Summary report on the evaluation of the first phase of Building a Bridge

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Recommendations:

For the course:
Building a Bridge should be used to signpost students to specialised courses for specific skills for example, IT course, ESOL courses
A reading week should be included in mid-way through the course
Pre course guidance should be improved to enhance the clarity of the aims and content of the course

For the placements:
A 6-8 planning phase for the placement providers would be useful
Placements should include: hands on experience with communities; specific pieces of work for the students to take forward; a clear indication of the skills that will be practices during the placements
Ideally placement providers would like to have a choice of students and students would like to have a choice of placement providers
Placement providers would like to know more about the educational background of students including their English language capacity
Placements should be increased to a one 10 day block or two 5 day blocks

For the steering group
The longer term strategy for building a bridge needs to be considered

Background to the project

The Building a Bridge (BaB) project grew out of a need identified by NHS Greater Glasgow Priority Needs Team which found that it was increasingly difficult to recruit people from black and minority ethnic (BME) backgrounds with suitable training skills or experience in community health to conduct health improvement work in Glasgow.

Glasgow is Scotland’s most diverse city. According to the 2001 census, 5.5 percent of the population of Glasgow City are from BME backgrounds. Pakistanis are the largest BME population in Glasgow, with over 15,000 residents (2.7 percent of the total population).
Glasgow’s BME population is likely to have increased since the census, as from 2001 Glasgow became a destination for asylum seekers and refugees through the National Asylum Support Service.

In 2003, NHS Greater Glasgow published a report from a consultation process involving people from Asian, African, and Caribbean communities, as well as asylum seekers and refugees. One of the key recommendations from the publication *listening to communities: involving people in health* was to build community action skills and capacity within ethnic minority communities to be involved effectively with NHS services.

Another piece of research to note, the *Preliminary health survey of the African Caribbean community in Greater Glasgow*, published in 2004, recommended that the African and Caribbean communities would like better and stronger representation of their needs and that the NHS should employ more people from their communities, especially in health promotion.

In response to growing research evidence and developing policy, NHS Greater Glasgow and Glasgow Health City Partnership developed a project to test some of the concepts that now form the current Building a Bridge project. The concept testing project ran from August 2004 to February 2005, and aimed to build the skills and capacity of up to 15 people from BME and refugee communities through an intensive training programme and work placements, which would prepare participants to become community health facilitators. The concept test was independently evaluated and demonstrated that this was a useful approach to engage BME communities in health promotion work and to build the capacity of the NHS to begin to reach these communities. The learning from this research was used to develop the current project.

In 2005, NHS Greater Glasgow (now NHS Greater Glasgow and Clyde) and Glasgow Healthy City Partnership (now dissolved) successfully put in a proposal to EMPOWER Scotland to gain half of the funding needed for the project from EQUAL to deliver the pilot Building a Bridge project. The project, which is the subject of this evaluation, was designed as two separate strands:

**Phase 1**
A 20-week course to prepare up to 15 students from BME communities to bridge the gap between Glasgow’s BME communities and the NHS, to work on reducing health inequalities among the BME communities.

**Phase 2**
A bimonthly course, delivered over 6 to 7 months to build the capacity of staff and volunteers working in BME organisations in Glasgow to work on the health improvement agenda (the broader determinants of health).

A further output of this project was to develop a new *Access to the NHS module*, to be accredited by the Scottish Qualifications Authority.
The delivery of the project was put out to an open tender in August 2005 and a joint-funding partnership tender from The Wise Group and Reid Kerr College were awarded the contract. The partnership between the Wise Group and Reid Kerr College was specifically developed for submitting the tender. The Wise Group is the lead accountable partner. Both organisations were recognised as having experience in delivering similar programmes to similar target groups. Specifically, Wise Group runs lots of employment related courses and has a good track record of helping people into employment; Reid Kerr College had the experience of having delivered the educational content in the previous concept-testing project.

About the evaluation

The evaluation was commissioned in March 2006, through an open tender, shortly after the first cohort of 14 students embarked on the first Building a Bridge course.

The overall aim of the evaluation is to assess the impact that Building a Bridge has on achieving its aims.

The specific aims are as follows:

- To assess satisfaction of course participants with their learning and work experiences
- To assess the longer-term outcomes of Course 1 on participants’ employment and further education
- To assess the impact of placements on the host organisations
- To understand the challenges faced in organising an running the programme as a whole, and the factors that facilitated successful joint working
- To assess the extent to which there has been increased dialogue between the NHS and BME communities and partnerships with voluntary and community organisations to develop health improvement initiatives within BME communities
- to explore the replicability of the courses
- to report on the process of gaining accreditation for the Access to NHS module

The methodology of the evaluation research is summarised as follows:

- Participatory focus groups with the course participants for both courses:
• at an early stage – to learn what had brought them to the course and to find out what their expectations from the course were (using participatory techniques such as lifelines and post-it ranking exercises)

• towards the end of the course – to assess their satisfaction with their learning and work placements, gather suggestions for improvement, and review to what extent they have achieved what they joined the course to learn (using symbolic representation and target mapping exercises)

• 3 months after the end of the course – to learn what has happened to the participants in terms of employment, volunteering or further education and community involvement in health improvement activities

• face-to-face interviews with a sample of 8 placement providers at the end of the placements or employer

• interviews with 10 members of the project steering group – at the end of the first course and the end of the second course

Results

Recruitment:

Several methods of recruitment to the course were used, these included contacts through the Wise Group, applicants who had expressed an interest in the concept testing, visits to community and voluntary organisations, advertising on Radio Awaz, contacting people on the waiting list for other courses and word of mouth.

