-sector policy currently is to make financial cuts.

Two funding options we have considered and rejected as inappropriate are:

- loan-financed social enterprise development; and
- payment-by-results-funded work around employment.

By Year 3, it was clear to us that we were going to need further charitable trust funding, ideally from the same source, to sustain our overall programme and build on what we had learned in the first 3 years. Unfortunately, our Year 3 has coincided with major administrative reorganisation at Big Lottery Fund, and communication has undoubtedly suffered on process issues such as:

- how early we could submit a follow-on bid (we understood a maximum of 6 months before end of programme);
- how long the application process would take (we understood 8 months);
- the extent to which a follow-on bid would be assessed at Stage 1 against the results of the existing programme.

As a result of these misunderstandings, we submitted a hurried bid for follow-on funding before we had completed our programme evaluation and prepared ourselves for a long wait while we worked on the evaluation. We were quite shocked to receive an early rejection at Stage 1.

This rejection has forced us to re-evaluate the sustainability not only of our Bengali Women's Programme but also – in the light of other developments – the sustainability of Hyde Healthy Living Centre as a community building and of Hyde Community Action as an independent charity. This is because over the next 9 months, we face clear threats to our two biggest funding streams and our premises.

Although we have 2 years' funding from the Volunteering Fund and People's Health Trust to develop our peer mentoring service for Bengali women (*Shobar Shoki: Women Supporting Women*), current indications are that there will be no provision for continuation funding when our NHS contract for Community Health Development expires in March 2015. Sometimes it feels as if we are developing a marketable service for a market in which no-one is spending. The local authority's new-found commitment to asset-based community development is unhappily coinciding with having little or no money to spend on anything.

This problem is compounded by our problems around premises, where the potential for "contributions in kind" is rapidly receding. Historically our building has been subsidised by the NHS as a way of addressing entrenched health inequalities, demonstrating a commitment to asset-based community development and enabling the delivery of services (including our own) to the Bengali community.

As a result of NHS restructuring all assets are now assessed on a purely commercial basis, and we have been served with notice that our premises costs will rise from £3,500 to around £20,000 per year.

For the moment, our Sustainability Plan A is to try to interest other charitable trusts in supporting our core work.

Strategic Evaluation

If we zoom out from the trees of operational detail and think about the forest of strategic significance surrounding this Programme, then there are a number of key things that we have learned – or had reinforced – over the last 3 years.

Targeted Work with Bengali Women

Our core community – Bangladeshi women in Central Hyde – experiences triple disadvantage arising from gender, ethnicity and locality. It is often targeted in the plans of for Euro-funded job creation schemes, only to be discarded by the successful bidders in favour of easier targets.

Demographic evidence[2] shows Bangladeshi women remaining at the foot of key equality league tables, with illness rates persistently 10% higher than those for White women and economic activity rates at only 40%, compared with around 80% for White women and 90% for both Bangladeshi and white males. "Non-proficiency in English" impacts very heavily on women in particular, with employment rates dropping to only 34%. Our local neighbourhood ranks within the bottom thousand for multiple deprivation.

There are reasons for this. Cultural traditions mean that young women from rural Sylhet continue to arrive in this country to take part in arranged marriages. They usually speak little or no English, and language is the key underlying barrier. "Continue" is a key word here: this is a moving target, so work needs to be sustained. It cannot be assumed that one or two years on everyone will speak English.

There was always enormous demand and enthusiasm for this Programme locally, in the heart of a major Bengali community. We never had to work that hard to engage people. However, Bengali women can initially be reluctant to travel outside their own areas, and there are other smaller pockets of Bengali population within our borough (in Ashton St Peter's and in the lower end of Newton) that we (and others) have yet to reach effectively.

Most local public services recognise their own difficulty in reaching the Bengali community. They have very few Bengali-speaking staff, and have tended to welcome the opportunity to work with us. Again, we never had to work that hard to engage partners. However, the current period is seeing major job losses and a significant shift of focus to the financial bottom line. Equalities impact assessments have already become a thing of the past. It could be argued that strategic priorities are now adopted primarily for appearance management, and the only real priority is to strip costs from the budget.

Appropriate Funding and Realistic Outcome Measures around Jobs

Bangladeshi women are often identified as a priority group in plans for Euro-funded employment training programmes, only to be discarded by the successful bidders in favour of easier targets. We experienced this first hand in our innocent attempt to work with such a pilot scheme whose web-site stated they were targeting Bangladeshi women in our local authority district,

[2] Census 2011, IMD 2010, ESRC Centre on Dynamics of Ethnicity.

only to find that they had consciously avoided doing this because they saw the literacy barriers as insurmountable.

In a similar vein, we have uncovered significant interest in co-operative working, in the form of either a marketing co-operative or a full workers' co-operative. However, in terms of the prospective levels of financial investment and return, this would be a very high-risk activity for us to undertake based on loan finance. Significant grant investment would be essential.

We feel that the starting point for work in this area would be through an initial dialogue and possibly close partnership-working with an interested funder.

The Need for Real Support for Asset-Based Community Development

We understand that our local Public Health commissioners are very interested in supporting asset-based community development (ABCD), so much so that they are thinking of commissioning a two-year research programme to look into it. The irony of this is that in the intervening two-year period, one of the main current manifestations of an ABCD approach – Hyde Community Action together with its unique Healthy Living Centre – is in danger of going out of existence for financial reasons.

If research programmes are intended to be anything more than a smokescreen for cuts, then there has to be at the very least some transitional funding put in place. We like to think we have learned the lessons of Dr Beeching's destruction of Britain's network of railway tracks. It makes no sense at all to permit the destruction of community assets, especially when you are just starting to think about creating them.

Conclusions & Next Steps

We believe this Programme has been a major success.

- We have exceeded expectations in terms of beneficiaries reached.
- We have met expectations in terms of our health and well-being outcomes.
- We have underachieved against our jobs and training outcomes, but have been at pains to explore the reasons for this and draw conclusions, both for ourselves and others.
- We have met expectations in terms of our outcomes around access to services and community cohesion.
- We have greatly exceeded expectations in terms of community involvement and influence.

We have sought to maximise our organisational learning from the Programme, as evidenced by the reflective, and at times self-critical, nature of this report. This learning is set out in detail in our process evaluation.

We have identified some strategic issues which we think should be of interest to funders and other stakeholders.

We feel our next steps are fairly clear:

- Seek a funding partner to continue our Bengali Women's Programme.
- Redesign outcomes and/or activities around jobs and training.
- Extend our geographical reach across Tameside.
- Adopt a new approach to child-care, probably through co-delivery with local children's centres.
- Battle to save the Healthy Living Centre.
- Continue to assess risk and develop contingency plans.

Appendix 1: The Volunteer and Staff Team

The key workers are:

- Rehana Begum (Programme Coordinator); and
- Hasina Khanom (Community Development Worker).

During the Programme's third and final year, two additional workers were appointed on temporary contracts: Shammi Ahmed (Project Support) and Paul Deaville (Database Administration).

Volunteering support has come from: LIST TO FOLLOW

Appendix 2: Performance Evaluation Methodology

The Process

We have set out the history of our approach to evaluation in the Process Evaluation section of the main report. In the event we opted for a very simple evidence-gathering process.

We gathered the information in this report from two main sources:
- semi-structured interviews with service users (mainly by telephone);
- purposive focus groups to explore specific issues.

