Evaluation of the Workers’ Educational Association (WEA) Tandrusti Project April 2012

Mary Curran Applied Research and Consultancy April 2012
Acknowledgements

I would like to acknowledge the co-operation of managers and staff from Tandrusti, the Workers’ Educational Association, and NHS Dudley in providing information and actively participating in this evaluation.

I would also like to acknowledge and thank the Tandrusti learners who participated in the evaluation focus groups.

Mary Curran
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1. Executive Summary

The purpose of the Tandrusti project is to improve the health and well being of people from Black and Minority Ethnic (BME) communities in Dudley Metropolitan Borough through locally provided physical activity and health education programmes, improve confidence in accessing public health service provision, increase health related volunteering, and increase awareness in voluntary and statutory organisations of culturally appropriate service delivery for BME groups.

- There is a need for health programmes for BME groups to address inequalities in health identified by the Marmot report and other research, and NHS Dudley

- The project, working in partnership with voluntary and statutory organisations, successfully engaged people from BME communities, particularly elderly people and those with long term medical conditions, in enjoyable exercise and health education

- Beneficaries reported significant improvements in their health, well being, fitness, self esteem, independence, and improved confidence in accessing health services

- The project measured health indicators of participants before and after courses and this data shows health and fitness improvements, such as in blood pressure and Body Mass Index (BMI)

- The health benefits of Tandrusti courses are being sustained at home by beneficiaries who are exercising more, eating more healthily and sharing healthy living messages and practices with their families

- Tandrusti has brought together people from different ethnic and faith communities who describe greater understanding of each others cultures, so contributing to greater social cohesion

- 35 people have trained and are volunteering with Tandrusti, including as community health champions, so contributing to the Big Society agenda

- Tandrusti has acted as a bridge between BME communities and health and social service providers, enabling consultation with BME groups; and disseminating good practice in provision of services for BME groups to providers

- Further development for Tandrusti would be to increase access for BME groups to specialist services where a need was identified by beneficiaries, such as carer, mental health, and children’s services; and work more pro-actively with providers identifying specific proposals to action to enhance access for BME groups

- Recommendations are to:-
  - review participation in Tandrusti and take action to overcome barriers for any missing groups
  - identify possible funding scenarios and strengthen plans for sustainability of Tandrusti outcomes
  - strengthen links between Tandrusti and other health related projects to share good practice and evidence of enhancing health and well being to contribute to policy agendas and support funding applications
  - review WEA project management processes and structures to enhance support for and sustainability of project work
2. Introduction

2.1 The Tandrusti project and the Workers Educational Association (WEA)

Tandrusti, in all south-east Asian languages means:-
A sound condition of the mind or body. The state of being free from illness. The person who is ‘tandrust’ is having good health, or is capable of producing good health

Tandrusti is a Workers Educational Association (WEA) West Midlands region project. Tandrusti is funded by the Big Lottery Fund (BLF) Reaching Communities programme and NHS Dudley (formerly Dudley Primary Care Trust) May 2007 to April 2012.

The purpose of the Tandrusti project is to improve the health and well being of people from Black and Minority Ethnic (BME) communities in Dudley Metropolitan Borough through locally provided physical activity and health education programmes, improve confidence in accessing public health service provision, increase health related volunteering, and increase awareness in voluntary and statutory organisations of culturally appropriate service delivery for BME groups.

The physical activity and health education courses have been developed for people wanting support to manage specific medical conditions. Courses include:-

<table>
<thead>
<tr>
<th>Health Diagnostics</th>
<th>Circuit Training</th>
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<tbody>
<tr>
<td>Falls Prevention (Modular Based)</td>
<td>Gym Circuits</td>
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<td>Boxercise</td>
<td>Body Condition &amp; Strength</td>
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<td>Kick Fit</td>
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<td>Cardio-Blast</td>
<td>Functional Development</td>
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<tr>
<td>Heart Health</td>
<td>Tandrusti Walk</td>
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<tr>
<td>Anatomy and Physiology</td>
<td>Healthy Towns Gym</td>
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<tr>
<td>Postural Stability Instruction (PSI)</td>
<td>Healthy Living &amp; Keep Fit</td>
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<tr>
<td>Chair Based Functional Development</td>
<td>Aerobics</td>
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<td>Community Gym</td>
<td>Maintaining Mobility - Chair Based</td>
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<td>Community Gym - Heart Health</td>
<td>Exercise</td>
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<tr>
<td>Community Gym - Diabetes Care</td>
<td>Swimming</td>
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<tr>
<td>Community Gym &amp; Boxercise</td>
<td>Healthy Living &amp; Activity</td>
</tr>
</tbody>
</table>

The Workers’ Educational Association (WEA) is the UK’s largest voluntary-sector provider of adult education. The WEA was founded in 1903, in order to support the educational needs of working men and women who could not afford to access further or higher education. Today the WEA provides courses for all kinds of adults but maintains the mission to provide educational opportunities to adults facing social and economic disadvantage. WEA aims and values also have a strong community focus:-
Changing and enriching lives through learning – at individual and community levels
Believing in people, communities and their potential to change through education

There are three WEA strands of provision. Community Involvement - courses for groups or individuals who want to develop their skills and knowledge in order to play a fuller role in their community (48% of WEA provision), Second Chance to Learn -providing vital skills and often lead to qualifications (17% of WEA provision) and Cultural Studies -courses open to all and largely run through one of the WEA’s local branches (35% of WEA provision). Tandrusti is part of the Community Involvement strand.

The WEA West Midlands region has a focus on widening participation and social purpose, addressing issues such as health and well being, community involvement and employment. They have over 11,000 enrolments annually on around 1,000 courses held in local community settings. The majority of learners have few if any educational qualifications and
are mainly from deprived areas within the region. In Dudley in 2010/11, they enrolled 1,569 adults onto our range of courses. Of these:-

• 62% resided within a ‘disadvantaged postcode’ area
• 87% were declared members of ethnic minorities
• 44% declared a physical disability
• 4% declared a learning difficulty
• 84% had qualifications below Level 2 (GCSE equivalent)

2.2 Evaluation research methods
The evaluation research was planned and conducted using recognised ethical good practice (British Sociological Association, 2002). The methods used were:-

Primary research
There were four focus groups of 47 Tandrusti learners, telephone interviews with 2 Tandrusti project workers, and with the Public Health Programme Manager for NHS Dudley, who is also Chair of the Tandrusti Project Steering Group.

<table>
<thead>
<tr>
<th>Breakdown of focus participants</th>
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<tbody>
<tr>
<td>Women</td>
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<td>32</td>
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<table>
<thead>
<tr>
<th>Asian</th>
<th>Black Caribbean</th>
<th>White</th>
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<tr>
<td>30</td>
<td>7</td>
<td>10</td>
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</table>

Secondary research
Desk research of quantitative and qualitative data collected by Tandrusti (including enrolment data, learner evaluations, and case studies) and of relevant published research.

For the primary research the methodology was qualitative, to seek the interpretations of the research participants in their own words. Bryman says qualitative research as emphasises ‘seeing through the eyes of research participants; description and context (Bryman 2004, p266). The research is influenced by emancipatory approaches in that it ‘focuses on the lives of diverse groups…that traditionally have been marginalised’ (Robson, 2002, p28).

Before the focus groups, potential participants were fully informed about the purpose of the focus group and the way the data would be used. All participants gave written consent for their participation in the focus group, and for audio recording the discussion. The audio recordings were transcribed for analysis.
3. Evaluation findings

3.1 Tandrusti has engaged BME communities in lifelong learning for health improvement

For some health service providers BME groups have been seen as ‘hard to reach’. A member of a community group said to the Tandrusti manager

“We’re not hard to reach, they’re just not reaching us

Tandrusti has engaged people from BME communities (particularly the elderly and those with long term health conditions) in health and exercise courses which have improved their health and well being, self esteem and independence. The project completed 250 courses with 4,037 enrolments. There were 1,027 individual learners.

Tandrusti learner profile April – December 2011²

| Learners declared BME at enrolment | 677 (93%) |
| Learners declared physical disability at enrolment | 351 (48%) |
| Learners declared learning disability at enrolment | 31 (5%) |
| Females | 624 (86%) |
| Males | 103 (14%) |

3.2 Health improvements reported by beneficiaries

Learners who attended the focus groups described significant changes to their physical and mental health from doing Tandrusti courses.

