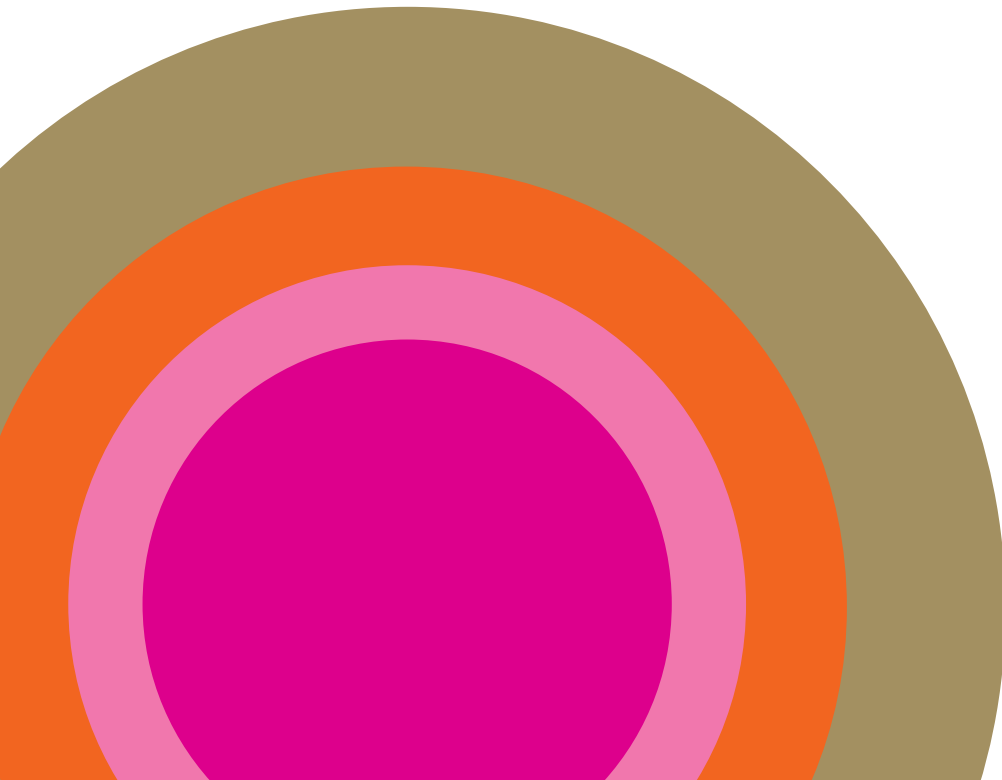


The Hackney Women's Wheel Report

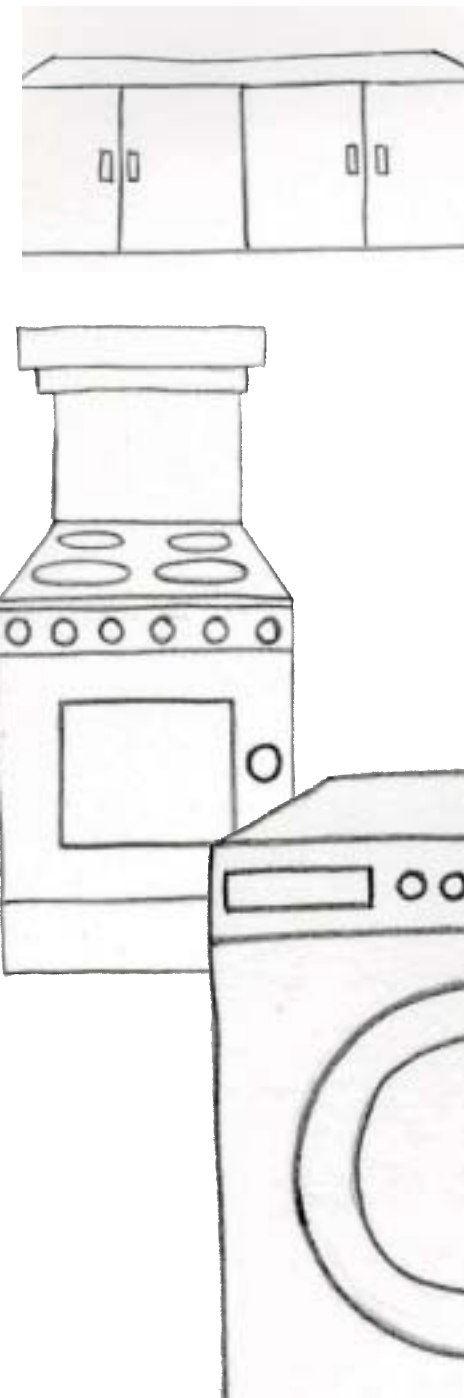


Prepared by

Anna Gaudion, Cathy Godfrey, Claire Homeyard and Heidi Cutts

"When you are new to this country, even when language is not a problem (could speak English when I arrived) there is no information about what to do when you find yourself pregnant...it is easier to find out about getting a new kitchen. But the issue that is likely to involve many women, most women, there is nothing...What is needed is advertisements telling you what to do and where to go. Then of course, people would."

