Riverside Community Health Project: Working with communities in transition and people who have migrated from central and eastern Europe

Evaluation Report

November 2018



In the text:

Riverside Community Health Project is generally shortened to Riverside.

Quotes are indented. Quotes from practitioners are identified by (Partner organisation) and quotes from the Riverside team by (Riverside). All other unidentified quotes are from people who have been supported by Riverside.

References are bracketed and presented in reverse order of year of publication. Many of the references in the text show how Riverside's ways of working are in line with research findings and policy direction. In the following extract the references are to literature, over twenty years, highlighting the value of partnership that supports people across diverse communities to shape services:

> Section 4, page 31: Riverside encourages communities, including those that have tended to be overlooked by providers, to be meaningfully involved in the commissioning and development of services (Public Health England 2018a, Venkatapuram and Bibby 2018, National Institute for Health and Clinical Excellence 2016, New Local Government Network 2016, Donetto et al. 2013, Piper 2011, Gillies 1998).

Footnotes are used to explain and/or expand on parts of the text, and some are repeated at different points in the report.

Each of the six sections starts on a new page.

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Thank you to the many people who gave generously of their time.

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[1] A recent green paper on integrated communities describes them as places 'where people, whatever their background, live, work, learn and socialise together, based on shared rights, responsibilities and opportunities' (Ministry of Housing, Communities and Local Government 2018, p.10). A British Academy report refers to social integration as the often slow process of people building confidence and communities adjusting when there is inward migration (Sinclair 2017). Focus group feedback during Manchester University research, Unity out of Diversity, suggests that integration is connected with ideas of community (http://projects.socialsciences.manchester.ac.uk/unity-out-of-diversity/).

Section 1. Introduction

Summary

Riverside Community Health Project is in a part of Newcastle upon Tyne shaped by deindustrialisation and migration. From the 1980s it has worked with local people and organisations to reduce inequalities, and migrant support is an integral part of what it does. This evaluation covers a period of Big Lottery investment in Riverside's work with people from central and eastern Europe, including Roma[2]. All agreed targets have been achieved, with the team supporting people to feel confident to use services effectively, and take part in community life. The evaluation has produced evidence of Riverside's capacity to innovate, and the team's skill and tenacity in keeping the work developing to meet changing complex needs. The report shows the breadth and depth of Riverside's work, and its relevance to national and local policy direction. It illustrates Riverside's expertise in:

- community development[3] in west Newcastle, in the context of persisting inequalities
- looking at children's and adults' lives as a whole, including those at the 'edge' of poverty[4], supporting them to have the best possible health and fulfil their potential
- working in empowering ways with women from diverse backgrounds[5]
- supporting people who migrate to Newcastle to progress in their lives here:

> They support people to find flexible solutions. They don't simply signpost people in a routine way. They support them to inform themselves around life in the UK and in Newcastle. There is progression for people rather than "Well that's it, you've done that course". There is engagement, then follow-through. If Riverside wasn't there, a lot of people would go under silently. There is an opportunity for people to have more productive lives here in Newcastle (Partner organisation)

- facilitating integration[6] through maintaining trust with people whose families have lived in west Newcastle for generations, and building relationships with new arrivals
- proactively supporting service providers to understand and meet local needs
- working with other organisations as a generous partner, driving a coordinated approach to practical and strategic action
- delivering results.

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[2] The 1971 inaugural World Romani Congress chose the term Roma to describe diverse communities https://newint.org/blog/2013/10/28/roma-minority-prejudi.

[3] Community development approaches 'tend to be more explicit about imbalances of power than other models' and involve 'collective participation of people in defining as well as taking action on the issues that affect their lives' (Nicholls 1999, p.17).

[4] The North East Poverty Declaration refers to a cutting edge of poverty and waste of people's opportunity and potential (barnardos.org.uk/northeastpovertydeclaration).

[5] Riverside works with women across areas identified as priorities, including: education, participation, power and leadership (British Council 2016).

[6] Cantle (2017) suggests a definition of integration that includes people working out ways of living together.

Riverside Community Health Project
Riverside Community Health Project is in Newcastle upon Tyne and works with people who live in inner west wards, mainly Benwell, Scotswood and Elswick.

The team is based in Carnegie Building, which opened as Benwell Library in 1909 with a lamp above the entrance representing the light of knowledge (St. James' Heritage and Environment Group 2015). The local authority closed the library in 2010, and Riverside took over management of the building and developed it into an accessible community space for people of all ages (Green 2008). When Riverside provided free space for art therapy with children affected by domestic violence, one of them described it as their "sunshine place".

Communities are at the heart of Riverside's work, and issues affecting local people are central to its programme planning. For thirty-five years Riverside has worked with local people and other organisations to reduce inequalities. It describes itself as 'using a community development approach[7] to tackle issues that relate to health in the broadest sense' (Riverside Community Health Project 2016). It keeps its work developing to meet changing needs, maintaining the trust of people whose families have lived in inner west Newcastle for generations, and building relationships with new arrivals.

In the context of the Court Report[8] (1976) and Black Report[9] (1980), Riverside Child Health Project was set up with the aims of: improving the health of children along west Newcastle's riverside, which had been identified as one of the poorest areas in the UK[10]; changing power relations between different NHS workers; and linking the knowledge of professionals and local parents (Downham 2016). The team was initially based in a local school, then moved into a building next to Benwell Library. It brought health improvement and medical practitioners[11] together with a community development worker whose post was funded through the Inner City Partnership programme and managed by Save the Children. Local parents, mainly women, developed the confidence to become involved in making child health services more appropriate and accessible.

The community development strand of the project supported the local women to take

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[7] Evans (2003), in an edited collection of new perspectives on public health for the twenty-first century, highlights the importance of community development and multidisciplinary partnership in tackling inequality. There are detailed examples of Riverside's partnership work in Section 4 of this report, from page 29.

[8] The paediatrician Donald Court published the Committee on Child Health Services report, Fit for the Future, proposing radical change in children's health care, including a move to care in the community.

[9] In 1980 the Department of Health and Social Security published the Report of the Working Group on Inequalities in Health. The document highlighted unequal distribution of ill-health and death among the UK population, and concluded that these inequalities were mainly attributable to other inequalities influencing health, including income and housing. The report recommended social policy measures to reduce inequalities in health, however the findings and recommendations were not used by the Secretary of State for Social Services (Gray 1982).

[10] Between 1972 and 1978 Benwell was one of twelve Community Development Projects (CDPs) that were part of a government anti-poverty programme (Benwell Community Project 1981). The project team worked with local people to research the causes of poverty in the area and potentially bring about change. Benwell and other CDPs across the country concluded that poverty was caused by factors outside of the control of local people, including industrial decline and insensitive housing policies (https://stjameschurchnewcastle.wordpress.com/cdp-booklets/).

[11] The medical practitioners were part of the Community Paediatric Service. GPs in training were also involved, on placement with the Child Health Project.

action to set up Riverside Centre in the basement of Benwell Library.

> It was an initiative experimenting with a different and more equal way of working between health professionals and local people. This included developing better relationships, and trusting parents' expertise and knowledge as well as that of the professionals. It included a small community development component which was managed by Save the Children and funded through Inner City Partnership. The community development worker did a lot of listening, and at some point she identified a strong interest in the idea of having a place where women could call in after taking their children to school, and meet, talk, maybe have activities. She talked to me as I was then Priority Area Team leader for Benwell and I met the main women who were keen on this idea. They looked around for suitable premises and discovered the basement of Benwell Library, which was used then for storage of old newspapers but was ideal as it had windows on one side and heating in the form of the library heating pipes running across the ceiling. I got the local councillors on board and we funded the refurbishment of the space. The new space was called the Riverside Centre and was opened early in 1985. The Centre was locally managed, although the community development worker was still managed by Save the Children and based with the Child Health Project team. The library service was very supportive and let Riverside use the basement at a peppercorn rent. The library service remained involved throughout Riverside's tenure of the basement, making it possible for women to have access to other spaces in the building. One of the last things I was able to do before leaving the council was to initiate a major funding bid to City Challenge to develop the library building as a family learning centre, and this paid for the lift, for example. The family learning centre was a genuine partnership between the library service, Riverside, and West Newcastle Picture History Collection, contrasting starkly with the later unilateral decision to close the library and move local authority services to the new Customer Service Centre[12].

In 1991 the local people managing Riverside Centre developed a plan for an independent Riverside Community Health Project, initially funded from the social services grant aid budget and then through City Challenge (UNISON and Newcastle Council for Voluntary Service 2012).

Currently Riverside Community Health Project is commissioned by the Local Authority's Newcastle West Community and Family Hub, and Newcastle and Gateshead Clinical Commissioning Group. Other funding comes from a range of sources, including the European Social Fund and Neighbourhood Learning in Deprived Communities. Funding for community cohesion work adds value. Work with people who migrate to Newcastle is an integral part of Riverside's service provision, which has responded to inner west Newcastle becoming increasingly ethnically diverse.

> Riverside already had workers to work with people in Bangladeshi and Pakistani communities when I first started and that was 1993. (Two female workers) worked with women, mainly in groups, but obviously individual women needed support and that was family support really. Then I guess around 1995 (male worker) was taken on to be a trainee family support worker, and he stayed for quite a few years (Riverside).

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[12] This quote is from email communication with Judith Green, co-author of an evaluation of Riverside Community Health Project (Green and Price 1996).

The European Union expanded in the 2000s and people started to migrate to the UK from central and eastern Europe[13]. In 2008, via the Labour government's fund for managing migration[14]. Riverside recruited Czech and Slovakian speaking workers for outreach and relationship building with new arrivals, and a play worker with Czech as a first language. A bilingual worker with Romanian was employed in 2015.

The Riverside team is aware of the risk of being perceived as favouring one group of people over others (Campbell 2007, Speller 1999), and is clear about being there for everyone who lives locally. Riverside "keeps flexing itself to respond to need" (Partner organisation) and supports people, including new arrivals, to get information and support to realise their potential and move forward in their lives in Newcastle.

> Riverside is definitely needed. If there was anything that could be invested in more, I'd definitely say them because they work with everyone, including people who've arrived as migrants who might need extra help to get out and about, and some help not to be de-skilled (Partner organisation).

Riverside is rooted in the local area, and local people are part of the management, staff and volunteer teams. The range of support and services includes children's play sessions; English learning opportunities for people whose first language is other than English; educational courses; women's groups; men's group sessions; visits to new parents in their homes to tell them about local services; space for community groups and/or meetings; support with money management; pathways into paid employment; volunteering opportunities.

Riverside workers have been described as helpful and kind, which Kewley (2017) suggests describes their welcoming and non-judgmental approach[15]. They are recognised as 'a team of competent, accessible people with the cultural and language skills to help those less likely to access services … specifically for those who struggle to improve their own health, because of service, language and cultural barriers' (Newcastle City Council 2016, p.7). The team understands that people across majority and minority communities see their own cultural ways of doing things as strengths, not 'problems'[16], and that their resources include strategies for managing day to day in an economically disadvantaged area[17] (Mirza and Sheridan 2003).

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[13] Czech Republic, Estonia, Hungary, Lithuania, Latvia, Poland, Slovakia and Slovenia joined the European Union in 2004, and Bulgaria and Romania joined in 2007 (europa.eu).

[14] In 2009 the Labour Government launched a Migration Impacts Fund, in recognition of the social, cultural and economic benefits of migration and the potential transitional pressures on communities in the context of the economic downturn. The fund supported local authorities and their partners to manage the impacts of migration. The Coalition Government abolished the fund in 2010 (Gower 2017).

[15] Literature over the last twenty years highlights the importance of service provision that is sensitive and appropriate to people's needs and protects their dignity (Public Health England 2018a, Wilkinson 1999).

[16] For example, a 2014 health needs assessment commissioned in response to Riverside identifying gaps in knowledge about the health of people arriving from central and eastern Europe, highlighted the importance of culturally competent practitioners. Some of the women who were interviewed during the health needs assessment felt upset when told by midwives not to swaddle their babies. A systematic review of evidence (van Sleuwen 2007) refers to swaddling being practised by people across many cultures and in many ways. It concludes that swaddling can be used safely when supported by appropriate advice.

[17] Regeneration initiatives in west Newcastle have not reversed the economic disadvantage that followed deindustrialisation (Armstrong et al. 2016, archiveforchange.org).

The evaluation

Riverside commissioned an evaluation of its work with communities in transition and people arriving from central and eastern Europe[18], including Roma, covering the 2015 to 2018 period of Big Lottery Reaching Communities investment[19].

The management and worker team planned a participatory action research approach[20] to the evaluation, and have been involved in producing knowledge about their work. They have used the evaluation as an opportunity to look at the way they do things, and have made appropriate changes. They have explored the flow of power in terms of who can do what[21], in their work with people across communities, in collaboration with partner organisations, and within Riverside team relationships.

The evaluation process began with a mapping exercise, repeated at intervals to check that Riverside's work keeps complementing local provision (Appendix). Information was produced through interviews, team discussion, and evaluator participation in group sessions, workshops and events. The relevance of Riverside's work to local and national policy direction was explored through literature review.

120 people shared information. With interpreter support as needed, 62 women and 5 men[22] talked about their experience of migrating and adjusting to life in Newcastle, the majority from countries in central and eastern Europe. All reflected on how Riverside has supported them. 45 people from partner organisations across health, police, community/ voluntary, and local authority sectors shared their experience of working with Riverside, and their view of the value of what it does. 8 Riverside staff talked about their work.

The report presents an evaluation of Riverside's current work with communities in transition, in the context of its history of community development in inner west Newcastle. Following this introductory section, section 2 briefly outlines the persisting inequalities and changing demographic that are the backdrop to Riverside's work. Section 3 describes the difference Riverside makes with people who move from central and eastern Europe and the communities they join (Shucksmith 2015[23]). Section 4 illustrates the team's capacity to work in partnership, at practice and strategic level, with detailed accounts of three areas of collaborative work. Section 5 gives examples of Riverside's learning and capacity to develop. The list of references in section 6 includes literature from the 1970s onwards, underlining the continuing relevance of Riverside's work.

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[18] The European Union Regional Development Fund defines Czech Republic, Hungary, Poland, Slovenia and Slovakia as central European countries. Bulgaria and Romania are in south eastern Europe (europa.eu).

[19] Riverside has provided detailed information relating to agreed targets via annual reporting to the Big Lottery. All targets have been met, with some exceeded by a wide margin.

[20] A participatory research approach engages with inequalities, and encourages involvement and action (International Collaboration for Participatory Health Research 2013, Bergold and Thomas 2012, Pain et al. 2011, The Scottish Government 2007).

[21] The root of the word 'power' is Latin 'posse', which means to 'be able' to do something.

[22] The small number of men who took part in interviews is a limitation of the evaluation. Men take part in a range of activities in Carnegie Building and information about outcomes for them is captured in Riverside's data, for example the number of men who take part in volunteer and employment training.

[23] In a seminar about university and third sectors working together to influence policy and practice, Professor Mark Shucksmith emphasised the importance of voluntary and community sector organisations being able to show how their work makes a difference (Schucksmith 2015).