The questions asked in the survey interviews were:

Q1 Since being involved with the project are you happier about yourself?
Q2 By doing volunteering/training with HCA have your knowledge/skills increased?
Q3 By doing volunteering/training have you felt more able to find or apply for jobs?
Q4 Have you been able to access more courses?
Q5 Since being involved with the project have you made new friends/know more people?
Q6 Since being involved with the project have you met people from different backgrounds?
Q7 Since being involved in the project have you accessed services more?
Q8 Do you feel more able to influence your local community?
Q9 Are you more involved in the area you live in?
Q10 Overall has your confidence increased as a result of being involved in the project?
Q11 Has the project helped you to make better decisions that affect your life?

We linked these questions to the outcomes as follows:
- Outcome 1: questions 1, 10
- Outcome 2: questions 2, 3, 4
- Outcome 3: questions 5, 6, 7
- Outcome 4: questions 8, 9

We decided not to use question 11, as there had been differing interpretations of what it related to.

The quantitative evaluation results are based on a sample of 141 service users surveyed, representing around 70% of the target group and 60% of the people reached by the Programme. The sampling approach was essential, given the large number of people reached, and the fact that relatively few of them had the literacy levels necessary to complete survey forms.

Validity and Reliability

The questions were posed specifically in relation to the impact of this Programme. Some questions drafted by the lead evaluator were reworded at the suggestion of the interviewers to make them easier to communicate clearly within Bengali language and culture. For example, we chose happiness rather than mental health and wellbeing as a more easily understood and broadly equivalent concept.

Overall, we are confident that the survey results are valid.

We do however acknowledge a reliability problem arising from the survey sample. This was not entirely a random sample. It consisted of the

beneficiaries we were able to contact in the time available, so there may well be some sample distortion. We have therefore discounted our results by 10% in relation to Outcomes 1 to 3. In the case of Outcome 4 (where there was probably a greater danger of sample distortion), it was clear that we had exceeded our absolute target even from within this limited sample, so rather than discounting we simply treated the result as our minimum success rate.

Where there was more than one measure for the same outcome, we calculated a mean success rate.

Appendix 3: Consultation with Mohilar Asha, 25/2/14

Participants: 24 Bengali Women, aged 30 – 56, all unemployed (except 1)

What would you personally most like to achieve in the next 3 years? Thinking back over the Bengali Women's Programme, what have you found most useful? Was there anything that was disappointing?

Women told us they wanted to:

- Improve English speaking, reading – provide longer class
- Get a job/employment opportunities
- Confidence to access services and activities
- Health improvement
- Able to work to improve my community
- Move on and make space for next intake (local centre is vital)
- Learn vocational skills (e.g. Advanced IT)
- Bespoke volunteer Programme
- Running a community group/ charity – understand funding procedures

What should we KEEP, IMPROVE, START, STOP?

Keep:	**Improve:**
-School of participation -Arts & crafts -Confidence building -Accredited training	-CV & employment support -adaptability of childcare – more flexible -Basic Computer Course – higher level -ESOL – longer sessions, higher levels -Volunteering Programme – have bespoke training to develop in roles -Accessing other services/visits – want more -Help to set up own business – knowledge -Community Events – women want to engage in planning stages
Start: -Put crèche on for activities	**Stop:** -There was nothing that was highlighted that the women felt should be discontinued

Should we extend the Programme to other target groups or other areas?

- 'Yes, it would benefit us and provide us with more opportunities to learn, develop and integrate'
- Keep focus on women, but engage men in community events to showcase our skills and achievements

We found that women valued the current programme that the Bengali women's project offered, which provided a lot of their needs in terms of skills, training, confidence and support. They would like the continuous support for them to develop further and to allow for other women to start accessing. Having a local visible presence is very important; women know that they can come to HCA for advice and help.

Appendix 4: Focus Group on Jobs & Training, 10/6/14

Context

Monitoring results suggest that the Bengali Women's Programme has been less successful in progressing beneficiaries towards jobs and further training than it has in other respects. Why might this be?

Finding a Job

Reasons identified, in clear order of importance:

- Lack of skills, qualifications and experience, particularly English-speaking skills, but also I.T. skills. Without the basic literacy and IT skills they cannot do online job searching so cannot make effective use of the Jobcentre, where there is no support.
- Lack of suitable jobs locally in Hyde and lack of home-working opportunities, this issue being linked to domestic responsibilities. Suitability would include mixed-gender working, but not working in a pub or handling alcohol, or somewhere with a restrictive dress code, i.e. where head-scarf and burqa were not permitted.

There was an emphatic view that Bengali women were actively interested in finding paid work, and there were no attitudinal barriers or major restrictions to this within their families or community.

Going On to Mainstream Courses

Reasons identified, in no particular order of importance:

- Lack of extra support, in finding out about courses (translation), communicating with Colleges and getting settled onto a course (interpretation).
- The time and cost of travelling to Ashton, which is where most course opportunities appear to be. The time issue is linked to domestic responsibilities.
- Waiting lists for ESOL and IT courses, particularly locally at Hyde Clarendon.
- Course fees of £300 (payable in full if husbands are working).

What Is Most Valued in the Current Programme

- Training, especially local ESOL courses.
- Opportunities to volunteer, especially in positions of responsibility, were identified as especially valuable in enabling people to gain work experience.
- The proactive approach to engaging people and keeping them informed.

General comments included:

- For women new to the UK, HCA is like the nursery. Without HCA how can they progress up the educational ladder?
- A month's learning at HCA is concentrated - worth a year anywhere else.

What New Issues should we address in a Future Programme?

Two key issues were identified:

- ❖ Training courses in ESOL and IT at Levels 1 and 2, possibly supplemented by opportunities to practise skills in these areas. It was noted that often the only regular opportunity for Bengali women to speak English casually is with their children, but this conflicts with their desire for their children to grow up bi-lingual and retain their Bengali cultural links.
- ❖ Support for home-working. There were two potential issues here:
- Support to develop craft skills to the level where the product is commercially saleable.
- Support to develop a business, possibly as part of a co-operative, that is able to market its products or services effectively to a customer base.

Facilitator's Reflections

The key things that I learned from this session are:

A. Bengali women clearly want to advance their education and find work, so HCA's under-achievement in these areas cannot be attributed to setting the wrong goals. HCA just needs to find more effective ways to deliver.

B. Language is a key issue throughout. Cultural and attitudinal barriers are largely insignificant.

C. Although domestic responsibilities were mentioned, child-care was not identified as an issue per se.[3] Possible diverse conclusions are (a) there is no demand for child-care; (b) once culturally-appropriate child-care is available, this will have a major impact on attitudes and availability to work.

D. Although nearly everything is subject to funding and resources, most of the issues are potentially within our power to address, given the collaboration of key partners such as the colleges. If we define success as people actively seeking work or undertaking further training, this should be within HCA's power to achieve. However, actual progression into jobs would be much more of a hostage to fortune, i.e. employer attitudes are a factor outside HCA's control.

E. The project team is right to identify the potential loss of volunteering opportunities as a major issue.

F. Although it would be a major project in its own right, there is probably significant interest in developing a workers' cooperative of some kind, perhaps along the lines of the Tanzeem Cooperative in Rochdale.

[3] Time did not permit us to explore this issue further.

Hyde Community Action

Evaluation Report

Shok-Lohr-Shiq-Kah: Everybody's Learning

Bengali Women's Programme 2011-14

June 2014

Before, I was my son's mother and my husband's wife.

After coming here I found my own name.

Contents

Introduction

This evaluation report is about a three-year programme of work (2011-14) with Bengali[1] women in Hyde delivered by Hyde Community Action.

The report is partly for our own consumption but more importantly for our key stakeholders:

- our volunteers and other service users;
- our partner agencies;
- the funder of our Programme – Big Lottery Fund;
- potential future funders and others with an interest in our work.

