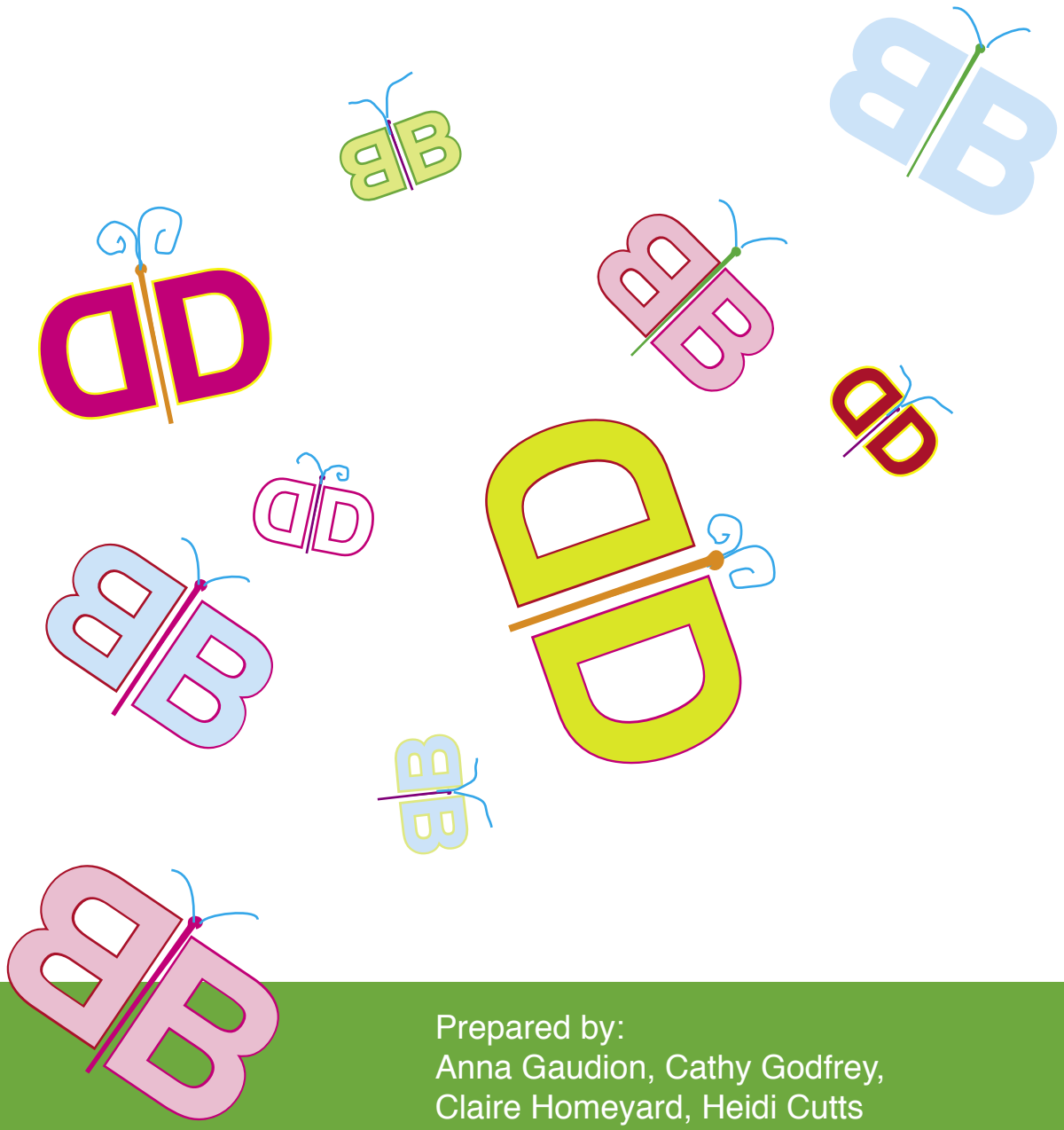
THE POLYANNA PROJECT

Barking and Dagenham NHS
Primary Care Trust

Barking and Dagenham Women's Wheel

A Report



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Summary

The remit of this project was to consult with local women in Barking and Dagenham regarding the development of a Women's Wheel and to record this in the form of the visual diary. The project was to have a specific focus on:

- The importance of new emerging communities having improved access to services
- The issue of domestic abuse/violence.

The following key objectives were achieved

- Accessed local community groups, in particular those described as hard to reach, including black, minority ethnic, new emerging communities and refugee groups.
- Enhanced social capital within these groups through discussion and engendering interest in the final product for both The Wheel and the visual diary.
- Highlighted key aspects of access to a range of services from breastfeeding to mental health and informed women of services they can contact to assist them.
- Broached the subject of domestic abuse with women and collected their views.
- Identified women's perspectives and their priorities.
- Highlighted the need for information and access issues around some services, in particular sexual health, domestic abuse, mental health and maternity.

Two resources have been produced:

- A Women's Wheel that is tuned to women's choices and needs within the borough. The Wheel is efficacious and has been tested along the way. Dissemination routes and next steps to evaluate effectiveness have been defined.
- The visual diary, for dissemination to commissioners and the groups involved in the development of the project. It enhances the possibility of social capital within the broad remit of health by being 'beautiful' and something for women involved with the project to be proud of, thus encouraging people to show it to each other. The diary contains some key messages especially around the issue of domestic abuse. It will also be posted on the polyanna web site for further dissemination:

www.thepolyannaproject.org.uk

The project engaged with the local community thereby increasing awareness of services both nationally and locally. In addition it highlighted gaps in awareness and increased understanding of available services. Designing a tool to address these gaps could go some way towards reducing inequalities and inequity around access and engagement with services. The establishment of contacts and the development of trust within the community have laid the foundations for any future work.

A main part of the project has involved service provider consultation. There has been broad contact and involvement with a number of key services including but not exclusively incorporating their final choices for The Wheel. Feedback to services as a direct result of the project on quality checks made to help-line numbers including the quality of answer-phone messages, led to some services making necessary improvements during the project. Services have engaged with the project and are happy to disseminate, cross reference with each other and be involved in the evaluation. Lastly the dissemination and evaluation are dovetailed.

Acknowledgements

We would like to thank Barking and Dagenham Primary Care Trust for funding this project. The fruition of the project was made possible through the interest and wisdom of the 129 women in Barking and Dagenham who took part. We would also like to acknowledge the input from the service providers. Lastly we would like to thank Sam Woodhouse at the PCT for his help and for always smiling.

The Polyanna Project

The Polyanna Project is a non-profit making organisation that 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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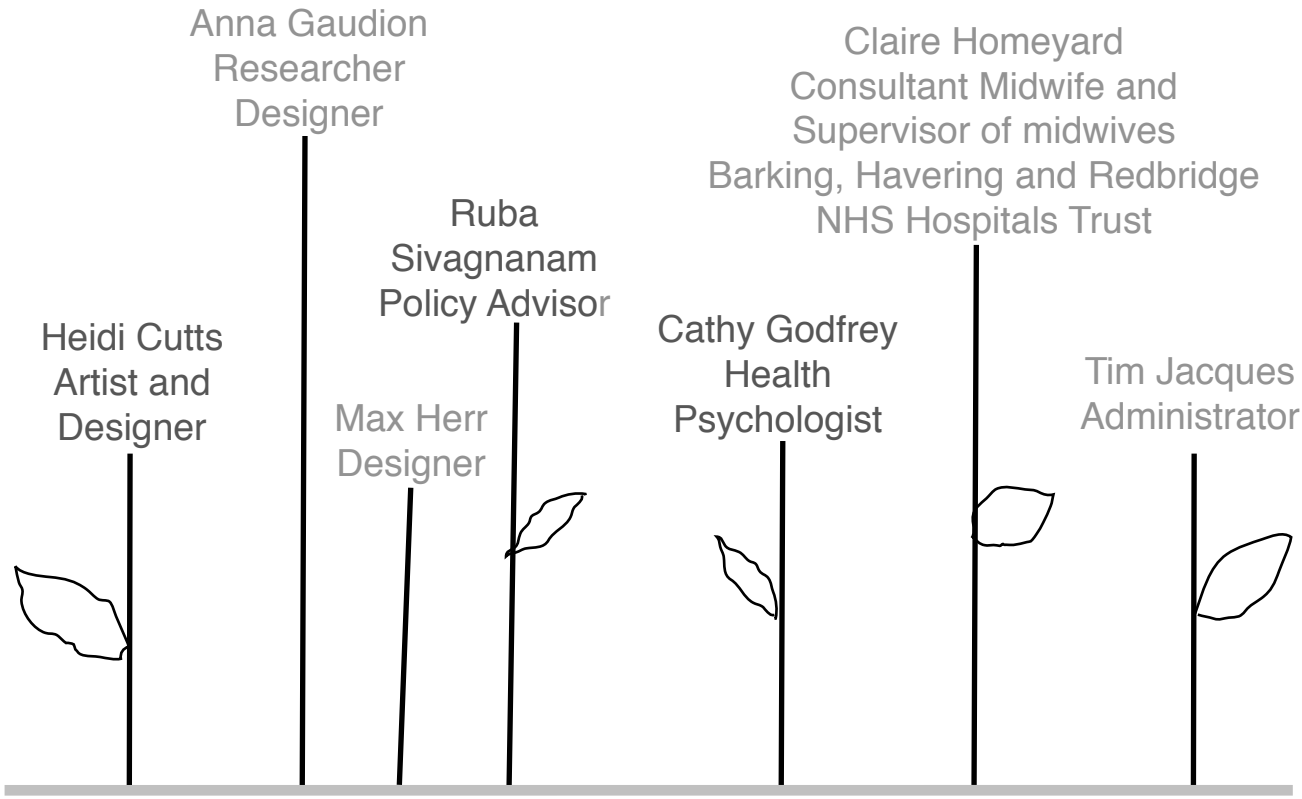