Section 2. Context

This section outlines persisting inequalities, and gives a snapshot of migration and communities in transition. There is a brief review of research relating to the health of people who migrate to the UK from central and eastern European countries.

Persisting inequalities

From the start of the NHS in 1948, resource allocation was skewed to the wealthiest parts of the country (Asaria 2017). In the 1970s, when the idea of the inverse care law[24] was introduced (Hart 1971), a resource allocation formula was adopted that took health care needs into account. However, without a coordinated response to the causes of deprivation (Ashworth et al. 2007), the improvement in primary care provision in UK areas of economic disadvantage has not been enough to reduce inequalities.

Successive governments have made a commitment to reducing the differences in the length and quality of people's lives because of where they live and the opportunities they have. The Centre for Health Economics review of government initiatives and their lack of success (Asaria 2017), suggests that while a substantial body of evidence shows that people's health is influenced by who they are (for example their gender and ethnicity), where they live, their start in life, opportunities in education, and level of income[25] (Local Government Association 2018, New Local Government Network 2016, Barnard and Turner 2011, Marmot et al. 2010[26], Sallah 2010, Putnam 2008, Hewitt 2005, Wanless et al. 2004, Hooper and Longworth 2002, Bourdieu 1999[27], Acheson et al.1998[28], Phillimore and Beattie 1994, Townsend et al. 1988, Black 1980), there has been little evidence relating to how to reduce health inequalities through social approaches (Gillies 1999), and even less relating to their cost-effectiveness.

An appraisal of the first ten years of the Public Health Alliance (Upward 1998) identified the difficulty in sustaining a long term public health approach to reducing inequalities because of major NHS reorganisations. A review of developments over the ten years following the 1998 Acheson Report identified the same barrier (Department of Health 2009b, p.14):

> NHS reorganisation over the past decade has strengthened the ability of the NHS to deliver effective services and improve population health … New, cross-cutting issues such as health inequalities, which have only recently emerged as priorities, have been more vulnerable to a loss of momentum from these changes.

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[24] The inverse care law refers to people who most need health services being least able to access them, and those least in need using them more, and more effectively (Appleby and Deeming 2001).

[25] Some people, and some groups of people, experience health inequalities because of their gender, ethnicity, and/or other aspects of who they are, as well as their socio-economic circumstances (International Health Impact Assessment Consortium 2004). An example of response to this is Leeds School of Medicine's introduction of a focus on the social determinants of health in its teaching and training (Buck and Jabbal 2014).

[26] The Marmot Review highlights continuing health inequalities and resulting social and economic cost. It sets out an evidence-based plan for reducing inequalities at national and local level through partnership.

[27] Bourdieu discusses the resources/contacts that people have within their networks, and the social capital that they represent.

[28] The Acheson Report confirmed the findings of the Black Report, and recommended action to address the social determinants of ill health. The response of the new Labour government included the Sure Start programme to support children living in poverty; Health Action Zones to implement local strategies for health improvement; New Deal to support young people and people in long term unemployment into work.

A more recent publication refers to a continuing lack of a coordinated approach to tackling inequalities:

> To some extent the system is still settling down after significant upheaval. It is undoubtedly more fragmented, which makes it harder for organisations to focus on complex issues such as poverty. But at heart, there is a lack of a coherent policy narrative from NHS England on inequalities … (Buck and Jabbal 2014, p.50).

Meanwhile people manage their day to day lives[29] against a backdrop of persisting inequalities (Campbell 2018, Cribb et al. 2018[30], Kelsey 2018, Oxfam 2013[31], Public Health England 2018a), between the UK and other countries, and between different UK regions (McGuiness 2018). Uneven economic development has left people in the north with higher rates of unemployment and lower incomes than in other parts of England. The austerity policy that followed the 2008 recession has affected people in the north more than those in the south, and people living in disadvantaged areas more than those in affluent areas (Hood and Waters 2017, Inquiry Panel on Health Equity for the North of England 2014[32]), and risks reversing the health improvement gains made over recent years (Milne 2016). It is argued that welfare reforms are widening inequalities (Jones 2018[33], Local Government Association 2017, Bambra and Garthwaite 2015, Beatty and Fothergill 2013).

There is a continuing health gap between the north east and other parts of the UK (North East Commission for Health and Social Care Integration 2016), and persisting inequalities between different north east areas (Tomaney and Ward 2001). Parts of the north-east have the highest levels of multiple deprivation across English regions (Mason 2008, O'Donnell et al. 2008). Newcastle Council for Voluntary Service has highlighted the negative impact of austerity measures on the north east's third sector and the communities they work with (Newcastle Council for Voluntary Service 2012).

In Newcastle almost a quarter of people live in areas that are among the most disadvantaged in the UK, and earnings in Newcastle are among 'the most unequal of any metropolitan area outside of London and the most polarised of all of the core cities' (Newcastle City Council 2017 p.7). Change in local government funding, 2010 to 2013, has resulted in a 'cumulative change' of over minus £125 per person in Newcastle (Newcastle Fairness Commission 2012 p.37). Newcastle is one of the twenty-five UK local authorities with the highest levels of childhood poverty (Valadez-Martinez and Hirsch

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[29] The reality of day to day life for people living in poverty is explored, for example, by Kyprianou (2015), whose research is part of co-ordinated action by Liverpool City Council, Liverpool Clinical Commissioning Group, the third sector, and North West TUC, steered by the Mayoral Action Group on Poverty.

[30] Cribb et al. report that: 'Overall, income inequality is substantially higher than it was in the 1960s, but roughly unchanged from the 1990s. If the Office for Budget Responsibility's forecasts are correct, inequality is likely to increase in the next few years' (2018, p.20).

[31] From 1975 income inequality among people of working age has increased more in the UK than in any of the other 36 countries in the Organisation for Economic Cooperation and Development (Oxfam 2013).

[32] The chair of the independent panel, commissioned by Public Health England to suggest ideas for policy and actions to reduce inequalities, highlighted the north/south division. The North is home to thirty per cent of the population and has fifty per cent of the poorest neighbourhoods.

[33] This piece was written shortly before Philip Alston, the UN's independent expert on poverty and human rights, visited the UK to look at how government policies have affected the poorest people. A Guardian article (9 November 2018, pages 18-19) reported Philip Alston's conversations with people at the food bank in the west end of Newcastle.

2018). The CCG's 2014-2019 strategic plan refers to a context of 'higher than average levels of deprivation and significant public health challenges', with the health of the Newcastle population being generally worse than the average level for England (Newcastle Gateshead Clinical Commissioning Group 2014 p.4). Reducing inequalities is one of Newcastle's priorities (Public Health England 2016a[34]).

Migration and communities in transition

In the first quarter of 2017 there were approximately 2.4 million people in the UK labour market who were born in European Union countries (Vargas Silva 2017). Evidence suggests that EU migration to the UK has generally made a positive economic, social and cultural contribution (Marangozov 2008, TUC 2007), with possibly some small negative effect on the wages of low-skilled workers (Portes 2016), though no overall impact on the employment of people born in the UK (Ruhs and Vargas-Silva 2017, Devlin et al. 2014, Pollard et al. 2008). EU migrants as a group pay more in taxes than the cost of their use of welfare support and public services (Migration Advisory Committee 2018, Wadsworth et al. 2016, Fóti 2015, Marangozov et al. 2014, Home Office 2007, TUC 2007), with a notably positive contribution by people who have migrated from countries that joined the EU in 2004 (Dustmann and Frattini 2014). It has been argued that the 2008 financial crisis, followed by reduced funding for local authorities, has obscured evidence of the value of EU migrants to the UK labour market (Fitzgerald and Smoczynski 2017). While controlling migration is part of the UK strategy for leaving the EU, the north east aims for an approach that complements existing worker skills (Murray and Smart 2017).

Newcastle has historically been the destination of relatively small numbers of people from different countries (Robinson et al. 2007). Many have made their home in the west end (Foggie 2014, Unison and Newcastle Council for Voluntary Service 2012, Knowledge Inclusion Project 2008). A 2000 Primary Care Group West briefing paper described west Newcastle as a part of the city where emerging Afghani, Croatian and Kurdish communities were living with people of South Asian, Turkish, Iranian, Malaysian, Chinese, and African Caribbean background (Naqvi 2000). 2011 census data identified just over a third of Benwell residents as having been born in countries other than the UK (the figure was 2.2% in 1971), and Benwell, Elswick and Scotswood as Newcastle wards with the highest numbers of people from central and eastern Europe.

Migrants from central and eastern European countries are often referred to as one community, despite having diverse backgrounds, identities and first languages. Some are Roma[35], though it is difficult to build an accurate picture because of people's wariness in self-identifying.

Health and wellbeing of migrants

Many people who migrate to the UK are relatively healthy when they arrive. There is evidence that their health can deteriorate over time (Kearns et al. 2017, Piacenti 2016, Rechel et al. 2013). People who migrate to Newcastle and find somewhere to live in a disadvantaged part of the city are affected by the same issues as others living there, such as exploitation in the private accommodation sector and risk of poor health linked to housing conditions (Hemon et al. 2011, Health WORKS 2009). There are other things that affect the health of people who move to the UK. For example, NHS systems and screening

[34] See Public Health England's 2016 Health Profile for Newcastle upon Tyne (www.healthprofiles.info).

[35] Roma have lived across Europe from the late sixteenth century, mainly in central and eastern areas.

and immunisation programmes are often unfamiliar, and people struggle to get information about how to stay as healthy as possible (The Migration Observatory 2014).

There has been limited research into the health needs of people who migrate to the UK (Jayaweera 2010) and the public health implications of the migration of people from central and eastern Europe, including Roma (Lane et al. 2014, Madden et al. 2014). Riverside identified local gaps in knowledge, and the public health team commissioned a rapid needs assessment (HAREF 2014). Participants included people from the Czech Republic, Poland, Romania and Slovakia, and practitioners providing a range of services. The research highlighted the effects on people's physical and emotional wellbeing of settling into a new place, getting to know how systems work, and trying to find a job with a living wage. The Newcastle health needs assessment found that people from central and eastern Europe need support to stop smoking; manage weight; drink less; experience positive mental health; have a good pregnancy and birth; stay sexually healthy; and look after teeth. These health improvement areas overlap with Public Health England priorities, and the health and wellbeing issues in the Department of Health guide to including migrant populations in Joint Strategic Needs Assessments (Rose et al. 2011). Health needs assessments with people in other areas have produced similar information (Health and Wellbeing Suffolk 2015, Ingold 2014, Richards et al. 2014, Coakley 2011, Scullion and Morris 2010 and 2009), as has earlier mapping in the north east (Donnelly 2009).

The Newcastle health needs assessment highlighted the importance of people having opportunities to learn English so that they can get information about how to stay as healthy as possible, and which part of the NHS to use when. People of Roma Slovak background in Sheffield similarly identified the importance of being able to access information (Moore 2010), as did central and eastern European communities in other areas (Heathcock 2010, Tobi et al. 2010). Knowledge of how primary care works, awareness of the importance of keeping a GP appointment, and an understanding of the relationship between primary and secondary care, are crucial to being able to use the NHS effectively (Poole and Adamson 2008, Greenhalgh 2006). Practitioners who took part in the health needs assessment discussed the positive and negative potential of close family and social networks for migrants. They gave examples of resources and mutual support within tightly knit groups, and ways in which closely knit communities can constrain people's opportunities.

The following section shows how Riverside responds to the identified needs of people who migrate to the UK from central and eastern Europe, and supports them to settle in and move forward in a new place.

Section 3. Riverside's areas of expertise

This section illustrates Riverside's expertise in the following, overlapping areas:

- working with people for best possible health and wellbeing
- supporting people to progress and fulfil their potential
- working in empowering ways with women
- supporting the best possible start for children
- facilitating integration.

Working with people for best possible health and wellbeing

Riverside builds relationships of trust with people through outreach, so that they feel comfortable connecting with Carnegie Building where they can access a wide range of information and get to know other people. For example, Time to Talk sessions offer an

opportunity for making friends, learning new skills, and developing ideas together about how to improve the local environment. There is a body of evidence showing that involvement in networks and activities can have a positive effect on people's physical and emotional health (Bagnall et al. 2015[36], Campbell et al. 1999). A lack of social connection can increase people's risk of mental ill health (Cooper et al. 1999).

> Riverside is part of the social infrastructure, embedded in the locality and outward facing. People say: "I go because I get all the information I need, and it's friendly and very relaxed" (Partner organisation).

In a reflective writing session that Riverside organised for staff at the time when there was a Bangladeshi family support team, a worker told the story of a woman who moved to Newcastle from a village in Bangladesh. She found it difficult to leave the house in an unfamiliar place, and started to feel depressed (Bolton 2004). The Riverside team encouraged her to join in activities, get to know people, and build confidence, just as they have supported many other women and men with different migration journeys.

Through what one person in a partner organisation described as a "patchwork of activities", Riverside introduces people to the information they need to feel empowered to have the best possible health and wellbeing (Cowley et al. 2015, Donetto et al. 2013, HAREF 2010, Katz 2007, Maya 2007[37], Crowley 2003, Coulter et al. 1998).

> I have done loads of courses at Riverside including art, breast cancer awareness, computers and maths, The maths course meant that I could help my son with his homework.
>
> Riverside is very practical and they're based in the heart of the community. They have drop-ins and use different vehicles for encouraging people to come in and feel comfortable, and then they start to filter in information (Partner organisation).

The Riverside team supports people who migrate to Newcastle to connect with Carnegie and everything that happens there. People talked about the ways in which their wellbeing has improved.

> It has improved my mental health. Coming to Riverside has helped me through to the other side.
>
> Benefits from Riverside are more confidence, meet new people, friendly staff, and I have learned to make healthy meals for my family.
>
> A person comes in the front door of Carnegie and starts to feel comfortable, then they can go out through all sorts of other 'doors', getting to know new people and doing new things and feeling good about themselves (Riverside).
>
> People come here and socialise and feel better, and that keeps them out of the doctors (Partner organisation).

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[36] The introduction to the report, prepared for Public Health England and NHS England, highlights that 'communities matter for health and wellbeing' (Bagnall et al. 2015, p.3).

[37] Action research in the Newcastle New Deal for Communities area, involving women and men who had come to live in the UK as adults, identified the need for people to get information about NHS systems (Maya 2007).

Some of the people with whom Riverside builds relationships are Roma, though many do not want to identify themselves because of their experience of discrimination in the countries from which they have migrated[38]. Initial suspicion disappears when they realise that the Riverside team does not discriminate.

> When I used to ask people about their ethnicity, so we could monitor the work, people were afraid to disclose they were Roma. Then they could see we weren't working with them any differently to anyone else (Riverside).

Connecting and building relationships of trust with people who are Roma is of partícular importance given that they generally have 'very poor health outcomes' (Public Health England 2018a, p.34). Information sessions in Carnegie Building cover a wide range of topics, including where to get help to stop smoking; dental health; contraception and sexual health; cancer screening programmes; what to do in first aid scenarios; and what to do when children are feeling ill. When people know how to navigate services, they circulate that knowledge within their networks.