The purposes of the report are:

- to show what we have done with the money we were granted;
- to identify what we have learned in the process;
- to reflect on the broader significance of our work; and
- to inform discussions with funders and partners on potential future work.

These purposes are reflected in the structure of the main report. For those with an interest in our methodology, we have appended details of how we carried out our performance evaluation.

The report has been written (with support from project staff, volunteers and other service users) by Rick Gwilt, who has been acting as our Interim Chief Officer during Years 2 and 3 of the Programme. Although Rick was not directly involved in operational management of the Programme, this is essentially an internal evaluation by a team that believes in applying a critical eye to its own work.

The report aims to be honest, instructive and useful, openly addressing things we may have "got wrong" as well as things we might wish to boast about.

At the time of writing, we are actively seeking new funding to continue key aspects of the Programme as well as introducing new elements.

Finally, we would like to give special thanks to our volunteers Rumena Sultana and Taslima Rafique, for the many hours they put into gathering evidence for this evaluation report.

Anisha Aktar, Jusna Begum, Alex Farrlley, Caroline Gregory, Norma Robinson, Ian Young

(Board of Trustees)

June 2014

[1] The terms Bengali and Bangladeshi are used interchangeably in this report. We use "Bengali" in daily life, but recognise that "Bangladeshi" is the official demographic term.

A Brief Case Study

HK lives a few miles from Hyde. She came to England in 1988. She knew no-one locally other than her in-laws and stayed at home, bored and watching television, until she became too depressed. "I felt like I was in a black bin."

In 2014, she heard about us by word-of-mouth. We visited her at home, supporting her to come out of her house, use public transport and enrol on an ESOL course.

"When I started doing ESOL, it was like I started nursery, but I want to go on to high school. Now all my family – even my grand-children – have seen my potential and are helping me to achieve. I feel so happy that I can now do things with the children. What I have learnt in a month is equivalent to learning for a year. I feel proud now of every little thing I do.

"I used to have a lot of sadness in my life. I felt isolated too. Now I don't feel like that at all. I made so many friends and I feel as if we have known each other for ages. I used to be scared before to use public transport but now I even have the confidence to get on the train and go where I can! I can order my own medicines and make my own appointments.

"There are a lot of people like me, even if they do not have the courage to express it. This service must stay!"

Executive Summary

Hyde (in Tameside, Greater Manchester) is home to one of the largest Bengali communities in Britain. Many young women from rural Sylhet with little English or formal education still arrive to take part in arranged marriages.

Hyde Community Action received a grant from the Big Lottery Fund to run a three-year capacity-building programme with Bengali women during 2011-14.

The Programme has proved highly popular and successful:

- ❖ Reaching 216 different women (8% above target).
- ❖ Meeting its outcome targets around improved health and well-being, access to public services and community cohesion.
- ❖ Achieving partial success around jobs and training, whist identifying key lessons around language learning and child-care.
- ❖ Greatly exceeding outcome targets around participation and influence.
- ❖ Developing a pool of over 40 volunteers and generating voluntary work worth over £20,000 per year.
- ❖ Winning an award for its volunteer involvement work and becoming one of only 25 organisations nationally to secure local funding from the Volunteering Fund in 2013.
- ❖ Developing the capacity to deliver community research and cultural awareness training.

A self-critical process review identifies useful learning around:

- Volunteer management.
- Child-care.
- Evaluation.
- Budgeting.

Although there is a clear continuing need for this work, funding regimes for work around employment and training fail to take full account of the barriers faced by Bengali women, and other agencies tend to choose easier targets.

As a charity driven by Bengali women, Hyde Community Action is both compelled and uniquely placed to deliver this work. However, financial sustainability is problematic.

Whilst the public sector is clearly attracted to the idea of asset-based community development, investment plans appear to be on hold due to an overriding commitment to making swingeing budget cuts. Rather like heaven, everyone likes the idea but no-one wants to go there right now.

Hyde Community Action is currently fighting on two fronts:

- to secure a funding partner to sustain and develop its unique Bengali Women's Programme and Healthy Living Centre; and
- to secure sufficient overall funding to sustain its existence as an independent local charity.

Background

Hyde Community Action exists to challenge inequalities in health and well-being and to help people to develop their potential and support each other. We do this partly by delivering our own services and partly through partnership with others.

We are based in the heart of a mixed English-Bangladeshi community, where many young women from rural Sylhet with little English or formal education still arrive to take part in arranged marriages.

We started life in 2003 as the Asian Healthy Living Project - a partnership project funded by the New Opportunities Fund and led by the local Primary Care Trust. We set out to address health inequalities in the local community, establishing a Healthy Living Centre along the way.

After the Project was transformed into an independent charity (HCA) in 2007, the work continued to develop in the form of a Community Health Development Programme funded by an NHS service contract from April 2008.

It soon became clear that the limited resources available through this Programme alone would not allow HCA to address the full range of social exclusion issues affecting Bangladeshi women, so HCA sought other funding and eventually secured funding worth around £80,000 per year over 3 years from the Big Lottery Fund to champion the interests of Bangladeshi women.

The agreed project outcomes were:

1. By the end of year three 200 Bangladeshi women will report that their mental health and well being has improved as a direct result of the project.
2. By the end of the project 200 Bangladeshi women will report an increase in knowledge and skills and employability as a result of the volunteering and educational placements provided by the project.
3. Over the life of the project 85% of Bangladeshi women will report improved access to mainstream services resulting in reduced isolation and improved relationships with people from different backgrounds.
4. Each year of the project 20 Bangladeshi women will report increased confidence leading to an increase in their influence and participation over decisions that affect their lives.

The Programme started in September 2011 and has relied for most of its duration on two bi-lingual key workers and a growing band of trusted community volunteers (see Appendix 1). The key workers throughout have been:

- Rehana Begum (Programme Coordinator); and
- Hasina Khanom (initially Community Development Trainee, later promoted to Community Development Worker).

Review of Activities

Outcome 1: Mental health and well being

We identified social isolation as a key underlying issue, and focused on creating a wide range of opportunities for social interaction, e.g.

- volunteer celebrations;
- traditional arts & crafts activity;
- food preparation and sharing;
- local excursions to the park and occasional longer-distance trips;
- stalls at community festivals and other events;
- walking buses to activities and events;
- inter-generational henna workshops;
- half-term and school holiday family activity, e.g. story-telling, outdoor play;
- visits to other community groups and services;
- International Women's Day events.

Outcome 2: Knowledge, skills and employability

We identified lack of English, lack of basic education and child-care responsibilities as key underlying issues, and focused on creating a wide range of training and volunteering opportunities, with child-care and (where appropriate) interpreter support. Training included:

- English for Speakers of Other Languages (ESOL);
- introduction to computing;
- confidence-building / preparation for volunteering;
- first aid, food hygiene and nutrition;
- craft skills (garments, cards, embroidery);
- expert patient roles, including cancer and oral health;
- horticulture;
- preparing to teach in the lifelong learning sector (PTLLS);
- health walk and physical exercise leadership;
- interpreting skills;
- counselling skills;
- community research skills;
- enterprise skills.

Volunteer roles included:

- administrative support (10 volunteers, / 260 hours per year by Year 3);
- session helper (19 / 570);
- health walk leader (3 / 102);
- health walk support (1 / 16);
- course facilitator (7 / 492);
- event helper (34 / 350);
- half-term play activity leader (2 / 40);
- half-term play activity helper (3 / 14);
- participatory appraisal researchers (10 / 200);
- outreach and community engagement work (2 / 25);
- trustee (6 / 140);
- buddying and mentoring (5 / 10);
- language support (2 / 10).