The Blackheath women’s group started as an over 50s group, but some younger women have now joined. Almost all the women have one or more health problems, such as heart disease, Type 2 diabetes, arthritis, and depression. They said:-

- I feel a lot different, my doctor is happy I am going to exercise
- I have double vision from 1967. I have make a lot of difference now, move my head to side and now have single vision
- When we start walking, strength in the legs and active in the body
- I can walk around with the grandchildren now, I’m walking everyday 40-45 minutes
- I go to Temple every day now
- We feel much much better, feel younger
- I feel happy after exercise, I meet my friends, do some exercise at home
- I get up in the morning to come to the class, even if I’m not feeling well I feel better when I come here
- Before, when I wake up in the morning my arms and legs were stiff. After a few months of classes I feel much better, less stiff, more flexible, no pains now and also doing yoga. I don’t even take tablets now
- I’m a diabetic, and have a heart problem and hiatus hernia and problems with my knees. If I’m alright I do all the exercises, but if I’m not feeling well I just do simple exercises sitting down. Since I’ve been doing the exercises I am feeling a lot better. It was very hard for me to get up from the chair, but it’s much better now. I also use a stick sometimes, but much less since the course
- If we are at home we’ll sit lazy
- It’s not easy to lose weight these days, I’ve lost a bit
- Don’t stop exercise classes or we are in a prison

Learners, Blackheath women’s group

A lady with rheumatoid arthritis said

² WEA Management Information System (WEAMIS) data
I have more motivation, more self confidence as well. I can move my arms better, my legs as well, more strength in them. I try to chop vegetables and I can manage them. I sit down to do that. I can stand up to iron my own clothes now. I am walking better, and better in the house, more independent.

Learner, Blackheath women’s group

Learners from a group in Central Dudley also described a range of benefits from the course.
- We try to get fit our self
- Our bodies are like a machine, we have to take care of our machine
- Well we do exercises
- Everything, everything from top to bottom, even mentally
- Mentally, yes
- Yes it’s, you come out and you meet people and you use all the equipment in there and they do different sort of exercises
- We do all sorts of exercises. I’ve got arthritis and I find it helps very much to keep the joint and muscle going
- Well with the rowing machines I find it helps with my arthritis because I’ve got a knee replacement and that help me to mobilise better
- Well we do all the exercises anyway because I’ve got arthritis in my knee as well and that helps as well and it helps me to lose the weight as well
- I have arthritis, two replacement knees. The more exercise I do, the more movement I have
- I was supposed to do an exercise each day so I come in here and find it more fun and enjoyable to do it together and I try to do it from here
- We feel much better. I can run up the stairs easier and, you know, different things like that and you go walking more and you listen and it’s always in the back of your mind telling you what to do when you’re out, to remind you what it’s for
- I walk every day, I walk into town rather than take the bus
- I’ve stopped using the car
- When I joined I was walking with crutches, really slow, I’d got no confidence. After 7 months I could walk without crutches, have lost weight, my blood pressure stabilised. I feel 10 years younger, it’s really improved my quality of life
- We feel fresh when we come here, we need fresh air for our bodies, more motivation
- It makes you more aware of your body
- You understand what part of the body does what, the main muscles and how they work
- It’s a brilliant course, it makes us do things we wouldn’t do before
- It helps to lower the blood pressure, I’ve lost weight. I try to eat less…and healthy
- When we get older we can’t do as much, get breathless…
- It keeps you moving, you meet other people, you have fun
- We can’t all afford gym prices

Learners, Central Dudley focus group

In a course for men, some of the group have long term health problems or disabilities, such as high blood pressure, diabetes, have had heart by-pass, or hip or knee replacement surgery.
- You keep active more, you could live longer and feel better
- We learn English as well
- I can walk better now with exercise, walk without stick now
- I’m very keen doing gardening, I can bend now, use shovel
- We go to the park, feel fresh
- Feel nice and fit
- Since I’ve been exercising I feel fit and healthy

Learners, Blackheath men’s focus group
Participants in a Tandrusti course for people with multiple sclerosis (MS) described what they have gained from the course.

- I think from an educational point of view we’re learning things all the time – learning about our bodies, learning about what we should be doing to help ourselves
- I think he’s [the tutor] maximised the movement we have got to make it more effective, to use it in ways that can benefit
- And we all enjoy it so we come in every week otherwise we wouldn’t do it.
- Mentally and physically it helps you to actually move different parts of your body and also strength, from a mental point of view and a physical point of view
- Well it helps you stretch your muscles, muscle flexibility and also again the mental side of it too, so both those things together is helpful
- And also trying to get our minds working properly as well with different things, to use the right side and the left side, I think the exercises they get you to do where you use your mind all the time
- Left, right, left, right. Do your left hand, do your right hand, move this, move that, yeah
- Coordination
- Coordination, yes
- It does help you a lot because if you do it every Tuesday with different movements it will help you at home
- Certain movements help us, mean a lot to us

Group members explained why doing exercise is crucial for them.

Well with MS one of the worst things you can do is not try to do something for yourself. You’ve got to have a mental attitude and want to do for yourself. If you relax the brains and don’t let it work for you, you will lose it.

We’ve all been diagnosed for several years and you can’t just give up when someone gives you a diagnosis you can’t say, well okay, I’m out. You’ve got to fight. You’ve got to fight and you’ve got to work.

I think if you were to just sit back and do nothing you will end up in bed and obviously nobody wants that

People like us, we have to do exercise. Maybe just the exercise on a Tuesday wouldn’t be enough for me. I have to go down the gym and do exercises there. As somebody’s just said, if you only do it once a week you deteriorate. I’d seize up, definitely. I’d definitely seize up
- You lose your strength, you lose your balance

For this group of people with MS group, the most significant impact of the Tandrusti course and other exercise was helping them to do more for themselves and keeping as much independence as possible. This has a significant impact on dignity and personal relationships.

I think if you can do more for yourself you don’t have to depend on your carer as much. It’s self esteem and that’s going to the very heart [inaudible] your self esteem. It gives you that confidence to do things yourself before you ask other people to do something…. the benefit of raising your self esteem and raising your ability to do things for yourself...And once you’ve got that confidence to do it yourself that will increase your usual level of performing.
The group gave examples of how increasing their ability to do everyday tasks makes a big difference to their life.

I mean people with MS sometimes occasionally drop things. You thought you'd got it in your hand and bump, gone. That helps you to have a firm grip on whatever you've got in your hand because sometimes you think that you've got a cup in your hand and all of a sudden it's not there anymore, it's on the floor. Yeah, so that helps you to have more grip on things.

One exercise that we do, as B was saying, is coordination between the finger and touching your nose and things like that. The other one as well is that we do with the fingers...doing buttons up and things like that where you're using your fingers and when you actually do that sort of thing with your fingers, get them to touch, say now what to do with each finger, it helps you to do your buttons and zips and this sort of thing, silly things like that...

Well when you lose the use of your right hand, now the biggest thing that you'll struggle with is going to the toilet. Every time I went I used to end up having a shower and that's where the coordination helped me a lot. But, you know, it means so much.

Well I used to be right-handed but now I can't write with my right hand so I've had to try and improve the flexibility and the use of my left hand so when it comes to signing I can actually sign my name with my left hand now. That really is not an obstacle. I've got to maintain my left hand to do.... So any exercise helps me mental and physical to help use my left hand so that's the benefits that I seem to find.

There's new things that I was not able to do, we did exercises in the class and I have done the exercises at home and simple things like using a card machine, entering your pin number of your card...You can see the number that you have to press but the coordination [is hard], and from my point of view it saves other people doing it for you. I was saying when I joined the class I wanted to use my card myself, and it's a little bit improved.

Now the right hand has given up to a certain extent so I can maintain that as much as I can but the left hand is now having to do much more so my flexibility is use of a keyboard. I can press the keys and things like that. I've trained my left hand more now that the right hand can't do it. What will help us, as I say, is flexibility to get the use of the mouse and the keyboard. By doing our exercises here it helps us to focus on flexibility.

- I could stay on longer now using my hands, yeah
- The point what she says, she can stay on longer. This exercise will give you stamina
- Yeah that's the word
- It helps us to do things longer and don't give up

Learners, MS focus group

For most learners the physical and emotional benefits of the exercise classes are closely linked, and many reported increases in confidence which has made a difference to their ability to participate in everyday activities, go out, take pleasure in life, and in some cases has reduced depression.

- It helps mentally as well as physically. It helps you feel better in yourself, more confident.
- It makes you feel brilliant when somebody turns round and tells you you look a lot younger than what you are. It does, yeah.
- The more you feel better, the more you want to do
- I didn't have confidence to go out, now I go out a lot
- When you're on your own, you don't feel like doing [things]. I would not get out of bed, but now I'm watching the clock because I'm looking forward to meeting everyone. I look forward to Monday mornings
- It makes you more confident, active and use your brain, you think more about your health
- I can concentrate on things more

Learners, Central Dudley focus group

It gives us a lot of confidence, like when we go out in our normal everyday life it gives a lot just to handle things and to come back into the world and start from the beginning. It gave me a lot of confidence to do things and also it improves in your family life so you just eat better, cutting fats down and it changes [inaudible] and everything. It does give a lot of help for everyday life. I have more confidence, you can go out and tackle difficult... I mean when I first come I didn't do exercises more than just in an ordinary environment and people with kids we can't always go and join the gym. It helps us a lot, everybody, and we have a lot of confidence to relax or when you go out. It's really, really doing you good and it's just everybody.

