

# THE RESEARCH CENTRE

---

CITY COLLEGE NORWICH

**The East of England  
Learning Partnerships  
Health and Lifelong  
Learning Research Project**

**April 2002**

The Research Centre, City College Norwich, Ipswich Road, Norwich, NR2 2LJ

Telephone: 01603 773364

Fax: 01603 773425

# **CONTENTS**

<b>EXECUTIVE SUMMARY</b>	<b>iv</b>
<b>1. INTRODUCTION</b>	<b>1</b>
<b>2. NATIONAL POLICIES AND REGIONAL DEVELOPMENT</b>	<b>4</b>
<b>2.1 National Policies</b>	<b>4</b>
2.1.1 Healthy Living Centres	5
<b>2.2 Regional Development Agencies and Government Offices</b>	<b>7</b>
<b>2.3 East of England Development Agency (EEDA)</b>	<b>8</b>
<b>2.4 East of England Regional and Public Health Observatories</b>	<b>9</b>
<b>3. EAST OF ENGLAND PROJECTS AND PROGRAMMES</b>	<b>11</b>
<b>3.1 Education and training</b>	<b>11</b>
3.1.1 Bridges to Education, Chelmsford, Clacton and Waltham Abbey, North Essex	11
3.1.2 EASIER Project, Anglia Polytechnic University (APU), Essex, Luton, Norfolk, Northampton and Cambridge	12
3.1.3 A project that enables health workers to identify basic skills needs in the Community helping parents to gain further support, Thurrock, Essex	13
3.1.4 Developing on-line and virtual learning experiences for vocational programmes, Norfolk	13
3.1.5 Promoting Public Health Across Hertsmere, Hertsmere Primary Care Trust, Hertfordshire	14
<b>3.2 Youth based Initiatives</b>	<b>15</b>
3.2.1 Shoots for Health, Basildon, South Essex	15
3.2.2 Suffolk County Council Local Health Strategies Beacon Scheme – improving the health of young people, Suffolk	16
3.2.3 The Base London Youth Project, Colney, Hertfordshire	17
<b>3.3 Teenage Pregnancy and Sexual Health</b>	<b>18</b>
3.3.1 GFS Platform Great Yarmouth Young Women’s Project, Norfolk	18
3.3.2 E-Mum (Educating Mothers to Understand Maternity) Project, Norfolk Oxford and Salford	19
3.3.3 Teenage Pregnancy Project, Cambridge and Peterborough, Cambridgeshire	20
<b>3.4 Diet and Nutrition</b>	<b>21</b>
3.4.1 Asian Cookery Club, Luton	21
3.4.2 Infant feeding practices in the British Pakistani (Azad Kashmiri) community, Luton	22

**4. DEVELOPMENT ISSUES AND POINTS FOR CONSIDERATION 24**

**ANNEXES**

**Annexe 1:** National and regional policies and programmes contents 27

## EXECUTIVE SUMMARY

Norfolk Lifelong Learning Partnership approached The Research Centre, City College Norwich, in March 2002, on behalf of the East of England Learning Partnerships to undertake research linking health and lifelong learning. The main aims are to establish health linkages to learning, identify any key organisations and partners the Learning Partnerships should engage with and make recommendations to take forward projects linking these areas. Desk based research gathered information from telephone contacts, the Internet and literature searches.

The report outlines thirteen case studies of local projects within the East of England which have been grouped into four key themes: Education and Training, Youth Based Initiatives, Teenage Pregnancy and Sexual Health as well as Diet and Nutrition. These themes also contain underlying issues such as mental health, disability, ethnicity and basic skills needs. The Annexe details twenty further case studies based on national initiatives located in various parts of the UK.

The Government recognise the significant links between health and lifelong learning as research has found that learning impacts on health improvement, which tends to be worse in deprived areas experiencing deprivation and social exclusion. National policies to tackle health inequalities and educational underachievement involving an integrated partnership approach, have been reviewed with twenty case studies across England, these emphasise the priority the government has placed on these agendas.

Healthy Living Centres, are community-based projects that support national and local health strategies. Their aim is to promote health to every age group, increase length of lives and decrease illnesses concentrating on areas experiencing the worst health in order to reduce the gap with the rest of the country. They have a holistic approach addressing environmental, social and economic issues. Healthy Living Centres in some areas have been found to reduce medication and prescribing, increase service and leisure venue usage, as well as the uptake of secondary care interventions. The innovative approaches help to facilitate change within the community although this may take a long period of time to achieve. The key to their success is the involvement and ownership of the community, partnership working, and a model that integrates well into local policies and practice. The six Healthy Living Centres in the East of England, which vary in focus to meet the needs of their community, have been identified.

Regional development is co-ordinated and managed by Regional Development Agencies (RDA's) and Government Offices (GO's) with various health and lifelong learning priorities such as reducing social exclusion, working in partnership with key organisations. The East of England Development Agency (EEDA) have various funding streams that support these agendas such as a Skills Development Fund and Single Regeneration Budget (SRB). Information on regional activity is disseminated to the public via the East of England Regional and Public Health Observatories, which includes a database of projects that aim to reduce health inequalities.

Thirteen case studies of projects within the East of England have been summarised and incorporate four key areas. Education and Training covers five diverse projects in Essex, Norfolk, Luton, Northampton, Cambridgeshire and Hertfordshire looking at

issues of mental health, disability, basic skills, on-line mentoring and promoting public health for parents, students, professionals and the community. South Essex, Suffolk and Hertfordshire have developed youth based initiatives that promote healthy, safe lifestyles to young people, particularly those in deprived areas and those most at risk. Reducing teenage pregnancy, social exclusion and sexually transmitted infections, and supporting teenage parents has been the focus for three initiatives in Norfolk, Cambridgeshire and Peterborough using peer education, a website and integrated strategies. The Diet and Nutrition projects, The Asian Cookery Club and infant feeding practices in the British Pakistani community, both target the South Asian community in Luton which have high rates of heart disease, diabetes, infant mortality and high suicide rates for women; they aim to promote healthier eating patterns.

Section five explores key points for consideration within each theme explained, our *main recommendations* as a consequence are that Learning Partnerships should:

- Consider how they could positively influence specific groups particularly those at risk of social exclusion.
- Seek to raise awareness about the nature of community services within existing frameworks such as Connexions and by utilising the wealth of expertise of local voluntary sector groups.
- Establish a forum for health and learning issues within each Learning Partnership with a representative from the local Health Authority.
- Seek to promote a public recognition that the 'learning population is a healthy population' as learning increases self-esteem, greater respect for inner well-being and an increased tendency to be generally healthier.

## 1. INTRODUCTION

In March 2002 Norfolk Lifelong Learning Partnership approached The Research Centre, City College Norwich, on behalf of the East of England Learning Partnerships to undertake research linking health and lifelong learning. The primary aims and objectives of the research were:

- To establish health linkages to learning through reference to and analysis of planning documentation from a range of sources and provide an overview of Healthy Living Centres;
- To identify key organisations and partners with which the Learning Partnerships should engage;
- To provide recommendations for future projects and areas which Learning Partnerships could take forward to link the health and lifelong learning agendas and add value/make an impact.

The Research Methodology involved desk based research acquiring information from the Internet, literature search and telephone contacts. The report aims to provide a background of some of the national, regional and local policies and programmes linking health and lifelong learning as a basis for further research. The first section provides a broad overview of the national policy context, the second section outlines the regional government structure and the last section provides an overview of cases of initiatives linking health and lifelong learning. A comprehensive annex offers baseline information to start research into these areas.

### 1.1 Research Context

Important links have been identified between health and lifelong learning as learning has an impact on health improvement, and poor health is often associated to poor levels of education, as the Government's National Strategy for Neighbourhood Renewal indicates (Social Exclusion Unit, 2001).

*"compared with the rest of the country many deprived areas have 30% higher mortality rates; 25% more people with low skills and literacy."*

The Acheson report, an independent inquiry into health inequalities (DoH, 1998) states that mortality, morbidity and years of life lost are worse for people in deprived areas. The report declares that deprived neighbourhoods tend to have low levels of educational achievement, higher crime rates, increased incidences of accidents in the home and high levels of truancy and school exclusion. The Government have recognised the importance of the link between health and learning and has integrated these issues into policies that aim to improve education for communities in order to help tackle health inequalities.

The Government's Green Paper 'The Learning Age' (DfEE, 1998) is a strategy for lifelong learning to meet the challenges and opportunities that individuals, businesses and the nation now face. Lifelong learning is defined in this paper as the continuous development of skills, knowledge and understanding, which they note is essential for employability and fulfilment, they also state that:

*“Learning helps create and sustain our culture, it helps all of us to improve our chances of getting a job and getting on. Learning increases our earning power, helps older people to stay healthy and active, strengthens families and the wider community and encourages independence.”*

There are parts of the community who tend not to participate in education once they have left school such as women with dependent children, ethnic minority groups, older adults, people in rural areas as well as less well educated adults in lower economic, social and occupational strata. The reasons given for non-participation are often multidimensional and include:

- Lack of information about courses;
- Situational Barriers - lack of time, cost, transport, childcare;
- Institutional Barriers -unresponsive educational system, social selection, reference group attitudes and norms such as a perception that learning on a voluntary basis is part of a culture pattern in higher socio-economic groups;
- Dispositional Barriers - attitudes, perceptions and expectations such as being unaware of learning needs, inability to anticipate or control the future, a belief they are too old to learn, perceptions of lack of relevance or inappropriateness, negative experience of school and belief they are unable to learn because of lack of ability (McGivney, 1990).

The Government's NHS White Paper 'Saving Lives: Our Healthier Nation' (DOH, 1999) is an action plan that establishes strong partnerships between individuals, communities and the government to tackle poor health and improve the health of the nation, particularly those experiencing poverty and social exclusion. They recognised that in order to improve health, complex interactions and causes need to be addressed between social, personal, economic and environmental factors. The report notes that:

*“Education is vital to health. People with low levels of educational achievement are more likely to have poor health as adults. So by improving education for all we will tackle one of the main causes of inequality in health.”(Department of Health, 1999:4.16)*

'Tackling Health Inequalities' (DoH, 2001) a public consultation document on a plan for delivery outlines the NHS plan (July 2000) in which the government gave a commitment to reducing health inequalities by creating two national health inequalities targets, announced in February 2001:

- Starting with children under one year, by 2010 to reduce by at least 10 percent the gap in mortality between manual groups and the population as a whole.
- Starting with Health Authorities, by 2010 to reduce by at least 10 percent the gap between a fifth of areas with the lowest life expectancy at birth and the population as a whole.

Six priority areas were identified for action:

- Providing a sure foundation through a healthy pregnancy and early childhood
- Improving opportunity for children and young people
- Improving NHS primary care services
- Tackling the major killers: coronary heart disease and cancer

- Strengthening disadvantaged communities
- Tackling the wider determinants of health inequalities through Government policy

A survey into the impact of taught and non-taught learning on health was undertaken by the National Organisation for Adult Learning (NIACE, 2000), a postal questionnaire for 2000 individuals and 750 groups nominated for Adult Learners Week Award. They found that direct health benefits such as a reduction in stress and anxiety were reported as one of the greatest benefits of learning. 87% reported that they felt physical benefits to learning such as being able to manage pain more effectively, improvements in family health, feeling less ill and tired and better health behaviours. 89% reported positive emotional or mental health and psychological well-being which then encourages enjoyment and confidence in learning. They suggested further research is needed to identify the extent that learning impacts on health improvement and how to encourage non-participants into learning such as developing educational opportunities in health settings for people who would otherwise not access education.

The shift in the priority of public health and its links to lifelong learning have resulted in the development of new projects or the expansion and dissemination of good models of practice to achieve the government's goals.

#### **Sources**

Acheson, D. (1998). Report of the Independent Inquiry into Inequalities in Health. The Stationary Office. <http://www.doh.gov.uk/ih/ih.htm>

Aldridge, F., and Lavender, P. (2000). The Impact of Learning on Health. NIACE: Leicester.

Department of Health (1999). Saving Lives: Our Healthier Nation. The Stationary Office. London. <http://www.archive.official-documents.co.uk/document/cm43/4386/4386.htm>

Department of Health (2001). Tackling Health Inequalities: Consultation on a Plan for delivery. The Stationary Office: London. <http://www.doh.gov.uk/healthinequalities/tacklinghealthinequalities.pdf>

DfEE (1998). The Green Paper: The Learning Age: A renaissance for a new Britain. <http://www.lifelonglearning.co.uk/greenpaper/>

McGivney, V. (1990). Education's for Other People Access to Education for Non-participating Adults. NIACE: Leicester.

Social Exclusion Unit (2001). A New Commitment to Neighbourhood Renewal: National Strategy Action Plan. Neighbourhood Renewal Unit: Crown. <http://www.neighbourhood.dtlr.gov.uk/actionplan/>

## 2. NATIONAL POLICIES AND REGIONAL DEVELOPMENT

### 2.1 National Policies

The Government has developed a number of national initiatives to address issues of social exclusion, deprivation, health inequalities and low educational attainments. There are policies and programmes that specifically target children and young people such as:

- Sure Start
- Children's Fund
- Connexions
- Education Action Zones
- Excellence in Cities
- Healthy Schools Initiative

The national policies and programmes for communities include:

- Neighbourhood Renewal
- New Deal for Communities
- Health Action Zones (HAZ'S)

There are national programmes on health and lifelong learning for older people, which include:

- Ageing Well UK
- University of the Third Age

#### Key points for consideration

*Policies and programmes should be sensitive to needs and culturally appropriate and are more effective if families and the community participate in the planning and running of projects*

Children, Families and Young People

- Consultation is important so that programmes can be developed to meet the clients needs
- Young people can benefit from workers who take a holistic approach, integrate support and guidance focussed on each individual
- Teachers need support and guidance on PSHE to ensure they provide pupils with the required knowledge
- Monitoring systems, stress training and staff involvement in strategic plans can help improve teachers health and well-being
- Schools can benefit from networking to gain support and learn from models of good practice
- Monitoring and evaluation is important for quality and consistency
- Management need to be committed to programmes and partnerships should have a variety of stakeholders

Regeneration and the community

- Community involvement and ownership is essential to regeneration programmes
- Commitment over a long period is required for change in the community
- Partnership approach with an evidence based approach, 'joined up' thinking and solutions is important for regeneration

Older people

- Peer learning and teaching are useful tools, with support and training for volunteers to keep updated on issues, this can also improve volunteers skills, encourage learning and result in a personal health gain
- Flexible learning in a relaxed, friendly environment is useful for leisure courses

Further information and case studies are detailed in Annexe 1.