Outcome 3: Access to services & community cohesion

Tackling social isolation was a theme that cut across Outcomes 1 and 3, so some of the activities listed above will apply here, particularly visits to other community groups and services. Travel training – support in using bus and train to travel beyond the local neighbourhood – was also a key activity.

Work on this theme centred on auditing patterns of service access and development of partnership working. We forged significant partnerships with:

- Greenfield Primary School (initial co-location, co-delivered holiday play);
- ACE Girls group (co-delivered inter-generational work);
- Adullam Homes (co-delivered advice surgeries);
- Tameside Council Youth & Family Service (co-delivered advice, play);
- Hyde Team (BME drop in surgeries & half term activities 2012);
- Greater Manchester Fire & Rescue Service and Mohilar Asha Women's Group (co-delivery of International Women's Day);
- Home Start (co-delivery of volunteer mentor scheme for Bengali parents);
- Community & Voluntary Action Tameside (co-delivery of School of Participation);
- Hyde Bangladeshi Welfare Association (co-delivery of computing classes);
- Greater Manchester Police (co-delivered advice surgeries);
- Volunteer Centre Tameside (training, organisation development support);
- Tameside College (training);
- Mind (co-delivery of horticulture and counselling courses);
- Off the Record (co-delivery of counselling course);
- Hyde Town Centre Team (collaboration on town centre relaunch).

Outcome 4: Increased influence and participation

The themes under this outcome covered a spectrum not unlike the classic Arnstein ladder of participation, i.e. ranging from giving information, through various forms of indirect influence, to positions of direct control:

- confidence-building training in public speaking etc.;
- more specific training in being a community representative or organiser (using the School of Participation model);
- training in community research (participatory appraisal model);
- attending a devolved spending forum for small grants;
- visits to the local authority's district assembly;
- making a public art (wood carving) contribution to town centre re-launch;
- participation in public-service ambassador roles on issues ranging from tobacco-chewing to alley-gating;
- self-directed activity, e.g. first aid, henna and embroidery workshops, International Women's Day Steering Group, coordinating events and trips.

Supporting Activity: Translation and Interpretation

We provided interpreters for training sessions (except ESOL), but not for group activity, where an informal mix of Bengali and English was used.

There was little call for translation of written materials, as participants generally either read English or did not read at all.

Supporting Activity: Child-care

We had identified from early on that many service-users had young children and that child-care responsibilities were a potential barrier to participation.

At various stages we attempted several different approaches to child-care:

- employing our own crèche workers;
- negotiating places with a local commercial day nursery;
- encouraging participants to make their own child-minding arrangements.

Sample Case Studies (Abbreviated)

RB was going to college whilst looking for ways to use her free time to enhance her skills. She now works with young people in Manchester. “HCA enabled me to gain the confidence and self-belief to use my talents to benefit the wider community. Volunteering has taught me that I am able to try new things and reach for my dreams knowing that with hard work, dedication and commitment I can achieve better.”

SA was from Hyde originally but went to Bangladesh for 6 years. She now works in the local community. “I had lost touch with the community when I came back, but HCA helped me to get involved again. They built up my confidence through courses and volunteering, getting involved with different people. They helped me with job applications, preparing for interviews an references. Now I feel good. I have two part-time jobs and I am not on JSA any more.”

RB progressed with HCA from basic English classes through other training and volunteering to finding paid work in a local shop. “HCA encouraged me and believed in me. I was scared at first but now I believe if I try I can overcome. I have gained the confidence to sort my problems out myself. I was shy before but now I can speak to loads of different people. I love coming here, I feel valued and respected.”

JB had problems at home and became depressed. “My confidence was low and I had no help. I was isolated and lost. HCA staff supported me a lot, talking to me, getting me to meetings, helping me to be organised, helping me to learn and speak to other people outside the Bengali community, doing room bookings, using computers, filing, creating handouts, making me think from other people’s viewpoint as learners. Since being involved I feel I have become the confident person that I was once! HCA helped me to get there with all the one to one support and just having the belief in me that I can achieve and I can be confident again. It was a stress relief coming here as everyone was friendly and welcoming – I found myself again! “

LC had no work or contact with services or community involvement before coming to HCA. “By giving me different roles and responsibilities, HCA has helped me build my confidence and my communication and organisational skills, taught me how to share and teach my skills to others. HCA has given me the will-power to do something in life, so I no longer feel depressed about not doing anything in my life. Now I have set up my own beauty and accessories business – hijab, mehndi, hair styling, fruit and veg carving.”

RS heard about HCA through her children’s school and became an active volunteer. “I was a house wife before. I didn’t do anything outside of the family. There was nothing exciting in my life. If I was thinking about myself I saw that I was doing everything for everyone but not anything for myself. I’ve always wanted to do something but I didn’t know where to start.” She is now an experienced community researcher and advice support worker. “I feel like I have got a voice of my own. I know I am getting ready to apply for jobs now. I can now drive. I have found my own identity. Before, I was my son’s mother and my husband’s wife. After coming here I found my own name.”

Performance Evaluation

Outcome 1: Mental health and well being

By the end of year three 200 Bangladeshi women will report that their mental health and well being has improved as a direct result of the project.

OUTCOME 1	
Target number of beneficiaries	200
Actual number of beneficiaries	230
Project reach against target	**115%**
Discounting for sample distortion	10%
Discounted beneficiary numbers	207
Survey sample size	141
Measure 1: improved happiness	141
Sample performance against outcome measure	**100%**
Measure 2: increased confidence	140
Sample performance against outcome measure	**99%**
Sample mean performance against outcome measures	**100%**
Number of beneficiaries where outcome achieved	207
Success rate against target (discounted)	**104%**

Given that we have spent the last three years with a building full of obviously very happy people, we felt this result came as little surprise and required little interrogation or explanation. We always knew that our target group was seeking an escape from social isolation, and so it proved.

Outcome 2: Knowledge, skills and employability

By the end of the project 200 Bangladeshi women will report an increase in knowledge and skills and employability as a result of the volunteering and educational placements provided by the project.

OUTCOME 2	
Target number of beneficiaries	200
Actual number of beneficiaries	216
Project reach against target	**108%**
Discounting for sample distortion	10%
Discounted beneficiary numbers	194
Survey sample size	141
Measure 1: increase in knowledge and skills	140
Level of achievement: measure 1	**99%**
Measure 2: more able to find or apply for jobs	103
Level of achievement: measure 2	**73%**
Measure 3: able to access further training	90
Level of achievement: measure 2	**64%**
Sample mean performance against outcome measures	**79%**
Number of beneficiaries where outcome achieved	153
Success rate against target (discounted)	**77%**

Even though we had originally framed this target in relatively soft terms, it remained our one area of significant under-achievement. We reviewed the possible reasons for this, initially at a small focus group session (appended), made up of service users reporting negative outcomes in this area.

There was a unanimous view that:

- Bengali women do want to undertake further training and find paid work;
- lack of language skills is the most important barrier; and
- cultural inhibitions about working in a mixed-gender environment are *not* a significant barrier to entry into the jobs market, although there may be unchallenged assumptions about women's domestic roles.

Our subsequent reflections as a team were that:

- We needed to retain our commitment to addressing this issue, but we also needed a clearer theory of change linking outcomes, targets and activities.
- We had described our intended outcome in such a way that it was unclear what we would regard as success. In future, we should make an explicit choice between the various outcome levels available and ensure that our outcome definition is unambiguous.
- We had set an unrealistically high target for this outcome, the figure of 200 being identical that for Outcome 1 around well-being. Outcomes around employment were always likely to be much more challenging with our target group, and a target figure half of that for Outcome 1 would have been more appropriate.
- We probably needed to give greater conscious priority to areas like ESOL progression, external volunteering and other opportunities for informal conversation practice and interaction with English-speakers.

