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HAMARA Healthy Living Centre – An evaluation

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HAMARA HEALTHY LIVING CENTRE

-HAMARA Healthy Living Centre – An evaluation

November 2007

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Hamara Healthy Living Centre – An evaluation

Executive Summary

Hamara - what does it do?

The Hamara Healthy Living Centre was set up in 2004 and is based in Beeston, South Leeds. Since the Centre opened, Hamara has sought to address health issues and social exclusion in this multi-ethnic community. The Centre is open to all members of the local community; however, its main focus has been providing a community resource for the local Asian population. Hamara's core value is stated as 'bringing communities together'. The overall approach is based on a holistic view of health, the provision of services which are culturally appropriate, use of methods which empower and enable individuals, and improving access to services through support and advice. There are nine strands of work and numerous activities with a mix of centre based and outreach activities. Hamara offers community facilities, including a gym and a community café, and works with different population groups from children through to the elderly.

Evaluation methods

The Centre for Health Promotion Research (CHPR), Leeds Metropolitan University, was commissioned to undertake an evaluation of the healthy living initiative. A collaborative approach was adopted working in partnership with Hamara management and staff to develop and implement an evaluation plan. The evaluation was carried out between May and September 2007. It involved a survey of 189 centre users and local residents to gather quantitative data on the user perspective. An additional survey was carried out with 30 young people attending Hamara. Qualitative semi-structured interviews were conducted with 21 key informants from local organisations working with alongside or directly with Hamara.

Findings: Community and Youth Surveys

Overall, the Hamara Healthy Living Centre was regarded as a helpful and successful programme. There is a high level of satisfaction with Hamara from its service users. Most adults and young people attending Hamara agreed that it always provided a friendly atmosphere, a safe non threatening environment and supportive staff. The survey also found that:

- There was a good range of health and health-related activities being used.
- There was some lack of awareness of Hamara's activities in the wider community. Over a third of those not using Hamara had not heard of it.
- People attending Hamara reported positive impacts on individual health and well-being. Over half of those who used Hamara

reported that it had helped them meet with local people, access health information and advice, keep physically active, feel more confident, and happier.

Overall, results indicated that Hamara was meeting community needs. Suggestions for improving services included more publicity and information, making Hamara more open to other groups in the community and additional activities for both adults and young people.

Findings: Interviews with partner organisations

From the qualitative interviews held with organisations working in partnership with Hamara Centre, common themes included:

- Hamara was seen as responsive to community needs.
- A holistic approach to health underpins a wide range of health and health related activities.
- Hamara was seen to promote mental health through tackling social isolation and provides a safe space for people to develop.
- The centre serves the Asian population well and is successful at reducing barriers to accessing services.
- There was an aspiration to serve all the community but there are barriers to widening access; including community perceptions, and the lack of diversity in staffing.
- Hamara was regarded as a well run organisation that delivers. It is well respected as a community resource and a quality community venue.
- A partnership approach was used and there were many links with other local organisations, particularly around the youth work.
- Hamara was seen to have a role in providing community cohesion along with other local agencies.

Conclusion

The evaluation aimed to assess how well Hamara was making progress towards its long-term goals. There is strong evidence that Hamara is successfully meeting its central objectives and minimising barriers to service use. It has a programme of activities and services on offer which meet cultural, mental health, physical health and social needs. In addition, Hamara is seen as having a key role in promoting community cohesion. There are challenges to broadening access to Hamara and this will require action in relation to a number of areas including publicity, outreach and partnership working. Overall Hamara is valued as a unique community resource. It is able to build on its strengths to take forward the work of the healthy living initiative.

Box 1 Hamara's aims and objectives
[Source: Hamara Annual Report 2006]

'Improve the quality of life for disadvantaged individuals, through providing appropriate services within a community environment, taking into account, cultural and religious factors'

We aim to achieve this objective through:

- Reducing inequalities in accessing health and social care provision
- Providing a range of identified healthy living activities and projects within a community setting
- Taking a holistic approach which ensures we consider tackling the wider determinants of poor health
- Improving service delivery through developing effective working partnerships
- Empowering and engaging members of the community through providing support and training and through their involvement in the running of the project
- Increasing people's awareness of issues affecting their lives and through providing appropriate information
- Providing services in a culturally and religiously sensitive manner
- Providing the necessary support for individuals and their families, to access support services

Our core value:

'Bringing Communities Together'

1 Introduction

The Hamara Healthy Living Centre was established in 2004 and is based in Beeston, South Leeds. Hamara is a healthy living initiative which aims to improve health and well-being for local people. The overarching aim is to:

> *Improve the quality of life for disadvantaged individuals, through providing culturally appropriate services within a community environment, taking into account cultural and religious factors* (Hamara 2006).

The national Healthy Living Centre programme was set up in 1998 and funded primarily through the Lottery Fund (now the Big Lottery) to enable the development of holistic, community centred approaches to improving health and tackling health inequalities in disadvantaged neighbourhoods. Hamara is one of seven Healthy Living Centres in Leeds, each with a different theme.

Hamara was developed in response to the community's needs in the Leeds 11 area. A community survey was undertaken in 2002 by South Leeds Elderly and Community Group (SLECG) in partnership with the Centre for Health Promotion Research at Leeds Metropolitan University to inform a Lottery bid (SLECG 2002). The survey found that there were significant barriers to accessing existing health and welfare services including transport, location, lack of interpretation/translation services and childcare. Over a third of respondents indicated that existing services were not culturally appropriate. The survey confirmed a high level of health need in the area and negative factors influencing heath were identified. 90% of those surveyed agreed that a Healthy Living Centre was needed and reasons given included: to bring the community together; to provide a social meeting area; to meet Asian community needs; and to provide a convenient place for services and advice.

Since the Centre opened three years ago, Hamara has sought to address health issues and social exclusion in this multi-ethnic community. Hamara's core value is stated as 'bringing communities together' and the name means 'ours' in Urdu. The Centre is open to all members of the centre's area; however, since its inception the focus has mainly been on providing a community resource for the local Asian population. The stated aims and objectives are clearly articulated (see Box 1) and provide a framework for achieving strategic goals. The overall approach is based on: a holistic view of health; the provision of services which are culturally appropriate; use of methods which empower and enable individuals; and improving access to services through support and advice. There are nine strands of work and numerous activities with a mix of Centre-based and outreach activities (see Appendix 1). Hamara offers community facilities, including a gym and a community café, and works with different population groups from children through to the elderly.

In 2006, Hamara received £224,949 funding from the Lottery fund. Other funding sources were:

- Comic Relief
- Joseph Rowntree Foundation
- Objective 2 Aspire
- National Service Framework (NSF)
- Connexions West Yorkshire
- Leeds City Council
- South Leeds Primary Care Trust
- Social Services
- Sports Relief
- Miscellaneous

A multi agency project board provides overall direction and management, and for the first three years the operation of the Centre was managed by a centre director. At the time of the evaluation there was a core team of 26 staff including community development workers.

Evaluation

At this point in Hamara's development, there was a need for a summative evaluation to provide an overview of progress towards goals and also to help with forward planning and achieving sustainability. The Centre for Health Promotion Research (CHPR) at Leeds Metropolitan University was commissioned to work in partnership with Hamara to undertake an evaluation of the healthy living initiative. This report presents findings from the evaluation. Section 2 provides some background information and briefly discusses the evidence base for Healthy Living Centres. The evaluation approach and research methods are described in the following section. Sections 4 and 5 report on the findings from the surveys, while section 6 presents the findings from qualitative interviews with key informants from partner organisations. The report ends with a synthesis of the evidence and discussion of key issues emerging from the evaluation.

2 Background

Health and well-being in Beeston

Beeston is a densely populated, urban area in South Leeds. The population of the Beeston ward is 16,454. The age breakdown for Beeston is given in Table 1 which shows a similar pattern to Leeds, with a slightly higher proportion of young people.

Table 1 Age (%) in Beeston

AGE	Beeston (%)	Leeds (%)	National (%)
20 and under	29.3	27.5	26.3
21 – 30	14.1	14.8	12.9
31 – 40	15.4	15.1	15.6
41 – 50	12.8	12.4	13.8
51 – 60	10.0	11.2	12.2
61 – 70	8.7	8.9	9.2
71 and over	9.8	10.2	10.7

(Source: 2001 Census, http://www.statistics.gov.uk/)

Beeston is an ethnically diverse area. Information from the 2001 Census presented in Table 2 shows the proportion of people from different ethnic backgrounds in Beeston ward[1].There is also a significantly higher percentage of Muslims in the area, 6.6% compared to 3.0% in Leeds and 3.1% nationally. The recent wave of immigration, bringing new immigrants from Eastern Europe and also refugees and asylum seekers from Africa and Asia is not captured in these data. Community cohesion has been an issue in the area and has been a strong theme in Hamara's work.

Table 2: Ethnicity – major ethnic groups (%)

	White (%)	Asian (%)	Black (%)	Chinese and other ethnic groups (%)
Beeston	88.9	8.3	1.0	0.6
Leeds	91.9	4.5	1.4	0.9
National	90.9	4.6	2.3	0.9

(Source: 2001 Census, http://www.statistics.gov.uk/)

According to Census data in 2001 9.7% of people in the Beeston area provided care for others. This is largely in line with the trend of England where 9.9% of people were carers. Beeston had a slightly higher

[1] N.B. Within the tables, the rows/columns containing 'National' data are not data from the United Kingdom, but are from England only.

proportion of people who reported poor health (11.1%) compared to the general English public (9.0%). Furthermore, looking solely at the figure of those who report a 'limiting long-term illness', Beeston exceeds the national figure of 17.9% by 1.7%.

Health and social indicators show that there is considerable deprivation in the area which is linked to high levels of poor health (South Leeds PCT 2005; Geographical Research and Information Team Leeds Initiative undated). This was confirmed by the results of the 2002 SLECG survey where results identified four leading factors having a negative impact on health. These were crime, lack of recreational facilities, lack of advice and information and litter. Lack of money, traffic and poor housing were also identified.

Literature on health inequalities points to the health impact of socio-economic status and the impact of living in poor neighbourhoods. The relationships between ethnicity, culture, socio-economic status and health are complex but there is a volume of evidence to suggest that, as a group, people of South Asian origin have generally poorer health when compared to patterns of health in the overall population (Davey Smith, Chatuverdi *et al*. 2000; Ahmad and Bradby 2007). Findings from the Health Survey of England 2004 (Sprotson and Mindell 2006) highlight the higher prevalence of diabetes and cardiovascular disease. For example, diabetes diagnosed by a doctor is almost four times as prevalent in Bangladeshi men, and almost three times as prevalent in Pakistani and Indian men compared with men in the general population. In terms of self reported general health, Bangladeshi and Pakistani men and women were more likely to report poor health than the general population. Pakistani women were more likely to report a limiting longstanding illness and levels were significantly higher in 2004 compared to an earlier survey in 1999. Despite the existence of inequalities in health status, evidence suggests that minority ethnic groups have poorer access to some health services (Parliamentary Office of Science and Technology 2007).

Emerging evidence from the Healthy Living Centre Programme

There are 350 different Healthy Living Centres (HLCs) in the UK, all developing a unique set of services and activities to meet local need. Some are centre–based, like Hamara, while others operate on a 'virtual' basis supporting a network of activities. A recent national evaluation provided an account of the overall impact of the programme (Hills, Elliott et al. 2007). The review found that while some HLCs were focused on specific health-related services, many sought to address the wider determinants of health, such as social isolation, unemployment and poverty. A tenth of HLCs had targeted black and minority ethnic groups and it was noted that some notable work had been undertaken around building social cohesion in the context of diverse communities. An important indicator of success was the ability of many HLCs to attract

users from parts of the community previously regarded as hard-to-reach. Healthy Living Centres were reported to have been effective in identifying and addressing unmet needs within their target communities, either by developing new services themselves, or by helping partners to do so. They were also often found to be effective in providing links between existing services and local people. There was some evidence from local evaluations of behavioural change, for example changes in diet. As part of the national evaluation, a sample of 1400 users was studied longitudinally and results indicated that regular attendance at HLCs had a protective effect on physical and mental health. It also showed a positive effect among regular users in relation to a number of health related behaviours, including increases in physical activity and fruit and vegetable consumption and a decrease in smoking.

Alongside the national evaluation, there have also been evaluations looking separately at the achievements of HLCs in Scotland and Northern Ireland (Platt, Backett-Milburn et al. 2005; Rugkasa, Livingstone et al. 2006). Overall, findings were consistent with those of the national evaluation. The HLCs were seen to be offering a wide range of activities and services, providing support to groups considered hard-to-reach, and making an important contribution to the communities in which they are located. A particular challenge for some HLCs in Northern Ireland was the need to develop trust in communities marked by sectarian division and conflict. Both the national UK and the Northern Ireland evaluation described cross community work by HLCs in Northern Ireland as impressive and reported on the positive difference they had made. The biggest impact reported by one Northern Ireland HLC had been the 'catalytic effect' it had on the community, bringing together local communities that had previously been quite polarised. In summary, while the challenge of teasing out health impact is acknowledged, there is a growing evidence of the value of HLCs in building capacity for health improvement in and with disadvantaged communities.

3 Evaluation approach and methods

The aims of the evaluation were to assess the extent to which Hamara had made progress towards long term goals, to map outcomes and to identify effective processes. Evaluation has been built into a number of Hamara's activities and specific projects (for example Gowribalan and Allen 2007) but this was seen as an opportunity to provide a 'reality check' of progress to date and to gather information to aid organisational learning. The evaluation of community health projects, like Hamara, pose methodological challenges, not least the difficulty of measuring long term changes in health status and being able to confidently attribute any changes to specific actions (Nutbeam 1998). These challenges influenced the evaluation approach adopted and the focus was therefore on finding out how effective Hamara's approach and mechanisms of support were (see Box 1) and what impacts were identified by different stakeholder groups, including service users. The evaluation objectives were:

- To develop a shared evaluation plan and involve staff, centre users, and partner organisations in gathering evidence;
- To identify and map the range of health and social outcomes for individuals, partner organisations and the wider community;
- To examine Hamara's distinctive contribution to community health and meeting health need in Leeds 11;
- To improve understanding of what is working well and where methods have been less successful;
- To produce an evaluation report to synthesise the key messages, main achievements and learning points.

The evaluation was funded by Hamara and through additional resources provided through the Faculty of Health, Leeds Met. A collaborative approach was adopted working in partnership with Hamara management and staff to develop and implement an evaluation plan. This approach allowed resources to be shared and different types of expertise to be drawn on. One of the principles of the evaluation was listening to the views of a range of different stakeholders, including service users and the wider community. The evaluation was carried out in three separate stages from May – October 2007.

Stage 1: Workshop

A workshop was held in May 2007 with managers and staff, facilitated by the lead researcher Jane South. The three core teams (youth, older people and health) identified their main activities and traced how these linked to health goals. Information about existing sources of evidence and also gaps in evidence were identified. Following the workshop, participants were asked to complete a set of questions reflecting on their practice.

Some staff completed this self evaluation (Appendix 2). The discussion about the priorities for the evaluation then informed the survey and the development of the questionnaire.