### **2.1.1 Healthy Living Centres**

The New Opportunities Fund (NOF) manages the Healthy Living Centre Initiative, started in January 1999. The initiative receives a budget of £300 million from the National Lottery funds and targets the most deprived areas with people who experience worse health than average, priority is given to some Health Action Zones. The aim involves broadly promoting health across all age groups to maximise health and well-being, therefore tackling health inequalities. The strategy, accessible to a fifth of the UK population, recognises the importance of addressing influences on health in a wider context such as environmental, social and economic factors. Two key aims are addressed as specified in the government's Green Paper 'Saving Lives: Our Healthier Nation' (DOH, 1999):

- To improve the health of the population as a whole by increasing the length of people's lives and the number of years people spend free from illness; and
- To improve the health of the worst off in society and to narrow the health gap.

National and local health strategies are supported by the Healthy Living Centres (HLC's) including the Health Improvement Programmes (HImP). The HLC's are community based health-related projects that encourage community involvement and partnerships to be developed such as voluntary organisations, health authorities, schools, private sector organisations to cover a wide range of interests. They are planned individually rather than based on a standard blueprint in order to meet both local needs and local health plans. These innovative services are additional to current services provision so does not duplicate or undermine existing work. Issues addressed may include mental health, social exclusion and poor access to services. The Projects must have plans for monitoring and evaluation and obtained other sources of funding so that they are sustainable after the Lottery funding ceases.

#### **The Life Project, Wirral**

There is an East-West divide in Wirral to separate the disadvantaged areas from more affluent areas. The Life Project aims to improve self-esteem, quality of life, health and fitness. Wirral Health Authority, University of Liverpool and Metropolitan Borough of Wirral lead the Project that provides:

- a school programme to support health promotion, lifestyle appraisals and fitness testing;
- exercise for overweight people, relaxation courses, stop smoking support groups, free community transport;
- mobile health and fitness screening in public places, betting shops, pubs;
- health and fitness courses to train people to work in their own communities.

The Life Project was evaluated by independent researchers who found a reduction in medication, prescribing and Chronic Heart Disease (CHD) risk factors for people involved in the Project; increased level of service, opportunities, usage of Local Authority leisure venues and uptake of secondary care interventions from residents.

### **The Bromley by Bow Centre, Tower Hamlets**

This area in London is the second most deprived ward in the country and has problems with poverty, racism, unemployment and violence. The independent charity which has been operating for 14 years has an integrated community project covering education, health, arts, enterprise and the environment, based in a church. This centre is accessed by 1000 people and 125 different activities are offered which include:

- an integrated community health care centre;
- a Bengali outreach project;
- a community education programme;
- a day nursery;
- community care services;
- transformation of a neglected recreation area into an attractive community resource.

The Project Director (1998) reported that the success of the centre has raised four main issues about future delivery and organisation of integrated health care: the nature of partnerships, extraordinary achievements which ordinary people can make and community ownership is vital.

HLC's may not be able to address all of the health inequalities a community face, but may be able to facilitate change by helping local partners to work in new ways and consider allocation of resources. Community involvement and partnerships are important to the success of a HLC and should begin from the planning stage, so support and resources are required to develop the skill base of the community. Networks need to be developed to share information and good practice, and support may be needed for projects in monitoring and evaluation.

#### **Source**

<http://www.doh.gov.uk/hlc.htm>

### **East of England Healthy Living Centres**

#### **St Augustine's Healthy Living Centres, Norfolk – November 1999**

The Healthy Living Centre in Kings Lynn was one of the first centres set up and received a grant of £900,000. A disused sports and social club was transformed to provide various facilities such as a well woman clinic, childcare, primary health care, a Demonstration Organic Garden and community café.

#### **Healthy Living in Luton – March 2001**

This project received £0.5 million and is co-ordinated by Luton Health Action Zone (HAZ). The three-year initiative works in five target areas: Ashcroft and Ramridge, Bury Parl, Dallow, high Town, Lewsey. The programmes offered include cookery clubs, arts programme, community radio station, parenting classes, a food co-operative, exercise classes for all ages, increased number of basic skills courses, accredited volunteer training programme, and a befriending and mentoring programme for South Asian women. A capital grant scheme of £15,000 is available to extend or initiate further healthy living initiatives as well as a 'Branding Scheme' to recognise the contribution of voluntary/community groups.

#### **East Colchester Healthy Communities Project, North Essex – May 2001**

Colchester received £940,00 for two centres based in a former school. Health activities are provided to tackle eating disorders, mental health and drug abuse.

**East Cambridgeshire Healthy Living Project, Cambridge – September 2001**

This project received £645,000 for courses on confidence building and child management skills as well as services to provide support to vulnerable families. General information about health, community and social issues are available as well as free youth counselling.

**Suffolk Young People's Health project, Ipswich – December 2001**

Suffolk received £1 million for a one-stop-shop for young people up to 25 years old. The aim of the project is to address problems such as drug and alcohol abuse and mental health issues. The services offered include a crèche, healthy eating café, specialist services such as counselling, legal advice as well as employment and training guidance.

**[b.healthy@bedford](mailto:b.healthy@bedford) - January 2002**

This project recently received £920,025 to provide various activities. Health promotion information will be available on touch-screen computers. A 'Green Gym' gardening project will provide outdoor opportunities, training and support for people who want to do alternative forms of exercise. Volunteers will be trained by students on sports leadership and mentoring to promote healthy living and fitness.

*Source*

[http://www.nof.org.uk/index.cfm?loc=grant&inc=grants\\_output&country=&region=Eastern&program=6&date=all&name=&award=all&order=date](http://www.nof.org.uk/index.cfm?loc=grant&inc=grants_output&country=&region=Eastern&program=6&date=all&name=&award=all&order=date)

## 2.2 Regional Development Agencies and Government Offices

Regional Development Agencies (RDA's) in England co-ordinate regional economic development and regeneration, reduce imbalance and improve competitiveness between regions.

Government Offices (GO's) have a close working partnership with RDA's and local communities to help build an inclusive, sustainable and prosperous society as well as achieve stable high level of employment and growth. Their role is to manage departments spending programmes, oversee contracts and budgets and perform regulatory functions. GO's work towards three main strategic aims, strategic aim two outlines a number of health and lifelong learning priorities that include:

- Support in promoting a commitment to lifelong learning that improves lives, enhances employability and develops skills;
- Work to overcome social exclusion through partnerships with East of England Development Agency (EEDA), local authorities and regeneration partnerships and through supporting integrated local regeneration programmes;
- Work closely with other Departments to ensure that relevant parts of the Regional Department's operations are effectively co-ordinated in promoting social inclusion and contributing to other shared objectives.

There are Key action points to achieve this aim such as:

- Promoting involvement of the local authority in the Health Improvement Programmes development;
- Partnership with the Home Office to reinforce the agenda for drug prevention, inclusion of ethnic minority communities, crime reduction and promotion of voluntary activity;
- Working with Lifelong Learning Partnerships (LLPs) to support the delivery of Learning Targets;

Further details on RDA's and GO's are included in Annexe 1.

#### *Sources*

<http://www.local-regions.detr.gov.uk/rda/info/>

[http://www.go-east.gov.uk/Government\\_Offices/](http://www.go-east.gov.uk/Government_Offices/)

[http://www.go-east.gov.uk/About\\_Us/Director's\\_Page/Broad\\_Objectives/](http://www.go-east.gov.uk/About_Us/Director's_Page/Broad_Objectives/)

[http://www.go-east.gov.uk/docbank/introduction\\_to\\_go.pdf](http://www.go-east.gov.uk/docbank/introduction_to_go.pdf)

### **2.3 East of England Development Agency (EEDA)**

EEDA was established in April 1999. The six counties within the remit of EEDA are Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk, Suffolk; and the four unitary authorities include Luton, Peterborough, Southend-on-sea and Thurrock. EEDA (2001) aims to:

*“make the East of England a world-class economy, renowned for it's knowledge base, the creativity and enterprise of it's people and the quality of life of all who live and work here”*

EEDA provide funding to cover five main programmes: land and property programmes, competitive businesses, rural programmes, Skills Development Fund projects and Single Regeneration Budget (SRB). The aim of the Skills Development Fund is to recognise skill needs that are a priority and fund projects which add to an enhanced provision of skills in the region, there were four regional priorities outlined in 2000:

- To establish a culture of lifelong learning
- To widen and increase participation, to address social exclusion and raise levels of achievement
- To establish an infrastructure of learning to provide individuals and businesses with the skills they require
- To concentrate learning and skills providers on the emerging and key sectors needs

This fund indirectly links lifelong learning with health as encouraging people into education and employment helps to tackle poverty and social exclusion (EEDA Business Plan 2001), which is often associated with poor health.

The SRB fund incorporates health and lifelong learning objectives as it aims to reduce the gap between deprived areas and other parts of the country and improve quality of life for communities. In Round 6 of funding the mainstream priorities include:

- *Health* – emphasising partnerships with local Health Authority Primary Care Groups and local service providers as well as links with Health Action Zones and Healthy Living Centres
- *Education, employment and lifelong learning* – complimenting initiatives such as Excellence in Cities, New Deals and Sure Start Education Action Zone
- *Ethnic minorities* – emphasis on consultation with ethnic minority groups
- *Drug misuse* – co-ordination with Drug Action teams
- *Crime and youth crime* – emphasising contacts with Crime and Disorder Partnerships and Youth Offending Teams

#### *Sources*

<http://www.eeda.org.uk>

EEDA (2001). *East of England 2010: prosperity and opportunity for all.*

[http://www.eeda.org.uk/doclib/21029\\_PDF\\_1.pdf](http://www.eeda.org.uk/doclib/21029_PDF_1.pdf)

EEDA (2001) *EEDA business plan 2001-2002.*

<http://www.eeda.org.uk/doclib/EEDA%20Business%20Plan%202001-02.pdf>

## **2.4 East of England Regional and Public Health Observatories**

EEDA funds the East of England Regional Observatory that disseminates comprehensive information on the region as well as statistics, analysis and publications for organisations to access. The purpose is to present an accurate picture of the East of England environmental and socio-economic structure. The data is contributed by EEDA and their regional partners including Go-East, Learning and Skills Councils and Local Authorities. Information is grouped by geography or by a variety of themes, which include: education, health and care, labour market and skills as well as social exclusion and welfare.

The East of England Public Health Observatory (ERPHO) was established as a partnership of the Department of Health and the NHS to improve access to health-related information such as population based data and methods as part of a national network of Public Health Observatories. Funding is received from the Public Health Development Fund and a Service Level Agreement (SLA) with the regional health authorities. ERPHO has a national lead role for social inclusion and health inequalities. A Health Inequalities Database provides information about projects or initiatives in the east of England that aim to reduce health inequalities. There are fourteen themes for projects based mainly on the Department of Health (1998) paper on inequalities in health which include:

- Education
- Nutrition and the Common Agricultural Policy
- Mothers, Children and Families
- Young People and Adults of Working Age
- Ethnicity

- Mental Health

*Sources*

<http://www.eastofenglandobservatory.org.uk/>

<http://www.erpho.org.uk>

<http://www.erpho.org.uk/Inequalities/inequalitiesSearch.asp?iPersonID=0>

### **3. EAST OF ENGLAND PROJECTS**

This section outlines thirteen case studies of local projects within the East of England. The case studies have been grouped into four key themes: Education and Training, Youth Based Initiatives, Teenage Pregnancy and Sexual Health as well as Diet and Nutrition. These themes also contain underlying issues such as mental health, disability, ethnicity and basic skills needs. Key points for consideration have been identified for each theme.

Annexe 1 contains details of twenty further case studies that are either based on national initiatives or identified as models of good practice in other areas of the UK.

#### **3.1 Education and training**

##### **3.1.1 Bridges to Education, Chelmsford, Clacton and Waltham Abbey, North Essex**

Bridges to Education, set up in 1998, is managed by a Christian based organisation InterAct which offers resources, training, support and experience to people in a process of rehabilitating from mental illness and young people with learning difficulties. Support is also offered to churches and third world countries. The organisation aims to address identified gaps in service provision in innovative ways. Partnerships have been formed with the local NHS Trust and Essex County Council Social Services. Bridges to Education receives funding from Tudor Trust, the European Social Fund, the local Learning and Skills Council and individual donors.

Bridges to Education offers information, guidance and support to people in Essex who suffer from anxiety, depression, stress or are more severely mentally ill with an aim of improving access to further and higher education. They work in partnership with further and higher education institutions to raise awareness in staff of mental health issues so staff can address the needs of the pupils, help them to complete courses and encourage access to taster and mainstream courses. The service also offers: educational guidance and one-to-one support from 'buddies' if required for the first few weeks of the course. A conference was recently held for GP's on preventative work, mental health issues and services within the community. They have worked with 500 clients who are referred by the community mental Health Teams, GP's or are self-referrals. The service is monitored and evaluated for funding purposes and has recognised the challenges of helping people access education who have more severe mental health problems. There are plans for the remit of the project to be expanded to a larger area and to cover preventative work.