Florence



Summary

The Polyanna Project team was commissioned by the Homerton University Hospital NHS Foundation Trust, to develop a resource detailing contact numbers of local services for women. In particular, it was to promote the new Maternity Helpline at the Homerton Hospital. The project was funded by Team Hackney for the Information Strand of the Reducing Infant Mortality Programme in Hackney.

The tool, named "The Hackney Women's Wheel" ("The Wheel"), was developed over the months of August and September 2007. It was made as a piece of "Action Research" using spiralling participation from the bottom up; with cross cutting professional input. This process involved consulting 101 women of all ages; reflecting "Cultural Capital" through a range of ethnic groups and social needs within Hackney.

The Wheel is a CD sized card with eye-catching images of women on a rotating cover. This can be moved around to reveal sections relating to various health issues. Each section shows telephone numbers to ring for advice and so encourage women to make contact with a wide range of services.

The information on "The Wheel" reflects the interventions cited by the Department of Health (DH, 2007a), to address reducing mortality; such as early access to maternity services, advice and support around pre-conceptual care, domestic abuse, smoking cessation, teenage pregnancies and reducing alcohol consumption in pregnancy. It recognises the importance of non-stigmatising information and advice. Importantly, "The Wheel" is conceived as something effective and delightful that women would show each other and in so doing, would spread messages both actively and subliminally.

It acts as a keystone for access. Firstly because it serves as a network as all services on "The Wheel" will refer people on if they cannot provide a successful step towards using healthcare services by phone, they are more likely to continue ongoing and wider access to services.

This report needs to be read in conjunction with the "Visual Diary", a contemporaneous record of the development of "The Wheel"; from the original idea of a cardboard disk, the size of a Dairy Lea cheese box, with windows displaying information; to the final design. It includes a number of the faces and voices of the 101 participants and project team.

A copy of "The Wheel" can be found in the back cover of this report.

Acknowledgements

We would like to thank Team Hackney for funding this project, Jane Walker, Consultant Midwife, Supervisor of Midwives and Co-ordinator of The Reducing Infant Mortality Programme of work at the Homerton University Hospital NHS Foundation Trust for commissioning us to undertake this work. We also thank the 101 women who helped develop the project with us.

Anna

Claire

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Tim



THE POLYANNA
PROJECT

The Polyanna Project Team:

Anna Gaudion, Cathy Godfrey, Claire Homeyard, Heidi Cutts, Max Herr, Ruba Sivagnanam, Tim Jacques.

The Polyanna Project is a non-profit making organisation which develops resources with and for communities around health and social need. The name Polyanna reflects the ethos of the group optimism.

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Summary

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The Hackney Women's Wheel

Section1 Introducing the Hackney



Women's Wheel



This report documents the development of The Hackney Women's Wheel from its inception as a cardboard cheese box and list of numbers, to the final product. On the journey through its creation, policy and practice have been taken to members of the Hackney community and we have emerged with something relevant and helpful. The Wheel informs efficaciously about key local and national services for women. It aims to help women be proactive in accessing services for health and wellbeing.

Although excellent statutory and voluntary initiatives exist, aimed at delivering appropriate support for all pregnant women and new parents; research indicates that some women are still missing out because they lack awareness of such services (Cemach, 2004; DH, 2004; DH, 2005; DH, 2007). This disparity in uptake of services between different socio-economic groups results in under-privileged people, both nationally and in the borough, having disproportionately poorer outcomes for themselves and for their babies. National and local priorities to actively meet these individuals and communities and encourage them to take up the services offered is a central thread in recommendations aimed at reversing these trends.



The Confidential Enquiries

The Confidential Enquiry into Maternal Deaths report: "Why Mothers Die" (2004) indicated that women from some minority ethnic groups in the UK have twice the risk of maternal death than white women. In addition, women from ethnic minority groups made initial contact with maternity services later than their white counterparts.

Poverty and the encompassing factors of deprivation affect both maternal and child morbidity and mortality:

"The most disadvantaged women are 20 times more likely to die than those from higher socio-economic background, and women from ethnic groups other than white are three times more likely to die. Mortality rates among refugees and asylum seekers are particularly high. These problems are related to accessing health care and need to be addressed (CEMACH, 2004,pvii)."

Further it asserted that:

"Disproportionate numbers of women who died were from vulnerable and more excluded groups of our society. The findings also show that these women were less likely to access or continue to remain in contact with maternity services (CEMACH, 2004.55)."