Stage 2: A survey of centre users and other community members

A survey of centre users and community members was undertaken in August-September to gather quantitative data on the user's perspective. The specific objectives of the survey were:

- To assess the extent to which Hamara, through offering culturally appropriate services, was able to reduce barriers to accessing health information and care.

- To obtain the views of service users, community members, staff and volunteers on core areas of work, including Hamara's work with young people in the community.

- To identify the distinctive contribution of Hamara for improving health and well-being for individuals and families in the Leeds 11 community.

A questionnaire was designed by the research team in collaboration with Hamara staff (Appendix 3). The main aspects included on the questionnaire were:

- Awareness and use of Hamara services/activities
- Barriers to accessing services
- Quality of services
- Impact on health and well-being
- Suggestions for improvements
- Characteristics of respondents

Some questions were designed to gather data on some of the same aspects highlighted in the 2002 needs survey and to indicate where there was a reported reduction in barriers or increased satisfaction. A question was also prepared on self reported impact on health, giving respondents a number of possible options. A separate questionnaire was prepared for the young people attending Hamara, with modified questions. Both questionnaires were piloted prior to final revisions being made.

The survey was undertaken with both regular service users and those visiting a community event health day. The target quota of 200 was set for centre users and visitors based on the estimate of 250 attendances per week at Hamara. Staff were responsible for administering questionnaires at the centre activities, supported by Leeds Met staff at the community event. The main community languages are Urdu, Punjabi and Sylheti but it was agreed that there would not be a written translation, instead the staff members would administer it to those individuals who could not self complete.

In addition, it was agreed that some local residents would be included in the evaluation. Leeds Met staff carried out a street survey in Beeston on two days in August. Staff approached local people at shopping centres and outside community venues and asked if they would be willing to complete a questionnaire. A total of 50 questionnaires were completed on the street.

All participants were given information about the evaluation and how the data would be used. Questionnaires were completed anonymously and no personal details were recorded. The completed questionnaires were coded and entered onto the social science research tool SPSS. On reflection, using one questionnaire for all groups (service users, infrequent visitors and residents) created some difficulties with coding as there were both missing data and unpredicted responses following filter questions. Simple counts and proportions were prepared as well as cross tabulations based on the total sample and sub samples of service users as appropriate.

Stage 3: Qualitative interviews with a sample of stakeholders

Qualitative individual interviews were undertaken with key informants from local organisations working alongside or directly with Hamara. These interviews allowed in-depth information to be gathered about the overall contribution of Hamara, how and why Hamara's approach worked and any influencing factors. A semi-structured interview schedule was designed. A list of partner organisations and contacts was drawn up by a Hamara manager and a letter of invitation to participate in the evaluation was sent to potential interviewees. A purposive sample from that list was then drawn by the research team with the aim of obtaining a spread of different types of organisation (Appendix 4). Individuals were contacted by phone and interview times arranged. The majority of interviews were conducted face-to-face. Interviews were digitally recorded and later transcribed. Thematic analysis was undertaken by two researchers to identify key themes.

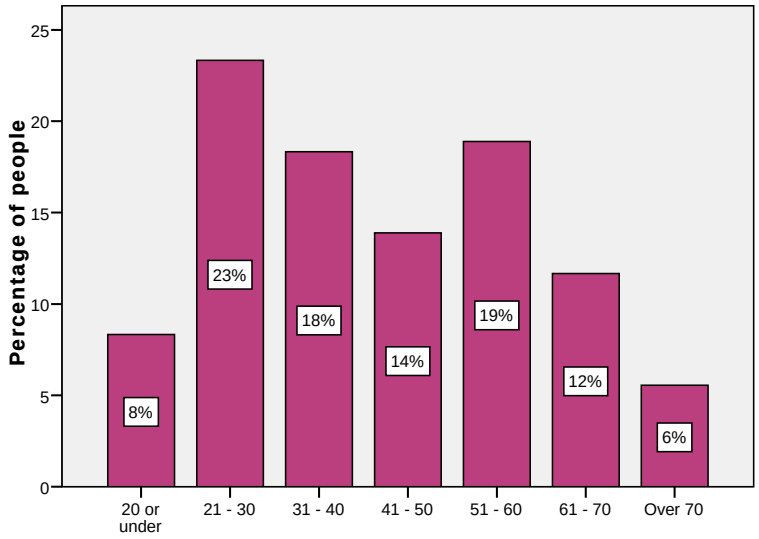
4 Findings: community survey

The survey was conducted with service users at Hamara, at a community health event day and with local residents in Beeston via a street survey. This meant that there was a mix of Hamara users and non-users. Many questionnaires were not fully completed so sub samples have been used for some of the analysis; the total sample is indicated for each variable.

4.1 Characteristics of respondents

A total of 189 people took part in the survey. A slightly higher proportion were female, 41% compared to 30% male. There were a large number of missing values for gender (29%). The age groups of respondents is shown in Figure 1, the largest age groups were 21-30 and 51-60 years.

Figure 1 Age groups of the respondents (total number responding = 180)



In terms of ethnicity (using the Census classification), the largest groups were Asian or Asian British-Pakistani (43%) and White British (28%). Just under a fifth of all respondents (30% of those who recorded responses to this question, n=152) spoke only English. The majority of respondents reported that they spoke English with combinations of other languages (see Appendix 5).

Respondents were asked if they had any long term illness, problems or disabilities which would limit their daily activities. Out of the total sample, 24% indicated that this was the case. Respondents were further asked if they provided care to anyone in their family with an illness, and 13% reported that they were a carer.

Figure 2 Ethnic groups of respondents (total number responding = 178)

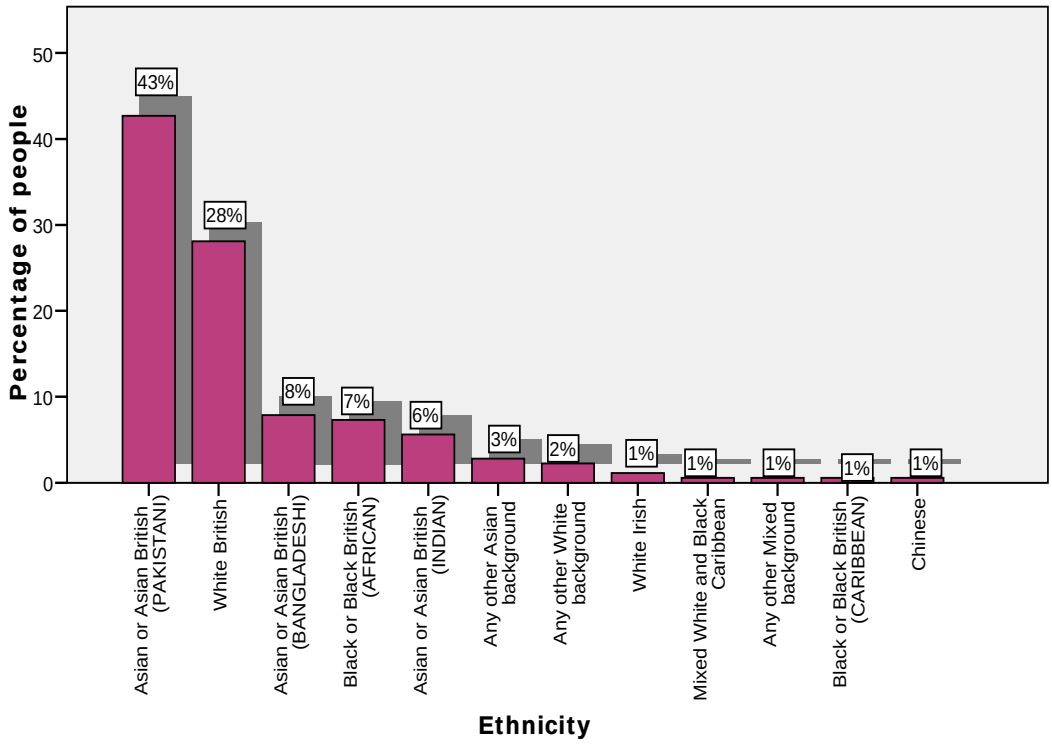
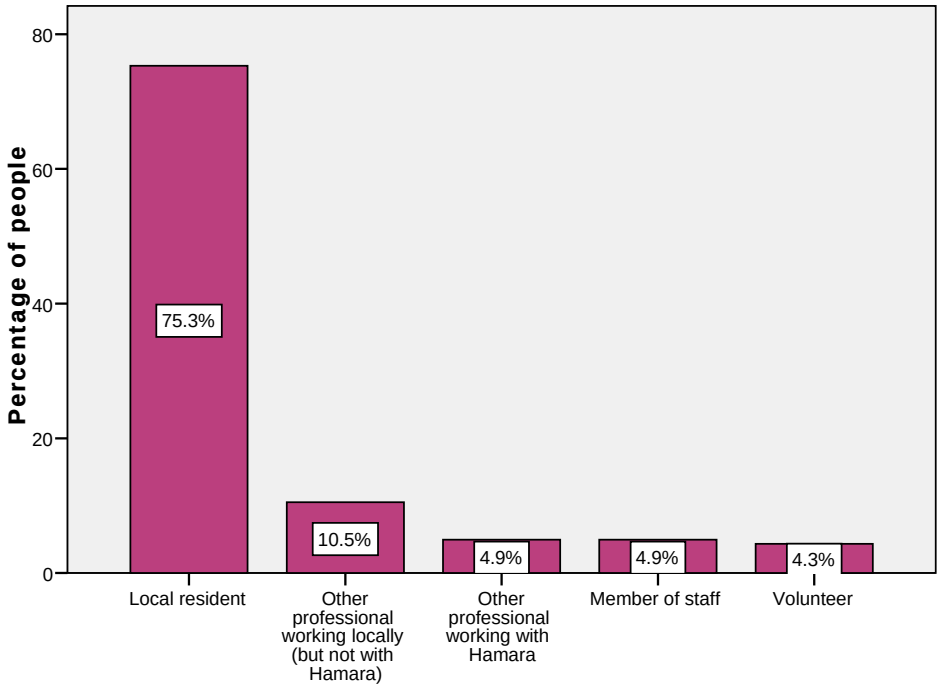


Figure 3 shows the status of respondents; three quarters of the respondents were local residents, while only 4% were volunteers.

Figure 3 Reported status of respondents (total number responding = 162)



4.2 Awareness and use of Hamara services

Out of the 189 people who took part in the survey, 72% (136 people) were aware of Hamara centre and 28% (53 people) were not aware of Hamara's services. Those who were aware were then asked a number of questions about specific services and activities either delivered by or run in Hamara.

The percentage of respondents who were aware of Hamara services and had used them is illustrated in Figure 4. The majority of respondents were aware of most services. The highest level of awareness was for physical exercise classes (85%), although only just over half had used this service. Events had high levels of awareness and use but this may reflect the proportion of people completing the questionnaire at a community event. The lowest levels of service use were reported for women's services (29%), learning and training (25%), youth activities (14%); this is likely to reflect the specific focus of the services and the varying levels of need. Primary care had both the lowest awareness and use of services (49% and 13% respectively).

Figure 4 Awareness and use of Hamara services (out of 136 respondents who were aware of Hamara)

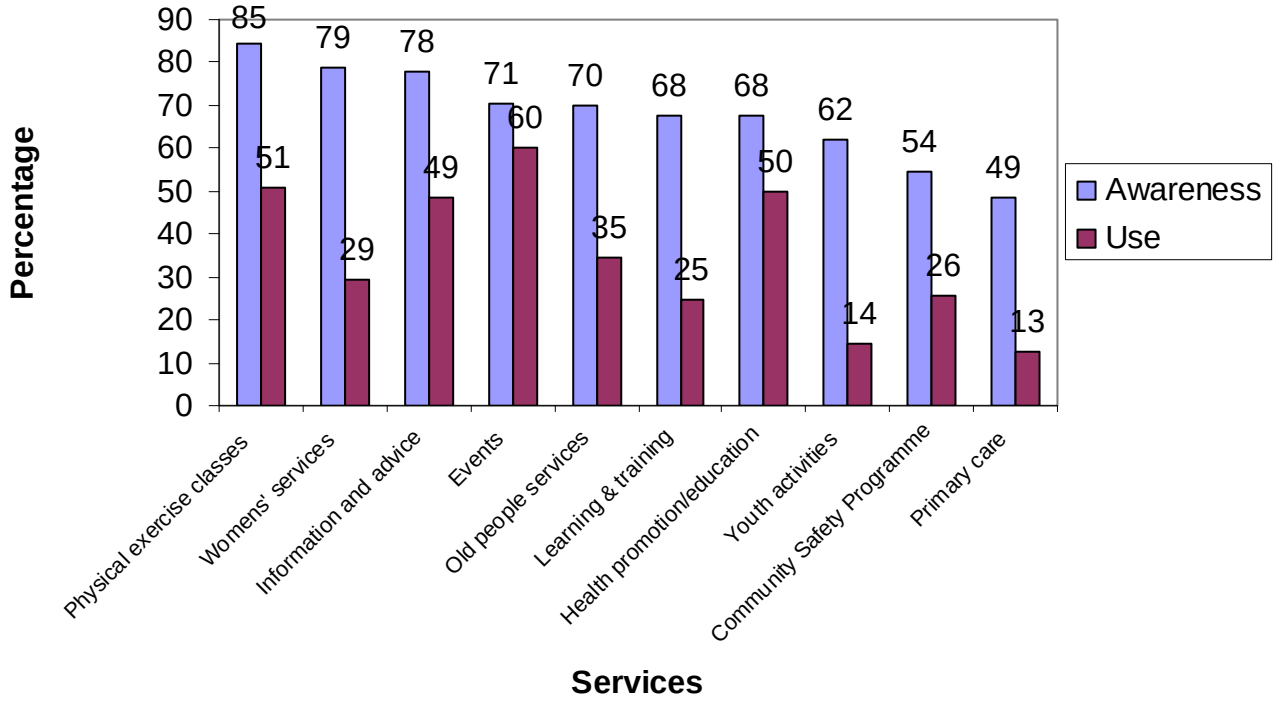


Table 3 shows that of the use of advice and support services located in Hamara, Drop-in advice had the highest representation (40%), while Benefit and Welfare surgeries both had almost equal reported attendance of approximately 29%. A fifth had used interpreting and translation services. Overall, the use of advice and support services located in

Hamara appeared to be lower than some of the core activities, but again this may reflect the varying levels of need.

Table 3 Reported use of advice & support services (out of 136 respondents who were aware of Hamara)

Services	% use
Drop-in advice	40%
Benefit surgery	29%
Welfare rights surgery	28%
Interpreting & translation	21%
Carers' group	11%
Police Surgery	10%
Non smoking clinic	7%
Haamla support (pregnancy and post natal)	6%
Drug advice & support	5%
Connexions services	4%
Saturday schools	3%
Refugee/Asylum seekers	2%

Respondents who were aware of Hamara were further asked to report the frequency of their visits. Approximately half of the 136 aware respondents had visited and used the services one or more times a week, while 5% had never attended and 14% only very rarely. There were 12 missing values (9%). Figure 5 illustrates the pattern of visits to Hamara.

It can be seen in Figure 6 that around a third of people had first found out about Hamara through family, neighbours or friends, or through Hamara staff. Only 7% had information through a leaflet and 6% had been referred.