#### *Source*

<http://www.interact.org.uk/educ.htm>

### **3.1.2 EASIER Project, Anglia Polytechnic University (APU), Essex, Luton, Norfolk, Northampton and Cambridge**

The National Federation of ACCESS Centres, a non-profit making organisation, was established in 1986 to improve access of disabled people to education, training, employment and personal development through cohesive support and quality assessment in using specialised learning strategies and assistive technology. The East Anglia Regional ACCESS Centre, a member of the National Federation, opened in January 1997 on the APU Cambridge campus. These Centres were set up in response to the increasing amount of students with disabilities entering Further and Higher Education and the acknowledgement of the significance of integrating learners into mainstream courses. The Centres provide a number of services including being the main providers of assessment for study strategies, assistive technology and advice on organising funding from the LEA for personal assistance required for employment or education and specialised equipment (Disabled Students Allowance Assessments). Clients are trained to use specialised software and equipment. Colleges, Universities and employers are offered advice, consultancy and training on specialist strategies and assistive technology for disabled people in order for them to access employment and education. The range of clients' ACCESS Centres cover includes people with learning difficulties or dyslexia, sensory or physical disabilities, other long-term difficulties effecting their ability to access training, education or employment. The Centre has conducted over 500 student assessments.

The EASIER (Education Access Support in Eastern Region) Project at APU, started in 1999 for three years and works under the auspices of the East Anglia Regional ACCESS Centre. The aim of the project is to offer support to students with disabilities/learning difficulties through trained individuals and regional centres that are well resourced with assistive and adaptive technologies. Additionally, it aims to help curriculum access in East Anglia's higher education sector by offering links to transcription services. The Project involves five partners with a member of staff allocated to the project at City College Norwich, University of Essex, University of Luton, University College Northampton and Writtle College. The project involves networked access to the East Anglia Regional ACCESS Centre, the Regional Transcription Centre and each other as well as direct training to partners. Students are locally assisted and supported by regional centres that network current sources of expertise to share good practice. Informing partners on developments and updates as well as networking is a central belief of the project and a quarterly newsletter is circulated. The success of the project is dependent on listening to partners and students and responding to their feedback. The project is being monitored and will result in a regional model of support that is fuller and more inclusive. An increase in uptake of students with a disability/learning difficulty and transfer of students between the sector is expected.

#### *Sources*

[http://www.natdisteam.ac.uk/projectpages/p\\_pages\\_st3/anglia\\_st3.html](http://www.natdisteam.ac.uk/projectpages/p_pages_st3/anglia_st3.html)

[http://www.anglia.ac.uk/stu\\_services/camb/easier.shtml](http://www.anglia.ac.uk/stu_services/camb/easier.shtml)

<http://www.nfac.org.uk/>

### **3.1.3 A project that enables health workers to identify basic skills needs in the community helping parents to gain further support, Thurrock, Essex**

The Project was started in 2000 as a joint initiative between Thurrock Primary Care NHS Trust and Thurrock Adult Community College, funded by the Adult and Community Learning Fund (ACLF) until March 2002, and the Essex Local Initiative Fund (LIF) until March 2003. The project aims to raise basic skills awareness with health workers through flexible courses and to encourage parents to learn basic skills, build their confidence up to access further educational opportunities and seek help from health professionals.

Basic Skills Awareness Training is provided for Community Development Workers, who are involved in a Community Mothers Programme, to work and support parents on a one-to-one, confidential monthly home visit, with access to laptops. They also develop a range of cartoons to discuss and share information raising basic skills issues in a non-threatening manner, cover child development, raising self-esteem and supporting parents. Breast feeding support may also be offered. A milestone booklet was developed by Health Visitors to help mothers with basic skills needs record their baby's development using photographs with the name written such as 'first meal' beneath in an appropriate language.

Parents reported feeling more confident in supporting their children's learning and development. The number of parents accessing the college has increased although some prefer one-to-one visits and need intensive long-term support. Various basic skills issues have been raised by the cartoons including difficulties understanding instruction labels on medicines, filling out forms and poor access to information such as appointment cards and written information on clinics. The project has also enabled the Community Development Workers to improve their own skills. The future plans of the project include developing work with ethnic minorities, homeless people and travellers.

#### *Sources*

Community Development Workers, (March 2002). [Health Workers and Basic Skills in The Community Newsletter](#). Thurrock Primary Care NHS Trust and Thurrock Adult Community College

<http://www.niace.org.uk/research/ict/laptops/mothers.htm>

### **3.1.4 Developing on-line and virtual learning experiences for vocational programmes, Norfolk**

Norfolk Education Advisory Service (NEAS) are co-ordinating a project to provide students with on-line mentoring access to health professionals. This is in response to research findings that students achieved significantly higher grades when they had access to relevant professionals to gain specific information. Rural schools and colleges often have difficulties with the vocational nature of units in finding work experience placements for students. Funding was received from the local Learning and Skills Development Agency (LSDA). The aim is to make vocational

qualifications more relevant for Business VCE and GNVQ, and in Health & Social Care VCE and GNVQ.

Students have the opportunity to access mentoring from professionals via e-mail drawing on their skills and experience. Teachers and employers found there are advantages for students such as having access to up-to-date information, which has developed students' time management and planning skills as well as improved teachers' expertise. However disadvantages were also identified, as some units can not be so easily adapted to the approach, it creates additional work for professionals and requires trust and confidence of employers. There has been an overall improvement in marks and quality of work by increasing the vocational relevance of learning.

The LEA are holding a follow-up workshop to share good practice and expertise. Pilot experiences will be shared with FE Colleges who support the flexible learning network for 14-16 year olds, funded by the LSDA. Further funding will be used to roll-out the programme consistently with an increased employer base and an increase in FE colleges and sixth forms involved.

*Source*

Barclay, Y. (2002). Developing on-line and virtual learning experiences for vocational programmes Final Report. Norfolk County Council Education Department.

### **3.1.5 Promoting Public Health Across Hertsmere, Hertsmere Primary Care Trust, Hertfordshire**

This initiative was started in October 2001 to promote public health across Hertsmere to encourage partnership working and develop better health, funded by the regional Health Authority. This is in response to the recent priorities for Hertsmere Borough Council, Primary Care Trust (PCT) and the Voluntary Sector. The main aims of the project are to promote public health to each sector, identify any gaps in skills that restrict staff from effectively working in public health, create and explore possible funding sources for a training and development programme.

The project has involved an assessment of needs using vertical surveys through the three organisations. The needs of Borough Council and the local PCT provided the underpinning for the development programme and framework, which identified five main areas of need to:

- clarify health priorities, such as National Health Service frameworks and Health Improvement Programmes, and explain their position in relation to priorities for local authorities and other areas of the health service;
- work within the community, share skills with organisations and work with multi-agencies;
- provide general management training and experience to ensure effective multi-agency working;
- improve understanding of how the local authority and health service can work in partnership;

- address common issues using a team approach.

The programme will be developed and extended to cover the whole of Hertfordshire and funding is being accessed through The Learning Forum, Learning and Skills Council, Workforce Development Confederation and Go-East sources. Recognition is expected for the programme in either core or peripheral awards/points for continuing professional development bodies.

*Source*

Eve Richardson (2002). Promoting Public Health Across Hertsmere Summary. Hertsmere Primary Care Trust.

**Key points for consideration**

**Mental Health and Disabilities**

*Clients with mental health problems and disabilities need support in the form of information, advice, encouragement, specific learning strategies and assistive technology to access education*

- Important to raise awareness of mental health and disability issues to staff in educational institutes so they can adequately support students to continue with courses to meet the need of pupils as well as be aware of preventative issues
- It can be more challenging to help people with more severe mental health problems who require more intensive support and innovative ways for them to access education could be developed
- Monitoring and evaluation is important for funding purposes and helps to facilitate a change in the service to ensure it meets the clients needs

**Basic skills**

*Basic skills needs may prevent people from accessing further education, recording their child's development or seeking help from health professionals*

- Health workers need to be aware of basic skills issues
- Providing outreach services to the community can be effectively used in collaboration with existing initiatives, to provide support and increase their confidence in accessing mainstream services
- Innovative techniques such as cartoons can be an effective tool to raise and discuss basic skills issues
- Using people from the community as development workers can help to improve their skills as well and help them to access further education and employment

**On-line Mentoring**

- On-line mentoring can increase the vocational relevance of courses and improve students skills and grades
- Professionals need to be committed to this process and be fully aware of what this involves

**Multi-agency working**

- Professionals from various sectors need to have an understanding of how public health fits into the wider agenda and effects the community to improve understanding across the sectors
- Multi-agency work can encourage the sharing of information and skills, but training may be needed for effective results

## **3.2 Youth based Initiatives**

### **3.2.1 Shoots for Health, Basildon, South Essex**

This Project started in 1999 as a joint initiative between Essex County Council, Basildon Council Leisure Services, Essex Police under Basildon Drugs Reference

Group and Thameside Community Healthcare NHS Trust. The aim of the original project, named 'Hoops for Health', was to educate young people in primary and secondary schools about the dangers of drug, alcohol and substance abuse and the benefits of sport through visits from the London Leopards Basketball Team. The Basketball Team acted as role models for young people to encourage them to have aspirations and therefore maintain a healthy lifestyle. The Project also involved a Health Road Show to give young people information on a healthy diet, healthier options and drugs.

Due to changes in funding, the remit of the project in the last six months has changed and the project, co-ordinated by the District Council, operates in an area with three to four years SRB funding as a subsidiary called 'Shoots for Health'. This is based in areas with a priority of need as they have pockets of high deprivation. The aim is for children struggling with academic studies to use sport to help them with learning and they have opportunities to be physically active to inspire them to be ambitious. The project relates to basketball and football linking the Leopards in a programme with sport and education for after school groups and summer school. Some schools have also continued a drug, alcohol and substance use programme for their pupils. Monitoring and evaluation is taking place and at the end of year one they found that there were mixed abilities in each year group. Therefore, the programme is being developed in collaboration with coaches and teachers to be flexible to young people's needs.

#### *Sources*

<http://www.essex.police.uk/pages/news/nnv9903.htm>

<http://www.erpho.org.uk/Inequalities/inequalitiesResults.asp?categories=%25&county=Essex&SubmitSearch=Go%21&offset=6>

### **3.2.2 Suffolk County Council Local Health Strategies Beacon Scheme – Improving the health of young people**

Suffolk County Council is the only council within the East of England to be awarded beacon status for local health strategies. Suffolk County Council through their partnerships such as with the Health Authority, demonstrate a commitment and vision for health improvement and promotion which integrates health into mainstream programmes to tackle health inequalities. Improving the health of young people is a major aspect of their health strategy, with Healthy Schools and the Safely to School Project an integral part.

The Crucial Crew was set up in 1994 within Suffolk schools to help prepare young people to deal with emergencies, and has involved approximately 20,000 young people to date. The programme uses theatre and drama in an interactive, fun medium to raise awareness and address personal dangers. The realistic touring theatre-style sets display a dangerous scenario and the pupils have to make their own decisions and form conclusions during a re-enactment of the situation. The Crucial Crew also provides lessons on accidents, food hygiene, strangers and fire.

The Suffolk Drug Action Team and the Youth Offending Service support the Young People's Drug Service funded by the Department of Health, Suffolk Health and the County Council. The drug service is based in Lowestoft, Ipswich and Bury St Edmunds, and is provided by a multi-agency team including trained qualified practitioners and staff seconded from a specialist drug and alcohol service NORCAS to work with young people whose drug and alcohol problems have led to them offending. The Drug Action Teams also support On Track an initiative in Haverhill to reduce anti-social behaviour and social exclusion and an Intensive Supervision and Surveillance Programme to tackle the problem of persistent offending by closely monitoring and providing an extensive weekly support programme.

*Sources*

<http://www.suffolkcc.gov.uk/policy/beacon.html>

### **3.2.3 The Base London Youth Project, Colney, Hertfordshire**

The Base Project, established in 1995, targets young people from deprived areas in London Colney who are between 11-16 years old. The project was set up to meet the needs of young people in response to research findings by Hertfordshire Health Promotion (1995) that this client group wanted to access advice and support particularly on health issues in a safe, fun, friendly environment. The aims of The Base are to promote health and well-being and they offer various services which include: an information service, health education and support, a social and recreational framework to encourage the development of personal and social skills and, a free, confidential counselling service. The Project has a variety of funding sources including St Albans and Harpenden Primary Care Trust, St Albans Local District Council, Partnership Funds and seeks other sources of funding.

The activities available include:

- health-based workshops covering topics such as relationships, smoking and drugs;
- physical activities such as a youth basketball team in partnership with the local police;
- a cooking project offering information on healthy eating, food hygiene and nutrition as well as providing the opportunity to try recipes;
- sexual health information and support as well as providing condoms and pregnancy testing;
- an inter-agency project called 'Connection' focussing on training and employment and providing career guidance, free computer facilities, access to the internet, information on further education and training, a job vacancies board and practical support such as writing CV's.

Hertfordshire Health Promotion regularly evaluates the project, which has been found to raise awareness of health issues in young people. The future work programme includes workshops on healthy eating, sexual health, visits from the community nurse and guest speakers, chef demonstrations as well as arranging work experience placements in local businesses to prepare young people for leaving school.