Outcome 3: Access to mainstream services, community cohesion

Over the life of the project 85% of Bangladeshi women will report improved access to mainstream services resulting in reduced isolation and improved relationships with people from different backgrounds.

OUTCOME 3	
Target level of success	85%
Survey sample size	141
Measure 1: improved access to services	129
Level of achievement: measure 1	**91%**
Measure 2: reduced isolation	137
Level of achievement: measure 2	**97%**
Measure 3: contact with people of different backgrounds	128
Level of achievement: measure 3	**91%**
Sample mean performance against outcome measures	**93%**
Performance against target	**110%**
Discounting for sample distortion	10%
Success rate against target (discounted)	**99%**

One of our greatest achievements was probably to extend the local horizons of our service users beyond their immediate neighbourhoods. Prior to this Programme, although they had probably flown at least once between the UK and Bangladesh, they had made little use of local public transport and rarely if ever travelled further than walking distance without access to a lift or a taxi.

Again, the success rates in this area reflected the hard work put in by ourselves and our partners, fully confirming our expectations.

Outcome 4: Influence and participation

Each year of the project 20 Bangladeshi women will report increased confidence leading to an increase in their influence and participation over decisions that affect their lives.

OUTCOME 4	
Target number of beneficiaries	60
Actual number of beneficiaries	144
Level of achievement: project reach	240%
Survey sample size	141
Measure 1: greater involvement in local area	136
Level of achievement: measure 1	**96%**
Measure 2: increased influence on local issues	117
Level of achievement: measure 2	**83%**
Sample mean performance against outcome measures	**90%**
Number of beneficiaries within sample with positive outcome	129
Minimum success rate against target	**215%**

There is an interesting story behind our clear over-achievement in this area.

Initially we were a little slow to make progress, perhaps slightly underwhelmed by our visits to the local authority's district assembly and wondering if we had created a hostage to fortune in trying to empower people within structures where the real power remains so stubbornly centralised. In the face of budget cuts, opportunities for political influence appear to be in rapid retreat.

However, it gradually dawned on us that we did have the power to cut to more direct forms of engagement, with people working directly on local issues through voluntary action and community governance roles. Making steady advances in this area allowed us to start exploring new areas in Year 3, particularly the potential to influence health policy through Healthwatch and Patient Participation Groups, although this is still a work in progress, and the jury is still out, as they say.

Unplanned Outcomes: Community Research & Cultural Awareness

Although we made limited use of Participatory Appraisal techniques in our simplified internal evaluation process, the skills we acquired (supported by the handbook we compiled) give us valuable capacity to conduct future community research.

Our partnerships with other agencies to promote Bengali women's access to services led to a demand for cultural awareness training, and we successfully delivered a pilot course to staff and volunteers at Mind (Tameside, Oldham & Glossop). As a secular organisation rooted in the Bengali community, we see potential to meet a gap in the market, for two reasons:

- the key issues for services seeking to engage with the Bengali community are, on the whole, better understood in cultural rather than religious terms;
- most awareness courses tend to be driven from a religious perspective, which can be a barrier to objectivity.

Process Evaluation: Organisational Learning

Service User Engagement

This was never a problem area for us, in the sense that the Programme was working close to capacity from its early weeks and our building was regularly buzzing with activity. Our most effective methods were: word-of-mouth publicity; volunteer phone-rounds; and monthly poster and leaflet drops.

If there was a weakness, it was that in practice our catchment area barely extended a mile from our Centre, and there was limited engagement of Bengali Women from Newton and even less from Ashton (St Peter's).

Service users were always ready to enter into discussion around how the programme might develop, and informal focus groups were our favoured method.

Organising Activity

Again, this was never a problem area for us, except in the sense of trying to meet the level of demand with the staffing resources available. Where possible we used our own Centre – a place that Bengali women had already placed their stamp on. But our Centre was sometimes too small or booked up, so we regularly used other venues including Greenfield School, Thornley Medical Centre and Hyde Fire Station.

Partnership Working

Other agencies were usually eager to enter into informal partnerships with us in order to reach a target group which they found hard to reach. Sometimes we encountered administrative thresholds to formal partnership agreements but this did not usually present a major practical problem.

The only disappointment was that our attempts in Year 3 to evaluate and consult on future intentions came at a time when the public sector was suffering a wholesale clear-out of staff.

Volunteer Management

Whilst we feel we developed some very good practice in this area, the level of demand meant there was always a sense of tension between numbers of volunteers and quality of support. Ideally we would have liked to include an element of supported volunteering for those furthest from readiness to work, but staffing resources did not permit this.

Child Care

This was in some ways a problem area. Around 20% of our service users registered child-care needs, and we attempted several different approaches:

- employing our own crèche workers – a useful learning experience, but a heavy drain on staff time and quite an inflexible tool for meeting unpredictable levels of demand;
- negotiating places with a local commercial day nursery – a potential saving on staff time, but it also proved to be an unsuitable arrangement for dealing with unpredictable demand;

- encouraging participants to make their own child-minding arrangements (often through family members) and reclaim the costs – this worked well until such time as it was queried by our internal examiners.

The solution we ended up with was a mixture of this third option (but with more formal accounting arrangements) and the use of mainstream child-minders, as service users gained confidence in the idea of leaving their children with strangers.

However, we remained unconvinced that this gave us the strongest basis for reaching out to parents with young children, given the underlying issues we had identified:

- An initial reluctance on the part of new service users to make use of child-care provided by strangers.
- A continuing preference for child-care either provided directly or arranged by HCA – and perceived as having the HCA stamp of approval.

Arising from this we identified co-delivery of the programme with two local authority children's centres as a way forward that would help us to break down these barriers and encourage a more open attitude to child-care options on the part of our service users.

Monitoring and Evaluation

This was clearly our biggest problem area throughout the life of the programme. It was a significant casualty of the changes at senior management level that affected our organisation during Year 1, when we had four different Chief Officers in the space of 9 months. One result of this was that we failed to appoint external evaluation consultants as originally planned, no effective evaluation framework was put in place during Year 1, and there were misconceptions as to how beneficiary numbers would be counted.

Our discussions at the start of Year 2 highlighted the challenge of measuring individual outcomes for over 200 different beneficiaries, most of whom would probably not be literate in either English or Bengali. We took the view that using recognised survey scales such as Warwick-Edinburgh, as originally envisaged, would be too time-consuming.

An additional problem was that we felt we had made a rod for our own backs by setting some rather woolly outcomes. This was possibly because we'd started with more outcomes than the funder wanted and we'd ended up compositing one or two of them. Whatever the reason, the upshot was that we would not be able to use a single measure of success against each outcome.

We briefly considered negotiating revised outcomes and targets with Big Lottery Fund (there was a clear procedure for doing this), but as we acknowledged both the existence of the community demand and our own desire to meet it, we did not pursue this idea. Instead we looked to find different ways to gather feedback. Even with hindsight, we remain unsure whether this was the right decision or not. We would welcome feedback from Big Lottery Fund on this.

What we are sure of is that in future we will ensure that each of our outcomes is defined clearly and simply, so we know exactly what we are intending to

measure. We will also set outcomes with one eye on the recognised scales available and where appropriate match them up.