Figure 5 Reported frequency of visits to Hamara (out of 136 who were aware of Hamara)

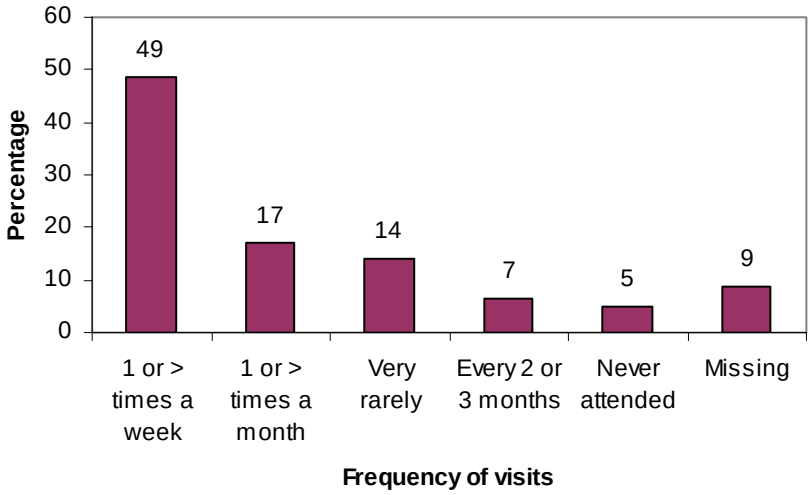
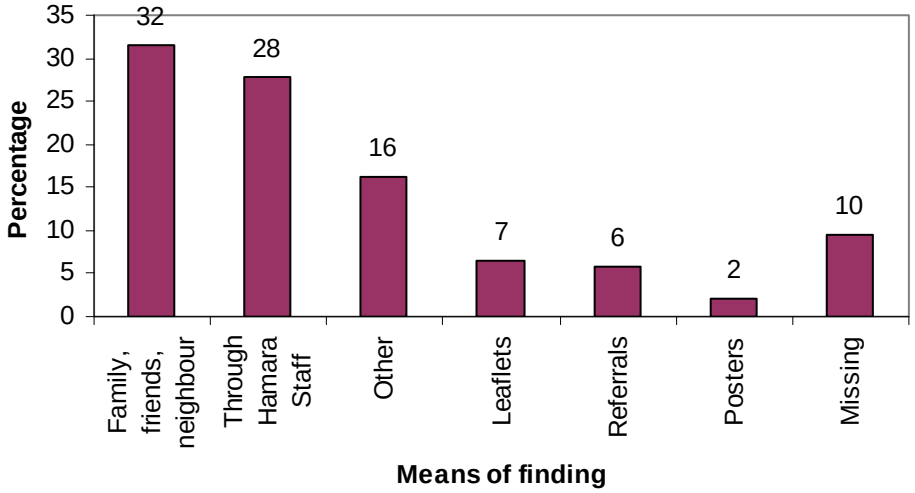


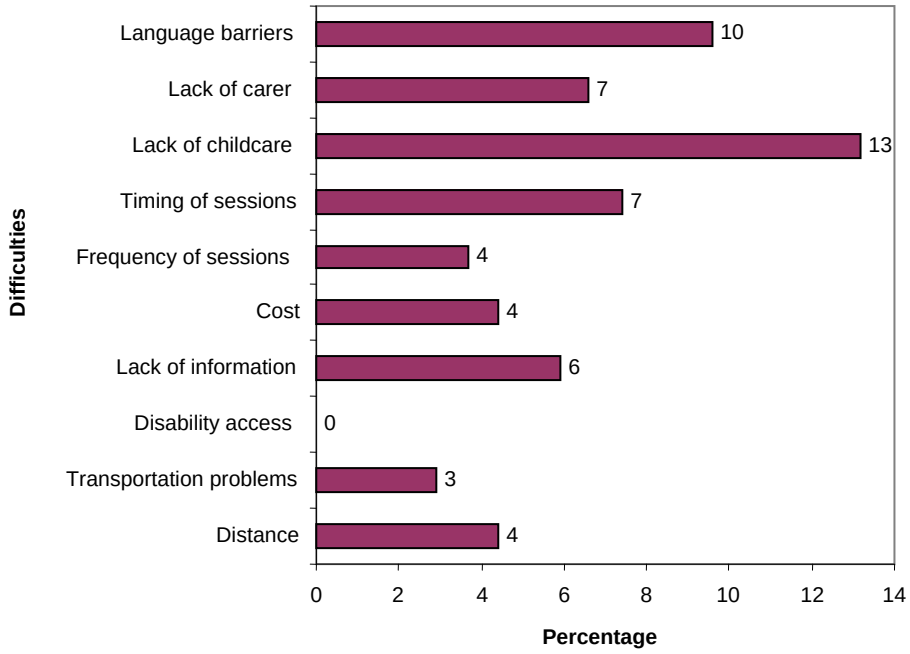
Figure 6 Finding out about Hamara (out of 136 respondents who were aware of Hamara)



4.3 Barriers to accessing services

We wanted to explore the barriers to access with both people who had used Hamara in the past and people who were not using the services. Specific questions were asked to those respondents who were aware of Hamara (n=136) to ascertain any difficulties experienced while using services run by Hamara. These questions matched similar questions asked in the original community survey (SLECG 2002). Respondents were also asked to comment on any other barriers experienced. This was intended to ensure that all respondents were given a chance to report barriers. Figure 7 shows the percentages of respondents reporting difficulties.

Figure 7 Reported difficulties in accessing services (out of 136 respondents who were aware of Hamara)



Of the 136 respondents aware of Hamara, 13% reported lack of child care as a barrier, and a tenth reported language barriers. Comments were also recorded in response to the open-ended question. A selection of comments have been used to illustrate the emerging themes.

- ***Lack of Childcare***

  "It's too small for purpose, lack of childcare for women and mothers"

  "Need a crèche facility. Building Blocks[2] is always too full"

- ***Language and cultural barriers***

  This was the second highest reported barrier but attracted most qualitative comments. Some people reported that their ethnicity was not very well represented and hence communication proved to be a problem. Others felt that the centre was for Muslim Asians:

  "Was told Citizen's Advice was for non-English speaking people, I am not happy about my experience".

  "There is community tension based on groupings".

  "A Bengali speaking person not always available."

  "Needs to be for the wider community, it's focused on the Asians".

[2] Building Blocks is the community organisation next to Hamara. There is a reciprocal agreement between Building Blocks and Hamara to use the crèche facilities

- ***Lack of information***

  "If better advertised then it will be better used, as I only heard about it recently".

  "Lack of information is a problem and sometimes cost too".

- ***Timing and transport barriers***

  There were only a few comments on both of these difficulties. One indicated that there was no appropriate transportation for disabled people, while another mentioned that training needed to be offered out of working hours.

- ***Access to the gym provision***

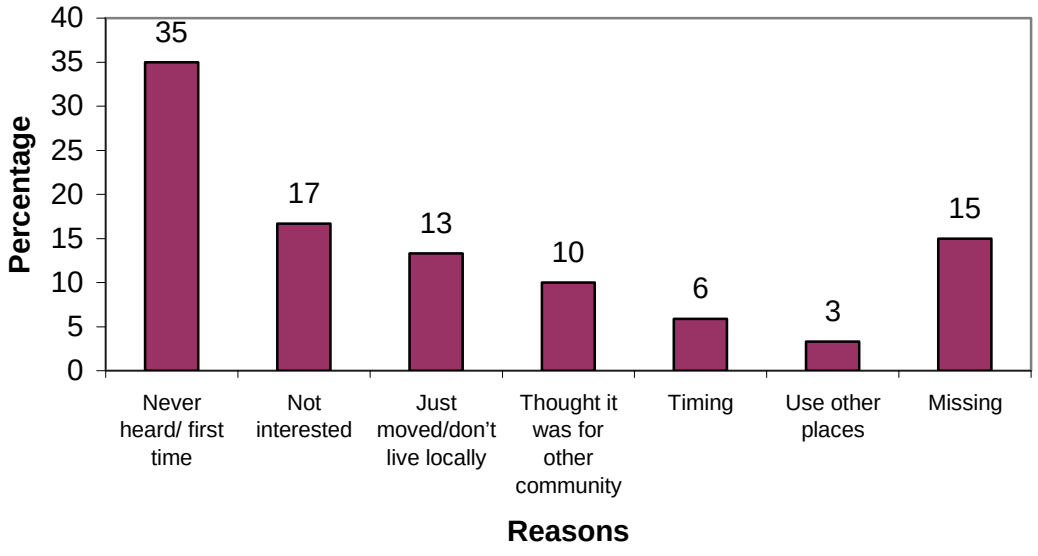
  "I had difficulties booking for induction to the gym, I asked twice but Hamara staff failed to return my call".

  "Women's-only sessions for gym should be more frequent".

  "Some activities I would like to attend at time but I am unable to because no mixed gym sessions, so we can't go as a couple".

Respondents not using Hamara at all were asked to indicate their reasons. A total of 60 people completed the question, with 53 people who were not at all aware of Hamara and 7 who were aware but had never attended. The percentages of people who gave reasons for not using the services are shown in Figure 8.

Figure 8 Reasons for not using Hamara services (total number responding=60)



The three foremost reasons people gave for not using Hamara's services were that: they had never heard about it; they were not interested; and they had recently moved to the area. Over a third (35%) had never or only just heard about Hamara, while 13% indicated that they thought it

was for other communities, reflecting some of the barriers reported by those aware of Hamara services.

4.4 Quality of services

All the 189 respondents were asked to rate the importance of different aspects of all health and social services in Leeds. These selected services were grouped into socio-cultural aspects; communication and support; location and food (Figures 9, 10, 11). In general, most participants rated all aspects of services as very important. Over three quarters felt that having a friendly atmosphere, feeling safe in a non-threatening environment, the availability of clear information and staff being helpful and supportive were very important. Affordable food prices and dietary needs being taken into account had the lowest proportions of indicating that these aspects were quite important.

Figure 9 Importance of socio-cultural aspects (n=189)

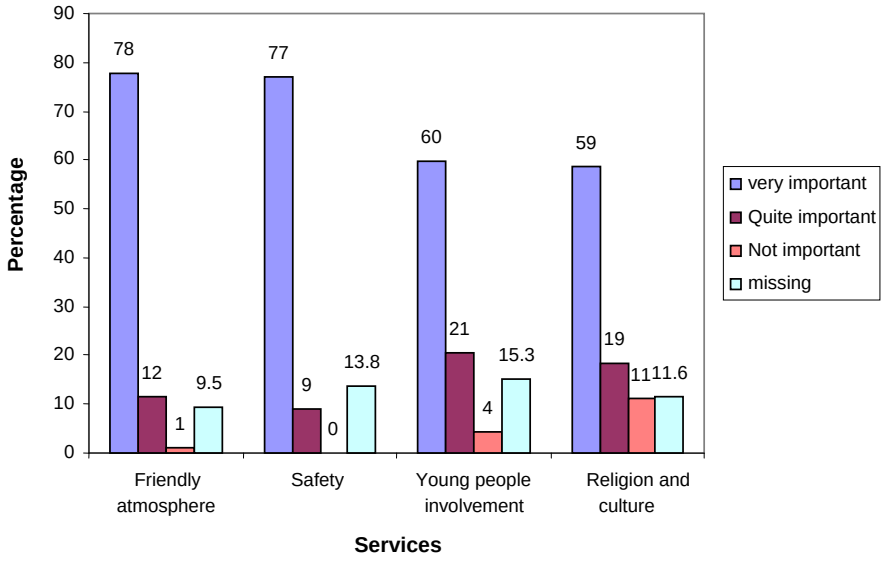


Figure 10 Importance of communication and support (n=189)

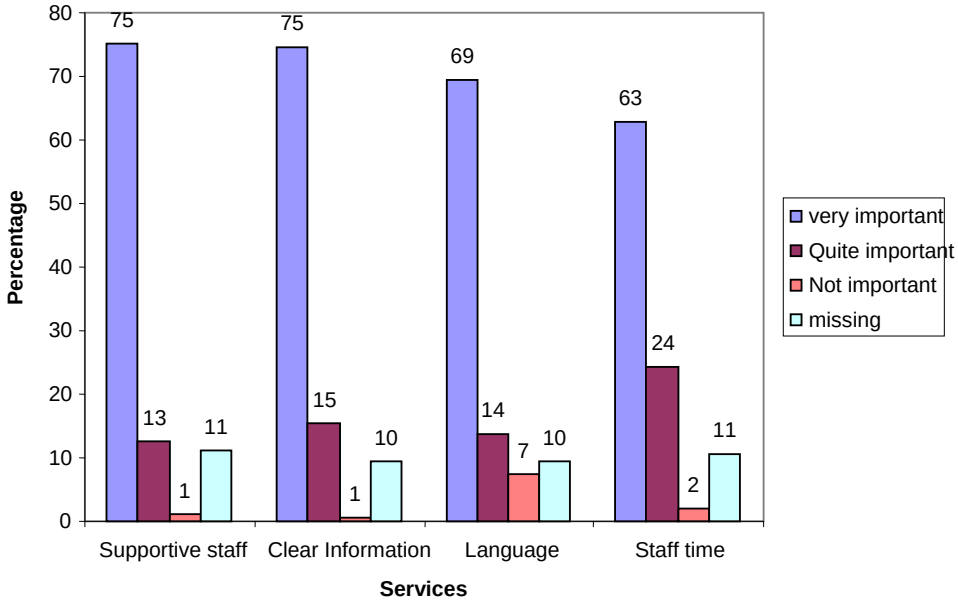
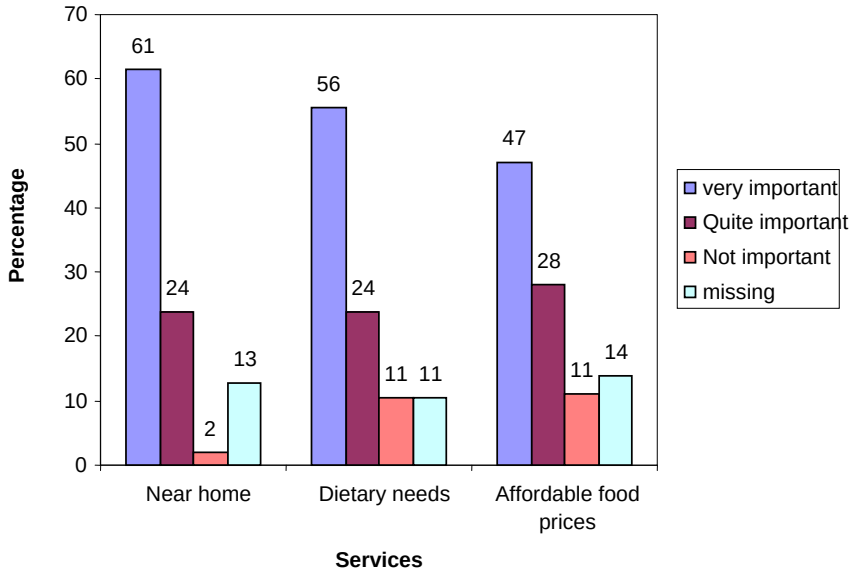


Figure 11 Importance of location and diet (n=189)



In order to fully appreciate the quality and extent to which Hamara provides all the above services, **respondents who had actually attended Hamara** (n=118) were asked to give rate these aspects. Table 4 gives the full picture.