### Sources

<http://www.nhsherts.nhs.uk/hp/base.htm>

#### Key points for consideration

*Young people from deprived areas are at greater risk of poor health and social exclusion so need integrated information and support to encourage them to adopt a healthier lifestyle and access health services, education and employment*

- Young people want a safe, fun and friendly environment for youth projects where they can meet new friends
- Programmes need to be flexible to be adapted to young people's needs and should be linked to the wider community
- Fun, interactive and experiential health programmes are effective in raising awareness, encouraging discussion and facilitating learning
- Role models are a useful method to deliver a health message that appeals to young people and helps to inspire ambition
- Social and recreational activities such as sport can be effectively integrated into health messages so young people are getting physically fit while learning
- Holistic approaches are effective so that relevant health, education and employment issues can be addressed

## 3.3 Teenage Pregnancy and Sexual Health

### 3.3.1 GFS Platform Great Yarmouth Young Women's Project, Norfolk

The Girls Friendly Society, a national charity working with women since 1875, established the Great Yarmouth Young Women's Project with the aim of supporting disadvantaged young women between the ages of fourteen and twenty-five who are either pregnant or who already have children. The Project provides various services: antenatal care, post-natal care, outreach support, education (from Basic skills to Access courses), a nursery, sexual health education and a supported housing project. The Project has a supportive, non-judgemental approach and aims to raise young women's self-esteem as well as tackle one of the government's goals of reducing social exclusion. The Project focuses on improving the health and well-being of the mother and child. The Sexual Health Team has perhaps a more unique approach because it links work in schools and the family planning clinic. In July 1999 The Research Centre of Norwich City College were commissioned by GFS Platform to undertake an independent evaluation of the Project.

A Sexual Health Team was established at the Project in response to concerns surrounding young people and sexual health. The team comprises of volunteering young mothers trained by Project Sexual Health Staff in sexual health issues to support staff in delivering interactive and experiential sex education sessions in schools and also deliver sessions within groups at the Project. The Sexual Health Team also offers information, advice and support about sexual health to young people at the local Family Planning Clinic. Evidence collected from the independent evaluation suggests this sexual health service is greatly valued. The young women

also seem to benefit from participating in peer education work and state that it helps to raise their confidence, ambition and self-esteem.

Future plans include working in partnership with the Young Men's Worker, employed by the Great Yarmouth Primary Care Trust, to address the needs of young men. The Project are also addressing the issue of rewarding volunteers for their work and commitment and have plans to work with Great Yarmouth College to develop the training into an accredited course as well as looking at other incentives for volunteers. The young women in the Sexual Health Team are currently developing a 'drama' to explore issues such as relationships.

#### *Sources*

Desira, C and Cawthorne, J. (2001) 'Putting Choice into Action'. The role of GFS Platform Great Yarmouth Young Women's Project Sexual Health Team: A working document. (Unpublished) City College Norwich.

<http://www.hda-online.org.uk/yphnnews/issue7/content/young1.html>

### **3.3.2 E-Mum (Educating Mothers to Understand Maternity) Project, Norfolk, Oxford and Salford**

The Project is led by MIHTR (Maternal Infant Healthcare University and Telemonitoring Research Unit) and NHS Primary Care Career Scientist in Oxford, funded by British Telecom and the Teenage Pregnancy Unit. The Project, established in April 1999, involves consultation with pregnant teenagers who are socially disadvantaged to develop a teenage pregnancy website. The belief underpinning this project is that young mothers in socially disadvantaged areas often do not access antenatal health care systems, which may lead to poor pregnancy and perinatal outcomes as well as long-term consequences related to social, economic and health issues. The objectives of E-mum include facilitating patient access to health records electronically, utilising telemonitoring in the community to enhance maternal and infant healthcare and allowing access to relevant health education information through a TV-based website. There are four local pilot projects: GFS Platform Great Yarmouth, Salford and two based in Oxford.

The website will provide access to national resources, generic information; and local reproductive, maternal and education services managed by each area. Consultation with young women using participatory methods in facilitated focus groups ensures the website is appropriate and relevant, as well as to encourage social inclusion, enhance the understanding of preventative health care, widen access to vocational and educational training and support them in coping with any complications. The young women are encouraged to assess other websites to determine the style, content and delivery of information such as 'ask an expert', chat rooms, video clips and personal stories.

E-mum will be evaluated independently (the evaluators are yet to be confirmed), the expected outcomes include advancing health monitoring systems on a local level and empowering young women and health professionals with improved education,

internet and IT skills as well as better information. The intention is E-mum will be a sustainable tool facilitated through groups in the community that will be responsive to the needs of the client group.

#### *Sources*

MIHTR (2002). Teenage Pregnancy Website Development – Concept Document

<http://www.tall.ox.ac.uk/e-mum>

Cawthorne, J. and Hughes, J. (2000). Educating Mothers to Understand Maternity: E-Mum at the GFS Platform Great Yarmouth Young Women's Project: Interactive health and education for pregnant young women. Maternal Infant Care, Telemonitoring Research Centre, University of Oxford and GFS.

### **3.3.4 Teenage Pregnancy Project, Cambridge and Peterborough, Cambridgeshire**

The Government's Social Exclusion Unit launched a Teenage Pregnancy Strategy and Action Plan, in June 1999, that outlines two main goals: to reduce the rate of teenage conceptions and reduce the risk of long-term social exclusion in teenage parents. A Teenage Pregnancy Unit was established which funds local implementation co-ordinators, based in Health Authorities or Primary Care Trusts, in each county to form a local ten year strategy with targets to achieve the government's twin goals. Teenage Pregnancy Co-ordinators map local services, encourage partnership working, improve the involvement of local organisations in the development of strategies and share good practice. Cambridgeshire Health Authority aims to reduce the number of teenage conceptions in under 18's by 45% for Cambridgeshire and 55% for Peterborough by 2010.

The local action plan for Cambridgeshire and Peterborough supports various initiatives until 2004 to ensure young people have access to consistent information, non-judgemental, confidential sexual health services and support. Their current and future work covers prevention, consultation and support for young parents, which includes:

- a review of the Sex and Relationship Education in secondary schools and development of a Quality Assurance Package as a resource for schools about visits from external agencies to ensure there is consistent practice across schools;
- the development of an outreach project on alcohol and safer sex in partnership with Drinksense, a community based alcohol support centre;
- A pilot scheme in Fenland to explore engaging men in discussions on sexual health, pregnancy and parenthood through the use of drama in youth work or schools;
- A continuation of funding for a project providing independent one-to-one sexual health information and advice with Looked After Children in Peterborough called SHOUT (Sexual Health OUTreach);
- Consultation with young people to develop checklists for information and referral aimed at professionals within each PCG/T area dealing with pregnant young women under 18;

- Provision of a designated Midwife for young pregnant women under 18 which will link to health visitors, housing, education, voluntary sectors as well as new and existing young parent support projects;

#### *Sources*

Cambridgeshire Health Authority (2000). Cambridgeshire Health Improvement and Modernisation Plan (HIMP). <http://www.cambridgeshire.nhs.uk/himp/>

Cambridgeshire Health Authority (2001). Reducing Teenage Pregnancy: The Cambridgeshire Strategy 2001-2010. <http://www.cambridgeshire.nhs.uk/himp/chapter-children/links/children-background-cambsex.pdf>

Cambridgeshire Health Authority (2001). Reducing Teenage Pregnancy: The Peterborough Strategy 2001-2010. <http://www.cambridgeshire.nhs.uk/himp/chapter-children/links/children-background-petersex.pdf>

Social Exclusion Unit (1999). Teenage Pregnancy. H.M.S.O.

#### **Key points for consideration**

*Young people need access to consistent information, non-judgemental, confidential sexual health services and support to empower them to make informed decisions*

##### Supporting young parents

- Important to consult with client group to ensure you are providing them with appropriate, relevant information or a service that meets their needs
- Young mothers may not access mainstream antenatal services therefore alternative methods of providing information and support can be effective such as antenatal groups specifically for young mothers or a website they can access at home or at a community project

##### Preventative measures

- Guidance is important to ensure there is consistent practice across schools and services
- Sex education should be focussed on relationships and equally meet boys needs as well as girls
- Drama can be an effective tool in sex education to explore important issues
- Peer education can be beneficial to the educators themselves by increasing their confidence, self-esteem and ambition, however it is important they are trained, supported and monitored through the process
- Useful to link sex education in schools with mainstream sexual health services so young people are informed about the service which helps to increase their confidence in accessing it

## **3.4 Diet and Nutrition**

### **3.4.1 Asian Cookery Club, Luton**

There are high prevalence rates of Diabetes and Coronary Heart Disease in the South Asian community. In 1996 the Asian Cookery Club was set up using trained local Asian women as facilitators to provide traditional recipes and information on healthy eating in the languages of the community. The project aims to tackle wider

determinants of health such as training, employment and social isolation. The key objectives include encouraging community involvement in activities, promoting social interaction, and encouraging culturally acceptable healthier cooking skills. Funding is received from Luton HAZ and the project is managed by Luton Community Trust as well as the Bedfordshire Community Dietetic Team. The Club received Beacon Status between 1999/2001 for its unique approach to addressing health needs in South Asian communities.

Fifteen Club leaders in Luton receive OCN accredited training to prepare them for the responsibility of recruiting and supporting facilitators. Between April 1999 to September 2000 150 women attended the clubs. Dieticians, managers and club leaders to assess the impact on the club leaders, attendees and their families evaluate the project. Staff team meetings were found to be important for ongoing support, administration and training purposes. Problems were found accessing the Bangladeshi population in Luton. Women reported that they enjoyed attending the cookery club, they requested more sessions and opportunities for exercise. Cooking techniques and foods consumed had changed including an increase in fruit and vegetables, resulting in a weight loss for some women.

The club has a number of planned developments for the future such as partnership working to address childcare issues with 'Our House', an organisation for Asian women to access find out about services and discuss issues such as health. Future work with younger people and men to involve the whole community as women reported that they had difficulties changing dietary habits of their families.

#### *Sources*

Nutrition and Dietetic Service. Bedfordshire and Luton Community NHS Trust (2001). Asian Cookery Club Annual Report 2000/2001 <http://www.asiancookclub.com/>

Nutrition and Dietetic Service. Bedfordshire and Luton Community NHS Trust (2000). Evaluation for the Asian Cookery Club Project April 1999-September 2000. <http://www.asiancookclub.com/>

<http://www.erpho.org.uk/Inequalities/inequalitiesResults.asp?categories=Ethnicity&county=Bedfordshire&SubmitSearch=Go%21&offset=2>

### **3.4.2 Infant feeding practices in the British Pakistani (Azad Kashmiri) community, Luton**

Research in the past has found that parents in British Pakistani communities have high levels of anxiety about their children's diet, iron deficiency anaemia and dental caries. Luton HAZ and Luton PCG carried out further research into this area in order to develop an intervention for infant feeding for this community. They found that mothers used various coping strategies, which often compounded the original problem. The mothers interviewed preferred having home visits from health professionals. They aim to develop an intervention for infant feeding adapted to women's needs that encourage healthy eating patterns in their first year of life.

An intervention was piloted with twenty-six families in 2000- 2001. The programme involves monthly home visits from link workers specifically trained to give weaning

support and advice. Health promotional leaflets on infant feeding in the appropriate language and level of literacy are also developed. Staff training aims to raise cultural awareness and improve communication skills. This intervention was evaluated when children were eight months and one year old. Healthier practices for weaning were found, as 100% were drinking from a beaker and 92% had an age appropriate varied diet of family foods, families that did not meet the criteria had other medical needs. The mothers felt more confident in effectively using coping strategies and had an improved knowledge of weaning. The importance of early intervention, consultation and responding to clients needs in the development of policies and practices was stressed.

The project is currently awaiting further funding from Luton PCT to mainstream infant feeding practices for all Health Visitors in Luton working with Pakistani and Bangladeshi families, with further evaluation included from the start.

#### **Sources**

Smith, S. (2000). An exploration of Infant Feeding Practices in the British Pakistani (Azad Kashmiri) community. Luton HAZ: Department of Health.

<http://www.haznet.org.uk/hazs/progress/fellowships/ssmith.pdf>

Smith, S. (2002). Infant Feeding Project: Evaluating a Pilot study. Luton HAZ: Department of Health.

#### **Key points for consideration**

*Health services and education may not impact ethnic groups health needs if they do not take into account social and cultural differences such as language, gender, cultural and religious issues*

##### **Educators / Facilitators /Health Workers**

- They need to have be able to use the appropriate language (or have access to translators) and have an understanding of cultural issues
- It may be effective if they are from the local community as they will be relate to issues and will also have an opportunity to develop skills
- Regular support is needed and accredited training is beneficial
- Time is needed to build up a relationship of support with individual members of the community
- Home visits help to overcome access problems and people generally feel more relaxed in own environment

##### **Programmes**

- Early intervention is more successful
- Consultation with the community is required for the development of policies and intervention to respond to clients needs
- Programmes need to be flexible with incentives for attendance and take into account issues such as child care
- Groups work gives people the opportunity to discuss issues, access support and breaks down social isolation
- Need to address the whole community for a change as women alone are unable to change the whole families health behaviours
- Health information needs to be at the appropriate literacy level and language for accessibility

## 4. DEVELOPMENT ISSUES AND POINTS FOR CONSIDERATION

The Government (1999) emphasises that “Education is vital to health” and the key to health improvement is to address the complex social, personal, economic and environmental interactions and causes. Learning can cover a wide range of opportunities to expand the mind and body. The benefits of learning on health and well-being has been widely documented, including raising confidence and self-esteem, increasing satisfaction as well as opening doors to opportunities such as employment, voluntary work, community activity and involvement in issues on a local level (DfES, 2001).