Key findings in the Perinatal Mortality Surveillance Report (2007)were that;

"Over one third of all stillbirths and neonatal deaths were born to mothers resident in the most deprived quintile...

and that:

There were higher stillbirth and neonatal deaths for women of Black and Asian ethnicity when compared to the White population (CEMACH, 2007)"

Review of the Health Inequalities Infant Mortality Public Service Agreement (PSA) Target.

The Review of Health Inequalities infant Mortality PSA Target (DH, 2007a) highlighted that health and life expectancy are linked to social circumstances and poverty. The Government in response has set a national health inequalities PSA target. The target is;

To reduce inequalities in health outcomes by 10% by 2010 as measured by infant mortality and life expectancy at birth (DH,2007a.11).

A review conducted by the Health Inequalities Unit at the Department of Health, considered what actions could be taken to contribute to the Health Inequalities Infant Mortality Target. Interventions suggested in a workshop cited in the report include: early antenatal booking, improving breastfeeding rates among disadvantaged populations, improving the quality and accessibility of antenatal care and early years support in disadvantaged areas, preventing teenage pregnancies and providing support for teenage parents, reducing alcohol consumption in pregnancy, reducing smoking and reducing domestic violence (DH, 2007.51).

A number of actions were identified, including making the target part of everyday business, engaging communities and focussing on what can be done;

There was a focus on helping families to access services (DH,2007a.23).

This project focuses primarily on this point, to assist with access to services, by providing a range of contact numbers within a broad spectrum of health and to thereby better enable women to reach into services and be active partners in improving care.

In 2004, Hackney had the third largest population density in the UK, with a total of 210,000 people living in the borough. It was one of the local authorities identified as presenting the biggest challenge in reducing infant mortality. The population includes "routine and manual groups" and is relatively young with an average age of 33. The majority of women in Hackney are between the ages of 20 and 40. There is a large black and minority ethnic population, Black Africans make up 12% of the local population, whilst Black Caribbeans make up 10%. In addition there are large numbers of Asians, Orthodox Jews, Turks, Kurds and Chinese.

One in ten babies in Hackney are born with a low birth weight (under 2500 grams). The borough has a high rate of teenage pregnancies. Perinatal and infant mortality in Hackney is higher than in London and England as a whole. Between 1999 and 2001 there were 7.3 stillbirths per 1,000 total births, compared to 5.3 per 1,000 for England. The deaths in infancy up to one year of age were 7.9 per 1,000 for Hackney, 5.6 per 1,000 for England.

(<http://www.hackney.gov.uk/xp-factsandfigures-id2004-hack.pdf>.
(Accessed 4th September 2007))

A survey exploring external factors and individual control in relation to health, concluded that people in lower socio-economic, socially excluded or black and minority ethnic groups may see health as being "... further from their control than others do." (DH, 2004b.13).

The experience of negotiating health services for more vulnerable populations is well recognised as being difficult:

All of us-not just some among the affluent middle classes want the opportunity to share in decisions about our health and health care and to make choices about that care where appropriate. (DH,2003.7).

and that:

Choice has to be real rather than just theoretical. It has to be available to the many not just the few. And it has to be the route to equity as well as excellence. (DH, 2003.3).

In A Framework for Action (Darzi, 2007), choice, preventative care and a focus on health inequalities are recommended as ways of tackling inequalities in health. It asserts that:

The whole thrust of this report is to tackle health inequalities by improving services across London, giving everyone access ...Preventative and outreach work should focus on the most deprived populations. (Darzi, 2007.7).

The Access to Maternity Services Research Report (DH, 2005) highlights that:

Targeted information materials should be used to raise understanding of maternity services and encourage women from 'hard to reach' groups to access... by using a range of formats, structuring the information carefully, using more visual prompts (DH, 2005.12).



Section 2 Developing the Hackney



Women's Wheel



Focus for the work

For the Wheel to improve access to Maternity Services, we aimed to signpost women to a range of services alongside the Maternity Helpline. This is because women do not see pregnancy as an isolated event, but as part of their life and health generally. We aimed to include health issues most pertinent to women's lives. Research shows that women are more likely to accept and use information given to them by a trusted other (Gaudion, 2006) and "The Wheel" was to function along these lines: to appeal to, and be shared by, all women.

With this in mind, the researcher and commissioner first agreed areas of health that could be included (for example sexual health, substance misuse, smoking) which would all underpin the main PSA target to reduce infant mortality. A framework for service inclusion was therefore established.

Consultations

The next, main stage of the project was to test mock-ups of "The Wheel" with groups of local women and to talk about whether the content was suitable.