Learner, Central Dudley focus group

- We come out and meet the people and makes you happy and learn something as well
- At home we look forward to coming here to joke, talk...
- And you see the outfits as well...
- It makes me thinking I wore that last week, I am going to wear this now
- We want to look our best
- It relieves our depression
- We have parties
- Do exercise, then can have a party and eat...
- Exclusive for celebrations, someone got a grandchild born, or engagement, or got a degree

Learners, Blackheath women's focus group

In course evaluations, 593 learners reported improved confidence in accessing public health service provision, which exceeded the project outcome target of 500 adults. In the focus groups, learners described how their increased confidence and knowledge about health was helping them to access and use health services better.

- I ask more questions. When I go to the doctors, if they say something I don’t understand, I ask them what it means, I write it down. I'm more confident asking, before, I couldn't do that
- When I joined the group I wasn't aware of what was happening in the community
- We know where everything is now

Learners, Central Dudley focus group

They tell us about NHS, GP, stroke awareness, cancer awareness. If somebody had a cancer, you’d know what to do…more awareness. We learn a lot alright.

Learner, Blackheath men's focus group

My husband was having a stroke and I recognised the symptoms and called an ambulance

Learner quote, reported in project worker interview
3.3 Evidence of health improvement from health assessments

Tandrusti has developed an assessment process to measure baseline and improvements in learners’ general health, fitness and health awareness. Initial health assessments are carried out at the start of each health education programme with every beneficiary to tie in with individual learning goals (see Appendix B for example pro forma). In February 2012 health and fitness improvements for 3,707 enrolments had been recorded.

Health assessment includes measurement of blood pressure, Body Mass Index (BMI), weight and waist circumference, and Physical Activity Readiness Questionnaires (Par-Q) with all enrolled learners. Fitness testing is carried out at start and end-of-course for participants through a Tandrusti Rate of Perceived Exertion (RPE) scale based on the Borg scale. Blood pressure monitoring sessions are undertaken every three months (those with borderline blood pressure readings are measured on a more regular basis). Other measurements appropriate to particular health conditions of beneficiaries (for example increased limb mobility for people with multiple sclerosis) are also taken. Baseline and follow up assessments are monitored for each learning group by project workers (see Appendix C for pro forma). These methods of health assessment have been commended by Ofsted in the 2008 WEA inspection.

Group Fitness Data

### Blood pressure

<table>
<thead>
<tr>
<th>Sample size</th>
<th>Improved</th>
<th>Maintained</th>
<th>Sample size</th>
<th>Improved</th>
<th>Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>862</td>
<td>405</td>
<td>172</td>
<td>862</td>
<td>445</td>
<td>177</td>
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</table>

Although there are a significant number of learners with lowered blood pressure, this number mostly applies to newer learners joining the programme. Those learners, who have been with the programme for a longer time, are more likely to demonstrate maintenance in blood pressure, due to their levels of acquired fitness over time. Unfortunately, there is always a degree of increase in blood pressures for some learners, due to the natural progression of ageing.

### Resting Heart Rate

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<thead>
<tr>
<th>Sample size</th>
<th>Improved</th>
<th>Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>862</td>
<td>410</td>
<td>172</td>
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</tbody>
</table>

### Fitness level

<table>
<thead>
<tr>
<th>Sample size</th>
<th>Improved</th>
<th>Maintained</th>
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</thead>
<tbody>
<tr>
<td>824</td>
<td>623</td>
<td>199</td>
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These measurements are assessed through a ‘perceived rate of exertion’, based upon the Borg scale, which is culturally relevant to Tandrusti learners. There was improvement or maintenance in fitness levels for almost 822 of the 824 learners.

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3 In a blood pressure reading, the lower number is diastolic pressure (the minimum pressure in the arteries) and the higher number is the systolic pressure (the maximum pressure exerted on the arteries.)
The sample size here is smaller as Tandrusti does not weigh those students that have problems with stability due to age or medical circumstance (e.g. fallers, those with osteoporosis, multiple sclerosis, stroke patients).

<table>
<thead>
<tr>
<th>Sample size</th>
<th>Improved</th>
<th>Maintained</th>
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<tbody>
<tr>
<td>545</td>
<td>265</td>
<td>172</td>
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</table>

It’s one of our best programmes for documenting those measurable differences in outcomes and we do get a very comprehensive report around things like pre and post blood pressure readings, well-being reports, waist-to-hip circumference, BMI – those kind of clinical indicators, if you like. Within that as a service we can make some comparators with other commissioned services that we have, [Tandrusti] has a very high adherence rate of the service users. It is appropriate, it is culturally sensitive, in the right places and the right times.

NHS Dudley Public Health Programme Manager interview
3.5 Impact on community cohesion
Tandrusti has made a significant contribution to enhancing community cohesion in Dudley by increasing contact and understanding between different social, ethnic, and faith groups. Although the Public Service Agreements (PSAs) are no longer in use, the government reaffirms its commitment to PSA 21 - Build more cohesive, empowered and active communities - in the 2010 Cohesion Delivery Framework.

Everyone deserves to live in a strong community, where people get along with each other, where no-one feels excluded, and where everyone has the chance to play a full part in local life..... Building cohesion has wider benefits to individuals, groups and communities

2010, Dept of Communities and Local Government, p6-7

Many courses were initially developed for a particular ethnic group in response to community needs identified by a partner organisation, but have developed to include people from different groups.

We started with African-Caribbean elders who had mobility problems. You know over the years it's grown and we just threw it out to anyone so we've got a lot more people coming in, different ages, and we've got it to about thirty three I think it was last term who've started to come to the classes

Community development worker, Dudley

This group now also has Muslim and Hindu Asian women and white women attending, and in a focus group many said that they would not have got to know each other without the Tandrusti course.

It's grown. As you can see, you know, now and it's lovely and like through that we've done other things as well like learned to swim together
- I do the exercises in the water.
- We've done the walking as well
- Yeah, we've done walking
- And you learn more about different cultures as well
- As well, yeah
- Different ways
- Well I know we're going to go on this with her
- Well we're all as one aren't we?
- Yeah
- We all say we'll come back next year
- Yes, we've all got a lot in common with one another
- Yes
- We do, yeah
- We help you with your counting and abc, you speak better English now

Learners, Central Dudley focus group

In the Blackheath women’s focus group there were 8 Muslims, 8 Sikhs and a Hindu.
- There is a place here we can all get together and celebrate, not only community but all the communities
- We are all loving each other, we are all very happy. We say you are Muslim, we are Sikh...
- It makes a difference, we learn all the different religions, before we didn’t know this
- When they got fasting, we know they are fasting, and when they party after the fasting we all have a celebration
- When it’s Diwali, Baisakhi, Eid we celebrate. And we celebrate Christmas as well!

Learners, Blackheath women’s focus group
When I came here I met a lot of different people. He came from Kenya, someone else from India, a Sikh. We were looking in the street but didn’t speak. I have met people from different religions.

Learner, Blackheath men’s focus group

I joined a walking group, all the other members are white British – I would never have done this before

Learner evaluation comment, Blackheath Asian group

3.6 Increased health-related volunteering

Tandrusti has recruited and trained 35 volunteers in undertaking initial health assessments of course participants (blood pressure, PARQ and height/weight/BMI), and as community health champions. Tandrusti volunteers are now making a contribution to Tandrusti courses and health and well being in their communities, including:-

- supporting course tutors, translating and promoting Tandrusti activities
- encouraging less confident learners to participate and carry on taking regular exercise
- recording health improvement data on a termly basis
- being role models and advocates for healthier living, including becoming walk leaders and mentoring

Four members of a Central Dudley course had become volunteers, going out to other Tandrusti groups to do health assessments and leading walks and activities in parks

- You’re helping other people aren’t you?
- Giving people the confidence to go out and do what we do

Learners, Central Dudley focus group

Four members of the Blackheath men’s group also volunteer.

- I bring the tea, coffee, juice, and look after the disabled peoples. Also bringing people from home, give a lift. It has changed a lot for me being here. It helps me mix with the friends I have in the groups now. It has taken a lot of tensions and worries from me because I am here with the friends, I don’t have time to worry
- I come here and am very happy to help somebody …happiness to help to somebody, to do something for somebody

Learners, Blackheath men’s focus group

Tandrusti voluntary activity 2010 – 2011 includes:-

- increasing effectiveness the Dudley Healthy Town strategy by promoting ‘Parks and Healthy Spaces’ and accompanying learners to use exercise equipment in local parks
- escorting 30 learners to Netherton Park Healthy Town’s site to promote awareness of and encourage involvement in Dudley Healthy Towns Initiative (July 2010).
- running weekly exercise sessions at a Healthy Town’s site (August – September 2010)
- promoting Tandrusti at Guru Nanak Sikh Society Diwali celebration (Nov 2010), Halesowen Asian Elder’s faith celebration (Dec 2010), and Asian Women’s Centre AGM (Mar 2011)

This increase in volunteering makes a contribution to the Big Society.