Health and lifelong learning policies and programmes need to identify a clear target group before development takes place so that key issues are considered to be sensitive to needs and have effective results including:

- *Ethnicity and Culture* – respect social and cultural differences such as language, gender, diet, culture and religion and adapt programmes to support these issues;
- *Mental health problems and disabilities* –raise concerns and inform Education and Health Professionals to ensure clients receive integrated support required for them to adequately access mainstream health and education services;
- *Basic Skills Needs* – increase awareness of how basic skills problems can affect everyday life and provide support to improve confidence and self-esteem;
- *Young People* – provide non-judgemental confidential integrated support that is easily accessible to empower them to make informed decisions;
- *Older people* – programmes need to challenge negative perceptions of old age and dispel myths that older people are “too old” to learn or participate in activities;
- *Women with dependent children* – provision of accessible and affordable childcare is important;
- *Rural areas* –location is a key aspect as it needs to be accessible or else affordable transport should be provided.

There are various key components in the development of projects linking health and lifelong learning that ensure they support existing initiatives and encourage excluded groups to access mainstream services to facilitate a change in the community, these include:

- basing it on pre-existing research findings using local groups and organisations;
- introducing an intervention as early as possible;
- adapting facilities for their client group for example making a place ‘young people friendly’;
- making it flexible to need such as location may be important for example some clients require home visits;
- ensuring the programme is innovative and integrated into local health and education plans as well as existing services using ‘joined up’ thinking and solutions;

- contacting and negotiating with 'gatekeepers' in the community to facilitate access;
- consultation with the client group before development so that the intervention is appropriate, relevant and responds to their needs;
- involvement and ownership of the community from the planning stage to deployment running is essential within all community based projects in order to develop skills and encourage the service to be used;
- provision of resources and support for the development of community skills which may include training;
- acquiring the commitment of management, professionals and partnerships that should include a wide range of stakeholders;
- providing opportunities for networking, negotiation and active links between health, education and voluntary groups to share information, support and to disseminate good practice;
- bearing in mind that results do not happen overnight, they often require long-term commitment so funding needs to be sustainable.

Consideration should be taken when planning the content of a programme as various factors may effect their success such as:

- naming of courses or programmes are important as they are the first point of contact and may encourage or deter people from attending;
- available literature needs to be produced in the appropriate language and literacy level to ensure clients can understand the information;
- measures for monitoring and evaluation should be in place for consistency and quality to ensure identified objectives are being met for funders and to identify any changes to improve the project for service users;
- educators / workers need the right skills and to receive support, training and guidance to increase their confidence, skills and ability to provide an effective consistent service;
- using workers from the community who share the same background and characteristics, who have local credibility are more likely to be trusted and accepted so they will draw people into a project;
- workers need to build up a trusting relationship with clients, which involves having an empathetic, non-judgemental approach.

There are a variety of approaches for delivery that have been found to be effective such as:

- a holistic, multi-agency approach is useful, as excluded groups can access the service for one reason such as free crèche facilities and this may lead them to accessing other services for example sexual health advice without feeling stigmatised by their peers;
- providing incentives for attendance and participation such as course accreditation;
- flexible, interactive, fun and experiential approaches to raise awareness, encourage discussion and facilitate learning;

- group work with people who share common ground, such as young mothers, which may help to reduce social exclusion by encouraging interactions and allow people to share and listen to each others views
- alternative approaches, such as cartoons, photographs, drama, sport and role models, to explore important issues to facilitate improved communication links and access to information which may be useful for some hard to reach groups
- peer learning can improve the skills and experience of the peer educators themselves, however it is important they receive up-to-date training, monitoring and support.

These points raise various development issues and questions for Learning Partnerships to consider. We recommend that Learning Partnerships should:

- Consider how they could positively influence specific groups particularly those at risk of social exclusion.
- Seek to raise awareness about the nature of community services.
- Learning Partnerships should seek to do this within existing frameworks such as Connexions and by utilising the wealth of expertise of local voluntary sector groups.
- Establish a forum for health and learning issues within each Learning Partnership with a representative from the local Health Authority.
- Seek to promote a public recognition that the 'learning population is a healthy population' as learning increases self-esteem, greater respect for inner well-being and an increased tendency to be generally healthier.

#### *Sources*

Department of Health (1999). *Saving Lives: Our Healthier Nation*. The Stationary Office. London. <http://www.archive.official-documents.co.uk/document/cm43/4386/4386.htm>

Department for Education and Skills (2002). *Learning in Later Life: The benefits of learning*. <http://www.lifelonglearning.co.uk/older/index.htm>

## ANNEXE 1

### NATIONAL AND REGIONAL POLICIES AND PROGRAMMES WITH CASE STUDIES

#### CONTENTS

<b>1.</b>	<b>NATIONAL POLICIES AND PROGRAMMES</b>	<b>29</b>
<b>1.1</b>	<b>Policies and Programmes for Children, Families and Young People</b>	<b>29</b>
1.1.1	Sure Start	29
	<i>Sure Start South East Ipswich, Suffolk</i>	30
	<i>Sure Start South Fenland, North Cambridgeshire</i>	30
	<i>Sure Start Tilbury, Thurrock</i>	31
1.1.2	Children's Fund	31
	<i>NCH Action for Children's Baby Think Twice Project, Hertfordshire</i>	32
1.1.3	Connexions	32
	<i>TIC-TAC Centre, Paignton Community College, Devon</i>	34
1.1.4	Education Action Zones	34
	<i>Clacton and Harwich EAZ, Essex</i>	35
	<i>Great Yarmouth EAZ, Norfolk</i>	35
	<i>Thetford EAZ, Norfolk</i>	35
1.1.5	Excellence in Cities	35
	<i>Aylesbury High School, Buckinghamshire</i>	37
	<i>The Milestone School, Gloucestershire</i>	37
1.1.6	Healthy Schools Initiative	37
	<i>Healthy Norfolk Schools Award</i>	38
	<i>Somerset Healthy Schools, Healthy Teachers</i>	39
	<i>Suffolk Healthy Schools and Safely to Schools Project</i>	40
<b>1.2</b>	<b>Policies and Programmes for Communities</b>	<b>40</b>
1.2.1	Neighbourhood Renewal	40
	<i>Injury Minimisation Programme for Schools (I.M.P.S)</i>	41
	<i>The Beacon Project, Falmouth, Cornwall</i>	41
	<i>Working Together in London</i>	42
1.2.2	New Deal for Communities	42
	<i>The WINNER Project, Kingston-Upon-Hull</i>	43
1.2.3	Health Action Zones (HAZ'S)	43
	<i>Lambeth, Southwark and Lewisham HAZ, Mock Sexual Health Clinics</i>	44
<b>1.3</b>	<b>Programmes for Older People</b>	<b>44</b>
1.3.1	Ageing Well UK	44
	<i>Full of Beans, Hertfordshire</i>	46
1.3.2	University of the Third Age	46
	<i>Basildon &amp; Bilericay University of the Third Age</i>	47
<b>2.</b>	<b>REGIONAL DEVELOPMENT AND GOVERNMENT OFFICES</b>	<b>47</b>
<b>2.1</b>	<b>Government Offices</b>	<b>47</b>
<b>2.2</b>	<b>Regional Development Agency</b>	<b>48</b>

<b>2.3</b>	<b>The EEDA Strategy</b>	<b>48</b>
<b>2.4</b>	<b>SRB Funded Projects in the East of England</b>	<b>49</b>
2.4.1	Peterborough Regeneration Partnership, Cambridgeshire	49
2.4.2	Regeneration through youth and Community connections, Harlow, North Essex	50
2.4.3	Crossbow Partnership, Southend of Sea, South Essex	50
2.4.4	Wisbech Champions, Cambridgeshire	51

# **1. NATIONAL POLICIES AND PROGRAMMES**

## **1.1.1 Policies and Programmes for Children and Young People**

### **1.1.1 Sure Start**

Sure Start is a government initiative to address the problems of social exclusion and child poverty. Sure Start areas are situated in the most deprived localities (Sure Start, 2001) where there is a high number of children living in poverty. The aim is to improve the health and well-being of children from pregnancy until school age as well as their families. Sure Start strives to 'break the cycle of disadvantage for the current generation of young children'. They have established a programme for families and children under four to improve services and share good practice. The programmes improve access to early learning, health services, family support and advice on nurturing. There have been four waves of Sure Start with 260 local programmes, 11 of which are based in the Eastern region.

There are four main objectives within the programme:

- improving social and emotional development;
- improving health;
- improving children's ability to learn;
- strengthening families and communities.

The Sure Start programmes usually include the following core services:

- support for good quality play, childcare and learning experiences for children;
- support for children and parents with special needs;
- outreach and home visiting;
- primary and community health care;
- support for family and parents.

The programmes share key principles in that they are:

- culturally appropriate and sensitive to needs;
- involve participation of families in planning and running of the project;
- ensure all families can use Sure Start services;
- co-ordinate, streamline and add value to existing services in area;
- involve parents, grand parents and carers;
- link to services for older children.

The National targets include: reduction in low birth weight; improved health regarding serious injury, gastro-enteritis and respiratory disease; quality play – 90% increase in normal speech and reduction of re-registration on Child Protection register.

### Sources

Sure Start (2001). [A guide for fifth wave programmes](#). DfEE publications: Nottingham.

<http://www.surestart.gov.uk>

#### **Sure Start - South East Ipswich, Suffolk**

Sure Start South East Ipswich aims to enhance educational prospects and health for children under 4 years old and their families. They work in partnership with agencies to plan and deliver services to reduce poverty and improve the capacity of the community. The programme covers seven main areas:

- *Sure Start Community Centre* providing a base for activities such as Community Café, Parent and Toddler Groups, Toy Loan service, launderette, 'surgeries' and Family Centre activities;
- *Family Support Services* such as Community Development Workers, Family Workers, Translation Services, Community Parents Scheme, Counselling Services, Advocacy, Services for Fathers and Male Carers and Citizens Advice Bureau Surgery;
- *Play, learning and Childcare Services* which includes childcare training, playgroups, day nursery, reading initiatives and Play Workers;
- *Primary and Community Health Care Services* such as Healthy Living Initiatives, Speech and Language, Dental Services, Environment Safety and Improvement, Health visitor, Midwife and Community Paediatric Nurse;
- *Teenage Pregnancy* involving a Community Health Education Project targeting preventative services through services within schools, youth work and existing groups
- *Special Needs Services* Portage's role through outreach and group work to support children with special needs and moderate developmental delay;
- *Improvements to Parents Employability* including Community Education, Prosper and Childcare training.

#### **Source**

<http://www.surestart.gov.uk/centreDetails.cfm?centre=137>

Sure Start (2000) [Sure Start South East Ipswich Delivery Plan Summary](#).

#### **Sure Start –South Fenland, North Cambridgeshire**

Sure Start South Fenland is based in a rural area. Issues were raised by the community about a need for better quality early years play facilities and resources, better access to information and services as well as earlier and more flexible social and health support.

The Activities in the area include:

- *Trailblazer Integrated Groups (TIG's)* which ensures the programme is responsive to local needs and is run by local parents;
- *Needs Assessment* an electronically based Health Needs Assessment Tool has been developed by the Fenland Families Project, which is used by Health Visitors and Midwives to identify needs and responses early;
- *The Bendy Bus* a mobile play and learning centre which provides information and advice, a toy library, drop-in sessions and activities for children;
- *Service Development* services for fast track input to families have been developed including Home Start and a Community Parents scheme;
- *Infrastructure development* such as pre-school building, outdoor and indoor play areas are being improved or developed in all areas.

#### **Source**

<http://www.surestart.gov.uk/centreDetails.cfm?centre=54>

### **Sure Start Tilbury, Thurrock**

Sure Start in Tilbury aims to provide innovative supportive services for families with children who are pre-school, based on a relationship of trust and team work between workers in the community and the agency. Tilbury, a dockland area, experiences high unemployment, crime, under achievement in schools and low adult literacy. The new Flagship Centre consists of an affordable nursery for children under 4, laundry facilities, a centre café with cheap and healthy snacks, a toy library, soft and sensory rooms, activity rooms and counselling rooms. They offer a wide variety of programmes including:

- *Outreach and Home Visiting* – Home School Link, Community Mothers, Breast feeding Supporters Programme, Sleep Clinic, Ante and Post natal groups;
- *Family and Parental Support* – Family Support/Attachment/Child Protection, Grandparent Support Group and Mobile parenting;
- *Primary, Community Health and Social Care* - Mum's on the Move, Post-natal depression support, Community Dietician, Infant Massage, Behaviour management, MIND counselling, Women @ Centre, Young Persons Awareness and Pro-change anti-smoking;
- *Quality Play, Learning and Childcare* – Childcare development, Toy Library, Play and Handicraft workshops, Family Literacy and Numeracy, Language Development Project, Babies into books, Pre-school provision and Day care;
- *Access to Specialised Services* – Crossroads, Tilbury School for parents, portage and Support for parents with special needs.

A Creative Worker is also available to support mothers in parenting skills and improving self-esteem using creative activities such as music, drama and art. There is a reward scheme in which people who complete different activities achieve points which they can use for and Indian head massage, a beauty/manicure treatment, free meal in the café or free crèche place.

#### **Source**

<http://www.surestart.gov.uk/centreDetails.cfm?centre=67>

Sure Start (1999) Sure Start Tilbury Delivery Plan.

### **1.1.2 Children's Fund**

The Children's Fund, managed by the new Children and Young People's Unit, was established to help address social exclusion and child poverty. A local network administered by voluntary sector organisations allocates funds to local projects. The Children and Young People's Unit offers a variety of services including:

- preventative services for 5-13 year olds and their families;
- counselling and advice;
- mentoring schemes;
- out of school activities;
- parenting education.