Over the following 6 weeks 21 focus groups and one-to-one interviews were carried out, which included a total of 101 women (appendix 1).

The discussions were broad based, to encompass any issues that arose, but semi-structured interview techniques were used in order to address specific questions: appearance, content, dissemination and value of helplines.

The researcher tested salience and appeal of "The Wheel", relevance and acceptability (including whether any content should be added or taken away, or whether anything made them feel uncomfortable), and meaning (clarity and inference).

An important aspect of testing related to the images on “The Wheel” and these were developed in great detail and refined throughout, as the researcher fed back to the artist with women’s comments.

Process

This was carried out as “Action Research”, where the process of developing “The Wheel” (i.e. the contacts and discussions) were themselves of concrete benefit to the community. Furthermore, the material being tested was continually updated according to the ongoing findings. Developing “The Wheel” was therefore an interactive process. Ideas were generated and tested by women as the project progressed. This meant for example, that initial consultations used a mock-up wheel as well as phrases on cards for women to mull over and select or reject.

Subsequent versions of “The Wheel” incorporated these findings and the interview schedules were updated where necessary, in order to test specific points. Throughout the project, a Health Psychologist was consulted to develop the interview schedules and assess the points made (appendix 4).

A further stage of the project was to contact all services on “The Wheel” to outline the project, check details and establish dissemination points with them.

Finally, a summary report, along with Wheels and Visual Diaries were sent to all groups and services involved in the project; thereby feeding back to the project network, the results of the work.

A full list of contacts for all the services and community groups appears in appendices 2 and 3.

Engaging the Hackney Community

The women comprised of a broad spectrum of groups with different ethnic, social and clinical needs; including recent and current users of maternity services. In particular, efforts were made to consult with “hard to reach” groups including women who were: asylum seekers and refugees, homeless, coping with mental health problems/and or problematic addiction, black and minority ethnic groups including women who did not speak English and Irish Travellers.

Ethics

All the women who participated were invited to do so. They knew that their involvement was voluntary, that they could leave the session at any time and that their views would remain anonymous. The meetings were made as pleasant as possible and “thank you” cards were sent to the groups afterwards. Participants were generally reimbursed for travel to the meetings or refreshments provided. All women received chocolates as a token to acknowledge their contribution.

We asked consent for photographs to be taken and used in the report and “Visual Diary”. We assured women that their names, addresses and group details would remain unlinked to photographs or quotations. This was welcomed, because although many people did not mind being connected to a particular group (and for notoriety sake would have liked to see their name under the photograph), others wanted anonymity due to circumstances. This was particularly the case for groups related to HIV or domestic abuse.

Approach

In developing "The Wheel", we have emphasised a research approach informed by ethnography. That is, the underlying principle that the voices of the consumers are paramount. This replaces the idea of the professional / expert managing the research with a framework of client focused participation. "Ethnography" can be seen as "creating something together". In this way "agency" is acknowledged as shared between the researcher and the informant. Rather than the researcher being the active party who extracts and gives a token in thanks; in this model, both researcher and informant invest in and are rewarded by the project. The idea of the "Visual Dairy" supports this, making the process clearly visible to all parties and fully acknowledging community "agency."



Section 3 Why the wheel works





Technology of enchantment

Art embodies relationships, expresses narratives and captures its audience, yet it is often neglected in the West as a rich means of conveying information, marginalised to the printed and spoken word. Yet we live in a world of advertisements and imagery in our newspapers, televisions and homes. Producing a visual, pictorial, information resource that cuts across spoken language and literacy gives the possibility of reaching a larger audience. It is a means of conveying layered information. Art, Hoffman (1995) argues, may act as a dynamic, complex, independent reservoir of many types of knowledge. This recognises that art has the potential to generate discussion and narratives and to act as a conveyor of information.

The Hackney Women's Wheel was developed around the anthropological theory of Art and Agency (Gell, 1998). In this theory, art objects embody complex intentions and mediate social agency. Gell's inspirational work takes art to be "active" - as doing something. It relies on the artwork to attract and retain the attention of the viewer. The theory is not about looking at art only as alternative text but as part of a social process. The theory recognises that people interact, both with and through art with one another (Gell, 1998). The Hackney Women's Wheel works in this way. It does not constitute a defined package but a springboard, dependent on the users' needs over time. Information is conveyed only when the wheel is turned.

A different sort of advertising

We aimed for “The Wheel” to work as advertising and most women concurred that this was needed both in general and in particular for sexual health and domestic violence. Women thought “The Wheel” worked because it was different from the many leaflets full of text (uninviting or off-putting) and that it was eye catching and concise. The images were recognised as multicultural and it was seen as very attractive. For example: “The fact that it is a gadget/round makes you want to pick it up”. Indeed, the round shape and the interactive aspect of moving the cover meant that it could be “played with”. This was consistently found to be a major attraction to picking it up. The pink and gold colour scheme also gave it a feeling that this was something positive - “something a bit different.”