Table 4 Reported extent of services provided by Hamara (out of 118 respondents who had attended Hamara)

Services provided by Hamara	Always (%)	Sometimes (%)	Not at all (%)	Don't know (%)	Missing (%)
Clear information	43	36	3	5	14
Friendly atmosphere	67	19	1	3	11
Take account of religion & culture	59	15	6	3	16
Language spoken	69	13	1	3	14
Staff time	38	42	0	6	14
Dietary needs	43	30	2	8	17
Affordable food	59	19	2	6	15
Different activities	52	25	2	5	17
Young people involvement	42	31	0	8	19
Safe environment	70	9	0	5	15
Easy access	75	9	1	2	14
Supportive staff	65	20	0	2	13

Of the 118 people who had attended Hamara, three quarters said Hamara provided easy access for the local people. It is important to note that disability access, transportation problems and distance constituted the lowest reported barriers. 69% reported that community languages were always provided by Hamara, in comparison to the 10% of people reporting this as a barrier. On the four aspects (see Figures 9, 10) considered most important, around two thirds of service users reported that Hamara always provided a friendly atmosphere, a safe, non-threatening environment, and supportive staff. However, only 43% reported that Hamara always provided clear information.

4.5 Impact on health and well-being

To estimate how coming to Hamara had impacted on individual health and well-being, respondents who had attended Hamara (n = 118) were asked to indicate any outcomes and to rate the impact (Table 5). It should be noted that different people have different needs and some outcomes may be not be applicable.

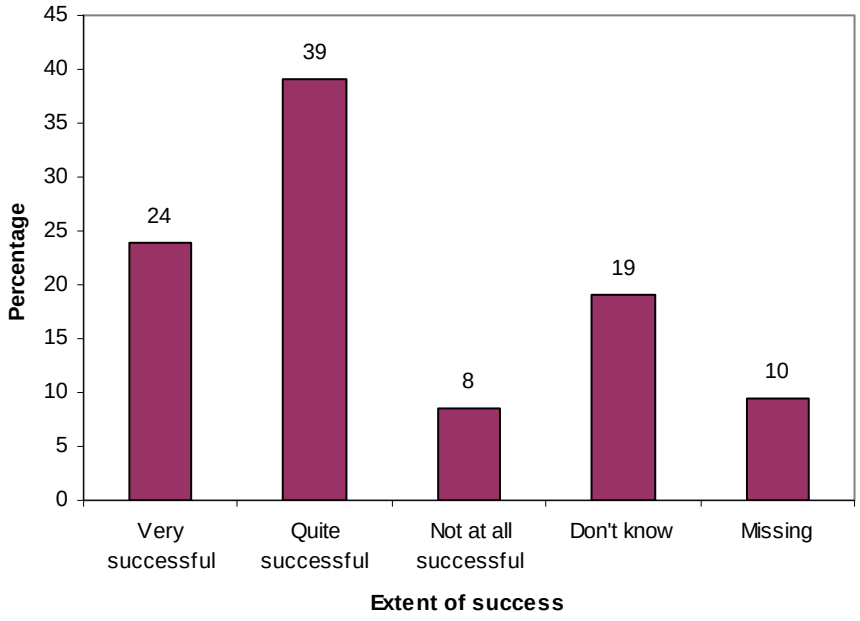
Table 5 Impact on health and well-being provided (out of 118 respondents who had attended Hamara)

Since coming to Hamara I have been helped to...	A lot (%)	A little (%)	Not at all (%)	Not applicable (%)	Missing (%)
Meet with locals	55	21	3	6	15
Get health information & advice	50	24	2	4	20
Relax & fun	56	17	2	3	22
Keep physically active	55	15	3	4	23
Make friends	48	22	4	4	22
Adopt a more healthy lifestyle	45	20	5	4	26
Access courses & training	28	29	10	7	26
Meet people from other faiths & cultures	44	18	10	3	25
Increased confidence	53	18	3	5	22
More happiness	55	14	2	6	24
Learn to take care of own health	42	24	3	5	26
Eat more healthily	48	20	3	6	23
Get information about local services	40	24	9	4	24
Get support for family problems	23	28	1	9	25
Deal with emotional issues	19	33	12	11	25
Learn new skills	29	24	10	9	28
Feel part of community	54	14	3	6	23
Feel less isolated	51	14	4	9	22
Have interesting things to do	49	16	2	8	25

More than half of respondents reported that Hamara had helped them with social outcomes (meeting with local people, feeling part of the community and relaxing and having fun). In addition, over half reported feeling happier and more confident. Many reported being helped with physical health, with 48% being helped a lot with keeping physically active and 45% with adopting a healthy lifestyle.

Respondents were asked to judge the success of Hamara at bringing people from different cultural backgrounds together. Of those 118 respondents who had visited Hamara, the majority thought that Hamara was successful, with 24% reporting it as very successful and 39% quite successful. Only 8% reported that it was not successful at bringing communities together (Figure 12).

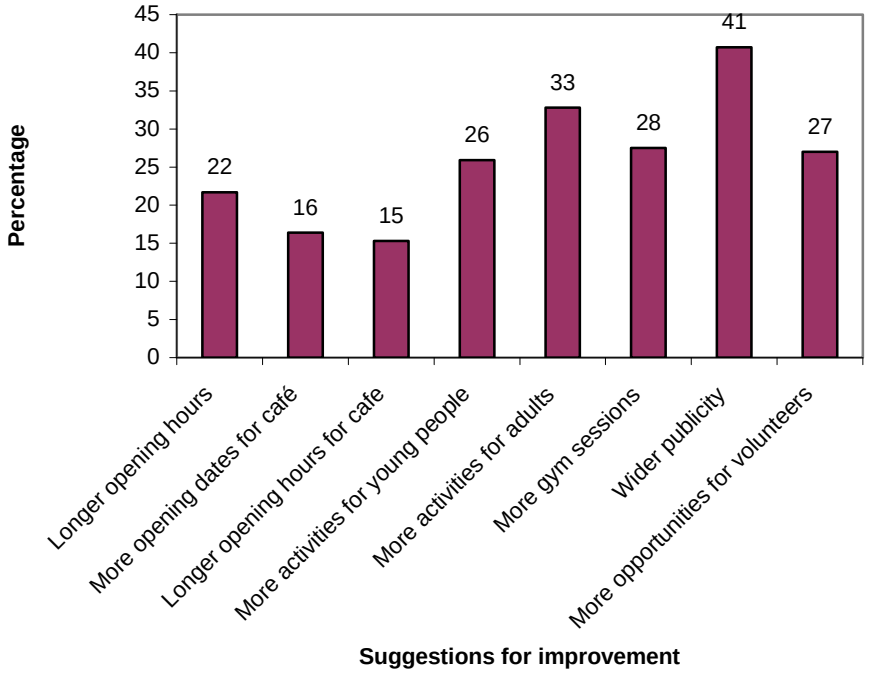
Figure 12 Extent of success of Hamara (out of 118 respondents who had attended Hamara)



4.6 Suggestions for improvements

All the respondents were asked specific questions about ways to improve service provision by Hamara and were also asked to comment further or suggest more ways for improvement. Figure 13 illustrates the percentages of respondents in support of all the questions asked. Having wider publicity, having more activities for adults, and more gym sessions were the three highest suggestions for improvements. Qualitative comments were also grouped and a selection of comments are provided as illustration.

Figure 13 Suggestions for improvement (out of total sample n=189)



- **Having wider publicity**
  Over 40% of all the 189 respondents indicated that having more publicity will improve services at Hamara. There were several comments on this and people gave further suggestions for improvements here.

  > "They should provide more information to every house; I have been here 18 months and have never heard of it".

  > "I would like to see a leaflet which advertises all the courses and activities at Hamara through my letter box".

  > "More advertising so you know what's available for you".

- **Broadening access**
  Comments were made which reflected beliefs that Hamara was mainly for Muslim Asian communities and needed to be more open to other people.

  > "Most people think it is for Muslim community, there should be more consultation concerning local issues with better communication through council surgery at Hamara".

  > "Some people call it the Paki centre jokingly, they should tell people it's for everybody".

  > "Not having totally Asian staff at the reception".

- **Additional activities**
  A third of respondents wanted to see more activities for adults. Over a quarter wanted more gym sessions with some comments and suggestions for improvements:

  "Introduce vouchers for gym, relaxation for all of the local community".

  "The gym equipments should be disinfected".

  Other health activities suggested included: Health courses/exercise classes; Massage; Aromatherapy; Complementary therapy; Women's clinics.

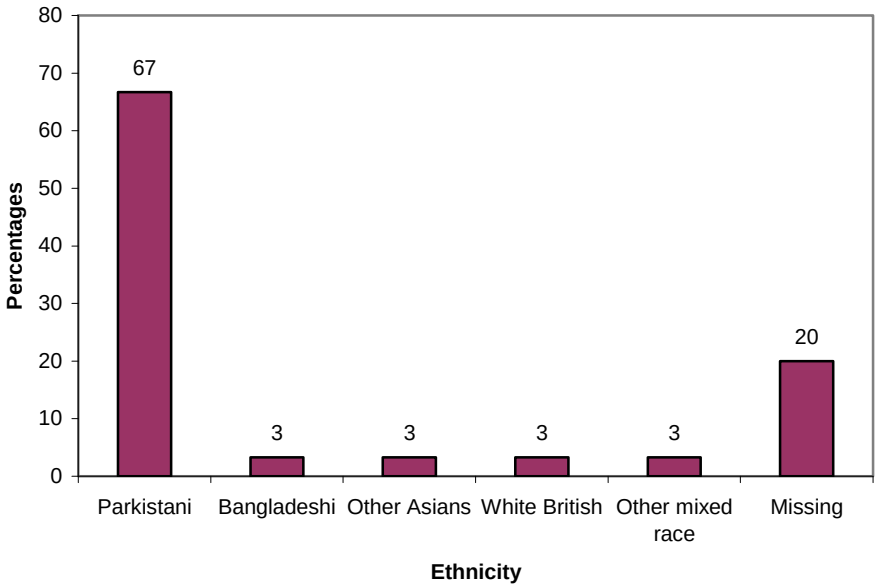
- **Other suggestions**
  Respondents were further asked to suggest activities or services they would like to see at Hamara. Suggestions included:
  - Child care and crèche facilities
  - Multicultural activities e.g. Africa day
  - Local groups for cultural and religious activities e.g. prayer meeting, musical folk groups
  - Diet and cooking classes
  - Mental health supportive classes
  - Sewing classes
  - Hair cutting courses/salons
  - Sauna/swimming/steam bath
  - Employment training courses

5 Findings: Young people's survey

A sample of thirty young people attending Hamara participated in a survey about their use of services. The questionnaire was modified from the adult questionnaire. All figures have been rounded to whole numbers due to the small sample, and therefore values may not always add up to 100%.

Of the 30 young people participating in the survey, 19 (63%) were male, 6 (20%) were female and 5 values were recorded as missing. In terms of ethnicity as reported by the respondents, the majority of the respondents were Asian, with over two thirds being of Pakistani origin (Figure 14).

Figure 14 Young people – ethnicity (Total number of sample = 30)

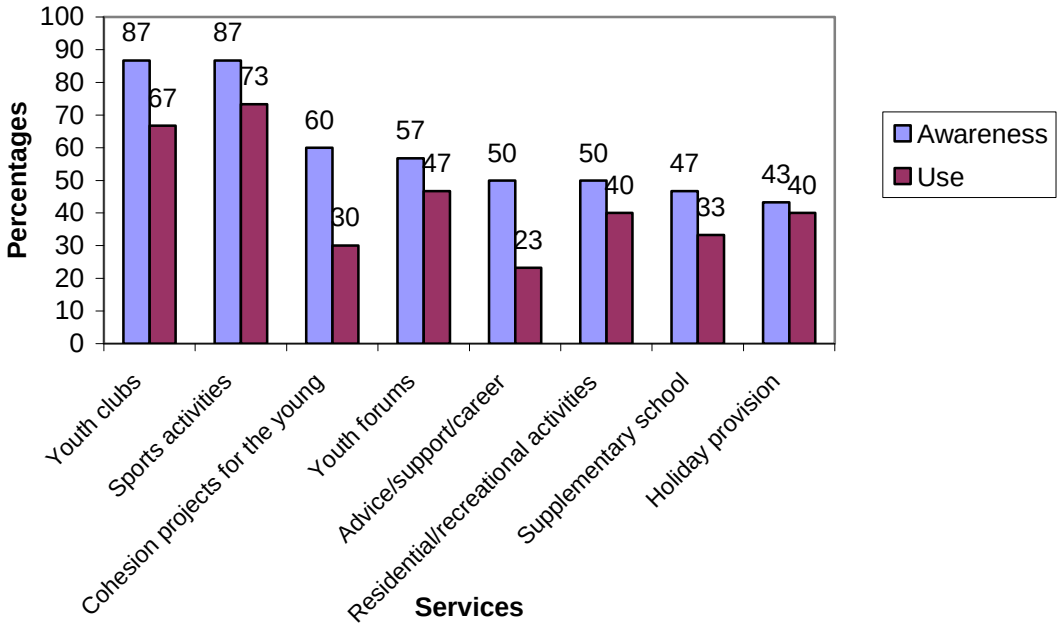


The largest proportion of the respondents were aged 16 to 20 years (40%), 17% were in the 11-15 age group. There was one outlier (30 years) and 6 missing values. Only two reported that they had a long term illness or disability and provided care for someone in their family with a health problem.

5.1 Young people - Awareness and use of Hamara services

All participants were asked about awareness of services delivered by Hamara. Reported awareness and use of these services is illustrated in Figure 15.

Figure 15 Young people - Awareness and use of Hamara services (Total number of sample = 30)



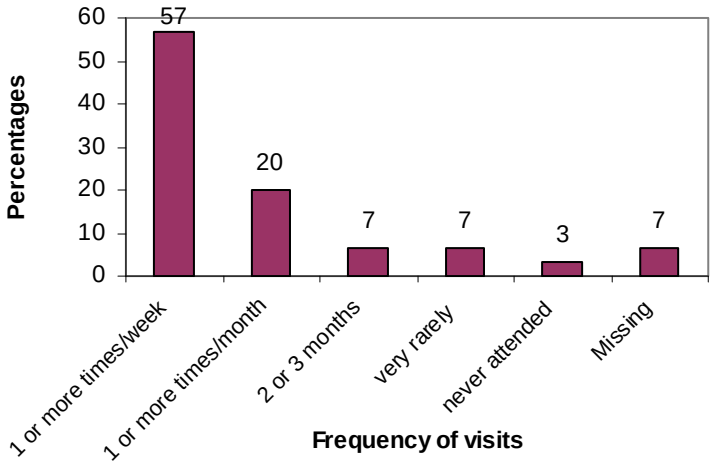
The highest levels of awareness were reported for youth clubs, sports activities and cohesion projects, 87%, 87% and 60% respectively. Sports activities had the highest usage with three quarters of the sample reporting use. The majority of young people were aware of most of the services delivered by Hamara. Supplementary schools and holiday provision had the lowest levels of awareness, 47% and 43% respectively. The lowest reported use was for the supplementary school (33%), cohesion projects (30%) and advice and support services (23%). Table 6 shows the use of services run by other agencies in Hamara. The reported use is generally lower and reflects similar findings in the adult survey. Other reported activities in Hamara used by the respondents included calligraphy and events, also sponsored walks, camping and summer programmes.