The government says it wants to make society stronger by getting more people working together to run their own affairs locally. It aims to put more power and responsibility into the hands of families, groups, networks, neighbourhoods and locally-based communities, and to generate more community organisers, neighbourhood groups, volunteers, mutuals, co-operatives, charities, social enterprises and small businesses: the idea is that all of these will take more action at a local level, with more freedom to do things the way they want.

Coote, Anna, 2010, Ten Big Questions about the Big Society, New Economics Foundation (nef)
3.7 Increased awareness of culturally appropriate service delivery for BME groups by voluntary and statutory organisations

Tandrusti acts as a bridge between BME communities and health and social service providers, enabling consultation with BME groups; and disseminating strategies and good practice in provision of services to providers with the aim of increasing access to services for BME groups and reducing health inequalities. There is a positive outcome from the programme. Of course that then creates a positive message at a wider borough level. We’ve worked on integrating service users into a wider more indigenous population setting such as our parks and open spaces and our leisure centres and I think where the difference has been made through that is that the Tandrusti service has been able to break down some barriers, either real or perceived, for both the service user and the council service providers who historically have possibly hidden behind… ‘well these groups don’t come to these venues because of x, y, and z’ and Tandrusti has been able to show that Asian women will go swimming with a few considerations. They don’t always need a female tutor; they don’t always need this... That’s where the key difference has been made for me strategically and organisationally is that we’ve been able to pass on some learning, for the providers to say if you do adapt in this way you and your potential users will benefit. But there is further work needed to ensure this awareness changes services.

NHS Dudley Public Health Programme Manager interview

The work of the Tandrusti project and dissemination of good practice has increased understanding of the health and well being needs of BME and disadvantaged groups and how to address these needs. 104 organisations reported increased awareness of culturally appropriate service delivery for BME groups. See Appendix F for list of organisations.

Tandrusti have contributed to a range of health and social care networks addressing local priorities with the Borough. These included Local Area Agreements, Dudley Older People’s Strategy, Dudley Borough Community Strategy, National Service Frameworks, and Dudley Council’s ‘Good Health’ Community Plan. Tandrusti project staff have collaboratively with NHS Dudley on healthy lifestyle activities throughout the borough. These include mental health awareness, housing services workshops, Dudley Healthy Towns initiative, and Change4Life.

Dudley MBC Contracts Officer at Adult and Community Housing Services (DACHS) has taken Tandrusti policies and protocols as best practice to local voluntary and community organisations interested in providing health education services. The Tandrusti Project Manager has been contacted by Age UK’s lottery funded Fit as A Fiddle programme to offer advice and guidance on engaging and supporting BME volunteers in health related activities. Outside agencies have contacted Tandrusti to find out more about engaging and retaining members of BME communities, in health education and other activities.

Dissemination events delivered by Tandrusti have included:-
- Meeting with Centre Manager Henry Court Sheltered Accommodation – engaging BME communities (05/05/10)
- Cardiac Rehabilitation Dudley – engaging BME communities (10/05/10)
- National WEA Research meeting - engaging and lessons learnt on BME communities (13/05/10)
- Workshop Full of Life Older Peoples Day ‘Are you fit for life?’ Functional capacity testing and dissemination of BME user involvement strategies (07/10/10)
- Workshop Healthy Towns Hub – engaging BME communities into ‘Parks and Open Spaces’ (26/10/10)
- Speaker Sikh Cultural Centre Diwali celebration – Tandrusti (05/11/10)
Consultation meeting - West Midlands Public Health White Paper feedback and BME perspective (09/02/11)

Workshop International Women’s Week event – user involvement strategies and health assessments (08/03/11)

WEA Education & Strategy Conference – Impact of Adult Education on the lives of BME communities (18/19/05/11)

Henry Court Dudley – Exchange visit by Sandwell African Caribbean group. Physical Activity engagement workshop (19/07/11)

Dudley Asian Women’s Network Multicultural Event – Tandrusti stand and dissemination of BME user involvement strategies (27/07/11)

Workshop Older Peoples Day “Are you Fit for Life?” Functional Capacity Testing and dissemination of BME user involvement strategies (05/10/11)


Meeting with Dudley ‘Get Cooking’ Initiative – BME user involvement strategies and partnership work (08/12/11)

Halesowen Asian Elders Association Celebration event – Tandrusti Marketing (12/12/11)

Sikh Cultural Centre Celebration event – Tandrusti Marketing and user involvement strategies (14/12/11)

3.7 Sustainability of project benefits
The benefits of the project are being sustained in a number of ways:-

- learners integrating exercise and healthy living into their everyday lives, including using parks and open spaces
- learners sharing and practising what they learned about exercise and healthy eating with their families
- development of health-related volunteering
- increased awareness of culturally appropriate good practice in working with BME communities by other service providers
- the success of the Tandrusti project has enabled the WEA to develop health education projects in other parts of the West Midlands region, Stoke-on-Trent and Birmingham, and secure BLF funding for them

Learners described how they apply what they have learned outside the classes

- Yeah we do it two or three times a week don’t we? I mean of course you do things at home that you can do with your bands and your balls when you’re watching the telly, you know you just do things which you wouldn’t have done before
- It’s always in your mind. I mean even yesterday when I was peeling the spuds I thought, ‘Pull your tummy in, squeeze your bottom tight’…
- We walk through the school grounds in the week

Learners, Central Dudley focus group

- Yeah we do it at home, we do a little bit you know, what we can do, and then we come here, we do light exercises…
- We walk
- I mean I do it at home. I don’t know about other people but I’m doing regular myself. I mean they have on a Monday for one hour but I never do just one hour Monday. I do it regular
- I go seven days myself because I mean I learn from [the tutor] and he said to me you can do it sitting down watching telly and you do that exercise it makes all the difference and I do that. I do the walking as well and that makes me very healthy as well, walking. I do it six o’clock in the morning. After the prayer and I go for a walk. If I’ve missed the walk in the morning [I feel] very, very bad all day

Learners, men’s Blackheath focus group
Really good. Feel you start us off and we can now do things on our own.

Learner evaluation comment, Asian women’s centre

- I joined another activity (walk), something I would never have done before
- I got a part time job, I never used to come out of the house

Learner evaluation comment, Yemini Association

Most of the MS group continue the exercises at home
- You are supposed to do them at home though
- Yes, we do do that as well
- Not just on a Tuesday
- You fit things in to the way you’re living and you think, oh, I can do that before doing this, or I can do that. Yes
- We’ve all got the balls and the bands at home haven’t we?
- Some cheat with the exercises on Wii
- Adapt. I think the word is adapt

Learner, MS focus group

The Dudley NHS manager identified how Tandrusti is getting health messages spread much further than the learners who attended the courses.

The older Asian population, the BME population, act as a conduit to the younger generations within those families, who are somewhat de-culturalised and somewhat in between normal statutory provision and bespoke provision for BME communities. They sometimes fall between the cracks, they don’t recognise either one. The older population in the family influences those people, informs them around what’s available and starts them off with something.

NHS Dudley Public Health Programme Manager interview

Tandrusti learners described how their increased health understanding is having an impact on other family members.
- At home we make healthy meals now and tell the children…
- Share healthy eating with the children and grandchildren, ‘don’t eat that…’
- I always remember you should drink a lot of water and I tell that to children and grandchildren

Learners, Blackheath women’s focus group

You pass things on to children and grandchildren, you go for walks with them

Learner, Central Dudley focus group

- We’re doing it at home, same exercise. And our children…grandchildren doing it, you know, with me
- Yes, well my daughter’s son comes to my home and plays a little bit of football with me and I feel better and also we do a little bit of exercise and feel fresh as well

Learners, men’s Blackheath focus group

Now my husband exercises

Learner evaluation comment, Asian women’s centre

All the family eating better

Learner evaluation comment, Ghausia Mosque & Welfare Association Lye

Our work with the Tandrusti project has encouraged many people to become active who otherwise would not have done nor would they have ever set foot through the door of their local leisure centre. A demand for female swimming sessions was
identified and the management team at Dudley Leisure Centre worked with the group to agree a suitable time and made arrangements for group members to attend the centre. The group included a wide range of abilities, including some non-swimmers, so tuition was provided for the participants.