Numbers rather than text

Telephone numbers were seen as effective because they avoided text as a way of getting advice. Many women stated that they wanted “verbal” advice and that this was how they approached problems and therefore a good way of accessing help.

Nearly all women said they would ring the helpline numbers on “The Wheel” and if they did not speak English, would get someone else to ring. Most, but not all, had heard of and used NHS Direct, indicating that this type of service, if well publicised is effective for these women.

Some women said they may want advice but not want to attend; due to lack of time, money, shared language, “shyness”, dissatisfaction with waiting or worries about entitlement. There are also times when personal attendance is preferred or more suitable and “knowing where to go” was an important theme. Signposting and referral were therefore key to these women.

Non-stigmatising

It would also be picked up because having lots of different topics in the same place made it non-stigmatising. Embarrassing topics were alongside more neutral ones: "... you would not be embarrassed by looking at it on the bus. People do not like to say about domestic violence or admit they are depressed, or else people will think they are a bad mum.. this way no one knows and you can put it in your handbag." Some women stated that they would be happy to cover a segment they did not want such as "unhappy to be pregnant", with a sticker!

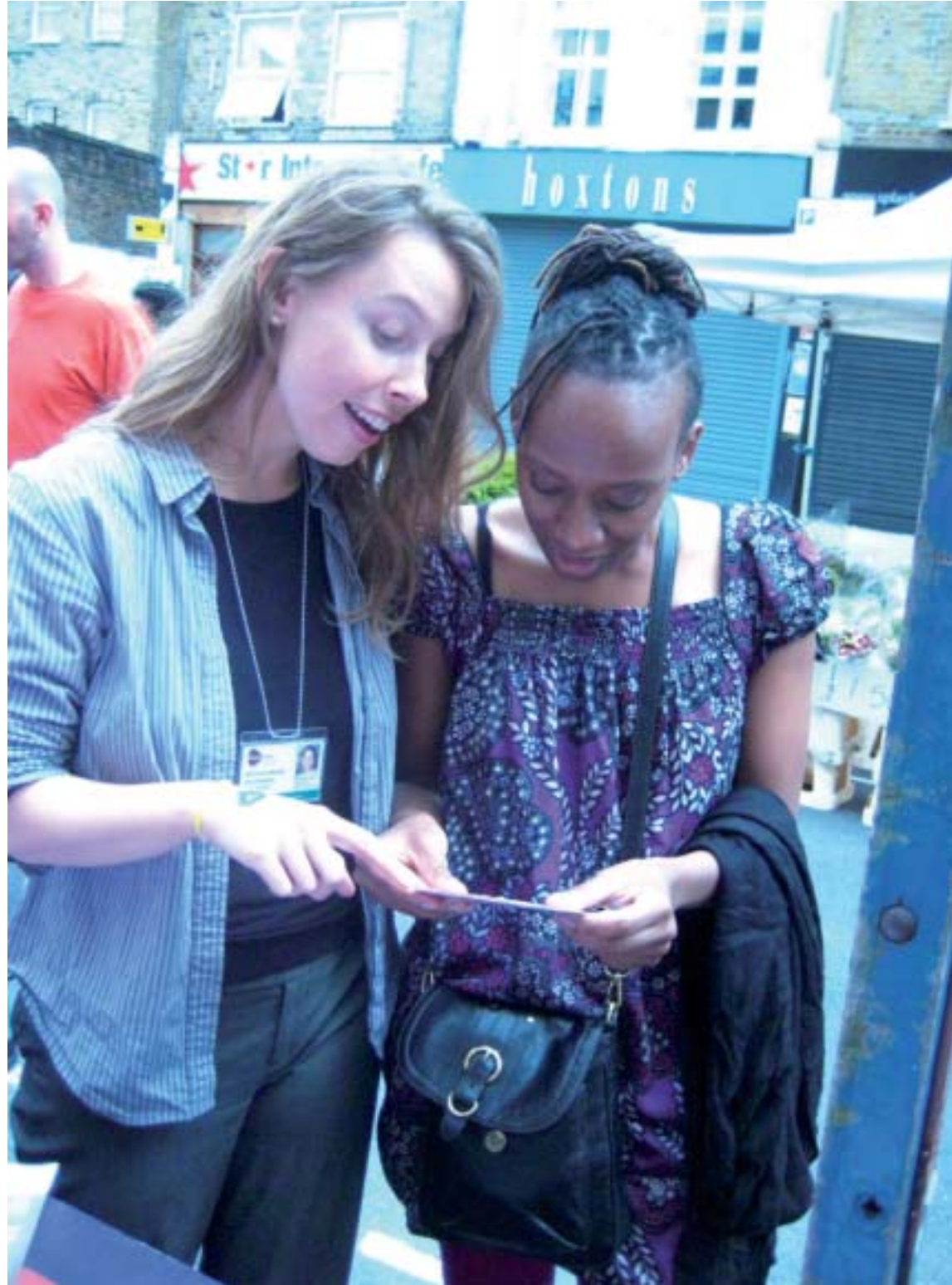
For women to share

We also wanted "The Wheel" to fit in with wider iconography in popular and local culture and for women to notice it, take it and keep it. All women said that it was attractive and noticeable and nearly all said they would take one and keep it.