The Children's Fund aims to establish models of good practice for services to meet the needs of vulnerable children and their families to break the cycle of disadvantage and poverty. The key principles of the Fund incorporate:

- complimenting and bridging the gap in preventative services between Sure Start and the Early years programme and Connexions;

- supporting evidence-based existing projects and pioneering services;
- encouraging inter-agency working within the community;
- focussing on provision of support for children and families who face prejudice;
- engaging the voluntary and community sector;
- securing long-term improvement through building capacity within families and the community.

The £450 million fund is being distributed throughout England over three years until April 2004. There are two key programmes: a £380 million programme to identify children showing early signs of difficulty and providing them and their families with support to overcome disadvantage and barriers; additionally, a £70 million programme which supports a network of local children's funds to invest in voluntary and community groups who work with disadvantaged children aged 0-19. Projects must work within four themes to be eligible for local network funding:

- prevention and crisis work with isolated and difficult to reach groups
- giving children a 'voice';
- enabling families to improve their living standards and economic disadvantage;
- bridging the gap between the aspirations and experiences of children in poverty and their contemporaries.

#### *Sources*

<http://www.nya.org.uk/Children's-fund.htm>

<http://www.cypu.gov.uk/>

#### **NCH Action for Children's Baby Think Twice Project, Hertfordshire**

The Stevenage Family Support Services helps families referred by health visitors or social services that are under stress. The Baby Think Twice Project involves a group of young parents who use the support service, they visit schools to make young people aware of some of the implications of unplanned pregnancy. Various topics are discussed such as relationships, housing and finances. They also demonstrate the reality of being a parent with a virtual baby programmed to cry, scream and sleep like a real baby.

#### *Sources*

<http://www.nya.org.uk/Children's-fund.htm>

[http://www.dfes.gov.uk/pns/DisplayPN.cgi?pn\\_id=2000\\_0498](http://www.dfes.gov.uk/pns/DisplayPN.cgi?pn_id=2000_0498)

### **1.1.3 Connexions**

Connexions is a government initiative for young people aged 13-19, which is currently operating in fifteen areas of England. Connexions aims to build on existing practice to offer a cross-agency Youth Support Service and involves a collaboration of six government departments, their organisations, youth and careers services, as well as private and voluntary sector groups. The strategies are delivered through local partnerships working to national planning guidance, covering the same areas as the

Learning and Skills Council (LSC) and are managed by Local management committees who also monitor the service.

The aim of Connexions is to improve the quality of service provision, raise attainment and achievement and tackle exclusion as part of the Government's agenda for young people. There are four key themes to this strategy:

- Ensuring high quality service provision in post-16 options, including sixth forms, FE Colleges, work based training, backed up by area-wide inspections;
- Overcoming financial barriers to learning and employment;
- Developing a flexible curriculum engaging young people and resulting in important qualifications;
- Creating a new local outreach, information, advice and guidance service – Connexions Service.

The eight principles underpinning the service consist of meeting individual demand, taking account of young peoples views, partnership, evidence based practice, raising aspirations, community involvement, extending opportunity and equality of opportunity and inclusion.

The support service offers integrated guidance, advice and access to personal development opportunities and practical help with selecting courses and careers. Information and advice also covers issues such as sexual health, alcohol and drug abuse. Young people have access to a Personal Advisor who takes a holistic approach and individually tailors help and support provided to meet the young persons needs.

Connexions aim to reduce social exclusion by helping young people return to education or work so their priority is to work with vulnerable young people at risk of disaffection, underachievement and of failing to make a successful transition to adulthood. Connexions provide intensive specialist support in these cases and work the relevant agency to provide services through one point of contact so young people do not have to look further for additional support. Current partnerships include Local Learning Skills Councils, Local Teenage Pregnancy Strategy, Drug Action Teams, Homelessness, Social Services and Youth Offending Teams.

*Source*

<http://www.connexions.gov.uk>

### **Tic-Tac Centre, Paignton Community College, Devon**

The TIC-TAC Centre (Teenage Information and Advice Centre) is a 'Teacher Free Zone' based on school premises, which young people can access during their lunch hour. The Centre was pioneered by Paignton Community College in partnership with the Health Authority and has been awarded a beacon of good practice. The aim of the Centre is to provide a service that meets teenagers needs and includes offering listening, counselling and health promotion. Trained TIC-TAC staff supply contraception where appropriate. The centre is easily accessible, non-judgemental and confidential within a friendly environment. The multi-disciplinary team including GP's, Practice and School Nurses, Connexions Personal Advisers and Youth Workers staff the centre. Staff work within agreed protocols for confidentiality, times of consultation and when issuing condoms, oral contraception and emergency contraception. The service has four main areas of interest:

- Healthy lifestyle promotion; diet, smoking, exercise, alcohol and drug usage
- Counselling; family and peer relationships, bereavement, bullying and abuse
- General medical information – health information leaflets
- Sexual health; relationships, contraception and pregnancy testing

However the highest numbers of consultations with young people are for issues related to sexual health. The service aims to encourage young people to trust health professionals and has found that clients are more likely to access mainstream health services when they leave school. A Teenage Health and Information Service (THIS) based on the TIC-TAC model has been set up at Bungay High school in Suffolk.

#### **Sources**

TIC-TAC Teenage Information and Advice Centre (1997) Paignton Project Business Plan: Draft Document for consultation.

Independent Advisory Group on Teenage Pregnancy (2001). First Annual Report. [www.teenagepregnancyunit.gov.uk](http://www.teenagepregnancyunit.gov.uk)

### **1.1.4 Education Action Zones**

Education Action Zones were a major aspect of the Labour government's manifesto based on two principles: firstly, that established improvement and change is needed to increase pupils chances of succeeding in deprived urban and rural areas and secondly, school systems are committed and have the capacity for change and innovation. The aim of Education Action Zones are to disseminate educational models of good practice so that pupils have the best opportunity to succeed and involve parents in children's education. There are 99 EAZ's and 82 'small' EAZ's within Excellence in Cities areas. Applications are received from groups of schools (15-25) and their partners, which outline new methods to raise standards and set themselves improvement targets, before a zone is established.

First round zones received funding for three years which was extended to five years if successful. The DfES allocate grants of £500, 000 and zones need to obtain up to £250,000 from private partners. Zones have certain legislative freedoms and are run by an Action Forum and managed by a project director. Evaluation involves assessing the impact of activities and the effectiveness of management. OFSTED (2001) reported that the first six zones inspected were useful in raising schools standards particularly in primary schools although this was not consistent throughout zones.

Education Action Zones have been found to improve attendance, GCSE results and Key Skills at Level Two.

*Source*

<http://www.standards.dfes.gov.uk/eaz/>

**Clacton and Harwich EAZ – Essex**

This Zone began in January 2001 and comprises of 20 primary schools and 3 secondary schools. The key activities taking place include a work based curriculum (NVQ) for students at risk of disaffection and systematic use of Early Reading Research technique to accelerate reading ability beyond their chronological age.

*Source*

[http://www.standards.dfes.gov.uk/eaz/servlet/Display?page=displayOverview&zone\\_id=60](http://www.standards.dfes.gov.uk/eaz/servlet/Display?page=displayOverview&zone_id=60)

**Great Yarmouth EAZ – Norfolk**

The EAZ was established in September 2001, and is one of the largest EAZ's involving 26 primary schools, 5 secondary schools, 1 special school and the pupil referral unit. The zone has six themes: improving social inclusion; engaging the community; lifelong learning; improving key skills; improving teaching and learning styles and strengthening leadership and management in schools. The key activities that are taking place include environmental projects linked to ICT, Centre for excellence operating at the weekend and an area wide network to link all schools.

*Source*

[http://www.standards.dfes.gov.uk/eaz/servlet/Display?page=displayOverview&zone\\_id=61](http://www.standards.dfes.gov.uk/eaz/servlet/Display?page=displayOverview&zone_id=61)

**Thetford EAZ – Norfolk**

This zone covers 8 primary schools and 2 secondary schools and began in January 1999. Their key activities include a citizenship programme to raise commitment to learning and self-esteem and a reading recovery project.

*Source*

[http://www.standards.dfes.gov.uk/eaz/servlet/Display?page=displayOverview&zone\\_id=27](http://www.standards.dfes.gov.uk/eaz/servlet/Display?page=displayOverview&zone_id=27)

### 1.1.5 Excellence in Cities

Excellence in Cities (EiC) is a three-phase programme, which involves funding and programmes, to overcome the problem of low educational attainments in major cities. This programme is delivered through 58 local partnerships that concentrate on individual pupil's aspirations and needs, and working with parents. These partnerships incorporate secondary schools and the Local Education Authority, who may invite other educational establishments into their partnership. Work may take place with other authorities in their conurbations.

There are 1000 primary and 1000 secondary schools involved in the EiC scheme. The first phase covers six conurbations and 440 secondary schools in 24 LEA's, the

second phase includes 23 LEA's and the third phase has eleven authorities and 160 secondary schools.

The programme aims to raise standards and has seven key policy strands, the first three of which are core strands:

- extended opportunities for Gifted and Talented pupils – helping able disadvantaged young people to reach their full potential;
- Learning Mentors – one-to-one mentors enable young people who need support inside and outside of school to overcome barriers to learning as well as making contact with their families;
- Learning Support Units – centres for pupils at risk of exclusion to receive short-term support within the school in order to reintegrate them within a short period of time;
- Small Educational Action Zones (SEAZ) – focusing on the needs of a few secondary and primary schools so that local partnerships can target action and initiate solutions;
- more Beacon Schools – disseminating good practice to raise standards in urban areas and encourage closer collaboration;
- Specialist Schools - focussing on teaching and learning in a chosen specialism to improve standards and increase provision;
- a network of new City Learning Centres –providing local ICT facilities in secondary schools.

Excellence Clusters operate within local authorities, and focus on the main elements of the EiC programme for schools located in deprived areas. The Excellence Challenge tackles under representation in sixth forms and higher education of students from deprived backgrounds. The main objectives of the Challenge include:

- providing institutions of higher education with additional funding for pupils from deprived backgrounds;
- piloting schemes that offer opportunity bursaries to bright young people;
- giving support within EiC areas for young people who could attend higher education. Post 16 age groups in sixth forms and further education institutes have the opportunity to be supported by the Gifted and Talented programme. Young people aged 13-19 can be supported by widening participation programmes;
- improving marketing routes to higher education, providing clearer information and focussing on communities who do not traditionally participate in higher education.

*Source*

<http://www.standards.dfes.gov.uk/excellence/>

### **Beacon Schools**

#### **Aylesbury High School, Buckinghamshire**

This selective school have 1400 pupils in Years 7-13. They offer Initial Teacher Training focussing on Personal, Social and Health Education (PSHE) in collaboration with Westminster College, Oxford Brookes University. The programme includes an overview of PSHE such as ground rules and age appropriate material, practical ideas they can use in the classroom on drug related issues as well as participation and observation in Year 10 and 11 PSHE classes. The school reported that workshops for teachers have helped to improve their confidence in teaching in this problematic area and good practice is being disseminated though trainees in practice schools and employment.

#### *Source*

<http://www.standards.dfes.gov.uk/beaconschools/aylesbur/>

#### **The Milestone School, Gloucestershire**

This special school for pupils aged 2-16 in collaboration with Gloucestershire LEA provides education on preparing for the inclusion of pupils with physical disability. The course raises awareness on the complexities of fully including children and involves an introductory day with speakers, four workshops with a follow up session six months later focussing on inclusive activities and Individual Mobility Plans. The training has allowed new partnerships to form and good practice to be shared, such as joining up work between education and health services by involving Community Therapy Teams.

#### *Source*

<http://www.standards.dfes.gov.uk/beaconschools/themiles/>

### **1.1.6 Healthy Schools Initiative**

In May 1998 the Department of Health (DoH) and the Department for Education and Employment (DfEE)<sup>1</sup> launched a national Healthy Schools Initiative. The aim is to make schools a healthy environment for children by raising awareness about existing opportunities in schools for improving health. The programme emphasises that social behaviours and good health underpin academic achievement and effective learning. The Health Education Authority manages and develops projects. A 'whole school approach' is promoted and models of good practice disseminated.

The Healthy Schools Programme involves six major components:

- National Healthy Schools Standard
- Wired for Health website
- National Healthy Schools Newsletter
- 'Healthy Schools, Healthy Teachers'
- Strategies for Safer Travel to School

---

<sup>1</sup> Now known as the Department for Education and Skills (DfES)

The National Healthy Schools Standard (NHSS), known previously as the National Healthy Schools Scheme, provides standards and guidance for local partnerships that develop Healthy School. Schools are encouraged to consolidate partnerships for the improved health of schools and communities. A national Personal, Social and Health (PSHE) Advisory Group has been developed to offer advice on the purpose and aim of PSHE, within a national PSHE framework for schools. The aim of this is to ensure children receive the knowledge they require to make informed decisions about their lives.

Eight NHSS pilot projects, representing demographic diversity, were funded in the first phase of the scheme, four of which built on existing healthy schools schemes including examples in Norfolk. The Thomas Coram Research Unit (TCRU) at the University of London's Institute of Education evaluated the pilot projects. An audit was also carried out by TCRU of 65 existing programmes to inform the NHSS. The key findings from these two pieces of research included emphasising the importance of:

- consulting young people to ensure programmes meet their needs;
- supporting networking opportunities for schools to learn about other models of good practice;
- partnerships consisting of a variety of stakeholders;
- monitoring and evaluation for consistency and quality standards;
- commitment of Senior management to the programme.