As a result of the female session attended by the group, another session, on Saturday afternoons, has been initiated; this has become part of the established programme at the centre. The ladies who attended the Friday session initially have continued to use this session even though it is no longer provided as part of the original programme with all of the ladies undertaking some swimming tuition and all achieving a swimming badge. The ladies have built up a good rapport with all the staff at the centre and once they finish their swimming Friday session they all meet up and socialise in the cafe area. From everyone’s perspective this project has been an enormous success.

Assistant Director, Dudley Leisure and Cultural Services

I would say it’s made a big difference on physiology and health. It’s made a big difference on that population’s perception of activity and health which can only then hopefully escalate through the family networks, wider communities. It’s made a positive impact on other people’s perception of Asian and BME groups and their potential for uptake of services and it’s made a positive impact on breaking down some of the barriers and dispelling some of the myths about what a population will and won’t do.

NHS Dudley Public Health Programme Manager interview
4. The need for health and well being interventions to reduce the impact of health inequalities on BME groups

4.1 Review of research evidence

The Marmot Review (2010) highlighted the negative impact of health inequalities and proposed action to reduce these.

1 Reducing health inequalities is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life.

2 There is a social gradient in health – the lower a person’s social position, the worse his or her health. Action should focus on reducing the gradient in health. Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.

4 Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.

5 Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.

The Marmot Review (2010)

Higher indicators of poor health in Black and minority ethnic (BME) communities have been linked with social and economic inequality. In a 2008 research report on Tandrusti, Iram Naz reviewed recent research on health deprivation and BME communities.

Nazroo’s (1997) argument of the significance of socio-economic background on the health of BME’s is made compelling through the national statistics and data indicating certain ethnic minorities (namely, Pakistani, Bangladeshi and African Caribbean individuals) who are the poorest groups in the country as having the poorest health in the country. Therefore the subsequent impingement of poverty has detrimental effects on all facets of the individuals’ life chances including their health.

As well as measurable indicators of poor health through national statistics and statistics from the Department of Health, BME individuals also have the poorest self reported health than non-BME groups. Variations between ethnic groups apparent in West Midlands data on self reported health from Census 2001 are similar to those in England and Wales as a whole. For example:

Pakistan and Bangladeshi men and women were most likely to report their health as ‘not good’. Proportions of Black Caribbean and Indian women reporting their health as ‘not good’ were also relatively high.

Chinese men and women were the least likely to report their health as ‘not good’. Pakistani and Bangladeshi men and women and Black Caribbean and Indian women had the highest rates of long-term illness or disability. (Census 2001: Health Statistics, Office for National Statistics)

Naz (2008), Our Health, Our Action, p 6-7

Naz reviewed literature identifying specific health risks for BME groups.

Socio-economic inequalities for BME groups in health are most commonly revealed through high rates of diabetes, prenatal mortality, high prevalence of coronary heart disease, stroke and inequalities in mental health (Nazroo 1997). This national survey research, into ‘The health of Britain’s ethnic minorities’ led by the Policy Studies
Institute (PSI) revealed some stark differences between the health and health experiences of BME individuals and that of non BME groups…..

The relationship between BME groups and poor health has been made apparent in much medical and social research (Hayes, White, Unwin et al 2002, Rankin and Bhopal 2000, Bhopal 2002). In particular the high rates of mortality and high morbidity from coronary heart disease (CHD) in South Asian people in the UK compared to the rest of the European origin population has been the subject of much discussion and research. The causes are not yet fully understood, however there is some general consensus on the high risk factors that make South Asians more susceptible to developing CHD than other groups. These high risk factors include obesity, insulin resistance or diabetes and low high density lipoprotein cholesterol (Bhopal, 2002). The explanations for these risk factors are entangled in a political debate of socio-economic focus and all subsequent lines of enquiry in the research repeatedly rebound to this structural issue of socio-economic deprivation. For example, research (Macintyre et al 2004) suggests that the high risk of developing CHD in South Asians can be significantly reduced through regular physical activity; simultaneously there is also the evidence to suggest that South Asians are less likely to participate in physical activity (Johnson 2000) than other Europeans. Hence to understand the reasons for South Asians being less physically active, some examination of the structural inequalities that persist in our society, existing in the form of inaccessible health services, poor health education, and lack of facilities and time to exercise is required. An element of the research findings focuses on the particular experiences of health services of BME groups in Dudley.

Naz (2008), Our Health, Our Action, p 5-6

4.2 Needs identified by NHS Dudley

Through our local needs assessments and lifestyle surveys [we] have identified a lack of provision for BME groups from some years ago when these services set up. So we looked at some of the barriers to that and found that it was a lack of appropriate delivery in appropriate settings, culturally sensitive content and language. We looked at this bespoke service to bridge some of those barriers with the view of highlighting working practices for other supportive agencies. Why do we want to get people more active? I think that’s a given in terms of the Chief Medical Officer report - cardiovascular disease, obesity, diabetes, hypertension – all those things which are well-documented. However for the older communities BME, who’ve made less cultural change, there was more needed.

There is a large and varied rational for this work. One of the key priorities for Dudley NHS and for the local authority is to address the inequalities gap, link into the Marmot Review which show that there’s an inverse need against provision, particularly within groups from Black and minority ethnic communities. There will always be a need for this work because of the minority status of the people that we’re working with both politically and strategically as well as the obvious needs identified through this population group. There is a higher prevalence of morbidity within certain groups around certain conditions which are national and local targets, obesity being one. Asian groups have a lower BMI cut-off than the white population and there is a lack of awareness of this within these communities.

There’s obviously the fact that there’s always the next generation coming through, and those needs won’t go away. Obviously they would over time if we do things right and this is borne out in terms of our lifestyle surveys that we do every five years. Our health needs assessment, the joint strategic needs assessment that the council are just putting together, identify a need for services like this.
Regionally, the West Midlands is the least active region in the country and the Black Country is the least active sub-region of the West Midlands. There are pockets by ward where we've got over 25 percent of the population is BME so that's where the focus of these services is.

In an ideal world we wouldn't necessarily need a Tandrusti to simply deliver appropriate services culturally across the patch. But created a niche now and if it went, provision would die with it, and the borough would have look at our service again and really re-instigate.

NHS Dudley Public Health Programme Manager interview
5. How Tandrusti has engaged BME communities in lifelong learning for health improvement

The success of Tandrusti in engaging BME communities in health and well being education has been achieved through good practice in community development and learning.

5.1 Working with local networks and partnerships
The Tandrusti project works with a wide range of statutory and voluntary sector organisations and has developed partnerships with many of these (see Appendix D). These partnerships have helped the project to reach potential members of BME communities and talk to them about their needs.

Project workers have visit health professionals, such as GPs, health visitors, and mental health workers to inform them about courses and how to refer patients to them. Partner organisations have also contacted Tandrusti to request a particular course following their own needs assessment. The Tandrusti project manager has then met the organisation and groups of potential beneficiaries for an initial discussion of needs. Learners have been recruited through partners, local networks, Tandrusti open days, and by GP practice referral. As well as being crucial to reaching and engaging with learners, partners also provided familiar venues for courses in which the learners felt welcome and comfortable, and support and signposting for learners. Some partners also helped learners to access benefits or services, or offered other courses which enable progression.

5.2 Responsiveness to local needs
While networks and partnership organisations were important for making contact with local people and consultation on local needs starts with them, it was important to ask people directly about their needs. Tandrusti held group discussions with potential beneficiaries, and used an individual needs assessment questionnaire (see Appendix A). This was filled in by the individual themselves, or by a Tandrusti worker in discussion with the individual, particularly if they needed help with English or writing. Tandrusti also held taster sessions and presentations at community events or open days, at which they talked to local people about their needs, and used the needs assessment questionnaire.

Sometimes the local people wanted to do something different from that which the partner organisation identified, and if Tandrusti could not provide for this new need they signposted to a body who could. Some learners heard about the courses from family, friends or members of their community and contacted Tandrusti directly to ask if they can join. Project workers let them know what courses were available near where they lived, invited them to meet the group and tutor, and if appropriate accompanied them on their first visit to a course.

In the early years of the project courses were developed for particular groups, who were usually of a particular ethnic group or faith. However, in later years, as health service and self referrals increased, courses became more mixed in terms of ethnicity, faith and gender. Some groups which previously were all women developed and became more open to male tutors and mixed gender learners. Tandrusti found it harder to engage men than women, but in some instances husbands and wives came to classes together. Courses for Asian and for Yemini men were successful.

Tandrusti sought regular feedback from learners, informally through project workers visiting classes and talking to learners, and formally through course evaluation (see Appendix E).
5.3 Building trust with local communities

The community development work needed to work with communities affected by disadvantage, build trust, and engage people in learning is highly labour intensive.

Tandrusti is able to do that because you’re working with minority groups and the numbers are quite small. It allows for a hands-on qualitative approach as opposed to taking a number crunching approach. From the manager down to the tutors there’s a very hands on approach which I think has worked particularly well.