As an attractive object it was seen as "...obviously meant for women" and so gave a sense of ownership and relevance to women. They said, for example that it was just right for hiding with CDs or in your handbag. This meant, it could be "invisible" to perpetrators of domestic abuse, as it was so obviously "girly".

It was clear that the images of women were considered as multicultural and inclusive. Again, this gave a sense that "The Wheel" was for them. There was plenty of discussion about exact details and this in itself indicated how much information and engagement the pictures created.

In fact it was seen as "fun" as well as useful and in all the consultations, the images and interactive feel generated interest and discussion. Importantly, women consistently said they would share it with friends, thereby elaborating on and passing on the information.



Section 4 Content choices





Range of issues

The range of issues centred on well-being relative to the PSA target. That is, all relate to maternal well-being and either directly, or indirectly to infant well-being. This meant some topics were included over others. Women felt that “menopause” belonged on “The Wheel” and so helped its integrity in appealing to all women.

Numbers

Initially, all service numbers were to be local. However, women did not find this helpful enough. Many felt that it restricted their choice, or simply that national numbers were more anonymous. This was particularly the case for family planning services, domestic abuse and mental health services. Interestingly, for some, talking to a national helpline first gave people the confidence to try the local number.

Phrases

At first, only phone numbers with the organisations name appeared on “The Wheel”. This was felt to be insufficient. For example, when it was explained that a midwife answered on the new “Maternity Helpline”; women said this should be made clear. “Ask a midwife” was seen as both reassuring and unambiguous. Women were pleased that there would be a “knowing” professional on the end of the line.

Consultations showed that women needed some text on “The Wheel” and for this to be sensitive, inclusive and understood. Phrases were to be plain, jargon free and avoid acronyms.

Sections were phrased as questions, as this was found to be more inclusive and to suggest more sensitivity. For example “Unhappy to be pregnant?” was understood as not only about obtaining an abortion, but also about issues of finance, depression and social situations. It was seen as suggestive of options. It was also seen as speaking to those who were unsure about how they felt to be pregnant. Similarly “Pregnant?” could include women who were unsure or in early pregnancy.

For the sake of both meaning and inclusiveness, some phrases were expanded. For example, we had both “stressed” and “depressed”, because they had different meanings to women and were preferred by different groups. We were therefore careful to show the words as different by using “or”, rather than as synonyms and using “ / ”. These terms were also preferred to “distressed” which several groups said they would “...not admit to”.

Similarly, the phrase “domestic violence or abuse” was used and “afraid at home?” was added. Women identified “fear” as a major concern and also that this would include women in fear of honour killing.

Message around the edge

The message around the edge of “The Wheel” became: “The Hackney Women’s Wheel. Spin for confidential advice...” Various phrases were tested, but this was preferred. For example, we excluded the word “appointments” as this was felt to put people off and could be misleading as though you had to make an appointment in order to get advice. The final phrase was seen as: “.. a bit like a slogan” and “...good and catchy and you know instantly what it is.” It also clearly identified “The Wheel” with a name, thereby making it easier to refer to in conversation. Importantly, women said that “confidential” should appear. Confidentiality was seen as an important step in engaging with services and would reassure people who were tentative service users.

Design

After testing images of both faces and of bodies for appeal; full bodies were used in the final version. This was generally preferred and also generated more interest and discussion (e.g. should woman have a scarf or not, whether a bag was good or not). The extra information contained in the full body image meant that "The Wheel" held more interest for and signalled inclusion for, more women. They could differentiate between images more easily and so more cultural recognition was obtained.

To produce the final set of images, nuances and conventions were taken into account. For example, comments included: "The Somali woman is not dark enough, she could be Arab." "An Asian woman should have her head covered". "An African woman should have a bigger head wrap..." Details of the pictures were continually refined based on their comments: "She looks like a village girl, not Turkish...short sleeves are better, trousers should be longer, more hair and more curly".

The original shape and style of "The Wheel" remained and was liked. Colours were developed by the artist, but comments were continually fed back.



Section 5 Key messages





Do phone lines help?