> I didn't know there were these services. I only found out through these information events. There are so many things they organise. The last one was about breast cancer. It was something new to hear about self-examination and about screening. The main thing is that we get the information, then we pass it on and inform others, like Riverside has informed us.
>
> We ask for repeat sessions on things like cancer because we need to get the information more than once.
>
> When I used to drop off my children at school I used to walk past Riverside, and other women talked about it at school. I found out that there's a women's group. They were so welcoming and polite and very friendly. I have been coming to the women's group, though sometimes I can't come to the group because of work commitments. The number one thing is communication. They talk about everything and we can get all the information and knowledge we need, and pass it on.

One woman talked of passing on information about Newcastle's sexual health and contraception service that she had accessed through Riverside, to her family and social groups via mobile phone.

> We got a card about the sexual health service. I took it and scanned it in to my phone and passed it on. I get information and pass it on to my husband, and he shares the information with other men. That happens a lot. Information comes out from Riverside to the community through the women who come to groups and courses. The wife is the engine.

A group of women worked on a message in their first language (Romanian) about the importance of cervical screening, after Riverside arranged an information session. This is in the context of attendance for cervical screening being at a nineteen year low in England. There is particularly low coverage in inner city areas that are socially deprived and

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[38] Roma have lived across Europe from the late sixteenth century, mainly in central and eastern European countries. Many trace their roots to the northern part of India and speak a mixture of the language of the country where they have lived and Romany, a language related to ancient Sanskrit. Roma have been marginalised in every European country (Glennie and Pennington 2013), with very different experiences to citizens who are not of Roma heritage. This affects people's confidence and opportunities in the places to which they migrate.

ethnically diverse. Not understanding what the test is for and why it is important, has been highlighted as a barrier to cervical screening, and not going for screening is one of the biggest risk factors for developing cervical cancer (Public Health England 2017[39]). Riverside has introduced women to information about cervical cancer and the screening programme so that they can make decisions themselves.

> Sometimes a smear test is taboo. We got clear information in Romanian about what it is and why it is important. We've told our friends what we know. We've passed it on. Getting this basic information helped us open all the doors for ourselves, so we could look after our health. It broke down our fear.
>
> One woman, after the visit by the people from the screening programme, was thinking about it for a bit and then made an appointment and had a cervical smear. Lots of women who have moved from rural areas in central and eastern Europe don't know about screening. They talk and boost each other's confidence (Riverside).

A local primary care team fed back that an increase in attendance for cervical screening by women from the Romanian community followed this piece of work.

The Riverside team supports people to register with GPs and dentists, and explains how primary care works in the UK. In December 2016 there was a session for women in the Romanian community, to build their confidence to use primary care effectively. A local practice manager and nurse practitioner came to Carnegie Building and took part in an information-giving session. They explained the options of Pharmacy First and Newcastle Walk-In Centres for advice and treatment of things like coughs and colds, simple cuts, high temperatures, urinary tract infections, and minor sprains. They told the women that if they are not sure who to contact it is best to call NHS 111 for help in finding the right service. There is a confidential interpreter service available in a range of languages, and people can access this by saying which language they need when the 111 operator answers their call. The practice manager and nurse practitioner described the primary care appointment system, explaining that sometimes there are reasons why people can not attend an appointment. If they are unable to, it is important that they let their practice know so that the appointment can be given to someone else. If people are running late for an appointment they should let the practice know. The practice manager referred to the current high number of missed appointments with no notice given, meaning that a lot of people do not get an appointment when they could have had one.

> I can make an appointment now, a doctor's appointment: "Can I have an appointment please?" We talk together here in Riverside and we learn things from each other. If Riverside wasn't here we wouldn't learn anything.
>
> If people get information about how the wider system of the NHS works, that'll build their confidence and they'll be likely to feel that they can handle things more themselves (Partner organisation).

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[39] Public Health England has produced guidance on making cervical screening more accessible. Coverage is falling across the whole of England. The north east region achieved 74.3% coverage for women aged 25 to 49 in 2014-15. The percentage in 2015-16 for women in the same age range was 73.8%. Coverage for women aged 50 to 64 living in the north east was 78.3% in 2014-15 and 77.8% in 2015-16. The national target is 80% (https://www.gov.uk/government/publications/health-matters-m).

The session presented information in a way that did not judge or threaten the women, and built their confidence to work out when to use which part of the NHS. There is anecdotal evidence that people in the Romanian community have started to use the local Walk-In Centre as an appropriate alternative to making a GP appointment. People who have migrated to Newcastle self report[40] that, through Riverside's information-giving, they have a better understanding of how systems work, and increased confidence to use them effectively. Some have said that they now feel confident to access online information, and to communicate electronically with providers.

Most of Riverside's work with people who have migrated from central and eastern Europe is time-limited, supporting them to find information and work out how they and their families can have the best possible health and wellbeing in their lives in Newcastle. In this day to day provision the team does not lose sight of 'all the extraordinarily varied individuals who make up the population in question' (Heath 1999, p.653).

However, some of the people they work with are at the hard 'edge'[41], experiencing poverty, uncertainty, anxiety and ill health at the point at which they connect with Riverside. Some are barely surviving. Riverside engages with the complexity of their lives in the context of systems 'built up over decades, originally designed to support and enable but now too frequently presenting simply another layer of challenge' (Zipfel et al. 2015 p.5). Riverside makes sure that people are not lost within various systems, and works with them in ways that enhance their own resources and strengths so that they can move forward in their lives. Workers are aware of the fine line between dependency and empowerment.

> Riverside supports people to find solutions that will work for them, outlining options and not telling people what to do. Some of the people they work with have been hurt by other people and don't or can't trust anybody, and are stuck in the system. Riverside's relationships of trust can support people to make changes (Partner organisation).

> The community is growing and changing, and Riverside has adapted to respond to that without losing its values. There's a range of complexities, like trying to break through suspicion and build trust, and the difficult balance of doing that as well as unpicking what's safeguarding and what's not. There are the ethical issues around exploitation. The trust and consent issues are complicated. The Riverside team has managed all of this extremely well. They are experienced workers and the migrant support manager is a very well respected worker. She and the team use all of the resources around, and bounce ideas off colleagues (Partner organisation).

> Riverside is our line of communication with people from Europe. The workers here are invaluable. Without Riverside I don't know what our agency would do. Who would help people with safeguarding and health issues? Workers support people to take the first steps (Partner organisation).

The level of trust between Riverside and people across communities means that word spreads about Carnegie Building being a place that is welcoming and safe.

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[40] This information was recorded by Riverside in relation to Big Lottery Reaching Communities targets, all of which have been met.

[41] The North East Poverty Declaration refers to a cutting edge of poverty, and to the waste of the potential of people who experience multiple disadvantage and marginalisation (barnardos.org.uk/northeastpovertydeclaration).

> Carnegie is a comfortable place for people in distress and difficulty. It's more and more of an important community resource because of the economic situation (Partner organisation).

Supporting people to progress and fulfil their potential

Riverside supports people who migrate to Newcastle to learn English and keep improving their use of the language in day to day life, initially to avoid isolation, and in the longer term to realise their potential.

> If you don't learn English you get too far away from your children, because they're learning it at school and picking it up quickly. You can be a prisoner in your own home. Women stay in their own home because they can't connect with people.

Women and men who arrive in the UK with little experience and/or skill in using English, have opportunities to take part in a range of learning events in Carnegie Building. It can take a long time to become proficient in a new language, and it is usually not possible in the first year following migration. People appreciate their first language as a central part of who they are, and holding on to it can be a useful way of getting through the stress of moving to a new country (Krumm and Plutzar 2008).

Riverside offers gradual progression from group conversation to more formal ESOL language lessons, and signposts people to courses across the city.

> I went to three language courses. It was very important for me, learning so many things. When I first came here I could understand some things but I couldn't speak. Staff really help you feel confident. It's not like that in other places. You mix with different people from different backgrounds and it expands your opportunities. Now I am confident speaking with people. When I was pregnant with my son my husband had to come with me to interpret. Now I go to the doctors myself and I feel confident to speak in English. I can make relationships with people. I went on a trip with Riverside.
>
> It helped with language learning, hearing words and picking them up. I'd feel shy, then I'd try to say things and people would help me out. There's big language improvement.

Riverside has been developing flexible language learning opportunities for people who have caring responsibilities, those with irregular shift work, and women whose level of confidence makes it difficult for them to take part in sessions. The following is a June 2017 Riverside Facebook entry about the English conversation class:

> Every one attending said their English has improved. A few say that through coming to the group their improved English has helped them get a paid job. Everyone has appreciated socialising and making friends and learning how to manage day to day life in the UK.

There is support to explore ways into paid employment. Riverside offers a range of learning opportunities to equip people with qualifications, including free NVQ training packages. Access to accredited courses that are recognised by employers is a big

advantage for people hoping to find work[42]. Riverside organised a workshop with the North East Ambulance Service, to give people information about employment opportunities. During early summer 2018 a range of posters about courses starting in the autumn were displayed around Carnegie Building. These included a new course for people wanting to achieve a Door Supervisor License towards a career in the security industry, and a Teaching Assistant Level 2 course, for people interested in working in education.

> You can get help for a job. They do courses to get people ready for employment and Riverside helps people to connect to a range of jobs. One young man in our community has joined the police force.
>
> The workers do a lot of preparation to get people to the point where they can take part in sessions and courses. The courses are not what the organisation needs, they are based on what the community members need (Partner organisation).

Riverside has developed volunteering opportunities, in local schools, in Carnegie Building, and in other community venues. People from migrant communities have helped out in Credit Union collection points in six west Newcastle primary schools, and in the local Food Bank. One woman was a volunteer childcare worker in the playgroup, and encouraged others in her migrant community to take advantage of a childcare place.

People have taken part in a wide range of volunteering opportunities:

- Women and men from Romania took part in organising a local Family Day with the theme of being a good neighbour.
- Women from Romania and the Czech Republic were volunteers in group sessions, and at mini-events, in Carnegie Building.
- Women from the Czech Republic were volunteers at International Women's Day events.
- Women from Romania and the Czech Republic supported Open Clasp[43] performances.
- Men and women from Romania were volunteers at three Engage 2 Change[44] events.
- Young people aged 16 to 22 from the Czech Republic were volunteers at Family Fun Days, and they were Community Marshals at the Festival of Lights and Love your Lane community safety events.
- Women from the Czech Republic were involved in International Roma Day celebrations.
- Women from Romania and a woman and man from the Czech Republic were volunteers at Love your Lane[45] events.
- Women who are Arabic-speaking and women from countries in Africa volunteered at World Mental Health Day events.

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[42] Accredited courses include: English; Maths; ICT; Classroom Assistant training; Food Hygiene; Paediatric First Aid. Non-accredited courses include: Health and Safety; Effective Communication; Equality and Diversity; Lifting and Handling.

[43] Open Clasp is an award winning women's theatre company in Newcastle upon Tyne. Open Clasp works with women to 'shine a light on their experiences' and create theatre 'for personal, social and political change' (openclasp.org.uk).

[44] In 2017 Riverside introduced Engage 2 Change events. These are held several times a year in the early evening so that people who are in employment can take part. Engage 2 Change sessions bring together local people, emergency services, the council, and support services for victims of crime.

[45] Love your Lanes is a community project for people in the west end of Newcastle, bringing them together to make the most of their outside spaces. It is managed by a partnership involving Newcastle City Council, Your Homes Newcastle, and Newcastle Tenants and Residents Federation.

> People develop themselves at Riverside. The volunteering opportunities stand out because they're about people growing and learning, and it's the only place where they understand barriers to opportunities, like the need for childcare. Their capacity-building and work on rights and responsibilities stand out. They really take an empowering route, and they add massive value to provision as a whole. I would pitch them as the community hub in the area (Partner organisation).

People who have taken part in the Riverside volunteering programme have self reported increased confidence, knowledge and skills, as well as a good understanding of what volunteering involves and potential benefits. They have talked about feeling valued, and said that the experience has given them a sense of belonging in their neighbourhood.

> The whole team's brilliant and builds a bridge of connection with people who are feeling isolated, supporting them to get involved with things (Partner organisation).

A recent estimate of the monetary value of time worked by volunteers supported by Riverside was over £40,000 (Newcastle Council for Voluntary Service 2015). Riverside received an Investors in Volunteering award[46] in 2017, one of the first given to a third sector organisation in the region.

One of the Riverside workers talked about supporting men who have migrated from Romania with very little or no English, and equipping them to do things for themselves.

> I have been working one to one with men aged between twenty-five and forty. I show them how to use the internet via their phone, to negotiate password use, and to log in. When I've explained things to them I ask them to run through and tell me how to do it, to make sure they've understood everything and taken it all in. When they're doing it themselves for the first few times, if they get stuck they can give me a ring. It's an effective way to build their skills and it's efficient for me timewise.
> I highlight things to them, like the importance of informing the Department of Work and Pensions about a change of telephone number or address. I say to them "It's better to let people know and avoid any delays". I reinforce that all the time. And I say that it's helpful if they keep all their paperwork in one place, and take it with them if they have a meeting. This means they can manage things day to day, and it means much more efficient transactions for service providers (Riverside).

Riverside has hosted get-togethers of a local men's social group[47], so that it is more accessible for men in migrant communities. Once there, they can get to know others in the group and think about taking part in different activities.

Working in empowering ways with women

Riverside's work is underpinned by an understanding of how structural disadvantage affects women (Newcastle Council for Voluntary Service 2018, Wray 2003). In the UK women are more likely than men to be affected by poverty (Costa Dias et al. 2018, Women's Budget Group 2008, Lister 2006, Hunt 2004, Darton and Strelitz 2003, Graham 1998, Doyal 1995), and women in some minority ethnic communities experience higher

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[46] Investors in Volunteering is the UK quality standard for good practice in volunteer management.

[47] The 'Men's Pie Club' is a partnership project that aims to improve social connectedness and physical and mental health for men at risk of, or experiencing, social isolation, There is a structured programme of weekly meet-ups around cooking, eating and socialising (Northumberland Tyne and Wear NHS Foundation Trust 2018).

levels of poverty than white women (Nandi and Platt 2010, Fawcett Society and Women's Budget Group 2006). Women live in poor health for a greater proportion of their lives than men (Campbell 2018). More women than men are carers, and have reduced hours of paid employment because of caring responsibilities (Carers UK[48]).

> Women are also particularly exposed to some of the factors that increase the risk of poor mental health because of the role and status that they typically have in society. The traditional roles for women from some ethnic groups living in the UK can increase their exposure to these risks (Mental Health Foundation[49]).

Gender equality and empowerment of all women and girls is goal 5 of the United Nations 2030 Agenda for Sustainable Development. This is in the context of persisting gender inequality, for example in employment and career progression (Casey 2016, Organisation for Economic Cooperation and Development 2015). While there has been some progress in the UK, men continue to be over-represented in almost all positions of power and decision-making.

> Like all countries, there is still more work to do in the UK: for example, to change sexist cultural norms about gender that demean women, that are supportive of male violence and that act to limit the horizons of women and girls (British Council 2016, p.5).