NHS Dudley Public Health Programme Manager interview

The personal skills, commitment, local knowledge and attention to detail of the project workers have also been a key factor in gaining the trust of local communities and the effectiveness of Tandrusti.

I would say that the kind of feeling that the programme gets from its users and the relationship formed between the user and the provider service is very strong. The coordinators and the managers are very well known within those communities, they’re very popular and very well received. That’s worked very well and I think that adds to the adherence of the service users. People want to be involved in those services because of the personalities involved and I think that the staff and the team have gone a long way to develop those personal relationships.

It is very, very much around what they’ve done and how they’ve done it. More the how than the what to be quite honest. I think this learning needs to be captured as well. You do need to possibly go the extra mile with the personality side of things, be an approachable face. These groups tend to work on that hands on feel and that friendly working relationship. The turnover of tutors is very low, so obviously they support the tutors well. It’s very much a sum of its parts.

NHS Dudley Public Health Programme Manager interview

5.3 Culturally appropriate group based teaching and learning

The Tandrusti project was graded 'outstanding' by Ofsted in the 2008 inspection of the WEA. Excellence and culturally appropriate group community learning has been achieved through high quality teaching and learning that:

- is sensitive to the needs of people from different ethnic and religious communities
- reduces barriers which can limit participation in physical activity
- meets the needs of individuals with different medical conditions, abilities and ways of learning by adapting methods to suit them
- provides a group learning experience which enhances confidence and encourages people to support and motivate each other
- uses a range of fun teaching and learning methods
- integrates English, literacy and numeracy into exercise activities, enabled learners to enhance their skills
- uses tutors experienced and trained in community learning with strong group work skills, as well as subject knowledge

Teaching and learning has developed over the life of the project, moving away from gentle exercise to music to a more structured and challenging approach, enabling learners to move up levels and progress. Classes became more specialised, for example postural stability, community gyms, and circuit training. Where the numbers and venues allowed, two types of courses were offered to cater for different levels of ability. Courses were expanded to include more health and nutritional information, and information about health conditions (such as stroke awareness) and health services.

The teaching was tailored to meet individual needs

- Everybody’s different with MS. There’s no two people the same. It affects us all in different ways
- There’s still things, things like yourself can’t do because you’re in the chair and he will say, well okay you can’t do that, trying doing this
- Well as I said before we’re all different with MS and different degrees so you try to do what you can. We always find some way round it
- I find it affects the memory so little games he gives us where you have to use your right leg and then the left leg and gets you to touch parts of your body
- That makes you work your mind differently and I find that helps a lot.

Learners, MS focus group

Learners really valued the experience of learning in a group
- When you with a group, confidence level is higher. The group sit together, someone brings different kinds of news
- There are some people I didn’t know before, new friendships, and it have reduced isolation for some people
- I used to get depressed, now I look forward to come here, looking forward to the Monday
- We laugh a bit, joke a bit, have a cup of tea
- I enjoy more doing here with a group. On your own it is not the same
- At the beginning some of them were not sure what to do, but they all help each other now
- I don’t think many people do it on their own, maybe they say they’re doing it but not
- The group is very active, it takes some of the tension and depression from on top of people, and the group’s always here to help each other as well
- Since we join the group we have days out all over – Warwick Castle, the seaside, and parliament. If we were not in the group, we never saw the town outside
- Before I came up here, I was sitting at home alone, miserable, and since I came here I feel happy mixing with people and now friends

Learners, Blackheath men’s focus group

- Exercise is not easy but when you do it with other people it’s easier
- It’s being part of a team
- Everyone helps one another
- You encourage each other

Learner, Central Dudley focus group

Being part of a group was a very important part of the experience for the learners with MS.
- I think being in the group, it gets us to talk about things and our confidence. We get the confidence to talk and to talk and share things with the group
- We all get on very well in the group with jokes and have a good sense of humour and help us to get along with each other. It’s very, very good
- As a group it is a good thing because it involves all of us and we’re all benefiting from it
- Which we can’t do on our own, doing on your own, you can’t
- Not enough motivation on our own. It helps better in a group setting

Learners, MS focus group

Well it just gives you the confidence to express yourself and to participate in some kind of a discussion with other people. You don’t feel it’s just you, you, you. Just look outwards, look to what other people are doing, see if you can help in any way possible. Take it away from just you and look outwards. Get a sense of purpose and you’re better for being part of another group or helping other people.

Learner, MS focus group
Learners were enthusiastic in describing some of the teaching and learning activities.
- It's so many different exercises - 'how many fingers on the board' and close eyes, how many fingers on the board
- Opposite hands, brain activity

Learners, Blackheath men's focus group

A teaching and learning activity in which each learner in turn leads the whole group in an exercise of their choice has made a big impact on a number of learners.
- It learns you to speak up
- It gives you confidence
- You feel proud that you can lead something
- It helps your memory
- When you first start and you know you've got to go up to the front, and you think 'what am I going to do' it's terrifying, you have to remember what exercises have already been done. Now it's just nature to do it.
- Everyone’s got their own opportunity to do different exercises
- You’re in control at the front
- We get a voice
- It gets us to use our brain
- Our brain works more

Learners, Central Dudley focus group

- It’s very good to start that process. When you’re first in you think oh I’m not talking, I’m not talking, but afterwards you’re part of it and you will talk.
- We have to remember exercises from one week to another because they’re going round the class, you know, you’ve got to think what exercise can I do next, then somebody else does your exercise you think, okay, I’ve got to think of something else so it is giving your brain more stimulus.
- It makes the brain work
- You use your brains, which you need with MS. You need to stimulate the brains because if you don’t you lose it
- It’s just a confidence thing because you’re not used to talking. Well I’m not used to talking to people, not a group this big. I’m not into group things. So yeah, confidence, it helps your confidence there, yeah. And if you think well I can do this now, I can do this movement, this exercise, you think, I’m normal, I can do this now.

Learners, MS focus group

A significant proportion of the learners, particularly elderly Asian women, had not had previous opportunities for education, and some were not able to read or write in any language when they started their Tandrusti course.

Learners who wouldn’t do literacy and numeracy courses if offered them enjoy literacy and numeracy activities as part of the exercise classes.

Tandrusti project manager interview

It keeps the brain active as well, 1-2-3-4, 4-3-2-1

Learner, Blackheath men's focus group

When they first attended, some learners signed enrolment forms with a cross, and are now able to sign their names. Lots of English learning goes on in classes. When I go into courses, people used to be speaking in mother tongue, but now I hear English. All the tutors teach in English. Even when tutors speak community languages they teach in English, and just reinforce key points in community language. This helps the students to learn English, particularly words for parts of the body and medical conditions. So the learners are now confident enough to talk to doctors and rely less
The learners were highly satisfied with the course, including the teaching, course content and accommodation. See course evaluation data below.

**Tandrusti Learner ‘Tell Us about It’ Course Evaluation April – December 2011**

<table>
<thead>
<tr>
<th>Total number of courses: 58</th>
<th>Total number of learners: 879</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Total Respondents</th>
<th>Excellent (rating)</th>
<th>Good (rating)</th>
<th>Satisfactory (rating)</th>
<th>Disappointing (rating)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of learners</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>rating overall</strong></td>
<td>870</td>
<td>699 (80.3%)</td>
<td>171 (19.7%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>level and content:</strong></td>
<td>873</td>
<td>690 (79.04%)</td>
<td>183 (20.96%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>accommodation:</strong></td>
<td>879</td>
<td>689 (78.4%)</td>
<td>168 (19.1%)</td>
<td>22 (2.5%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>way the course was taught:</strong></td>
<td>875</td>
<td>768 (87.8%)</td>
<td>103 (11.8%)</td>
<td>4 (0.4%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>rating equipment/resources:</strong></td>
<td>846</td>
<td>616 (72.8%)</td>
<td>225 (26.6%)</td>
<td>5 (0.6%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>information and support overall:</strong></td>
<td>820</td>
<td>624 (76.1%)</td>
<td>196 (23.9%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>safety and wellbeing:</strong></td>
<td>878</td>
<td>702 (79.95%)</td>
<td>176 (20.05%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>extra support</strong></td>
<td>372</td>
<td>291 (78.2%)</td>
<td>81 (21.8%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>rating pre course information</strong></td>
<td>420</td>
<td>293 (69.8%)</td>
<td>127 (30.2%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

*Form adapted September 2011 – data collated from 420 learners*

Learners were given information about other courses they could progress on to with Dudley College and the WEA. In some instances other WEA courses have been run in Tandrusti venues.