In this project, we found that for most groups, helplines were useful or used and that they were an effective way of providing some aspect of health information. Women may want advice but may not want to attend a service; due to lack of time, money, shared language, "shyness", dissatisfaction with waiting, or worries about entitlement. As a viable alternative to attendance, it was important to know that there was an expert on the line (and who they would be talking to).

There are also times when personal attendance is preferred or more suitable and "knowing where to go" is an important theme. Signposting and referral is key to these women.

However, there are more marginalised groups, where it is different:

"For people like us it is different, you help yourself or fall by the wayside, people don't give you help. I would not ring".

What makes it difficult?

Many women said that money is a barrier to access – both attendance and calling. There was some scepticism about the cost of helplines but equally, the cost of attendance was emphasised.

Language was cited as a barrier to calling, but many felt that they could ask someone else to call for them (this is far from ideal). As people answered helplines in English, it was felt that translating the wheel would be misleading.

Reducing the barrier of language could, of course, represent a bridge of confidence between community and services:

"It would be good to have something in our language. Our women are frightened of authority and accessing services is difficult for them".

Dissemination

Community Group leaders and Services on “The Wheel” are positive about it and all those with sites in Hackney are happy to act as dissemination points. Furthermore, due to contact so far and because they are being sent a report and “Visual Diary”, they are all engaged actively with the project and this will help to underpin future dissemination and monitoring issues.

Various women thought that “The Wheel” should be disseminated to houses, through the letter box and / or that this could be done via newspapers, particularly community newspapers such as Hackney Today.

The range of sites for dissemination suggested by women was extensive and is basically oriented to *“wherever women go!”*

At all the services on “The Wheel”

GP’s

Baby Clinics

Dentists

Health Centres

Health Events (targeted for specific communities)

Women’s Groups

Community Groups

Cafés

Youth Centres

Schools

Teachers/Parents eg Learning Trust

Adult Education

Libraries

Sports Centres,

Swimming Pools

Section 6 Future recommendations





Access through discourse

For some, accessing health care even by phone will need support. Advocates in this project highlighted that some women will come to them for discussion about health issues and orientation towards services. Future work could ensure that for these groups, specialist advocates or outreach workers can use “The Wheel” as a tool for discussion and that they have the support and confidence to do so. A transparent network of services and cross-referral will give them more options for promoting access. This project indicates the value and potential future role of visual and iconic tools, which could be used to signpost services and map out a network.

Being creative

The centrality of discourse has been emphasised by women and this should not be ignored. Continuing initiatives that capitalise on this should be investigated.

The role of clear “advertising” should remain and incorporate visual, interactive and culturally resonant elements.

Clear communication channels

Contact with services and the quality of even first communication needs to be sympathetic to the expectations and reservations of these groups. Exploring and pinpointing areas of concern would in itself offer confidence to reluctant or tentative attendees. If done systematically, a greater picture of the barriers and facilitators to uptake could be quickly established. This project shows that visual prompts and resources, as discursive tools for health care professionals to use with people, could form a valuable approach.

An initiative such as “The Hackney Women’s Wheel” could be further underpinned by publicity tuned to the target groups and the contact network established here may be helpful for that.

Feedback around this and other communication with the community will of course provide further understanding of its success or barriers to success and this should be invited with rigour.

Who else, what else?

Finally, this project for the women of Hackney clearly identified the need for a resource for men. Young men in particular form part of the targets for inclusion and the mental, physical and social health of men clearly impacts on the health of the family. Particularly for local demographic groups in Hackney; men may be struggling with issues for which they are unable or unwilling to access help.

The importance of reducing health inequalities cannot be overestimated. We developed "The Wheel" so that it would project a message of sensitivity to local women and so that it would work effectively as a communication tool. The hope is that "The Wheel" will support women in Hackney by giving them the information they need to access care. Findings from the project itself and theories about how people process information indicate that a visual tool, rather than a text-based leaflet, can overcome some barriers to access.

We wanted 'The Wheel' to be salient, noticed and relevant as well as, navigateable, understood, interesting, stimulating and acceptable. We used the idea of an art object actively creating a message with the viewer: creating a dialogue which, it could be argued, is richer in content and cultural resonance than a text.

We Encouraged ownership of "The Wheel" through the use of a "bottom up" approach which placed the women of Hackney at the centre of the development. This would not have been possible without the 101 women who gave up their time and knowledge to assist us along the way to shape "The Wheel" into a resource that they would value and use.