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Introduction

Introduction

This report documents the development of the Barking and Dagenham Women's Wheel from the original form to a unique tried, tested and agreed tool, specifically for the borough. On the journey through development, policy and practice have been taken to members of the community, in particular issues around access to services and domestic abuse. The women who were consulted have ranged in their reactions and contribution to the project from reticent to candid. Both the visual diary and The Wheel have evoked positive reactions and women have demonstrated an eagerness to be part of the project and valued the opportunity to feed back to the PCT and other services.

The consultations for the wheel commenced in April 2008 and the final focus group took place in late August 2008. Advice was sought from gatekeepers to community organisations, focus groups of women, and service providers. Ten different groups were consulted and in addition, a further nine gatekeepers, who were unable or not in the position to bring women together for a focus group, were also asked their opinion. A total of 129 women contributed to the project. Meetings were held with the commissioners for the project, Barking and Dagenham Primary Care Trust, at the beginning, middle and end of the project and reports detailing progress were dispatched to the commissioner on a monthly basis. Discussions also took place with all the service providers. Mostly this was via telephone and e-mail, but a number were interviewed in person.

Women were invited to take part in the consultation through gatekeepers in the community. Information was circulated about The Wheel and intention of the focus group. For a majority of the focus groups, refreshments were paid for by the project.

The Public Health Report (2007) for Barking and Dagenham recognises that there are health inequalities within the borough by location, gender, level of deprivation and ethnicity and that within the borough, people are less healthy than nationally. In 2007, 15,8000 children were living in poverty, the teenage pregnancy rate was higher than average, smoking levels were also high (PHO, 2008). One of the visions contained within the Barking and Dagenham Public Health Report (2007), is for the development of easily understood and accessible services.

Maternity services are key to improving public health outcomes, improving timely access to services which facilitates a holistic care plan to be put in place with the woman and family (DH, 2004a; DH, 2007a & b). For many, pregnancy may be the first time women encounter health services and as such a valuable opportunity for imparting and sharing health messages. Research has demonstrated that domestic abuse can escalate in pregnancy and a number of policy documents and professional and governmental bodies advise that all pregnant women are routinely asked and advised on this issue (DH, 2006; Home Office, 2005; RCM 1999; BMA 2007; RCOG 1997; RCPsych 2002).

Although excellent statutory and voluntary organisations exist, aimed at delivering appropriate support for people in managing health and well-being, research indicates that some women are still missing out because of lack of awareness of such services (Lewis, 2007, DH, 2005, DH, 2004b). 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 their babies. National priorities underlined by Public Service Agreement (PSA) 18 and PSA 19 in particular, focus on helping people to access services to reverse this worrying trend (HM Government, 2007 a & b).

Policy direction

There are a number of policy initiatives that underpin the rationale for the development and distribution of the Women's Wheel. Even though the Acheson Inquiry in 1997 accompanied the inauguration of the Blair Office; the Government's agenda on reducing health inequalities is not new. The appointment of this inquiry reflected a long-standing concern with the widening health gap between social groups. More recently the vision of Lord Darzi and The NHS Operating Framework have called for a more local emphasis; where health and well-being becomes 'everyone's business'. Engagement with service users is a priority and services are to be made more accessible (Darzi, 2007; DH/NHS, 2007).

The project has contributed to a number of policy recommendations, including:

- Public Service Agreements 12, 18 and 19
- Access and improved awareness of services for all
- Community engagement
- Awareness of domestic abuse services and routine enquiry

In 2001 a National Health inequalities Public Service Agreement (PSA) target was set, which has continued through to underpin the most recent Health and Well-being PSA 18 and PSA 19, which focuses on access. The objective is:

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

Central to reducing health inequalities is early and timely access and continued engagement with maternity services and ongoing fostering of health in children and adolescents. This is reflected in the Reducing Infant Mortality PSA (DH, 2007), PSA 18 (HM Treasury, 2007a); PSA 19 (HM Treasury, 2007b) and the NHS Operating Framework for 2008/09 (DH/NHS, 2007). The infant morality target contributes to the health and well-being of Children and Young People PSA 12 (HM Treasury, 2007c) and the Children's Plan (DH, 2007)

Current indicators with a health inequalities dimension relate to breastfeeding, obesity, access to maternity services, teenage pregnancy, smoking cessation and domestic abuse (Health Inequalities unit, DH, 2007a). Indicators included on The Wheel include sexual health, access to maternity services, teenage pregnancy, and services for young people, breastfeeding, domestic abuse, smoking cessation and mental health.

Underpinning the Public Service Agreements are a number of policy documents which focus on maternity care and early childhood in order to foster improved health and equity. Better Prevention, Better Services and Better Sexual Health: The National Strategy for sexual health (2001) has recently been updated. The approach is to improve the sexual health of the population, to reduce the incidence of sexually transmitted infections and HIV, reduce unintended pregnancies (especially in women under 18 years old) and improve the range of access, information and quality service provision (DH, 2001).

The primary remit of the Government's Teenage Pregnancy Strategy is to reduce by 2010 the number of pregnancies of women under 18 to half the level of 1998 (DH, 2006a, 2006b and 2007). The need, therefore for awareness and access to family planning and other sexual health services is paramount. In addition the strategy reiterates the importance of care and support that fits the particular needs of this cohort. It reiterates the message that care needs to be tailored and given by a range of professionals this could include midwives, health visitors, children centre personnel, reintegration officers and housing officers. Importantly, it stresses that routine services designed for older parents are not always appropriate for teenage parents.

Access

The National Service Framework identified involving users, improving accessibility of maternity services including outreach and developing ways of helping disadvantaged and vulnerable women to access and engage with maternity services (DH, 2004). These issues were endorsed by Maternity Matters (DH, 2007b) which recognises the importance of maternal and child health within the public health agenda.

The Operating Framework emphasises that maternity is an area in which commissioners are required to take action and indicates that they should aim to;

*"Increase the percentage of women who have seen a midwife or a maternity healthcare professional for a health and social care assessment of their needs, risk and choice by 12 completed weeks of pregnancy" (*DH/NHS, 2007.19).

Maternity Matters (DH, 2007b), the implementation document for the NSF (standard 11) clarified the Governments commitment to modernising NHS maternity services. It includes improving access to care. It asserts that by 2009 women and their partners will have choice of how to access maternity care,

"When they first learn that they are pregnant, women and their partners will be able to go straight to a midwife if they wish, or to their General Practitioner. Self Referral into the local midwifery service is a choice that will speed up and enable earlier access to maternity services" (DH, 2007b.12).

" Women and their partners may choose antenatal care to be provided by midwives in the community or by the midwifery team. However, for some women care from a team of maternity professionals, including midwives, obstetricians and other specialists will be the safest option. For others, who have complex social needs, maternity care can best be produced in partnership with other agencies. These could include children's services, domestic abuse teams, substance misuse services, drug and alcohol teams, youth and teenage pregnancy support services, learning disability services and mental health services" (DH, 2007b.14).

The Women's Wheel contributes to this, firstly by providing a number for women to 'book' with a midwife and have their needs, risk and choice assessment completed and secondly, by providing numbers for a range of other services included on The Wheel.

The health benefits of breastfeeding for public health and reducing inequalities are well documented (UNICEF, 2003; DH, 2004; NICE, 2008) and contribute to several public health policy strategies and goals including reducing infant mortality, reducing preventable infections and unnecessary paediatric admissions, halting the rise of obesity in under 11's (NICE, 2006). The new Department of Health Breast Feeding Network is advertised on The Wheel.