### 5.3 A holistic approach to health and well being

The Tandrusti approach to healthy living and activity includes increasing understanding of the body, mental wellbeing, nutrition and diet, exercise, reading food labels, awareness of health campaigns and initiatives, increasing knowledge and confidence to use health services, and more

*We found that once they were coming in through health they were asking for other things. We started to do workshops breaking down myths, on using the emergency services, foot care, coping with diabetes, and so on*

Tandrusti project manager
- It helps mentally as well as physically. It helps you feel better in yourself, more confident
- You have a healthy body, you have a healthy mind

Learners, Central Dudley focus group

This holistic approach also enabled Dudley NHS and other service providers to link with Tandrusti in developing services.

I think that’s worked particularly well and you’ve got a very loyal band of users that will try new things because they’ve had a positive experience. We’ve just developed a new service around our healthy hubs, using our outdoor gyms and our park settings. Numbers are going to be good because Tandrusti have put it on and people value the service. It also gives us a sounding board for other issues, so we’ve gone through Tandrusti to access those service users about other things using questionnaires, forms and focus groups. We are developing food based programmes through Tandrusti as well as refining an existing cooking service. We are working with Tandrusti users to adapt their local recipes. An example might be a lentil dhal. What’s the recipe for that? And then we will adapt that. This will provide culturally appropriate healthy recipes for a wider audience.

NHS Dudley Public Health Programme Manager interview
6. Areas for development

Further increase access of BME communities to health and social services, including specialist services for particular medical conditions or circumstances. Such specialist services often find it hard to reach BME communities to inform them about what is available and how to access it. Evidence from Tandrusti evaluations indicates that many people from BME groups do not know about some services or how to access them. Tandrusti learners identified the following health issues for which they need more information and support:-

- How to get help as a carer (respite, aids and adaptations, benefits)
- Mental health, particularly depression
- Relaxation
- Managing long term conditions, such as diabetes, arthritis, MS
- Health and social services
- Dementia
- Children’s health, including attention deficit hyperactivity disorder (ADHD), autism, and epilepsy
- Cooking, healthy Asian food, how to get children to eat better, healthy lunches for children

This would be done by further developing Tandrusti’s partnerships with specialist services. Bringing specialists in to run workshops on some of these themes, and Tandrusti doing more dissemination and work with specialist services. Also, while word of mouth is an important form of communication within BME communities, there is potential to enhance this by developing more bespoke resources and marketing material, such as flyers and posters.

The need for additional work for carers is confirmed by Carers Co-ordinator (Dudley Directorate of Adult, Community and Housing Services), and Dudley Carers group who are finding it hard to reach BME groups. Tandrusti workers have realised that many learners who are carers do not realise that they are carers, and most of them have long term medical conditions themselves. The Tandrusti project manager feels there are differences in cultural interpretations and understanding of impairment, and disability relating to care, and that it is also important to de-bunk myths about extended family, for example that all elders will be looked after by extended family.
7. Recommendations

i) Tandrusti to review participation in relation to BME populations in local areas and by age group and gender. Identify any areas of low participation or missing groups, barriers to participation and ways to overcome these, for example offering some evening and/or weekend courses to attract more men.

ii) Identify possible funding scenarios and strengthen plans for sustainability of Tandrusti outcomes, including:-
   - Tandrusti to work more pro-actively to enhance access to health and social care services for BME groups, for example identify specific proposals and send them to council departments to action
   - Tandrusti to strengthen support for BME communities to access health information and services, through links with service providers, signposting, and enabling learners to gain Information and Communications Technology (ICT) and other relevant skills
   - Tandrusti to continue to support Tandrusti learners to progress to further learning with local adult education providers for personal and skills development and active citizenship
   - The WEA to offer follow on courses to Tandrusti learners for their personal and skills development and for active citizenship

iii) The WEA to strengthen links between Tandrusti and health related projects in other parts of England, including the WEA Learning for Community Involvement project and projects by other providers to enhance:-
   - Sharing of good practice and resources
   - Opportunities for tutor development, mentoring, and informal links between tutors
   - Opportunities for learners to connect and meet
   - Evidence of enhancing health and well being to contribute to policy agendas
   - Applications for funding

iv) The WEA to review project management processes and structures to enhance support for and sustainability of project work:-
   - Ensure projects like Tandrusti could be delivered if there were staff changes
   - Review the role of the project manager to release more time from programme delivery for programme development
   - Enhance and adapt the WEA management information system (WEAMIS) to meet the needs of projects, for example learner profile data before completion of courses, and individual learner data
8. References and website links


British Sociological Association (2002), *Statement of Ethical Practice for the British Sociological Association*


Appendix A
Tandrusti Group Needs Assessment

<table>
<thead>
<tr>
<th>Date</th>
<th>Venue</th>
<th>Staff Lead</th>
<th>Total Attendees</th>
</tr>
</thead>
</table>

This questionnaire is designed to assess the health and well-being needs of Black, Asian and Minority Ethnic groups in Dudley. Responses will be used for the purpose of developing physical activity and health education programmes for these groups.

1. Are you?
   - Male
   - Female

2. What age group are you?
   - 19-24
   - 25-44
   - 45-64
   - 65-75
   - 75+

3. What is your ethnic group?
   - White:
     - British
     - Irish
     - Other
   - Mixed:
     - White and Black Caribbean
     - White and Black African
     - White and Asian
     - Other
   - Asian or Asian British:
     - Indian
     - Pakistani
     - Bangladeshi
     - Other
   - Black or Black British:
     - Caribbean
     - African
     - Other
   - Chinese or other ethnic group:
     - Chinese
     - Other
   - I do not wish to state

4. Do you think you do enough physical activity to stay healthy?
   - Always
   - Usually
   - Sometimes
   - Rarely
   - Never
   - Not mobile
   - Don't know

5. Please respond to the following statement: I do at least 30 minutes of moderate physical activity (e.g. brisk walking, heavy gardening, sports, cycling, swimming, etc. at least to a level that makes me breathe slightly faster than usual), 5 times a week:
   - Always
   - Often
   - Sometimes
   - Never
   - Not sure

6. Which Activities do you feel you would like to participate in? (Please tick as many as relevant)
7. Which Activities do you currently participate in? (Please tick as many as relevant)
☐ Community Gym  ☐ Physical Activity & Medical Conditions
☐ Aerobics  ☐ Walking
☐ Jogging / Running  ☐ Boxercise
☐ Chair Based Functional Development  ☐ General Keep Fit
☐ Circuit Training  ☐ Diet & Nutrition
☐ Healthy Towns Gym  ☐ Other please state ............................

8. If questions 6 and 7 are different, what are your barriers to participating? (Please tick as many as relevant)
☐ Time  ☐ Cost
☐ Language  ☐ Access
☐ Venue  ☐ Location
☐ Transport  ☐ Other please state ............................

9. How would you prefer to participate in these activities?
☐ Family Groups  ☐ Women Only
☐ Men Only  ☐ No Preference

10. Who would you prefer to teach / supervise these activities?
☐ Female  ☐ No preference
☐ Male

11. Would you be interested in delivering Physical Activity/Health Education activities to members of Black, Asian & Minority Ethnic Groups? (please tick as many as relevant)
☐ Community Health Champion  ☐ Walk Leader
☐ Tutor  ☐ Other please state ............................

12. Do you have any concerns regarding attending Physical Activity & Health Education Programmes?

Thank you for completing the questionnaire.
## Appendix B
### Tandrusti RPE (Rating of Perceived Exertion) Test pro forma

<table>
<thead>
<tr>
<th>Name</th>
<th>Notes on test (no. wt. level reps etc)</th>
<th>START RPE</th>
<th>Notes on test (no. wt. level reps etc)</th>
<th>END RPE</th>
</tr>
</thead>
<tbody>
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</table>
Appendix C Health Assessment recording pro forma

<table>
<thead>
<tr>
<th>Tutor</th>
<th>CommGym</th>
<th>Date</th>
<th>Student</th>
<th>Height (inches)</th>
<th>Wt</th>
<th>Body Fat %</th>
<th>Waist / Hip</th>
<th>Syst B/P</th>
<th>Dias B/P</th>
<th>RHR (^4)</th>
<th>RPE (^5)</th>
<th>Wt</th>
<th>Body Fat %</th>
<th>Waist / Hip</th>
<th>Syst B/P</th>
<th>Dias B/P</th>
<th>RHR</th>
<th>RPE</th>
</tr>
</thead>
</table>

\(^4\) RHR is Resting Heart Rate
\(^5\) RPE is Rating of Perceived Exertion
### Tandrusti Partners 2007 – 2012