Riverside works in empowering ways with local women, covering areas identified as priorities, including: education, participation, power and leadership (British Council 2016). In October 2017 Riverside organised a free workshop about the UK parliament and the history of women and the vote, to encourage women to have their voices heard.

One-off events and regular group sessions build women's confidence and self esteem. A World Mental Health Day gathering in 2017 offered a choice of five workshops, to enhance wellbeing. Free crèche places were available. Group activities encourage women to do new things. During 2009 the Riverside women's group worked on a project looking at the changing lives of women in the west end of Newcastle over the twentieth century. They identified a range of issues to explore, including: paid employment; women's unpaid work in the home; education; family; leisure time; and the particular experiences of older Asian women. Some women in the group went on a short training course in research skills to equip themselves for the project. They produced accounts with local older women, published in Women's Lives (Riverside Community Health Project with Judith Green 2010). The more recent Women's Action Group Going Strong (WAGGS) celebrated Riverside's thirty-fifth anniversary by working with an artist. Over nine sessions they tried out new skills of scrap booking, mark making, writing and photography to produce images of their childhoods. While working together they talked about what coming to Riverside has meant for them. The women's artwork was displayed in Tyneside Cinema Pop Up space in Newcastle, and was also showcased in a book.

> (The women in WAGGS) enjoy a wealth of experiences, including personal development, residential trips, events and creative sessions. They also tackle local issues which impact on the people of Benwell and the surrounding areas (Whittenstall and Underhill 2017).

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[48] See https://www.carersuk.org/news-and-campaigns/features/10-fa.

[49] See section on women's mental health, https://www.mentalhealth.org.uk/a-to-z/w/women-and-ment.

> They start from the place where women are, rather than trying to fit them into a framework. Though there are funding constraints they work in person-centred ways. They connect with women in ways that are safe for them (Partner organisation).

Women who arrive in Newcastle as migrants are encouraged to join Riverside's women's group sessions to get to know others living in the area, and to develop confidence to do things such as working as a volunteer.

> It was very difficult at first. I was very shy and couldn't make relationships. The staff here are very kind and friendly, and came and spoke with me and showed me the programme for Riverside and asked if I was interested in anything.

Women take part in information sessions about services supporting people around everything that comes under the umbrella terms of domestic violence, sexual violence[50] and exploitation, modern day slavery, and hate crime[51]. The sessions are valuable for those who have experienced violence, and for others who can pass on information through their networks.

> Now they (Riverside) have a course on domestic violence and what to do in real life. We can share the insight we've been able to develop.
>
> It's an important thing to support women to come together. Domestic violence is a big concern. Some women don't know how to go down routes of support. The group work is about building their confidence (Partner organisation).

One woman got in touch with Riverside at a time when she had left her partner because of domestic violence and needed support to find somewhere to live. She described coming to Carnegie Building as a "real turning point":

> It (coming to Riverside) helps me relax. It's very important for me to have that. For a person who's feeling low it counts very, very much. Before coming to Riverside my life was very bad. I came here and learnt a lot and feel very confident now. In the future things will be good. I am very positive about that. I feel proud of myself because I didn't stay down. I got up and feel stronger. I came to Riverside at the right time, just when I needed the support. People from this building are not fake. Here, when you speak to people you feel they are listening to you. I was living in this area and I heard people talking about Riverside. At first I came with an issue about my house, and they helped me find somewhere to live. After that I came a lot, sometimes to enjoy the courses. I had a chance to work as a volunteer, which was very good experience. It helped me learn a lot of English. After that I came to the women's group and the conversation class. I came to the IT course and learnt how to use a laptop. In July I found a job. I'm happy to have work because it's very important for me to earn money. It's not the job I really want to do, so I keep in contact with Riverside because my English needs to improve. When you live here, you need to learn. You don't want people to see that you don't understand what they're saying. I like people to help me, and I like much more to help myself. The

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[50] Newcastle Rape Crisis Centre took part in a session and talked about the service they offer to women, for any form of sexual violence they have experienced at any time in their life.

[51] Hate crime is any abuse, including an assault of words, harassment, and damage to property. The abuse is because of who you are.

> connection with Riverside is difficult sometimes because of my work rota. At the moment I'm still coming for the women's group. I feel a little reserved because of Brexit. My big wish is to stay in this country, but it's uncertain. I hope to find a job working with people. I am very sure I have the ability to support people because I have a lot of life experience. Now I am very confident and I am not afraid. If I don't know something I can ask. I know where to go to get information. I can do everything myself now. Sometimes I ring Riverside to get information, then I follow it up myself. Some people go through life like in a tunnel, and it's very hard to get out of it. For me, I came here because I wanted to change something.

Riverside responded to some women saying that they would value discussion about parenting, and how to support children to grow and thrive in the UK. In partnership with Angelou Centre[52] they offer a weekly afternoon session for women who are parents or carers of children.

> We need to know about the rules in this country about bringing up children, and how to help our children who are living in two different cultures. As parents we need to think about that. Young people are not our possession. They will stay in the UK and we need to provide them with things that make their lives easier.

Women talked about things they are able to do, through Riverside's support.

> I found Riverside because friends from my country were already going to the playgroup and they said for me to come along. Riverside gave me leaflets and told me about everything that was going on there. I did lots of courses: English; arts and crafts; the walking group.
>
> It made me realise everything I've been through and that I am a strong woman. I feel more positive. I am looking forward to starting college.
>
> Going there and meeting other women really woke me up. I realise that I can have fun and be part of what's going on. I feel that I can stand up for myself now. I couldn't speak English or understand anything when I arrived here. I felt alone. I came to Riverside about two to three weeks after arriving. I put the children in the crèche so I could learn English. After that I did everything for myself. I haven't missed anything (courses). I have accredited certificates in English and Maths.

Supporting the best possible start for children

There is an evidence base for focusing resources on early childhood support, in terms of improving people's life chances (British Academy 2014, Buck and Jabbal 2014, National Institute for Health and Clinical Excellence 2014, Field 2010, Wilkinson and Marmot 2003). An early help[53] approach involves working with a family as soon as there is a problem in a child's life (Department for Education 2013), to avoid the risk of significant harm. Riverside

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[52] The Angelou Centre is a black-led women's centre based in Newcastle upon Tyne. The centre offers a range of services for black and minority ethnic women living across the north east region. Angelou Centre also works at strategic and national levels to ensure the voices of black and minority ethnic women are represented and heard.

[53] Early Help planning replaces Common Assessment Framework (CAF) documentation. Newcastle City Council Early Help Plan form defines early help as 'about having a good quality conversation with a child, young person or family about different aspects of life such as home, work, school/college, social/community and health and wellbeing. The focus is on what's working well and what can be done if things need to improve. These quality conversations need to happen as early as possible.'

is part of a multi-agency core assessment network in west Newcastle, for which Newcastle Local Authority holds overall management responsibility.

> One to one support and Early Help Plans help more people to a point where they can do things for themselves, and Riverside is part of the Newcastle hub work with families (Partner organisation).

Riverside works with local families, including those who have migrated from central and eastern Europe, around the social, physical, emotional and educational development of their children[54] . This is in line with the recommendation of the independent panel commissioned by Public Health England, that every child should have the best possible beginning in life (Inquiry Panel on Health Equity for the North of England 2014).

Play provision is part of Riverside's carefully planned programme of activities, designed to build children's and parents' confidence and capacity. The team has always looked for support to enable children with additional needs to take part in Carnegie playgroup[55], for example one to one support for a child with autism or a child needing help with feeding. The 2017 Ofsted inspection of Riverside's playgroup identified it as a place where children who speak English as an additional language could make good progress in their learning.

> My child goes to the playgroup and he's bilingual. I was hesitating and they said "Just try", then I saw the benefits for him because he's happy and he's got his freedom. I have learnt how to brush my child's teeth.
>
> We would give a gentle push to people to think about a playgroup place, and say "It's free, why not take it. You are giving your child a good step up" (Riverside).
>
> At first I just wanted to have my daughter with me, and going to the crèche and playgroup has helped her get ready for school. Before, she was just with me, and now she's becoming independent.

Some parents feel wary of what is on offer. The idea of play provision is new for many families who have come from central and eastern Europe, and workers encourage them to take up the offer of free childcare for two- and three-year olds if they are eligible.

> There's a sense of success and sustainability in the face of resistance to taking up childcare opportunities from some people in central and eastern European countries. People are not confident when services appear 'institutional'. Riverside has been able to do a lot of persuasion and hand-holding, to help people who are struggling to use services (Partner organisation).

There are home visits to migrant families with a new baby. A bilingual worker goes with an early years practitioner from Riverside to give parents information about sources of

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[54] Riverside's Facebook page publicises sessions to support children's development through active play (Movement and Play); sessions for children to explore and be creative with different materials using hands, arms, feet and bodies (Messy Play); after school play for 5 to 8 year olds; open play sessions (Time to Toddle and Wriggles and Rhymes); breakfast club; interactive singing sessions; 5 week course covering baby massage and baby-led weaning.

[55] Riverside playgroup closed at the end of July 2018 following expansion of local provision. The team continues to encourage local people to take advantage of a playgroup place for their child/children.

support, including Sure Start registration; the Eat, Sleep, Play and Learn initiative[56]; and activities and group sessions in the Carnegie Building and other local venues. This information outreach has produced results, including an increase in the number of new migrant families starting to use the Riverside breakfast club, and families taking part in activities for children under five years of age. Involvement in Early Help planning with migrant families has prompted the team to think about how they can develop their work with schools and Health Visiting and School Nursing teams for systematic, holistic overview of support for children and families.

> At one point Riverside was not looking at coordinated packages of care and they have made massive movement on that. Early Help planning is a process that takes time and thinking, and they've fed back that this has improved communication within the team, and coordination of their work (Partner organisation).

In a 2017 evaluation review session, Riverside workers talked about the organisation's internal work to develop a triage system, supporting families to be more independent. For example, one worker talked about introducing people to the Child Tax Credit renewal process and building their capacity to manage it themselves.

> Their English is OK and they just need a platform to fly from, and not struggle on their own at the beginning (Riverside).

Riverside's position as a trusted community venue means that local children and young people are able to link in to a wide range of opportunities, for example the Carnegie Success4all[57] learning hub. In partnership with Success4all and Play in Newcastle, Riverside offers twice weekly after school club sessions for children aged 5 to 8, to complement the 8+ provision of Patchwork neighbourhood young people's project[58].

Facilitating integration

Riverside supports local people from different backgrounds to get to know and trust each other, develop positive relationships, and work out ways of living together.

> We know that where communities live separately, with fewer interactions between people from different backgrounds, mistrust, anxiety and prejudice grow … Conversely, social mixing and interactions between people from a wider range of backgrounds can have positive impacts; not just in reducing anxiety and prejudice, but also in enabling people to get on better in employment and social mobility (Casey 2016, p.8).

All of the activities on offer in Carnegie Building bring people together in everyday encounters, and break down barriers to social, educational and cultural participation (Cantle 2017, Demireva 2017, So cial Integration Commission 2015, Cook et al. 2011, Spencer 2010, Foot 2009, Department for Communities and Local Government 2008).

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[56] Save the Children's Eat, Sleep, Play, Learn is a national campaign that gets families the equipment to enable children to do these four things.

[57] Success4all provides relaxed learning space for young people who need some support to achieve their academic potential, to close the educational achievement gap between young people in affluent areas and those living in economically disadvantaged neighbourhoods. The Carnegie Building hub offers drop in sessions; one to one support; opportunity for independent study; homework and revision support.

[58] Patchwork works with young people from different communities, living in some of the most economically challenged areas of Newcastle.

An integral part of Riverside's provision is outreach with people who move to live in west Newcastle, building relationships of trust so that they feel comfortable to connect with a range of opportunities. Participants in a recent group work programme came from a range of backgrounds: Czech, Romanian, Romanian Roma, White British, Czech Roma, Iraqi, Slovakian, Kurdish, Libyan, Vietnamese, Indian, Angolan, Zimbabwean, British Asian, Iranian, White British, and Somali.

> The strongest friendships are with people where if you passed them in the street before the group, you'd never think you'd be their friend.
>
> It seems like it doesn't matter here if you are Roma. You are a person. I felt that especially at Riverside.

People can equip themselves with skills and confidence to fulfil their potential. Riverside offers: group activities, English learning sessions; support to manage money; opportunities for children to learn through play; volunteer training[59]; pathways into paid work (Huitson et al. 2013).

> It's a strength that the migrant work isn't separate. It's integrated in the heart of Riverside. Once you're through the front door there's a range of things people can do (Partner organisation).

The Riverside team encourages people who have moved from central and eastern Europe to take part in events that are open to everyone, so that they get to know others and develop a sense of connection and security in the area where they live (Schmuecker 2008, Campbell et al.1999). In turn, people whose lives are well established in the west of Newcastle can meet people who are new to the area, and find out about their lives. This avoids segregation and reduces the risk of isolation and loneliness (Milne 2017).

Events organised by Riverside have included summer day-trips, family fun days, International Women's Days, World Mental Health Days. Local people have been invited to join their neighbours in celebrating International Roma Day celebrations, and have said that they feel more settled in their neighbourhood.

> They are skilled in encouraging community integration in their work with people in vulnerable communities, who can tend to stay together and pull away from things that are new and unfamiliar (Partner organisation).
>
> We have met others who we wouldn't have got to know otherwise, outside of our own community. We have worked hard not to make assumptions about each other and to listen to what people say.
>
> For me it used to be like a closed door. There was a big space between me and English people. It feels as though the space has become smaller and smaller.
>
> We mix together and we share our ideas. It's sharing and learning together. It is about ideas and food and feeling.

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59 Volunteering opportunities include work to improve the local area, for example, being part of the Stronger Together initiative to make the north Benwell and High Cross area a cleaner, safer, healthier and friendlier place to work and live.

> When I first came to Newcastle I felt very isolated. I was crying a lot and I was thinking “I can’t stay here”. After five months I still wasn’t going anywhere and the Health Visitor asked “Do you go anywhere?” and I said “No only with my husband”. She gave me a leaflet about Riverside and I came here. We have good neighbours and now I feel confident to say “Hello”. The staff at Riverside are lovely. They keep telling you about things. I was crying because I was overwhelmed. It is simple maybe, but it feels like such a support. They gave me a kick-start.

The Riverside team explains how different UK systems work, including the NHS and schools, so that people feel more confident in their day to day lives. People from migrant communities have been involved in consultation sessions about mental health services, and in designing a Welcome to North Benwell information pack for anyone moving into the area. The pack is a product of the Love your Lane initiative, managed by a partnership that includes the City Council, Your Homes Newcastle, Tyne and Wear Fire and Rescue Service, and Newcastle Tenants and Residents Federation. It includes information about local dentists; primary care teams; pharmacies; youth and community projects; schools, colleges and universities; opportunities to learn and improve English; refuse and recycling systems, with easy to understand images showing which bin to use for what.

> (Riverside cohesion worker) does outreach on the terraces, and knocks on people’s doors. They are involved in organising events like ‘Love your Lane’ to encourage people from Europe and established communities to get together. It’s all about building good relations and respect and a feeling of belonging to this part of the city. And it’s about avoiding everybody getting blamed for something that not that many people do (Partner organisation).