In the white paper entitled 'Building on the Best, Choice, Responsiveness and Equity in the NHS' (DH, 2003) the lived experience of negotiating health services for more vulnerable populations was recognised;

"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; we want the right information, at the right time, as well suited to our personal needs as possible...our health needs are personal, and we would like services to be shaped around our needs, instead of being expected to fit the system" (DH, 2003.7).

This perspective and the weighted importance of engagement and visibility of health provision in local community settings is highlighted in Lord Darzi's vision. 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.

The project to develop The Wheel gave the local population a voice. Also, local and national services were made visible to them, in an unstigmatising way, helping people to be more aware of services and to take initial steps to use them.

Since April 2008 all local PCT's and other local authorities are required to undertake a joint strategic needs assessment to identify current and future health and social care needs of the local population. This should include the views of the local community and evidence of the effectiveness of interventions to shape the future investment and disinvestment in services. The project has contributed to this objective, partly through the consultation involved in developing The Wheel but also by evaluating The Wheel as an intervention, six months after distribution.

Continuing to engage the community, in projects such as this one, is important and is embedded in current targets. For example, PSA 18 advocates a locally led innovative health and social care service with:

"...a focus on outcomes rooted in what matters to public, patients, users and staff" (HM Treasury, 2007a.6).

Amongst other things, PSA 18 aims to increase life expectancy by reducing health inequalities, reducing smoking prevalence and supporting people to meet their aspirations for well-being and access to psychological help to reduce suicide rates.

The Common Assessment Framework recognises the important role of the third sector in helping people to have choice and in providing information to service users. Distribution of The Wheel to vulnerable, new emerging communities and young people in schools will encourage this.

Domestic Abuse

Domestic Abuse has profound effects on the health of a woman, if she becomes pregnant it impacts on the pregnancy. Once a parent, if the abuse persists it has implications not only for the mother but the child and there are child protection issues at stake.

Research conducted by the charity Refuge (2008) found that women were unaware of the signs of domestic abuse but that they would like more opportunity to explore the subject and that it was an important issue that should be discussed in schools. In 2005 the Department of Health produced a resource manual for health professionals, which underpins the direction that midwives in particular need to take. It states that all women should be routinely asked about domestic abuse as part of the "needs, risk and choice assessment" (booking visit).

The guidelines (DH, 2005) advocate asking direct questions such as;

- *"Are you afraid at home?"*
- *"Has your partner ever hit you?"*
- *"As an adult have you ever been emotionally or physically hurt by your partner or someone important to you?"*

Importantly, asking all women about domestic abuse and explaining that it is a routine question destigmatises it but also gives 'permission' for women to disclose it at the time or at a later date. It may also be the trigger for a woman to ring a helpline.

All women, regardless of disclosure, should be provided with information and contact helplines such as Women's Aid and local sources of support and advice (DH, 2005). The most recent CEMACH report, Saving Mother's Lives (Lewis, 2007) recommends that all women are given a laminated card early in the postnatal period detailing useful numbers such as breastfeeding helplines, but that it includes the national domestic abuse helpline number.

The project tentatively explored women's perception of being asked about domestic abuse during their "needs, risk and choice assessment". It also sampled the challenges faced by midwives in this area. The Wheel fulfils the CEMACH requirement for information however it may also be useful to destigmatise the question and to instigate a conversation about domestic abuse.

The potential for the Women's Wheel to contribute to these directives is dependent on an effective distribution of The Wheel and the availability of both the report and visual diary for public consumption.

Engaging Women in Barking and Dagenham

Initial fliers (Appendix 1) were sent via e-mail to the Community Voluntary Service (CVS). These were then circulated to the whole network. Fliers were also sent in this format to members of the Women's Empowerment Network and the Ethnic Minority Partnership Agency (EMPA). An Internet search was undertaken and email contacts from the CVS directory were used to contact services by telephone and e-mail. Many of the numbers were no longer available or there was no answer.

A couple of gatekeepers were receptive to meeting to find out about the project and from there on contacts snowballed. At these initial meetings the project was explained, including information that the opinions of the women would be anonymous. Venues, refreshments and dates were also discussed.

Ten of the organisations were unable to bring women together for a focus groups because of a number of reasons. For one group, The Women's Trust, it was because they did not have outside speakers/facilitators attending their focus groups. Although they offered to conduct a consultation for the project if needed, it was felt on this occasion that enough women had been consulted. For another group of women with problematic drug use, their liminality meant that organising a group within the time frame was not possible. Other organisations such as the Zimbabwe Women's Network worked with women individually. Because of the pivotal role in public health that midwives play, particularly in relation to domestic abuse with routine screening, several individual midwives and a focus group with midwives was organised. Other service providers were also asked for their perspective and comments. For some, this was a telephone conversation, for others face-to-face interviews. The time frame over the summer made it difficult to consult with some women, with the issue of competing priorities for the gatekeepers and summer outings arranged.

Although the youngest person who features in the report was two weeks old and the oldest a 92 year old woman, the majority of the women were aged between 14-45 years old. There was a broad ethnic mix including; White British, White Other, Asian, Black African, Black Caribbean, Black British and Other Categories (Appendix 2).

Gatekeepers ans service providers who were unable (because of the set up of their organisation and working structure or because of the time frame of the project during the summer period) to help with a focus group were able to give their insights and a sense of women's needs. Their organisations included:

- Zimbabwe Women's Network
- African and Caribbean Mental Health Project
- The Women's Trust
- Domestic Violence Advocacy Service
- The Clock House
- Women's Empowerment Network
- AXE Street Project
- Positively Women
- Starlight Education Complex.

There were ten focus groups held which were conducted in community forums and venues. The priority was to try to meet women across the borough that were representative of different ethnic groups and needs. In particular the project focussed on more vulnerable women such as asylum seekers, people who did not speak English, teenagers and women fleeing domestic abuse.

The groups consulted were:

- The Somali Women's group
- A group of teenagers from Lifeline
- A breast feeding support group at Castle Green Children Centre
- An ESOL class at William Bellamy Children Centre
- Pregnant teenagers at the William Bellamy Children Centre
- Eaves Women's Aid
- Gospel Health Group
- Irish Travellers
- Two Groups at the Young Women's Christian Association
- Community Midwives

The project was well received by both the organisations and the women. It was thought to be very positive that the consultations were about the Trust learning from their perspective; for some having a voice about local services was more important than The Wheel. The women demonstrated great wisdom and had a candid approach to where they thought gaps existed in the system. This included telling us when they didn't know about a service. In summary, they reiterated that, in common with us all 'you do not know what you do not know'.

The groups were enjoyable and although serious matters were raised and discussed, there was always laughter.

Developing The Wheel

Introducing the Project

A short introduction was given to the group about the project and women were shown a copy of the original wheel, report and visual diary. Mock up versions of the Barking and Dagenham Wheel were then circulated and women asked what they thought. The project did have a semi-structured interview sheet, which included four main questions:

- Did they think The Wheel was useful?
- Where did they currently find out information?
- Were they aware of the services in the borough for domestic abuse?
- Were they able to access services in the borough that they needed?

However, for the main part, the discussions were group led and conversations were sparked by something on The Wheel.

The idea was that the mock-ups would not look finished or polished so that women would not be inhibited by a nearly finished item to say what they really thought. Right from the beginning women liked the idea and found the numbers useful. The wheels, even in earlier 'Blue-Peter' style format, held together with a medley of buttons with hand written numbers were squirreled away or details of service numbers copied down by individuals.

Feedback on Being Consulted

Gatekeepers for Community organisations, individual women and focus groups were positive about the consultation. They thought it useful to be able to share their perspectives on access to services. For one group, the opportunity to have a voice was of greater importance than the development of The Wheel. Women said that they were not consulted enough about things happening in the borough, for some they felt unheard and unnoticed.

" It is better to do the consultations than making assumptions because professionals can pressurise and tell people what they should and would need to know"

And

"The PCT should ask the community what is important there is not enough of that"

The importance of having a means of feeding back to health services was thought important, although only two women had heard of PALS, the service was discussed in several focus groups and highlighted the need for information to be filtered out further into the community. There was some disappointment that the resource did not cater for women with disabilities,

"What about people who are visually disabled or have learning difficulties - what about them - that makes me really angry - this PCT does nothing for them".

How The Wheel was Received

The Wheel was developed around the anthropological theory of Art and Agency (Gell, 1998). In this theory art embodies complex intentions and mediates 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, a go-between. The theory recognises that people interact, both with and through art with one another (Gell,1998). The Women's Wheel works in this way. It does not constitute a defined package but is a springboard, dependent on the users' need over time. Thus it may inform someone about a service they did not know about or give 'permission' to ask for help, for example, about domestic abuse services. It engages people, facilitates questions, interactions and information sharing. Information is conveyed only when The Wheel is turned.