There were 26 applicants, of whom 24 were interviewed and 16 people were offered places on the course.

14 participants started the course this included one male and 13 females. The ethnic and national backgrounds of participants were: Pakistani (4), Indian (2), Chinese (4), African (3, including one Burudian and 2 Somalis) and an Iranian (1).

Student Retention and attendance

The project retained all 14 students to the end of course at high attendance rate of 89%.

Student outcomes

The course resulted in positive outcomes for all but 3 students. Specifically, Building a Bridge students went onto the following positions:

• 3 secured full time jobs
• 2 secured voluntary work positions  
• 2 secured places on other courses  
• 1 secured temporary sessional work  
• 2 remained with the same employer  
• 1 remained with the same voluntary organisation, although with a new skill set which had opened new opportunities  
• 3 had not progressed due to family, personal or child care issues

**Student Expectations**

The main expectations from students were:
  • to gain work experience  
  • to get a job  
  • to gain communication skills (in particular improving English)

Feedback at the end of the course indicated the majority of students felt the course met these expectations. Specifically:
  • 8/12 were pleased with their placements  
  • 10/12 students had completed application forms; 6/12 had secured at least one interview and 4/12 had secured new employment  
  • 12/12 felt their communication skills had increased as a result of attending the course

**Course Content**

All students were satisfied with their course and appreciated the lecturers flexibility with assignment and leniency regarding their fluency in English. The best parts of the course were:
  • learning more about health  
  • learning more about health promotion  
  • learning more about the role of the NHS  
  • learning more about communication and presentation skills

Aspects of the course that was valued least were the IT component. The reason for this was students came with a range of skills in IT from highly competent to basic knowledge. It proved difficult to meet the needs of all students given the range of skill level.

The majority of students felt the course was too intensive and that a reading week mid course may help to allow students to catch up on their studies.

One student felt there should be more details at the start regarding exactly what the course is preparing students for.

**Course organisation and providers**

The students were very positive about the skills of the project co-ordinator and practical and pastoral support she gave them.
Placements

The majority of students were positive about their placements. Specific issues that were related to satisfaction with the placements were:

- Hands on experience with black and minority ethnic communities
- Felt included and involved in the work of the placement providers
- Had specific pieces of work students were responsible for

One participant indicated that she had gained employment as a direct result of the experience she had gained in her work experience.

Four students were less satisfied with their placements. The reason why students were less satisfied with their placements were

- There was limited opportunity to gain hands on experience
- Some students felt isolated as placement providers left them to read leaflets for long periods of time

Overall students would prefer a choice of placement and for placements to be longer with a clear indication of the skills that would be practiced.

Other outcomes

Students felt the course had enabled them to meet new people, gain confidence, obtain recent references from placement providers which was useful when applying for jobs,

Recruitment of Placement Providers

Staff from NHSGG&C and the Wise Group used their contacts to recruit agencies that would offer supervised placements to Building a Bridge students. It proved difficult to recruit sufficient number of potential agencies that could offer hands-on work experience. Unfortunately students were allocated placements rather than having the opportunity to choose which placement would suit their needs, experience and interests the best.

Placement providers included:

- 3 NHSGG&C Health Promotion
- 3 NHS Lanarkshire Health Promotion
- 3 NHS primary care organisations
- 4 voluntary and community organisations including Chinese Health Living Centre, Meridian, Epilepsy Connections, Epilepsy Scotland
- 1 at Glasgow City Council Culture and Leisure Services

Views of placement providers

6 of the 8 placement providers that were contacted felt they had sufficient information about their role. Placement providers felt it would be useful to
know the following issues as this would help then tailor the placement to the students needs:

- educational background of the student
- more information on course content
- whether language barriers are likely
- the students interest and expectations from the placement

For NHS placement providers, students arrived at a difficult time when the whole NHS was being reorganised. This affected the overall atmosphere and in some cases the amount of time the providers could spend supporting the students.

6 of the 8 placement providers were please with the work the students undertook.

4 of the 8 providers felt the placements were too short.

Lead in time for placement providers were too short (2 weeks) for some agencies. It more realistic to have 6-8 weeks to prepare for students arrival.

1 placement providers commented that the English language skills of the student were not adequate to allow full engagement with the placement.

**Views of the partnership/steering group**

Many of the steering group commented that set-up issues were difficult at the start of the project. Whilst the individuals on the steering group worked well together there was sometimes a clash of organisational culture.

Whilst the steering group was large (19) in practice only 9 people attended regularly. The large steering group had the benefit of keeping a range of stakeholders from a variety of agencies on board, whilst allowing the key operational stakeholders to meet regularly to push the project forward.

The next step for the steering group was to consider the longer term strategy for the building a bridge project.