> We can explain the legal requirements in terms of children going to school, and things like the importance of ringing the school if a child is ill. We’ve facilitated discussion between parents and seven local schools. Parents feel much less anxious when they know how to do things (Riverside).

Riverside has organised information sessions about changes in migration law, in partnership with Newcastle Law Centre.

Engage 2 Change events were introduced in 2017, in the early evening, so that people who are in employment can take part. The Engage 2 Change series aims to provide direct engagement between local people and a range of services, and access to up-to-date information. The fire service was involved in one session, highlighting fire risks in the home and the precautions people can take to stay safe. There has been discussion about refuse collection and the mix of individual and communal bins in back lanes. A session in November 2017 focused on housing, with information about support to find a good landlord, and the system for logging complaints about housing.

> A lot of people living here need support because of poor housing. I’ve worked with families living with a leaking roof, no heating, and damp. People can’t get to courses on time because they’re in a queue to cook in multi-occupancy accommodation. People come and say “I’ve been trying to contact my landlord for some repairs for months”. They can’t move because they haven’t got enough money for another deposit. Landlords often don’t give deposits back

A group of women from different black and minority ethnic communities took part in one of the Engage 2 Change sessions via the Angelou Centre, to get to know other people

living locally, build their confidence in a group setting, and get information. The sessions have been evaluated as enjoyable social events where “you can meet new people and listen to what they think”.

Riverside’s community development expertise is relevant In the current context of uncertainty about how the UK exit from the EU will affect the national and local economies, the provision of health and social care (McKenna 2017), and the status of EU migrants (Morris 2016, Piacenti 2016). It has been suggested that the reported post-referendum hate crime spike was partly because some people felt that they could openly express their prejudices and this behaviour increased, and partly through improved public awareness of hate crime and an anticipated rise in reporting rates (Hall 2017).

The tensions of transition are not new in west end communities. In 1993 Campbell described abuse and violence experienced by young people of Asian, Vietnamese and Chinese background living in west Newcastle. A 2003 Black Mental Health Forum report referred to people in Newcastle’s black and minority ethnic communities living with increasing levels of racial harassment, with more widespread hostility towards people who are Muslim following the events of 11 September 2001.

Prejudice and discrimination continue to restrict the social and economic mobility of some migrants, including people who have moved from European Union accession countries. The increase in reported hate crime since the EU referendum is a source of anxiety for people in communities with previous experience of prejudice and persecution, including people who are migrants (Morris 2016).

Riverside is part of long term, coordinated action to monitor tension and promote community cohesion in line with government policy (Improvement and Development Agency for local government 2007).

> Working with people in the west end community has become more complex over the last five years, with welfare reforms and Brexit. The demographics have changed and the central and eastern European community has grown. People from Romania came in very quickly. They tend to live in the Benwell terraces. Many of the landlords there are not in the voluntary scheme that the Local Authority runs[60], and there’s a lot of exploitation. People didn’t understand their rights when they arrived. There was a lot of animosity towards them. Young people gathered together outside and some people found that intimidating. Some people who moved in were not taking account of their neighbours. We worked with Riverside to break down barriers. They helped with a lot of work to raise the awareness of people already living in the area. They organised a Family Day with the theme of good neighbours. People from the Romanian community helped organise it. There’s a lot of uncertainty around Brexit[61] because there’s still no clear information for people who’ve moved from Europe. (Partner organisation).
>
> Riverside is an important project supporting new migrants. Roma people have

[60] Newcastle has a nationally recognised Housing Accreditation Scheme, with a set of standards to improve accommodation in the private rented sector. The standards cover safety and the level of management of property. The scheme offers support to landlords, including a training and development programme (privaterentedservice@newcastle.gov.uk.

[61] Brexit is a word used as shorthand for Britain leaving the European Union (Hunt and Wheeler 2018, https://www.bbc.com/news/uk-politics-32810887).

> specific, complex needs. They are from different countries and different castes, with different languages. They are at risk of being on the edges of the community. Riverside is crucial to integration work and, indirectly, to reducing community tensions. From a community safety perspective they are very important because their work cuts across many themes (Partner organisation).

Riverside encourages people to work together to find solutions to local tensions. The team has worked closely with police and community safety officers to support the reporting of hate crime. A Northumbria Police Force Community Engagement Officer has met with several groups in Carnegie Building to talk about hate crime, the importance of reporting it, and how to make a report if you are learning English and don't feel very confident in using the language[62].

> People understand now what hate crime is. They are coming and saying "Can you support me to make a statement". We have good relationships with the Carers Centre and the Advocacy Centre (Riverside).
>
> As workers we ask "What happened, what did they say, how did you feel?" We have regular training, for example about any new national policy. Things change so quickly, and perpetrators change how they do things (Riverside).
>
> The migrant support team is vital to work with new EU migrants, breaking down barriers of cultural misunderstanding. They get involved in trying to work out what has been happening when there are tensions between people in different communities (Partner organisation).

Women from Riverside's Staying Afloat, Meeting in the Middle, and Arabic speaking groups, organised an anti hate crime day in Carnegie Building during April 2018. Over forty took part in the event, which was funded by Positive People, Positive Places[63]. Activities included singing together, and using a world map to show the country from which people have migrated, with accounts of life there. Throughout its work programme Riverside offers many opportunities for people to express pleasure and pride in their own backgrounds and identities, and value those of others.

The following section gives an overview of Riverside's collaborative work, and three detailed examples of their partnership with local people and other organisations.

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[62] The Community Engagement Officer defined hate crime as "any abuse because of who you are", including an assault of words, harrassment, and damage to property. The police service has a zero tolerance approach to hate crime and it is important that it is reported, via Crimestoppers, or ringing 101, following which a non-emergency police officer will come out to speak with the person reporting. People can ask for a non-uniform officer, and can meet with them in places other than their home eg Carnegie Building. The legal age for committing a crime is ten. A hate crime carried out by a younger child can still be reported. All bus and metro drivers are trained in hate crime. If something happens on a bus or on the metro the person should keep their ticket and contact the Community Engagement Officer for help to complain to the company. If they are not confident in speaking English and something happens while they are out and they feel frightened, they can ring 101, say "Help" and the name of the street they are on.

[63] Positive People, Positive Places is a partnership project between Your Homes Newcastle, the City Council, and local people. It is based on tried and tested community building techniques, for example, Newcastle Neighbours and Small Sparks. The partnership relies on community networks and local knowledge.

Section 4. Riverside: A partner in reducing inequalities

This section shows how Riverside works with other organisations as a generous partner, driving a coordinated approach to reducing inequalities for people across communities. While the partnerships they are involved in cannot address certain causes of disadvantage and inequality, for example the inadequacy of some benefit entitlements, and low pay (Campbell 2018, The Children's Society 2016, Wilkinson 1993), they keep their focus on making a difference where they can, practically and strategically.

> (The Riverside Chief Executive) is in all the right strategic places and has so much knowledge. She is always looking for opportunities for working in partnership towards sustainability, and always asking "What can we do together and what resources can we draw on?" (Partner organisation).

Overview of Riverside as a partner

Riverside invests time in building relationships and partnerships. Working in partnership has been identified as an important factor in reducing inequalities (The Health Foundation 2018, NHS England 2016, Such et al. 2016, British Academy 2014, Allen et al. 2013, Improvement and Development Agency for local government 2007).

The team's approach to what it does each day in the face of the challenge of reducing health inequalities, is the opposite of 'weary reluctance' (Marmot, in Allen et al. 2013 p.3[64]), and Riverside is an enthusiastic partner in:

- Newcastle Community and Family Hub Advisory Group of commissioned organisations that meet to share best practice and discuss strategic action.
- Community Organisations in Benwell and Scotswood (COBS) group of west Newcastle anchor[65] organisations that produced the Our Place Action Plan 2015-2018, and recent 2018 updated version. The plan has two themes. The first is work with families facing multiple challenges, and the second is support for people to move into training and paid work. Riverside and the other organisations collaborate so that the needs of local people are met. An older person in distress or difficulty in Carnegie Building can be signposted to Search Project[66]. Young people at Patchwork Project[67] get volunteering experience in the Search back garden. Workers across organisations that are part of COBS know and trust each other, and work well together at a practical and strategic level.
- North Benwell Partnership, that encourages people to volunteer for litter picks and the Love your Lane initiative.
- Newcastle Unites movement, that aims to connect people from different communities.
- A multi-agency group exploring the issue of young people from central/eastern Europe being excluded from secondary school and missing an important part of their education. A number of organisations, including Riverside and Patchwork Project, highlighted this

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[64] Michael Marmot wrote the introduction to this Institute of Health Equity report.

[65] 'Anchor' refers to a place-based approach, co-ordinating services and utilising the full range of local assets (Locality 2016).

[66] Search is one of the longest established community projects in west Newcastle, supporting local older people and their carers since the 1970s. Search offers a range of community activities, groups, one to one support, volunteering opportunities, and information about claiming benefits and accessing services.

[67] Patchwork Project works with young people from different communities, living in some of the most economically challenged areas of Newcastle.

issue which has been identified in national research[68]. Riverside fed it back to the public health team, and now chairs the multi-agency group.
- The governance of Newcastle Council for Voluntary Service. Riverside Chief Executive is a trustee.

Riverside has contributed to:
- Preparation of a funding proposal to Northumbria Police and Crime Commissioner for domestic violence training.
- The weekly city centre drop-in for people who have migrated to Newcastle or arrived seeking asylum, organised by the Children's Society SMART project. The drop-in ended during summer 2018.
- A 2016 Domestic Homicide Review of the circumstances in which a woman in a migrant community was killed, with reflection on how there could have been a different outcome.
- A Northumbria Police Force Strategic Independent Advisory Group, reviewing a refresher course on hate crime for officers.
- Newcastle University medical school curriculum, designing and facilitating interactive public health module workshops that encourage students to think about inequalities. Riverside has hosted the workshops in Carnegie Building, recommending that students travel by public transport from the university (in the city centre) to the west end, to see for themselves the material effects of socio-economic disadvantage.
- The development of other local community organisations, supporting long-term planning, volunteering opportunities, and the updating of administrative systems.
- A panel discussion at the 2018 conference of the British Sociological Association hosted by Northumbria University. The conference theme was 'Identity, Community and Social Solidarity'.
- The Imagine North East Project[69], part of UK wide research looking at ways in which people influence life in their communities. In the North East the project researched the history of community participation in Benwell and in North Shields.

Supporting diverse communities to influence service commissioning/development
Literature over the last twenty years emphasises the value of statutory providers working in partnership with local communities to reduce inequalities (Public Health England 2018b, British Medical Association 2017, NHS England 2016, National Institute for Health and Clinical Excellence 2016, Public Health England 2016b, Public Health England 2015, British Academy 2014, Public Health England 2014, Allen et al. 2013, Coulter 2010, Ali et al. 2008, Department of Health 2007, Improvement and Development Agency for local government 2007, Taylor et al. 1998).

The document that outlines the next steps in the NHS Five Year Forward View plan, emphasises that involvement of people across communities is crucial to making progress in addressing the challenges facing provision of services (NHS 2017).

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[68] The Growing Up North report is the product of a year's research with children and young people, schools, businesses, councils, health professionals and community and voluntary sector organisations. It assesses Northern Powerhouse opportunities in relation to young people's aspirations and expectations and highlights the risk for many young people of dropping out of school early and falling far behind those growing up elsewhere (Children's Commissioner for England 2018). The 2016 Casey Review of opportunity and integration similarly expresses concern about young people's exclusion from mainstream education without adequate checks on their wellbeing and integration.

[69] The research project was funded by the Economic and Social Research Council (Centre for Social Justice and Community Action 2015).

Guidance on community engagement highlights the difference between empowering community development processes, which can have a positive impact on people's health (Public Health England 2018b), and passive activity that some might still describe as involvement (National Institute for Health and Clinical Excellence 2008).

Partners like Riverside, whose work is underpinned by community development principles[70], build trust with local people (Commission for Healthcare Audit and Inspection 2009, Cabinet Office 1999). Riverside encourages communities, including those that have tended to be overlooked by providers, to be meaningfully involved in the commissioning and development of services (Public Health England 2018a, Venkatapuram and Bibby 2018, National Institute for Health and Clinical Excellence 2016, New Local Government Network 2016, Donetto et al. 2013, Piper 2011, Gillies1998). This means making sure that people have enough information and time to consider issues and take part in discussion.

At the end of the 1990s, in an increasingly ethnically diverse area, Newcastle West Primary Care Group[71] (PCG) invested in community participation (Naqvi 2000, Fisher et al. 1999, Crowley et al. 2002), and Riverside supported local people to be part of West PCG Board and practice based commissioning.

In the early 2000s Riverside contributed to the Newcastle Health Action Zone Race Equality Area of Special Action[72], which drew on community development experience in west Newcastle. The HAZ strategy document for involving people across black and minority ethnic communities referred to the value of community development work in west Newcastle. Riverside remains an active participant in the Health and Race Equality Forum[73], which developed from the Race Equality Area of Special Action.

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[70] Community development is 'a long-term approach that seeks to work with people to create solutions that work for them' (Manchester Community Development Practice Working Group 2018). Community development approaches involve people working collectively to define and take action on issues affecting their lives (European Community Development Network 2014, Department for Communities and Local Government 2006, Nicholls 1999). North Tyneside Public Health Directorate's investment in the empowering work of local community development projects was recognised with a 2016 Royal Society for Public Health award. Public Health England published a case study outlining Northumberland's asset-based community development https://www.gov.uk/government/case-studies/ass.

[71] Primary care groups were set up in 1999, each with a limited commissioning budget (Wilkin et al. 2001). West PCG worked in partnership with local community and voluntary sector organisations, and invested in a Community Action on Health development worker. Community Action on Health was a framework for local people, including the most disadvantaged and marginalised groups, 'to set their health agenda, and to influence changes in service delivery in line with their views' (Steele and McNulty1999).

[72] Newcastle developed locality-based and thematic areas of special action under the Tyne and Wear Health Action Zone (HAZ) umbrella. A multi-agency partnership led implementation of the city's HAZ programme (Newcastle Health Partnership 1999). Newcastle identified health and race equality as a focus for one of its areas of special action in the city, developing further the work of Newcastle and North Tyneside Race and Health Forum (Sher et al. 2003, Naqvi 2002, Naqvi et al. 2001). Race Equality ASA working groups focused on: monitoring and audit of service use by ethnicity; cardiovascular disease and diabetes; mental health; health information and advocacy; race equality training. Newcastle Health and Race Equality Forum developed from the Race Equality ASA. HAREF supports people across black and minority ethnic communities to be involved in discussions about the commissioning and development of services. Riverside has always been, and remains, an active participant in HAREF, which is 'driven by the passion of the people involved in the network to address health inequalities' (Newcastle Healthy City 2009).

[73] The Health and Race Equality Forum aims to address health inequalities experienced by people in black and minority ethnic communities. It is a mechanism for celebrating things that work well, identifying gaps in service provision, and coordinating action to address gaps.