#### **Healthy Norfolk Schools Award**

A Healthy Schools Award has been running in Norfolk since 1992, with eighty schools receiving an award up to 1999. The majority (80%) of schools participating are primary or middle schools. The activities included the siting of recycling facilities in a rural school, an adolescence and puberty book written by Year 7 pupils for younger children and a 'buddy' system to reduce bullying. The aim of the scheme is to start a more sustained programme overseen by a multi-agency group including health and education experts as well as pupils. An independent local evaluation by the University of East Anglia (UEA) was carried out in September 1998 to assist the process of development. Education and health consultants visit and support the school's audit process. The evaluation identified a number of areas funding could be allocated to develop the scheme:

- Extending the role of school nurses by providing training;
- Facilitating of a common standard for evaluation by developing a tool;
- Exploring sustainability;
- Facilitating increased consultation on the Healthy Norfolk Schools Award by developing a multi-agency training package;
- Establishing and promoting health education in pre-school settings to raise the profile of early years education;
- Involving parents in Healthy Norfolk Schools Award to a greater extent.

#### **Sources**

<http://www.healthynorfolk.org.uk/hn/intro.htm>

DfEE (1999). Learning Lessons: A report on the two research studies informing the National Healthy Schools Standard (NHSS).

The Wired for Health website has been developed in the first stage for teachers in school to provide information on the Healthy Schools Initiative, general health and national policies. The second stage will provide information for pupils. The National Healthy Schools Newsletters launched in 1998 shares information about the NHSS, updates on activities and initiatives within the Healthy School Programmes and models of good practice.

'Healthy Schools, Healthy Teachers' involved six conferences during early 1999 in Cambridge, London, Birmingham, Bristol, Manchester and Newcastle. Teachers were consulted and involved in planning promotion of the health of teachers to reduce absence through ill health. Teachers felt their health and well-being could be improved by setting up monitoring systems, involving staff in strategic plans, better co-ordination of change and allowing managers responsibility for health promotion. The conferences also identified 150 current projects for teachers health some of these examples have been disseminated by the Department of Health (DoH, link: <http://www.nds.coi.gov.uk/coi/coipress.nsf/70e1fa6684c1d3f380256735005750fb/89d24cc9b279428480256738005c8a2d?OpenDocument>).

#### **Somerset 'Healthy Schools, Healthy Teachers'**

A Stress and illness scheme has been developed by the Somerset Local Education Authority and the Primary Heads Association. A confidential service is offered by co-ordinators to Head teachers in primary, middle and special schools. They also provide training on recognising and understanding symptoms of stress for themselves and their staff as well as supporting them in stress management. The services have had successful outcomes in reducing long-term stress related absence for head teachers and a 98% satisfaction rate was reported for colleagues.

#### **Source**

<http://www.nds.coi.gov.uk/coi/coipress.nsf/70e1fa6684c1d3f380256735005750fb/89d24cc9b279428480256738005c8a2d?OpenDocument>

The Safer to School Strategy emphasises healthy alternative travel to school to reduce the number of car journeys. The School Travel Advisory group (STAG) was set up to raise the profile of these issues and ensure transport, health and education policies integrate school travel where appropriate. A Healthy Active Travel database has been established for material on healthy travel to school such as walking, cycling, public transport and car sharing. There is also guidance on safe active travel to school in primary teacher training and a School Travel Resource Pack available.

The 'Cooking for Kids' scheme was developed by the DoH, DfES and supported by The Royal Society of Arts and Food Federation, and The Food Foundation. The aims are to highlight the importance of healthy eating and food safety as well as to provide experience of food preparation in school holidays. Celebrity Chefs visit schools in England to show that eating well is both fun and beneficial.

#### **Source**

<http://www.wiredforhealth.gov.uk/healthy/healint.html>

### **Suffolk Healthy Schools and Safely to Schools Project**

The Healthy School initiative in Suffolk has been running for three years, and involves a partnership between the Health Authority and the Council. In 2000-2001, 40 partnership schools were participating in champion healthy school initiatives. The initiative involves a variety of activities:

- A consultation group for teachers working together on health-based school projects
- Ten pilot training programmes for health co-ordinators and PSHE staff
- Programmes on sex and relationships; drugs, alcohol and tobacco; personal, health and social education; emotional health and well-being; safety; physical activity as well as citizenship
- A continuation of projects such as healthy eating, teenage pregnancy, breakfast clubs, anti-smoking and theatre in education
- Further courses on mental health, self-esteem, staff health and well-being are being introduced. Health Authority Primary Care Teams are also developing work on sex education, mental illness and drugs for primary schools

The aim of the Safely to Schools initiative is to: encourage cycling or walking to increase pupil's health and fitness, reduce road traffic, improve the environment and increase young peoples road sense. The Council plans to involve the relevant members of the community in this scheme, which currently operates in 35 schools which, will be increased to 74 by 2005. The Project to date has two main initiatives:

- 'Walking Buses' using trained volunteers to follow an agreed route and escort groups of children to walk to school, therefore encouraging health through exercise;
- A giant 3-D scale model created by children and teachers identifying safety routes from the school to the surrounding area.

#### *Source*

[http://www.suffolkcc.gov.uk/policy/beacon/healthy\\_schools.html](http://www.suffolkcc.gov.uk/policy/beacon/healthy_schools.html)

[http://www.suffolkcc.gov.uk/policy/beacon/safety\\_to\\_school.html](http://www.suffolkcc.gov.uk/policy/beacon/safety_to_school.html)

## **1.2 Policies and Programmes for Communities**

### **1.2.1 Neighbourhood Renewal**

The Neighbourhood Renewal Unit (NRU) was established in January 2001 to implement the governments Neighbourhood Renewal Strategy. This tackles social exclusion and 'bridges the gap' between the most deprived neighbourhoods in the country and the remaining areas. The aims of the initiative are to provide:

- safe communities;
- better health to the poorest communities;
- economic prosperity;
- high quality education;
- satisfactory housing.

A Local Strategic Partnership approach is used with all sectors of the community working together, supported regionally by Neighbourhood Renewal Teams in Government Offices. Existing resources and services such as health services are used

to concentrate on these deprived areas. Main floor targets have been set by the government for relevant departments to meet by 2010 such as reducing teenage conception, substandard housing, raising employment and educational attainment.

The local community groups and residents have a key role in contributing their ideas to help regenerate the area as they have a local insight into improvements that should be a priority. A Community Forum, established by the unit ensures the communities advise the NRU on involving the community in this regeneration.

#### **Injury Minimisation Programme for Schools (I.M.P.S)**

This is a national scheme developed in Oxford in 1994, running in 14 areas in the country (including Oxford, Buckinghamshire, West Bromwich, Manchester and Harrogate) which have difficulties with a high rate of accidents and social exclusion. The aim of the programme is to reduce the numbers of death and disability by accidents. The experiential learning scheme offers education on accident prevention, basic life support and injury minimisation aimed at 10-11 year olds who are considered statistically the most at risk. This is taught in three stages within school environments by the children's own school teachers and is linked to the school curriculum. Further training also takes place during a visit to a hospital. In 1999 7500 school children had completed the programme. A structured evaluation of I.M.P.S. by Oxfordshire Department of Public Health found that the programme increased knowledge of administering first aid, basic life support techniques and likelihood of children identifying dangers five months later.

#### **Sources**

<http://www.impsweb.co.uk/>

Fredrick, K., Bixby, E., Orzel, M., Stewart Brown, S. and Willett, K. (2000) An evaluation of the effectiveness of the Injury Minimisation Programme for Schools (I.M.P.S.). Oxfordshire Department of Public Health.

Available funding is allocated over three years. The £36 million Community Empowerment Fund supports voluntary sector and community involvement such as training, outreach and local infrastructures. The £50 million Neighbourhood Renewal Community Chests support community activity and mutual self-help such as paying for IT equipment. The Neighbourhood Renewal Fund (£900 million) funds additional resources in 88 local authority areas that are considered to be the most deprived.

#### **The Beacon Project, Falmouth, Cornwall**

This Project, established in 1995, aims to empower a deprived community to reduce the rate of health and social decline by steering change. The Project was started by Health Visitors and covers three main areas: an adult education initiative within outreach, bids for building conversion (such as a young persons sexual health service and a dental project) as well as dissemination of good practice. This project uses a breast feeding peer education group for mothers to receive support from others and also have easy access to midwives and health visitors. It has succeeded in increasing the figures for breast-feeding and the length of time they carry on breast-feeding.

#### **Sources**

<http://www.neighbourhood.dtlr.gov.uk/actionplan/pdf/annexf.pdf>

<http://www.scientificsymposium.org/pdf/Stuteley2001.pdf>

The initiative also aims to tackle deprivation through a variety of additional measures. A Neighbourhood Management programme (£45 million) ensures responsibility within the neighbourhood is taken to help 'join up' services. A skills and knowledge strand is included to ensure the neighbourhood possesses the necessary skills for involvement and to share good practice. Uniformed, semi-official Neighbourhood Wardens, have been recruited to increase community safety and to assist Neighbourhood management. Funding of £35 million has been provided for better information about social conditions and deprivation at neighbourhood level, so that problems and solutions can be identified.

*Sources*

<http://www.neighbourhood.dtlr.gov.uk>

<http://www.neighbourhood.dtlr.gov.uk/actionplan/>

**Working Together in London**

The King's Fund, The Sainsbury Centre for Mental Health and the NHS Executive launched this joint initiative in 1998. Improved integrated services have been developed in targeted deprived areas to meet the mental health care needs of people. The local partnerships have been extended to link with employment, education and criminal justice rather than just health and social care. The programme also aims to promote social inclusion for people who are severely mentally ill who cannot or do not access existing mental health services, so outreach teams have been set up for those client groups. Assertive outreach provides a community-based, comprehensive programme of care, treatment and rehabilitation focussing on the individuals need. Three sites have been developed in Haringey, Islington and Lambeth.

*Sources*

<http://www.neighbourhood.dtlr.gov.uk/actionplan/pdf/annexf.pdf>

[http://www.kingsfund.org.uk/eHealthSocialCare/html/mental\\_health\\_working\\_togethe.htm](http://www.kingsfund.org.uk/eHealthSocialCare/html/mental_health_working_togethe.htm)

### **1.2.2 New Deal for Communities**

New Deal for Communities is set in a wider context of initiatives including the Neighbourhood Renewal Strategy from which various issues have been raised such as the importance of increasing local services and improving the capacity of the community. The aim is to address the problem of multiple deprivation using a co-ordinated and intensive approach. There are five key areas partnerships address:

- poor health;
- educational under-achievement;
- poor job prospects;
- difficulties with the physical environment and housing;
- high levels of crime.

The outcomes for the partnerships are expected to have an impact on the community. This strategy is administered through Government Office for Regions (GO'S). There are five key characteristics of the programme:

- commitment over a long period to facilitate change;
- involvement and ownership of the community;
- communities in the centre of the regeneration process for sustainability, in partnership with important agencies;
- utilisation of an evidence based approach;
- joined up thinking and solutions.

39 local partnerships operate comprised of key local bodies and organisations, local businesses, voluntary bodies, private sector and the local community. They are inclusive with a regeneration strategy and have priorities for the areas needs. The programme received funding amounting to £1.9 billion over ten years. Formal and informal reviews take place twice a year to focus on outcomes and targets. Regional networks of support and advice are often built with New Deal for Communities, other partnerships and local learning programs in neighbourhoods are developed.

*Source*

<http://www.neighbourhood.dtlr.gov.uk/newdeal/>

**The WINNER (Women Improving Now Not Ever Retreating) Project, Kingston-Upon-Hull**

This Project is 'run by women for women' and provides a centre for women to access and receive information, support and advice on various issues. The project offers crèche facilities, an outreach support service and a Women's Worker who focuses on providing support to women in abusive relationships. They also offer recreational courses such as craft and flower arranging. A Sex Safe Project operates for young women between 16-25 years old which offers free, confidential information, advice and support on contraception, sexual health issues, pregnancy and relationships from a pro-choice perspective. They can arrange transport to and from the Project. The Project is staffed by both paid staff and volunteers who complete training which is OCN (Open College Network) and Hull University accredited. 350 women accessed the centre over six months in 2001.

*Source*

<http://beehive.thisishull.co.uk/default.asp?WCI=SiteHome&ID=6429>

### 1.2.3 Health Action Zones

Health Action Zones (HAZ's) form partnerships of organisations with the NHS, voluntary, private sector and local communities. They develop innovative strategies that tackle health inequalities in England's most deprived areas by forming links with health, housing, education, employment, regeneration and anti-poverty sectors to respond to the local communities needs in particular vulnerable groups. The HAZ's aim is to integrate activities into the mainstream service.

Funding available for HAZ's amounts to £274 million from April 1999 for three years. There are currently 26 HAZ's which cover a population of approximately 13 million people and are based on seven core principles:

- Staff involvement;
- Partnerships / multi agency working;
- Engaging communities;
- Person Centred Services;
- An Evidence based approach to service planning and delivery;
- A whole systems approach to change with stakeholders across local social and health care systems ;
- Promoting equality in accessing services, equity of allocation and resource in reducing health inequalities.

*Sources*

<http://www.haznet.org.uk/>

<http://www.doh.gov.uk/pricare/haz.htm>

**Lambeth, Southwark and Lewisham HAZ – Mock sexual health clinics**

This HAZ area has focussed on the needs of children and young people over the last seven years. A Swedish based model of 'mock' sexual health clinic visits has been provided for young people since 1996 in Lambeth, Southwark and Lewisham. This is part of the school sex education programme where young people access sexual health service workshops running in clinics. A recent study (Nash, 2000) compared this programme with school based sex education and found that sex education based in the clinic (with telephone access exercises) were more effective in shifting attitudes to service use and improving service location.

*Source*

<http://www.doh.gov.uk/pricare/haz.htm>

## **1.3 Programmes for Older People**

### **1.3.1 Ageing Well UK**

The Government in response to reports on the 'ageing population'<sup>2</sup> have placed improving health and social care for older people as one of their priorities. A National Service Framework for Older People (Department of Health, 2001) was published in response to this, focussing on promoting and maintaining older people's independence and health, providing person-centred care, preventing age discrimination and fitting services around older people's needs. Age Concern have also raised issues that affect older people to achieve the concept of "age neutrality" which includes income, health, social exclusion, active citizens, employment and lifelong learning.