In the event we opted for trying to create a volunteer-led community research team, and rather than investing in external evaluation consultants we entered into partnership with Manchester Metropolitan University to deliver a major training programme in participatory appraisal techniques. Whilst the course was well-delivered and valuable in its own right for those who took part, it turned out to be of debatable value in relation to our specific purpose. The course became a project within itself, absorbing large amounts of staff time, and the return in terms of project monitoring and evaluation was fairly modest. Overall, we would probably judge this with hindsight to be a diversion, which meant that we did not fully get to grips with project evaluation until well into Year 3.

It was not until the final 6 months of the programme that we finally acknowledged that we were not going to be able gather feedback from all the people we had reached and we then reached agreement with our funder to use sample monitoring of about 2/3 of our total beneficiary base. We very much regretted not asking this question earlier!

The other problem we had was that we had decided to buy into the CiviCRM online database with linked web-site, hosted by Greater Manchester Centre for Voluntary Organisation. In practice, although we made increasing use of our web-site, we found the database very difficult and time-consuming to use. In practice we tended to use Excel to analyse the numbers we were reaching, but this did not allow us to carry out detailed tracking of individuals against outcomes measures. We were on the point of pulling out of our database contract 15 months into the Programme, but were persuaded to stay in for a further year, redesigning the database and undertaking further training. It was only when we appointed Paul Deaville as temporary Database Administrator in Year 3 that we made a conclusive assessment that this highly elaborate database was not fit for our purposes. We were perhaps fortunate to have been able to appoint someone of Paul's calibre (as a former I.T. teacher) to this role.

Within days we had designed our own database using Access, and started intensive tracking of individual outcomes through a monitoring team made up of a temporary Project Support Worker (Shammi Ahmed) and a key volunteer (Rumena Sultana).

Whilst we are very pleased with the results of our crash monitoring programme over the middle 6 months of Year 3, we are conscious that this was all happening very late in the day, which in turn meant that we were carrying out our final project evaluation and submitting bids for follow-on funding much later than intended.

The combination of setting ourselves such demanding outcome targets, and our subsequent long struggle to develop a monitoring and evaluation framework that was fit for purpose, resulted in a number of possible missed opportunities, when viewed with hindsight. For example:

- We might have built in some in-depth tracking of our service users' experience around some key issues that we wished to illuminate, such as child care or entry into the jobs.
- We might have attempted a more ambitious overall evaluation exercise, including some form of bench-marking against practice elsewhere and some formal attempt to quantify social impact.

Financial Resources

We can have no complaints about the level of funding provided by Big Lottery Fund. Overall, we found Big Lottery Fund a generous and supportive funder.

With hindsight, we probably got the balance wrong between staffing and non-staffing costs in our original bid. Staff members were constantly working to capacity and beyond to meet the demands on their time, whilst we were under-spending mainly on non-staffing costs throughout the Programme.

Although this became apparent after Year One, our understanding (which later transpired to be not strictly true) was that the funder would not permit the switching of resources between staffing and non-staffing costs until the final year of the Programme, so we did not start to remedy this until the start of Year 3. There were further delays as we failed in our first attempt to recruit a bi-lingual data administrator. We solved the problem by splitting the post, but by the time we filled the new roles the Programme had only 8-9 months to run.

Some of the reasons for under-spending on non-staffing costs were:
- whilst child-care can be expensive, take-up levels are always hard to predict, and in practice take-up was lower than expected;
- our partnership approach frequently leads to opportunities for co-delivery of training where we are not paying for the tutor;
- we found that our service users tended to be literate either in both English and Bengali or in neither language, so there was little demand for translation of written materials;
- nearly all our volunteers turned out to live within walking distance of our Centre, so this also reduced volunteer costs;
- due to a combination of factors, as noted earlier, we did not appoint external evaluation consultants as originally planned.

Paid Staff

This Programme has benefited strongly from our pre-existing "grow your own" approach to community leadership.

Our Programme Coordinator, Rehana Begum, had worked as a physical activity volunteer with our predecessor Asian Healthy Living Project and had worked for us as a Community Development Worker before being appointed to this new role, which she took on energetically from the start. Rehana has followed management courses to NVQ Level 4 but even more importantly has always had a fearless approach to "learning by doing", essential in a programme that is breaking new ground.

Similarly, our Community Development Trainee, Hasina Khanom, had worked for HCA as a community arts volunteer before being recruited into paid work. Hasina became so proficient in working independently and supporting our

volunteers that we promoted her to Community Development Worker after Year 2.

Our “grow your own” approach has been tempered by an awareness of the need to avoid wishful thinking. When we struggled to recruit a suitable candidate for a bi-lingual data administrator role in Year 3, our unhesitating decision was to redesign the post. Although this meant a further delay, the outcome proved to be the best of both worlds, with Paul Deaville giving us a level of expertise beyond expectations in an enhanced Database Administrator role, and Shammi Ahmed giving us the bi-lingual communication skills we needed in a Support Worker role.

The management model we evolved was based around: monthly team meetings (managers only or full team in alternate months); formal quarterly appraisal reviews; “open door” approach to ad hoc meetings allowing quick resolution of operational issues as they arise.

Volunteering

One of the Programme’s biggest successes has been the response to the new opportunities created for volunteering. We have engaged around 45 volunteers during the course of the Programme. Our pool now stands at around 40, with around 30 active at any given time.

We could have achieved more if we could have found more external volunteering opportunities, but this proved difficult, and ultimately beyond our control. In the event, we were constrained by our staffing capacity to support volunteers within our own work, and the constant pressure to meet demand in this area meant that at times we felt like victims of our own success, even though we tried to maintain a strong focus on progression routes. One thing we learned is that our volunteers have differing expectations in terms of the preferred levels of formality within their volunteering roles, so we cannot try to implement a one-size-fits-all system.

Many of our volunteers have been through our participatory appraisal and school of participation programmes, and taken on key roles such as public service ambassador, advice surgery triage, health walk leader, International Women’s Day organiser, craft workshop leader, and Board member.

During Year 2 (2013), we received a Pride of Tameside award for our work involving volunteers, while early in Year 3 we were awarded a grant from the Volunteering Fund (one of only 25 awards nationally) to develop our *Women Supporting Women* project, which involves Bengali women volunteers delivering peer support around mental health and domestic abuse.

Our broad calculation is that we benefit from around 2000 volunteering hours annually at an average value of £11 per hour, giving an annual value of around £22000.

Premises

One major asset which we may have been in danger of taking for granted until it recently became threatened is our premises, the Hyde Healthy Living Centre. This is a small building (a former doctor’s surgery) that Bengali women have made their own, filling it with their voices and colours, their food and their children, their crafts and their costumes, and above all their

aspirations. In other local community and faith centres where Bengali is spoken, Bengali women are either barred from entry or accustomed to sitting at the back of the room. This building has played a unique role in their lives.

Throughout the life of the Programme, we have had the use of this NHS building at a heavily-subsidised cost – a legacy of the local Primary Care Trust's early commitment to asset-based community development. Sadly, this is all about to change (see below).

Planning for Sustainability: Activities

We have considered sustainability of this work at both activity and programme level. In both cases the key issue is resources, whether money or contributions in kind.

At activity level we have made some progress, for example by:

- supporting volunteers to lead arts and crafts and social group activity;
- supporting volunteers to take up operational roles within our other programmes (Community Health Development, *Shobar Shoki: Women Supporting Women*);
- supporting volunteers to take up operational roles within other local services, for example as public service ambassadors (Council and Fire Service) or as advice assistants (Adullam Homes);
- supporting service users to take up representational roles within other structures (Healthwatch, Patient Participation Groups);
- supporting volunteers to take over responsibility for International Women's Day activities.