Carnegie Building has long been a venue for people to come together to hold statutory service providers to account in constructive ways, for example via the 2008 ‘Has it made a difference?’ community conference for residents of inner west Newcastle, following up on a 2007 event where 150 residents met representatives of the council and other agencies to have a say about a range of issues that mattered to them.

> A passion and willingness to make things better, through working with people in different communities, runs right through Riverside. They bring flexibility and expertise in engaging communities (Partner organisation).
>
> They engage people properly. Sometime workers across the board imagine they are engaging people and sometimes they think they’re hearing what’s being said, and they’re not really listening. The team understands cultural and social aspects of people’s lives, and this depth of understanding would be difficult to duplicate. The quality of the relationships they have brings out the richness of people’s views and experiences, and people feel able to be honest, which is what we needed. The team has brought genuine expertise. The main thing was their enablement of participation (Partner organisation).
>
> Without the Riverside team there wouldn’t have been such rich data. Their relationships with families have been crucial to people getting involved. People had trust that this wasn’t just a paper exercise. Because of the way the Riverside team has worked with them they believed that their opinions would be valued and that something would come out of it (Partner organisation).

In its most recent annual report, Newcastle Gateshead Clinical Commissioning Group refers to the importance of local people’s experience influencing service commissioning (2018, p.29), to potentially reduce inequalities (Salway et al. 2013). Riverside supports local people from many different backgrounds to connect their knowledge and experiences with the processes of commissioning and developing services, for example through the Community Forum[74].

Supporting diverse communities to access information and support

Riverside has always worked with other agencies towards everyone having access to the information and support they need (Sengupta and Ruta 2006), for example via the Healthy Communities Collaborative[75] and through hosting welfare rights sessions (Moffatt and Mackintosh 2006[76]).

Riverside Community Health Project is one of the partners in a five year Big Lottery funded project, Families Through Crisis. The North East Law Centre is the lead

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[74] Newcastle Community Forum is a space for people in disadvantaged and marginalised communities, and anyone working with them on a day to day basis, to get together with commissioners. The Community Forum developed from a 2011 conference ‘Redesigning services to meet the needs of multicultural communities’ organised by Newcastle Bridges GP Consortium, which became West Newcastle Clinical Commissioning Group. The Community Forum has expanded to cover Newcastle-wide commissioning. It meets quarterly, twice a year in the Carers Centre in the east of the city, and twice in Carnegie Building in west Newcastle.

[75] This was a national initiative addressing health inequalities through partnership with community development workers. Riverside was one of the partner organisations that supported research into knowledge of lung, breast and bowel cancers in black and minority ethnic communities (HAREF 2009).

[76] This evaluation of welfare rights advice for older people in minority ethnic communities in Newcastle identified community events and targeted service provision as useful ways to increase benefit uptake.

organisation, reaching families who are at a point of crisis, who might be otherwise unable to engage with services that can support them to a more stable position. The project provides a combination of advice, advocacy and practical support. The Law Centre supports families to work through issues underlying their financial hardship, with information and advice about welfare benefits. Advocacy Centre North provides advocacy to any vulnerable family members, and Changing Lives[77] provide practical support. The project connects with families through chosen community hubs: Riverside Community Health Project in Benwell; West End Women and Girls Centre in Elswick; and St Martins Centre in Walker.

Riverside worked in long term partnership with Newcastle Health Improvement Service for Ethnic Minorities[78], until HISEM's contract ended in April 2017. HISEM worked towards positive health outcomes for people across black and minority ethnic communities, offering health checks at community venues and events, and signposting people to NHS support as needed. The team supported individuals with follow up around stopping smoking, and adjusting to the diagnosis of a long term condition such as diabetes. Health and social care signposting and outcomes were recorded. Through its broad community development agenda Riverside complemented HISEM's work. The HISEM team provided health information in Riverside group sessions, in response to needs identified by people in different communities.

Riverside's Chief Executive used the evaluation process to develop a more coordinated approach to meeting the needs of people in migrant communities, and in March 2016 HAREF and Riverside teams worked together in a half-day session. They explored ways of sharing information and resources, and strengthening complementary areas of work for the benefit of people migrating to Newcastle. They invited a member of Newcastle Public Health Directorate to take part in the session, to see how the health improvement work of the two teams dovetailed. During the session there was reference to public health policy focus on community based interventions, for health improvement in areas of deprivation.

When HISEM was decommissioned in 2017, Newcastle Public Health invested in two new posts with the aim of making services more accessible to people in black and minority ethnic communities. The paired posts represent a strategic bridge, with one based in the local authority and one in the voluntary and community sector. The local authority post leads the development, management and monitoring of partnership work to equip public sector services to meet the needs of everyone who is part of Newcastle's increasingly ethnically diverse population. Riverside is an important strategic partner.

> They have the information that the council and the CCG aren't used to seeing. They hear people's stories, and those stories explain the numbers in the statistics (Partner organisation).

Them paired posts use an assets based approach and build on a long history of

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[77] Changing Lives is a north east based national charity that supports people with the most complex needs to have a fulfilling life.

[78] The Health Improvement Service for Ethnic Minorities began as Newcastle Health Development Service in the 1990s, working in partnership with local communities and organisations (Newcastle Primary Care Trust 2004).

collaborative work to address inequalities, including Newcastle Health Action Zone Race Equality Area of Special Action; the regional Delivering Race Equality in Mental Health partnership; and the Health and Race Equality Forum.

Supporting culturally competent service provision
Professionals from a range of organisations, including Northumbria Police, Newcastle upon Tyne NHS Foundation Hospitals Trust, and Newcastle primary care teams, talked about being more culturally competent in their service provision because of partnership work with Riverside.

It is a significant achievement to break down barriers to health care created when professionals stereotype people who have different cultural backgrounds to themselves (Public Health England 2018a, Latif 2010, HAREF 2008, Crowley 1996).

> They have been an educator around people's different cultures, mainly through our working together and talking about things (Partner organisation).
>
> In workshops, the migrant team workers were able to challenge some of the things the professionals thought, and they did it in a skilful way. We have learnt a lot from working with them. Riverside has been instrumental in a process of encouraging providers to recognise the need to look at their own practices and assumptions (Partner organisation).
>
> Initially the Roma wouldn't talk with us in the (public service) at all. It took about two years to get a relationship going, and Riverside made that possible. The workers here are invaluable. Now people come to us because they know we can help them (Partner organisation).
>
> I've already noticed that I'm doing things differently. What I learnt from Riverside is to see people's strengths, rather than thinking "They're not doing what I've said". (Partner organisation)
>
> Riverside is an educator, informally through partnership work, and through formal cultural competence sessions (Partner organisation).
>
> The Riverside team has core community knowledge, without which other things wouldn't happen so effectively (Partner organisation).

A recent review of health improvement interventions with people in traveller[79] communities highlights the potential for developing mainstream service providers' cultural competence (Carr et al. 2014).

Health literacy
Riverside works in ways that optimise health literacy in the broadest sense, supporting people to feel empowered and better able to do things that improve their health and

[79] Carr et al. (2014, Abstract) define traveller communities as 'a complex population group encompassing Romani Gypsies, Irish Travellers, Welsh Travellers, Scottish Travellers, Roma, New Travellers, Travelling Showpeople, Circus People and Boat Dwellers'. They refer to a lack of reliable demographic data, and people's movement, leading to 'potential invisibility in health service planning', and unmet needs. They highlight outreach as key to engaging people in health improvement activity.

wellbeing. The Riverside team understands that socio-economic disadvantage affects people's confidence to access information easily. Although gaps in health literacy are not inevitable for people who have no or very little English language skill when they arrive in the UK, a language barrier can further reduce self-confidence and capacity.

> When people arrive, they don't know that the NHS is free. We can offer to go with them on their first visit to the GP so they know where it is. If I just tell them, they won't go. If I go with them the first time then they get to know it and see that it's a different system and it's fine, and often they say "I don't know why I was so scared" (Riverside).

Riverside was a partner in the Ophelia Northumbria Newcastle Project[80]. The Ophelia approach supports people in defined communities to work with practitioners to identify community health literacy needs and local solutions. Health literacy is about people having the skills and confidence to find, understand and use information for the best possible health and wellbeing (World Health Organisation 2016). For people who migrate to the UK this includes knowing how the NHS works and where to go when, including in an emergency. Developing health literacy is an important part of the process of people feeling able to take an active part in decision-making about their health and wellbeing.

> We were invited to be involved (in the Ophelia project) and we jumped at the chance, because the people who come to Riverside often struggle to get the information they need (Riverside).

West End Family Health, a social enterprise of three medical groups in west Newcastle, wanted to meet the needs of people arriving from the Czech Republic, Slovakia and Romania. In 2015 they successfully applied for funding from the Health Foundation's Innovating for Improvement programme, to use the Ophelia process to explore and improve health literacy with these communities. This was a way of building on, and adding to, things they were already doing.

> Sometimes, because we (the health professional and the person using primary care) don't understand each other culturally, we feel like we're fighting against each other and wasting each other's time, and then people aren't getting the care they need. We want to be more effective and efficient. If people have some very simple information about why things have to be done in a certain way, it can make a lot of difference. (Partner organisation).

Riverside was involved in the design and delivery of the Newcastle strand of the project because of the trust it has built with people who have migrated from the Czech Republic, Romania and Slovakia, including Roma. During the early part of 2016 the team supported 101 people across Czech, Romanian and Slovakian communities to complete a standardised Health Literacy Questionnaire. Together with one of the clinicians on the Ophelia steering group they developed the questionnaire data into clinical stories. In April and May 2016 they facilitated workshops involving people from central and eastern Europe, and supported them to take part in a further workshop with local practitioners. Workshop discussion identified themes for action, including the importance of people getting the information they need to be able to use services effectively.

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[80] Australian researchers developed the 'OpHeLiA' approach: Optimising Health Literacy and Access. The Northumberland Newcastle project report, Innovating for Improvement, Using the Ophelia approach to generate and drive healthcare improvements, was published by the Health Foundation in 2017.

Riverside responded to this theme, with partners. They worked with one of the West End Family Health's primary care teams to pilot a weekly drop-in session for people from Romania, aimed at developing their health literacy and supporting them to use the NHS effectively. This was an idea that the primary care team had already been exploring before the Ophelia project. A Riverside worker and an interpreter were available in each session to support people to use the service effectively, and for informal needs assessment in relation to health, employment and housing. Some people were signposted to Riverside and other local voluntary sector organisations. An evaluation conducted by the Ophelia team showed that people developed confidence in using primary care, and that appointment making and keeping by people in the Romanian community improved.

Following the pilot, Riverside and the primary care team met to discuss ways of working together in the longer term to improve the health of people who migrate from central and eastern Europe. Progress in developing this work was interrupted when a member of the Riverside team moved to another job and there was pressure on worker time. Discussion has resumed[81] in relation to adapting practice and delivering culturally competent care (Such et al. 2017 and 2016).

Riverside organised a follow-on event to the Ophelia project in October 2017. Nine Romanian women took part, together with twenty-eight local professionals from a range of organisations, including: Newcastle Carers; Advocacy Centre North; Health and Race Equality Forum; Safe Newcastle; West End Family Health; Tenants and Residents Federation; Police Service Community Engagement Team; Healthwatch; HealthWorks; Action for Children; Newcastle upon Tyne Hospitals Trust (School Nurse and Health Visitor teams).

The session was conducted in Romanian[82] and English so that everyone could take part. The Riverside team briefly outlined their community development approach to working with local people. There was a short introductory presentation highlighting that, though frequently grouped with people who are English Gypsies and Irish Travellers, the Roma in the UK face a particular set of challenges related to migration and pervious experience of discrimination. Roma have been marginalised in every European country (Glennie and Pennington 2013), with very different opportunities to citizens not of Roma heritage, and they experience multiple barriers to accessing health care (McFadden et al. 2018, Lane et al. 2014). Many people arrive in the UK with little knowledge of how the NHS works and the range of services that are available.

Group discussion identified several potential actions, including the design of easy to understand information for migrant families about Health Visiting and School Nursing services[83]. Supporting parent and child relationships from birth, 'ideally through home visiting and the encouragement of good parental relations with schools', is one of three recommendations for improving health in early life in a World Health Organisation

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[81] The primary care team is one of ten in Newcastle that is part of the national Diabetes Prevention Programme, and there is scope for Riverside to be involved with this.

[82] In October 2017 there were two Riverside workers with Romanian as a first language, and they provided interpreting support.

[83] Health Visitors and School Nurses are part of Newcastle 0-19 services, delivering an integrated Healthy Child Programme commissioned by Newcastle City Council. A 2016 commissioning intentions document produced by the public health team highlighted the importance of effective partnerships with community and voluntary sector partners, for early intervention with children and young people most in need.

publication (Wilkinson and Marmot 2003, p.15). Making sure new migrants with children have immediate access to information about the support Health Visitors and School Nurses can offer is important in terms of children's longer term health and wellbeing.

Lack of knowledge about services is one of the main reasons why people do not use them, and uncertainty and anxiety stop them getting the support they need (Cowley et al. 2015, Katz 2007, Maya 2007[84], HAREF 2005, Crowley 2003). Some people are fearful of professionals who visit them at home, and have negative perceptions of what a home visit might mean (Donetto et al. 2013).

People's experiences before they arrive in the UK can result in 'entrenched expectations of discrimination' (British Academy 2017, p.23[85]), making it difficult for people to trust professionals and get the help they need from mainstream services (Field 2010). Health Visitors and School Nurses who took part in the October 2017 event in Carnegie Building talked about recognising that attempts to work with Roma families from central and eastern Europe were often ineffective, resulting in the needs of some of the most disadvantaged people not being met.

> I wasn't expecting that woman who came to my house. Nobody comes to your house in Romania. It was good when I got to know her and I learnt a lot of things. But first of all I got scared because I didn't know why she was there.
>
> We realised our visits were often ineffective and not meeting the needs of families from central and eastern Europe, including some of the most marginalised people. Families were suspicious and sometimes frightened about meeting health professionals, because they didn't understand how our services worked and how we could support them (Partner organisation).
>
> People coming from central and eastern Europe don't understand health visiting and home visits. They tend to be quite suspicious of services. It's important for health visitors to have the opportunity to see people in their own home, to get to build up relationships. There's a need to get across the benefits (Partner organisation).

An important theme that emerged in the British Academy's 2017 call for evidence in relation to social integration in the UK is the need for people in migrant communities to be partners in the design and implementation of resources that are for them[86]. This echoes earlier literature emphasising the importance of UK professional practice meeting the needs of an increasingly ethnically and culturally diverse population through connecting with people across communities (Karlsen 2007, Ghate and Hazel 2004, Owusu-Bempah 2001, Edwards 1999).

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[84] Action research in the Newcastle New Deal for Communities area, involving women and men who had come to live in the UK as adults, identified the need for people to get information about NHS systems.

[85] This British Academy publication gives examples of practical interventions and activities that have been shown to have significant positive impact with people who are migrants, refugees and asylum seekers.