<table>
<thead>
<tr>
<th>Organization</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Heart</td>
<td>Public Mental Health &amp; Inclusion</td>
</tr>
<tr>
<td>African Caribbean Befriending Services</td>
<td>Physical Activity Team</td>
</tr>
<tr>
<td>Age UK Dudley</td>
<td>Stop Smoking Team</td>
</tr>
<tr>
<td>APNA Group</td>
<td>Weight Management Team</td>
</tr>
<tr>
<td>ASRA Day Care Centre Dudley</td>
<td>Dudley Public Health Trainers</td>
</tr>
<tr>
<td>ASRA Day Care Centre Smethwick</td>
<td>Dudley Senior Citizens Forum</td>
</tr>
<tr>
<td>Brett Young Centre – Husna Group</td>
<td>Halesowen Asian Elders Association</td>
</tr>
<tr>
<td>Chapel Street Surgery Lye</td>
<td>Halesowen/Dudley Yemeni Community Association</td>
</tr>
<tr>
<td>Department of the Urban Environment</td>
<td>Halesowen Social Services</td>
</tr>
<tr>
<td>Dudley Adult &amp; Community Housing Services</td>
<td>Henry Court Dudley</td>
</tr>
<tr>
<td>Dudley Asian Women’s Network (DAWN)</td>
<td>Humaara Group</td>
</tr>
<tr>
<td>Dudley Carers African Disability Group</td>
<td>Kates Hill Surgery Dudley</td>
</tr>
<tr>
<td>Dudley Chinese Community Association</td>
<td>Kushi Group</td>
</tr>
<tr>
<td>Dudley Central Mosque</td>
<td>Lye Community Centre</td>
</tr>
<tr>
<td>Dudley Day Care Centre</td>
<td>Mental Health Community Development Workers Team</td>
</tr>
<tr>
<td>Dudley Diabetes Community Team</td>
<td>Milap Group – Hindu Cultural Centre</td>
</tr>
<tr>
<td>Dudley &amp; District MS Society</td>
<td>MIND Kismet Group</td>
</tr>
<tr>
<td>Dudley Healthy Towns Park Rangers</td>
<td>LEAP Over 50</td>
</tr>
<tr>
<td>Dudley MIND</td>
<td>Queens Cross Mosque</td>
</tr>
<tr>
<td>Dudley Muslim Association</td>
<td>Roshni Group</td>
</tr>
<tr>
<td>Dudley Leisure Centre</td>
<td>Shree Gujarati Centre Asian Elders</td>
</tr>
<tr>
<td>Dudley Public Health -</td>
<td>Stafford Street Day Care Centre</td>
</tr>
<tr>
<td>• Food &amp; Nutrition Team</td>
<td>Taluq Ladies Group – Lye Mosque</td>
</tr>
<tr>
<td>• Health Improvement</td>
<td>New Testament Welfare Association</td>
</tr>
<tr>
<td>• Healthy Towns</td>
<td></td>
</tr>
</tbody>
</table>
Tandrusti Course Evaluation – Group Discussion

<table>
<thead>
<tr>
<th>Date</th>
<th>Venue</th>
<th>Staff Lead</th>
<th>Total Attendees</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

This discussion has been designed so that you can tell us how you feel about Tandrusti provision and why you currently use it. In addition, there are questions relating to further courses you would like developed. **Responses will be ANONYMOUS and CONFIDENTIAL and used only for the purpose of improving Tandrusti provision, developing the programme and sourcing funding for further activities.**

1. **Have there been any improvements to your health since participating in Tandrusti activities?**

2. **Have there been any additional benefits?**
What do you like/dislike about *Tandrusti’s* model of delivery? How do you think it can be improved?

<table>
<thead>
<tr>
<th>Like</th>
<th>Dislike</th>
<th>Improve</th>
</tr>
</thead>
</table>

4. Looking to 2012/2013 and beyond how would you like to see *Tandrusti* developed?

5. Is there anything else you would like to tell us about your *Tandrusti* experience?

Thank you for taking part in this discussion.
Appendix F
Voluntary, Community and/or statutory organisations reporting increased awareness of culturally appropriate service delivery for BME groups

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Dudley</td>
<td>Dudley Learning Disability Services</td>
</tr>
<tr>
<td>Dudley Mental Health Team</td>
<td>Dudley Diabetes Dietician Team</td>
</tr>
<tr>
<td>NIACE</td>
<td>Stoke Health Team</td>
</tr>
<tr>
<td>NETCAP</td>
<td>Worcester Health Team</td>
</tr>
<tr>
<td>Dudley Group of Hospitals Forum</td>
<td>Dudley Leisure Centre</td>
</tr>
<tr>
<td>Stoke PCT</td>
<td>Halesowen Leisure Centre</td>
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<tr>
<td>West Hill Clinic</td>
<td>Older People &amp; Physical Disability service</td>
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<tr>
<td>Bowel Cancer Screening Team</td>
<td>Russells Hall Hospital Dietetic Department</td>
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<tr>
<td>Early Intervention Team</td>
<td>NHS Occupational Therapy service Dudley</td>
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<tr>
<td>Burntree Children’s Centre</td>
<td>Dudley Falls Service</td>
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<td>Brierley Hill Health Centre</td>
<td>Community Renewal</td>
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<tr>
<td>Sexual Health Awareness</td>
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<td>Dudley Public Health -</td>
</tr>
<tr>
<td>ASHA House Worcesterser</td>
<td>• Food &amp; Nutrition Team</td>
</tr>
<tr>
<td>Netherton Health Centre</td>
<td>• Health Improvement</td>
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<td>Ebonita Housing</td>
<td>• Healthy Towns</td>
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<tr>
<td>Lower Wick Leisure Centre</td>
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<td>Dudley Adult &amp; Community Housing Services (DACH’s)</td>
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<tr>
<td>Head of Commissioning DMBC</td>
<td>Dudley Leisure Centre</td>
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<tr>
<td>Neighbourhood Learning Centre – Brierley Hill</td>
<td>NHS Stoke on Trent PCT</td>
</tr>
<tr>
<td>National MS Society</td>
<td>Walsall PCT</td>
</tr>
<tr>
<td>Wollescote School Extended Schools Manager</td>
<td>Reddich Borough Council</td>
</tr>
<tr>
<td>Prostate Cancer Awareness Team</td>
<td>NHS Walsall Community Health</td>
</tr>
<tr>
<td>St James’s Medical Practice</td>
<td>Sandwell PCT</td>
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<tr>
<td>Herefordshire PCT</td>
<td>Dudley Health &amp; Wellbeing Team</td>
</tr>
<tr>
<td>Sandwell Council</td>
<td>Lifelong Learning Team Dudley MBC</td>
</tr>
<tr>
<td>Community Council of Shropshire</td>
<td>Fit as A Fiddle Birmingham</td>
</tr>
<tr>
<td>Sports Partnership Hereford &amp; Worcestershire</td>
<td>Telford PCT</td>
</tr>
<tr>
<td>South Staffs PCT</td>
<td>• Public Mental Health &amp; Inclusion</td>
</tr>
<tr>
<td>Wolverhampton City PCT</td>
<td>• Physical Activity Team</td>
</tr>
<tr>
<td>Wyre Forest District Council</td>
<td>• Stop Smoking Team</td>
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<tr>
<td>Action Heart</td>
<td>• Weight Management Team</td>
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<tr>
<td>African Caribbean Befriending Services</td>
<td>Dudley Local Involvement Network (LINK)</td>
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<td>University of Wolverhampton Nursing Department</td>
<td>Dudley Public Health Trainers</td>
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<td>Halesowen/Dudley Yemeni Community Association</td>
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<td>Stafford Street Day Care Centre</td>
<td>Shree Gujarati Centre Asian Elders</td>
</tr>
<tr>
<td>WEA Scotland/ North West/ South West</td>
<td>Taluq Ladies Group – Lye Mosque</td>
</tr>
<tr>
<td>New Testament Welfare Association</td>
<td>APNA Group</td>
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</tbody>
</table>

40
Appendix G

Tandrusti course venues 2007 – 2012
Age Concern Halesowen (Halesowen)
ASRA Smethwick (Smethwick)
Brett Young Day Centre (Halesowen)
Broad Meadow (Dudley)
Claughton Centre (Dudley)
Crosswalks Community Centre (Stourbridge)
Dawn Rose Centre (Cradley)
Dingle Community Centre (Dudley)
Dudley Council House (Dudley)
Dudley Day Centre (Dudley)
Dudley Mosque & Muslim Community Centre (Dudley)
Dudley Muslim Association (Dudley)
Halesowen/Yemeni Community Centre (Halesowen)
Henry Court (Dudley)
Lye Ghausia Mosque (Stourbridge)
Mary Stevens Park (Stourbridge)
Mata Da Mandir/Hindu Cultural Centre (Dudley)
Netherton Business Unit (Dudley)
Netherton Park (Dudley)
New Testament Church of God (Dudley) (Dudley)
Queen’s Cross Mosque (Dudley)
Shree Krishna Temple (Dudley)
Sikh Community Centre (Dudley)
St Paul's Church Hall (Warley)
St Thomas's Community Network (Dudley)
Valley Road Youth & Community Centre (Stourbridge)