Many of the reactions from the women support this theory, women were intrigued by it and it caught their attention,

"This is interactive and fun, it engages you"

'You can use it to start a conversation"

'I like the colours and it is interactive, not just flat paper, not a leaflet with writing, something to do with your hands"

"I would keep this on my fridge it' lovely, no one bothers with yellow pages, you just ask your neighbours, usually people have numbers on their fridge"

"I like the wheel you could keep it in your bag or with your CD's"

"The wheel is great, so original"

"This is really good so much better than all those leaflets, too many pieces of paper, this is better all together...and it looks nice"

"It is definitely useful, not everyone knows stuff and it is handy, information is usually in different places but this is here all together"

The ‘Look’ of The Wheel - Women’s Views

The colours for The Wheel were tested. Women liked the ‘bling’ of the gold on the original wheel so this was retained. The central colours changed after a variety of different colour-ways were tested on the women and they selected the pink and light blue.

“I would pick it up, you cannot see straight away that it turns but the pictures are lovely, such detail, it is those small details that make it, I mean the shoes and the way the Somali woman has her bag under her cloth, that is what they do”

During the consultation the images on The Wheel were modified to be more inclusive of a range of different ages so that the final Wheel has a picture of an older woman with a tartan trolley. Women also said that if they thought it had anything to do with parenting young children they would pick it up, therefore a picture of a pregnant woman with a toddler was added. The Somali and Black African women were made darker:

“The pictures of the women are excellent but they all look white, I know a white Muslim woman who wears the hijab but usually it is ethnic minorities, you need to make the Somali woman darker”

Two local women were drawn by the artist and gained celebratory status as they were recognised without prompting by other groups later in the project. Women were delighted and impressed and wanted copies of the pictures.;

‘Wow this is so original. The pictures are so good, the attention to detail, who has done these? She has got it just right. That is Helen, that is amazing, she is good, that really is Helen, I am impressed, will we get copies?”

In summary the images on the wheel are loosely representative of the community, with different ages and ethnicities included and this resonance was recognised by the people consulted both in range and detail of the images.

Selecting Telephone Numbers of Advice Lines

We commenced with the headings from the original Wheel and looked for services that provided similar services. This was achieved by on-line searches and a series of follow up calls to establish suitability based on:

- Matching women’s needs
- Helpline or phone advice given
- Good signposting to other services
- Good quality of answer and answer phone and consistent number available.

Adapting The Wheel

Developing The Wheel for Barking and Dagenham

The numbers and relevance of the services were discussed with all individuals and groups. Naturally there were certain parts of The Wheel that appealed to some people and not to others. For some there was disappointment that their service was not included, for example, it was not possible to include all the domestic abuse services in the borough. It became apparent over the course of the research that a number of the services were unknown to both community advocates and women. There was little consistency with this apart from no knowledge of PALS, for most of the groups most of the services were known but no one knew what they all were;

"I just work in B&D, but I live in Essex. I know some of these services, Alcohol yes I know that, domestic violence, emergency 999. NHS Direct, everyone knows that, PALS what are they? Connexions, that I know...some of these numbers are national that is good, it is good to have that option, you know, ring further away"

There appeared to be particular gaps in awareness and understanding around services for sexual health and postnatal depression and there were anxieties about confidentiality. The project provided some insight, through discussion within the groups about services, but it was clearly evident there was room for more follow up work.

The headings changed from the original wheel, as there was a request for a broader encompassment of services to improve health. Information was requested for immigration, benefits and hate crime, all ssues which impact significantly on health outcomes. These and all the topics that women raised, are covered by the final selected sections of The Wheel. The final headings are:

- Ask, is there a service that can help?
- Young Women
- Worried about addiction? Want to stop drinking or smoking?
- Domestic violence or abuse? Afraid at home?
- Pregnant? New baby?
- All parents and family
- Worried? Stressed or depressed?
- Sex and health, family planning, Unhappy to be pregnant?

Clearly, not every service cited by women or considered by the project could be included in the final version of The Wheel and the selection criteria was always applied (matching women's needs, giving phone advice and good signposting, with a consistent, well answered number).

Ask, is there a service that can help?

Barking and Dagenham Direct, informants shared, was the 'magic' hotline number to ring for such services. Many women were familiar with NHS Direct, found it to be an excellent service and therefore wanted this number on The Wheel. A number of women wanted a helpline number for disability for themselves or a member of the family. Initially the wheel included the numbers for Carers of Barking and Dagenham but this was switched to the Health Information Service for the PCT as it was felt they could provide a broader range of advice and signposting. A local health information line also parallels the (more social side of) services provided by Barking and Dagenham Direct.

Young women

There is a plethora of services for young people in the borough and throughout the consultation period many of them were recommended and praised.
Connexions Direct was partly chosen because the young people interviewed were familiar with the service. There are several local connexions services in the borough therefore the national number was chosen so that when people ring they are guided to the Connexions nearest to them. Connexions was well known and recognised, they were associated with careers advice and information about further education, however the broader aspects of their work was not known, for example health and social advice.

The Young Women's Centre (YWCA), in Dagenham Heath has a broad spectrum of services and support to offer young women up to the age of 30, including ESOL classes, computer and other courses. They provide crèche facilities and support and guidance to young women with signposting to other services. Although there are other young peoples services such as TLZ, these are more specialised, concentrating on issues such as counselling whereas the YWCA is a place to go to enjoy yourself and relax.

The Teenage Pregnancy Strategy (DH, 2006; DH, 2007) reiterates that pregnant teenagers prefer to be with other teenagers rather than older women and this helps towards improving access and engagement. It was decided to include the local maternity service (BHRT), Teenage Pregnancy Midwifery Team in this section to identify the service as special for young people. The teenagers consulted agreed that it fitted well in this section. The team has recently been awarded for the valuable service they provide to young women locally.

Worried about addiction?
Want to stop drinking or smoking?

Axe Street was identified as a well known service; they also refer to other services in the borough. People can self refer, ring for advice and they have a needle exchange facility.

The Community Alcohol Team (CAT) was chosen through recommendation, plus it is clear what they do from their title.

People were familiar with 'Smoke-no-more' asserting that everyone knew it was the NHS stop smoking service. Although Smoke-no-more remains on the website the name changed to Quit Local during the course of the project this caused some consternation as to what this meant. Women thought that the name was not transparent. A shop front at Barking Station advertises the services; inside the shop you can get advice and also signposting to other services. Leaflets are available and cleverly displayed so that you can pick them out of the view of staff, thereby making it anonymous.

Domestic violence or abuse?
Afraid at home?

There were three spaces allocated on The Wheel to domestic violence services, one for a national number, one for a local number and the final one for the emergency '999' number. To provide more numbers would have meant that domestic violence information took precedence on the wheel compared to other services. The aim was not to highlight any service in particular, thus assisting in the process of destigmatising them. The inclusion of '999' gave 'permission' for women to ring the police but also reflects the severity of the situation women can find themselves in. The National number (24 hr) is for Women's Aid/Eaves and they will refer to other local numbers. The Domestic Violence Advocacy Services is a local number for support. The advice lines will signpost onto local numbers including the Women's Trust and the local Eaves Housing and support services. Some of the pages in the visual diary explore the issue of domestic abuse and highlight local services.

Pregnant? New baby?

Although the Healthcare Commission report (2007) recorded a satisfactory provision of access to local services from first contact with a health professional to the needs, risk and choice assessment (booking); the women interviewed in this project thought the waiting time was unnecessary and would have preferred a quicker and more direct route to see the midwife. The implementation of a telephone number for making the first 'booking' appointment with a midwife had been awaited throughout the consultation period and invited much discussion. Women thought the number was necessary and would be useful, enabling them to see a midwife earlier in their pregnancy.

The ‘Need to book with a midwife?’ number is a new way for women to directly access the local maternity services. The idea behind a direct number is inline with PSA 19 (HM Treasury, 2007), Maternity Matters (DH, 2007b) and the PSA target for Reducing Infant Mortality (DH, 2007a). The women consulted were very clear that they thought this would enable them to access care earlier.

The NHS Breastfeeding helpline is a new national number. Women thought that it was important to have a number for breastfeeding support on The Wheel. It also goes some way towards addressing one of the ‘basket of indicators’ for improving health (London Health Observatory).

“See a dentist free ‘ was a requested number by the borough dental health specialists who wanted a way to let women know about the service and to help with the low uptake of dental care in pregnancy in the borough. Improved dental health in pregnancy can affect infant mortality (DH, 2007). The number links to the NHS Direct number.