[86] The importance of thinking through ways to meet the needs of people who migrate to an unfamiliar place is highlighted through the account of a community intervention, designed to support migrants from Morocco and Turkey to the Netherlands. Like Riverside, the Dutch project aims to support people to connect with and use local services (De Haes 1999).

Partnership work can lead to people knowing that services are there for them, and using them effectively (Department of Health 2012, Department of Health 2009a). This avoids the risk of crisis situations (Brown et al. 2013).

> More recent research … highlights the importance of culturally compatible information and collaboration with patients and community members. Other research highlights the way in which low levels of trust in statutory services and past poor interactions with health professionals can undermine health literacy among minority ethnic people (Public Health England 2018a, p.43).
>
> (T)he important role of voluntary and community-based organisations in the design and delivery of interventions has been emphasised, since these organisations will often have trusted relationships and detailed insights into both community assets and needs (Public Health England 2018a, p.53).
>
> In future the Health Visitors leading health innovation and undertaking health projects, need to robustly plan, identify and discuss with local community groups what care or interventions they need or want, to improve their infants and families wellbeing. There is a need for greater investment in Health Visiting innovation from the grassroots, including more time and financial investment from the managerial and commissioning side who carry a responsibility to their local population. The Health Visiting service needs to respond to changing demographics locally and nationally and to assure the quality and improvement of Health Visiting services for the future (Halonen (undated[87], p.21).
>
> Improving the health of migrant mothers and their children is not possible without better partnership working with all of the other statutory and voluntary agencies which these women come into contact with. Partnership working offers huge opportunities (West Midlands Strategic Migration Partnership 2010).

Riverside supported a group of Romanian women to work with the Newcastle 0-19 services to develop an information leaflet about what a Health Visitor and a School Nurse do to help children and their families. Community development and language skills within the Riverside team were crucial to the women getting to know the health professionals and feeling confident to be partners with them.

There was much discussion about what, and how much, information to include. What emerged was a decision to produce clear, concise information about how Health Visitors and School Nurses are there to help children and their families. The main aim was to break down barriers of lack of knowledge and fear, which were leading to inefficient home visits and unmet health needs.

The women and the professionals worked together on the wording of the leaflet, with the women prioritising[88] the information needed to make sense of roles that are unfamiliar to people from central and eastern Europe. A lot of time was taken in unpicking ideas about

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[87] This report presents research funded by Health Education England via a Mary Seacole Development Award. The report, undated, is recent as there is reference to ethics consent in December 2014.

[88] An article in the BMJ, twenty years ago, highlighted that people have important insights and priorities that can be missed by doctors and other health professionals (Richards 1999).

safeguarding, and thinking about how to communicate limits of confidentiality, a complex and sensitive issue (Ali et al. 2018).

> What Health Visitors and School Nurses do doesn't exist in Romania, so we need to make the leaflet mean something to people in our community. People need to get the message that this information is useful for them.

The women felt that something with images that make families think "This is for people like me", would draw them in to reading the short text, and give them confidence to engage with the 0-19 services and a wide range of health improvement information.

The process of producing the leaflet took time and commitment, and relied on the trust that Riverside has established with people in central and eastern European countries, the enthusiasm of the women, and the integrity of the Health Visitors and School Nurses working with them. Everyone was thoughtful and respectful in working through the challenges that emerged during the leaflet production in Romanian and English. The Romanian version is the original.

> The leaflet is not a translation from English to Romanian. It's a product of our discussion about what's the role of the Health Visitor and School Nurse and their public health supporting practice, and how can they be supportive to people. The information had to be understood by someone with a background in Romania (Partner organisation).

The leaflet was launched on 5 July 2018. Its co-production is an example of people's 'distinctive knowledge, based on their experiences' complementing professional knowledge (Joseph Rowntree Foundation 2009, p.8). The women talked about building their confidence through working with the Health Visitors and School Nurses, and feeling proud of designing something useful for the health and wellbeing of their community. This is an example of an empowering process, rather than passive participation (National Institute for Health and Clinical Excellence 2016, Think Local Act Personal[89] 2016, World Health Organisation 2006). The women and the professionals identified what needed to change, identified a solution, and worked together on that (Dailly and Barr 2008) .

> They (the women) feel able to speak in front of professionals, which they haven't done before. They have enjoyed being part of this work. They are being taken notice of and valued, and that boosts their self esteem (Riverside).

> Coming here to Riverside we had an opportunity to work with people in the NHS. We talked together about which was the best way. We decided to produce a leaflet in Romanian, so families could find a solution to their problems. People say "Can we really call that number?" and we say "Yes, they're there to help".

Health Visitors and School Nurses said that they learnt about community development and the culture of the voluntary sector, as well as building their own knowledge and skills.

> It has taken us out of our everyday work. This process has helped me develop my own practice, as I have a greater understanding of the barriers for people who move to settle here (Partner organisation).

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[89] Think Local Act Personal is a national partnership of more than fifty organisations committed to transforming health and care through personalisation and community-based support.

The women will continue to work with the 0-19 Services to see what difference the leaflet makes. Research literature discusses the time needed to evaluate the effectiveness of interventions, and refers to the quality of partnership work being an important intermediate outcome in itself (Lhussier et al. 2016). This partnership has put into practice elements identified in a guide to improving the health of Roma communities: active participation of people who are Roma; involvement of the voluntary sector; working with the aim of making sure that mainstream services are appropriate to the needs of Roma people; awareness of gender specific issues, including difficulties accessing support for children (Migration Yorkshire 2012).

Riverside has produced a briefing[90] outlining its capacity for partnership, with reference to factors that can increase the potential of people working together to develop services (Addicott 2013, Plumb 2007). These include a willingness to collaborate and work through challenges together; shared learning; and senior leaders championing partnerships

There is potential for further work. A recent economic review of outreach interventions for health improvement of traveller communities suggests exploring ways of promoting vaccination and access to antenatal care (Carr et al. 2014).

Building resilience

Women in west Newcastle wards have diverse life stories, and share the experience of living in some of the poorest parts of the city and the UK. Riverside supports women to learn with each other, develop a sense of solidarity, and build confidence to shape their environment.

Riverside successfully applied for funding[91] to run a Staying Afloat resilience building programme, designed by an experienced group work practitioner as a springboard for women to feel confident to move on in their lives. Following pilot sessions there were ten programme cycles in partnership with Riverside between January 2016 and November 2017, nine in Carnegie Building and one in another community venue in the Benwell area. Seventy-four women took part, with between five and sixteen participants in each cycle. The age range was from early twenties to seventies. Some of the women said they live with a level of disability, and/or care for someone else. They came to the programme with different literacy levels. Women from minority ethnic communities took part, including from central and eastern European countries, together with women from the majority white community.

Staying Afloat connects women across communities in a positive and empowering environment. This is particularly important in the context of local communities in transition through migration, and the referendum vote to leave the European Union resulting in some people living with high levels of uncertainty and anxiety.

> It was a big experience for me. I felt very comfortable with the people there. We were helping and supporting each other. You could feel safe. You didn't feel like a stranger. Since I started going I understand myself more. They listen to you. This is very important. You have a voice. I used to never want to leave the house. Now I come out to meet my friends. The first day I came I felt anxious. Some people don't want to talk and that's OK. It doesn't matter who you are, they welcome you.

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[90] Contact migrantwork@riversidechp.co.uk for more information about this and other briefings.

[91] The funding included financial support from the European Social Fund.

> People text me and ask how I am (the woman being interviewed started to cry when she said this). If you want to share, you can. Then there are tips and quotes and we talk about them. We have shared thoughts about “What does resilience mean to me?“ And about what makes you feel confident. I was comfortable in the group. Every session had a different theme. Now I have more understanding of myself and this environment. It really, really wakes you up and you have a voice and you can stand up for yourself. I never had these skills before. I realised I can have fun and be part of enjoying life. I’ve learnt how to face problems. In this country there is no mum (this woman’s mother is in her home country), but there is a place for me to come and that is Riverside. I didn’t realise how strong I am. It was like being in the dark. If you are in a dark room, you stay still in the middle and you don’t know where to go. The Staying Afloat course said to me “OK, wake up, wake up”. I thought to myself “This course reminds me of many things about myself that I had forgotten. I am a good woman. My doctor asked me “Do you want to talk to a counsellor”. I said “No, I don’t think that will benefit me. This group gave me things”. I learnt a lot of English. The person leading said “If you don’t understand anything, just ask”. Then she would check if I’d understood. I felt relaxed.
>
> Women in the group could get to know my culture and I got to know them. We are different to what people see when they look at us without getting to know us.
>
> Coming to a group session when you’re feeling depressed is like a treatment in itself. We can share our problems.
>
> We have worked hard not to make assumptions about each other, and to listen to what people say.
>
> I hear from women over and over again that coming to Riverside makes them feel better about themselves. It is great to see women from different backgrounds making friends and supporting each other (Riverside).

For some women with English as a second or third language, taking part in the Staying Afloat programme has contributed significantly to development of their English language skills. This is partly due to increased self-confidence, and partly because of an opportunity to learn through listening to other women, and to practise speaking in an informal environment. Women with English as a first language talked about enjoying supporting others, and having the chance to learn new things.

> We got to know words in each others’ languages and we took time to make sure that everyone knew what all the words meant.
>
> One woman said that she speaks as much, and sometimes more, English in the Staying Afloat sessions as in the ESOL class. The group encourages women to make more conversation because it is something they’re interested in. They are learning new vocabulary all the time (Riverside).

Women talked about ways in which taking part in Staying Afloat has helped them focus on themselves and think about things they want to do. They reported feeling able to make positive changes in their lives, because of increased confidence and self belief. For example, one woman said that she is doing more exercise, one has taken part in several courses, one has participated in an event at Riverside for the first time, and one has found paid employment.

> It helped build my confidence so I can deal with situations calmly. Some things pull you down, and this (Staying Afloat) gives you tools to survive them.
>
> I was lucky to come to the sessions. I feel stronger and more confident now. People ask me about *me*, something that's unusual. We need some time to leave everything behind and feel free. It's important to have space just for women. It makes us more strong. I had no confidence and now it's a massive difference.
>
> Riverside starts from the place where women are, rather than trying to fit them into something. Though there are funding constraints, they work in a person-centred way (Partner organisation).

Working with the effects of crime and exploitation

Over the period of Big Lottery Reaching Communities investment, the Riverside team has responded to changing need and been involved in early intervention work around the effects of crime and sexual exploitation, following disclosures by people in central and eastern European communities.

Riverside is part of a citywide, multi-agency strategic response to sexual exploitation (Newcastle City Council 2015), including the trafficking of people between eastern Europe and the UK (Glennie and Pennington 2013). A more sophisticated level of understanding of the particular needs of people who are trafficked has been developing in the UK over recent years (Madill et al. 2011). Riverside has worked in partnership with GAP (Girls Are Proud), a Changing Lives outreach service for women over the age of 16 who are involved in sex work or at risk of sexual exploitation.

The interview excerpts below show the value of Riverside's long history of community development, its capacity to build relationships of trust with local people, and the expertise it has developed in working with people who migrate to the UK. These quotes illustrate the team's capacity to work in partnership to create opportunities for some of the most marginalised people in the city. They identify Riverside as a valuable partner in complex areas of service provision. They also highlight the risk of the team being drawn in to an ever wider range of provision because of their skills and openness to new developments. Riverside has used the evaluation process for thoughtful management of work, to avoid diluting the team's community development approach.

> We've always been aware of Riverside. GAP has been going for about ten years now and has taken part in events like International Women's Day celebrations organised by Riverside. Riverside and GAP have developed a more in-depth relationship over the last year, through a worker from each organisation meeting on a training course and talking about the crossover of their work with women. Now there's the Police Innovation Fund[92], and they have a defined pathway[93] for any women they're working with who disclose sexual exploitation. They can tell the women about the GAP service because they know GAP and how it works. Sometimes workers from each organisation might manage a case together,

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[92] The Police Innovation Fund supports initiatives that can transform ways of policing. Changing Lives was successful in applying for funding to set up a multi-agency hub for safeguarding and engaging with people who are sexually exploited. Riverside is a partner in this work.

[93] In 2015 a Newcastle Multi-Agency Sexual Exploitation Procedural Flow Chart was produced.

because some cases can be complex for one person. Another woman might feel really contained just working with one person. There's sharing of experience and learning from each other. One worker might say "This is how I'd work with this person…", or "This is the language I would use…" There's flexibility on both sides and the relationship is supportive. It's also extremely valuable working in partnership with a team with bilingual workers. Riverside and GAP work together to raise other services' awareness of the sorts of barriers women face in trying to get support. Working out ways around that is part of what community development is all about. Riverside is a specialist in community development work, and now in working with migrant communities. The police think very highly of Riverside because of the work they have done with communities in the west end over the years. That's why people go there, because they know there is somewhere they can talk about a whole range of things. Hopefully service commissioners will let Riverside stay a specialist in these areas, and not put pressure on them to do a bit more of this service provision, and a bit more of that provision, which might confuse the direction of their own work and their vision (Partner organisation).

We need Riverside because it is an important information conduit to people in the large migrant population. Some of the people they work with are extremely vulnerable and Riverside is part of a multi-agency safeguarding hub. Because of the trust and confidence that Riverside has built some people feel able to disclose, for example around trafficking. They give people information about their rights, and routes to reporting crime (Partner organisation).

This is a new area for Riverside, working with people who have been trafficked in to the adult sex industry. Riverside is building trust and confidence. It provides wraparound support because it can signpost to the specialist services they need and encourage people to use them. You need the longevity of the relationship they have with people for that to work (Partner organisation).

Riverside are part of a multi-agency safeguarding hub, and they are able to engage with women who are in sex work, and give them information about sexual health services and all sorts of support. People trust them. Riverside has understanding of the issues, and they're very respectful of the people they work with. They don't judge, and they will listen to what the women are saying (Partner organisation).

Riverside workers are part of a forum, together with Changing Lives and SHINE[94], discussing issues and best practice relating to support for people who have been sexually exploited. The forum will influence the development of policy and procedures, and future design of services.

Section 5. Learning and development

This section illustrates Riverside's capacity to develop as an organisation. People who have worked in partnership with Riverside took the opportunity of the evaluation to share their experience of it as a well managed learning environment and service provider.

(Migrant Support Manager) is a skilful manager, and she uses their (the team's)

[94] SHINE (Sexual Health In Newcastle) is a community women's health project based in Newcastle upon Tyne, offering support and services for women 16 and over.

> desire to get things right to get them to look at practice that needs to continue to develop (Partner organisation).
>
> It's a place for practitioners to grow and learn. Staff talk and work out how to handle things. They say "That's not working, Let's try this" (Partner organisation).
>
> What stands out is Riverside's way of doing things. Their problem-solving as a team is very impressive (Partner organisation).
>
> They have clear policies and they are willing to make individual arrangements as long as it's safe. They can be flexible. Riverside responds to the need that's there at the time (Partner organisation).
>
> There's the quality of their governance, and the safety and security Riverside gives to workers and people who use the services (Partner organisation).