We have supplied our service users with contact details for local training providers.

We have plans in place, funded by Oxfam GB, to support the sustainable development of *Mohilar Asha*, an independent Women's Group composed mainly of Bengali women.

Planning for Sustainability: Programme

We have never subscribed to the *Big Society* myth – the idea that community volunteering can be self-sustaining without some continued financial investment. Our best hope has been that a strategic shift in favour of preventive and asset-based work would result in a public-sector market for the sort of work we do. Our recent experience, however, is that there is a growing gulf between policy and practice. It could be argued that the only real public-sector policy currently is to make financial cuts.

Two funding options we have considered and rejected as inappropriate are:

- loan-financed social enterprise development; and
- payment-by-results-funded work around employment.

By Year 3, it was clear to us that we were going to need further charitable trust funding, ideally from the same source, to sustain our overall programme and build on what we had learned in the first 3 years. Unfortunately, our Year 3 has coincided with major administrative reorganisation at Big Lottery Fund, and communication has undoubtedly suffered on process issues such as:

- how early we could submit a follow-on bid (we understood a maximum of 6 months before end of programme);
- how long the application process would take (we understood 8 months);
- the extent to which a follow-on bid would be assessed at Stage 1 against the results of the existing programme.

As a result of these misunderstandings, we submitted a hurried bid for follow-on funding before we had completed our programme evaluation and prepared ourselves for a long wait while we worked on the evaluation. We were quite shocked to receive an early rejection at Stage 1.

This rejection has forced us to re-evaluate the sustainability not only of our Bengali Women's Programme but also – in the light of other developments – the sustainability of Hyde Healthy Living Centre as a community building and of Hyde Community Action as an independent charity. This is because over the next 9 months, we face clear threats to our two biggest funding streams and our premises.

Although we have 2 years' funding from the Volunteering Fund and People's Health Trust to develop our peer mentoring service for Bengali women (*Shobar Shoki: Women Supporting Women*), current indications are that there will be no provision for continuation funding when our NHS contract for Community Health Development expires in March 2015. Sometimes it feels as if we are developing a marketable service for a market in which no-one is spending. The local authority's new-found commitment to asset-based community development is unhappily coinciding with having little or no money to spend on anything.

This problem is compounded by our problems around premises, where the potential for "contributions in kind" is rapidly receding. Historically our building has been subsidised by the NHS as a way of addressing entrenched health inequalities, demonstrating a commitment to asset-based community development and enabling the delivery of services (including our own) to the Bengali community.

As a result of NHS restructuring all assets are now assessed on a purely commercial basis, and we have been served with notice that our premises costs will rise from £3,500 to around £20,000 per year.

For the moment, our Sustainability Plan A is to try to interest other charitable trusts in supporting our core work.

Strategic Evaluation

If we zoom out from the trees of operational detail and think about the forest of strategic significance surrounding this Programme, then there are a number of key things that we have learned – or had reinforced – over the last 3 years.

Targeted Work with Bengali Women

Our core community – Bangladeshi women in Central Hyde – experiences triple disadvantage arising from gender, ethnicity and locality. It is often targeted in the plans of for Euro-funded job creation schemes, only to be discarded by the successful bidders in favour of easier targets.

Demographic evidence[2] shows Bangladeshi women remaining at the foot of key equality league tables, with illness rates persistently 10% higher than those for White women and economic activity rates at only 40%, compared with around 80% for White women and 90% for both Bangladeshi and white males. "Non-proficiency in English" impacts very heavily on women in particular, with employment rates dropping to only 34%. Our local neighbourhood ranks within the bottom thousand for multiple deprivation.

There are reasons for this. Cultural traditions mean that young women from rural Sylhet continue to arrive in this country to take part in arranged marriages. They usually speak little or no English, and language is the key underlying barrier. "Continue" is a key word here: this is a moving target, so work needs to be sustained. It cannot be assumed that one or two years on everyone will speak English.

There was always enormous demand and enthusiasm for this Programme locally, in the heart of a major Bengali community. We never had to work that hard to engage people. However, Bengali women can initially be reluctant to travel outside their own areas, and there are other smaller pockets of Bengali population within our borough (in Ashton St Peter's and in the lower end of Newton) that we (and others) have yet to reach effectively.

Most local public services recognise their own difficulty in reaching the Bengali community. They have very few Bengali-speaking staff, and have tended to welcome the opportunity to work with us. Again, we never had to work that hard to engage partners. However, the current period is seeing major job losses and a significant shift of focus to the financial bottom line. Equalities impact assessments have already become a thing of the past. It could be argued that strategic priorities are now adopted primarily for appearance management, and the only real priority is to strip costs from the budget.

Appropriate Funding and Realistic Outcome Measures around Jobs

Bangladeshi women are often identified as a priority group in plans for Euro-funded employment training programmes, only to be discarded by the successful bidders in favour of easier targets. We experienced this first hand in our innocent attempt to work with such a pilot scheme whose web-site stated they were targeting Bangladeshi women in our local authority district,

[2] Census 2011, IMD 2010, ESRC Centre on Dynamics of Ethnicity.

only to find that they had consciously avoided doing this because they saw the literacy barriers as insurmountable.

In a similar vein, we have uncovered significant interest in co-operative working, in the form of either a marketing co-operative or a full workers' co-operative. However, in terms of the prospective levels of financial investment and return, this would be a very high-risk activity for us to undertake based on loan finance. Significant grant investment would be essential.

We feel that the starting point for work in this area would be through an initial dialogue and possibly close partnership-working with an interested funder.

The Need for Real Support for Asset-Based Community Development

We understand that our local Public Health commissioners are very interested in supporting asset-based community development (ABCD), so much so that they are thinking of commissioning a two-year research programme to look into it. The irony of this is that in the intervening two-year period, one of the main current manifestations of an ABCD approach – Hyde Community Action together with its unique Healthy Living Centre – is in danger of going out of existence for financial reasons.

If research programmes are intended to be anything more than a smokescreen for cuts, then there has to be at the very least some transitional funding put in place. We like to think we have learned the lessons of Dr Beeching's destruction of Britain's network of railway tracks. It makes no sense at all to permit the destruction of community assets, especially when you are just starting to think about creating them.

Conclusions & Next Steps

We believe this Programme has been a major success.

- We have exceeded expectations in terms of beneficiaries reached.
- We have met expectations in terms of our health and well-being outcomes.
- We have underachieved against our jobs and training outcomes, but have been at pains to explore the reasons for this and draw conclusions, both for ourselves and others.
- We have met expectations in terms of our outcomes around access to services and community cohesion.
- We have greatly exceeded expectations in terms of community involvement and influence.

We have sought to maximise our organisational learning from the Programme, as evidenced by the reflective, and at times self-critical, nature of this report. This learning is set out in detail in our process evaluation.

We have identified some strategic issues which we think should be of interest to funders and other stakeholders.

We feel our next steps are fairly clear:

- Seek a funding partner to continue our Bengali Women's Programme.
- Redesign outcomes and/or activities around jobs and training.
- Extend our geographical reach across Tameside.
- Adopt a new approach to child-care, probably through co-delivery with local children's centres.
- Battle to save the Healthy Living Centre.
- Continue to assess risk and develop contingency plans.

Appendix 1: The Volunteer and Staff Team

The key workers are:

- Rehana Begum (Programme Coordinator); and
- Hasina Khanom (Community Development Worker).

During the Programme's third and final year, two additional workers were appointed on temporary contracts: Shammi Ahmed (Project Support) and Paul Deaville (Database Administration).