All parents and family

Women were keen to have a number that they could ring when they were concerned about parenting issues for any age of child. The Children’s Centre number is part of Barking and Dagenham Direct and can signpost women to their local centre. Women interviewed through the two Children’s Centres, William Bellamy and Castle Green were very complementary and positive about the services they received. They felt that once they had begun to use the services within the centre they also had the resource of staff to ask for guidance and signposting on a range of issues. There was clearly an element of trust and understanding between many of the women and staff in the Children’s Centres.

ChildLine was specifically requested. The teenagers consulted thought it was ’brilliant’ and vital for The Wheel. A number of young people stated that they had used this helpline:

“ You need to put ChildLine on - if you are depressed they are good - it is not just about if you are being abused – you may be being bullied”

It was also a number that they could ring if anyone was concerned about a child within the Every Child Matters framework

Parentline was chosen because of the broad spectrum of advice and support that they provide for the whole range of issues that parents may need for their children from newborn to late teens.

Worried?
Stressed or depressed?

Most, but not all of the informants were aware of the Samaritans helpline, however they did not know the number and thought it important to include it due to its 24 hour accessibility.

Meet a Mum (MAMA) was not well known. Its purpose was not widely understood (a resource for women who were depressed after becoming a parent). However, postnatal depression was a familiar term, it was often discussed even though the condition was thought to be invisible and stigmatised.

Only a few people were aware of the organisation MIND, even though it is the leading mental health charity in England.

For this section women felt that if they were stressed or depressed or thought their sister or friend was, they would ring the numbers for advice. They asserted that just knowing the numbers were there gave them 'permission', destigmatised being mentally unwell and reassured them that they were not alone.

Sex and health, family planning
Unhappy to be pregnant

"Sexual health" had little meaning for the women interviewed, "sex and health" was thought to be more transparent

Sexual Health Direct (the family planning association) can give advice, and direct you to your local family planning or sexual health clinic.

There were positive reports about the services based at the Sydenham Centre and it was felt important to include a local number. The service will also be expanding to include family planning and is able to signpost and gives advice by phone.
Positively women have a significant network in the borough and have a good helpline staffed by trained volunteers. HIV is placed next to it to clarify whom the service provides for.

Community Perspectives

Access to Services for Emerging Communities?
Emergency

The Emergency number, '999' provoked interest; anecdotally it appears it is not known by everyone;

"You need 999 because the American number is 911 and people do not realise that it is not the number here. They hear and see it on the television...there are no longer public phone boxes with the number cos everyone has a mobile"

Children's Centres

The women interviewed through the Children's Centres or Lifeline were very complementary about the services provided in William Bellamy and Castle Green Children's Centre. It was generally agreed that there would be someone in the Children's centre who would know. There were obvious underlying relationships of trust.

GP's

Access to services was felt to be mainly through the GP but for some women this was problematic. For women from the new under represented communities who did not speak English lack of interpreters was a problem,

"My GP is not much help and never has an interpreter so he does not help me"

There was a concern that confidentiality may be broken within some communities, for example if a woman saw her GP about family planning. Women were anxious to find out if advice and help they received from family planning services would be reported to their GP.

For new emerging communities the contemporary situation of access to a GP was problematic. Research by Project London (2007) provides evidence that some people are denied access because of their immigration status. For some women interviewed, living in this situation, the possibility of 'booking' with a midwife directly made access possible. Several women tentatively broached this subject, talking in the third person about someone they knew. Although eligibility to health services for people from abroad is in flux the advice from the Department of Health is that maternity care, including pregnancy care is termed "immediately necessary ' care and should be given (NHS, 2004).

Maternity Services

The possibility of a number where women could ring if they were pregnant to 'book' with a midwife was warmly received:

"I was 6 months pregnant before I went to the GP and then it was over 3 weeks before I got an appointment to see the midwife, then it was ok"

"I went to see the GP too, he tested my urine and then I had to wait for an appointment with the midwife, the midwife could have tested my urine"

"When you are pregnant you go to your GP but it is a waste of time cos they just give you a number to ring...you might as well ring the number to begin with"

"My GP just gave me the number to ring and did my form for free prescriptions... he did not do anything else - it was a waste of time"

Vulnerable Women

A number of issues impacting on women's lives were discussed, some felt their situations and conditions were stigmatised. They included women with problematic addiction, mental health problems, disability and teenage pregnancy. Female genital mutilation/cutting and domestic abuse were also categorised in this way but are discussed elsewhere in the report.

Drug Addiction

It was reported by professionals that one of the reasons that women with problematic addiction were tentative about accessing services was stigma and in the case of maternity services having their baby taken away from them.

Previously a group facility had been provided at the Axe Street project for pregnant women but this was not ongoing. The midwives interviewed were not fully aware of all the services that the AXE project could provide. Improved communication networks and information sharing between the Axe Street and maternity services has been established as a result of this project.

Young Mothers

Young women at the Young Women's Centre (YWCA) shared their experience of how they had taken the parenthood course and had learnt how differently young mothers were treated by the general public. The course involved a period of time with a 'reality' baby. One woman said:

" People give you looks, they treat you differently because you are a young person with a baby, but you could be baby sitting, people give you weird looks it's not nice - I felt really awkward"

A couple of the young women interviewed (who were pregnant) described the difficulty in finding out information through their GP and how they valued the service provided by the Teenage Pregnancy Midwifery Team who made them feel accepted and respected by.

Carers

Two women talked about the opacity of the services in the borough for women with disabilities or who were carers for children or other relatives who had special needs.

"You need a section on carers"

One woman, with a visual impairment felt that services for people with disabilities were:

"swept under the carpet and not bothered with"

Child Protection

Women were also concerned about child protection issues, away from the structures and pathways within health and social services. Unwilling to ring the police, they wanted to raise their concern; but didn't know who to ring;

"You need a child protection number, you see domestic violence around but nothing about every child matters"

Mental Health

Women wrote down the number for the Samaritans while sketching out a description of how low they felt, especially at night when they were alone in their flat with young children. Nights, they said, could be and were very long and that was when desperation set in.

One woman described postnatal depression;

"When I was pregnant I did not know about postnatal depression, I did not know I could talk to a midwife about it, I just didn't know they would listen to you, I wanted to send my baby away I did not want him, it was awful, I did not know how the system worked or who to talk to, I thought it was too personal, like hanging your personal linen out in public"

Talking About Services

Women's Voices

Time was restricted within the individual and group sessions and certainly not of sufficient length to gain perspectives on all the services. A pattern emerged for the services that women talked about most. These consisted of maternity services, domestic abuse services, mental health and female genital mutilation/cutting services. Women also talked about the high level of hate crime in the borough.

Ringing for Help and Advice

A number of groups and individuals enquired if The Wheel was going to be translated into other languages. This led to sharing information about the NHS Direct number and the National Domestic Violence numbers and the Health Information Service at the PCT having a translation service. This was not known:

"I rang 999 once but they did not understand me, the ambulance did not come but my GP came and then I went to hospital...my GP is very nice"

"Which one of these numbers has a translation service?"

"Which numbers are free?"

Many of the women asserted that they liked helplines and that ringing was better than face to face encounters because it was more anonymous. They said it was preferable because:

"They don't really know me so it is better"

"I would ring a helpline - there is someone at the end of the phone - if you don't have anyone – I mean they do not know who you are"

Phone helplines, it was felt, could help to divert people, especially vulnerable people from seeking advice from "negative characters."

Others preferred to talk face to face or with an advocate or even in a group. The Wheel was thought to be a resource that could instigate discussion of various topics.

Where and How do Women Find Out About Services?

There was a diverse mixture of places people routinely and confidently accessed information. For some it was the opportunity to pick up information anonymously such as a stand in the library, Children's Centre or clinic. Another group liked to receive information as a bundle, thereby destigmatising it, such as in the Bounty Bags. A few of the women said they picked up leaflets for themselves and members of their family, especially for the men in their lives who they asserted would never pick them up themselves.

Others preferred to have information explained to them by a trusted professional, GP, midwife, nurse, advocate or Children's Centre staff. Some said that leaflets were no good, as they wanted someone to talk things over with, or because not everyone could read or speak English;

"When you are pregnant they give you a whole load of leaflets and you put them in your bag and go. They tell you to look in the book, but some people cannot read...it is difficult if your English is not so good"

GP's Surgeries

GP surgeries were seen as a good place to find information, the health setting legitimising the resource; but for others this was not accessible enough. GP surgeries were not the sort of place you wandered into to pick up information, they were often full or not open. If you did see a GP they may give you a telephone line to ring but there was rarely enough time for discussion or adequate explanation' so you were not confident about ringing. The difficulty of access to health care in the current climate of entitlement was broached on a number of occasions. Women talked about not being able to have a GP because of a lack of documents and papers. There was talk of being sent between services especially if they fell into the category of no recourse to public funds;

" The Walk in Centres tell you to go to your GP, but you do not have one. I did not even get a form, and I prefer to have a young woman doctor because she understands. You have to bring your passport but some people do not have papers, so you just go to A&E but you have to wait ages there"

The Internet

A few, approximately 15% said that they looked on the Internet, they recommended the NHS Direct website and Barking and Dagenham Direct. For some, especially young women the Internet was more anonymous and less scary than ringing up. Needless to say their computer skills and knowledge about hiding their tracks would make good background material for an Ian Rankin detective story.