"Communities are wise, if you give us a choice and include and embrace our voices, allow us to bring forward our experiences and visions we can become doorways rather than divisions"

Phyllis, a woman from Uganda

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Women consulted

Community groups

Addaction	3
An Viet Foundation	1
Asian Women's Association	1
BEMWG	1
Hackney 180	3
Hackney Young Family support	10
Helkevi and FOJ	6
Homerton Hospital Advocates	3
Hoxton Independent Parents	4
Irish Travellers	3
Jewish (JUMP)	1
Lifeline	10
Outreach clinicians	3
People at Hoxton Health Day	7
Polish and East European Christian Group	12
Professionals (from the RCM and CEMACH)	3
Rise Community Action	1
Shaklewell Primary school	17
and De Beauvoir primary school	8
(Social Action for Health, Groups in 2 Schools)	
The Refugee Women's Association	1
Women in a café	3

Total 101

Ethnicity

Turkish and Kurdish, East and Central European, Black Caribbean, Black African, Black British, White British, Asian, Bangladeshi, Vietnamese, Irish Travellers, Latin American.

Age

10 women of age 40 and above, 12 women under 20 and the remaining 20-40 years old. The majority of women were mothers, Twelve women were pregnant.

Community groups

BEMWG (Black and ethnic minority working party)

Aliya El Agib,

Unit C4

Bradbury Street

Hackney

N16 8JN

Tel: 020 7923 2229/ 020 7275 9401

post@bemwg.org.uk

Asian Women's Advisory Service

Dr Nazima Osman

Director

161 Mare Street

Hackney

London

E8 3RH

Tel: 020 8533 5796

E: info@awas.org.uk

Web: www.awas.org.uk

Lifeline

Avril McIntyre

72-74 Mare Street

Hackney

London

E8 4RT

Tel 020 8533 0888

www.lifelineprojects.co.uk

Rise Community Action

(support and advice for people who are affected by HIV)

020 70121066

info@risecommunity.org.uk

Social Action for Health

(Works with communities to address issues that affect their health and well-being)

Tel: 0207 275 2730

Hoxton Independent Parents (HIP)
'Make and Take Workshops'
Wednesdays at St John the Baptist Church, Pitfield Street.
Tel: 07720328311
Lisawales@aol.com

Hackney 180
(First contact service for advice and support to people who are homeless,
sleeping rough or vulnerable).
Tel: 020 8986 9015 or 07841 996999
www.thamesreach.org.uk/what-we-do/first-contact

Refugee Women's Association
The Print House
18 Ashwin Street
London
E8 3DL
Tel. 020 7923 2412
Fax. 020 7923 3929
www.refugeewomen.org.uk

An Viet Foundation
Anviet House
12-14 Englefield Road
London N1 4LS
020 7275 7780
anviet@anvietuk.org

Community organisations

Polish and Eastern European Christian Family Centre
Gosia Shannon
Thursdays 9.30-1200
Salvation Army
24 Lymmington Ave
London N22
Tel: 07956574274
gosia_shannon@yahoo.co.uk

Jewish Maternity Programme (JUMP)
Children's Centre at Tyssen
Oldhill Street
London N16 6QA
TEL: 020 8815 4251
e-mail: grottenberg@tyssen.hackney.sch.uk



Sample interview schedule

Intro and outline aims of: Polyanna, This meeting/ how long it will take, confidentiality / anonymous, The wheel.

Section 1 Have we got the right information?

Do you think anything else should be added?

Do any of them need more explanation? ie Do any need to be made more clear?

Do you think anything should be taken off?

Do you feel uncomfortable with any being on there?

Do you think this is a good / interesting list of numbers for women in Hackney?

Do you think any in particular should be the main one(s)?

Have any of you heard of NHS Direct?

Section 2 The concept of Help lines

What about the idea of a phone number for advice anyway?

Do you like the idea of a number you can call to ask about something? why / why Would you prefer to call for Just Advice / a talk on the phone Just An appointment, both, neither

Would you call it a "helpline?" other words

IF you thought you needed help or advice on anything (I'm not going to ask you what about), would you call these sorts of services? (hands up)

Section 3 How the wheel attracts

Would you pick this up? Why not?

Would you take it away or leave it? Why?

What is good about it?

What is not so good about it?

Do they like it?

Section 4 Cover messages

Do you like the message around the edge?

(This is the) Hackney Women's Wheel. Spin it for

We want to think more about messages on the front that women would like....

Phrases are each on a card. Women can have a go to sort them into 3 piles, yes, no, maybe.

Section 5 Giving it out

Where should we have these? Eg What are the hot spots for you as a community? Where would you like to see them?

I have a list of ideas, what do you think for each one?

Yes, no, maybe....Best ones?

I wonder if women would talk about it with others? What do you think? (may relate to where it is available)

Would it be better if it was handed out?

Demographics of group

Under 20	partner	children	ethnicity
21-40	partner	children	ethnicity
41 +	partner	children	ethnicity





The Hackney Women's Wheel



THANK YOU