Volunteering support has come from: LIST TO FOLLOW

Appendix 2: Performance Evaluation Methodology

The Process

We have set out the history of our approach to evaluation in the Process Evaluation section of the main report. In the event we opted for a very simple evidence-gathering process.

We gathered the information in this report from two main sources:
- semi-structured interviews with service users (mainly by telephone);
- purposive focus groups to explore specific issues.

The questions asked in the survey interviews were:

Q1 Since being involved with the project are you happier about yourself?
Q2 By doing volunteering/training with HCA have your knowledge/skills increased?
Q3 By doing volunteering/training have you felt more able to find or apply for jobs?
Q4 Have you been able to access more courses?
Q5 Since being involved with the project have you made new friends/know more people?
Q6 Since being involved with the project have you met people from different backgrounds?
Q7 Since being involved in the project have you accessed services more?
Q8 Do you feel more able to influence your local community?
Q9 Are you more involved in the area you live in?
Q10 Overall has your confidence increased as a result of being involved in the project?
Q11 Has the project helped you to make better decisions that affect your life?

We linked these questions to the outcomes as follows:
- Outcome 1: questions 1, 10
- Outcome 2: questions 2, 3, 4
- Outcome 3: questions 5, 6, 7
- Outcome 4: questions 8, 9

We decided not to use question 11, as there had been differing interpretations of what it related to.

The quantitative evaluation results are based on a sample of 141 service users surveyed, representing around 70% of the target group and 60% of the people reached by the Programme. The sampling approach was essential, given the large number of people reached, and the fact that relatively few of them had the literacy levels necessary to complete survey forms.

Validity and Reliability

The questions were posed specifically in relation to the impact of this Programme. Some questions drafted by the lead evaluator were reworded at the suggestion of the interviewers to make them easier to communicate clearly within Bengali language and culture. For example, we chose happiness rather than mental health and wellbeing as a more easily understood and broadly equivalent concept.

Overall, we are confident that the survey results are valid.

We do however acknowledge a reliability problem arising from the survey sample. This was not entirely a random sample. It consisted of the

beneficiaries we were able to contact in the time available, so there may well be some sample distortion. We have therefore discounted our results by 10% in relation to Outcomes 1 to 3. In the case of Outcome 4 (where there was probably a greater danger of sample distortion), it was clear that we had exceeded our absolute target even from within this limited sample, so rather than discounting we simply treated the result as our minimum success rate.

Where there was more than one measure for the same outcome, we calculated a mean success rate.

Appendix 3: Consultation with Mohilar Asha, 25/2/14

Participants: 24 Bengali Women, aged 30 – 56, all unemployed (except 1)

What would you personally most like to achieve in the next 3 years? Thinking back over the Bengali Women's Programme, what have you found most useful? Was there anything that was disappointing?

Women told us they wanted to:

- Improve English speaking, reading – provide longer class
- Get a job/employment opportunities
- Confidence to access services and activities
- Health improvement
- Able to work to improve my community
- Move on and make space for next intake (local centre is vital)
- Learn vocational skills (e.g. Advanced IT)
- Bespoke volunteer Programme
- Running a community group/ charity – understand funding procedures

What should we KEEP, IMPROVE, START, STOP?

Keep:	**Improve:**
-School of participation -Arts & crafts -Confidence building -Accredited training	-CV & employment support -adaptability of childcare – more flexible -Basic Computer Course – higher level -ESOL – longer sessions, higher levels -Volunteering Programme – have bespoke training to develop in roles -Accessing other services/visits – want more -Help to set up own business – knowledge -Community Events – women want to engage in planning stages
Start: -Put crèche on for activities	**Stop:** -There was nothing that was highlighted that the women felt should be discontinued

Should we extend the Programme to other target groups or other areas?

- 'Yes, it would benefit us and provide us with more opportunities to learn, develop and integrate'
- Keep focus on women, but engage men in community events to showcase our skills and achievements

We found that women valued the current programme that the Bengali women's project offered, which provided a lot of their needs in terms of skills, training, confidence and support. They would like the continuous support for them to develop further and to allow for other women to start accessing. Having a local visible presence is very important; women know that they can come to HCA for advice and help.

Appendix 4: Focus Group on Jobs & Training, 10/6/14

Context

Monitoring results suggest that the Bengali Women's Programme has been less successful in progressing beneficiaries towards jobs and further training than it has in other respects. Why might this be?

Finding a Job

Reasons identified, in clear order of importance:

- Lack of skills, qualifications and experience, particularly English-speaking skills, but also I.T. skills. Without the basic literacy and IT skills they cannot do online job searching so cannot make effective use of the Jobcentre, where there is no support.
- Lack of suitable jobs locally in Hyde and lack of home-working opportunities, this issue being linked to domestic responsibilities. Suitability would include mixed-gender working, but not working in a pub or handling alcohol, or somewhere with a restrictive dress code, i.e. where head-scarf and burqa were not permitted.

There was an emphatic view that Bengali women were actively interested in finding paid work, and there were no attitudinal barriers or major restrictions to this within their families or community.

Going On to Mainstream Courses

Reasons identified, in no particular order of importance:

- Lack of extra support, in finding out about courses (translation), communicating with Colleges and getting settled onto a course (interpretation).
- The time and cost of travelling to Ashton, which is where most course opportunities appear to be. The time issue is linked to domestic responsibilities.
- Waiting lists for ESOL and IT courses, particularly locally at Hyde Clarendon.
- Course fees of £300 (payable in full if husbands are working).

What Is Most Valued in the Current Programme

- Training, especially local ESOL courses.
- Opportunities to volunteer, especially in positions of responsibility, were identified as especially valuable in enabling people to gain work experience.
- The proactive approach to engaging people and keeping them informed.

General comments included:

- For women new to the UK, HCA is like the nursery. Without HCA how can they progress up the educational ladder?
- A month's learning at HCA is concentrated - worth a year anywhere else.

What New Issues should we address in a Future Programme?

Two key issues were identified:

- ❖ Training courses in ESOL and IT at Levels 1 and 2, possibly supplemented by opportunities to practise skills in these areas. It was noted that often the only regular opportunity for Bengali women to speak English casually is with their children, but this conflicts with their desire for their children to grow up bi-lingual and retain their Bengali cultural links.
- ❖ Support for home-working. There were two potential issues here:
- Support to develop craft skills to the level where the product is commercially saleable.
- Support to develop a business, possibly as part of a co-operative, that is able to market its products or services effectively to a customer base.

Facilitator's Reflections

The key things that I learned from this session are:

A. Bengali women clearly want to advance their education and find work, so HCA's under-achievement in these areas cannot be attributed to setting the wrong goals. HCA just needs to find more effective ways to deliver.

B. Language is a key issue throughout. Cultural and attitudinal barriers are largely insignificant.

C. Although domestic responsibilities were mentioned, child-care was not identified as an issue per se.[3] Possible diverse conclusions are (a) there is no demand for child-care; (b) once culturally-appropriate child-care is available, this will have a major impact on attitudes and availability to work.

D. Although nearly everything is subject to funding and resources, most of the issues are potentially within our power to address, given the collaboration of key partners such as the colleges. If we define success as people actively seeking work or undertaking further training, this should be within HCA's power to achieve. However, actual progression into jobs would be much more of a hostage to fortune, i.e. employer attitudes are a factor outside HCA's control.

E. The project team is right to identify the potential loss of volunteering opportunities as a major issue.

F. Although it would be a major project in its own right, there is probably significant interest in developing a workers' cooperative of some kind, perhaps along the lines of the Tanzeem Cooperative in Rochdale.

[3] Time did not permit us to explore this issue further.