A few women called 118 or looked in directories, although most said the latter were too cumbersome and had thrown them away.

Advocates

Women said that they asked people such as advocates and other women in community groups. Advocates confirmed that many women asked them about a broad spectrum of services. However there were self-acknowledged gaps in their knowledge about services.

There were also differences in the amount of information that women absorbed from the environment around them. Although, for example a few women said that there was information 'everywhere' about domestic abuse for most the opposite was true and women said they did not know about domestic violence services.

Maternity Services

The Teenage Pregnancy Midwifery Service was highly acclaimed and the clinic in the William Bellamy Children Centre was thought to be friendly and a place "where you could ask anything". A couple of the young women wished they had known about the service earlier and that they had been concerned when they were referred because they did not know that it meant. They felt that had the number been available, they would have rather contacted a midwife, especially a midwife who worked with "people like them." Going to the GP was perceived as difficult and embarrassing and several women said that their doctor had tried to persuade them not to continue with the pregnancy.

The advice and support by the maternity support worker and peer supporters in particular around breastfeeding advice, was greatly appreciated as was the ongoing support by the midwives:

"It is good that you have a breastfeeding support number, mind you I do not know what I would have done without the teenage pregnancy midwives, they were excellent, really good, I do not know what I would have done without them, I certainly would not have breastfed"

"My doctor told me about the teenage pregnancy midwife but he did not explain so I was scared. He told me to get rid of it...he is old fashioned. My GP did not talk to me or give me a number to ring for advice...no number to ring, nothing...I went to Marie Stopes...they were good, they offered me a counsellor...but I didn't go, I talked to my mum"

"...The classes with the Teenage Pregnancy Midwives was excellent, really good...I learnt lots of stuff, I used to go home and tell my mum"

The overall impression from the women regarding their maternity care was good, although there were a couple of exceptions, one in regards to the midwife not being confident in working with a woman who had undergone Female Genital Cutting and one who had felt that the delivery suite was very busy and that she had been moved to the postnatal ward too quickly. Some women felt that they had been able to find out about local services through their midwife or health visitor, others had not had such a good experience.

Women Who Had Undergone Female Genital Cutting (FGC) / Mutilation (FGM)

Within the Somali women's focus group there was considerable discussion about the lack of local provision for women with FGC. Although the advocacy service signposts to agencies in Waltham Forest and Central London it was felt that this was not good enough. The women felt that there was a lack of recognition in the borough about their needs particularly in their encounters with maternity services:

"The midwife was shocked that I have FGM, that made me feel horrible but it takes longer to have a baby when you have FGM for the baby to come out but they treated me like a White woman. There is a lack of education for people on FGM, they just do not know about it"

Cultural norms, acceptance and non-prejudicial help were deemed as important in accessing services. Peers, it was said, would be acceptable but 'others' not;

"These cultural things like being sent to Nigeria for FGM - children when they are 5 years old they go, even now, I know it is illegal but it happens, even now - they just keep them there for a while, but there is nothing here in Barking to help these women, to give them information"

Awareness raising sessions about FGC have recently been included in the yearly mandatory training sessions for midwives.

Mental Well-being

Mental health was a topic often skirted over by many of the focus groups. However one woman talked candidly about her experience of postnatal depression. The importance here of having a contact name and number to ring was very apparent. She had a good working relationship with her health visitor and telephoned the number given to her to ask for a visit. She did not feel able to go to the clinic. On telephoning she was repeatedly told that her message would be passed on to the health professional, however months later she was told that the health visitor had left. She described this period of her life as a black hole;

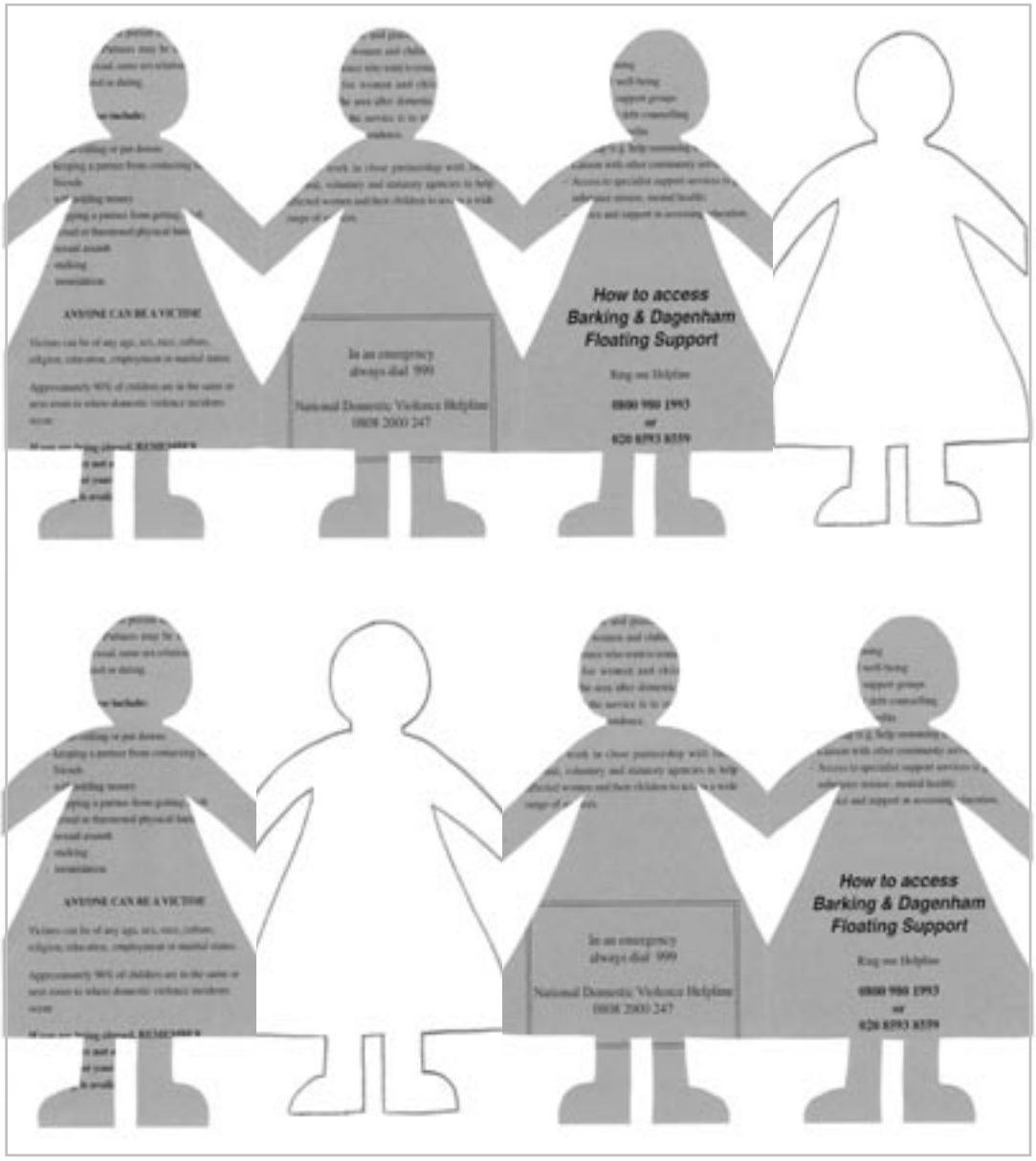
"...no one ever asked me is everything ok, it went on for 6 months...I wanted to talk to my health visitor and I kept going to the surgery to find her but she disappeared and ages later they told me she had left. But at the GP surgery they just said they would pass the message on, but no one called me and all I did was cry all the time...no one understood where I was coming from, I was so alone...I just did not know there was such a thing as postnatal depression"

Other women, mostly recent migrants and alone, welcomed finding out about the Samaritans number as they felt that there would be someone 'out there' when they felt at their bleakest in the middle of the night.

Meet a Mum and MIND were not well known organisations to the women consulted:

'" do not know what all these services are, Samaritans I know and NHS Direct, everyone knows that but what does MIND do?"

"Does 'Meet a mum' put people together? Lots of the new mothers around here could do with that"



Domestic Abuse

Community Awareness of Domestic Abuse

The project provided an opportunity for discussion about domestic abuse and for some a rare opportunity to air some opinions on the subject. Certainly domestic violence/abuse and maternity services became a topic of conversation within all the groups. The impact of domestic abuse on all ages was apparent even within the confines of this small project.