---

<sup>2</sup> The number of people over 65 has doubled in the last 70 years.

Ageing Well, is managed by Age Concern England's ActivAge Unit and supported by the Department of Health, Health Education Authority, European Commission and Merck Sharpe and Dohme (Europe). The programme was established in 1992 as a successful national network in eleven member countries of the European Union. The scheme is focussed on improving and maintaining the health and reducing illness and disability in older people; acknowledging they are a resource to themselves and others. Healthy lifestyle promotion and accident prevention support are delivered to older people through a peer education approach as Senior Health Mentors are trained volunteers over 50 years old. Volunteers have access to ongoing courses to keep up to date on important issues and receive support and guidance to prepare them for weekly home visits to clients. Mentors provide information and advice on matters effecting this age group, they listen, encourage and empathise through shared experience. Co-ordinators support the mentors and local projects are supported by Advisory Groups, Health Promotions Officers, Health Visitors, Physiotherapists and Community Nurses. Therefore it is a partnership between professionals and older people themselves.

Ageing Well UK is the most successful network in Europe<sup>3</sup> with over 100 local projects offering various activities such as: Health Checks, Opportunities for Lifelong Learning including IT skills, Health Information days and gentle exercise. There are four projects in the East of England: a Falls Prevention Project in Colchester and three schemes in Hertfordshire: "Full of Beans", a Hospital Discharge Scheme and Ageing Well. Ageing Well UK won the "National Health Alliance Award" from the Department of Health in 1995 and 1997. Evidence has found that older people will volunteer for the project as they are interested in their health and maintaining good health, they enjoyed participating and felt it had led to a personal health gain. Further research is being piloted in the UK to gain hard evidence about health gain using a computer-based study. The project has also resulted in the production of reports, policies and guidance.

#### *Sources*

<http://www.activage.org.uk/>

Department of Health (2001). National Service Framework for Older People. Available at <http://www.doh.gov.uk/nsf/olderpeopleshortsummary.htm>

---

<sup>3</sup> According to G. Lischman (2000) Experiences from the ageing Well Health Promotion Initiative in Europe. Available from <http://www.ageing.org/news/workshop6.html>

### **Full of Beans, Hertfordshire**

The Community Project "Full of Beans" is an exercise and relaxation programme for older people living in residential care, sheltered housing schemes and those visited within the community. Care staff working in the private sector and local authorities are trained to deliver the nationally recognised holistic programme that uses an innovative method of working with older people. The Environmental Health Consortium, comprising of Environmental Health Promotion Officers from St Albans and City, East Hertfordshire and Welwyn District Councils developed the programme. The aim is to increase the physical capabilities of people, which help to improve their mental health and quality of life so they can retain independence for longer, as well as reduce the rate and severity of accidents. The project was developed from an evaluation of a 4-year accident prevention project for older people starting in 1992, in which older people identified a number of priorities required to meet their needs such as stress, money worries, retaining independence, health and quality of life. The programme has three strands to improve well-being and reduce stress:

- A gentle exercise programme
- A relaxation programme using well established muscle relaxation principles
- Teaching and training to ensure care staff can run exercise and relaxation sessions safely

#### *Source*

<http://www.nhsinherts.nhs.uk/hp/ageingwell.htm>

### **1.3.2 University of the Third Age**

The University of the Third Age (U3A) is an international organisation established in 1972 in France focussing on lifelong learning for older people. The Third Age Trust, a charity, was established in 1982 as the UK branch to support autonomous local U3A's. The name 'Third Age' is used as this is the age of day-time leisure and retirement which includes people over 50 who have decided to retire early. People within the 'third age' are able to share their wealth of experience, knowledge and skills. Local groups are based on this belief and use peer learning and teaching with 'Third Agers' organising and running autonomous learning groups which do not require or give qualifications. The UK charity is a member of AIUTA, an international body, to promote research, active learning and community service to 'Third Agers'. There are 484 UK groups having a membership of 112,910 in 2002, they tackle a variety of social, educational and cultural activities including on-line courses, as well as participating in trips to other areas of the UK and trips abroad. There are various networks members can be involved in including: Arts, Computing, history, InternetWork, Language, Travel and Walking. Local groups learn together as a team but also have a designated "Leader" who may be a tutor, co-ordinator or organiser and usually hold monthly meeting with guest speakers and circulate newsletter to keep members informed.

A National Executive Committee control operations and a national Conference is held on an annual basis for planning and discussion. "A capitation fee" from each member to the trust, which is supported by sponsors, funds the group. In starting a group the trust provides a small grant for the first meeting for provision of a public hall, advice, headed notepaper and posters. Membership is open to people over 50 years old who are no longer in full-time employment. There are rules for members to abide by which include agreeing with principles and aims, accepting memorandums and articles,

paying an annual membership (approximately £12) and having a written constitution of a democratic nature. The East of England currently has 41 University of the Third Age groups in operation.

*Source*

<http://www.u3a.org.uk/>

#### **Basildon & Billericay University of the Third Age**

The U3A in Basildon & Billericay started in 1989 and originally covered Brentwood. The group has a membership of over 260 and offers over 40 activities, which are held in small groups of about 12. This takes place either in member's homes during the daytime for a friendly relaxed learning environment or in a public hall if needed. Groups do not have a regular venue or meeting time and may vary in structure depending on requirements such as Language has a more structured approach than poetry appreciation. Events take place for members such as holidays at home and abroad, social occasions such as pub lunches, quizzes and outings. The current activities fall within 28 subject networks which include art, drama, IT, games, health care, languages, music humanities, practical activities, science/technology, travel. They also have study days and Summer School.

*Source*

<http://www.bbu3a.freeuk.com/u3ahome.html>

## **2. REGIONAL DEVELOPMENT AND GOVERNMENT OFFICES**

### **2.1 Government Offices**

There are nine Government Offices covering the regional areas which consist of former regional offices and Sponsor Departments: Department of Transport; Department of Trade and Industry; Department for Education and Skills; Department for Work and Pensions; Home Office; Local Government and the regions; Department for Culture, Media and Sport; Department of the Environment, Food and Rural Affairs.

GO's co-ordinate national funding streams and local organisations and have three strategic aims:

1. To increase economic growth, enterprise, competitiveness and opportunity in the Region;
2. To work with Regional partners to promote social inclusion, take advantage of opportunities to overcome deprivation, and tackle under-achievement;
3. To encourage sustainable development including environmental protection and using natural resources sensibly.

## **2.2 Regional Development Agency**

There are nine RDA's: Advantage West Midlands, East Midlands Development Agency, East of England Development Agency, Greater London Authority, North West Development Agency, One NorthEast, South East England Development Agency and Yorkshire Forward. The statutory aims of the RDA are to: promote employment; enhance application and development of skill relevant to employment; contribute to sustainable development; further economic development and regeneration; and, promote business investment, competitiveness and efficiency.

There are specific roles of each agency:

- Regional regeneration
- A leading role on European funding
- Taking the lead on regional inward investment
- Developing a regional strategy associated with their aims in line with government guidance
- Progressing with the competitiveness agenda in regions developed by the government
- Formulating a regional Skills Action Plan to enable a match between the needs of the labour market and skills training

RDA's have adequate flexibility between programmes to change resources and allocate budgets to a new Strategic Programme, which provide the means for RDA's to comply with the priorities of the region.

Local authorities are stakeholders within RDA's and form members of the board to represent a political and geographical spread. Regional chambers have been established under the power of the Regional Development Agencies Act 1998. The purpose of these chambers are for RDA's to provide an account of their work to interested parties and remain responsive to regional views as well as being accountable to Parliament and Ministers. This co-operative partnership involves RDA's consulting with the Chamber on strategy and key documents. RDA's have to monitor and evaluate their work according to a set framework as well as supplying additional information required.

*Source*

<http://www.local-regions.detr.gov.uk/rda/info/>

## **2.3 The EEDA Strategy**

The EEDA (2001) strategy incorporates four elements: a goal of being in the top 20 wealthiest European regions by 2010; principles of sustainable development; six major themes for action, performance indicators and targets. EEDA plans to achieve their goal by increasing the rate of economic growth through improving the performance of businesses and investing in infrastructure and skill. Experience and expertise is brought to the EEDA Board from representatives of the voluntary sector, Small Business Service, Higher Education, Invest East of England, local Learning and

Skills Councils (LSC's), Local Economic Partnerships (LEP's), Trade Partners UK (TPUK), East of England Observatory and local Governments Offices (GO-East).

The six themes for action in the strategy provides a framework: competitive organisations and businesses; innovation, enterprise and creativity; 'invest in success' - wherever it is found; regeneration plus – supporting people in communities; a clear identity and international profile; and leading edge infrastructure and high quality environment. EEDA's principles guiding the implementation of the strategy are: social inclusion and access to opportunities; corporate social responsibility prompts good business sense; wealth creation and economic growth; learning from best practice; long-term planning and sustainable resources; and, improving and protecting the natural and built environment.

## **2.4 SRB Funded Projects in the East of England**

### **2.4.1 Peterborough Regeneration Partnership, Cambridgeshire**

Peterborough has received three rounds of SRB funding amounting to £23 million for seven years. They have set up a council led scheme to improve education, skills and employment as well as reduce social exclusion in disadvantaged areas. The main themes of the scheme include:

- To improve social well-being and health using early intervention programmes;
- To reduce levels of crime including drug abuse in accordance with the Community Safety Strategy;
- To improve the quality of the environment and conditions of housing;
- To develop confident community groups and support community led renewal programmes;
- To create employment opportunities, provide support to businesses and overcome barriers to employment;
- To deliver and develop services at a local level to ensure disadvantaged groups are able to access them effectively.

The key outputs include 17 youth crime prevention initiatives, support for 111 voluntary organisations, 464 housing improved / completed, 153 created jobs and 2242 people receiving qualifications from training.

#### **Sources**

[http://www.eeda.org.uk/case\\_studies.asp?id=2046&sec\\_id=352](http://www.eeda.org.uk/case_studies.asp?id=2046&sec_id=352)

<http://www.regeneration.dtlr.gov.uk/srb/srb5bids/bid5.pdf>

### **2.4.2 Regeneration through Youth and Community Connections – Harlow, North Essex**

Two SRB schemes have been combined to revitalise Harlow Town Centre between 1998- 2005. The aims are to improve the town culturally, socially and the retail area; create well-educated, skilled and employable people with ambition through a youth training and support programme; and, offer a more extensive service for 5 wards in Harlow by improving the capacity of the community, co-operative and voluntary sectors. Services available include: the Foyer providing accommodation, support, advice and life skills to young people; a Young Person's Information and Advice Centre; a CCTV community safety initiative; a drop-in health centre and support for child, school and family; basic skills and Target centre; job search scheme; as well as projects to tackle drugs, alcohol, health, family planning, volunteering and racial discrimination. The key outputs include 274 people obtaining jobs following training, 10 community safety initiatives and 681 people receiving qualifications after training.

#### *Sources*

[http://www.eeda.org.uk/case\\_studies.asp?id=2047&sec\\_id=352](http://www.eeda.org.uk/case_studies.asp?id=2047&sec_id=352)

<http://www.regeneration.dtlr.gov.uk/srb4/regener.htm>

### **2.4.3 Crossbow Partnership – Southend on Sea, South Essex**

The seven-year regeneration focuses on creating solutions for three deprived wards: Milton, St Luke's and Victoria. The themes of this partnership cover health, community safety, employment and education. Projects offered include: health awareness; improving educational achievement; community information and learning centres; specific skills training; community safety and security; community enterprise; and addressing the needs of vulnerable groups and minorities. The key outputs of this funding include 33 community safety initiatives, 22 youth crime prevention initiatives, 115 pupils and 1140 young people benefiting from projects as well as 68 capacity building initiatives. A second round of seven year funding has extended the regeneration to offer education, learning and skills through projects such as Growing Together (a mental health project) and community capacity building / community renewal projects. The key outputs of this project include a reduction in teenage parents, better access to health advice, benefit for 25000 young people from projects, reduction in non-learners, increased numbers in pre-school learning and 385 community safety/ youth crime initiatives

#### *Sources*

[http://www.eeda.org.uk/case\\_studies.asp?id=2411&sec\\_id=352](http://www.eeda.org.uk/case_studies.asp?id=2411&sec_id=352)

<http://www.regeneration.dtlr.gov.uk/srb/srb5bids/bid5.pdf>

#### **2.4.4 Wisbech Champions – Cambridgeshire**

Funding over four years was allocated to the North Ward Estate area of Wisbech. The objectives include improving employment opportunities, education and skills; promoting sustainable regeneration; tackling social exclusion, poor health, crime and drug abuse. A Healthy Living Centre and learning centre is being developed as well as raising awareness of developing and learning skills. Opportunities for the disadvantaged and social exclusion are being addressed by developing the capacity of health education, the community and child care. A Community Development Trust has been set up to promote sustainable regeneration and a community house as well as play facilities have been provided. Community safety initiatives are being used to address the causes of crime, drug abuse and poor health. Their key outputs include Projects supporting 1140 pupils and 1200 young people; 100 people achieving qualifications following training, 200 child care places and support for 17 voluntary organisations.

##### ***Sources***

[http://www.eeda.org.uk/case\\_studies.asp?id=2046&sec\\_id=352](http://www.eeda.org.uk/case_studies.asp?id=2046&sec_id=352)

<http://www.regeneration.dtlr.gov.uk/srb/srb5bids/bid5.pdf>