Partners who have worked most closely with the Riverside team highlighted a level of management expertise that sometimes hides the challenges of the work.

> Most people don't realise the depths of their work. They deal with such a lot of sensitive, safeguarding things, and nobody realises (Partner organisation).
>
> There's a sense of the trustees in the background. You know they would step up if there were any problems (Partner organisation).
>
> They're always checking out what depth of work is needed, and what's practically possible, and they make it look easy (Partner organisation).
>
> It's a work environment where there is complex juggling, and there's enough flexibility within the management structure to respond well to each situation and make sure everyone is safe (Partner organisation).

The team used the evaluation to take an extended look at the way they do things, and they have made appropriate changes over the last three years. The following sections outline three examples of Riverside's learning and development.

Improving the recording of information

At the start of the evaluation the team identified some parts of the system for recording work with people from central and eastern Europe that needed improvement.

A baseline review showed that the recording system was not producing enough of a detailed picture of presenting needs, for effective service planning. The Chief Executive suggested that Riverside develop its database to record information that reflects the full breadth of the work. The migrant support manager drafted a form to capture this information, and the team piloted it for three months from the end of 2015. The form has been adopted, recording how people describe themselves eg Czech/Roma; whether they have lived in the UK before and have a National Insurance number; groups, drop-ins and community events they take part in; and organisations and agencies to which they are signposted.

Space for recording people's experience of hate crime was added in during the pilot

period, to build a more accurate local picture. Forms relating to members of a family group are held together in Riverside's secure[95] filing system, and workers use a checklist in each file to highlight information relating to safeguarding.

Team interviews highlighted a problem with the recording of information for the Community and Family Hub (formerly Sure Start) database. The workers were successfully engaging central and eastern European families eligible for Community and Family Hub services, however some were not consistently recording details for each child within a family group, for example missing off a date of birth. The Riverside administrator was spending time checking registration forms and following up missing information, before being able to enter everything needed for Community and Family Hub database registration. The migrant support manager emphasised each worker's responsibility for reliably recording information to avoid inefficiency and organisational risk, and the team responded.

Investment in development

Riverside aims to support its team members to do their work well, meet targets, have a good sense of wellbeing in the workplace, reflect, learn, and develop their professional practice.

The team's skill mix is regularly reviewed. One of the bilingual workers was recruited into a trainee post and, supported by Riverside, she has gained a national level two Community Development professional qualification. A worker who has more recently joined the team is being supported to do the same, with peer mentoring. Riverside invested in an Association of Accounting Technicians course for the Finance Administrator, which has strengthened the organisation's finance function.

The bilingual workers have taken part in a range of training events. An interactive workshop, organised by Show Racism the Red Card in March 2016, was an opportunity for them to develop a more sophisticated understanding of racism[96]. They were encouraged to reflect on the set of cultural norms and personal prejudices they each bring to their work, that influence how they respond to people of different backgrounds. They have received training from Newcastle Law Centre on benefits; the leave to remain application process; immigration status; changes to legal aid for people experiencing domestic violence; and changes to the law around coercion and control. The team has taken part in training sessions on modern day slavery facilitated by Hope for Justice[97]. A new development is Riverside workers taking part in training for an initiative in primary schools called Storywell. This approach, involving a partnership of schools and family support organisations, uses puppets to encourage children to talk about their feelings. It links parents with help as appropriate.

Some Riverside workers are from a white working class background and some are from minority ethnic community backgrounds. Some live locally. The range of the team's cultural backgrounds enhances Riverside's service provision, and can be challenging in terms of different perspectives on issues such as migration. Management skill supports workers to think about where their ideas come from, and develop reflective practice.

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[95] Riverside regularly reviews its data protection compliance in relation to the recording and storage of information, in partnership with the Local Authority.

[96] The definition used in the training session was: Racism is treating people badly, unfairly, and differently because of their skin colour, religion, culture (eg the nomadic culture of Roma), and nationality.

[97] Hope for Justice aims to end modern slavery by preventing exploitation and restoring lives.

> (Riverside Chief Executive) is very good at using current news to promote discussion about migration, which needs to be done in a sensitive way so people can discuss things openly and honestly (Partner organisation).

Another challenge for a team in which workers share social and cultural backgrounds with some of the people they work with, is avoiding those service users who are from the same community as themselves feeling special, which could lead to dependency and abuse of power (Cooper 2012). They are aware of the risk of becoming gatekeepers to information and services, and the fine line between the people they work with feeling dependent or empowered.

The team is always thinking about ways of adapting practice so that Riverside is a springboard from which people can do things for themselves and move on, and not a barrier to independence. In evaluation review meetings the team has talked about the importance of checking that the level of support they offer moves people forward rather than holding them back. For example, in a meeting in May 2017 there was discussion of there being no worker with Czech as a first language at that point. In this temporary gap, people in the Czech community showed that they had been developing more language skills than the team had thought. This was a reminder not to make assumptions about people's progress, and to keep adapting and shifting support as needed.

Riverside has used the evaluation to focus on maintaining professional practice that is safe and supports people to progress in their lives. In supervision the team discusses appropriate boundaries of professional responsibility, and the importance of maintaining Riverside's integrity and reputation as a trusted organisation.

Migrant support can be complex and intense, and it is not always easy for the team to take a step back when they are confronted with situations of people at the 'edge'[98]. Workers sometimes have to listen to people's experiences of exploitation and violence. This can be traumatic (Madill et al. 2011), and having an embattled feeling is understandable. The pressure and emotional impact of some areas of work was discussed at an evaluation meeting in December 2015, and the Riverside Chief Executive responded by arranging time limited external group supervision for the team. This keeps everyone grounded and strengthens capacity to work productively with colleagues against a background of continuing funding cuts and austerity.

> The passion of the team could flip over into a negative sense of "It's us against the world', and we have talked about this. Things can get tense when you are working with people at the hard end, particularly in work with people who are newly arrived migrants, who are feeling stressed and don't have the language to say what they want to say. We have thought about the importance of team-care and self-care and the need for regular debriefing in supervision (Riverside).

Internal supervision now includes regular review of boundaries in relation to the scope of the work, and how to balance community development and crisis management. The migrant support manager introduced a system of using each Friday for administrative tasks and case discussion, to support workers to focus their work more effectively and develop pathways for crisis points. Work planning happens at six week intervals.

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[98] The North East Poverty Declaration refers to a cutting edge of poverty, and waste of people's opportunity and potential (barnardos.org.uk/northeastpovertydeclaration).

In evaluation review sessions the team talked about finding it difficult, at times, to say “no” to people who are in need, and to pieces of work suggested by partner organisations. The Chief Executive suggested that the team focus on the positive, ie what they can do as workers within the limits of what it is possible for Riverside to provide, rather than things that fall outside of their remit.

There was discussion of the strengths and weaknesses of having an approach of “Yes, we can do that. How can we make it happen?”. Saying “yes” at the beginning is positive and makes it easier to move forward and find solutions. Saying “we (and meaning only Riverside) can do that” may not be the best response, as the Riverside team might not have the capacity or the set of skills needed. Saying “Yes, and how can we (ie Riverside together with partners) make it happen” is a good alternative. An unconsidered ‘can do’ approach ignores potential impact on the team and the organisation. A decision about whether to say “yes” or “no” may not be straightforward, and should always be linked to the strategic direction of the work. The migrant support manager arranged a planning and prioritising away day during December 2016, and the team used this to think about when and how to accept or decline particular pieces of work.

Recent collaborative work has highlighted the importance of Riverside having an initial written agreement with partners. The team has supported women in the Romanian community to work with health professionals to develop a resource (see Section 4, Health literacy). The women were in a position to be partners in this piece of work through Riverside reaching out and building trust with their community. Some people in the statutory partner organisation had little or no experience of community development and the work was a ‘clash of cultures’ (Cullingworth 2017) in this respect. However, the women, the Riverside team and the community health professionals who were directly involved in the partnership, did not clash. They got to know each other, listened to each other, and were respectful of each others’ knowledge and ideas. They were open to trying things out, without necessarily getting them just right straightaway. The women, who are Roma, said that they felt that they were equal partners in the work.

This recent experience has prompted a decision by Riverside to produce a written agreement with each partner or group of partners before starting to work with them. The agreement will cover shared aims; how the work will be resourced, for example through existing worker time; how any additional funding will be divided; timeline; any anticipated challenges, with a commitment to working through them; how partners will hold each other to account (Association of Chief Executives of Voluntary Sector Organisations 2014).

They will also ensure that the value they add to partnership work, because of their relationships of trust with communities and colleagues, is taken into account in the sharing of funding and other resources, and in the documentation of collaborative work. The issues of the level of their generosity as a partner was highlighted in several interviews:

> They worked to a tight timetable and everything got done. They always said “We can do that”. They were very ‘can do’ at all times. I would say to them to not always be so obliging (Partner organisation).
>
> They have respectful relationships across a whole range of partner organisations, and not many can say that. They are very good at managing conflict of interests. They are very gracious, and sometimes this means that other people get the credit for work that’s done in partnership (Partner organisation).

Further developments
In response to the evaluation, trustees have discussed the importance of Riverside:

- Continuing to use a community development approach that supports people across diverse communities to be heard and to influence services and shape opportunities for people.

- Continuing to work with people from central and eastern Europe and other migrants as an integral part of its provision, responding to the changing demographic of Newcastle's west end and supporting integration in the sense of everyone working out ways of living together. The Chief Executive will look at funding sources for maintaining Riverside's expertise in this area.

- Continuing to work in ways that mitigate against people becoming dependent and workers feeling overwhelmed. Senior management will make sure that supervision includes regular review of professional boundaries and emotional wellbeing.

- Contributing to strategic discussion and action without being drawn into areas of service provision that others are better placed to offer.

- Keeping short to medium term track of developments from the evaluation process to make sure they embed, for example, written agreements in advance of partnership work.

- Continuing to make time to nurture partnership relationships.

- Thinking about how it owns, and gets information out about, what it contributes to local knowledge production[99] and partnership action. Some partner organisations referred to Riverside being too generous. This feedback was made constructively, in relation to sustainability.

- Highlighting to commissioners and local councillors the significant contribution that its work makes in relation to social integration, prevention of ill-health, and support for people to progress in their lives, in line with national and local policy direction.

As the evaluation report was being drafted in spring 2018, the Big Lottery let Riverside know that they would not be able to continue funding the migrant support work through the next round of the Reaching Communities[100] Fund, 2018-2021. The response from the Riverside team was characteristically pragmatic and forward looking:

> We have arranged welfare rights training for staff, and some other organisations, and volunteers. We will probably be using (the person who has been giving people welfare advice via Carnegie Building) differently then, as she will check the work of others who are giving advice and probably do less of the face to face as a result. The bilingual workers are taking part in the training. That's something that probably wouldn't have happened if we had got the continuation lottery funding.

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[99] Schucksmith (2015) suggests that 'in a lot of literature there is rarely recognition that third sector organisations are knowledge producers'.

[100] The Reaching Communities programme was paused from the end of 2017 to spring 2018 for restructuring, and relaunched in spring 2018.

> Participants will be qualified to help people with the forms for Universal Credit and Personal Independence Payment, and will have a rounded understanding of how benefits fit together. We are registering with Advice UK as an advice centre and are also looking at working towards a quality assurance mark. We are changing in a positive way in response to what we initially thought was devastating news (Riverside).

Riverside is developing and adapting its service provision all the time:

> Currently the internal Equality and Diversity Action Group, involving people who use Riverside services, workers and trustees, is looking at how to make Carnegie Building as welcoming as possible for everyone. We're sharing our learning with other local organisations, including ways of producing information to show progress in this area (Riverside).

> Riverside takes a risk and pilots things. Some organisations are all views and no action. Riverside just does it (Partner organisation).

Over the summer 2018 the Riverside team put together the autumn programme of: accredited courses; children's activities; volunteering opportunities; women's action group; and a range of weekly activities, including improving spoken English, digital inclusion, and antenatal support.

In the context of Newcastle experiencing the 'damaging effects of austerity's cuts to local government funding (Casla 2018[101]), the work goes on.

[101] Dr Koldo Casla, Research Associate at Newcastle University's Institute of Health and Society, discusses the official UK visit by the UN special rapporteur on extreme poverty and human rights https://ncl.ac.uk/press/articles/latest/2018/11/conversationeffectofausterity/.

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Appendix. Mapping: Riverside Community Health Project

Identifying local issues and health needs and responding

- Riverside's management, staff and volunteer teams involve people from the local community
- Riverside builds relationships of trust with local people and finds out about areas of need
- One to one needs assessment in Carnegie Building and/or in people's homes
- Riverside was one of the organisations that highlighted the local issue of some young people in migrant families being excluded from school, and chairs multi-agency group planning response
- Community events bring people together and break down barriers
- Regular 'Engage to Change' events respond to issues identified by people in the community. A range of organisations eg Police; Fire Service; Rape Crisis Centre; Local Authority Recycling and Environmental Health, share information in discussion with local people
- Riverside maintains a team of workers with the cultural and language skills to support people less likely to access services
- Participant in Newcastle Community Forum

Supporting people to settle in and live well

- Group sessions reduce isolation and develop self-esteem and confidence
- Activities in and out of Carnegie Building bring people in different communities together
- There are informal/formal learning and training opportunities
- The team highlights the value of learning English via informal conversation and/or ESOL
- Riverside supports local events organised by other organisations
- Neighbourhood welcome packs are accessible to everybody
- Awareness raising of social and educational value of playgroup for young children, encouraging parents to take up a place, including those unfamiliar with early years provision
- Opportunities for volunteering to build confidence and skills.

Working in partnership and sharing information with:

- Newcastle public health team, including two new strategically paired posts (one based in the statutory and one in the voluntary sector) aiming to improve the health and wellbeing of people across black and minority ethnic communities. Informing strategic action through systematic feedback of information about emerging issues
- Stop Smoking team
- Sexual Health team
- Citizens Advice Bureau and Law Centre
- West End Food Bank and Shelter
- Local Credit Union
- Changing Lives, supporting migrant women affected by sexual exploitation
- Early Years Specialist Education to ensure all families can access support
- Newcastle Police, including a close working relationship with the community policing team
- Children's Society, contributing bilingual worker time to city centre drop-in for migrants
- Newcastle Local Authority waste management service, via Family Intervention Project
- Safer Neighbourhoods Initiative
- Healthwatch

Supporting strategic work, through:

- Working in alignment with the Newcastle and Gateshead CCG Alliance Strategic Plan
- Being part of a group of organisations in west Newcastle that have co-produced the Benwell and Scotswood Our Place Community Action Plan 2015-2018, aiming to work together and with, rather than against, tensions between different communities
- Contribution to Newcastle's coordinated response to trafficking and sexual exploitation
- Newcastle Schools Team, supporting their work to ensure equality of opportunity
- Deciding Together, a long term consultation process on specialist mental health services
- North Benwell Partnership, including Patchwork Project (working with young people), and Search (working with older people), working together to address local issues.

Research into action:

- Using findings of local and national research eg needs assessments to shape work
- Responding to OPHELIA findings and supporting women to produce information about how Health Visitors and School Nurses can help families