Overall in all the groups, women recognised that abuse could be mental, verbal and physical and some said it included controlling behaviour. Several said that it came from others around them and not just partners. It happened at home, behind closed doors. Some women raised hate crime, honour killing and FGC as other forms of abuse:

"Never needed domestic violence services myself, that's when wives get themselves beat up, but no I do not know the number, I didn't know there was one"

Women who viewed The Wheel before diverting their attention to a game of Bingo at an Age Concern event chatted happily about homebirths before the war. On turning The Wheel and finding the domestic abuse numbers, they all mentioned it, mostly to say that it was not a subject to be discussed openly - that it was private, that "You don't talk about these things." One woman did think that things were better for young women today and that maybe it did not happen so much anymore. She reminisced:

"We don't have domestic abuse, we don't say. I remember years ago you would see women black and blue, they were thrown in the street, you don't see that any more, but no one talks about it, no one"

This group of women had no further comments about any of the other numbers.

Talking to young women about the wheel either provoked spontaneous retorts and opinions, stories of friends and relatives or there was stunned silence and reticence. Gentle probing within some groups and facilitating women within these groups to talk to each other provided further insight. Some women had never had the opportunity to talk about it, many had not known about local and national numbers even though there were posters in the toilets. The question about domestic abuse was kept indirect, usually the women brought up the subject stimulated by its inclusion on The Wheel. They frequently talked in the third person.

Recognition of the affects on children witnessing domestic violence shone through on several occasions. It was acknowledged that The Wheel would be useful for teenage girls to point out the number for domestic abuse to their mothers. One young person requested a number for community safety; she wanted "someone to call about parents fighting in front of you."

A group of midwives in Dagenham gave their perspective on The Wheel, both as women and as professionals working in the borough. As professionals they shared some of the challenges in routinely asking the question about domestic abuse in the needs, risk and choice assessment (booking appointment).

Routine Enquiry for Domestic Abuse in Maternity Services
The Women's Perspective

Generally, women said that they thought being asked antenatally about domestic abuse was a good thing. However, not all the women who had recently used maternity services had been asked. Women thought it would be good, that within the mix of other quite sensitive questions they were asked and that this was appropriate to ask. Although women recognised that this question would need to be asked when they were on their own, a few concerns were also raised about how this could be done away from the partner, for example when providing a urine specimen. Women were concerned that being asked must mean they looked vulnerable;

"It is good to ask everyone when you are pregnant, I mean, it gets worse. Women think if I am pregnant he will be nice to me, but no, it goes on and when the kids are around too. But you have more kids, take him back in, it is the money and papers and culture"

"Sometimes it is an arranged marriage and the parents are really close. A women I know she was pregnant with twins, she 'fell', fell? She ran away to Birmingham, he sent the things for the twins back to the shop, she had nothing what was she to do?"

Women said that Maternity Services was only one service opportunity in which they could be asked, albeit a pertinent one and one used by many women. They would like to have been asked within other service provision;

"You would want someone to ask you and then get you away from the situation"

The Midwives Perspective

Midwives come in direct and regular contact with pregnant women, whose incidence of domestic abuse is higher than average, and they are able to provide an enabling environment for the disclosure of domestic abuse during pregnancy. Midwives can make referrals and provide ongoing support.

Midwives shared that it was often difficult to 'ask the question' about domestic abuse and that at times they softened it to phrases such as;

"Is everything OK at home, are you happy"?

Other midwives felt that asking directly about domestic abuse was no worse than asking about other sensitive information such as if they lived in social housing and what contraceptives they had last used.

Because Barking, Havering and Redbridge Hospitals NHS Trust (BHRT) covers a number of boroughs the helpline number used by the maternity services in the maternity notes is for the National Women's Aid rather than a local service. All women have this number in their hand held notes. Several women interviewed said that although they had not

disclosed that they were experiencing domestic abuse to their midwife they had later used the number from their notes to telephone the helpline. They had wanted to keep the abuse separate from their pregnancy care, they wanted help from other sources for domestic abuse issues, as they did not perceive the midwife as a key professional or expert in this field.

The need to become confident with the new computerised records added another layer of challenge for the midwives; they had known their way around the old paper notes and had been able to shade a box about domestic violence when the question (which was not documented in the notes) had been asked. The midwives saw the computer screen as disadvantageous because the partners/husbands/family members looked at it and read the question, “Have you asked the question?” and then wanted to know what “the question” was.

Two other midwives told of the difficulties they had encountered trying to help women who disclosed domestic abuse. They found that they were expected to do the ringing round to find a refuge place. This they rightly asserted was not easy between clinics and postnatal visits. One senior midwife told how she had spent most of the day trying to find help for a woman wishing to flee domestic abuse. However, when some services heard that the woman had no recourse to public funds the response was less than helpful, “...they just did not want to know” and others simply did not return the call.

Barriers to Seeking Help

Women suggested that self-blame, low self-esteem and depression, partly as a result of the abuse, were part of the reasons that women did not seek help.

“ Domestic Violence...that is different. No one will say. It is so stigmatised and women protect the perpetrator - he will find out and they worry about the children. It’s embarrassing though, to tell someone, because it is your fault...you are led to believe that it is your fault and you wait for things to get better. I had a sister - it was like that for her and in one relationship after another”

Advocates described how women they knew who had been subjected to domestic abuse often had little confidence and had difficulty in negotiating the world outside the home. They were often isolated and lack of employment meant that there were not the opportunities for friendships established in the work environment and the possibility of sharing with a trusted other or of using work Internet and telephone facilities to call a helpline.

Fear of Consequences

There was some fear of the consequences of seeking assistance including fear of social services and children being taken away. This was mentioned a few times and within the groups never challenged by the other members (although other things were). Women made excuses for their partners, that they were stressed, tired or had things on their mind. Young Africans feared social services and themselves being sent back to Africa.

Women in some groups cited cultural factors as responsible, the notion of male supremacy and control in African cultures, that it was 'normal' back home. One group felt that while domestic violence affected all groups, Asian women were the least likely to come forward. Another group raised the point that disabled women or women with learning difficulties were more vulnerable to abuse at home and that this should be addressed;

"Some of these other cultures you know have this honour killing and the police are slow to respond...I mean which number do you ring the police or domestic violence"

Access to Help

Different groups reiterated the imperative of the helpline being answered well, with consistent advice throughout the whole development of The Wheel. In situations of domestic violence where access to the phone may be limited making the initial call was vital, if there was no answer or a poor answer phone message the woman may never ring again. Women in this situation had little if any opportunity to plan or pluck up courage to call. Several women said that they had called numbers but that the line had not been answered.

Advocates and gatekeepers hesitantly broached the subject of unanswered phone calls, fearing that they were not ringing the right numbers. Understandably there was a fear that telephone numbers go out of existence and that posters may well be out of date. Not everyone has access to the Internet. In spite of the multiple resources in the borough and the excellent work championed by the domestic violence forum, some of the advocates said that they did not know where to send people and that they thought that;

"Domestic violence gets pushed under the carpet in this borough"

Seeking Help, Awareness and Information

Although some women were aware of advice / helplines for domestic violence many were not. A couple of the women in a focus group for women in Eaves Housing had used the Eaves local number to access services, another woman had looked on the internet. A couple of women thought that they may ring the police, they didn't know any other service, but they were unsure what the police would and could do. Several people said that the police were slow in reacting but wondered who else to call.

Conclusion and Recommendations

Conclusion

People give and take advice and information almost on a daily basis, in private, professionally and within the lived environment. The Department of Health advises that health information is best delivered in a non-directive way (DH, 2004, DH, 2005). The issue of authenticating advice and information especially for people who are familiar with UK health and social care systems is difficult. People interviewed for this project repeatedly asserted that they valued being able to have someone to talk to and that helplines were a good way of doing this. The commissioners of the project, Barking and Dagenham PCT are acknowledged on The Wheel. This together with the inclusion of well known household numbers such as NHS Direct assist in making it a trusted tool.

The Wheel works by being efficacious and attracting women both to the images and design but also the information. It has been finely tuned to the needs of the local population in Barking and Dagenham. One hundred and twenty nine women have contributed their thoughts on design, colour, helpline numbers included and dissemination.

The Wheel has been developed with users so that people seeking advice are able to make up their own mind about which number to ring and to be proactive in doing so. Other people may be made aware of services that they did not know about. The aim was to present information in a sophisticated, yet easy to comprehend manner, offering options in a format that is attractive and user friendly.