Table 6 Young people - Reported use of advice & support services (Total number of sample = 30)

Services	Number reporting Use	% use
Connexions	5	17
Drop-in advice	2	7
Police surgery	2	7
Saturday school	7	23
Drug advice/support	2	7
Carers' group	1	3
Others	3	10

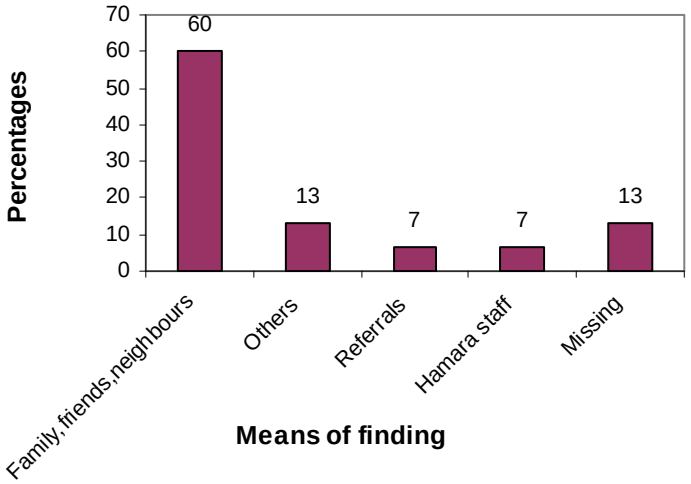
Figure 16 illustrates the reported frequency of visits to Hamara. Most young people had visited and used services at Hamara one or more times in a week, and one fifth were attending one of more times a month.

Figure 16 Young people - Reported frequency of visits to Hamara (Total number of sample = 30)



As indicated in the adult survey, the majority of young people had found out about Hamara through family, friends and neighbours (Figure 17).

Figure 17 Finding out about Hamara (Total number of sample = 30)



Young people were asked if they faced any barriers to taking part in Hamara activities. There were 23 responses and none reported any difficulties while using the services.

5.2 Young people – Views on the quality of services

All the young people participating in the survey were asked to rate how Hamara provided some selected services (Table 7). As in the adult survey, high levels of satisfaction were reported. The three most highly rated aspects were friendly atmosphere, community languages spoken and a safe non-threatening environment, with two thirds of young people indicating that Hamara always provided these aspects.

Table 7 Young people - Views on Hamara's provision of services (Total number of sample = 30)

Services	Always N (%)	Sometimes N (%)	Not at all N (%)	Don't know N (%)	Missing N (%)
Clear information	18 (60)	4 (13)	0 (0)	3 (10)	5 (17)
Friendly atmosphere	20 (67)	6 (20)	1 (3)	2 (7)	1 (3)
Religion/culture	18 (60)	4 (13)	0 (0)	3 (10)	5 (17)
Language	20 (67)	4 (13)	2 (7)	3 (10)	1 (3)
Staff time	15 (50)	4 (13)	3 (10)	3 (10)	5 (17)
Dietary needs	13 (43)	7 (23)	0 (0)	5 (17)	5 (17)
Affordable food	16 (53)	3 (10)	2 (7)	7 (25)	2 (7)
Different activities	14 (47)	8 (27)	3 (10)	3 (10)	2 (7)
Young people involvement	17 (57)	6 (20)	1 (3)	3 (10)	3 (10)
Safety	20 (67)	4 (13)	0 (0)	2 (7)	4 (13)
Easy access	19 (63)	4 (13)	0 (0)	2 (7)	5 (17)
Supportive staff	19 (63)	5 (17)	2 (7)	3 (10)	1 (3)

5.3 Impact on health and well-being

The young people were asked to report if attending Hamara had made any difference in their health and well-being. A range of potential outcomes were given and respondents asked to indicate if Hamara had helped to change their health and well-being a lot of the time, a little, not at all or if it was not applicable to them (Table 8).

Approximately 63% of young people agreed that they had mostly been helped a lot to feel part of the community and had interesting things to do. Around half the sample reported that Hamara had helped them meet people, relax and have fun, learn new skills, make friends, feel less isolated and have increased confidence.

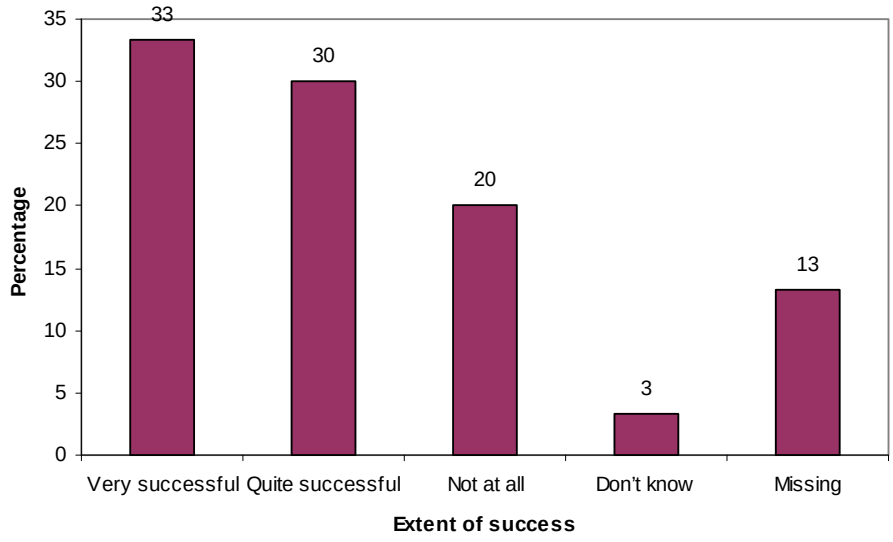
Table 8 Impact on health and well-being (Total number of sample = 30)

Services	A lot N (%)	A little N (%)	Not at all N (%)	Not applicable N (%)	Missing N (%)
Meet people	16 (53)	5 (17)	0 (0)	3 (10)	6 (20)
Health information/advice	13 (43)	5 (17)	0 (0)	7 (23)	5 (17)
Relax and have fun	16 (53)	5 (17)	1 (3)	4 (13)	4 (13)
Make friends	15 (50)	7 (23)	1 (3)	4 (13)	3 (10)
Healthy lifestyle	14 (47)	5 (17)	1 (3)	6 (20)	4 (13)
Access to courses & training	11 (37)	3 (10)	2 (7)	9 (30)	5 (17)
Meeting people from other faiths & cultures	13 (43)	8 (7)	0 (0)	4 (13)	5 (17)
Improve confidence	16 (53)	6 (20)	1 (3)	4 (13)	3 (10)
Feel happier	14 (47)	6 (20)	1 (3)	5 (17)	4 (13)
Self care	14 (47)	3 (10)	2 (7)	7 (23)	4 (13)
Eating healthily	12 (40)	4 (13)	0(0)	6 (20)	8 (27)
Information for local services	13 (43)	6 (20)	1 (3)	3 (10)	7 (23)
Support for family problems	10 (33)	7 (23)	3 (10)	5 (7)	5 (17)
Support for emotional problems	8 (27)	5 (17)	2 (7)	6 (20)	9 (30)
New skills	16 (53)	8 (27)	0 (0)	2 (7)	4 (13)
Feel part of community	19 (63)	5 (17)	1 (3)	1 (3)	4 (13)
Feel less isolated	15 (50)	4 (13)	3 (10)	4 (13)	4 (13)
Interesting things to do	19 (63)	4 (13)	0 (0)	3 (10)	4 (13)

N = Number of respondents, % are displayed in ()

Figure 18 shows the extent of success of Hamara in bringing local people from different cultural background together as perceived by the respondents.

Figure 18 Extent of success of Hamara (Total number of sample = 30)



A third of young people agreed that Hamara was successful, while an almost equal number perceived that it was quite successful. Six people disagreed with the above responses and were of the opinion that it was not at all successful. Further comments from the respondents were in support of its success.

5.4 Suggestions for improvement

Respondents were asked to suggest ways to improve service provision for young people at Hamara. There were a total of 15 comments which have been grouped in Table 9.

Table 9 – Young people's suggestions for improvements

Theme	Suggestions for improvements
Trips	"Good trips. Good sports, spend more time at trips and more activities" "More time at Hamara" "Take us to some good trips. Spend more time at trips"
Sports	"Trips, more spaces to play sports" "More places to do sports"
Publicity	"They should advertise more" "More advertising"
Community cohesion	"There should be more mixed groups from other cultures"
Other comments	"Get a smart board in every classroom" "Go back to Greenmount"

Young people further suggested specific services and activities they would like to see at Hamara:

- Motor biking
- Go-karting
- Football
- Climbing
- Cycling, skipping
- Vehicle maintenance

6 Interview findings

Interviews were conducted with 21 key informants from a range of organisations working with Hamara in some capacity (see Appendix 4). In addition, an interview was conducted with Hamara's director. The interviews explored perceptions of Hamara's aims, achievements and access to services. Issues relating to Hamara's role in community cohesion and the nature of relations with partner organisations were also covered. The emerging themes were grouped into four main areas:

- The work undertaken by Hamara and the contribution to community health and well-being
- Communities served
- Community cohesion
- Partnership working

6.1 Contribution to health, well-being and social need

Interviewees were asked to describe what they saw as Hamara's main aims. Four key areas emerged:

- Addressing the needs of local people, in particular the needs of the Asian community
- Addressing health issues
- Providing support for vulnerable groups
- Working towards community cohesion.

The role of Hamara in tackling a broad agenda on health and well-being was highlighted:

> "When we initially set it up we very broadly described it as a holistic approach to helping tackle social deprivation and social disadvantage." (Director)

> "Health to different groups, dealing with lots of different issues, housing, and police."

> "They want to contribute to health and well-being. Hamara are achieving things in line with what the city is trying to achieve."

Some key informants identified Hamara's responsiveness to community needs, in particular the needs of the Asian community:

> "They want to meet the cultural and faith needs of that population."

> "I guess what they're trying to achieve from my perspective is to be a focal point for the particular communities that they are working within, to play an active role in supporting that community to develop socially and in terms of health."

The ways in which Hamara was making a contribution to health and well-being were discussed. Activities including health courses, access to a GP

at the centre, clinics, events and health displays were all identified as evidence of Hamara responding to health needs in the local population:

> "Yeah, I have seen them doing clinics and I have seen them doing the stop smoking, I think they have done diabetes clinics. I know that they have done heart health sessions there. They did a health day in August and that was focusing on mental health, which I thought was very good to do that."

Hamara's work in addressing the specific needs of the Asian population in terms of diabetes, prevention of coronary heart disease and smoking cessation was discussed. Hamara was seen to have a role in raising awareness and educating the community around health. The health needs of the older population were specifically identified:

> "As far as the older population is concerned, raising awareness around lifestyles and lifestyle choices is crucial to prolonging their lives and the quality of their lives."

Support over mental and emotional health was mentioned in conjunction with work around building self esteem. Physical activity was identified as an important area of work. The gym, fitness classes, healthy living courses and healthy eating classes were all highlighted as having value. One person described how Hamara supported healthy living through providing sporting activities such as swimming trips to South Leeds Stadium. Another explained how Hamara encouraged physical activity with people who may not normally keep fit, giving an example of the women's exercise classes. A minority of interviewees were unsure of Hamara's aims in terms of the work around health.

Other areas that Hamara was seen to be making a contribution were in education and employment. After school activities were mentioned as was the youth provision, mentoring, and careers guidance through Connexions. Hamara was recognised as providing resources and opportunities for local people, including young people. It was perceived that staff recruited from the local area provided positive role models. Some interviewees spoke of the role of Hamara in regeneration:

> "Culture, economy and enterprise, environment, harmonising communities, learning. I think that is a big thing they've got at the Hamara Centre, about learning, education."

Overall, Hamara was seen as making a significant contribution and the value of delivering health activities was acknowledged. There was, however, some uncertainty around the net impact on health. Several informants explained that changes in health or health behaviour were hard to assess and would only emerge in the long term. The Director spoke of the need for a "level of realism" as they were not likely to reduce diabetes and coronary heart disease "overnight". One interviewee stressed that it was "important for Hamara as a centre to try to sustain healthy changes".

A community resource

A further theme was the contribution of Hamara as a community resource. This was both in relation to the building as a centre at the heart of the community and also as a set of resources accessible for different groups. The value of Hamara as a community centre was commented on:

> "The building itself is such a fabulous resource, but I am hoping that it will be more attractive to other groups. . .I think it would be really good for them all. It's a good resource."

This was contrasted to the lack of facilities before 2004 and the fact there were few other organisations offering a similar service:

> "If you go into the centre, around lunchtime, it is quite often bustling. That was lacking before. There wasn't anywhere where people could have done that in the past."

Several informants identified Hamara as a good community venue. It was well placed geographically and people were comfortable to go in there. Having the centre in the community was seen to improve access for people who may not attend other more traditional venues for health advice or groups. The community café and the gym were also identified as important facilities. One interviewee spoke of the usefulness of having so many services in one place catering for different groups. Another spoke of:

> "Having a community venue through the centre, where people can come in pick up information, lunch, hang out….an open door policy."

Increasing access for hard-to-reach groups

Hamara was reported to have a major role in improving access to health resources for groups who were seen to be hard-to-reach or disadvantaged. This had particular significance for the Asian community and the role of language support was highlighted:

> "They are bilingual staff, so they can speak in their community language. I see a lot of the communities coming in and not understanding certain letters they've got sent and asking the staff at the reception are. . .It's good that the older generation can come and get some support."

Many interviewees spoke of the role of Hamara working with specific groups, notably young people, older people and women. There was a perceived need for a safe space which Hamara was seen to provide:

> "Like I said before you've got a group, any group that is in some way disadvantaged, you need your own safe haven to work within, and explore and develop and grow."

Hamara was reported to have a crucial role in community engagement, the work with young people being particularly valued. Community engagement helped individual's access services that they might otherwise have not attended and, at the same time, supported professionals who wanted to work with particular community groups:

> "I couldn't do what I do without them. . .If Hamara wasn't there, it would be difficult to engage hard-to-reach groups. It is easier to work with established groups that bring people together."

> "I think there are other organisations that are working particularly with women. . .The key challenge in South Leeds is work with Asian young men. I think organisations such as Hamara are better placed to deliver on that agenda. As far as the BME community is concerned, Hamara is fairly unique in what it does."

Hamara was seen not only as filling a gap in provision but, perhaps more critically, as enabling people to access activities. A central theme was the perception that many people felt comfortable attending Hamara in contrast to other venues. The gym and physical activity work at Hamara was one example of this, as the South Leeds Stadium was seen as too far and too difficult to get to. In addition to the impact on physical activity levels, there was the issue of social isolation. One interviewee spoke of how some people would not leave their homes without Hamara. Hamara was seen to provide an "excuse to get out" and opportunities to be "kept up to date". Another commented:

> "There is that privacy, what reason they are going to the centre is confidential. . .in small communities people do tend to talk and I think that is an advantage of a Healthy Living Centre that you could be going for a course, go to the gym or you could just be going for lunch and that is something that all the community is welcomed to go to."