As such, it works well and captures relevant, salient information tuned to local women. They can refer to it, keep it and share it, so that the services can become increasingly well known and seen as 'for them'. It works as an instigator of conversation, highlighting and giving permission to acknowledge and seek assistance for stigmatised needs such as teenage pregnancy, domestic abuse, disability and mental health problems. It offers an easily digestible transparent network of services and cross-referrals that promotes access. This format of a matrix of services, quality checked and revisited is a useful one to replicate especially for specific cohorts such as refugees.

During the consultation for this project women have valued being able to talk about access to services and viewed it as an opportunity to find out information about services that they were less familiar with. Non-directive focus groups revealed gaps in knowledge about some of the services and a keenness to find out more. Unfortunately it was not possible within the time constraints of the focus groups to be able to facilitate this.

Of course, as an intervention it has its limitations: all the services are not known, it relies on people having opportunity and access to a telephone and for the most part a proficiency in the English language. However, three of the services have an interpreting provision, the National domestic abuse helpline, NHS Direct and the local Health Information Centre in Barking and Dagenham.

The community was further interested and captured by the visual diary, which records snapshots of the development process. The diary has the potential to open up further channels of discussion and discourse. It provides an initial reference point.

The role of advocates as key community members to facilitate pathways to health and social care has been explored. The challenges of access to services and continued

engagement have been highlighted particularly for people who have needs that are perceived with negative labels. The importance and opportunity of disclosure in pregnancy has been demonstrated, although consideration must be given to the challenges in asking this sensitive question in a time bounded appointment system. The issues of helplines having efficient answering services has been outlined. A number of phone lines in Barking and Dagenham, particularly domestic abuse helplines are slow in responding.

A follow up project, if commissioned, could begin to address the issues of knowledge gaps. Certainly it could go some way to improving pathways into care and destigmatising issues through open discussion. Such a project would also increase the opportunity of feedback to the commissioners of the project and service providers. One of the aspects the women liked about the project was the opportunity it gave women to feedback to the PCT and providers.

The process of developing The Wheel has fostered and facilitated increased social capital. It is hoped that the distribution of the visual diary to the groups involved and on the Internet site (www.thepolyannaproject.org.uk) will continue the process.

Evaluation and Keeping Communication Channels Open

A brief evaluation will follow six months after dissemination, via phone interviews with community gatekeepers and various service providers (the process has already begun as representatives have agreed their participation and given baseline data).

From the community groups, evaluation will focus on opinions regarding preference, relevance and usefulness; how the wheel is used and referred to, and whether they know of any increase in service use.

From local services on The Wheel, we would ask more simply about staff opinion on usefulness and relevance and how/ if they use it as a resource themselves or to give out to service users.

Evaluation will not only underpin the project benefits and offer useful feedback to the commissioners, but also by revisiting the channels of communication set up within the project, it will help continue the momentum of communication that has been achieved.

Importantly, it was possible to experience how people valued the opportunity to voice opinions and take part in discussions about health services. Women expressed needs and preferences that could be embodied in a concrete way, by developing a suitable information format with them - The Wheel.

Recommendations

For the Wheel to impact on access to services and further information in line with policy including the Common Assessment Framework, it needs to be widely disseminated. All of the areas suggested by the women consulted would be of value.

Improving knowledge about the Health Information Service by the PCT could increase pathways to health care. The Wheel cannot change outcomes on its own as it is dependent on the person answering the phone giving the right information at the right time but it may be the first step. An improved evaluation would be possible with a significant print run.

Local Services

There has been a clear need for all services, but particularly domestic abuse services, to consider the quality of their helplines.

There is a need for local services for women who have undergone Female Genital Cutting.

Further advertising for the new Health Improvement Service and in particular PALS need consideration.

Women have strongly articulated that services for disabled people in the community are rather opaque and that consequently their needs remain unmet.

The Wheel

The project reiterates the value of using visual prompts and resources, as discursive rather than instructional tools for advocates and health care professionals to use with people.

For example a midwife could show the wheel to pregnant women during the needs, risk and choice assessment (booking), and point out various numbers such as the breastfeeding helpline and domestic violence numbers. In this way they could de-stigmatise questions and making them ‘everyday and everyone questions.’ The midwife could then advise the woman that she could talk to her at any point in her pregnancy about any issues that were worrying or affecting her, thus opening up opportunity. The woman would also benefit by having something tangible to take away with her.

Future Projects

Advocates, professionals and women suggested that a follow on project with pictures and some text would be useful to empower women to access services better. Advocates have requested a picture based project tuned to local needs. A follow on project of this sort would enable the networks and relationships developed within the confines of this project to grow further.

Engagement with the local community has been achieved by the project thereby increasing awareness of services both nationally and locally. In addition it has highlighted gaps of awareness and increased understanding of available services. Designing a tool to address these gaps could go some way towards reducing inequalities around access and engagement with services. Established contacts and the developing trust within the community has laid the foundations for future work.

Distribution

The commissioners can disseminate the wheel locally for women to pick up and this can be at targeted locations.

Women were asked where they thought the wheel should be distributed, their suggestions were:

Children's Centres
Libraries
Through the local paper, The Citizen
Bounty Packs
Given out by the midwife
Schools with Connexions
Community Groups
Community Centres
The Vibe
Axe Street
ESOL classes
Carers

A number of services have their own substantial mail-out lists and have shown an interest in helping with distribution, for example Carers of Barking and Dagenham and the domestic violence services.

Teenage girls and older women thought that the Personal Health and Social Education (PHSE) classes in school would be an excellent forum to hand out The Wheel. The young women thought it was less embarrassing than leaflets and there was enough on it to interest them. They thought it would be a good resource to share with their mothers, sisters and friends.

Women who were pregnant or new mothers thought it would be excellent to receive The Wheel during their pregnancy or failing that after their baby was born. The rationale for this suggestion was that many women (especially working women) were unaware or unfamiliar with the available resources right on their doorstep.

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Appendix 1
The Women's Wheel flyer

THE POLYANNA PROJECT

The Women's Wheel

The Women's Wheel has been developed and designed by The Polyanna Project. We are a non-profit making organisation, that makes resources with and for communities around health and social need. The name Polyanna reflects the ethos of the group...optimism.

The Women's Wheel is a CD sized card with images on the cover, which rotates. As it is turned, different national and local telephone numbers are revealed. The numbers are for services including; how to access maternity services, advice and support around pre-conceptual care, domestic abuse, smoking cessation, teenage pregnancy and problematic addiction.

The Wheel reflects the importance of non-stigmatising information and advice and acts as a key- stone for access to services.

Barking and Dagenham

The Polyanna Project is developing a new Women's Wheel for Barking and Dagenham. We would like to consult with local women and professionals to make sure that the design and the numbers are relevant and useful and to learn from their expertise and experience of access and sign posting to services.

Refreshments will be provided for a small focus group

To see our previous project in Hackney .....
http://www.thepolyannaproject.org.uk/projects.html

Contact: Anna
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Mobile: 0750 4650 206

Appendix II
The Ethnic "Make Up" of the Women Consulted for the Barking and Dagenham Women's Wheel

Ethnicity is subjective, the DH guidelines (2005) advise that a person assigns his or her own ethnic group, features to help include a shared history, cultural tradition, geographical origin, descent from common ancestors, a common language, a common religion, a distinct group within a larger community. 129 women were interviewed for this project defined. One woman did not want to give her ethnicity, the remaining described themselves in the following way:

White:
White British (64)
East European, Romanian and Albanian (2),
Irish (1)
Irish Traveller (1)
Palestinian (3)
Turkish (3)

Asian:
Bangladeshi (4)
Asian (3)
Pakistani (2)

Black:
Black British (7)
Black African (6)
Congolese (2)
Congolese (DCR) (3)

Appendix III
Services Considered but not Included on the Final Version of The Wheel

Ask – is there a service that can help?
Citizens Advice Bureau
Women's Health Concern
Carers of Barking and Dagenham

Worried? Stressed or Depressed?
Mental Health services in Barking and Dagenham (Adult and Community Services Dept. and the North East London Mental Health Trust). Includes Community Mental Health Team at the Hedgecock Centre, ABIT (Advice and Brief Intervention Team)
Emergency help (Adult and Community Services Out of Hours support)
Depression Alliance
Saneline

Sex and Health, Family planning, unhappy to be pregnant?
HIV – National Aids Helpline
Marie Stopes International Essex Centre
Vicarage Field Health Centre

Parents and Families
NSPCC

Pregnant? New baby?
Crysis

Young Women
TLZ the Listening Zone (Young People's Services)

Worried about Addiction? Want to stop smoking?
Barking, Havering and Brentwood Alcohol Advisory Service
Substance Misuse Engagement Team (SMET)
Daybreak (Drugs)

Domestic Violence or Abuse? Afraid at Home?
Eaves Women's Aid
Women in Partnership (signposting and platform for women's issues)
Women's Trust
Women's Empowerment Network

www.thepolyannaproject.org.uk