A successful organisation

Interviewees were asked to reflect on the achievements of Hamara over the past three years and identify any areas for improvement. The development and growth of the organisation combined with the continued funding were recognised as achievements. Many interviewees commented on the success of Hamara and the fact it grew from small beginnings to broaden its remit and activities:

> "It has gone from strength to strength and continues to build on previous years."

The fact that Hamara was addressing community need and was evidently used by the community was seen as evidence of its success:

> "It depends on criteria. If it's numbers through the door, then it has been very successful. It has a very high profile in the community."

Other major achievements were partnership working and community cohesion, which will be discussed later in the report. Further successes mentioned included the establishment of the gym and holding many successful events. Hamara was described by one interviewee as a "beacon", while another described a particular programme as an "example of good practice". Some activities were reported as taking time to develop or had been less successful. Examples were given in the interviews of where planned activities had not come to fruition.

The quality of the management and staff of Hamara was praised in most of the interviews. Staff were described as having a passion for what they do and open to new ways of working:

> "The reality is the Hamara Centre has people, young people, coming and going and it is more dynamic. . .and for the time being, Hamara are doing a good job, they're running a good centre."

Broadly speaking, views on the organisation and management tended to support the idea of Hamara being well run and reliable in delivery. One key informant described it as a "well run ship", another said "I think everything is successful there, it is a very successful establishment". One theme to emerge very strongly was the leadership role provided by Hanif Malik, who worked full-time as the Director until April 2007. Hanif was described as having a high community profile, well respected and able to develop work towards a vision. He was seen as a key individual in managing Hamara and ensuring activities were well run. Some informants, however, commented on the organisational structure that meant most decisions were taken at board or director level. This sometimes resulted in communication blockages and delays in decisions:

> "Hanif, I think he is still around on a consultancy basis, was quite a figure head in terms of Hamara, was well respected. Because of his profile and the regard that people had for him, that [this] has created quite a vacuum in terms of replacing him. That is one of the challenges that Hamara has."

6.2 Communities served

One of the strongest themes to emerge from the stakeholder interviews was around the nature of the communities served by Hamara. It was notable that most people spontaneously raised this issue within the interviews. There was a consensus that Hamara was meeting the needs of the local Asian population:

> "Well it definitely serves the Asians very well."

> "Where else can you see a centre like Hamara where Asian people are actually accessing it like that? Great, I can't see anywhere."

The history of Hamara developing from the work of SLECG had resulted in a legacy which shaped the focus of the work on older people. There were

differing views expressed about the extent to which service users were drawn from the wider community. The majority of interviewees either perceived that Hamara almost exclusively catered for the Asian community, or questioned the extent to which services had a wider clientele:

> "Their remit is for everybody, whether they are meeting the needs of everybody- that's my big question. They are meeting the needs one community definitely, that's the Pakistani community."

These views were in contrast to those informants who reported that contrary to perceptions Hamara in fact attracted a mix of clients and visitors:

> "The activities I'm involved in, I see them mix, a breakdown of different communities attending."

> "I get a few Black African women coming into my group. I get Polish migrants coming as well. So obviously the word goes round doesn't it. . .and I am sure that there are other communities that attend the Hamara centre. It is about bringing that community together, not just focusing on the South Asians."

These contrasting observations may be related to the different types of activities. While the gym, for example, was seen as successfully attracting a broad clientele, some of the other activities were specifically focused on groups such as Asian elders.

An aspiration to serve all the community

The interviews generated much discussion on the remit of Hamara and what could be done to broaden the range of people attending. One strong theme was that Hamara had a vision of inclusiveness and staff were seen to be working towards this vision. There was recognition that Hamara had put genuine efforts into widening access and drawing in other sections of the community. Holding community events and drop in days was seen as one mechanism, as was the community café. Many of the interviewees reported that Hamara was accessible to the whole community and had experienced the welcoming atmosphere. However, the extent to which Hamara had been successful at broadening access was questioned. The general assessment was that despite trying hard, there were still barriers:

> "I think Hamara, my perception is that they are trying to get a cross section of the community to go in there and do that. I think they are a long way to there. I think they try to overcome that by putting these big events on".

> "I think it is accessible but I am not convinced that the ethos is clear to the rest of the community. . .One of the problems when something starts out as being one thing and then it has to change, isn't it? It takes time for people to realise that it has changed."

One interviewee questioned expectations and the role of other organisations:

> "Maybe we are being a bit unrealistic about what we are expecting from Hamara. . .There are a number of organisations that serve the white communities and it could equally be argued that they should be doing more to support or integrate their services to all communities. Maybe we are placing too high an expectation on Hamara."

Barriers to broadening service use

The barriers of Hamara attracting a wide range of local people were discussed in full in the interviews. There was a consensus that much of the problem lay with a perception in the community that Hamara was solely focused on the Asian community. This was seen as a major barrier and hard for Hamara to tackle effectively. One person described it as a "tough nut to crack". The following quotations illustrate the problem:

> "If you walked up the street and stopped every person and said 'Hamara Centre', number one would probably say that 'I go there every day' and number two would probably say 'I wouldn't dream of going there.'"

> "They have a problem in the area where people think of it as purely an Asian building. And it's not. It is for everybody in the community. They have that problem that they are trying to break down that barrier. It's just that a lot of people in the area don't believe it's for them."

A small number of interviewees mentioned the difficulty of broadening use when the past legacy was working with the Asian community. One individual explained:

> "In the Beeston area you find that the communities split themselves, not for any particular reason, because some would prefer to go elsewhere as it meets their needs better."

There were a couple of comments on the role of prejudice in limiting people's views of Hamara:

> "If non-Muslims are not going, I would put it down to prejudice on their part, rather than Hamara not trying to attract them in."

A further set of barriers were identified which related to Hamara as an organisation. Services such as courses and activities targeted at one group were limiting, at the same time the importance of serving minority groups was acknowledged. The building was mentioned by several people as uninviting:

> "It's a bit disconcerting to have to push the button and wait to be let in, but I can see the need for that. I think the actual entrance could be made more welcoming."

The name 'Hamara' was also discussed although there were different views as illustrated by these quotations:

> "Hamara means that it's yours, it's ours, and it's all the communities."

> "If you were looking at being more welcoming to every user group there was, I think one of the barriers being Hamara itself, the name."

A further issue was the lack of diversity in the staff and the management board. This was seen as contributing to the perception of Hamara as serving mainly the Asian community:

> "The staff does not show there is everybody in it, all of them are Pakistani apart from one Bengali…Hamara, the staff doesn't reflect 'we're for everybody.'"

What is needed?

Interviewees typically reflected on the need for change. Suggestions were made for ways in which Hamara could improve services to widen access for all sections of the community:

- **A welcoming sign**
  "A simple thing that I have said before is quite simply a sign on the outside of the building displaying what's going on, inside the building."

- **A more representative staff**
  "I always say they should employ people that reflect their communities that they are working with. . .I would say if you want to engage with different communities."

  "I'd bring more people of other cultural and faith backgrounds to work for Hamara. I'd definitely have more women on the board."

- **Marketing and publicity**
  "Actually out in the community I do think they need to be drawing in more and more people. For example, they could put some flyers out in Polish or whatever other languages are around."

  "Publicising more events."

- **More outreach work**
  "I think it would be good to take what their knowledge and understanding and experience out to other parts of the community. To go into schools with healthy living type projects."

> "Maybe if Hamara was delivering stuff in situ in other places, in venues that weren't traditionally, in venues that aren't primarily Asian, it would alter the perception within the community."

Further suggestions included an expansion of youth services, offering childcare, having a range of foods on offer at the café, putting on activities to attract other ethnic groups, such as Eastern Europeans and Africans.

6.3 Community cohesion

In considering the role of Hamara in community cohesion, it can be noted that a significant theme was the place of Hamara at the heart of the community. Several key informants discussed how Hamara had emerged in response to community need and the sense of community ownership which existed. One interviewee explained that the success of Hamara and Building Blocks (previously Faith Together) was because they "came from the community and are run by the community". Others commented on the connections between the community and the organisation:

> "…and certainly the Hamara Centre has a lot of good, it would seem, good, strong social webs running in and through it."

> "I think they have a very good set up. They got an excellent infrastructure that does work at the heart of the community. And every time I've there I've always been quite impressed by how they like to engage communities."

Hamara were seen as having a central place in the community and were generally recognised a key local player:

> "I shouldn't imagine that there is much that I would get involved with in the area but then wouldn't at least ask for advice or support or just link with because they are a very important part of that community."

> "It has a very high profile in the community. It also works well with other organisations."

Perhaps not surprisingly, the events of 7/7 were raised in many of the interviews. Hamara's response and the role it played in bringing the community together were universally praised. Hamara had held community meetings and events to cope with the impact of 7/7 and the media interest. In the face of potential damage to community relations, as well as to the centre's work, Hamara was seen to have handled the situation with dignity and commanded local respect. The following quotation is typical of the views expressed in the interviews:

> "I don't think you can underestimate the impact that [7/7] had on the community as a whole. I think Hamara took a dignified approach from top down. Through this people recognised that

> Hamara was a resource that should be appreciated. Hamara took a lot of flak from the media and press and they had to deal with that. Hamara had to support the community through what was a fairly traumatic period. I think they made a good job at bringing together different sections of the community and reassuring people that acts of terrorism weren't acceptable."

A role in community cohesion

Community cohesion was identified as a significant issue in Beeston. Key informants identified the need to bring together different sections of the community and to foster respect between different cultures and faiths. Some individuals talked about a divided community, other emphasised the myths and perceptions that posed a barrier:

> "There is a perception that Asian people don't go down the hill at Beeston Hill to where the maisonettes, near to where, just where the motorway begins. I mean there is this divide that is as wide as an ocean, that's the perception, so therefore it's the reality."

> "The whole area is full of such valuable people however many of them just live in pockets because there is this community barrier between them."

Hamara was seen as having a key role in tackling community cohesion, along with other local agencies:

> "I think certainly that Hamara has got a pivotal role in trying to enhance community relations between disparate communities …It is not an agenda that we can tackle on our own. It's got to be done collaboratively." (Director)

Several interviewees explained the necessity for collaboration and shared responsibility for addressing this issue:

> "I can't see how any organisation can work without promoting any sort of social justice, equality, cohesion, interaction, all of those things. Unless we are to live our lives terribly separately."

Joint working around community cohesion was seen as very important and some key informants described having shared goals. The work with children and young people in schools and through sport and physical activity was highlighted as an important vehicle for integrating white and Asian youths. The approach was often to organise activities that brought young people from different ethnic backgrounds together in order to break down barriers and dispel myths. Intergenerational work was also regarded as significant.

There was some discussion on progress made and the extent to which this joint work had been effective. Hamara was described as having a good relationship with all religious and cultural groups in the community, and some groups were using Hamara on Sunday for religious meetings. For

some, Hamara was making a notable contribution to tackling issues around community cohesion and bringing communities together:

> "It has been fantastic for community cohesion."

Other interviewees were more cautious in their assessment of progress:

> "I think it could have been more effective; I don't see a great deal of evidence of any work towards community cohesion. I think that whatever they are doing they are extremely slow."

> "It is debatable whether as a collective we have been successful; we are certainly working hard to address the issues. I think it is too early to judge whether we've been a success, but it won't be through lack of commitment from organisations such as Hamara."

> "I would say that we are probably not even halfway down the road, in all honesty, despite our best endeavours." (Director)

A couple of interviewees commented on the importance of regeneration and tackling economic deprivation in the area.

6.4 Working in partnership

Hamara was described as having partnerships with over twenty local organisations. Key informants were asked to describe their relationship with Hamara. Different types of partnership working were identified. These were:

- **Using Hamara centre as a host organisation.** Some key informants were using Hamara as a base to run activities. One example of this was the antenatal support service Haamla which used Hamara for its clinic. In addition, Vera Media was co-located in the centre building.

- **Joint activities.** Hamara often worked in partnership with local organisations to develop and deliver projects or a set of activities. Examples included summer activity programmes for children, community sports activities, and events such as the community safety roadshow.

- **Networks**. Some informants described working in local networks with Hamara or being in regular contact through involvement in different local activities.

- **Working together at a strategic level.** Hamara worked with other organisations in local steering groups, community forums and partnerships, such as the Aspire partnership. Representatives from Hamara were on some other organisations' boards.

- **Supporting Hamara.** Some key informants were commissioning services or were involved in supporting Hamara seek funding or help develop services.

It was important to determine if referral pathways existed where other organisations were promoting Hamara to their users or Hamara was signposting. In general most organisations were not referring directly, although some were informally putting people in touch with Hamara. The interviews also explored the potential for duplication. While most responses indicated that remit and responsibilities were distinct, in some cases there was perceived to be an overlap. This was in part due to having a range of organisations working on similar areas and was not necessarily seen as an issue:

> "Quite often [there is an overlap] but I think that you find that within our sector. . .because we have a lot of youth organisations in this area."

> "It is all about complementing those services, not competing." (Director)

One person spoke of the overlap with One Stop Centres and South Leeds Health for All. It was explained that centres tend to serve one cultural group and, while they should work in conjunction with Hamara, there was a tendency for competition to develop.

Making links and sharing understandings

The length and quality of relationships was discussed by many of the key informants. Some had been working alongside individual staff or board members from Hamara over a period of years. A number of interviewees reported that they regularly used Hamara, visiting the gym or café, or attending meetings held at Hamara. There were a couple of examples where there were multiple connections to the mutual benefit of both Hamara and the organisation, as illustrated in Box 2.

Box 2 Links with a local school

- Trained sports coaches (basketball/football) come into the school through Hamara
- Parents attend the gym at Hamara
- Saturday School run at Hamara
- After school literacy club at Hamara
- Hamara is part of the Extended Schools agenda
- The school gets involved with events run at Hamara: classes went up to Hamara to look at displays about different faiths.
- Some parents of children at the school work at Hamara
- Family support workers from school give flyers and talk to parents about Hamara.
- School has taken parents to Hamara for ICT.

There were differing views on partnership working processes. Hamara was described as good at networking and keen to develop opportunities:

> "My sense of Hamara is that they have been very open to partnership working – I think they have been quite flexible in trying to accommodate us."

Hamara's contribution was valued, particularly where understandings could be shared:

> "[M] brings lots of valuable perspectives to our organisation."

> "I will often ask advice and guidance from their workers based around Asian topics. . ."

There were examples given where the partnership working had been less successful or had not delivered necessary outcomes. Some of those interviewed felt that they had not been involved sufficiently in planning and developing work. One interviewee described how they would have welcomed greater involvement in events and open days:

> "We'd quite like to get involved when you're planning or organising something let's organise together, they may say they do it, but for me, we don't. . .we've not been involved fully."

A couple of interviewees suggested it would be useful to have representation on Hamara's board. A further issue was the engagement of Hamara in forums and the need for regular attendance. It was reported that sometimes representatives from Hamara did not attend forums which limited their contribution: "I think they need that voice back on the strategic side". It was also noted that Hamara was not consistently working with other Healthy Living Centres.

Communication was a strong theme and there were mixed views. Some key informants had very positive experiences and reported very good communication between Hamara and their organisation:

> "…constantly keeping us updated on stuff they are running with regards to the café, cultural awareness days, weeks, whenever they go on. . .and vice-a-versa."

> "They have been helpful with me. There are many opportunities."

Other people had more mixed experiences and had experienced problems with communication which had led to frustrations:

> "When I want to go and see people there, they're not always available or they're not there. It's just difficult to network and get some updates from them to what's going on, and to see which activities they have actually put on."

"It's patchy. Sometimes it's really good. There're certain members of staff who're great to work with, but there are others you just know messages won't get through, it's going to be difficult to organise anything with. It's very hit and miss I think… . . They're trying. They are trying."

Working with Hamara in the future

Interviewees were asked how they saw themselves working with Hamara in the future. The responses were grouped into four areas:

(1) More community engagement

- Making links between different communities and breaking down barriers to create a resource for everyone
- Increasing participation of local people in activities
- More youth work, getting young people off the streets into clubs and education activities

(2) Community cohesion

- Working together on the community cohesion project
- Opening up forums to different cultures such as the Polish community

(3) Developing new programmes

- Community health educators/Health trainers
- Programmes around long term conditions such as diabetes
- New sports events in partnership with Hamara
- Applying for joint funding for workers to support pregnant women in south Leeds

(4) Supporting better links

- Supporting Hamara in making stronger links with other community groups
- Helping Hamara access networks in the city

As well as specific suggestions a number of key informants also expressed their intention to continue their support:

"We like to think that we're in it for the long haul."

"I think there will be a continuation. I hope we will be able to collaborate further on other initiatives when they present themselves. I think certainly Hamara will be open to any such suggestions."

"In the future we will want to work much closer with them, because of their success and because of the type of premises that they have got and the community that they work in, they are an ideal candidate for us to do more work with."

7 Summary of evidence

In this section the findings from both pieces of data collection are brought together to provide an assessment of progress in line with the objectives of the evaluation. Three overarching questions are posed in this section:

1. Is Hamara meeting its objectives?
2. What is the contribution of Hamara to improving health and well-being in Beeston?
3. What is working well and where is there potential for development?

Prior to discussing the findings, it is necessary to comment on the strengths and limitations of the evidence provided in this report. Two relatively comprehensive pieces of data collection were carried out and this gave an overview of Hamara and its programmes. The qualitative interviews were in depth and provided a broad picture of Hamara's contribution from the perspective of partner organisations. A range of organisations were selected and clear themes emerged from the data. The survey gave some current service users and a small number of local residents the opportunity to voice their views on Hamara. The challenge was to balance the need to include the views of people with different experiences of Hamara (including those not using the centre) with ensuring methods were rigorous and did not introduce bias. The opportunistic sampling allowed a cross section of people to give their views but the findings need to be treated with caution as they are not necessarily representative of all centre users nor local residents. An additional survey was carried out with a small sample of young people using Hamara. Overall the survey results provided a very useful insight into Hamara's contribution and there was strong correlation between quantitative results and themes emerging from the qualitative interviews.

Some further points should be made about the strength of the evidence presented. The difficulty of attributing changes in health status and health behaviours to the activities undertaken by Hamara needs to be acknowledged. Healthy Living Centres represent complex, integrated programmes which develop over time in response to local heath needs and it is therefore unrealistic for a small scale evaluation to provide proof of effectiveness, especially given the wider social, environmental and economic factors influencing people's health (Green and South 2006). Notably, Hamara extends its role into the community development field. Thus, this evaluation examined its contribution to enhancing community cohesion. As with health impact, contribution to community cohesion can only be assessed over a long period of time. Notwithstanding these challenges, the evaluation was able to throw light on the role of Hamara and the mechanisms being used to improve health, well-being and cohesion. Some impacts were identified and the overall assessment needs to take into account the context for the work.

7.1 Is Hamara meeting its objectives?

The two sets of findings provide strong evidence that Hamara is meeting its central objective to:

> '*Improve the quality of life for disadvantaged individuals, through providing culturally appropriate services within a community environment, taking into account cultural and religious factors.'*

The survey found high levels of satisfaction with Hamara's services from service users. The majority of those using Hamara reported that Hamara consistently provided a welcoming, friendly atmosphere; services which took into account religion and culture; community languages; a choice of different activities; affordable food; supportive staff; easy access and a safe environment. Some barriers to services were identified in the current survey. It is useful to consider these results in relation to the 2002 community survey (SLECG 2002). Although these two sets of findings cannot be directly compared as the early survey was measuring barriers to local services in general, Hamara does appear to be minimising barriers to accessing services in response to the key areas identified in that initial survey (Table 10)

Table 10 Barriers to services

Barriers	% reporting barriers to all local services in 2002 community survey	% reporting barriers to using Hamara 2007
Location/distance	39%	4%
Transport	33%	3%
Lack of translation/ interpreting	33%	10%
Frequency/timing	26%	7%
Child care	19%	13%
Cost	16%	4%
Disability access	11%	0%

The wide range of activities run or hosted by Hamara has increased provision in Beeston, an area of deprivation with high levels of poor health (South Leeds PCT 2005). Hamara was recognised by partners as providing support to the Asian population, notably older people, young people and women. It is of interest that nearly a quarter of those surveyed indicated that they had a long term illness or disability which limited their daily activities and 13% confirmed that they provided care to someone in their family. These figures are considerably higher than the Census figures for Beeston (see section 2).

In examining the success of Hamara's approach, the findings have been summarised in Table 11 in relation to the mechanisms identified in Hamara's mission statement.

Table 11 – Evidence summary

Mechanism	Evidence from community survey	Evidence from stakeholder interviews
Reducing inequalities in accessing health and social care provision.	Considerably smaller proportion of people reporting barriers to service use (in relation to areas identified by community survey 2002).	Activities targeted at vulnerable groups: focus on young people and elderly. Provides access to allow work with hard-to-reach groups.
Provision of range of healthy living activities.	Range of health and health related activities being used. Some indication of a lack of awareness of Hamara activities in wider community.	Range of activities being provided in the centre and outside. Hamara's role in provision of activities around physical activity and sport, healthy living & eating, and mental health identified as significant. Centre seen as a valuable community resource.
Holistic approach, tackling wider determinants.	Those using Hamara reported a range of health impacts in relation to healthy lifestyles, mental health, and social factors.	Holistic approach recognised. Role in health activities and also addressing wider determinants such as education, employment, skills. Engagement in physical and other centre activities seen as helping prevent social isolation.
Improving service delivery through developing effective working partnerships.	Some awareness and use of services hosted in Hamara: 40% reported using Drop-in advice and over one fifth were using welfare rights, interpreting and translation, and benefit surgery.	Working in partnership with a range of organisations. Different types of partnership working from joint activities to strategic level collaboration. Hamara seen as a key local player. Some aspects of communication could be improved.
Empowering and engaging community members through training and support and through involvement.	Over half those using Hamara reported feeling more confident. 28% had been helped to access training and 29% reported getting new skills.	Development of Hamara has been in response to community need. There is a sense of community ownership. Hamara seen to have a key role in community cohesion but this role could be enhanced.

Increasing awareness of issues and health information.	Half of those using Hamara reported that it had helped them access health information and advice. 40% reported that Hamara had helped them adopt a healthy lifestyle.	Hamara seen to have role in raising awareness of health issues.
Providing services in a culturally and religiously appropriate manner.	The importance of services which take into account culture and religion was confirmed by survey. High levels of satisfaction were reported for Hamara provision in relation to cultural and faith needs. Some barriers for language support identified.	Hamara recognised as serving Asian community very well. Hamara providing services which local people are 'comfortable with'. Some mixed views about the extent to which Hamara serves wider community. There is potential to broaden access to the centre and encourage more use by the non-Asian community. Provides a necessary space for disadvantaged groups.
Providing necessary support for individuals and families to access support services.	Some suggestion of lower levels of use of support services in Hamara than use of core services. Some barriers with using Hamara were reported, but a generally lower proportion reported barriers than in original community survey.	Engagement in Hamara seen to break down barriers to service use in hard-to-reach groups. Valuable contribution acknowledged. No other organisation providing similar range of activities.

What is the contribution of Hamara to improving health and well-being in Beeston?

There is evidence from the survey and the stakeholder interviews that Hamara is making a contribution to health and well-being in Beeston. Hamara is seen as a key community organisation and its role is acknowledged by stakeholders. Its contribution in relation to health and social needs in the local Asian community was particularly valued. It has been noted already that it is difficult to tease out outcomes and attribute changes in health status to Hamara. A number of stakeholders commented on the long term nature of change and the difficulty of assessing impact. Use of clinical measures of effectiveness in most cases would be misleading and with the exception of very specific activities, an inappropriate way to assess the effects of participation. Given these methodological issues, there is good justification for asking people directly involved to self report health benefits (National Institute for Health and Clinical Effectiveness 2005). In the survey, people using Hamara were

asked to identify aspects where Hamara had helped them. While it is a small sample and results cannot be generalised, Hamara was reported to be having significant impact on individual health and well-being. These results are supported by findings from the national evaluation on reported impact of Healthy Living Centres (Hills et al, 2007). Over half of those who used Hamara reported that it had helped them meet with local people, access health information and advice, keep physically active, feel more confident, and feel happier. Given the effect of social isolation and social exclusion on health, it is notable that over half reported that Hamara had a large impact on feeling part of the community and feeling less isolated. These findings are supported by the stakeholder interviews. While there may be some bias to a positive response, we included a couple of items that were not central to Hamara's mission statement; interestingly, support for family problems and dealing with emotional issues scored lower than most of the other items. This would suggest that the findings on reported impact are valid.

As part of its role in health improvement, Hamara has a stated core value of '*Bringing communities together'*. The role of Hamara in community cohesion has become more prominent with the government agenda on community cohesion and the need to respond to the local context. The interviews show Hamara has a significant role in addressing cohesion. This was not something to be shouldered by Hamara alone and a number of stakeholders stressed the shared responsibility for improving community cohesion. In addition, while the evaluation was not seeking to investigate the impact of the events of 7/7 in the community and on Hamara, Hamara was universally praised for its leadership role in the community. It is to the credit of the organisation that it dealt with the negative impact and has been able to move forward with the community cohesion agenda. The current work around community engagement with young people, which involves Hamara and other local organisations, was seen as crucial and of great value. This is evidently seen as a long term agenda requiring consistent work across many organisations. A research paper on the Beeston Hill and Holbeck area concludes:

> *. . .social capital is being significantly enhanced in Beeston Hill and Holbeck by the activities of these local organisations. By this we mean that people are developing their self-confidence, feeling safer, mixing, making contact with people who differ from themselves in terms of ethnicity, age and class.* (Farrar and Unsworth: pg17, 2005).

The community survey in fact suggested that local people acknowledged the contribution of Hamara. Approximately a quarter felt that it had been very successful at bringing communities together and just under 40% thought it has been quite successful, compared a minority (8%) who thought that it was not at all successful. The shared responsibility for community cohesion was a strong theme in the stakeholder interviews. While Hamara clearly has a key role, it was recognised that this agenda requires long term support from a range of local organisations and agencies.

What is working well and where is there potential for development?

Although the two pieces of data collection were very different, there were some consistent themes emerging about Hamara's strengths (Box 3) and also areas of work where there was potential for improvement or further development. The original community needs assessment had indicated that a Healthy Living Centre was needed for a number of reasons:

- To bring the community together.
- To meet Asian community needs.
- As a social meeting area.
- As a convenient place for services and advice.
- To meet a general need in Beeston (SLECG 2002).

This informed Hamara's approach and there is evidence of success in these areas. One key issue to emerge from the evaluation is the extent to which Hamara needs to provide services and activities for the wider population. While there has been a vision to be inclusive and to open Hamara out to all the local communities, there remains further scope to broaden access. The qualitative interviews identified a number of challenges and barriers including community perceptions, the building and representativeness of staff. The community survey also identified some barriers to access, including levels of awareness of Hamara. It was interesting to note in both the community survey with adults and the survey of young people, that most people had heard about Hamara through informal mechanisms- mostly friends and family. There is evidently scope for improving referral pathways and other mechanisms for widening access. The need for wider publicity and marketing was identified through both the survey and interviews. Childcare and provision of other languages were also barriers identified by a small proportion of respondents.

A further area where there is room for improvement is in communication between partner organisations. There was evidence that Hamara works well in partnership and has fostered some strong links and networks. Some stakeholders had experienced communication problems and the organisational structure was seen as a barrier to getting some decisions made. Overall Hamara was seen as an important local partner and needed to have a presence in local forums. Many stakeholders spoke of being committed to long term support.

Box 3 Hamara – strengths

Hamara …..

- ✓ Is responsive to community needs and the organisation has a place in the community.
- ✓ Serves the Asian population well.
- ✓ Is successful at reducing barriers to accessing services.
- ✓ Uses a holistic approach to health delivering a wide range of activities
- ✓ Promotes mental health through tackling social isolation and providing a safe space for people to develop.
- ✓ Is well run organisation that delivers.
- ✓ Hosts successful events which bring in lots of people.
- ✓ Uses a partnership approach and links with other local organisations.
- ✓ Is seen as well respected community resource and a quality community venue.

Broadening access – A key issues

This section briefly discusses some issues for consideration emerging from the evaluation around broadening access. This discussion needs to be put in the context of the strong finding that Hamara serves the local Asian population well and has had success at improving access for hard-to-reach groups. These findings again match findings from the national evaluation which suggests that Healthy Living Centres are effective approaches to work with disadvantaged groups (Hills *et al*. 2007).

In looking to future development, the evaluation findings indicate two models of community engagement which have slightly different implications for developing services. One model is based on continuing Hamara's success in serving the Asian community well and shaping its core services around the needs of this population. The implications of this model for development are:

- to develop strong partnerships with local organisations servicing other communities;
- to disseminate good practice around culturally sensitive services to other organisations working with minority ethnic communities;
- to develop robust referral pathways so individuals and families with health needs can get to the right place for them and access the necessary services and support.

Hamara would then be seen as a specialist resource and a beacon of good practice. The specialist skills and expertise within Hamara, which are so effective at enabling one disadvantaged group to access services, are transferable to other contexts and work with other minority ethnic groups. Partner organisations and commissioning agencies may wish to consider how Hamara's contribution can be extended.

An alternative model is based on seeking to broaden access in line with Hamara's vision and continuing to develop services relevant and accessible for the wider community, while retaining some focused provision. The implications of this model are the need:

- to increase publicity and marketing;
- to undertake outreach;
- to address any barriers such as childcare;
- to challenge the perception of Hamara as a centre for one population group.

This model builds on the recognition that Hamara is welcoming and already doing work around community cohesion. Ultimately, it may be that it is not an either/or situation but rather a question of the balance between providing a focused resource that meets the needs of some of the most disadvantaged groups, and broadening access to what is considered a valuable community resource. It can be noted that developments in line with some of these issues are already being considered by Hamara management. Furthermore there is evidence that some activities, such as the youth work in schools, are already built on outreach and partnership approaches.

8. Conclusion

The aims of the evaluation were to provide an assessment of Hamara's progress to long term goals, to map outcomes and to identify effective processes. The evaluation has shown Hamara is making a significant contribution to addressing health needs. Its vision has been clearly articulated and the centre has successfully developed services in response to community needs. Hamara is broadly meeting its objectives and there is evidence that it provides a valuable community resource, and a programme of activities that help people meet physical, social and mental health needs. There are issues around widening of access which are being considered in future planning but Hamara's success around the provision of culturally appropriate services needs to be acknowledged. Ultimately improving local health and addressing health inequalities are long term goals which require sustained action from a range of local agencies. Hamara has been shown to be making a significant and distinctive contribution to those goals. It is in a position to build on its strengths to take forward the work of the healthy living initiative.

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Appendix 1: The nine strands of work Hamara deliver

Information and Advice
- Interpreting and Translation
- Drop – In Advice Service
- Benefits Surgery
- Welfare Rights Surgery
- Smoking cessation

Primary Care: (in partnership with South PCT)
- GP referral scheme

Health Promotion / Education
- Health Access Team Drop – In for Refugees and Asylum Seekers
- 5 a day scheme
- Nutrition and Healthy cooking Classes
- Various Health Awareness Events and Seminars
- Active Kid Zone
- Alternative Therapy Classes

Physical Classes Programme
- Aerobics Sessions
- Circuit Training
- Swimming Sessions
- Self Defence Classes
- Tai-Chi Classes
- Walking Groups
- Community Gym

Learning and Training
- Various learning initiatives eg. ESOL / Sewing
- Ad-Hoc and Bespoke training courses

Older Peoples Services
- Luncheon Clubs
- Older People's Clubs
- Trips and Outings

Community Safety Programme
- Community Safety Roadshow
- Registered Hate Reporting Centre

Women's Activities
- Sewing Skills Classes
- English Language Classes
- Luncheon Clubs
- Alternative Therapy Sessions (e.g. head massage and steam baths)
- Carer's Group

Youth Activities
- Connexions Access Point
- Youth Clubs
- Sports Activities
- Young People's Community Cohesion Project
- Residentials and Recreational activities
- One to One advice, support and career guidance

- Youth Forums
- Supplementary School
- Holiday provision

Events

- Annual Health Event
- Annual Community Safety Event
- Jobs & Careers Fair
- Various other cultural and ad hoc events

Appendix 2: Hamara self evaluation framework

	Questionnaire 1	Questionnaire 2	Questionnaire 3
Strand of Work		Holiday Programme	
1. Team profile (main activities and resources)	Saturday school – teaching English, maths, Urdu, PSD and Bengali. Venue stationary	Activities are mainly sports based including multi-sports on the park as well as arts and crafts activities. The entire youth team is involved including staffing from partnership agencies i.e. youth service, signpost, leisure services. Resources are shared e.g. equipment, staffing, costs etc	Connexions – working with 13-19 year olds
2. Context for work	Educational attainment	To provide structured leisure activities that alleviate boredom, reduce anti-social behaviour, improve physical activity and integrate youths from different backgrounds (community cohesion)	Helping the transition of NEET individuals into EET, Study support, Youth club
3. Has the team been successful (against its objectives)? What evidence have you collected?	Questionnaires from pupils, parents and teachers	Overall the holiday programmes (Easter and summer) are quite successful. Evidence is collected from attendance registers, registration forms, uptake of activities and evaluation.	CCIS – system for monitoring contact with young people. Evaluation reports from careers fair, Easter programme, quarterly returns
4. What has worked well? Why?	The schemes of work myself and the teachers have been working on is nearly completed so will mean there is clear structure.	Uptake on activities, partnership working, planning activities. Worked as the burden is shared with a range of partners.	Study support in schools; because they find it useful. Careers fair; organisations were bought to the community

	The Saturday school is well attended compared to previous years – need to improve though	Also the fact we have a large client group means that.	
5. What hasn't worked well? Why?	Consistency of attendance – implement methods to ensure regular attendance. Punctuality of both pupils and teachers	Publicising programmes to a wider audience other than Hamara users	Girls youth club; lack of interest from girls; due to lack of interesting activities, lack of publicity
6. Who are your main stakeholders? Have they been involved and participated?	Children from local community, teachers, parents	Stakeholders include funders, partnership agencies (I love South Leeds) participated in funding programmes, staffing, resources	Young people, Connexions, Hamara HLC
7. Has there been effective partnership working?	Need to build on partnership work more with local primary schools	We have established partnerships with youth service, signpost leisure service. They have been effective and consistent in delivery provision	Yes
8. Were there any unexpected outcomes?	From questionnaires, quite a lot of children preferred being at Green Mount School instead of having the school at Hamara	No	No
9. What lessons have been learnt?		Forward planning early on, to publicise the programme well in advance, what activities work/don't work	Forward planning and good organisation helps improve delivery. Consistent publicity of ongoing/new activities needs to be done in order to keep people informed and interested.

Appendix 3: Survey of Hamara Centre users and community members

Survey of Hamara Centre users and community members

Instructions: For each question please tick the appropriate response(s) or write the information requested in the space provided. All answers will be kept confidential.

Section 1: Awareness and use of Hamara services / activities

1. Are you aware of the following activities and services run by Hamara?

I do <u>not</u> know anything about activities/services run by or located in Hamara [ ]
(If so, please go on to Question 8)

	YES 1	No 2
Information and Advice	[ ]	[ ]
Primary Care (GP referral scheme)	[ ]	[ ]
Health Promotion / Education	[ ]	[ ]
Physical Exercise Classes	[ ]	[ ]
Learning and Training	[ ]	[ ]
Older People's Services / Activities	[ ]	[ ]
Community Safety Programme	[ ]	[ ]
Women's Activities / Services	[ ]	[ ]
Youth Activities	[ ]	[ ]
Events	[ ]	[ ]

2. Which of the following activities and services run by Hamara have you used?

	YES 1

Information and Advice	[ ]
Primary Care (GP referral scheme)	[ ]
Health Promotion / Education	[ ]
Physical Exercise Classes	[ ]
Learning and Training	[ ]
Older People's Services	[ ]
Community Safety Programme	[ ]
Women's Activities	[ ]
Youth Activities	[ ]
Events	[ ]

3. Have you used any of the following advice & support services located in Hamara?

	YES 1
Interpreting and Translation	[ ]
Drop–In Advice Service	[ ]
Benefits Surgery	[ ]
Welfare Rights Surgery	[ ]
Non Smoking clinic	[ ]
Refugee & Asylum seekers drop –in	[ ]
Police Surgery	[ ]
Saturday School	[ ]
Drugs Advice & Support	[ ]
Connexions Service	[ ]
Haamla Support	[ ]
Carers' Group	[ ]

4. How often do you visit Hamara (or take part in Hamara activities which take place in other locations)?

1 or more times a week	[ ] 1
1 or more times a month	[ ] 2
Every 2 or 3 months	[ ] 3
Very rarely	[ ] 4
Have never attended	[ ] 5

5. If you do attend Hamara, how long have you been coming?
……

6. How did you first find out about Hamara?

Family, neighbours or friends	[ ] 1
Leaflets	[ ] 2
Posters	[ ] 3
Referral from another organisation	[ ] 4
Personal contact through Hamara staff	[ ] 5
Other (please state)……	[ ] 6
I have not heard of Hamara before	[ ] 7

Section 2: Barriers to accessing services

7. Have you experienced any difficulties using services run by or located in Hamara?

	YES 1
Location (distance to travel)	[ ]
Getting transport to and from Hamara	[ ]
Disability access	[ ]
Lack of information	[ ]
Cost	[ ]
Frequency of sessions or activities	[ ]
Timing of sessions	[ ]
Lack of childcare	[ ]
Unable to attend without a carer	[ ]
Language barriers (lack of translation/interpretation)	[ ]
Other, please comment……	[ ]

Please comment if you have experienced difficulties
……
…….

……
……

……
……
8. If you have never used any activities or services run by or located in Hamara, please could you say why not?.....

……
……

……
……

……
……

Section 3: Quality of services

9. Thinking about the way ALL health and social services in Leeds are provided, how important are the following to you?

	Very important 2	Quite important 1	Not important 0
Having clear information about what is available	[ ]	[ ]	[ ]
Having a welcoming, friendly atmosphere	[ ]	[ ]	[ ]
Services taking into account my religion and culture	[ ]	[ ]	[ ]
Speaking a language that I understand	[ ]	[ ]	[ ]
Staff spending time with individuals when they need it	[ ]	[ ]	[ ]
Dietary needs being taken into account	[ ]	[ ]	[ ]
Having a café which serves a variety of food at affordable prices	[ ]	[ ]	[ ]
Having a choice of different activities	[ ]	[ ]	[ ]
Involving young people in activities	[ ]	[ ]	[ ]
Feeling safe in a non-threatening environment	[ ]	[ ]	[ ]
Being located near to where I live	[ ]	[ ]	[ ]
Staff being helpful and supportive	[ ]	[ ]	[ ]
Other (Please state) ……	[ ]	[ ]	[ ]

If you have <u>never</u> attended Hamara, please now go on to Question 12.

10. From your experience, to what extent does Hamara provide the following?

	Always 3	Sometimes 2	Not at all 1	Don't know 0
Clear information about what is available	[ ]	[ ]	[ ]	[ ]
Welcoming, friendly atmosphere	[ ]	[ ]	[ ]	[ ]
Services which take into account my religion and culture	[ ]	[ ]	[ ]	[ ]
Community languages are spoken	[ ]	[ ]	[ ]	[ ]
Staff spend time with individuals when they need it	[ ]	[ ]	[ ]	[ ]
Dietary needs are taken into account	[ ]	[ ]	[ ]	[ ]
A community café which serves Halal food at affordable prices	[ ]	[ ]	[ ]	[ ]
A choice of different activities	[ ]	[ ]	[ ]	[ ]
Local young people involved in activities	[ ]	[ ]	[ ]	[ ]
A safe, non-threatening environment	[ ]	[ ]	[ ]	[ ]
Easy access for local people	[ ]	[ ]	[ ]	[ ]
Staff are helpful and supportive	[ ]	[ ]	[ ]	[ ]
Other (please state) ……..	[ ]	[ ]	[ ]	[ ]

Section 4: Impact on health and well-being

11. We would like to know if coming to Hamara has had any impact on your health and well-being.

Since coming to Hamara, I have been helped to:

	A lot 3	A little 2	Not at all 1	Not applicable 0
Meet other people in the local community	[ ]	[ ]	[ ]	[ ]
Get health information or advice	[ ]	[ ]	[ ]	[ ]
Relax and have fun	[ ]	[ ]	[ ]	[ ]
Keep physically active	[ ]	[ ]	[ ]	[ ]
Make friends	[ ]	[ ]	[ ]	[ ]
Have a more healthy lifestyle	[ ]	[ ]	[ ]	[ ]
Access courses and training	[ ]	[ ]	[ ]	[ ]
Meet people from other faiths and cultures	[ ]	[ ]	[ ]	[ ]
Feel more confident	[ ]	[ ]	[ ]	[ ]
Feel happier	[ ]	[ ]	[ ]	[ ]
Learn how to look after my health better	[ ]	[ ]	[ ]	[ ]
Eat a more healthy diet	[ ]	[ ]	[ ]	[ ]
Find out more about other local services	[ ]	[ ]	[ ]	[ ]
Get support to deal with family problems	[ ]	[ ]	[ ]	[ ]
Deal with emotional issues	[ ]	[ ]	[ ]	[ ]
Learn new skills	[ ]	[ ]	[ ]	[ ]
Feel part of the community	[ ]	[ ]	[ ]	[ ]
Feel less isolated	[ ]	[ ]	[ ]	[ ]
Have something interesting to do	[ ]	[ ]	[ ]	[ ]

12. To what extent do you think Hamara has been successful at bringing local people from different cultural backgrounds together? (please tick one answer)

Very successful	[ ] 1
Quite successful	[ ] 2
Not at all successful	[ ] 3
Things have got worse	[ ] 4
Don't know	[ ] 5

Please comment…….....

……
……

……
……

……
……

Section 5: Suggestions for improvements

13. Have you got any suggestions to improve the way Hamara provide services?

	YES 1	
Longer opening hours	[ ]	……
Increase opening days for cafe	[ ]	……
Longer opening hours for café	[ ]	……
Greater range of activities for Young People	[ ]	……
Greater range of activities for Adults	[ ]	……
Increase gym opening sessions	[ ]	……
Wider publicity of services	[ ]	……
Increased opportunities for volunteers	[ ]	……

Please explain further or suggest any other ways
……

……
……

……
……

……
……

……
……

……
……

14. Are there any other services or activities that you would like to see at Hamara?
……
……

Section 6: Characteristics of respondents

15. Are you: Male [ ] 1 Female [ ] 0

16. Using the question you would be asked in the census, how would you describe your ethnic group?

White	[ ] British [ ] Irish	[ ] Any other White background (please write below) ……
Mixed	[ ] White and Black Caribbean [ ] White and Asian	[ ] White and Black African [ ] Any other Mixed background (please write below) ……
Asian or Asian British	[ ] Indian [ ] Pakistani [ ] Bangladeshi	[ ] Any other Asian background (please write below) ……
Black or Black British	[ ] Caribbean [ ] African	[ ] Any other Black background (please write below) ……
Chinese	[ ] Chinese	

If you feel that the above options do not properly describe your ethnic group, please describe it in your own words
……..
……
……

17. What age group are you in?

20 or under	[ ] 1
21 – 30	[ ] 2
31 - 40	[ ] 3
41 - 50	[ ] 4
51 - 60	[ ] 5
61 - 70	[ ] 6
Over 70	[ ] 7

18. What is your street of residence?.....

19. Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

Yes [ ] 1 No [ ] 2

20. Do you provide care for someone in your family with an illness, health problem or disability?

Yes [ ] 1 No [ ] 2

21. What are the main languages that you use?

……
……

……
……

22. Is there anything else you would like to say about Hamara?

……
.....

……
……

……
……

……
……

23. Are you a:

Local resident?	[ ] 1
Member of staff?	[ ] 2
Volunteer?	[ ] 3
Other professional working with Hamara?	[ ] 4
Other professional working locally (but not with Hamara)	[ ] 5

Appendix 4: Organisations involved in stakeholder interviews

Leeds PCT	Health-focused organisations
5 A-Day	
Haamla Service	
Healthy Leeds Partnership Leeds Initiative, Leeds City Council	
South Leeds Sports stadium	Sports-focused organisations
British Asian Rugby Association	
Joseph Priestley College	Educational facilities
Greenmount Primary	
Learning Partnerships	Leeds City Council
Social services	
Leeds City Council	
Signpost	
St Lukes Project	Other Community Centres
Building Blocks	
Asha Women's Centre	
South Leeds Community Alliance	Other
Together for Peace	
West Yorkshire Police	Public service
Vera Media	Private Organisations

Appendix 5: Languages of the respondents

English (57)
English, Punjabi (7)
Bangla, Urdu, English (1)
English, Urdu (15)
Punjabi, Urdu (5)
English, Pushto (1)
Portuguese, Spanish, English (1)
English, Bengali (2)
Kurdish, English (1)
English, Spanish (1)
English, French (2)
English, Swedish (1)
English, Hindi (1)
English and other (12)
Other (28)